

Elkhart and St. Joseph Counties

Head Start Consortium

Safety Manual

2024-2025

**This manual
supersedes all
previous versions**

This Safety Manual is an abridged version of a larger document. The larger document contains Service Area Plans that list each Performance Standard related to keeping the children safe. It also contains language about rationale for each policy and procedure. For the most part they have been removed leaving simply the federally approved/mandated step by step policies and procedures that are to be followed in various aspects of your career at the Early Head Start and Head Start Consortium. Included in the policies and procedures for properly handling each situation is the manner that is prescribed for monitoring (keeping track) of our actions in each situation.

These monitoring procedures are included in the manual for the purpose of sharing with all employees the requirements by the Federal Government to prove that we are following all the policies and procedures that we have presented to them. The government does not merely expect us to give our word that we follow the steps that we describe, but to prove that they have been followed by verifying it through an approved process of checking on what has been done in each instance (monitoring). Each employee should expect that every aspect of our work must and will be checked and re-checked as a part of fulfilling the requirements of the HHS Head Start Grant.

Significant Incidents

What follows below, examples of significant incidents that must be reported:

- **Injuries that require medical treatment**, such as deep cuts, suspected broken bones/sprains, chipped or cracked teeth, head trauma, contusions or lacerations, or animal bites.
- **Inappropriate discipline**, including any type of conduct used to instill fear or humiliate rather than to educate a child, such as poking or pinching a child; making fun of or laughing about a child; using/withholding food or an activity as a punishment or reward; or isolating a child.
- **Potential child abuse, maltreatment, or neglect**, such as grabbing, shoving, shaking, swatting or dragging a child; spanking or any other type of corporal or physical punishment; binding, tying or taping a child; terrorizing a child with threats or menacing acts; or any form of sexual contact.
- **Lack of supervision while in the care of under the supervision of Consortium staff, consultants, contractors, or volunteers**. This includes leaving a child alone anywhere on the grounds where the Consortium operates (e.g., in a classroom, bathroom, on a playground), as well as outside the building in a parking lot, on a nearby street, or on a bus or another program-approved transportation or excursion.
- **Unauthorized release** whereby a child is released from a building where the Consortium operates, bus, or other approved program transportation to a person without the permission or authorization of a parent or legal guardian and whose identity has not been verified by photo identification.

Reporting and Investigation Procedures

- 1) Upon the occurrence of an incident (or a suspected significant incident) other than child abuse and neglect (which is addressed below), Any Medical Emergencies, the Staff will call 911 first. Significant Incident (as defined) calls should be reported to the **Health Manager and Site Supervisor regarding incident**.
- 2) All incidents must have a report completed by the reporting staff person and submit an Incident Report to the Incident Cloud immediately and on the same day even if other events are occurring. All reports are considered and to be kept confidential by all staff.
- 3) Staff Duty to Intervene
 - a. Anyone who observes another person engage in conduct that may be a violation of Head Start policies and procedures is expected to *intervene* immediately and then notify an immediate Manager.
 - b. If your immediate manager is not available, notify the General Services Manager.
 - c. If you learn of a significant incident while supervising children and need coverage so that you can make an immediate verbal report to your manager
 - d. Any Medical Emergencies, the Staff will call 911 first. Significant Incident (as defined) calls should be reported to the Health Manager and Program Manager regarding incident.
 - e. All incidents must have a report completed by the reporting staff person and submit an Incident Report to the Incident Cloud immediately and on the same day even if other events are occurring. All reports are considered and to be kept confidential by all staff.
- 4) **Child Abuse and Neglect Reporting**. Upon learning of suspected abuse or neglect, immediately call the Division of Family and Children/Child Protective Services (DFC/CPS) at 1-800-800-5556 to speak with a DFC/CPS Intake Worker and report the suspected abuse or neglect.
 - a. After the DFC/CPS report is made, notify the building principal (or other person designed by the school corporation to receive such reports) and your manager immediately. (This is the only instance in which a significant incident is first reported to someone other than your immediate manager.)

