

**The Chickasaw Nation Head Start  
Health Service Plan  
2007-2008**

**Performance Standard: 1304.20 (a) (1) (i)**

(a) Determining child health status

(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:

- (i) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;

| Action Steps   | Person / Team Responsible  | Time Frame    | Documentation and Resource Indicators  | Resources Needed   | Outcome   |
|--|--|---------------|--|--------------------|---|
| <ul style="list-style-type: none"> <li>• Parents and guardians are required to submit a copy of the child's current immunization record and the child's insurance card along with other specific documents with the application.</li> <li>• During the enrollment process the front line staff interviews the parents for health information about the child. The information is documented on the Child Health Record (CHR).</li> </ul> | <ul style="list-style-type: none"> <li>-parents</li> <li>-center supervisor</li> </ul> | year round    | <ul style="list-style-type: none"> <li>-application</li> <li>-immunization record</li> <li>-insurance for child</li> </ul> | application packet | To establish the immunization and possibility for services          |
|  | <ul style="list-style-type: none"> <li>-frontline staff</li> <li>-parents</li> </ul>   | at enrollment | <ul style="list-style-type: none"> <li>-CHR</li> </ul>   | enrollment packet  | To document child's history of developmental, health, and nutrition |

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| <p>-continued from page 1.</p>  |   |   |   |  |   |
| <ul style="list-style-type: none"> <li>• Inside the Child Health Record labels are placed in the appropriate areas to indicate the name, address, and phone number for the child’s physician, dentist, clinic, and hospital.</li> <li>• If a child is not cover by insurance the frontline staff provides an application for Sooner Care, the state insurance for children. Sooner Care coverage affords more opportunities for the child to obtain well child checks and other medical services.</li> <li>• If a child is eligible for Indian Health Services, we ask for the child’s chart number.</li> <li>• If the child does not have a primary care physician, dentist, or clinic the frontline staff provide names, addresses and contact numbers for the local area providers.</li> </ul> | <p>-frontline staff<br/>-parents</p> <p>-frontline staff<br/>-parents</p> <p>-frontline staff<br/>-parents</p> <p>-frontline staff<br/>-parents</p> | <p>during enrollment interview</p> <p>during enrollment interview</p> <p>during enrollment interview</p> <p>during enrollment interview</p> | <p>-CHR</p> <p>-Family Partnership Agreement</p> <p>enrollment packet</p> <p>-CHR<br/>-FEIST<br/>-Sooner Care website</p> | <p>-Student File<br/>-printer labels<br/>computer system<br/>FEIST</p> <p>-Student File<br/>-Sooner Care Application</p> <p>-Student File</p> <p>-Student File</p> | <p>To document the medical and dental home of the student with contact options</p> <p>To assist family to increase opportunities to services.</p> <p>To assist family with appointments and to retrieve medical and dental documentation.</p> <p>To assist family to establish a medical and dental home.</p> |

**Performance Standard: 1304.20 (a) (1) (ii)**

- (ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

| Action Steps   | Person / Team Responsible                                   | Time Frame  | Documentation and Resource Indicators   | Resources Needed  | Outcome  |
|--|---|---|---|---|--|
| <ul style="list-style-type: none"> <li>Health advisory committees met quarterly at three different Indian Health Service (IHS) facilities to address new medical information that affects each local area and to plan Head Start health fairs.</li> </ul>    | Members of the Health Advisory at each of the three areas.  | Quarterly meetings  | <ul style="list-style-type: none"> <li>-Agenda</li> <li>-Notes</li> <li>-Sign-in</li> <li>-Parent Meeting Notes</li> <li>-Policy Council Meeting Notes</li> </ul> | <ul style="list-style-type: none"> <li>-Outlook Calendar</li> <li>- Health Advisory Binder</li> <li>-Parent Involvement Binder</li> </ul> | To utilize information and facilities in the local area to facilitate health and dental exams and screenings to meet our forty-five deadline.                            |
| <ul style="list-style-type: none"> <li>Parents provide an immunization record for the child with his or her application for Head Start enrollment.</li> </ul>  | -parents<br>-center supervisor                              | at enrollment   | -immunization record  | <ul style="list-style-type: none"> <li>-Student File</li> <li>- Oklahoma State Immunization Information System (OSIIS)</li> </ul>         | To verify is child has required immunization to remain in school in the event of disease outbreak and to assist families to protect their children through immunization. |
| <ul style="list-style-type: none"> <li>Parents are asked for written consent to request medical information to verify medical history and ongoing treatments.</li> </ul>   | -parents<br>-frontline staff                                | at enrollment   | -Authorization for Access by Patient or Disclosure of Protected Health Information  | <ul style="list-style-type: none"> <li>-Student File</li> <li>- enrollment packet</li> </ul>  | To promote continuation of ongoing treatments for children.  |
| <ul style="list-style-type: none"> <li>For children with immunizations listed on the Oklahoma State Immunization Information System (OSIIS) their official immunization information is simply printed, reviewed and placed in their student file.</li> </ul> | -disabilities/health manager<br>-parent involvement manager | Ongoing until immunization are ready for entering public school | -immunization record  | <ul style="list-style-type: none"> <li>- Student File</li> <li>- access to OSIIS website &amp; electronic printing system</li> </ul>      | To provide up-to-date immunization information on what is needed for each child until the parents have immunized their children  |
| Continued on page 4.   |   |   |   |   |  |

