



## DHS Head Start Program Policy



### HEALTH 1

|   |   |   |   |
|---|---|---|---|
| <b>SUBJECT</b>                          | Immunization Requirements               |   |   |
| <b>REFERENCE</b>                        | Comprehensive Health Services           |   |   |
| <b>EFFECTIVE</b>                        | 6/15/2011                               |   |   |
| <b>Policy Council Approval: 7/25/17</b> | <b>Policy Council Revision: 4/23/19</b> | <b>Governing Body Approval: 9/28/17</b> | <b>Governing Body Revision: 5/23/19</b> |

PAGE: 1 of 1

#### 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 un-enrolled 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 Benchmark Due Date Guide, Head Start Program ChildPlus Scan Order and Process Guide*, and the applicable *ChildPlus Data Entry Guide*

The Education Service Providers collect and monitor student immunization records. Current immunization records will be kept on file with the campus nurse and available on request.

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 ChildPlus.

#### 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 ChildPlus and in the applicable student record.

**Performance Standard:**

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

**Reference:**

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

|   |   |   |   |
|---|---|---|---|
|  | <b>DHS Head Start Program<br/>Policy</b>    |   |  |
| <b>HEALTH 2</b>   |   |   |   |
| <b>SUBJECT</b>  | Lead Screening                              |   |   |
| <b>REFERENCE</b>  | Comprehensive Health Services               |   |   |
| <b>EFFECTIVE</b>  | 6/15/2011                                   |   |   |
| <b>Policy Council<br/>Approval: 7/25/17</b>                                       | <b>Policy Council<br/>Revision: 5/24/22</b> | <b>Governing Body<br/>Approval: 9/28/17</b> | <b>Governing Body<br/>Revision: 8/4/22</b>  |
| <b>PAGE: 1 of 1</b>   |   |   |   |

**Policy:**

Education Service Providers will develop and implement procedures to ensure that all children are up-to-date with the lead screening.

The State of Texas early and Periodic Screening, Diagnosis, and Treatment (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.

The Head Start Program will provide onsite screenings for any child with missing, unobtainable, previous elevated blood lead level results, or at the request of the parent/guardian. Each child must have a signed parent/guardian consent form before screenings occur.

Blood lead screenings and follow-up must be documented in ChildPlus according to the *City of San Antonio Benchmark Due Date Guide, Head Start ChildPlus Scan Order and Process Guide*, and the applicable *ChildPlus Data Entry Guide*



The Head Start Program must ensure elevated blood lead level results are shared with parents/guardians. 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>

|   |  |   |   |
|---|--|---|---|
|  | <b>DHS Head Start Program<br/>Policy</b>                 |   |  |
| <b>HEALTH 3</b>   |  |   |   |
| <b>SUBJECT</b>  | Preventative Health Visit Requirements and Documentation |   |   |
| <b>REFERENCE</b>  | Comprehensive Health Services                            |   |   |
| <b>EFFECTIVE</b>  | 6/15/2011  |   |   |
| <b>Policy Council<br/>Approval: 7/25/17</b>                                       | <b>Policy Council<br/>Revision: 5/24/22</b>              | <b>Governing Body<br/>Approval: 9/28/17</b> | <b>Governing Body<br/>Revision: 8/4/22</b>  |
| <b>PAGE: 1 of 1</b>   |  |   |   |

**Policy:**

Education Service Providers will develop and implement procedures to ensure high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child’s growth and school readiness.

Procedures must include a system to meet the following:

**30- Day**

**Requirement:**

- Within 30 calendar days after the child first attends the program of each school year, 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 Hearing & Vision Screening**

**Requirement:**

- All children must receive a hearing and vision screening each school year they are enrolled in the Head Start Program. Within 45 calendar days after the child first attends the program the Education Service Providers must conduct an evidence-based vision and hearing screening or obtain a current record of an evidence-based vision and hearing screening. 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 of each school year, documentation of a well child exam/physical/ and an oral health determination must be received.

## **EPSDT**

By the end of the program year, 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 as indicated through the receipt of an up-to-date well child exam.

