
	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 1</b>			
<b>SUBJECT</b>	Immunization Requirements		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/26/16</b>	<b>Policy Council Revision: 4/24/18</b>	<b>Governing Body Approval: 9/19/16</b>	<b>Governing Body Revision: 8/17/18</b>
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**Policy:**

Early Head Start (EHS) Program Service Provider staff will ensure that all children are up to date with the current immunization recommendations issued by the Centers for Disease Control and Prevention, Texas Health and Human Services Commission and Child Care Regulations. If a center-based child is not up to date with minimum immunization requirements, the child may be excluded from attendance, but not unenrolled from the EHS Program.

All immunization records received by EHS staff will be scanned into ChildPlus according to the EHS *Program ChildPlus Scan Order and Process Guide* and the applicable Child Plus Data Entry Guide. Current immunization records will be kept on file with the Service Provider.

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

**Immunization Exemption:**

Chapter §97 Subchapter B 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.



Once the State process for exemptions is completed, documentation will be attached in Child Plus and kept on file with the Service Provider.

**Performance Standard:**

1302.42

**Reference:**

[TAC 97 Immunization Requirements](#), [CDC Immunization Schedule](#),

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 2</b>			
<b>SUBJECT</b>	Hemoglobin and Lead Screenings		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/26/16</b>	<b>Policy Council Revision: 5/24/22</b>	<b>Governing Body Approval: 9/19/16</b>	<b>Governing Body Revision: 8/4/22</b>
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**Policy:**

Early Head Start Program (EHS) Staff will ensure that children are up to date with the requirements of the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

Medicaid and the Children's Health Insurance Programs (CHIP) require that all children receive a lead toxicity screening at 12 months and 24 months of age. If a lead toxicity screening has not been previously conducted at 12 months EHS Staff will work with the family to bring the child up to date.

EPSDT, Medicaid and the Children's Health Insurance Programs require that all children receive a hemoglobin screening at 12 months. If a hemoglobin screening has not been conducted EHS Staff will work with the family to bring the child up to date by 15 months of age. Children over 15 months will not be screened based on EPSDT requirements.

The EHS Program will provide onsite screenings for any child with missing, unobtainable, or elevated blood lead level results.



Hemoglobin and lead toxicity screenings and follow up must be documented in ChildPlus according to, *Early Head Start ChildPlus Scan Order and Process Guide*, and *ChildPlus Data Entry Guide*.

The EHS Program will ensure that lead and hemoglobin results are shared with and understood by parents/ guardians. Referral forms to the child's primary care physician will be given to all children with low hemoglobin and/or elevated lead blood levels. A San Antonio Green and Healthy Homes interest form will be given to families of children with elevated lead blood levels.

**Performance Standard(s):**

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](#)

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 3</b>			
<b>SUBJECT</b>	Preventative Health Visit Requirements and Documentation		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/26/16</b>	<b>Policy Council Revision: 4/23/19</b>	<b>Governing Body Approval: 9/19/16</b>	<b>Governing Body Revision: 5/23/19</b>
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**Policy:**

Early Head Start Program staff will ensure that all children are up to date on a schedule of age-appropriate preventative and primary health care that meets the Texas Health Steps Medical Checkup Periodicity Schedule: Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.

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

**30-Day Requirement:**

Within 30 calendar days after the child first attends the program, or for the home – based program option, receives a home visit, staff must consult with parent/ guardian to 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, or for the home – based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings. The screenings should be in the child’s home language as appropriate.

**90-Day Requirement:**

Within 90 calendar days after the child first attends the program, or for the home – based program option, receives a home visit, 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 follow procedures for follow-up on medical and dental concerns as indicated on screenings, health assessments, well child exams, and other health related concerns, including health insurance coverage, medical/ dental home.

- All health-related contacts and follow-ups will be documented in ChildPlus according to EHS procedures and the Health Services Handbook.