- b. All calls to DFC/CPS are to be followed with the Consortium's own internal investigation. That investigation begins with the Manager who is first made aware of the call contacting the Health Manager who is responsible for routing information about the incident to the proper Manager for continued services and investigation. The health manager will forward/route all medical incidents to the Health Manager for follow-up and documentation. All other incidents will be forwarded/routed to the Executive Director or Designee Manager to continue services and investigation.
 - c. The Health Manager will complete their medical assessment and contact/forward all information to the Executive Director to complete the rest of the investigation.
 - d. The individual who makes the report to DFC/CPS must immediately complete the Child Abuse Reporting Form (available on the dashboard) and email it to the Head Start Office at CPS@headstartesj.com. If any follow-up information is needed by DFC/CPS, this record will aid the effort. This form must be completed immediately and, under no circumstances, later than the end of the workday.
- 5) When the Health Manager receives a Significant Incident report, they will ***immediately notify the Executive Director.***

2024-2025 SAFETY PLAN

HUMAN RESOURCE MANAGEMENT AND REPORTING Standard Operating Procedures for Reports and Investigation of Significant Incidents Involving Children

Policy Statement

The Consortium must respond to, report, and review all significant incidents and/or accidents affecting the health and safety of children in order to minimize the risk of harm, ensure compliance with the Head Start performance standards, and adhere to the Consortium's commitment to continuous quality improvement of its operations and services.

These procedures apply to all Consortium employees, consultants, contractors, and volunteers.

Significant Incidents

It is not possible to provide an exhaustive list of the incidents that threaten children's health and safety. What follows below, however, are some examples of significant incidents that must be reported:

- **Injuries that require medical treatment**, such as deep cuts, suspected broken bones/sprains, chipped or cracked teeth, head trauma, contusions or lacerations, or animal bites.
- **Inappropriate discipline**, including any type of conduct used to instill fear or humiliate rather than to educate a child, such as poking or pinching a child; making fun of or laughing about a child; using/withholding food or an activity as a punishment or reward; or isolating a child.
- **Potential child abuse, maltreatment, or neglect**, such as grabbing, shoving, shaking, swatting or dragging a child; spanking or any other type of corporal or physical punishment; binding, tying or taping a child; terrorizing a child with threats or menacing acts; or any form of sexual contact.
- **Lack of supervision while in the care of Consortium staff, consultants, contractors, or volunteers**. This includes leaving a child alone anywhere on the grounds where the Consortium operates (e.g., in a classroom, bathroom, on a playground), as well as outside the building in a parking lot, on a nearby street, or on a bus or another program-approved transportation or excursion.
- **Unauthorized release** whereby a child is released from a building where the Consortium operates, bus, or other approved program transportation to a person without the permission or authorization of a parent or legal guardian and whose identity has not been verified by photo identification.

This is not an exhaustive list. Questions about whether an incident must be reported should be resolved by consulting with a manager or manager.

Reporting and Investigation Procedures

- 1) Upon the occurrence of an incident (or a suspected significant incident) other than child abuse and neglect (which is addressed below), Any Medical Emergencies, the Staff will call 911 first. Significant Incident (as defined) calls should be reported to the **Health Manager and Program Manager regarding incident**.
- 2) All incidents must have a report completed by the reporting staff person and submit an Incident Report to the Incident Cloud immediately and on the same day even if other events are occurring. All reports are considered and to be kept confidential by all staff.

- 3) Staff Duty to Intervene
 - a. Anyone who observes another person engage in conduct that may be a violation of Head Start performance standards is expected to *intervene* immediately and then notify an immediate Manager.
 - b. If your immediate Manager is not available, notify the General Services Manager.
 - c. If you learn of a significant incident while supervising children and need coverage so that you are able to make an immediate report to your manager, immediately ask someone on your team to call a nearby co-worker(s) to seek additional help to remain in ratio.
 - d. Any Medical Emergencies, the Staff will call 911 first. Significant Incident (as defined) calls should be reported to the Health Manager and Program Manager regarding incident.
 - e. All incidents must have a report completed by the reporting staff person and submit an Incident Report to the Incident Cloud immediately and on the same day even if other events are occurring. All reports are considered and to be kept confidential by all staff.

