



Health Services Advisory Committee Meeting
 7:00am – 7:30am
 Monday, August 1st, 2016

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| I. | Welcome & Introductions | Dr. Judy Schaechter |
| II. | Purpose of the Health Services Advisory Committee | Dr. Chemika Burkhalter |
| III. | Review of present health policies and procedures | Dr. Chemika Burkhalter |
| IV. | Infant/Toddler Health Hot topics | Dr. Chemika Burkhalter |
| V. | Public Comments | Dr. Judy Schaechter |
| VI. | Adjourn | Dr. Judy Schaechter |



Programs & Policy Committee Meeting
 7:30am – 7:55am
 Monday, August 1st, 2016

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| I. | Approval of Minutes
A. June 16 th , 2016 | Dr. Judy Schaechter |
| II. | School Readiness Eligibility Priorities | Evelio Torres |
| III. | Public Comments | Dr. Judy Schaechter |
| IV. | Adjourn | Dr. Judy Schaechter |



REGION 4
Early Head Start

Subject: Child Health and Safety
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date:
Creation Date: 11/30/2015

Regulation Reference: Head Start Performance Standard 1304.22 (a) (1-5)

Policy:

Early Head Start childcare providers must establish and implement policies and procedures to respond to medical and dental health emergencies. All staff must be familiar and trained in these policies and procedures.

Procedure:

1. The minimum policies and procedures must include:
 - a. Posted policies and plans of action for emergencies that require rapid response on the part of staff (i.e. a child choking) or immediate medical or dental attention.
 - b. Posted locations and telephone numbers of emergency response systems.
 - c. Up-to-date family contact information and authorization for emergency care for each child must be readily available.
 - d. Posted emergency evacuation routes and other safety procedures for emergencies (i.e. fire or weather related) which are practiced regularly.
 - e. Methods of notifying parents in the event of an emergency involving their child.
 - f. Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal or State laws.

2. The following policies and procedures should have a corresponding poster that is visible in each EHS classroom:
 - a. Choking
 - b. CPR and First Aid
 - c. Dental Emergency
 - d. Diapering
 - e. Emergency numbers and procedures
 - f. Evacuation Route by the Exit sign
 - g. Handwashing



REGION 4
Early Head Start

Subject: Communicable Disease Protocol
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date: 5/09/2016
Creation Date: 11/10/2015

Regulation Reference: Head Start Performance Standard 1304.22

Policy:

Notify the Regional Manager in writing and by phone when designated on protocol if a child is **diagnosed** with any of the listed conditions. If a child is diagnosed with a disease not listed contact the Health Consultant and Regional Manager for more information:

Procedure:

1. **Acquired Immune Deficiency Syndrome (AIDS)**

Disease Description

A disease caused by the human immunodeficiency virus (HIV) that attacks the immune system, making the person more susceptible to infections and cancers which would be a threat to someone with a health immune system. People can be infected and have no symptoms. Some people develop the following symptoms, lasting two weeks or more: Fever, fatigue, weight loss, night sweats, diarrhea, swollen glands, dry cough, skin sores, and persistent yeast infections.

Incubation Period

Six months to many years.

Infectious Period

Unknown. AIDS probably starts within several weeks of being infected and may last for the rest of the person's life.

Ways to Limit Spread

AIDS is spread by infected blood (*e.g., sharing* needles), sexual intercourse, and from mother to fetus/child during pregnancy or birth. In a child care setting the main means of potential contact with the virus is through blood, although this would not be likely to transmit the virus.

School/Childcare Protocol

Clean up spills of blood promptly. Gloves should be worn when handling blood (keep some in the first aid kit). Keep cuts or sores covered. HIV is not spread through casual contact such as sharing toilets, shaking hands, eating together, or sharing toys. A child or adult infected with HIV can remain in the child care or school setting as long as:

- a. Their health allows;
- b. The child care/school practices good handwashing;
- c. The child care/school practices appropriate techniques when cleaning up blood or blood-containing body fluids;
- d. The person keeps any open wounds covered with a clean bandage;
- e. The illnesses that the other children or teachers have do not threaten the health of the person infected with HIV.



State law requires that the identity of a child infected with HIV must not be revealed to anyone except those who care for the child and have a need to know the diagnosis to be able to provide care. Notify Director of Community and Family Wellness by telephone immediately. Director of Community and Family Wellness will notify needed administration. Follow strict confidentiality laws. Only the Director of Community and Family Wellness and Health personnel need to know about this illness.

2. **Chicken Pox**

Disease Description

Illness caused by virus with sudden fever, tiredness, and skin rash. Rash begins as a small blister and leaves a scab in three to four days.

Incubation Period

11 to 20 days

Infectious Period

Up to five days before rash appears until six days after first blisters appear.

Ways to Limit Spread

Spread through contact with blisters and by sneezing and coughing. Separate ill child from others who have not had the disease.

School/Childcare Protocol

Because Chicken Pox in some people can be quite severe, exclude the child or teacher from the Head Start Center until all skin blisters have crusted and there is no weeping blisters (about five to seven days from the start of the rash). Notify other families of illness. Do not give aspirin to child as there appears to be an association between aspirin and Reye's Syndrome (a serious illness which can cause death). Contacts who are pregnant and have not had Chicken Pox should consult their health providers.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

3. **Colds**

Disease Description

Illness caused by virus with cough, watery eyes, chills, sneezing, sore throat or stuff/runny nose, and sometimes fever.

