



1302 Subpart D Health Program Services PLAN

The Upper Cumberland Human Resource Agency (UCHRA) Van Buren Head Start (VBHS) maintains a holistic approach toward providing high-quality health, oral health, mental health, and nutrition services. Staff will consider developmentally, culturally, and linguistically appropriate practice that supports each child's school readiness.

By expanding upon the slogan "A Healthy Child is a Child Ready to LEARN", staff will assist parents in developing parental confidence and skills by engaging them in the correlation between health and school readiness.

The program will actively engage in a process to maintain a Health Services Advisory Committee by collaborating with the Van Buren County Health Council. Staff will develop relationships with community organizations and establish joint agreements to promote a coordinated system. The service delivery area is a small rural, sparsely populated community. It is the program's experience that the same individuals participate in all aspects of community service, which results in duplicated efforts leading to low participation and interest; therefore, the assembly of service groups is an absolute necessity. The program maintains a joint agreement with the Van Buren County Health Council, which is reviewed yearly and revised when necessary. The Health/Disability Services Specialist (HDSS) will be an active member of the Van Buren County Health Council and hold a leadership role when possible (as elected by panel members). All parents will be invited and encouraged to participate in/attend the council meetings and accompany the HDSS staff. If parent interest/participation is unresponsive, the HDSS will utilize the Head Start Parent Committee as a subcommittee to review/discuss the information shared at the council. Child welfare representatives will be encouraged to actively attend the council meetings. The HDSS will ensure the council is actively involved in the planning, operation and evaluation of health services in the Head Start Program. Head Start-specific requirements and regulations are addressed on an as-needed basis to include but not limited to consultation regarding the need for screening of regular volunteers for appropriate communicable diseases, assisting parents with access to services and resources as needed and practicable, developing and identifying local agencies responsible for implementing IDEA; securing adaptive equipment and devices and supports; creating linkages to family supports. The council will be utilized throughout the program year as new directives of compliance are issued. Cooperation and sharing of information gained through the council will be disseminated to families and staff as appropriate. The Council will meet on a regular schedule and the HDSS will maintain a cumulative file system of all meetings. Upon the event of the Van Buren Health Council dissolution, the program staff will immediately establish and maintain a singular Health Services Advisory Committee for the purpose of addressing the program's needs.

1302.41 Collaboration and communication with parents.

The Upper Cumberland Human Resource Agency (UCHRA) Van Buren Head Start (VBHS) maintains a holistic approach toward providing high-quality health, oral health, mental health, and nutrition services. Staff will develop relationships with parents that encourage trust and

respect. Maintain ongoing two-way communication between staff and parents in an appropriate cultural and linguistic manner. HDSS will play a pivotal role through a partnership with parents in the health and well-being of their children, recognizing each family's uniqueness to include religious, cultural, and linguistic differences. The Health/Disability Services Specialist or appropriate staff will consult with parents immediately when new health problems are suspected or identified. Staff will educate parents/guardians about the purpose/need for procedures so that they are able to advocate for their child efficiently. Using the Parent Permission and Agreement Form, authorization will be obtained in advance from the parent/guardian or other people with legal authority for all health (medical, oral, mental) and developmental procedures administered through the program, by contract, agreement, or staff. Written documentation for any refusal of authorization for health (medical, oral, mental) services will be maintained using the Parent Permission and Agreement Form. Van Buren County Head Start will share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention during the orientation process. A parent handbook is available at all times via the website www.ucvbheadstart.org or printed upon request.

1302.42 Child Health status and care.

A primary goal is to help families establish and/or maintain a long-term medical home they can remain involved in when the child is no longer enrolled in Head Start. Utilizing guardian contact at enrollment and during orientation along with tracking system reports staff will make a determination as to whether or not each child and family has an ongoing source of continuous, accessible health care provided by a healthcare professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care –and health insurance coverage within 30 calendar days of enrollment. If a child does not have a source of care and/or health insurance coverage, the staff will provide parents with resources for an ongoing system of health care. Care professionals shall make a determination as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: Well-child visits and dental periodicity schedules as prescribed by the Early Periodic Screening, Diagnosis and Treatment (EPSDT) for the State of Tennessee, immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the Van Buren County Health Council based on prevalent community health problems.

