

HEALTH WRITTEN PLAN

SUBJECT : CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(a)(1)

PERSON RESPONSIBLE: HEALTH SERVICE SPECIALIST
HEALTH ASSISTANT
HEALTH CARE CONSULTANT
TEACHER/HOME VISITOR

TIME LINE : JUNE 1 – MAY 31

RATIONALE To promote healthy development, accessible health care available

RESOURCES Local Medical Providers, Health Wagon, Parents, Health Advisory,
Health Dept. and Performance Standards

OPERATIONAL PROCEDURE:

Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early Periodic Screening Diagnosis Treatment (EPSDT) program of the Medicaid agency of the State in which they operate and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Advisory Committee that are based on prevalent community health problems.

1. Staff will work with parents to ensure their child is up to date on well child care visits. Documentation will be kept and monitored by Kids Central Staff mentioned above and Health Consultant when in question.
 - a.. Ensure Health Care Professionals have conducted required evaluation of service to child's Health according to the EPSDT standards in the State of Virginia.
 - b. Ensure child is up to date on immunizations based on the current immunization schedule or has a plan of action to catch up.
 - c. Health Service Advisory Committee strengthens recommended child health care guidelines by drawing upon knowledge of the community.

HEALTH WRITTEN PLAN

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(A)(1)(ii)(A)

PERSON RESPONSIBLE: FAMILY ADVOCATE
HOME VISITOR
HEALTH SERVICE SPECIALIST
HEALTH ASSISTANT
EDUCATION STAFF

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Kids Central Staff will work with family to bring child up to date on
On age appropriate schedule of well child care.

RESOURCES: Medical Provider, Dentist, Health Department and Performance Standards

OPERATIONAL PROCEDURE:

For children who are not up-to-date on an age appropriate schedule of well child care, grantee and delegate agencies must assist parents in making necessary arrangements to bring the child up- to- date;

1. Staff will work collaboratively with parents and providers to make arrangements for child to receive needed immunizations and examination;
 - a. Health assistant/home visitor and Education staff will arrange for transportation if needed.
 - b. Health assistant/home visitor and Education staff will inform parent of medical insurance available and eligibility criteria (Medicaid/FAMIS) if needed.
 - c. Education staff, home visitor and Health staff will help in making referrals to local medical providers who accept Medicaid/FAMIS or provide services at a reduced rate.
 - d. Family Advocates, home visitor's, education staff and health staff will discuss importance of well child care, lead, anemia, immunizations, and etc.
 - e. Health Advisory will give input and suggestions.
 - f. Health Service Specialist/Assistant will monitor records through Promis and manually tracking to ensure age appropriate well child care.
 - g. Health Service Specialist will contact Health Consultant as needed

HEALTH WRITTEN PLAN

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(a)(1)(ii)(B)

PERSON RESPONSIBLE: FAMILY ADVOCATE
HOME VISITOR/EDUCATION STAFF
HEALTH SERVICE SPECIALIST/ASSISTANT

TIME LINE: JUNE 1- MAY 31

RATIONALE: Ensuring that children who are up-to-date on age appropriate schedule of Well child care schedule will continue to follow the recommended Schedule of well child care

RESOURCES : Medical Provider, Parents, Health Department and Performance Standards

OPERATIONAL PROCEDURE:

(B) For children who are up-to-date on an age appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and

- a. Family Advocates, Home Visitor, Education staff and Health staff will encourage parents to schedule well child care appointments.
- b. Health Staff will arrange for transportation if needed
- c. Health Service Specialist will arrange for Parent Education Workshops
- d. Health Service Specialist will work with the Family and Community Partnership Manager and Health Consultant to arrange workshops .
- e. Education, Home Visitor, and Family Advocates will make sure that parents are aware of available resources.

HEALTH WRITTEN PLAN

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(a)(1)(ii)(C)

PERSON RESPONSIBLE HEALTH SERVICE SPECIALIST/ASSISTANT
EDUCATION STAFF/HOME VISITOR

:

TIME LINE: MONTHLY JUNE 1 – MAY 31

RATIONALE: The Health Service Specialist/Assistant will track all health records through the PROMIS System and manually. .