Incubation Period

Usually 12 to 72 hours, but can be up to 6 or 7 days.

Infectious Period

One (1) day before beginning of symptoms and until a week or more after symptoms appear.

Ways to Limit Spread

Avoid sharing cups, foods, and tissues. Cover mouth when coughing or sneezing. Wash hands after contact with nose or throat discharge.

School/Childcare Protocol

Exclude or separate child or teacher only if he or she seems too ill to keep up with the usual activities. Exclusion rarely prevents colds from spreading.

4. **E. Coli 0157**

Disease Description



Bacterial infection which causes diarrhea, especially bloody diarrhea. May cause life threatening blood and kidney problems.

Incubation Period

12 to 72 hours.

Infectious Period

Not known. Maybe several weeks.

Ways to Limit Spread

Spread through the stool. Good handwashing after diaper changing and toileting, after handling animals, and before fixing food will decrease the risk of spread.

School/Childcare Protocol

Exclude persons until their diarrhea is gone and when they have a negative stool specimen. Notify other families of illness.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

5. **Diarrhea**

Disease Description- An increased number of watery stools in a 24 hour period

Incubation Period- Some cases of Diarrhea are contagious and some are not. If the following symptoms exist the child is more likely to have a communicable disease;

- a. Child does not look or act as though they are well.
- b. Blood in stool that is bright red or coffee colored.
- c. Pus in stool
- d. Fever
- e. Weight loss or failure to gain weight
- f. Signs of Dehydration-this symptom is life threatening and may include the following:
 - i. no urination for several hours
 - ii. tongue, lips and inside of mouth dry
 - iii. no tears when child cries
 - iv. excessive thirst
 - v. dry and possibly hot skin
 - vi. sunken eyes and soft spots on heads of infants
 - vii. child/infant lacks energy and responsiveness to surroundings
 - viii. child may complain of sudden headache

Ways to Limit Spread-Handwashing after toileting/diapering and exclusion from center until stools are solid.

School/Childcare Protocol

Exclude if child or teacher has two to three runny bowel movements within last 24 hours and instruct parent to keep child home until bowel movements become solid for twenty four (24) hours and if signs of a communicable disease are present the parent must bring a note from their provider indicating that their child does not have a communicable disease or is no longer contagious. Other families and staff should be notified if it is determined that the child or teacher had a communicable disease.

Notify Director of Community and Family Wellness by telephone if two or more children are affected. Director of Community and Family Wellness will notify health personnel.



6. **Flu (Influenza)**

Disease Description

Mild to severe infection caused by virus with sudden fever, chills, cough, sore throat, and aching muscles. Also, may have headache, runny nose, and feel tired.

Incubation Period

Twenty four (24) to seventy two (72) hours.

Infectious Period

Three (3) days.

Ways to Limit Spread

Please see colds.

School/Childcare Protocol

Since flu can be a serious illness, exclude child or teacher from Head Start Center until they are well (fever, congestion cough is gone or minimal) to prevent complications.

7. **Herpes Simplex**

Disease Description

Viral infection that causes cold sores or fever blister and is prone to recurrence. Usually occurs before the fifth year of life. Sores commonly last seven (7) to ten (10) days.

Incubation Period

Two (2) to twelve (12) days.

Infectious Period

As long as the virus is present in body secretions. Very commonly present in body secretions.

Ways to Limit Spread

Spread by direct contact with secretions from the nose, throat, and sores. Wash hands thoroughly after handling body secretions. Discourage people from sharing items that they have put in or around their mouths.

School/Childcare Protocol

People with active Herpes simplex sores should stay away from new born babies, children with skin problems or burns, and people with impaired immunity to prevent serious infections from occurring.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

8. **Measles (Red measles, rubeola, hard measles, 8-10 day measles)**

Disease Description

Serious disease that starts with cold-like symptoms. After about three days, small white spots appear in the mouth. Then a red, raise rash begins, usually on the face and spreads quickly over the upper body, then to the back and legs. Symptoms include high fever and cough, eyes which are red, itching, and sensitivity to light.

Incubation Period

Seven (7) to fourteen (14) days.

Infectious Period

Up to seven (7) days before and usually four (4) days after the rash begins.

Ways to Limit Spread

Spread by coughing and sneezing and contact with nose and throat discharge. Avoid sharing



cups and tissues. Use good handwashing practices.

School/Childcare Protocol

Exclude child or teacher until seven (7) days after rash develops to prevent the spread of this serious illness. Notify other families of illness. Review teachers' and students' immunization records for protection against measles.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

9. **Mononucleosis**

Disease Description

A viral infection that causes fatigue, fever, swollen glands, and sometimes causes the liver or spleen to become inflamed.

Incubation Period

Thirty (30) to fifty (50) days.

Infectious Period

Several weeks to months.

Ways to Limit Spread

Spread person-to-person by items that may have saliva or nasal discharge on them.

