
		DHS, Head Start Program Policy			
HEALTH 1					
SUBJECT		Immunization Requirements			
REFERENCE		Comprehensive Health Services			
EFFECTIVE		6/15/2011			
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:

Education Service Providers must develop and implement procedures to ensure all children are up to date with immunization recommendations issued by the Centers for Disease Control and Prevention (CDC) and in accordance with the State of Texas Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule. Education Service Providers must also ensure children meet the minimum immunization requirements set forth by the school district.

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 Head Start Program.

Any immunization records received by Head Start staff must be scanned into ChildPlus according to the *City of San Antonio Data Entry and Benchmark Due Date Guide* and the *Head Start Child File Scan Order and Process Guide*. Current immunization records will be kept on file with the campus nurse.

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.

Title 5, Chapter 97 of the Texas Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from the State’s immunization requirements.



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

Performance Standard:

1302.42(b)(1)(i,ii)

Reference:

[TAC 97, State Immunization Requirements](#), [CDC Immunization Schedule](#), [THSteps Medical Checkup Periodicity Schedule](#)

		DHS, Head Start Program Policy			
HEALTH 2					
SUBJECT		Lead Screening			
REFERENCE		Comprehensive Health Services			
EFFECTIVE		6/15/2011			
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:

Education Service Providers will develop and implement procedures to ensure that all children are up-to- date with the lead screening requirement of the State of Texas Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

The EPSDT schedule requires children receive a blood lead screening at 12 months and 24 months of age. If a blood lead screening has not been conducted at 24 months, then a child between the ages of 36 to 72 months must have a screening at the first opportunity.

Blood lead screenings must be documented in ChildPlus according to the *City of San Antonio Data Entry and Benchmark Due Date Guide* and the *Head Start Child File Scan Order and Process Guide*. The Head Start Program will provide onsite screenings for any child with missing, unobtainable, or elevated blood lead level results. Each child must have a signed parent/guardian consent form before screenings occur.



The Head Start Program must ensure elevated blood lead level results are shared with parents. Referral forms to the child’s primary care physician will be given to all children with elevated blood lead levels. With consent, families will be referred to San Antonio Green and Healthy Homes.

Performance Standard(s):

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

References:

<http://www.dshs.texas.gov/thsteps/providers.shtm>

		DHS, Head Start Program Policy		 HEAD START City of San Antonio Department of Human Services	
HEALTH 3					
SUBJECT		Preventative Health Visit Requirements and Documentation			
REFERENCE		Comprehensive Health Services			
EFFECTIVE		6/15/2011			
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:

Education Service Providers will develop and implement procedures to ensure that all children are up-to-date on a schedule of age-appropriate preventative and primary health care and oral health care that meets the State of Texas Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirements schedule.

Procedures must include a system to meet the following:

30-Day Requirement:

- Within 30 calendar days after the child first attends the program, the Head Start Program must consult with parents to determine if the child has an ongoing source of continuous health care and health insurance coverage.

45-Day Requirement:

- Within 45 calendar days after the child first attends the program, the Head Start Program must obtain a current record of evidence-based vision and hearing screenings or conduct the screenings in the child’s home language.

90-Day Requirement:

- Within 90 calendar days after the child first attends the program, documentation of a physical exam and an oral health determination must be received.

Follow-up, Tracking and Data Documentation

- Follow-up must occur once a month for medical and dental concerns as indicated on screenings, health assessments, physical exams, and other health related concerns, including missing events.
- Health related contact and follow-up must be documented in ChildPlus according to the *City of San Antonio Data Entry and Benchmark Due Date Guide*.

Parent Collaboration and Communication



- Develop a system to inform the parents/guardians about their children's health needs in a timely manner.
- Provide information and community health resources to families.
- 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; documentation of efforts to access other available sources of funding must be tracked in Child Plus.
- Obtain advance authorization to perform intrusive medical or dental services, such as unclothed physical exams, immunizations, and venous blood draws, no more than two weeks prior to the service.
- Provide results of abnormal medical and/or dental exam/screening administered through the program and ensure understanding of the results.

Performance Standard(s):

1302.41; 1302.42

Reference:

[THSteps Medical Checkup Periodicity Schedule](#)

		DHS, Head Start Program Policy		 HEAD START City of San Antonio Department of Human Services	
HEALTH 4					
SUBJECT		Parent Refusal of Health Services			
REFERENCE		Comprehensive Health Services			
EFFECTIVE		6/15/2011			
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:



Education Services Providers will develop and implement procedures to ensure a written refusal is obtained when a parent/guardian refuses to allow their child to participate in or receive health services provided by the Head Start Program.

At a minimum, procedures must include:

- Staff must obtain approval from the direct supervisor prior to requesting the Refusal of Health Services form.
- Staff must document in ChildPlus efforts made and parent/guardian responses in obtaining health services requirements.
- A completed Refusal of Health Services form must be scanned into Child Plus; form must include parent/guardian and staff signatures.
- If applicable, 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(s):

1302.41; 1302.42(d) (2)

		DHS, Head Start Program Policy			
HEALTH 5					
SUBJECT		Oral Health and Education			
REFERENCE		Comprehensive Health Services			
EFFECTIVE		4/10/2012			
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:

Education Service Providers will develop and implement procedures to ensure educational oral health activities are provided and tooth-brushing is included in the classroom daily schedule.

At a minimum, procedures must include:

Tooth-Brushing:

- Staff must promote effective dental hygiene among children once daily.
- Staff or volunteers, if applicable must assist children in brushing their teeth using fluoride toothpaste.
- Non-fluoride toothpaste may be used upon request due to medical or other personal reasons.

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.
- Toothbrushes should be thoroughly rinsed after tooth brushing.

Measures to prevent cross contamination:

- Toothbrushes should be labeled with the child’s name and stored upright, in an air-dried covered position, and with no part of one toothbrush touching another toothbrush.

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 to 4 months or sooner if the bristles become splayed or worn.

Cavity Free Kids:

Service Providers must include the Cavity Free Kids Curriculum in lesson plans according to the following schedule:

- Unit 1: Let's Clean Our Teeth- throughout the program year.
- Unit 2: Get a Dental Checkup- August and September.
- An additional unit of choice or program that addresses dental health may be included during the month of February, National Children's Dental Health Month.

Performance Standard:

1302.43

Reference:

Recommendations for Oral Health: Tooth brushing protocol for preschool and child care settings serving children 3-5 years of age: [ToothbrushingProtocol](#)