

**Community Action, Inc. of Hays, Blanco & Caldwell Counties**  
Head Start Program (Birth through Five)

**Health Services Section**

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**Community Action, Inc. of Hays, Caldwell, & Blanco Counties**  
 Head Start Program (Birth through Five)

**Health Services Plan**  
 2010 – 2011

**GOAL 1: TO IDENTIFY ALL CHILD HEALTH AND DEVELOPMENTAL CONCERNS IN PARTNERSHIP WITH FAMILIES, STAFF AND HEALTH PROFESSIONALS.**

**OBJECTIVE 1**

The health status of each enrolled child will be determined within 90 calendar days of entry into the classroom.

<p><b><u>Activity 1</u></b>          All families receive a copy of an Immunization Schedule</p>	1304.20 (a)(1)(ii)
<p><b><u>Activity 2</u></b>          Obtain Copies of immunization records, documentation of special needs, and copies of Medicaid or private health insurance. Information entered into COPA.</p>	1304.20 (e) (4)
<p><b><u>Activity 3</u></b>          Encourage and assist all families that are eligible, to apply for any Medicaid/CHIP.</p>	1304.20 (e) (2) & (3)
<p><b><u>Activity 4</u></b>          Provide parents with information regarding the health and dental services and screenings their child will receive.</p>	1304.20 (e) (2)
<p><b><u>Activity 5</u></b>          Obtain from parents, permission for their child to receive health and dental services and screenings</p>	1304.20 (b) (3)
<p><b><u>Activity 6</u></b>          Obtain from parents, information regarding child health history and current medical concerns. (Child Health Record Page 1)</p>	1304.20 (c) (5)
<p><b><u>Activity 7</u></b>          Provide for the health needs of children who are not Medicaid or CHIP eligible nor have private insurance, through the use of alternative funding and Head Start funds, including payment of private insurance deductible.</p>	1304.20 (a) (1) (i)
<p><b><u>Activity 8</u></b>          Send all children to their primary Medical Care Provider/local Health Department to complete or schedule annual physical exam within 90 days of entry into classroom. The physical exam will also include a Lead screening blood test. The Lead screening blood test will be completed at 12 months and again at 24 months of age. Children between the ages of 3 and 6 years of age must also have a screening blood test if a lead screening has not been previously done. (See Lead Screening Fact Sheet)</p>	1304.20 (a) (1) (i)
<p><b><u>Activity 9</u></b>          For returning children, annual physical exams will be completed one full year following their previous physical. (Medicaid will not pay if physical is completed sooner than one year.) Family Advocates will make sure that families receive the support they need in order to complete children's physical exams in a timely manner. Family support includes scheduling, transporting, and accompanying families to the medical appointment.</p>	1304.20 (a) (1) (ii) (A) (B) (C)

<p><b>Activity 10</b></p> <p>a. After completion of physical examinations and health screenings for Head Start Children, Health Services Coordinator reviews abnormal health records, and recommendations of the physicians or nurse practitioner are acted upon and the appropriate referrals are made. Normal health records are entered by Health Assistant and reviewed by Health Services Coordinator.</p> <p>b. After completion of physical examinations and health screening for Early Head Start children, Health Services Coordinator reviews all health records, and recommendations of the physicians or nurse practitioner are acted upon and the appropriate referrals are made. Normal health records are entered by Health Assistant.</p> <p>(See Procedure for Monitoring Health Paperwork/Follow-up)</p>	<p>1304.20 (a) (1) (iii) &amp; (iv)</p>
<p><b>Activity 11</b></p> <p>Family Advocate will follow-up with all medical and dental referrals within five business days following the scheduled appointment.</p>	<p>1304.20 (a) (1) (iv) 1304.20 (c) (1) &amp; (2) &amp; (3) (i) (ii)</p>
<p><b>Activity 12</b></p> <p>If children have not completed physical exams or present statement from doctor and are not up to date with immunizations by 90 calendar days after entering the center, they will not be able to return until these are completed and documented. (See Procedures for “Health Services Procedures for children” &amp; “Immunization Requirements for Children”.)</p>	<p>1304.20 (f) (1)</p>
<p><b>Activity 13</b></p> <p>Provide all children ages one to five years with dental exams within 90 days of entry into classroom. Children are classified as:</p> <ul style="list-style-type: none"> <li>• No problems observed.</li> <li>• Needs dental treatment or evaluation: definite cavities are present.</li> <li>• Dental problems require immediate attention.</li> </ul> <p>Children requiring follow-ups are scheduled according to the category into which the child falls, with children who have immediate dental needs such as pain, abscess and severe decay having the highest priority; followed by Children with obvious dental disease.</p> <p>Parents will be consulted concerning planned dental treatment and required to make &amp; accompany their child to the appointment.</p>	<p>1304.20 (c) (3) (i) &amp; (ii)</p>
<p><b>Activity 14</b></p> <p>Schedule and provide second dental exams midway in program year</p>	<p>1304.20 (b) (1)</p>