School/Childcare Protocol

Avoid mouth kissing. Avoid sharing dishes, toothbrushes, food, drink, toys. Promptly dispose of soiled tissues or towels. Notify other families of illness.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

10. **Pink Eye (Conjunctivitis)**

Disease Description

Common infection caused by bacteria or virus with irritated, watery eyes, swollen lids and a clear or yellow discharge that makes eyelashes sticky. One or both eyes may be affected.

Incubation Period

Twenty four (24) to seventy two (72) hours.

Infectious Period

During active infection.

Ways to Limit Spread

Spread through contact with eye discharge. Avoid touching the eyes and use good handwashing practices.

School/Childcare Protocol

If the pink eye is thought to be caused by a bacterium, exclude the child or teacher for twenty four (24) hours after antibiotic treatment is started. Symptoms should subside rapidly. If they don't it is most likely that the pink eye is being caused by a virus, therefore, the child should be excluded until there is no drainage, in order to prevent the spread of this illness. Notify other families of the illness.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.



11. Pinworms

Disease Description

Caused by small roundworm in intestines. Signs include rectal (bottom) itching, especially at night.

Incubation Period

Four (4) to six (6) weeks.

Infectious Period

As long as pinworm eggs are present.

Ways to Limit Spread

Pinworm eggs are spread from stool to mouth by hand or from clothing and bedding. Handwashing after diapering and toileting may decrease spread.

School/Childcare Protocol

Child may return to center once treatment is started. Observe others for signs of illness. Notify other families of the illness.

12. Rubella (German Measles, Three Day Measles, Light Measles)

Disease Description

Mild illness caused by virus. First sign may be swollen, tender neck glands and low fever. Then pink toned spots appear on the face and spread quickly to the rest of the body. Mild itching may occur.

Incubation Period

Fourteen (14) to twenty-one (21) days.

Infectious Period

From seven (7) days before to five (5) days after rash begins.

Ways to Limit Spread

Spread by contact with nose and throat discharge. Wash hands carefully and avoid sharing cups and tissues to decrease spread. Pregnant women must avoid contact with child with rubella.

School/Childcare Protocol

Exclude child or teacher while symptoms are present and until five (5) days after rash begin to prevent spread. Review immunization records. Exclude other children who develop rash or fever until seen by healthcare provider. Notify parents and staff of illness. **Pregnant women who have been exposed should contact their health care provider.**

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

13. Scarlet Fever and Strep Throat (Streptococcal infections)

Disease Description

Caused by bacteria. Infection with sore throat, fever, and sometimes a rash.

Incubation Period

One (1) to three (3) days.

Infectious Period

Ten (10) to twenty one (21) days.

Ways to Limit Spread

Spread by contact with nose and mouth discharge. Use good handwashing practices and avoid sharing cups and tissues.



School/Childcare Protocol

Exclude child or teacher until twenty-four (24) hours after starting antibiotic treatment to allow enough time to get rid of the bacteria. Inform other families of illness and encourage them to seek care if symptoms occur.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

14. **Whooping Cough (Pertussis)**

Disease Description

Highly contagious respiratory infection caused by bacteria. Begins with cold-like symptoms and cough which get worse within one (1) to two (2) weeks. The cough is followed by a "whooping" sound, sweating, exhaustion, vomiting, and thick mucus. The cough persists for one (1) to two (2) months.

Incubation Period

Usually seven (7) to ten (10) days, but can be as long as twenty-one (21) days.

Infectious Period

Most contagious during cold-like stage; seldom contagious after the fifth week of disease.

Ways to Limit Spread

Spread with direct contact with or coughing from person with illness. Use good handwashing practices and avoid sharing cups and tissues.

School/Childcare Protocol

Exclude child or teacher for the first seven (7) days of antibiotic treatment to allow enough time to get rid of the bacteria. Observe children who have been exposed. If signs of cold-like illness develop, separate the child until it can be determined if child has whooping cough. Review child's immunization records for protection against Pertussis. Notify other families of illness.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

15. **Vomiting**

School/Childcare Protocol

Exclude if child or teacher vomits more than two (2) times and ask parent to keep the child home until free of vomiting for a full twenty-four (24) hours and if signs of a communicable disease are present ask family take child to health provider.



REGION 4
Early Head Start

Subject: Exclusion of Sick Children
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date: 5/09/2016
Creation Date: 11/10/2015

Regulation Reference: Head Start Performance Standard 1304.22(b)(1)

Policy:

The childcare centers with The Neighborhood Place for Early Head Start operate a “well-child care facility” in an effort to not risk other children and staff to exposure of the illness. For short-term contagious illness, that cannot be readily accommodated, the child must be temporarily excluded from program participation.

Procedure:

1. Every effort is taken to reduce the spread of illness by encouraging hand washing and other sanitary practices.
2. Under no circumstances may a parent bring a sick child to daycare, if the child shows any signs of illness, or is unable to participate in the normal routine and regular day care program.
3. Children will be visually screened when they arrive in the morning. In the event a child becomes ill and needs to be picked up, the parent(s) will be called and are expected to come pick the child up within one hour (60 minutes). If the parent(s) cannot be reached, or have not arrived within an hour, the emergency contact person will be called and asked to pick the child up.
4. Symptoms requiring removal of child from childcare:
 - a. Fever: Fever is defined as having a temperature of 100°F or higher taken under the arm, 101°F taken orally, or 102°F taken rectally. For children 4 months or younger, the lower rectal temperature of 101°F is considered a fever threshold; (a child needs to be fever free for a minimum of 24 hours before returning to daycare, that means the child is fever free without the aid of Tylenol®, or any other fever reducing substance.)
 - b. Fever AND sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion.
 - c. Diarrhea: runny, watery, bloody stools, or 2 or more loose stools within last 4 hours.
 - d. Vomiting: 2 or more times in a 24 hour period. Note: please do not bring your child if they have vomited in the night.
 - e. Breathing trouble, sore throat, swollen glands, loss of voice, hacking or continuous coughing.
 - f. Runny nose (other than clear), draining eyes or ears.
 - g. Frequent scratching of body or scalp, lice, rash, or any other spots that resemble childhood diseases, including ringworm.