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|--|--|---|---|--|--|
| Continued from page 3.   |  |   |   |  |  |
| <ul style="list-style-type: none"> <li>For children not located on the OSIS we rely on the children’s primary care providers to return immunization, medical history and ongoing care information per authorized requests.</li> <li>Five health fairs are provided through our partnerships with Chickasaw Nation Health Systems (CNHS) and local county health departments (CHD) each year to obtain current health screenings and examination information on our students before our forty-five day deadline.</li> </ul> | <ul style="list-style-type: none"> <li>-parents</li> <li>-primary care providers</li> <li>-family service workers</li> <li>-CNHS</li> <li>-CHD</li> <li>-parents</li> <li>-disabilities/health manager</li> <li>-center supervisors</li> <li>-family service workers</li> <li>-frontline staff</li> <li>-volunteers</li> </ul> | <p>enrollment and as needed</p> <p>July-Sept.</p> | <ul style="list-style-type: none"> <li>- Authorization for Access by Patient or Disclosure of Protected Health Information</li> <li>- immunization record</li> <li>- medical record</li> <li>-Consent for Screenings</li> <li>-Authorization for Access by Patient or Disclosure of Protected Health Information</li> <li>-Screening Summary</li> </ul> | <ul style="list-style-type: none"> <li>- Student File</li> <li>- enrollment packet</li> <li>- CHR</li> <li>- Family Partnership Agreement (FPA)</li> <li>- contact notes</li> <li>- enrollment packet</li> <li>- Student File</li> </ul> | <p>To promote and verify child’s health status.</p> <p>To identify areas of possible intervention needs and have follow-ups begun before the end of the 45 days. Healthy children learn with less of a struggle and are well adjusted to new environments.</p> |

**Performance Standard: 1304.20 (a) (1) (ii) (A)**

(A) For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;

| Action Steps   | Person / Team Responsible  | Time Frame                   | Documentation and Resource Indicators   | Resources Needed   | Outcome   |
|--|--|------------------------------|---|--|---|
| <ul style="list-style-type: none"> <li>During the parent orientation process information is provided to parents on the purpose and schedule of activities to be covered in well child checks and immunizations.</li> </ul>   | <ul style="list-style-type: none"> <li>-parents</li> <li>-disabilities/health managers</li> </ul>  | August                       | <ul style="list-style-type: none"> <li>-selected EPSDT print outs</li> </ul>  | <ul style="list-style-type: none"> <li>- Oklahoma Health Care Authority website</li> <li>- Copies of EPSDT information needed</li> </ul> | To increase parent knowledge for the Sooner Care Insurance billable exams and screenings and EPSDT activities and processes for well children |
| <ul style="list-style-type: none"> <li>When children are behind on their immunizations or well child care parents are assisted with finding a primary care provider, transportation and appointments per request.</li> </ul>   | <ul style="list-style-type: none"> <li>-frontline staff</li> <li>-parents</li> <li>-disabilities/health program manager</li> <li>-parent involvement manager</li> <li>-transportation manager</li> <li>-center supervisor</li> </ul> | Ongoing                      | <ul style="list-style-type: none"> <li>- Immunization Record</li> <li>- CHR</li> <li>- FPA</li> <li>- special transport Paperwork</li> </ul>  | <ul style="list-style-type: none"> <li>- Student File</li> <li>- OSIS</li> <li>- FEIST</li> <li>- bus</li> </ul>                         | To assist parents to advocate for the child's wellness and health preventions.  |
| <ul style="list-style-type: none"> <li>Once parents are given information and opportunity to obtain medical services to bring their children up-to-date according to the Early Periodic Screening, Diagnosis and Treatment (EPSDT) plan followed in the state of Oklahoma, the parents are reminded that neglect is a form of child abuse. And, we are legally responsible for reporting suspected child abuse and neglect.</li> </ul> | <ul style="list-style-type: none"> <li>-parents</li> <li>-frontline staff</li> <li>-disability/health manager</li> <li>-parent involvement</li> <li>-center supervisors</li> </ul>   | at enrollment and is ongoing | <ul style="list-style-type: none"> <li>-Child Abuse &amp; Neglect Policy</li> <li>- EPSDT plan</li> <li>-contact notes</li> <li>- CHR</li> <li>- Summary Screening</li> <li>- immunization Record</li> <li>- FPA</li> </ul> | <ul style="list-style-type: none"> <li>- Student File</li> <li>- Parent Handbook</li> <li>- OSIS</li> <li>- bus</li> </ul>               | To protect the child.   |