**OBJECTIVE 2**

Sensory screenings will be completed within 45 calendar days of child’s entry into classroom (vision, hearing, speech for 3 - 5 year olds). sensory screenings for birth to three year olds are completed within 45 calendar days of entering classroom using the hearing and vision screening checklist.

<p><b>Activity 1</b></p> <p>Parents are informed of the types and purposes of sensory screenings at the time of enrollment and/or during the first home visit or conference.</p>	<p>1304.20 (c) (1) &amp; (2) 1308.6(c)</p>
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<p><b><u>Activity 3</u></b>                  Vision and Hearing screenings are completed on every child at the center level. Speech screenings are completed on newly enrolled children at center level. Children returning to Head Start are not required to have speech screenings. All screenings are completed on each child at center level by a certified Head Start staff member or Public School Nurse using HOTV and Audiometer instruments.</p>	<p>1304.20 (b) (1)</p>
<p><b><u>Activity 4</u></b></p> <ol style="list-style-type: none"> <li>a. Children who fail the vision/hearing screening will be re-screened in 30 days. Children who fail the speech screening will be referred to the Child Development Coordinator for further evaluation.</li> <li>b. If the Child Development Coordinator determines the child needs further speech evaluation, the child is referred to the appropriate school district/ECI provider.</li> </ol>	<p>1304.20 (c) (1) &amp; (2)                  1308.6 (d &amp; e)</p>

**OBJECTIVE 5**

Provide families with information in the parents primary language regarding medical and dental health.

<p><b><u>Activity 2</u></b>                  Oral health education for enrolled children and their parents will be provided at a parent meeting in primary language. Suggestions for parents in preparing their child for the dental visit will be included.</p>	<p>1304.20 (e) (2) &amp; (3)</p>
<p><b><u>Activity 3</u></b>                  Present information on health/safety issues at Parent Committee meeting. Center Directors determine date and inform Health Services Coordinator (with 30 days notice) if help is needed arranging a speaker.</p>	<p>1304.20 (e) (3) &amp; (4)</p>

**GOAL 2: TO LINK CHILDREN AND FAMILIES TO AN ONGOING SOURCE OF CONTINUOUS, ACCESSIBLE CARE TO MEET THEIR BASIC HEALTH NEEDS, IN PARTNERSHIP WITH FAMILIES, STAFF AND HEALTH PROFESSIONALS.**

**OBJECTIVE 1**

Children on Medicaid/CHIP receive on-going continuous health care through their primary care providers to meet their basic health needs.

<p><b><u>Activity 1</u></b>                  Staff maintains a list of local physicians who are currently accepting Medicaid/CHIP and encourage parents to select these local physicians.</p>	<p>1304.20 (e) (4)</p>
<p><b><u>Activity 2</u></b>                  Obtain copies of Medicaid/CHIP Partnership program cards or other insurance cards at time of enrollment, along with name of primary care provider</p>	<p>1304.20 (e) (4)</p>

<b><u>Activity 3</u></b> Families are encouraged to continue to access their health care needs through their primary care provider. (Ex: physicals exams and any follow-ups)	1304.20 (e) (4)
<b><u>Activity 4</u></b> When a child exhibits any new or recurring health concerns, the appropriate referrals are made to their primary care provider.	1304.20 (e) (4)

**OBJECTIVE 2**

Children on private health insurance receive on-going continuous health care through their primary care physician to meet their basic health needs.