- h. Child is irritable, continuously crying, or requires too much attention to allow the provision of safe care to the other children.



REGION 4
Early Head Start

Subject: Head Lice
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date:
Creation Date: 11/10/2015

Regulation Reference: Head Start Performance Standard 1304.22

Policy:

For communicable disease prevention children with lice or nits will be sent home and may only return to the classroom when they are lice and nit free. However, if a child has more than one week of absences due to head lice, the Health Team will be contacted so that an individualized plan can be developed with the family and the classroom staff that will prevent spread to other children while also enabling the child to attend school.

Procedure:

1. The Health team will create a time and specific routine for performing regular head checks on children. Ideally all children should be checked daily to ensure that lice is not spread to other children/staff in the classroom. However, children should never be singled out for head checks, as this could be upsetting and affect the child's self-esteem.
2. Regular head checks should be done during the morning when the children first come into the classroom with their parents. In this case, if the child has lice or nits they can be sent home with their parent(s) at that time.
3. If a child comes to school with lice or nits in their scalp the parent(s) or one of the persons on the emergency consent form will be called to come and take the child home as soon as possible. As with any other communicable disease, the child will need to be separated from the other children in a way that is not damaging to the child's self-esteem but will also prevent the spread of lice to others (Sick mat, as space allows).
4. If the child has been sent home for the day the parent will need to self-transport the child to school and wait for their child's head to be checked prior to classroom admittance.
5. If there are only a small amount of nits (10 or less) in the child's hair and no live lice after the family has brought their child back the next day, staff can choose to pull the nits out and kill them rather than having the child be sent home. It is important that when we send the children home only with nits that we ask the family to remove and kill the nits only, not repeat the treatment. If live lice are found all members of the family should be treated (except children 2 years and under).



6. When a child is sent home for lice, their family should receive the Get Rid of Lice Checklist from the Health Team.
7. All classroom linens including pillows, stuffed animals, clothing and furniture must be washable and must be laundered following each head lice report. Coats and Hats should never be placed in a pile together- they must be hung up individually to prevent spread from these items of clothing.
8. Family Advocates will work with the Director of Community and Family Health and other health team members to ensure that parents receive the most current and safest information regarding the treatment and elimination of head lice.
9. If a classroom experiences multiple lice outbreaks, affecting many children- or if the health team is unsure how to prevent Lice outbreaks, the Director of Community and Family Wellness will reach out to the Health Department for further support.



REGION 4
Early Head Start

Subject: Determination of Health Status
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date:
Creation Date: 4/19/2016

Regulation Reference: Head Start Performance Standard 1304.20(a)(1)(ii); 1304.20(a)(1)(ii)(A)

Policy:

There is a requirement to determine whether a child is up-to-date on a schedule of age appropriate preventive and primary health care. This schedule must incorporate the requirements for well child care utilized by Florida's Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. The program is to work in partnership with the parent to ensure that the child continues to follow the recommended schedule for well child care as outlined by the state Medicaid EPSDT program.

A complete assessment is done for each Early Head Start (EHS) child at the beginning of the school year utilizing the Health Determination Form. The purpose of this screening process is to make sure that a child has received the required immunizations, well-baby check, blood testing, and dental services as recommended by the Florida American Academy of Pediatrics. If the need for further health care services are noted, Early Head Start staff will help families get services.

A child cannot be temporarily excluded from attending classes because they are not up-to-date on a schedule of well child care, immunizations, or dental exams. However, if Florida prohibits a child from entering a child care center until they have such health documentation, the program would have no choice but to not allow the child to attend classes until the child had received the required examination(s).

Procedure:

1. Determination of each child's health status must be completed within the first 90 days following the child's first day in attendance. Assessment will be conducted utilizing the Health Determination Form to address the following:
 - a. Immunizations recommended by the Centers for Disease Control and Prevention
 - b. A well-child checkup following the Florida EPSDT
 - c. A dental exam (dependent upon the age of the child)
 - d. A copy of each medical form will be provided to EHS
2. The Health Determination Form will be completed by the Family Advocate (FA) or other designated EHS staff member with the parent to ensure all needed documentation is retrieved and the parent is aware of any documentation that is missing.
 - a. EHS FA will make a determination as to whether or not each child has an ongoing source of continuous, accessible health care (a "medical home") and a source of funding for



health services (private insurance, Medicaid, Jackson Prime Card, etc.) in order to assure prompt and complete assessment of the child's health status.