**Performance Standard:1304.20 (a) (1) (ii) (B)**

(B) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and

| Action Steps   | Person / Team Responsible   | Time Frame                                  | Documentation and Resource Indicators  | Resources Needed  | Outcome  |
|--|---|---|--|---|--|
| <ul style="list-style-type: none"> <li>Children’s files are reviewed with parents to help remind parents to make appointments for their well child care and routine dental.</li> </ul>   | <ul style="list-style-type: none"> <li>- family service workers</li> <li>- teaching staff</li> <li>- disabilities/health manager</li> </ul>   | ongoing                                     | <ul style="list-style-type: none"> <li>-home visit or meeting request</li> <li>-contact notes</li> <li>-Screening Summary</li> <li>- FPA</li> </ul>                | Student File  | To complete medical and dental treatment and preventive appointments                                     |
| <ul style="list-style-type: none"> <li>The frontline staff document atypical conditions for the children during the daily health checks and contact parents.</li> </ul>  | <ul style="list-style-type: none"> <li>-frontline staff</li> <li>-parents</li> <li>- disabilities/health manager</li> </ul>   | Daily                                       | <ul style="list-style-type: none"> <li>-Head Lice Checks</li> <li>-Attendance Records</li> <li>-Contact Notes</li> <li>-Policy</li> </ul>                          | Student File  | To keep children safe and to prevent the spread of disease, infestations, and undue exposure to illness. |
| <ul style="list-style-type: none"> <li>During parent/teacher conferences and home visits care is taken by the staff to assist families to maintain continuous medical and dental care.</li> </ul>  | <ul style="list-style-type: none"> <li>-frontline staff</li> <li>-parents</li> <li>-disabilities/health manager</li> </ul>  | Enrollment<br>Sept.<br>Nov.<br>Feb.<br>Apr. | meeting notes  | Student File  | To complete all dental and medical appointments on schedule.   |
| <ul style="list-style-type: none"> <li>Through partnerships with the Chickasaw Nation Health System preventive dental care is provided at the centers in the form of daily tooth brushing and monthly lift-the-lip screenings. Families that choose for their children to participate have fluoride varnish applied three times a year. Some families require transportation assists to make routine dental appointment. When child can not brush we provide water to drink and to swish to stop acid attacks after eating.</li> </ul> | <ul style="list-style-type: none"> <li>-dental staff</li> <li>-teaching staff</li> <li>-family service workers</li> <li>-Foster Grandparent</li> <li>-disabilities/health manager</li> <li>-transportation manager</li> <li>-center supervisor</li> </ul> | ongoing                                     | <ul style="list-style-type: none"> <li>-parent consent</li> <li>-notes</li> <li>-Lift-the-Lip chart</li> <li>-Monthly Report from Family Service Worker</li> </ul> | Student File<br><br>Monthly Report Binder<br><br>Head Lice/LTL binder | To preventive dental caries.   |

**Performance Standard: 1304.20 (a) (1) (ii) (C)**

(C) Grantee and delegate agencies must establish procedures to track the provision of health care services.

| Action Steps  | Person / Team Responsible  | Time Frame  | Documentation and Resource Indicators | Resources Needed   | Outcome   |
|---|--|---|---------------------------------------|--|---|
| <ul style="list-style-type: none"> <li>The Screening Summary is the cover page to the screening and exam documentation in each student file. It provides a tracking for the screenings and exams for child for one school year.</li> </ul>                    | <ul style="list-style-type: none"> <li>- family service worker</li> <li>- disability/health manger</li> </ul>                    | ongoing throughout the school year                                  | Screening Summary                     | screening & exam forms   | to allow parents and staff to discuss follow-up needs |
| <ul style="list-style-type: none"> <li>The health data is periodically updated with each student’s information in our database. Dates for follow ups and completions for health care services are also included in the database.</li> </ul>                   | <ul style="list-style-type: none"> <li>- family service worker</li> <li>- disability/health manger</li> </ul>                    | ongoing throughout the school year                                  | database report                       | regular collections of information database and the I-drive access | to track information on progress                      |
| <ul style="list-style-type: none"> <li>Each month family service workers and the disability/health manager submit reports activities provided and barriers to overcome.</li> </ul>  | <ul style="list-style-type: none"> <li>- family service worker</li> <li>- disability/health manger</li> </ul>                    | -FSW monthly by the 10 <sup>th</sup><br>monthly by 15 <sup>th</sup> | monthly reports                       | monthly report binder forms notes                                  | to review ongoing screenings and follow-up efforts    |
| <ul style="list-style-type: none"> <li>The director, managers, center supervisors, and one auditor from the Office of Management and Budget (OMB) have established review teams to randomly and periodically examine student files. (Peer reviews)</li> </ul> | <ul style="list-style-type: none"> <li>-director</li> <li>-managers</li> <li>-center supervisor</li> <li>-OMB auditor</li> </ul> | Sept.-Oct.<br>&<br>Feb.-Apr.  | student file review checklist         | student file access and follow-up meeting with staff               | to discuss areas of concern with center staff         |
| <ul style="list-style-type: none"> <li>Internal audits are conducted.</li> </ul>  | OMB  | ongoing   | student file access                   | written report   | to improve Head Start performance and documentation   |

**Performance Standard:1304.20 (a) (1) (iii)**

(iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem;

| Action Steps   | Person / Team Responsible   | Time Frame  | Documentation and Resource Indicators      | Resources Needed   | Outcome  |
|--|---|-------------|--|--|--|
| <ul style="list-style-type: none"> <li>The information on the Child Health Record (CHR) will be used to identify areas of concern as parents are invited to bring their children to one of the health fairs that are conducted.</li> </ul> | frontline staff, family service workers & disability/health manager | enrollment  | Student File<br>CHR<br>request for meeting | e-mail<br>phone<br>contact notes                           | to decrease time information is documented by medical staff                          |
| <ul style="list-style-type: none"> <li>Follow-up is conducted with parents and medical staff for any observed, known or suspected medical problem.</li> </ul>  | parents, family service workers & frontline staff                   | ongoing     | request for meeting                        | parent contact form  | to increase parent involvement and advocacy  |
| <ul style="list-style-type: none"> <li>Height and weight information is gathered and graphed twice a school year.</li> </ul>   | family service workers  | Sept.& Feb. | height & weight graphs                     | measurements obtained at first of year and by the February | to identify possible nutrition concerns such as obesity or lack of growth            |
| <ul style="list-style-type: none"> <li>Daily health reviews are conduct.</li> </ul>  | frontline staff   | daily       | contact note for concerns                  | Parent Handbook  | To identify the first signs of possible problems in the child's health or well being |