Staff will develop and maintain a system to track services provided. Reports will be utilized to track these services. An individual health record is maintained for each child enrolled. The program ensures that each child enrolled will have a complete medical, oral, and developmental history on file, obtained from records of past medical care, staff observations, and information obtained from guardians. The folder and/or web-based tracking system will contain the child's medical and developmental history, screening results, medical and dental examination data, immunization certificates, up-to-date information about treatment and follow-up, referrals and permission forms, and copies of health-related contacts shared with the parent. Each child shall have a follow-up plan developed and implemented within 90 days of enrollment to achieve and/or maintain up-to-date well-child care age-appropriate preventive and primary medical and oral health care for every child. Once the follow-up plan is established and implementation has begun by Care Providers, the Health/Disability Specialist will maintain ongoing communication with guardians to provide any needed assistance. For children who are not up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care, staff will assist parents in making the necessary arrangements to bring the child up-to-date. For children who are up-to-date on an age-appropriate schedule of preventive and primary medical and oral health care, staff will track and provide parents/guardians information on how to continue to follow the recommended schedule of care. Staff will assist parents in obtaining prescribed medications, aids, or equipment. All resources will be exhausted with appropriate documentation prior to the use of Head Start funds for health-related services. Staff will maintain

documentation of support in Child Plus. Through a program of education for parents/guardians, health staff will ensure that families have the confidence and skills to recognize any new or recurrent developmental, medical, oral, or mental health concerns.

The file is maintained at center level in a confidential manner. Copies of health information pertinent and useful to teachers will be forwarded to the child's teacher. Staff will ensure that relationships are built to foster trust, allowing for parents/ guardians to access the program as a resource for any assistance needed in obtaining medical services for their child.

Wellness promotion is our goal, which includes holistically, culturally and linguistically appropriate approaches and strategies, being mindful of stigmas surrounding mental health. Implementation of a Mental Health Service Specialist will ensure that child, family and staff mental health wellness is tracked and services provided as needed. Also, the Mental Health Service Specialist will encourage staff and families to participate in stress-relieving activities and track progress. All staff are educated and provided the necessary tools to promote and support children's mental health, social and emotional well-being, and overall health that is implemented in various ways. Using a combination of Conscious Discipline Curriculum, the CSEFEL (Center for Social Emotional Foundations of Early Learning) approach, DECA screening assessment, and Child Protection Unit, aids in effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns.

To be effective, a Head Start Program must support the mental health of staff, parents and children. The concept of mental health must be understood, and the activities must be planned collaboratively among all service areas to meet the needs of the specific community. It is important to discuss mental health in a comprehensive way that considers its relationship to the physical, social, cognitive, emotional, spiritual, and occupational needs of the whole person. By its comprehensive nature, Head Start is an ideal setting for promoting a positive mental health program, and in turn, will strengthen all other goals, objectives and activities in Head Start.

The Van Buren County Head Start believes that through the implementation of a successful intervention program for low income and economically disadvantaged children and families, it is possible to strengthen the ability of the child and family to succeed in their future years. This shall be done by soliciting parent information, observations, concerns (with parental consent-PPA) about their child's mental health. Staff will share the child's class observations with parents including behavior, development separation, and attachment concerns.

Utilizing our Behavior Support Planning Process and the Mental Health Consultant as outlined within the contract between the Mental Health Consultant and our Program, We ensure mental health support services by:

1. Assisting children in emotional, cognitive and social development toward the overall goal of social competence in coordination with the education program and other related component activities.
2. Assisting disabled children and their families in obtaining the necessary mental health services which will ensure maximum benefits from participating in the Head Start Program.
3. Provide training for staff and parents to help them understand child development and growth, appreciation for individual differences, and the need for supportive environments.
4. Assist with provisions for prevention and early identification and intervention of problems that interfere with the social-emotional development of children, parents and staff.
5. Help promote positive attitudes in parents and staff towards mental health services and recognition of the contribution of psychology, medicine, social services, education and other disciplines of mental health practices.
6. Assist in the mobilization of community resources to serve children, staff, and families who have problems preventing them from coping with their environment. (Additional support may be utilized from community partnerships/ Health Council.)