- 4) Child Abuse and Neglect Reporting. Upon learning of suspected abuse or neglect, immediately call the Division of Family and Children/*Child* Protective Services (DFC/CPS) at 1-800-800-5556 to speak with a DFC/CPS Intake Worker and report the suspected abuse or neglect.
 - a. After the DFC/CPS report is made, notify the building principal (or other person designed by the school corporation to receive such reports) and your manager immediately. This is the only instance in which a significant incident is first reported to someone other than your immediate Manager.
 - b. All calls to DFC/CPS are to be followed with the Consortium's own internal investigation. That investigation begins with the Manager who is first made aware of the call contacting the Health Manager who is responsible for routing information about the incident to the proper Supervisor or Manager for continued services and investigation. The supervisor/ manager will forward/route all medical incidents to the Health Manager for follow up and documentation. All other incidents will be forwarded/routed to the Executive Director to continue services and investigation.
 - c. The Health Manager will complete their medical assessment and contact/forward all information to the Executive Director or Designee to complete the rest of the investigation.
 - d. The Health Manager receives a report of a significant incident will ***immediately notify the Executive Director.***

- 5) When the Health Manager receives a Significant Incident report they will ***immediately notify the Executive Director.***

- 6) The Executive Director will (as quickly as and timely as possible) submit a preliminary report to the office of Head Start, Child Care Licensing, Legal Counsel, to the Board and Board President to notify them of the incident while the investigation continues.

- 7) If the significant incident includes alleged misconduct of a Consortium employee, consultant, contractor, or volunteer, the Human Resources Manager will be promptly notified and involve the Executive Director.

The individual accused of the misconduct may be placed on administrative leave, reassigned, or in some cases may continue working in their normal capacity pending the outcome of the investigation. The Human Resources Manager will work with the Executive Director to determine the appropriate action.

Please Circle: Staff or Child Information

Classroom/Bus Information

First Name: _____
 Last Name: _____
 Gender: Female Male Age: _____
 DOB: ____/____/____
 Address: _____
 City: _____ State: _____
 Zip: _____ Telephone: _____

Site: _____
 Session: _____
 Lead Teacher: _____
 Was Teacher Present? Yes No

Bus Driver Name: _____ Bus # _____

Date Report filed to Federal Office _____ Licensing _____

Parent/Guardian Notified (Name): _____ Time: _____ How: _____ By Whom: _____

Date/Location/Time of Incident

Date of Incident: _____ Time of Incident: _____
 Location (circle one): Classroom Gym Hallway Bathroom Playground Sidewalk Bus Other: _____
 Was a substitute present: Y / N If yes, who: _____

Description of Incident

Describe injury or behavior: _____
 How did it happen, who, what, when, where, and why? _____

 Choking/Seizure/How long did seizure last: _____
 Sent to: Nurse Home Physician Hospital None
 First Aid Administered (Describe): _____
 Agencies Notified (Which): _____
 Action Taken: _____
 Is follow up required? If yes explain: _____

 Action taken by (Name): _____ /Years of Service: _____

Staff involved	Years of Service	Last Trained on Active Supervision

Does the child have a disability and/or significant behaviors? Y / N (Add supporting information from COR, ChildPlus, etc)
 If yes, describe: _____

If incident involves suspected abuse or neglect, immediately contact Child Services at 1-800-800-5556.

Person Reporting Incident	Date	Head Start General Manager	Date
Head Start Program Manager	Date	Head Start Executive Director	Date
Head Health Manager/Nurse	Date	Action Taken <input type="checkbox"/>	No Action Needed <input type="checkbox"/>

Procedures for Reporting Incidents and Significant Incidents: (See Attached Protocol)

Once staff are involved in a significant incident situation, it needs to be reported in the following steps in tandem with gathering critical documentation for the investigation.

- 1) Contact your immediate Supervisor.
- 2) The Supervisor contacted the Exe. Director and Health Manager immediately.
- 3) Health Manager will begin the process of conducting the investigation as outlined in the "Reporting" Policies and Procedures protocol.