**Performance Standard:1304.20 (a) (1) (iv)**

(iv) Develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a)(1)(ii) and (iii) so that any needed treatment has begun.

| Action Steps   | Person / Team Responsible  | Time Frame                                    | Documentation and Resource Indicators   | Resources Needed   | Outcome  |
|--|--|---|---|--|--|
| <ul style="list-style-type: none"> <li>Any medical or developmental concern listed on any student application is shared with the health manager prior to enrollment. To establish follow-up questions to ask the family and to request that additional information on insurance source and resources from the family.</li> </ul>   | <ul style="list-style-type: none"> <li>-Education manager</li> <li>-center supervisor</li> <li>-frontline</li> <li>-disability/health manager</li> </ul>                   | <p>application review and ranking process</p> | <ul style="list-style-type: none"> <li>-application</li> <li>-support documents</li> </ul>  | <ul style="list-style-type: none"> <li>-state authorized birth certificate</li> <li>- immunization record</li> <li>- social security</li> <li>- Insurance</li> <li>- Priority Ranking</li> </ul> | <p>To confirm suspected as soon as and to confirm that there is a source of continuum care if the child should leave Head Start.</p> |
| <ul style="list-style-type: none"> <li>During each new student enrollment process frontline staff document information supplied by parents and guardians regarding known medical and developmental problems. This information is posted on the individual’s Child Health Record that is maintained in the first pocket of the student file.</li> </ul>   | <ul style="list-style-type: none"> <li>-Education manager</li> <li>-center supervisor</li> <li>-frontline</li> <li>-parents</li> <li>-disability/health Manager</li> </ul> | <p>Enrollment</p>                             | <ul style="list-style-type: none"> <li>-CHR</li> </ul>  | <p>Student File</p>  | <p>To record parent knowledge of child history and current concerns.</p>   |
| <ul style="list-style-type: none"> <li>Although parents are recognized as having the primary responsibility for their children’s medical care and services, the Head Start staff provides encouragement and assistance to parents in an effort to obtain appropriate services for any medical, dental or developmental problem identified before or during the first forty-five calendar days of the school year.</li> </ul> | <ul style="list-style-type: none"> <li>-Education manager</li> <li>-center supervisor</li> <li>-frontline</li> <li>-parents</li> <li>-disability/health Manager</li> </ul> | <p>July-Aug.</p>                              | <ul style="list-style-type: none"> <li>-Screening Summary</li> <li>-immunization record</li> <li>-medical requested documentation of diagnosis &amp; treatment</li> <li>-medication and side effects</li> <li>-allergy substitutions</li> </ul> | <p>Student File</p>  | <p>To guide parents as they seek medical and dental services for their children within the Head Start 45 days.</p>                   |

Performance Standard:1304.20 (a) (2)

(2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.

| Action Steps  | Person / Team Responsible | Time Frame | Documentation and Resource Indicators | Resources Needed | Outcome |
|---|---------------------------|------------|---------------------------------------|------------------|---------|
| <ul style="list-style-type: none"> <li>N/A—the Chickasaw Nation Head Start school year is consider full year by offering classes from August to May.</li> </ul> | -----                     | -----      | -----                                 | -----            | -----   |

Performance Standard:1304.20 (b)

(b) Screening for developmental, sensory, and behavioral concerns.

| Action Steps   | Person / Team Responsible  | Time Frame | Documentation and Resource Indicators  | Resources Needed | Outcome   |
|--|--|------------|--|------------------|---|
| <ul style="list-style-type: none"> <li>The information brought by the parents is reviewed and documented by staff.</li> </ul>                      | <ul style="list-style-type: none"> <li>-Education manager</li> <li>-center supervisor</li> <li>-frontline</li> <li>-parents</li> <li>-disability/health Manager</li> </ul> | Enrollment | <ul style="list-style-type: none"> <li>-application</li> <li>-CHR</li> <li>-FPA</li> </ul>   | Student File     | <ul style="list-style-type: none"> <li>To gather information on each child’s developmental, sensory and behavior concerns parents are involved.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Authorized consent to obtain medical documentation and treatment follow up begins at enrollment.</li> </ul> | <ul style="list-style-type: none"> <li>-Education manager</li> <li>-center supervisor</li> <li>-frontline</li> <li>-parents</li> <li>-disability/health Manager</li> </ul> | enrollment | <ul style="list-style-type: none"> <li>-Authorization for Access by Patient or Disclosure of Protected Health Information</li> <li>-consent to screenings</li> </ul> | Student File     | <ul style="list-style-type: none"> <li>Children, that are hurting and that are not healthy, do not have equal opportunity to learn. Therefore, the Chickasaw Nation Head Start works to obtain observation, screening and exam information to encourage appropriate follow up treatment.</li> </ul> |