### **Parent/Guardian Collaboration and Communication**

The EHS Program including the Service Provider will:

- Develop a system to inform parents/guardians about their child'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.
- Provide results of medical and/or dental exam/screening administered through the program and discuss the results.
- Obtain advance authorization to perform intrusive medical or dental services from the parent/guardian, such as unclothed physical exams, immunizations, and venous blood draws.



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 documented in Child Plus.

### **Performance Standard(s):**

1302.41; 1302.42; 1302.45

### **Reference:**

[THSteps Medical Checkup Periodicity Schedule](#), Caring for Our Children

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 4</b>			
<b>SUBJECT</b>	Parent/ Guardian Refusal of Health Services		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/26/16</b>	<b>Policy Council Revision: 5/24/22</b>	<b>Governing Body Approval: 9/16/16</b>	<b>Governing Body Revision: 8/4/22</b>
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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 required or provided by the Early Head (EHS) Program and/or outside health service providers.

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) they decline. The refusal on a consent form does not require any other statement from the parent or guardian. Staff will document in Child Plus efforts made and parent/guardian responses in obtaining health services requirements.

**Performance Standard(s):**

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

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 5</b>			
<b>SUBJECT</b>	Oral Health and Education		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2016		
<b>Policy Council Approval: 7/26/16</b>	<b>Policy Council Revision: 5/24/22</b>	<b>Governing Body Approval: 9/19/16</b>	<b>Governing Body Revision: 8/4/22</b>
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**Policy:**

The Early Head Start (EHS) Program Service Providers will ensure children brush their teeth once a day during program hours to promote effective oral health hygiene. Service Providers will ensure that educational oral health activities are provided in the center and home-based options.

**Tooth-Brushing:**



Service Providers will promote effective oral health hygiene among children in conjunction with at least one meal. After breakfast, lunch or PM snack, staff, or volunteers assist children in brushing using a “rice-sized” amount of fluoride toothpaste for children under two years of age with teeth. For children over the age of two years use a “pea size” 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. Dental hygiene will be discussed using the dental puppet and the dental book, as age appropriate.

**Performance Standard:**

1302.43

**Reference:**

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

	<b>DHS Early Head Start Program Policy</b>		
<b>HEALTH 6</b>			
<b>SUBJECT</b>	Critical Health Concerns		
<b>REFERENCE</b>	Comprehensive Health Services		
<b>EFFECTIVE</b>	8/1/2019		
<b>Policy Council Approval: 4/23/19</b>	<b>Policy Council Revision: 5/24/22</b>	<b>Governing Body Approval: 5/23/19</b>	<b>Governing Body Revision: 8/4/22</b>
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**Policy:**

A critical health concern is a medically identified condition that affects the child while in the care of the Early Head Start (EHS) Service Provider and may require medication, monitoring, or emergency care. EHS will use the Child Health History form and Well Child Exams to identify any health needs relative to a Critical Health Concern. EHS will develop and implement procedures that address the following:

- Critical health concerns that need accommodations while the child is in care must be diagnosed by a healthcare professional and documented on a signed statement/form before child attends the center.

EHS staff in collaboration with the Service Providers will develop a system to:

- Identify and provide necessary care for the child once the health care professionals note/ action plan has been provided. Share information with appropriate center staff.
- Identify and address major community health issues, as indicated in the Community Assessment and parent survey, and shared at the Health Advisory Committee or by the local health department.
- Identify and address any relevant critical health concern data related to child assessment data, including health problems such as failure-to-thrive, diabetes, asthma, anaphylaxis, epinephrine injection, and any other condition requiring special health care considerations. Provide resources/ information when needed.
- Identify appropriate professionals, such as physical therapists, speech therapists, occupational therapists, doctors, and dentist for consultations on ways to assist staff and families, working with children with disabilities or health related concerns.

Follow-up and documentation related to critical health concerns will be conducted according to the *Early Head Start ChildPlus Scan Order and Process Guide*, and *ChildPlus Data Entry Guide*.

**Performance Standard:**

1302.42

**Other References:**

Caring for Our Children; Child Care Regulations 746.605 (13)