
	DHS, Early Head Start Childcare Partnership Program Policy		
HEALTH 1			
SUBJECT	Immunization Requirements		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/25/17	Policy Council Revision: 7/25/17	Governing Body Approval: 9/28/17	Governing Body Revision: 9/28/17
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Policy:

Early Head Start – Child Care Partnership Program Child Care Directors (Directors) and Family Support Workers (FSWs) will ensure that all children are up to date with the latest immunization recommendations issued by the Centers for Disease Control and Prevention, Department of Family and Protective Services – Child Care Licensing and states Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule. If a child is not up-to-date with minimum immunization requirements, he or she may be excluded from attendance, but not unenrolled from the Early Head Start – Child Care Partnership (EHS-CCP) Program.

Any immunization records received by EHS-CCP staff will be scanned into ChildPlus according to the City of San Antonio Data Entry and Benchmark Due Date Guide and the EHS-CCP Child File Scan Order and Attachment Guide. Current immunization records will be kept on file with the Directors.

Staff must work with the family to ensure that the child is up-to-date with the recommended immunization schedule and must document all efforts and outcomes in Child Plus.

Immunization Exemptions:

A Refusal of Health Services form will not be accepted as documentation for exemption from the immunization requirements.

Chapter §97.62 of the Texas Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from Texas immunization requirements. Exemption information and instructions can be obtained through the Texas Department of State Health Services. <http://www.dshs.state.tx.us/immunize/school/default.shtm#exclusions>



Once State process for exemptions is followed, documentation must be attached in Child Plus and in the child file, if applicable.

Performance Standard:

1302.42(b)(i)

Reference:

TAC 97.62

	DHS, Early Head Start Childcare Partnership Program Policy		
HEALTH 2			
SUBJECT	Hemoglobin and Lead Screenings		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/25/17	Policy Council Revision: 7/25/17	Governing Body Approval: 9/28/17	Governing Body Revision: 9/28/17
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Policy:

Early Head Start- Child Care Partnership (EHS-CCP) Staff must ensure that all children are up-to-date with the requirements of the State’s Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

EPSDT, Medicaid and the Children's Health Insurance Program require that all children receive a lead toxicity (blood finger prick test) at 12 months and 24 months of age. If a lead toxicity screening has not been previously conducted at 12 months EHS-CCP Staff will work with the family to bring the child up to date.

EPSDT, Medicaid and the Children's Health Insurance Program require that all children receive a hemoglobin screening at 12 months. If a hemoglobin screening has not been previously conducted at 12 months EHS-CCP Staff will work with the family to bring the child up to date.

Hemoglobin and lead toxicity must be documented in ChildPlus according to *the City of San Antonio Data Entry and Benchmark Due Date Guide* and *EHS-CCP Child File Scan Order and Process Guide*. The Grantee will provide onsite screening for any child with missing, unobtainable, or abnormal hemoglobin and lead toxicity results. Each child must have a signed parent/guardian consent form before screenings occur.



The EHS-CCP Program will ensure that elevated blood level results are shared with and understood by parents. Referral forms to the child’s primary care physician will be given to all children with elevated hemoglobin and lead blood levels. With consent families will be referred to San Antonio Green and Healthy Homes.

Performance Standard:

1302.41(b)(1); 1302.42 (b)(1)(i-ii), (d)(1-2)

References:

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

	DHS, Early Head Start Childcare Partnership Program Policy		
HEALTH 3			
SUBJECT	Preventative Health Visit Requirements and Documentation		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/25/17	Policy Council Revision: 7/25/17	Governing Body Approval: 9/28/17	Governing Body Revision: 9/28/17
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Policy:

Early Head Start – Child Care Partnership (EHS-CCP) staff will ensure that all children are up to date on a schedule of age-appropriate preventative and primary health care that meets the State’s Medicaid Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirements schedule.

A system must be in place to meet the requirements of the *City of San Antonio Data Entry and Benchmark Due Date Guide*:

30-Day Requirement:

Within 30 calendar days after the child first attends the program, staff must determine whether the child has ongoing sources of continuous, accessible, health care and health insurance coverage.

45-Day Requirement:

Within 45 calendar days after the child first attends the program a program must either obtain or preform evidence based vision and hearing screenings.

90-Day Requirement:

Within 90 calendar days after the child first attends the program, documentation of a current well child exam and oral health determination must be received based on the EPSDT requirements.

Follow up, Tracking and Data Documentation

- Staff will establish procedures for follow-up within 30 days for medical and dental concerns as indicated on screenings, health assessments, well child exams, and other health related concerns, including missing events. Best practice would be 7 days.
- All health related contacts and follow-ups will be documented in ChildPlus according to the *City of San Antonio Data Entry and Benchmark Due Date Guide*.

Extended Follow up & Treatment

- Staff will develop a communication system to inform the parents/guardians about their children's health needs in a timely manner.
- Staff will provide information and community health resources to families.
- Staff will make every effort to provide resources to families in need of assistance with prescribed medications, aids or equipment for medical, dental, or mental health conditions.
- Head Start funds may be used for children's professional medical and/or dental services when other sources of funding are not available. In such cases, documentation of efforts to access other available sources of funding must be included in Child Plus.