Teachers will be actively engaged and actively supervise their children by implementing the following strategies:

Transition plans:

are included in daily lesson plans. Plans include each transition to/from classroom and within the classroom when children move from one planned activity to another. Plans include engaging and developmentally appropriate activities. Singing, or finger plays.

Classroom Charts:

Supervising Zoning Posters
Supervision Reminder Posters
(Classroom, Nap Map and playground)
Strategies Posted

Anticipating Challenges:

Staff actively anticipate challenging behaviors (e.g.) holding a child's hand, suggesting 2 children hold hands, giving specific transition warnings to some children, giving specific jobs to certain children at transitions).

Upon Arrival in the classroom:

Take Attendance (Green Book, bus and classroom sign-in)
Sign-In Activities
Do the Wish You Well Activity.
Prepare the PADDLE Activity.

Hallway Procedures:

As teachers and children transition from restroom one teacher remains at the front of the line, walking backward, while the other walks at the end of the line. Teachers scan and count children each time they turn a corner in the hallway. Teachers will continue to scan and count.

Transition To The Bathroom outside the classroom:

One teacher will remain with the children who are not toileting.

Name to face counting at each threshold transition to/from restrooms, BEFORE leaving the restroom area, one teacher will SWEEP each stall of the bathroom to ensure no child is left in the bathroom. Continue with Name to Face Counting prior to leaving the area.

Bathrooms that are located INSIDE the CLASSROOM.

Prior to LEAVING the classroom staff must check the classroom bathroom to ensure no child was left in the bathroom then proceed with name to face strategy.

Bathroom Procedures for Diapering Children.

Staff will continue to scan the classroom while diapering one child and will alert other teaching staff if a potential safety issue arises

Transition to the Cafeteria:

Name to Face Strategy while completing the CACFP Form.
Teachers will sit at the tables with their classroom.

Transition to outdoor play area, or gym.

Name to face counting at each threshold transition to and from the hallway to the playground or gym.

Upon leaving and building re-entry the playground to the classroom Procedure:

One teacher will sweep the playground to ensure all children are clear of the playground. Check under the slides, and all along fencing.
The remaining teacher will scan and count the children in line and compare to the visuals resources provided.

Prior to entering the building one last name to face count and continue at each threshold until arriving to the classroom to ensure correct number of children.

Nap Time Procedures:

- Ensuring the levels of light are appropriate to see all children.
- Frequently view, scan, walk around the classroom to ensure children are in the area of their cots.
- After naptime, walk the classroom and behind desks to ensure children are not left in areas that are not visible.
- Continue with attendance prior to going to the bathroom.
- Continue with attendance for snack.
- Face to name count.

KEY ELEMENTS TO ACTIVE SUPERVISION

WHAT IS NAME TO FACE?

Name to Face is the matching of a child's face to a written documentation of their name.

Showing presence, Name to Face is taken as:

- Looking at a child's face, matching face to their name on an attendance sheet, and marking them present.
- Looking at a child's face, matching face to their name on a visual tool such as pictures, charts, paddle boards and marking them present.

1) SET UP THE ENVIRONMENT

Staff set up the environment so that they can supervise children and always be accessible. When the activities are grouped together and furniture is at waist height or shorter, adults can always see and hear children. Small spaces are kept clutter-free and big spaces are set up so that children have clear play spaces that staff can observe.

2) SCAN AND COUNT

Staff are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions, when children are moving from one location to another.

3) ANTICIPATE CHILDREN'S BEHAVIOR

Staff use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check informs staff's observations and helps them anticipate children's behavior. Staff who know what to expect are better able to protect children from harm.

4) POSITION STAFF

Staff carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Staff stay close to children who may need additional support. Their location helps them provide support, if necessary.

5) LISTEN

Specific sounds or the absence of them may signify reason for concern. Staff who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For Example, Bells, added to doors help alert staff when a child tries to leave the classroom.

6) ENGAGE AND DIRECT

Staff use what they know about each child's individual needs and development to offer support. Staff wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirections depending on each individual child's needs.