Performance Standard: 1304.20 (b) (1)

(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

| Action Steps  | Person / Team Responsible   | Time Frame | Documentation and Resource Indicators   | Resources Needed | Outcome   |
|---|---|------------|---|------------------|---|
| <ul style="list-style-type: none"> <li>During the enrollment process parents provide information to help their children success in the school setting and provide written consent for screenings and exams required.</li> </ul> | <ul style="list-style-type: none"> <li>-education manager</li> <li>-center supervisor</li> <li>-frontline</li> <li>-parents</li> <li>-disability/health Manager</li> </ul>                                      | enrollment | <ul style="list-style-type: none"> <li>- Authorization for Access by Patient or Disclosure of Protected Health Information</li> <li>- Consent for screenings</li> </ul> | Student File     | To The Chickasaw Nation Head Start program sets the target deadline for every child's screenings and exams to be completed within the first forty-five calendar days after the first day of attendance. |
| <ul style="list-style-type: none"> <li>Parents are invited to share pertinent needs of their family and culture.</li> </ul>   | <ul style="list-style-type: none"> <li>-parent involvement manager</li> <li>-education manager</li> <li>-center supervisor</li> <li>-frontline</li> <li>-parents</li> <li>-disability/health Manager</li> </ul> | enrollment | <ul style="list-style-type: none"> <li>-CHR</li> <li>-FPA</li> <li>-notes</li> </ul>  | Student File     | To encompass more awareness of others and their cultural traditions and beliefs.  |

Performance Standard: 1304.20 (b) (2)

(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.

| Action Steps   | Person / Team Responsible   | Time Frame  | Documentation and Resource Indicators  | Resources Needed   | Outcome  |
|--|---|---|--|--|--|
| <ul style="list-style-type: none"> <li>Parents are involved with the process of identifying concerns for social and emotional behaviors beginning with enrollment. Parents are invited to trainings along with the Head Start staff.</li> </ul>                            | <ul style="list-style-type: none"> <li>-frontline</li> <li>-parents</li> <li>-parent involvement manager</li> <li>-education manager</li> <li>-center supervisor</li> <li>-disability/health Manager</li> </ul> | <p>Enrollment and conferences</p>   | <ul style="list-style-type: none"> <li>-application</li> <li>-CHR</li> <li>-FPA</li> <li>-notes</li> </ul>   | <p>Student File</p>  | <p>To increase awareness and strategies to prepare children for public school.</p> |
| <ul style="list-style-type: none"> <li>The teaching staff completes a fifty item checklist and submits to the mental health manager approximately twenty days after each child enters the program. The checklist is completed twice throughout the school year.</li> </ul> | <ul style="list-style-type: none"> <li>-frontline staff</li> <li>-disability/health Manager</li> </ul>  | <p>Within the first twenty days of attendance and about fourteen weeks latter</p> | <ul style="list-style-type: none"> <li>- Behavior Observation checklist</li> <li>- Follow-up notes</li> </ul>  | <p>Student File</p>  | <p>To provide information that can be modified to work with staff and parents.</p> |
| <ul style="list-style-type: none"> <li>Mental health services are made available to families and staff through a variety of collaborations or contracts at each of the six centers.</li> </ul>   | <ul style="list-style-type: none"> <li>-disability/health manager</li> <li>-director</li> <li>-center supervisors</li> </ul>  | <p>Aug.- June</p>   | <ul style="list-style-type: none"> <li>- contracts with mental health providers</li> <li>- Pre-service training</li> <li>- Parent Orientation</li> <li>- parent meetings</li> <li>- notes</li> <li>- Holisso</li> <li>- Behavioral Health</li> <li>- CARES</li> <li>- local organizations &amp; county services</li> </ul> | <ul style="list-style-type: none"> <li>-Student File</li> <li>-Tribal Services</li> <li>-Health Departments</li> </ul> | <p>To build strong relationships and family stability.</p>                         |

Performance Standard: 1304.20 (b) (3)

- (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

| Action Steps  | Person / Team Responsible  | Time Frame  | Documentation and Resource Indicators  | Resources Needed   | Outcome  |
|---|--|---|--|--|--|
| <ul style="list-style-type: none"> <li>• Observations from family members and Head Start staff are used to identify typical behavior for each child.</li> <br/> <li>• The parents share many informal and formal comments on their children's behavior with the frontline staff. The two parent/teacher conferences and the two home visits provide the formal discussion and documentation for the most of the observations.</li> <br/> <li>• Children are observed in a variety of settings.</li> </ul> | <ul style="list-style-type: none"> <li>-parents</li> <li>-frontline staff</li> <li>-disability/health Manager</li> <br/> <li>-parents</li> <li>-frontline staff</li> <br/> <li>- parents</li> <li>- frontline staff</li> <li>- education manager</li> <li>- disabilities/health manager</li> </ul> | <ul style="list-style-type: none"> <li>ongoing</li> <br/> <li>Ongoing</li> <br/> <li>ongoing</li> </ul> | <ul style="list-style-type: none"> <li>-application</li> <li>-CHR</li> <li>-FPA</li> <li>-notes</li> <br/> <li>-CHR</li> <li>-FPA</li> <li>-notes</li> <br/> <li>-CHR</li> <li>-FPA</li> <li>-notes</li> </ul> | <ul style="list-style-type: none"> <li>Student File</li> <br/> <li>Student File</li> <br/> <li>Student File</li> </ul> | <ul style="list-style-type: none"> <li>To identify typical response and behaviors at different times generate a pattern of behaviors and areas that need strategies.</li> <br/> <li>The trust between parents and frontline make them partners.</li> <br/> <li>To see strengths and areas to make improvements.</li> </ul> |