Parent Involvement

Staff must have procedures addressing parent notification concerning the following:



- Written authorization to perform intrusive medical procedures/exams, such as unclothed physical exams, immunizations, and venous blood draws, must be obtained prior to the event.
- Results of abnormal medical and/or dental exam/screening administered through the program and ensure parental understanding of the services and referrals provided.

Performance Standard:

1302.41; 1302.42; 1302.45

Reference:

Texas Health Steps Medical Checkup Periodicity Schedule for Infants & Children

	DHS, Early Head Start Childcare Partnership Program Policy		
HEALTH 4			
SUBJECT	Parent Refusal of Health Services		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/25/17	Policy Council Revision: 7/25/17	Governing Body Approval: 9/28/17	Governing Body Revision: 9/28/17
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Policy:



A written refusal is required when a parent/guardian refuses to allow their child to participate in or receive health services provided by the Early Head Start – Child Care Partnership (EHS-CCP) Program and/or outside health service providers.

EHS-CCP staff must obtain approval from their direct supervisor or management staff prior to requesting the Refusal of Health Services form. Staff will document in Child Plus efforts made and parent/guardian responses in obtaining health services requirements.

A completed Refusal of Health Services form must be scanned into Child Plus. The form must include parent/guardian and staff signatures. In place of the Refusal of Health Services form, a parent/guardian may submit a written statement, including signature and date, indicating which health service(s) he/she declines.

Performance Standard:

1302.41(b)(1); 1302.42 (d)(2)

	DHS, Early Head Start Childcare Partnership Program Policy		
HEALTH 5			
SUBJECT	Oral Health and Education		
REFERENCE	Comprehensive Health Services		
EFFECTIVE	8/1/2016		
Policy Council Approval: 7/25/17	Policy Council Revision: 7/25/17	Governing Body Approval: 9/28/17	Governing Body Revision: 9/28/17
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Policy:

Early Head Start – Child Care Partnership (EHS-CCP) Program, Service Providers must ensure that educational oral health activities are provided and tooth-brushing is included in the classroom daily schedule.

Tooth-Brushing:

Service Providers must promote effective dental hygiene among children in conjunction with at least one meal and include on the respective classroom daily schedule. After breakfast, lunch or PM snack, staff or volunteers must assist children in brushing their teeth using a “pea-sized” amount of fluoride toothpaste. Service Providers will notify parents that fluoride toothpaste is used. Non-fluoride toothpaste may be used upon written request due to medical or other personal reasons.

Infants, without teeth, will have their gums wiped appropriately with a clean soft cloth solely used for that infant and only for the purpose of dental hygiene after one meal.

Service Providers will comply with the following:

• **Sanitation:**

- Tables should be clean and free of food debris.
- Toothpaste should **not** be put directly on a toothbrush and/or a non-disposable surface, such as a table or tray unless toothpaste has been provided for the individual child and is clearly labeled with the child’s name
- Toothbrushes should be thoroughly rinsed after tooth brushing.
- Wiping cloths used should be washed after each use

• **Measures to prevent cross contamination:**

- Toothbrushes should be labeled with the child’s first and last name and stored upright, in an air-dried position, covered and with no part of one toothbrush touching another toothbrush.
- Wiping cloths should be provided daily for each individual infant

• **Additional guidelines:**

- Children should spit out excess toothpaste after brushing. At least one staff member should supervise proper tooth brushing techniques.
- A child's toothbrush may be discarded and replaced when requested by a parent/guardian due to illness or other personal reasons. Toothbrushes should be replaced every 3 months or sooner if the bristles become splayed or worn.



Service Providers will use dental puppet(s) daily and read dental books with the children once a week to promote dental hygiene.

Performance Standard:

1302.43

Reference:

<http://eclkc.ohs.acf.hhs.gov>, Recommendations for Oral Health:

	DHS, Early Head Start Childcare Partnership Program Procedure		
HEALTH 6			
SUBJECT	PIR C.8 Medical Services – Manual Override		
REFERENCE	Health Services: Program Information Report (PIR)		
EFFECTIVE	8/1/2017		
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Purpose:

To establish and maintain an internal procedure to manually override PIR Medical Services – Children C.8 (2) # of children at end of enrollment year when a child leaves the program. A manual override allows the City of San Antonio Early Head Start – Child Care Partnership (EHS-CCP) Program to calculate who can or cannot be counted up-to-date on a schedule of age-appropriate preventive and primary health care, according to the relevant EPSDT schedule for well child care. A manual override eliminates ChildPlus from self calculating C.8 (2).

Procedure:

The City of San Antonio EHS-CCP Program will manually override C.8 (2) of all children:

- Whose health events (EPSDT) expire within one month of the end of the program year
- When a child is enrolled in the program less than two weeks with an Enrollment Termination status other than No Show

Performance Standard:

1302.42 (b)