CHILDREN UNABLE TO BE DELIVERED TO THEIR HOME

- 1) Whenever a driver arrives at a child's bus stop/home and no authorized adult is there to receive the child, the driver/monitor will attempt to contact the parent/authorized adult or call their school district dispatch. Once the communication is done, the driver will continue the route and may circle back to the child's home at the end of the route to determine if parent/authorized adult may be at the stop/home to receive the child.
- 2) The school dispatch will attempt to contact the parent/authorized adult(s) on the Contact Sheet. If we fail to reach any persons on the contact list, then the child is returned to a designated site per their individualized district location, Head Start staff will notify the Program Manager immediately.
- 3) In some emergency situations an unauthorized adult will be needed to receive the child. The safety of the child must be maintained by ensuring all unauthorized emergency contact names are properly cleared by the parent and staff before the child(ren) is released.
- 4) Should it be necessary to release the child(ren) to an unauthorized adult (someone not on the current contact list) we will follow the same procedure set forth as for the release from a classroom to an unauthorized adult previously prescribed and the process will be documented in the family Notes Emergency Child Release tab of ChildPlus as previously described.
- 5) IF ATTEMPTS TO REACH A CONTACT ADULT ARE UNSUCCESSFUL, AFTER one hour from child's dismissal time (if self-transported) or 30 minutes from time of scheduled drop-off (if bus transported) the Police will be called to request a wellness check at the home of the child.

AUTHORIZED RELEASE OF A CHILD

HEALTH POLICY FOR EXCLUSIONS AND SENDING A CHILD HOME DUE TO ILLNESS

SUBJECT: **Conditions of Short-Term Exclusion and Admittance**
 (Separate for pandemic exclusions)

OBJECTIVE: To ensure the safety and health of staff and other children, a child may be temporarily dismissed a child from the classroom if their condition poses a health hazard. To ensure that children with special medical/medication requirements are considered for admission and receive needed support.

SUBJECT: **Personal Protection/Exposure Control Plan**
 (Separate from the Pandemic Procedure)

OBJECTIVE: To ensure that all staff are trained and informed of effective implementation of an exposure control plan and personal protection procedures.

PROCEDURE: The agency will ensure that personal protective equipment is issued and readily accessible to staff with the potential for exposure to bodily fluids.

- Non-porous gloves are in Universal Precaution kits, every classroom, bus, and are worn by staff when they are in contact with spills, blood, or other bodily fluids.
- Spills of bodily fluids will be cleaned, and the area disinfected immediately. All materials used to clean the area must also be placed in Universal Precautions trash bag.
- Staff will prepare soapy water and sanitizer solution daily, and as needed for the classroom.
- Cleaning materials are stored and locked away from areas used by children.

PROCEDURE FOR RELEASING A CHILD WHO IS SUSPECTED TO HAVE A COMMUNICABLE ILLNESS OR BECOMES SICK WHILE UNDER OUR CARE

Authorized Release of child:

- 1) The Teacher will contact the Health Manager and/or Program Manager.
- 2) The Health Manager and Program Manager will assess the situation and give directives to the teaching staff, based on the recommendations from the Health Manager.
- 3) FACS/Staff will contact the parent informing them to pick up their child due to illness.
- 4) The Parent/authorized adult contact will come to the school to sign-out the child who needs to be picked up at school.
- 5) The Parent/authorized adult will show Photo ID to the teaching staff or staff.
- 6) Teaching staff will verify the individual using the Contact Sheet Form 1520.
- 7) Teacher will release the child to the parent/authorized adult.

Verification for the release of a child to an Unauthorized Contact:

If a parent/authorized adult is not able to come to the school to pick up the child, the following procedure will be implemented.

- 1) Parent/authorized adult will need to contact the FACS in writing (text, email) and give them the name of the person they will be sending to pick up the child.
- 2) The FACS will notify the Program Manager if an unauthorized person is picking up the child to verify the change in status has occurred.
- 3) The FACS will meet the person who is not on the contact list before releasing the child to verify the information using the Photo ID of the person the parent/authorized adult is allowing to pick up the child.
- 4) The written verification and copy of the photo ID will be entered into ChildPlus under the case note tab as a document for future reference.
- 5) The person will need to sign-out the child using the sign-out sheet located in the classroom.
- 6) FACS will contact parent/authorized person indicating the child was picked up and the release is completed.