Performance Standard: 1304.20 (c)

(c) Extended follow-up and treatment.

| Action Steps  | Person / Team Responsible  | Time Frame | Documentation and Resource Indicators | Resources Needed   | Outcome   |
|---|--|------------|---------------------------------------|--|---|
| <ul style="list-style-type: none"> <li>Follow-up for treatment with activities and recognition of barriers for treatment is an ongoing process for Head Start staff and parents.</li> </ul> | <ul style="list-style-type: none"> <li>-FSW</li> <li>-parents</li> </ul> | monthly    | -FSW monthly report                   | <ul style="list-style-type: none"> <li>-Student File</li> <li>- monthly report binder</li> </ul> | Staff and families work as partners to complete medical, mental health and dental treatments. |

**Performance Standard: 1304.20 (c) (1)**

(1) Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.

| Action Steps   | Person / Team Responsible   | Time Frame | Documentation and Resource Indicators | Resources Needed  | Outcome   |
|--|---|------------|---------------------------------------|---|---|
| <ul style="list-style-type: none"> <li>The frontline staff exchanges notes through the child’s backpack and phone calls in addition to face-to-face discussions with parents to assist the family during the implementation of the child’s individual follow-up plan.</li> </ul> | <ul style="list-style-type: none"> <li>- frontline staff</li> <li>- parents</li> <li>- disabilities/health manager</li> </ul>                                       | ongoing    | -policies<br>-notes                   | <ul style="list-style-type: none"> <li>Student File</li> <li>Parent Handbook</li> </ul> | To maintain communication.                            |
| <ul style="list-style-type: none"> <li>The frontline staff support parent with a variety of resources including transportation when needed.</li> </ul>   | <ul style="list-style-type: none"> <li>- frontline staff</li> <li>- parents</li> <li>- parent involvement manager</li> <li>- disabilities/health manager</li> </ul> | ongoing    | -policies<br>-notes                   | <ul style="list-style-type: none"> <li>Student File</li> <li>Parent Handbook</li> </ul> | To maintain communication and perceive opportunities. |

**Performance Standard: 1304.20 (c) (2)**

(2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.

| Action Steps   | Person / Team Responsible  | Time Frame                     | Documentation and Resource Indicators   | Resources Needed   | Outcome   |
|--|--|--------------------------------|---|--|---|
| <ul style="list-style-type: none"> <li>Meet with parents and discuss their medical and dental needs and identify barriers to treatment.</li> <li>Center supervisors and designated staff attend training annually to learn how to administer medications to children in the Head Start centers.</li> </ul> | <ul style="list-style-type: none"> <li>-frontline staff</li> <li>-parent involvement manager</li> <li>-disabilities/health manager</li> <li>-family service worker</li> <li>-center supervisor</li> <li>-parent involvement manager</li> <li>-disabilities/health manager</li> </ul> | <p>ongoing</p> <p>December</p> | <ul style="list-style-type: none"> <li>-Enrollment packet</li> <li>-Policies</li> <li>-Resource</li> <li>-DHS Warm Line</li> <li>-FPA</li> <li>Medication Administration Training certificates</li> </ul> | <ul style="list-style-type: none"> <li>-Student File</li> <li>-Parent Handbook</li> <li>-FEIST</li> <li>-internet access</li> <li>-DHS website</li> <li>Vo-Tech class</li> <li>Transportation</li> </ul> | <p>The Head Start staff links families to resources for medical and dental needs and training services.</p> <p>Staff are trained to assist parents with the prescribed medication administration.</p> |

**Performance Standard: 1304.20 (c) (3)**

(3) Dental follow-up and treatment must include:

| Action Steps  | Person / Team Responsible   | Time Frame                    | Documentation and Resource Indicators   | Resources Needed  | Outcome   |
|---|---|-------------------------------|---|---|---|
| <ul style="list-style-type: none"> <li>The Chickasaw Nation Head Start assists families with dental follow-up by providing assistance in making appointments and securing transportation.</li> <li>In the classroom children are receiving two daily opportunities to brush their teeth.</li> </ul> | <ul style="list-style-type: none"> <li>- parents</li> <li>- FSW</li> <li>- parent involvement, transportation &amp; disabilities managers</li> <li>- frontline staff</li> </ul> | <p>ongoing</p> <p>ongoing</p> | <ul style="list-style-type: none"> <li>-Screening Summary</li> <li>-FPA</li> <li>-notes</li> <li>- Lesson Plans</li> <li>- notes</li> </ul> | <ul style="list-style-type: none"> <li>- Student File</li> <li>- Classroom Schedules</li> <li>- Student File</li> </ul> | <p>To complete dental treatment.</p> <p>To prevent dental carries</p> |