Mental Health Professionals are available to our Program on a consultant basis. They can provide the following services: Assist in planning behavior modification strategies, training staff and parents, observe children, consult with teachers and other staff, and help with behavioral screening, and assist with follow-up and referrals; keeping staff and parents aware of community mental health resources, Interpreter services will be provided on an as needed basis. Their mission is to observe, confer, intervene, and follow-up in writing and verbal communication with staff and parents regarding their findings, strengths, and weaknesses. Ultimately, when necessary, therapeutic intervention would ensue. Policies are implemented to limit suspensions and prohibit expulsion.

The guardian of each child is responsible for presenting to the program a completed school medical examination, which includes but is not limited to: Vision and Hearing screenings, hemoglobin or hematocrit, blood pressure, TB skin test (when applicable), lead test, complete medical examinations of skin, eyes, ears, nose, mouth, chest, external reproductive organs, hips, lymph glands, abdomen, extremities, spine, heart, lungs, and groin area. The medical exam cannot be older than one calendar year and is required upon enrollment as required by the state of Tennessee Child-Care licensing.

The program has an immunization policy, which requires each child must have a valid Tennessee Immunization Certificate, as determined by the Dept. of Human Services Licensing, at the time of enrollment. Staff will track, educate and assist parents with updating immunizations as appropriate. Staff will maintain documentation of support.

Initial vision screening is to be completed by the Health Care Provider, as indicated by EPSDT. In addition within 45 calendar days after enrollment, an evidence-based Vision screening is completed utilizing the in kind services of the well-trained Lions Club volunteers in collaboration with the Tennessee Vanderbilt Hospital. However, when screening cannot be obtained from the Health Care Provider or the Lions Club, the Health Services Specialist will complete this screening. Referrals are made for children failing any vision screening. Health staff will develop a partnership with the parent/guardian to devise a plan of follow-up. Resources are provided to parents and tracking of services will ensure that the child is receiving necessary services enabling them to be a full participant in the daily educational services provided by the program.

Hearing Screening is to be done by the Health Care Provider, initially. Within 45 calendar days after enrollment, an evidence-based hearing screening is completed utilizing the in kind services of the LEA. Staff will track and assist parents with the resources to address the child's needs documenting all follow-up contact/assistance.

Oral health screening is performed by a healthcare professional prior to enrollment when possible. Head Start Staff will assist parents in obtaining screenings as needed. All children will have an Oral health screening within 45 days of enrollment. Each child is then assigned a category of URGENT, Not-Urgent, or NO Treatment Needs. This will be completed by review of the documented oral health screenings and will determine the order in which dental services should be performed. Parents of children categorized in the URGENT or Not-Urgent categories will be assisted/ encouraged to schedule a dental exam for their child. Oral health follow-up must include necessary preventative measures and/or further oral treatments recommended by the oral health professional. Health staff will promote and encourage families to engage in their child's oral health by promoting tooth brushing activities, providing families with toothbrushes and incentives to develop healthy habits.

A nutritional assessment will be completed on each enrolled child by the Health/Disability Services Specialist. Referencing the initial medical examination presented by the guardian, nutrition assessment data: weight, height, hemoglobin/hematocrit will be obtained on each child. If the data is incomplete the HDSS will perform the needed assessments. An in-house BMI will be obtained within 45 days of enrollment. Based on the BMI, each child will be categorized as either: underweight, normal, overweight, or obese. Using Child Plus Head Start

Nutrition Services, information regarding family eating habits and special dietary needs, food allergies, and feeding problems, will be identified and addressed/resolved to the best of our ability. The Health/Disability Service Specialist shall address the nutrition related problems obtained from the demographic characteristics of the target group such as family income, educational level, racial and ethnic composition, and from the quality of local food and water supply such as the availability of enriched food staples and fluoridated water with applicable persons (i.e.; FCPS, Health Council, etc.)