- b. FAs, Director of Community and Family Wellness, and other designated staff will work with the families to submit referrals on behalf of the parent and provide linkages to resources that will aid in the child accessing health care, while also becoming up-to-date on health requirements.
3. Services provided to the parents, as well as referrals, will be written as a note in the ChildPlus system for accessibility in follow-up.



REGION 4
Early Head Start

Subject: Initial Assessment Screenings
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date: 6/16/2016
Creation Date: 11/30/2015

Regulation Reference: Head Start Performance Standard 1308.6 (b) (1)

Policy:

Early Head Start children must be provided a developmental, hearing, and vision screenings within 45 days of the child's entry into the program. The screenings are brief, can be repeated, and is never used to determine that a child has a disability. The screenings only indicates that a child may need further evaluation to determine whether the child has a disability. Rescreening must be provided as needed. Parents will be notified of results. Follow up plans will be developed by the Director of Community and Family Wellness (DCFW), Nutrition Consultant, or Disability and Mental Health Manager (DMHM) and other medical providers as needed.

Procedure:

1. For developmental screenings TNPEHS will utilize the Ages & Stages Questionnaire (ASQ-3) Developmental Screening Tool.
 - a. A consent will be obtained from the parent/legal guardian for the ASQ/developmental screener to be performed on the enrolled child.
 - b. Educational staff will complete the ASQ within 45 days of child's first day of attendance.
 - c. ASQ is available in English or Spanish version.
 - d. Once the questionnaire is complete the childcare provider will provide a copy of the form to the DMHM to input into ChildPlus.
 - e. Teaching staff will do the following as it pertains to the ASQ-3:
 - i. Review the results will all parents.
 - ii. If/When there are noted concerns, the teacher will make a referral to the DMHM to follow up with the parent and ask for more details.
 - f. A referral may be placed with Early Steps if the parent consents when concerns are noted.
 - g. Each year to date from the last assessment, the ASQ-3 will be re-administered.
2. The vision screenings will take place by either the Jackson Health System (JHS) nurse navigators or the child's primary care physician.
 - a. A consent will be obtained from the parent/legal guardian for the vision screening to be performed on the enrolled child.
 - b. Vision screening will take place within 45 days of the child's first day of attendance.
 - c. Vision screenings will be done on those children that have not produced documentation of a vision screening within 45 days of enrollment.
 - d. Screening results will be documented in ChildPlus.



- e. A follow-up plan will be written to assure that the child is getting annual evaluations.
 - f. If a family needs assistance with referrals to optometry, the DCFW will contact JHS for support.
3. The hearing screenings will take place by either the Jackson Health System (JHS) nurse navigators or the child's primary care physician.
 - a. A consent will be obtained from the parent/legal guardian for the hearing screening to be performed on the enrolled child.
 - b. Hearing screening will take place within 45 days of the child's first day of attendance.
 - c. Hearing screenings will be done on those children that have not produced documentation of a hearing screening within 45 days of enrollment.
 - d. Screening results will be documented in ChildPlus.
 - e. A follow-up plan will be written to assure that the child is getting annual evaluations.
 - f. For any child with a diagnosed Speech or Language delay, the DCFW will work with the DMHM and JHS to ensure that a more thorough hearing evaluation is performed by a Speech Pathologist.
 4. The Health History Assessment will take place by a family advocate or other designee with the family upon enrollment in the program face-to-face.
 - a. When the health history assessment is complete the information will be documented in ChildPlus in the health section as a new event.
 - b. An area that is asterisked on the form will be relayed to the Director of Community and Family Wellness to follow-up and address with the school the child attends.
 - c. Any allergies, seizures, asthma, or other medical issues will be documented on the child Emergency Plan to aid the school in knowing what to do if a situation were to arise.
 5. The Nutrition Assessment will take place by a family advocate or nutritionist with the family upon enrollment in the program.
 - a. When the nutrition assessment is complete the information will be documented in ChildPlus in the health section as a new event.
 - b. The nutritionist will review the assessment and will complete the portion on the second page designated for the 'nutritionist only'.
 - c. The nutritionist will follow-up on meal plans at the school with the provider and other nutrition information with the parent(s).



REGION 4
Early Head Start

Subject: Refusal of Health Screenings
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date:
Creation Date: 6/16/2016

Regulation Reference: Head Start Performance Standard 1304.20 (e)(5)

Policy:

If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.

Procedure:

1. The Family Advocate, Director of Community and Family Wellness, or other designee will consult with parent/guardian to discuss the need for health services.
 - a. Health services may include, but are not limited to:
 - i. Vision Screening
 - ii. Hearing Screening
 - iii. Developmental Screening
 - iv. Social/Emotional Screening
 - v. Health History
 - vi. Nutrition Assessment
2. If parent/guardian refuses to give authorization for health services to be provided by TNPEHS, designated staff will request written documentation of the refusal.
3. The Parent Refusal of Health Services will be completed, signed, and dated by parent/guardian and family advocate or other designee as documentation of the refusal of services.
4. The refusal form will be kept in the Health Section of the Child's folder.
5. Early Head Start staff will discuss with parent/guardian the option of requesting health services at any time after the refusal is signed.
6. Health services refusal information must be documented in ChidIPlus in the health portion has a 'health monitoring' event.