**Performance Standard: 1304.20 (c) (3) (i); 1304.20 (c) (3) (ii); 1304.20 (c) (4); 1304.20 (c) (5)**

- (i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and
  - (ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.
- (4) Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).
- (5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.

| Action Steps   | Person / Team Responsible  | Time Frame | Documentation and Resource Indicators   | Resources Needed   | Outcome  |
|--|--|------------|---|--|--|
| <ul style="list-style-type: none"> <li>• With parent consent for screenings, varnish applications, and IEP requirements will provide guidance for health services for children.</li> </ul>   | <ul style="list-style-type: none"> <li>- frontline staff</li> <li>- dental trained staff</li> <li>- disabilities/health manager</li> </ul> | ongoing    | <ul style="list-style-type: none"> <li>- Consent to screen and participate in varnishing</li> <li>- LTL Chart</li> <li>- FSW Monthly Report</li> <li>- Scheduled visits and notes</li> <li>- IEP</li> </ul> | <ul style="list-style-type: none"> <li>- dental training</li> <li>- varnish</li> <li>- dentist's approval &amp; supervision</li> </ul> | Preventive dental activities are conducted by trained dental professionals     |
| <ul style="list-style-type: none"> <li>• When no other source of funding for medical, mental health or dental work can be found, the Head Start program will obtain a discount for the cost if possible through either collaboration or contract.</li> </ul> | <ul style="list-style-type: none"> <li>- frontline staff</li> <li>- disabilities/health manager</li> </ul>                                 | ongoing    | <ul style="list-style-type: none"> <li>- written estimate</li> <li>- preauthorization proposal for submission to director</li> <li>- written denial statements from reliable sources</li> </ul>             | <ul style="list-style-type: none"> <li>- Service contracts</li> <li>- MOU</li> </ul>   | Children will receive appropriate medical, dental, and mental health services. |

**Performance Standard: 1304.20 (d); 1304.20 (e); 1304.20 (e) (1); 1304.20 (e) (2); 1304.20 (e) (3); 1304.20 (e) (4); 1304.20 (e) (5)**

(d) Ongoing care. In addition to assuring children's participation in a schedule of well child care, as described in Sec. 1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

(e) Involving parents. In conducting the process, as described in Sec. Sec. 1304.20 (a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:

- (1) Consult with parents immediately when child health or developmental problems are suspected or identified;
- (2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;
- (3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;
- (4) Assist parents in accordance with 45 CFR 1304.40(f)(2) (i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and
- (5) 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.

| Action Steps   | Person / Team Responsible   | Time Frame | Documentation and Resource Indicators                            | Resources Needed                            | Outcome   |
|--|---|------------|--|---|---|
| <ul style="list-style-type: none"> <li>• Parents will be updated about their child's health and dental needs on a monthly or as needed through memos, phone calls, documented contacts, Parent/Teacher conferences and Home Visits, and/or other Chickasaw Nation Head Start staff meetings.</li> <li>• Refusal to authorize health services is a parent's choice but must be documented by the parent, signed and dated.</li> <li>• Parents are invited and have the opportunity to attending staff trainings and other trainings.</li> </ul> | -frontline staff<br>-parent<br>-education manager<br>- health manager | ongoing    | -Contact notes<br>-Teacher conference notes<br>-Home Visit notes | -Student File<br>-Lift-the-Lip charts       | Parents and staff partner to complete medical, mental health or health treatment.             |
|  | -parent   | ongoing    | note from parent   | -Student File                               | Parent has the responsibility and rights to protect the child. Although educating is our job. |
|  | -frontline staff  | ongoing    | -flyers and notes  | -Parent Involvement binder and Student File |   |

**Performance Standard: 1304.20 (f), 1304.20 (f) (1); 1304.20 (f) (2) (i); 1304.20 (f) (2) (ii); 1304.20 (f) (2) (iii); 1304.20 (f) (iv)**

**(f) Individualization of the program.**

- (1) Grantee and delegate agencies must use the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.
  - (i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part H) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;
  - (ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part H plan to coordinate any needed evaluations, determine eligibility for Part H services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;
  - (iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and
  - (iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.

| Action Steps   | Person / Team Responsible  | Time Frame | Documentation and Resource Indicators | Resources Needed | Outcome                                 |
|--|--|------------|---------------------------------------|------------------|---|
| Written plans such as the Family Partnership Agreement (FPA), Education Plan, and Individual Education Plans (IEP) will be reviewed periodically to ensure related services are being provided appropriately. The Chickasaw Nation works with local education agencies to move an IFSP to IEP to smooth the transition into public school. | -frontline staff<br>- parents<br>-education manager<br>-disabilities/health manager<br>-parent involvement manager | ongoing    | IEP                                   | Student File     | To individualize services for children. |

## Subpart B—Early childhood development and Health Services

### Performance Standard: 1304.22 –Child Health and Safety and 1304.22 (a) – Health Emergency Procedures

- (a) Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:
- (1) Posted policies and plan 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) Posted locations and telephone numbers of emergency response systems. Up-on-date family contact information and authorization for emergency care for each child must be readily available;
  - (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);
  - (4) Methods of notifying parents in the event of an emergency involving their child; and
  - (5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

| Action Steps   | Person / Team Responsible  | Time Frame | Documentation and Resource Indicators                 | Resources Needed               | Outcome  |
|--|--|------------|---|--------------------------------|--|
| During classroom observations and parent meetings review the emergency procedures that are posted. | -center supervisors<br>-facilities manager<br>-disabilities/health manager<br>-OEH | ongoing    | - OEH Inspection reports<br>- Corrective action plans | Emergency Procedure Checklists | Procedures are readily available during emergency. |

