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| Policy Title: | Health/Oral Service Plan | Revision Date: | 12/13/2017 |
| Contact Person: | Health Manager | PC Approval Date: |  |
| Area: | Health | SPCAA Board Committee Approval Date: |  |
| Stakeholders: | All SPCAA Staff | SPCAA Board Approval Date: |  |
| References: | 1304.40, 1304.41,1304.42,1304.43 MS **1302.42 (b) (1) (i) 1302.43** | Advisory Approval Date: |  |
| Related Documents: |  | | |

SPCAA/ Head Start /EHS is committed to ensuring that every child enrolled has access to a continuous source of medical/oral care and has received all appropriate preventive medical procedures according to the state Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule. Moreover, we directly provide or ensure the provision of all 30- 45- and 90-day requirements by the Head Start Program Performance Standards.

Upon a child’s entry into the program, parents are asked to bring documentation of a recent physical/oral examination and immunizations. With this documentation, latest baby visit along with the Health History/Physical/Oral exam completed by the parents at enrollment, we determine whether the child has a medical/oral home and is up-to-date on immunizations. *Specific EPSDT requirements for the HS/EHS program follow the THSteps Medical Checkups Periodicity Schedule*

Within 45 days of their entry into the program, and in the first 45 days of each program year thereafter, all children including EHS children receive hearing and vision screenings are often already completed in the course of physical exams, well baby visits, but if not staff performs screenings for home-base and center-base, and Early Head Start children.

A complete and up to date health exam(physical) and a written health statement from provider is requested for all children prior to attendance at a licensed grantee site.

Within 90 days of entry into the program, each child completes a physical/oral exam, and each family, with support from HS/EHS staff, identifies a medical/oral home. In the event that parents deny permission for any of these screenings, we document that refusal but also provide follow-up information, education, and referrals to the family.

Using the data from 30- 45- and 90-day requirements, we support families with follow up and treatment for health concerns. If a doctor’s report includes a care plan (e.g. for a chronic health condition), the Head Start/Early Head Start Nurses ensures that an Health Management Plan is created, documented in ChildPlus, and shared with Family Support Workers and teachers in addition,

The goals of oral health services is ensuring:

* Children do not have pain or infection related to or caused by oral problems or issues and free of oral health disease.
* Children will develop and display self-help skills at home and during the daily schedule,
* Children receive appropriate oral exams and care as needed,
* Children and families have an oral health home, and
* Children are free of oral health disease.

If a child comes into the program and they have had a oral exam within the previous 12 months, then the HS/EHS Family Support Worker (FSW) will request parents provide or help the staff obtain verification of the examination and any treatment received.

* Parents of children **who are not covered by Medicaid, CHIP or private insurance must contact the HS/EHS FSW assigned to their center/partner site to request assistance with medical/ oral exams or follow-up treatment.**
* **Approval to use program funds is the responsibility of the Health Manager. Health Manager must return verbal or written notice of approval or denial of the requested use of program funds to the FSW within 2 weeks of receipt of request. Per the agency procurement policies, the Health Manager will submit to HS/EHS Deputy Administrator, Head Start Director, CEO, and Executive Director the estimated costs for approval prior to completion of services.**
* All exams and necessary follow-up treatment (as indicated by oral examination) will be started as soon as possible and make every effort to complete prior to the end of the program year.
* When a child has oral health pain or infection, follow-up treatment must start immediately. Parents of eligible children should use Medicaid, CHIP or private insurance to pay for oral health care treatment required to relieve pain or infection. Parents of children without coverage will work with the FSW to insure the necessary and appropriate treatment is provided in a timely manner. Parents will be asked to report any changes regarding Medicaid Eligibility as soon as possible to Head Start and Early Head Start staff and to provide current proof of Medicaid Eligibility for children who require follow-up treatment.
* FSWs will obtain from parents or oral health professional copies of oral exam and treatment and scan into ChildPlus system as new for Monitors to input
* Medical/ Health Determination of the child’s care will be done by having the center staff stamp with a date stamper the date the program ***obtained*** the determination from the health care professional. In the Child Plus system there will be 2 dates to be entered by the Monitors, the date the medical or oral exam was done by medical/oral health professional and date the program obtain the physical/oral from the health/oral provider. Staff will stamp the medical/ dental on the lower right hand corner of medical/oral health as will the Monitors. Ifmedical/ oral exam does not have space for the stamp date then it will be stamped as close as possible to the lower right hand corner of form.

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Using the data from 30- 45- and 90-day requirements, we support families with follow up and treatment for health concerns. If a doctor’s report includes a care plan (e.g. for a chronic health condition), the Head Start/Early Head Start Nurses ensures that an Health Management Plan is created, documented in ChildPlus, and shared with Family Support Workers and teachers in addition, the Health Team review 30- 45- and 90-day requirements results during bi-weekly meetings, ensuring that any health concerns are immediately addressed and that appropriate steps are initiated for any suspected health-related disabilities.