REGION 4
Early Head Start

Subject: Referral from Early Head Start to Jackson Health System

Section: Health

Program: Early Head Start

Revision Date: 4/12/2016

Policy Council Approval:

Creation Date: 4/16/2015

Regulation Reference: Head Start Program Performance Standards 1304.20 (a)(i)

Policy:

It is the policy of The Neighborhood Place for Early Head Start (TNPEHS) to have clear guidelines that describe an efficient system of communication and referral between Jackson Health Systems (JHS) and TNPEHS. This referral system aids in maintaining successful communication between both parties to ensure children and families who are successfully enrolled are able to receive all required and needed medical services.

JHS will provide medical services and the medical home to children ages birth to three years old enrolled in TNPEHS. These children will have access to a source of ongoing healthcare. The health services will include (within 90 days of enrollment): completing initial health screenings (medical/immunizations, dental, vision, hearing, lead, hemoglobin/hematocrit, asthma, tuberculosis, and nutrition) and identify concerns; determining and documenting medical home status and helping families select a medical home doctor within Jackson Health system; developing a plan for each child to receive and get up to date on well-child visits/immunizations on the Early Periodic Screening Diagnostic and Treatment (EPSDT) schedule.

Procedure:

1. The Neighborhood Place for Early Head Start
 - a. The assigned Family Advocate will assess the child's needs with the parent and complete the referral form for the child within 24 hours of assessment.
 - b. The Family Advocate will forward the referral form or family information to the Director of Community and Family Wellness.
 - c. The Director of Community and Family Wellness will forward all referrals (child, sibling, and/or parent) daily as referrals are received to the Project Coordinator at Jackson Health to disperse to the Nurse Navigators.
 - d. Family Advocate and Nurse Navigators will document all actions under health in ChildPlus.
2. Jackson Health System
 - a. The Project Coordinator of Jackson Health will disperse received referrals to the Nurse Navigator/Clerk in their respective south and north locations.
 - b. The Nurse Navigator/Clerk will contact the family to set up an appointment within 48 hours of receiving the referrals.



- c. Assigned Nurse Navigator/Clerk will schedule the child's first health visit within 10 calendar days from initial contact with the family.
 - d. The Nurse Navigator/Clerk will notify via email the Project Coordinator at Jackson Health, the Director of Community and Family Wellness, and the child's Family Advocate with the date, time, and location of the scheduled appointment. The email will also contain any outstanding concerns that need attention.
3. Follow-up Communications
- a. The Director of Community and Family Wellness will schedule monthly meetings with the Project Coordinator and other personnel.
 - i. Additional meetings and/or phone conferences will be scheduled if new areas of need are to be addressed.
 - b. The Project Coordinator will provide monthly reports of ELC-referred children for appointment, appointments completed, and a list of children pending appointments by the 15th of the months for the previous month of services.



REGION 4
Early Head Start

Subject: Medical and Dental Home and Follow-up
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date:
Creation Date: 12/29/2015

Regulation Reference: Head Start Performance Standard 1304.20

Policy:

Early Head Start is to make a determination as to whether or not each child has an ongoing source of continuous, accessible medical and dental health care. If a child does not have a source of ongoing medical and dental health care, TNPEHS must assist the parent(s) in accessing a source of care.

Program staff will support families in establishing a medical and dental home (an ongoing source of medical or dental care) for their child within 90 days of the child's first day of class. Procedures will be in place to make a determination about whether the child is up to date on well-child care within 90 days. If any medical or dental follow-up is required, a follow-up plan will be developed to assist families in accessing needed treatment.

Procedure:

1. Family Advocate (FA) Responsibilities:
 - a. Assess whether the child has a medical and dental home. This should initially occur when the parent completes an application.
 - i. If so, the names of those providers and any insurance information should be entered into ChildPlus readying the child's file for possible enrollment.
 - b. Upon enrollment, if the child does not have a medical or dental home, the FA should try to ascertain barriers and note these in ChildPlus.
 - i. If the parent is unaware of their child can be placed on Medicaid, the FA is to aid in the parent accessing such information and applying.
 - ii. In determining the child does not have a medical and/or dental home, or is not up-to-date on required initial screenings, the FA is to speak with the parent about the Jackson Health System (JHS) partnership and submit a referral to the Director of Community and Family Wellness (DCFW).
2. Child Care Provider Responsibilities:
 - a. Each child care provider with TNPEHS will obtain up-to-date medical and/or dental documentation from the parent (s).
 - i. The provider and FA will maintain their own individual file for the child.
 - b. As new documentation is provided by the parent to demonstrate the child's compliance with medical and/or dental appointments, the child care provider will provide a copy of such documentation to the child's FA.
 - i. The FA will enter the new information into ChildPlus.



- c. If the provider learns of the parent not or no longer having a medical/dental home, such information is to be corresponded to the FA of the school/child.
3. Director of Community and Family Wellness Responsibilities:
 - a. DCFW will coordinate efforts with Jackson Health Systems, the Seals on Wheels Program, and other programs/organizations to provide medical and dental services for children and families enrolled in TNPEHS.
 - b. Referrals received from the FAs will be submitted to the Project Coordinator at JHS.
 - c. Well baby visits and dental documentation will be input into ChildPlus by the DCFW.
 - d. Weekly reports will be prepared using ChildPlus to determine children that are not up-to-date on their well-baby visits and dental check-ups.
 - i. Such information will be shared with the FAs so they are aware of whom they need to follow-up with.
 - ii. Weekly data pertaining to referrals, health program implementation, and any new pertinent information will be provided to the Senior Vice President Strategic Initiatives and Program Development, VP of Early Head Start, and the Senior Director of Early Head Start.