<b><u>Activity 1</u></b> Obtain copies of Private Health insurance cards, along with information regarding co-payment and deductibles.	1304.20 (e) (4)
<b><u>Activity 2</u></b> Families are encouraged to continue to access their health needs through their primary care physician. (Ex: physical exams and any follow-ups)	1304.40 (f) (2) (i) & (ii) & (iii)
<b><u>Activity 3</u></b> Families whose private insurance lapse while enrolled in Head Start are strongly encouraged to apply for Medicaid/CHIP. If Medicaid services are denied, the family is asked to present the denial letter from Medicaid.	1304.20 (e) (4)

**OBJECTIVE 3**

All head start children must receive health care

<b><u>Activity 1</u></b> Children, who do not qualify for Medicaid/CHIP because of their citizenship status (immigrants), receive on-going continuous health care in partnership with health professionals in the community and Head Start.	1304.20 (c) (5)
<b><u>Activity 2</u></b> Health Services Coordinator obtains information from center staff on children in need of Health Care services.	1304.20 (d)
<b><u>Activity 3</u></b> Health Services are arranged through Hays Co. Health Dept., Seton's Children Care-A-Van and Hays School Based Health Clinic who provide continuous health care to meet their basic health need.	1304.20 (e) (4) 1304.20 (a) (1) (i)
<b><u>Activity 4</u></b> Every effort is made to arrange assistance with payments through Hays Co. Health Dept. and Title V funding, Seton's Children Care-A-Van and Hays School Based Health Clinic.	1304.20 (c) (5)
<b><u>Activity 5</u></b> Teacher conducts a daily health check with each child when child arrives at school.	1304.20 (d)

<p><b><u>Activity 6</u></b> When a child exhibits any new or recurring health concerns, the appropriate referral is made to the Hays Co. Health Dept. or appropriate Health professional.</p>	<p>1304.20 (d)</p>
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**OBJECTIVE 4**

Children who are denied and families who refuse to apply for Medicaid/CHIP receive on-going continuous health care in partnership with health professionals in the community and Head Start.

<p><b><u>Activity 1</u></b> Health Services Coordinator obtains copies of Medicaid /CHIP denial letter.</p>	<p>1304.20 (c) (5)</p>
<p><b><u>Activity 2</u></b> Health services are arranged through the Hays Co. Health Dept., Seton’s Children Care-A-Van and Hays School Based Health Clinic who provide continuous health care to meet their basic health needs.</p>	<p>1304.20 (e) (4)</p>
<p><b><u>Activity 3</u></b> Efforts are made to arrange assistance with payment through the Hays Co. Health Dept/Title V Funding, Seton’s Children Care-A-Van and Hays School Based Health Clinic. Head Start funds are only to be used when no other source of funding is available.</p>	<p>1304.20 (c) (5)</p>

**OBJECTIVE 5**

Support families in their efforts to meet their family’s basic health needs.

<p><b><u>Activity 1</u></b> As necessary and appropriate, assist parents in scheduling medical and dental appointments.</p>	<p>1304.20 (a) (1) (i)</p>
<p><b><u>Activity 2</u></b> As necessary and appropriate, provide transportation to medical and dental appointments</p>	<p>1304.20 (a) (1) (i)</p>
<p><b><u>Activity 3</u></b> As necessary and appropriate, accompany parents to dental and medical appointments to provide assistance in communicating with medical and dental professionals, including translations.</p>	<p>1304.40 (a) (5)</p>

**GOAL 4: TO SUPPORT HEALTHY PHYSICAL DEVELOPMENT BY ENCOURAGING PRACTICES THAT PREVENT ILLNESS OR INJURY AND PROMOTE POSITIVE, CULTURALLY RELEVANT HEALTH BEHAVIORS THAT ENHANCE LIFE LONG WELL BEING.**

**OBJECTIVE 1**

To provide culturally relevant information to parents in their primary language regarding the prevention of illness and injury.