Head Start/EHS is committed to ensuring the health and safety of each of the children and families we serve. For this reason, and in compliance with Head Start Program Performance Standards and state Child Care Licensing regulations, we follow the Infectious Disease procedure that clearly

defines our procedures for communicable diseases. At the same time, we are committed to accommodating children’s health care needs as fully as possible over the long term.

Early Head Start works closely with pregnant mothers to secure comprehensive prenatal and postpartum care. With each expectant mother enrolled in EHS, we collaboratively develop a plan to ensure that she receives risk assessments, including an oral examinations, follow-up as needed and mental health interventions as needed or required in anticipation of the child’s birth (as well as subsequent to childbirth).

The Family Support Worker (FSW) uses the consent to receive health/oral exam information regarding health/oral services. If staff cannot get information from parent or provider they may ask for assistances from the Health Staff.

**Refusals – Also known as Parent Option for Delayed Services**

Parent Options for delayed services can start as soon as the staff has tried to get physical/oral information or after 30days of child being in the program.

Parent Options for delayed services for medical/oral service(s) will be approved by the Health Manager or Assistant for children with no initial or appointment scheduled: if all of the following steps have occurred.

1. Three documented two-way communications with the parent (not letters or flyers) and visits with the parent/guardian regarding the service for the Parent Options for delayed services. Documentation must be present in Child Plus under the Health Events tab.
2. For children who have initial appointments scheduled after 90th day requirement, this option should be selected on the Parent Options for delayed services form and signed by the parent after approval from the Health Manager or Assistant.
3. For children who have dental follow-up appointments that are scheduled within the last30 days of the program term or later,

Steps below for dentals will be looked at before assisting with payment

Check insurance-if none, apply for Medicaid,

* If denied, send denial letter to Health Manager:
* If they have partial insurance (medical no dental, or dental no medical)
* unable to apply for Medicaid or do not qualify email Health Manager

**Toothbrushing**

Center staff will have option to continue to brush teeth after a meal or do classroom circle brushing. Whichever option is followed classroom Daily schedule must reflect. Early Head Start will brush baby teeth as soon as babies get their first teeth.

**Classroom**

Materials and supplies are provided to each center to support good oral health care. (Posters, books, teeth models, toothbrushes, toothpaste, manipulative etc.)

**Sanitation/Storage:**

1. Toothbrushes shall be stored in a toothbrush holder, so they do not drip on other toothbrushes.
2. Toothbrushes shall be separated from one another, bristles, up exposed to the air to dry and not in contact with any surface.
3. The holder and toothbrushes will be covered with a meshed cover.
4. Toothbrushes will be replaced when bristles have lost their firmness, child has been out for illness and/or every 90 days.

**Monitoring**

Monitoring is done in the Fall, Spring and Local Self-Assessment (LSA)/Think Tank to include follow-up. Additional monitoring is done as needed

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| **Policy and Procedure** | **Reports** | **Frequency** | **Forms** | **Frequency** | **Staff Responsible** | **Timeline** |
| Bed Bug Procedure | none | As needed | none | As needed | Center staff | On-going |
| Classroom Sanitation | none | none | none | Daily-tables, cloth items weekly | Center Staff | On-going |
| Daily Health Check | Health Check Notebook | Daily | In Notebook | Daily | Center Staff | Daily |
| Exposure Control Plan | None | Yearly training | In packet with Plan | As needed | All staff | On-going |
| First Aid/CPR-First Aid Kits | Staff Cards and checklist | Yearly | Staff cards/First Aid Checklist | Yearly training/Monthly checklist | All staff/ Checklist center staff | Yearly and checklist list monthly |
| Head Lice | None | As needed | Head Lice Educational Packet | As needed | Center Staff | On-going |
| Health Advisory Committee | None | 3 times a year or as needed | Minutes | 3 times a year or as needed | Health Manager and Health Staff | 3 times a year and as needed |
| Health Management Plan | None | As needed | HMP Form | As needed | Health Staff | On-going |
| Hygiene Practice | None | Daily | Posting | On-going | All Head Start Staff | On-going |
| Incident-Illness Procedure | None | As needed | Form 7239 | As needed | Center Staff | As needed |
| Infectious Disease | None | As needed | Posting Parent Fact Sheets | As needed | Center Staff | On-going |
| Medication Administration | None | As needed | Med. Log, Med. Authorization, Incident Report | As needed | Center Staff | On-going |
| Health/Oral Service Plan | CP-3001,3010,3015,3035,3510,9740,PIR-9707,PIR 9708 | BI-Weekly | Physical Exam, Oral Exam | On-going | Center Staff, FSW | 45,90 Days |
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