REGION 4
Early Head Start

Subject: Toothbrushing
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date:
Creation Date: 5/09/2016

Regulation Reference: Head Start Performance Standard 1304.20(3)(ii); 1304.23(b)(3)

Policy:

Dental follow-up and treatment must include necessary preventive measures and further dental treatment as recommended by the dental professional. Staff must promote effective dental hygiene among children in conjunction with meals.

Procedure:

1. For children age two and over
 - a. Once daily, after a meal, Early Head Start staff (or volunteers, if available) should assist children in brushing their teeth using a small smear of fluoride toothpaste.
 - i. Do not place toothpaste on toothbrush directly from the tube.
 - ii. Classroom procedure must insure that each child picks up only his or her own toothbrush.
2. For children between one and two years of age
 - a. Once daily, after a meal, Early Head Start staff (or volunteers, if available) must brush children's teeth with a soft bristled toothbrush, using a small smear of toothpaste that contains fluoride.
 - i. Do not place toothpaste on toothbrush directly from the tube.
 - ii. Classroom procedure must insure that each child picks up only his or her own toothbrush.
3. For infants under the age of one
 - a. At least once during the program day, staff or volunteers must wash their hands and then cover a finger with a gauze pad or soft cloth and gently wipe infants' gums.
4. Toothbrush Storage
 - a. Toothbrushes should never be allowed to touch one another.
 - b. Toothbrushes should be rinsed before storing and should be allowed to air dry while in storage.
 - c. Regardless of how they are stored, the bristle part of the toothbrush should be covered to keep insects from getting to it.
 - d. The storage container itself should be washed/sterilized periodically.
 - e. Each child's toothbrush should have his/her name on it.



- f. It is usually preferable to store brushes with the handles down, so the water will down the handle rather than onto the bristles.



REGION 4
Early Head Start

Subject: Exposure Control Plan/Blood borne Pathogens
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date:
Creation Date: 5/09/2016

Regulation Reference: Head Start Performance Standard 1304.22(e)(iii) (3)(4)

Policy:

Staff, volunteers, and children must wash their hands with soap and running water whenever hands are contaminated with blood or other bodily fluids.

Nonporous gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids. Spills of bodily fluids (i.e. urine, feces, blood, saliva, nasal discharge, eye discharge, or any fluid discharge) must be 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 must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

Procedure:

1. Work Practice Controls include but are not limited to the following:
 - a. Universal Precautions will be used by all staff. All blood or other potentially infectious materials will be presumed to be a source of infectious agents, regardless of the perceived status of the person. All staff should avoid direct skin contact with body fluids. Whenever possible, a child should be encouraged to care for his/her own bleeding injury.
 - b. Hand-washing facilities will be readily accessible to staff. In event that such facilities are not available (field trips, etc.), First Aid Kits will be available with antiseptic cleaner or antiseptic towelettes included. Staff will wash their hands or any other potentially contaminated skin area or clothing immediately or as soon as feasible after removal of gloves or other protective equipment. Skin or mucous membranes that have been exposed should be washed or flushed with warm water and antiseptic soap as soon as possible.
 - c. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses will be prohibited in all work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
2. Procedures for Clean-Up, Handling, Disposing of Potentially Infectious Materials
 - a. Follow Universal Precautions at all times. That is, all staff, volunteers, parents and children approach infection control as if all direct contact with human body or other body fluids is infectious for HIV, Hepatitis B and/or other blood borne pathogens.



- b. Gloves are required for all tasks in which a staff member may come into contact with blood or other body fluids.
- c. Complete and effective handwashing with soap and warm water for at least twenty seconds duration should follow any first aid or healthcare given to a child or after any contact with potentially infectious material.
- d. If exposure to blood or other potentially infectious material occurs through coughing up or vomiting of blood or body fluids, first aid response, or through contact with open sore or break in the skin, thorough washing, preferably with soap and warm water is necessary.
- e. In the event handwashing facilities are not readily available, thorough cleaning with an antiseptic towelettes is necessary. Then, hands must be washed with antiseptic soap and running warm water as soon as they are available.
- f. Any surface contaminated with blood or other bodily fluids must be cleaned after each use and at the end of the day with soap and water and then rinsed with a disinfectant solution.
- g. An EPA disinfectant must be used when cleaning bodily fluids from the floor or other surfaces (Pine Q). Hydrogen Peroxide will be used to clean carpet surfaces that have been contaminated with blood or other bodily fluids.
- h. Contaminated laundry must be placed and transported in clearly labeled bags and containers.
- i. Needles, syringes, broken glass and other sharp objects that maybe contaminated with body fluids that are found on Early Head Start property must not be picked up by children at any time, nor by staff without appropriate puncture-proof gloves or mechanical devices such as a sharps container, broom, brush, or dust pan. Any such items found must be disposed of in closable puncture resistant, leak proof container that is appropriately labeled or color-coded (red).
- j. Items that are only slightly soiled (bandages, paper towels, etc.) with infectious fluids must be placed in a sealed plastic bag and put in the trash can.
- k. For blood soaked (bandages, paper-towels, etc.) it is necessary to label bag as "Bio-hazard."
- l. All wastebaskets used to dispose of potentially infectious materials must be lined with a plastic bag liner and disposed of daily.
- m. Plastic bags will be used for blood soaked clothing and picked up by parent.