<p><b><u>Activity 1</u></b> Parent Committee Meetings present information on health and safety.</p>	<p>1304.40 (f) (2) (iii)</p>
<p><b><u>Activity 2</u></b> Distribute monthly newsletters (English &amp; Spanish) containing articles on health and safety.</p>	<p>1304.40 (f) (2) (iii)</p>

**OBJECTIVE 2**

Staff are knowledgeable and well trained in health emergency procedures and are prepared to protect the children in their care.

<p><b><u>Activity 1</u></b> There is a written Emergency Health Plan of Action for medical and dental emergencies posted near a telephone in every classroom.</p>	<p>1304.22 (a) (1)</p>
<p><b><u>Activity 2</u></b> Emergency situations of a medical nature are handled immediately by center staff.</p>	<p>1304.22 (a) (1)</p>
<p><b><u>Activity 3</u></b> Child accident reports are completed by center staff, reviewed by Center Directors, and then faxed to the Health Services Coordinator. (See Incident/Injury Report Procedures.) If medical attention is recommended or received, accident reports are faxed to Child Care Licensing.</p>	<p>1304.22 (a) (2)</p>
<p><b><u>Activity 4</u></b> All staff receives training in First Aid and Basic CPR.</p>	<p>1304.22 (a) (1)</p>
<p><b><u>Activity 5</u></b> Emergency telephone numbers for Fire, Police, Physicians, Ambulance, and Poison Control Center are posted near a telephone in every classroom.</p>	<p>1304.22 (a)(3) 1304.53 (b)(3))</p>
<p><b><u>Activity 7</u></b> Emergency contact information for each child is posted near a telephone in every classroom and kept in a folder marked confidential. A copy of this information is also kept in agency vehicles used for regular transportation of children.</p>	<p>1304.22 (1) (4)</p>

<p><b><u>Activity 8</u></b>                  Consent from parent/or guardian for treatment of minor medical emergencies is obtained and in the event of a major emergency. Every effort is made to contact the parent/guardian as quickly as possible.</p>	1304.22 (a) (4)
<p><b><u>Activity 12</u></b>                  When there is a blood exposure, teachers follow procedure in the Blood Borne Pathogen Exposure Control Plan.</p>	1304.22 (e) (4)

**OBJECTIVE 3**

Children with contagious communicable illness are temporarily excluded from the program until it is determined by a health professional that the child may return to school. (See Exclusion for Illness Procedures.)

<p><b><u>Activity 1</u></b>                  Day Care Licensing Communicable Disease Chart is utilized to determine exclusion of a child from participation in the program.</p>	1304.22 (b) (3)
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**OBJECTIVE 4**

Head Start accommodates all eligible children regardless of special health needs or medication requirements when it is determined that head start is the best setting for the child.

<p><b><u>Activity 1</u></b>                  When parents inform staff of any health or safety needs of the child, the program will address them.</p>	
<p><b><u>Activity 3</u></b>                  A plan to accommodate a child’s health or safety need is put into place before services to a child begin or as soon as possible after the need is identified.</p>	
<p><b><u>Activity 4</u></b>                  Head Start collaborates with other agencies to provide the necessary support in preparing staff to care for children with special medical needs and also provide additional services for the identified child.</p>	

**OBJECTIVE 5**

Written procedures are in place for the administration, handling and storage of medication. (See Administering Medication Procedures.)

<p><b><u>Activity 1</u></b>                  Staff will follow “Administering Medication Procedures”, when administering medication to children.</p>	1304.22 (c)
<p><b><u>Activity 2</u></b>                  Bus drivers and bus riders will follow the medication procedures for children accessing transportation.</p>	

**OBJECTIVE 6**

Injury prevention and safety awareness information is incorporated into the Head Start Program to protect the children and provide information to staff.

<p><b><u>Activity 1</u></b> Staff are provided on-going training on safety practices and injury prevention throughout the year.</p>	<p>1304.22 (d) (1) &amp; (2)</p>
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**OBJECTIVE 7**

The implementation of hygiene procedures reduces health risks to children and adults by limiting the spread of infectious germs.