All children are familiarized with the screening prior to receiving service through teachers planning related activities and guardians being given information to help them prepare their children in a developmentally appropriate manner. As soon as screening assessments are completed, guardians are notified of the results by note and/or conference in the primary language as applicable. Referrals are made when indicated. The Health/Disability Specialist, who utilizes the in kind services of the LEA, handles speech/language referrals. Nutritional referrals are made to the Van Buren County Health Department, WIC, and Nutritional Counseling Programs by the Health/Disability Services Specialist. Children requiring a more in-depth developmental assessment are referred to the Health/Disability Specialist who utilizes the in-kind of the LEA or contracted the services of a mental health professional. When treatment is completed, documentation will be obtained from the provider and maintained in the child's health record.

1302.43 Oral health practices.

Oral health promotion is our goal which includes holistically, culturally and linguistically appropriate approaches and strategies, being mindful of stigmas surrounding oral health. Teachers and children will put health routines in place early in the year. Good health habits will be stressed as a means of preventing the spread of disease and as good practice for keeping "bodies" strong and healthy. Choosy and Cavity Free Kids are designed to present oral health as an ongoing part of the early learning curriculum. The curriculum integrates Oral Health Concepts and teaches children to incorporate these healthy practices into their daily routine. Promoting effective oral health hygiene, the programs will ensure all children swish and swallow following breakfast and snack; after lunch children are assisted by appropriate staff, or volunteers-if available, in brushing their teeth with fluoridated toothpaste. To further promote oral health hygiene, Head Start Staff will encourage parents to practice self-care oral hygiene procedures with their child and other family members.

1302.44 Child nutrition.

The nutrition service is designed to be culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities and beliefs. Every child will receive breakfast, lunch, and snack. Meals shall be designed to meet the daily caloric needs of children ages three to five years which will provide one half to two thirds of the daily nutritional needs. Particular attention shall be given to each child's need for iron, vitamin C, vitamin A, low sugar, low sodium and low fat. Meals are patterned after the USDA/CACFP meal pattern requirements with special attention given to appropriate combinations of foods. Portion sizes are established in accordance with the USDA/CACFP Guidelines. These portions may be adjusted upward as necessary to meet the child's daily nutritional needs. Standardized recipes are adjusted for portion sizes appropriate to the USDA/CACFP Guidelines. Meal and snack periods are scheduled appropriately to meet the children's needs and are posted along with menus; (i.e., breakfast must be served at least two to three hours before lunch, and snacks must be served at least two to three hours after lunch).

The meal schedule shall be as follows in the Head Start Center:
Breakfast 8:10 a.m. / Lunch 11:00 a.m. / Snack 2:00 p.m.

Safe drinking water is made available to the children throughout the day via water fountains available in each classroom as well as on the playground and indoor gym area; a water dispenser is available as a backup, when needed.

The program will utilize funds from the Child and Adult Care Nutrition Program (CACFP) administered by USDA as the primary source of payment for meal services. An outside Dietary Consultant will be used to ensure proper balancing of menus.

Head Start Staff develop collaborative relationships and partnerships with community organizations to meet the additional nutritional needs of families through partnerships or referrals for WIC and SNAP benefits. Nutrition services will be maintained by the program when dollars are available and when nutrition support cannot be located or is insufficient to meet the needs of the families.

1302.47 Safety practices.

Utilizing the document Caring for our Children Basics a system of management for safety policies and practices has been developed, implemented, and enforced. Training is provided and staff development is applied to ensure the implementation of policy and procedures that ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures maintain child safety and well-being at all times. Evaluation, correction, and continuous improvement of program systems allow the program to achieve quality services to children and families.

Child-designated areas for learning, playing, sleeping, toileting, and eating meet licensing requirements; and are clean and free from pests; free from pollutants, hazards, and toxins. Checklists are performed daily, weekly, and monthly to ensure all areas of the facility are well lit, designed, and maintained to eliminate the hazards associated with child injury, choking, strangulation, electrical, and drowning hazards, hazards posed by appliances, etc. The facility is equipped with emergency lighting, safety supplies, first aid, and fire safety supplies. Firearms and other weapons are strictly prohibited on persons, grounds or vehicles. Classrooms are accessible to toileting and diapering areas. Using the Office of Head Start's Environmental Health & Safety Protocol along with the Office of Head Start's Life Safety Code Information along with internal controls, the program ensures that the facilities and grounds are free of hazard. The program will maintain current inspection reports to ensure that children and adults are protected from environmental hazards such as air pollution, lead, and asbestos. Areas that have been recently painted, carpeted, tiled, or otherwise renovated are well ventilated before they are used by children. Areas used by staff or children who have allergies to dust mites or to components of furnishings or supplies are maintained by the program according to the recommendations of the health professional.