REGION 4
Early Head Start

Subject: Medication Administration
Program: Early Head Start
Policy Council Approval:

Section: Health
Revision Date:
Creation Date: 5/13/2016

Regulation Reference: Head Start Performance Standard 1304.22 (c)(1)(2)(6)

Policy:

Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or tribal laws, but only where such laws are consistent with Federal laws.

Procedure:

1. Each provider will have a policy which speaks to whether or not they dispense medications to children at their site.
 - a. A template for the outline and required information will be provided to all providers dispensing medications.
2. The policy will include the following required information:
 - a. Labeling and storing, under lock and key, and refrigeration, if necessary, all medications, including those required for staff and volunteers.
 - i. Non-emergency medications must be stored under lock and key.
 - b. Designating a trained staff member(s) or school nurse to administer, handle and store child medications
 - c. Obtaining physicians' instructions & written parent or guardian authorizations for all medications administered by staff
 - i. Over-the-counter medications in original containers, and program must have written orders from a physician that include dosage and length of time to administer the medication.
 - ii. Prescribed medications in original containers with original prescription labels. All medications must be within their dates of expiration.
 - d. Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents
3. Providers will input their respective information of how this policy aligns with their site, while including the specified information in the policy template.



ELC Programs Committee Meeting
June 6th, 2016 at 7:00 AM

Committee Attendees: Dr. Judy Schaechter, James Haj, Tina Carroll-Scott, Bob Eadie

Absent Committee: Gladys Montes

Staff Attendees: Evelio Torres, Dr. Chemika Burkhalter, Fiorella Altare, Lisa Sanabria, Lidia Clarke, Wilfredo Ayala, Angelo Parrino, Pamela Hollingsworth, Belkis Torres

I. Welcome and Introductions

Dr. Judy Schaechter

- J. Schaechter called the meeting to order and welcomed everyone. Quorum was established.

II. Approval of Minutes

Dr. Judy Schaechter

- Motion to approve minutes by J. Schaechter.
- Motion seconded by T. Carroll-Scott.
- Motion was unanimously passed.

II. Sliding Fee Scale

Jackye Russell

- J. Russell presented the new Sliding Fee Scale for approve. The Sliding Fee Scale is the tool that the Early Learning Coalition's eligibility staff uses to determine the parent fees.
 - Motion to approve minutes by J. Haj.
 - Motion seconded by J. Schaechter.
 - Motion was unanimously passed.

III. Resolutions

Pamela Hollingsworth

- Resolution 06012016-11 authorizes the President and CEO to release a Request for Proposal for Developmental Screening Follow up and Inclusion. Fiscal Impact: The contract is a not-to-exceed \$950,000.00 for fiscal year 2016-2017, subject to approval for legal sufficiency and form. Note: The amount is for a twelve month period and will be prorated for fiscal year 2016-2017 to reflect the term of the contract. Funding Source: Office of Early Learning / The Children's Trust / Miami Dade County Public School.
 - Motion to approve minutes by J. Haj.
 - Motion seconded by T. Carroll-Scott.
 - Motion was unanimously passed.



- Resolution 06012016-02 authorizes the President and CEO to release a Request for Proposal for a Social Emotional Services Program. Fiscal Impact: The contract is a not-to-exceed \$200,000.00 for fiscal year 2016-2017, subject to approval for legal sufficiency and form. Note: The cost amount is for a twelve month period and will be prorated for fiscal year 2016-2017 to reflect the term of the contract. Funding Source: Office of Early Learning, Administration for Children and Families U.S. Department of Health and Human Services.
 - Motion to approve minutes by T. Carroll-Scott.
 - Motion seconded by J. Haj.
 - Motion was unanimously passed.

IV. Zika Virus Update

Jackye Russell

- J. Russell gave an update on the steps the Early Learning Coalition has taken to inform the community on the threat and prevention of the Zika Virus. The Early Learning Coalition has sent flyers, as well as uploading them to the website and has sent text messages. The Early Learning Coalition has also obtained media coverage through The Children’s Trust, sending the messages of “Drain and Cover” as well as mosquito control.

V. Programs Update

Pamela Hollingsworth

- Quality Counts: P. Hollingsworth stated that 423 early care and education programs are participating in the program which encompasses 26,650 children. There are 94 new participants in the program. Out of the 423 participating, 346 are a priority program (those serving 30% or more children receiving subsidized care or located in a low-income census tract) and 77 non-priority programs.
- Early Head Start: P. Hollingsworth stated that the EHS program has reached full capacity in enrollment and may be able to extend enrollment to Monroe County.
- Inclusion & Assessments: P. Hollingsworth stated that 38 providers had past due ASQ’s for the month of May but all came in to compliance and no payments were withheld. There has been 662 children identified with a disability which is 3.5%.

VI. Public Comments

Dr. Judy Schaechter

VII. Adjourn

Dr. Judy Schaechter