<p><b><u>Activity 1</u></b> Handwashing Procedures are in place and Handwashing Charts are posted at every center. (See Handwashing Procedures.)</p>	<p>1304.22 (e) (1) (2)</p>
<p><b><u>Activity 2</u></b> There are procedures in place on the usage of gloves and Universal Precautions. (See Bloodborne Pathogen, Exposure Control Plan.)</p>	<p>1304.22 (e) (3) (4)</p>
<p><b><u>Activity 3</u></b> All staff receives training on the proper usage of gloves and Universal Precautions yearly.</p>	<p>1304.22 (e) (5)</p>
<p><b><u>Activity 4</u></b> Diapering Procedures are updated annually and are posted in all diaper changing areas. (See Diapering Procedures.)</p>	<p>1304.22 (e) (7)</p>
<p><b><u>Activity 5</u></b> Infants and toddlers are assigned an individual crib/bed for sleeping. All bedding is cleaned and sanitized when soiled or wet. (See Sanitation Procedure.) Infant bedding is changed daily. Crib mattresses are cleaned and sanitized at least weekly. Every effort is made to keep cribs, cots and mats three feet apart.</p>	

**OBJECTIVE 8**

Supplied first aid kits are available in every classroom, agency bus, and van.

<p><b><u>Activity 1</u></b> First Aid Kits are easily accessible to staff members at all times, including field trips.</p>	<p>1304.22 (f) (1)</p>
<p><b><u>Activity 2</u></b> First Aid Kits are kept out of the reach of children &amp; kept in a location known to all staff.</p>	

<p><b><u>Activity 3</u></b>                  First Aid Kits are checked monthly and supplies are restocked after use (Personal Protective Equipment packs).</p>	1304.22 (f) (2)
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**GOAL 5: TO ENSURE THAT THE HEAD START PROGRAMS PHYSICAL ENVIRONMENT SUPPORTS THE DELIVERY OF HIGH QUALITY SERVICE TO ALL CHILDREN AND FAMILIES.**

**OBJECTIVE 2**

Provide a safe and healthy environment for children and staff

<p><b><u>Activity 2</u></b>                  a. Hepatitis A and Hepatitis B shots are be offered to all staff after completion of Bloodbourne Pathogen training.   <b>Beginning August 2010 Tdap vaccine will be offered to all staff.</b></p>	1304.52(1)(j)
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**GOAL 6: TO PROVIDE A SAFE AND EFFECTIVE TRANSPORTATION SERVICES FOR HEAD START CHILDREN.**

**OBJECTIVE 5**

All drivers will receive training required by the Head Start Performance Standards, the Texas Department of Transportation, the Texas Education Agency, the Federal Motor Carrier Safety Regulations, and the Federal Motor Vehicle Safety Standards.

<p><b><u>Activity 2</u></b>                  All drivers receive training in CPR and First Aid by the American Red Cross.</p>	1310.17 (b) (3) 1310.17 (e)
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**OBJECTIVE 6**

Bus riders receive training required by the head start performance standards.

<p><b><u>Activity 5</u></b>                  Bus riders receive training in CPR and First Aid by the American Red Cross.</p>	1310.17 (f) (2)
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**GOAL 7: TO PROMOTE CHILD WELLNESS BY PROVIDING NUTRITION SERVICES THAT SUPPLEMENTS AND COMPLEMENT THOSE OF THE HOME AND COMMUNITY.**

**OBJECTIVE 1**

Identify each enrolled child’s nutritional needs (see Nutrition and Food Service Procedures.)

<p><b><u>Activity 3</u></b>                  Blood work is obtained at time pf physical or at WIC.</p>	1304.23 (a) (1)
<p><b><u>Activity 5</u></b>                  Children 0-3 will follow the schedule provided by Texas Health Steps re: heights, weights, head circumference and Nutritional Assessments.</p>	1304.23 (a) (1)

<p><b>Activity 7</b> The Health Services Coordinator and Nutrition Specialist work with the Health Advisory Committee and refer to the Community Assessment to keep informed on Community Nutrition issues.</p>	<p>1304.23 (a) (4)</p>
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**OBJECTIVE 2**

Implement a Nutritional Services Program using funds from the USDA Child and Adult Care Food Program or through public school districts.