When purchasing materials and equipment for use by children indoor and outdoor the Consumer Product Safety Commission or the American Society for Testing Materials guidelines are adhered to. A regular schedule of sanitation and maintenance is performed by staff and documented.

In compliance with state and federal requirements background checks are performed with clearance prior to the first day of employment.

All staff, consultants, contractors and volunteers are provided pertinent training to ensure the safety of children in their care. Training includes agency and Head Start orientation, Prevention and control of infectious diseases; a program of detection, prevention and reporting of child abuse and maltreatment (2 times yearly) and inclusive of parents during orientation, Prevention and response to emergencies related food and allergic reactions (yearly determined by current children enrolled), Emergency Preparedness and response planning for emergencies; Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; policies and procedures for the safe transportation of children, First-Aid and cardiopulmonary resuscitation (twice Yearly) and the administering of Medication, parental consent, storing medication and documenting administering medication, and how to read a prescription (doctor's instruction) and accurately measure and administer prescribed dose by the local/regional health department consistent with standards of parental consent; All trainings by staff

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are tracked and verified by staff three times yearly. In addition staff and consultants follow policies that ensure practices to keep children safe during all activities, including indoor and outdoor supervision. A playground and indoor gross motor supervision plan will be implemented to include arrival and departure procedures to those areas, supervision assignments, and communication links. Procedures for authorization of the release of children are maintained and followed. Updates are made on a continuous basis and all center staff/transportation staff are provided up-to-date copies immediately upon changes being made via DRIVE access. All staff, volunteers, consultants, and contractors will sign, acknowledge, and follow Safe Environment Policy prior to interactions with children.

To eliminate the spread of germs and disease, staff, children and volunteers will be properly trained in hand washing techniques, using soap and water. For protection of children and adults, hand washing will be practiced after diaper changing, aiding in toiletry, personal use of toilet, before any food-related activity, and after the handling of pets or animals. Any staff member administering medication to a child will wash their hands before and after dispensing. To eliminate the spread of germs and disease further, all cots will be placed at least 3 feet apart, using head to toe sleeping arrangements. Bathrooms, toilets, classroom sinks, faucet, and water fountain will be checked and disinfected daily and should any additional need arise. Universal precautions are used by all staff when blood or other bodily fluids are likely/known to be involved. Spills of bodily fluids will be cleaned and disinfected immediately. Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie. Implementation of the procedure for Changing Children's Soiled Diapers/ Pull-Ups/ Underwear and Clothing addresses and ensures both child and staff health and safety.

Emergency preparedness (prevention and response) practices are ensured with the implementation of fire, tornado, and bus evacuation drills which are practiced regularly. Utilizing the Prevention and Control of Infectious Diseases and Contagious Conditions by Illness Exclusion procedure staff protect themselves and children from exposure to contagious disease. Children's individual specific health care needs and/or allergies are made known to applicable staff via an Individual Health Plan, which is maintained in their health file with a copy provided to education staff; Alerts are posted within the classroom and kitchen to warrant appropriate health and safety precautions.

The Van Buren Head Start maintains a plan for the response to natural and manmade disasters and emergencies, a well-stocked first aid cabinet is located at the center in the Central Office. First aid supplies are accessible to all staff which are trained in the use of its contents. Inventory is conducted monthly and supplies are restocked as necessary. First aid quick fix unit is located in the indoors gross motor area and out of the reach of children. First aid supplies are not accessible to children due to the location in a non-child area. All buses and vehicles are provided with first aid kits, which are inventoried monthly and restocked as necessary. When off the bus ie:field trips, etc, staff possess portable first aid kits with quick fix items.