**Performance Standard: 1304.22 (b) – Conditions Of Short-Term Exclusion and Admittance**

- (1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.
- (2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.
- (3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

| Action Steps   | Person / Team Responsible | Time Frame | Documentation and Resource Indicators | Resources Needed | Outcome  |
|--|---------------------------|------------|---------------------------------------|------------------|--|
| Identified risks through illness, diarrhea or infestation are reasons to temporarily exclude a child from school attendance. | -center supervisor        | ongoing    | notes                                 | Parent Handbook  | To protect children from themselves or others. |

**1304.22(c) - Medication Administration**

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. The procedures must include:

- (1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;
- (2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;
- (3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;
- (4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;
- (5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and
- (6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

| Action Steps   | Person / Team Responsible             | Time Frame | Documentation and Resource Indicators   | Resources Needed  | Outcome  |
|--|---------------------------------------|------------|---|---|--|
| Medication is placed in locking cabinets or locking boxes in refrigerators. Medication is accepted only if it is in its original packaging with prescription instruction and information along with side effects list is present. Medication administration is limited to staff trained through the Medication Administration Training (MAT) program.. Medication packets must include the prescription instructions and information for the identified child. An observation must be routinely entered to note child's possible undesirable reaction. | -designated and trained staff<br>-OEH | ongoing    | -OEH inspections<br>-Medication Administration packet<br>-Prescription instructions and information<br>-Side effects list<br>-MAT certification | -Parent Hand book<br>-Vo-Tech MAT class<br>-Locking cabinets and refrigerator boxes<br>-OEH reports & corrections | All medication will be handled by trained staff for proper care. |

**1304.22(d) - Injury Prevention**

Grantee and delegate agencies must:

- (1) Ensure that staff and volunteers can demonstrate safety practices; and
- (2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

| Action Steps   | Person / Team Responsible | Time Frame | Documentation and Resource Indicators  | Resources Needed   | Outcome                           |
|--|---------------------------|------------|--|--|-----------------------------------|
| <ul style="list-style-type: none"> <li>1) protective gear and restraints</li> <li>2) hazardous materials locked away</li> <li>3) supervisor children at all times</li> </ul> | Head Start Staff          | daily      | <ul style="list-style-type: none"> <li>-Incident reports</li> <li>-OEH inspections</li> <li>-Facility checklist</li> </ul> | <ul style="list-style-type: none"> <li>-Teachers Manual</li> <li>-Parent Handbook</li> </ul> | To make safety the first thought. |

**1304.22(e) - Hygiene**

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

- (i) After diapering or toilet use;
- (ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);
- (iii) Whenever hands are contaminated with blood or other bodily fluids; and
- (iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water:

- (i) Before and after giving medications;
- (ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and
- (iii) After assisting a child with toilet use.

(3) Nonporous (e.g., latex) gloves must be 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) 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.

(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conducts these procedures.

(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.

| Action Steps  | Person / Team Responsible                     | Time Frame | Documentation and Resource Indicators  | Resources Needed  | Outcome                                    |
|---|---|------------|--|---|--|
| 1. hand washing (20 seconds of rubbing under running water after lathering hands with soap):<br>-before handling food, preparing food or eating, rendering first aid or medication,<br>-after toileting activities, rendering first aid or administering medication, blowing noses, sneezing, or touching animals | -Head Start Staff<br>-Volunteers<br>-children | ongoing    | -OEH inspections and corrections<br>-OEH and First Aid training certificates | -Facility Checklist<br>-Teachers Manual<br>-Parent Handbook | To reduce the spread of germs and disease. |
| 2. gloves (handling body fluid clean up)<br>- non-porous or non-latex (allergies)   | -Head Start Staff<br>-Volunteers              | ongoing    | -OEH inspections and corrections<br>-training certificates                   | -Facility Checklist<br>-Teachers Manual<br>-Parent Handbook | To reduce the spread of germs and disease. |
| 3. restrooms are sanitized with bleach solution   | -Head Start Staff                             | daily      | Facility checklist   | -Teachers Manual<br>-Parent Handbook                        | To reduce the spread of germs and disease. |
| 4. Toddlers and infants are not Head Start students   |   |            |  |   |  |

**1304.22(f) - First Aid Kits**

- (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.
- (2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals

| Action Steps  | Person / Team Responsible  | Time Frame | Documentation and Resource Indicators | Resources Needed  | Outcome   |
|---|--|------------|---------------------------------------|---|---|
| First Aid kits are stocked before school begins each fall and after each use and store out of the reach of children whether in the classroom or on fieldtrip. | <ul style="list-style-type: none"> <li>-FSW</li> <li>-center supervisors</li> <li>-budget manager</li> <li>-disabilities/health manager</li> </ul> | July-June  | -Kit inventory list                   | <ul style="list-style-type: none"> <li>- DHS requirements</li> <li>- Red Cross First Aid suggestions</li> </ul> | To provide a well stock first aid kit for use between uses. |