<p><b>Activity 8</b> Children brush their teeth at least once per day in conjunction with meals whenever possible.</p>	<p>1304.23 (b) (3)</p>
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**GOAL 9: TO PROVIDE THE OPPORTUNITY FOR EACH HEAD START FAMILY TO ENGAGE IN AN INDIVIDUALIZED FAMILY PARTNERSHIP PROCESS THAT ENABLES THEM TO BENEFIT FULLY FROM HEAD START SERVICES WHILE DEVELOPING SKILLS TO ACHIEVE SOCIAL AND ECONOMIC SELF-SUFFICIENCY IN THE CONTEXT OF THEIR FAMILY AND CULTURE.**

**OBJECTIVE 3**

Provide early, continuous, intensive, and comprehensive child development and family support services to pregnant women.

<p><b>Activity 1</b> Comprehensive prenatal and postpartum care is provided.</p> <p>a. Access to comprehensive prenatal and postpartum care services that are to be provided by Community Partners begin immediately following enrollment into the Early Head Start Program and include:</p> <ol style="list-style-type: none"> <li>1. Alternating weekly visits with the Family Advocate and Community Partner such as WIC, Medicaid, Ob/Gyn, Cradle of Care, or other appropriate program to support the expectant mother in the areas of:             <ol style="list-style-type: none"> <li>1. Early and continuing risk assessments                 <ul style="list-style-type: none"> <li>o Nutritional Status</li> <li>o Nutrition counseling</li> <li>o Food assistance</li> </ul> </li> <li>2. Health promotion and treatment as early and as frequent as providers deem appropriate                 <ul style="list-style-type: none"> <li>o Medical examinations</li> <li>o Dental examinations</li> </ul> </li> <li>3. Mental Health interventions and follow-up                 <ul style="list-style-type: none"> <li>o General mental health</li> <li>o Substance abuse prevention</li> <li>o Substance abuse treatment</li> </ul> </li> </ol> </li> </ol>	<p>1301.40 (c) (1)-(3)</p>
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<p><b><u>Activity 1 – continued</u></b></p> <p>b. Family Advocate services to support the pregnant parent also begin immediately and include the following services based on the Family Assessment and Parents As Teachers (PAT) curriculum through a series of visits which are reflected in the Family Partnership Agreement.</p> <ul style="list-style-type: none"> <li>• Prenatal education for Pregnant Women and other family members as appropriate             <ul style="list-style-type: none"> <li>○ Fetal development                 <ul style="list-style-type: none"> <li>▪ General fetal development</li> <li>▪ Risks from smoking</li> <li>▪ Risks from alcohol</li> <li>▪ Labor and delivery</li> <li>▪ Postpartum recovery, including maternal depression</li> </ul> </li> </ul> </li> <li>• Information on the benefits of breastfeeding             <ul style="list-style-type: none"> <li>○ Also arranging for continued breastfeeding as infant transitions to center-based services</li> </ul> </li> </ul>	<p>1301.40 (c) (1)-(3)</p>
<p><b><u>Activity 2:</u></b></p> <p>A home visit is conducted within two weeks after the birth of a new child to ensure well-being of mother and baby. (see Serves to Pregnant Women Procedure)</p>	<p>1304.40 (i) (6)</p>

**GOAL 12: TO ESTABLISH DYNAMIC AND COHESIVE MANAGEMENT SYSTEMS THAT SUPPORT EXCHANGE OF INFORMATION, EFFICIENT RECORD KEEPING, CLEAR AGENCY STRUCTURE AND SUPERVISION, AND CONTINUOUS IMPROVEMENT.**

**OBJECTIVE 3**

Involve staff, parents and the community in program activities and decision-making by ensuring effective communication.

<p><b><u>Activity 7</u></b></p> <p>Health Advisory Committee meetings are held annually to share information and make health related program recommendations.</p>	<p>1304.51 (b)</p>
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