## **Child Health Information**

- Prior to the beginning of the school year, collect and document the TB Questionnaire, Child Health History, and Nutrition Assessment.
- By the end of the program year, document Growth Assessment and Blood Pressure results for all children enrolled in the program.
- Follow up for any concerns related to the TB Questionnaire, Child Health History, Nutrition Assessment, Growth Assessment, and Blood Pressure

## **Follow-up, Tracking, and Data Documentation**

- Follow-up must occur once a month for medical, dental, and nutrition related concerns identified by the Head Start Program as indicated on screenings, health assessments, physical/well child exams, and other health related concerns, including health insurance coverage and any missing events.
- Health related contact and follow-up must be documented in ChildPlus according to the *City of San Antonio Benchmark Due Date Guide, Head Start Program ChildPlus Scan Order and Process Guide, and the applicable ChildPlus Data Entry Guide*

## **Parent/Guardian 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, aides, or equipment for medical, dental, or mental health conditions.
- Provide results of abnormal medical and/or dental exam/screenings administered through the program and discuss 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; documentation of efforts to access other available sources of funding must be documented.

**Performance Standard(s):**

1302.41; 1302.42

**Reference:**

[THSteps Medical Checkup Periodicity Schedule](#)

|   |   |   |   |
|---|---|---|---|
|  | <b>DHS Head Start Program<br/>Policy</b>    |   |  |
| <b>HEALTH 4</b>   |   |   |   |
| <b>SUBJECT</b>  | Parent/Guardian Refusal of Health Services  |   |   |
| <b>REFERENCE</b>  | Comprehensive Health Services               |   |   |
| <b>EFFECTIVE</b>  | 6/15/2011                                   |   |   |
| <b>Policy Council<br/>Approval: 7/25/17</b>                                       | <b>Policy Council<br/>Revision: 7/28/20</b> | <b>Governing Body<br/>Approval: 9/28/17</b> | <b>Governing Body<br/>Revision: 8/13/20</b>   |
| <b>PAGE: 1 of 1</b>   |   |   |   |

**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 required or 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 ChildPlus; 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) they decline.

**Performance Standard(s):**

1302.41; 1302.42(d) (2)

|   |   |   |   |
|---|---|---|---|
|  | <b>DHS Head Start Program<br/>Policy</b>    |   |  |
| <b>HEALTH 5</b>   |   |   |   |
| <b>SUBJECT</b>  | Oral Health and Education                   |   |   |
| <b>REFERENCE</b>  | Comprehensive Health Services               |   |   |
| <b>EFFECTIVE</b>  | 4/10/2012                                   |   |   |
| <b>Policy Council<br/>Approval: 7/25/17</b>                                       | <b>Policy Council<br/>Revision: 4/23/19</b> | <b>Governing Body<br/>Approval: 9/28/17</b> | <b>Governing Body<br/>Revision: 5/23/19</b>   |
| <b>PAGE: 1 of 2</b>   |   |   |   |

**Policy:**

Education Service Providers will ensure children brush their teeth once a day during program hours.

The 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 at least 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:**

Education 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 childcare settings serving children 3-5 years of age: [ToothbrushingProtocol](#)

|   |   |   |   |
|---|---|---|---|
|  | <b>DHS Head Start Program<br/>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<br/>Approval: 4/23/19</b>                                       | <b>Policy Council<br/>Revision: 4/23/19</b> | <b>Governing Body<br/>Approval: 5/23/19</b> | <b>Governing Body<br/>Revision: 5/23/19</b>   |
| <b>PAGE: 1</b>  |   |   |   |

**Policy:**

A critical health concern is any identified condition that affects the child while at school and may require medication, monitoring, and/or emergency care. Education Service Providers will develop and implement procedures that address the following:

- A system to identify and accommodate critical health concerns, confirmed and unconfirmed
- A parent/guardian’s declaration of a critical health concern will be reasonably accommodated to the best extent possible by the program
- Relevant individual child health information is shared with appropriate staff
- Individual child health information is readily available to all teaching staff, including substitutes

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

**Performance Standard:**

1302.42, Caring For Our Children, 3<sup>rd</sup> Edition, 9.2.3.6 and 9.2.3.7