RESOURCES: Health Consultant, Health Department, Performance Standards, American Academy of Pediatrics

OPERATIONAL PROCEDURE:

(C) Grantee and delegate agencies must establish procedures to track the provision of health care services.

- a. Establish child's health record. Home Visitor will track each individual child's health services through use of PROMIS and manual tracking. Health Service Specialist/Assistant will track all health services through PROMIS and Health Consultant will be contacted to answer any questions.
- b. Medical, dental, results and treatment becomes part of child's health record.
- c. All information in health record is considered confidential and will be kept in a locked file cabinet.
- d. Sharing any health information with other agencies is done only with consultation and written consent of the child's parent/guardian.
- e. Results of any screening's or medical/dental care are sent home to the parents.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE : DETERMINING CHILD HEALTH STATUS
1304.20 (a)(2)

PERSON RESPONSIBLE: EDUCATION STAFF
DISABILITIES MANAGER
EDUCATION SUPERVISOR
HOME VISITOR

TIME LINE: JUNE 1- MAY 31 (WITHIN 45 DAYS OF ENTRY)

RATIONALE: Operating 90 days or less

RESOURCES: Medical Provider, Dentists, School System, Part c and performance standards

OPERATIONAL PROCEDURE:

(2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.

- a. Standard does not pertain to Kids Central, all our centers operate over 90 days.

HEALTH WRITTEN PLAN

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE : DETERMINING CHILD HEALTH STATUS
1304.20(a)(1)(iii)&(iv)

PERSON RESPONSIBLE HOME VISITOR/EDUCATION STAFF
HEALTH SPECIALIST/ASSISTANT
DISABILITIES COORDINATOR
CONSULTANT

RATIONALE : Arranging for further testing when suspected problems arise

RESOURCES: Medical Provider, School System, Part C, Dentist, and Behavior Health

TIME LINE JUNE 1 – MAY 31

OPERATIONAL PROCEDURE:

(iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and;

1. The evaluation and screening required by 45 CFR 1304.20 are helpful in identifying a child In need of further examination or treatment., To accomplish this, staff is responsible for tracking the delivery of health services:
 - a. Health Specialist/Assistant and Education Staff will check regularly with parents and other staff members to determine if examinations or treatments have taken place
 - b. Collaborate with center-based and family child care staff and home visitors, for careful and repeated review of health records.
 - c. Staffing will be held by Education Director on each individual child, involving Teacher, Family Advocate, Home Visitor, Education Supervisor, Health Specialist/Assistant and Disabilities Manager with Disability children.

(Iv)Develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a)

(1)(ii) and (iii) so that any needed treatment has begun. Staff will;

- a. Health Service Specialist/Assistant will track all follow-up ..
- b. A plan of action will be developed for each individual child according to health need

HEALTH WRITTEN PLAN

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(B)(1)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
DISABILITIES COORDINATOR
EDUCATION SUPERVISOR
HOME VISITOR'S
HEALTH SPECIALIST/ASSISTANT

TIME LINE: JUNE 1 – MAY 31 (WITHING 45 DAYS OF ENTRY)

RATIONALE: Having a systematic approach ensuring screening done in timely manner

RESOURCES : COR, TABS and ASQ

OPERATIONAL PROCEDURE:

- (b) Screening for developmental, sensory, and behavioral concerns.
 - 1. Education Staff or Home Visitor will screen each individual child within 45 days of entry into program.
- (1) In collaboration with each child's parent, and within 45 calendar days of child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral motor language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.
 - 1. The designated screening instrument will be used to determine each child's motor Language, social, cognitive, perceptual and emotional skills. These screening's Will be age appropriate and sensitive to child's language and cultural background.
 - a.. In-service for the COR, TABS, and ASQ instrument will be given to staff by Disabilities Coordinator and Education Supervisor
 - b. Teacher/Assistant or Home Visitor will administer the COR, TABS and ASQ for each child in his or her classroom
- (2) Grantee and delegate agencies must obtain direct guidance from a mental health professional on how to use the findings to address identified needs.
 - a. Mental Health Professionals will provide assistance and advice through staffing To address the identified needs of referrals, informing parents and follow-up.

HEALTH WRITTEN PLAN:

- (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.
1304.20(b)(3)
- a. Family Advocate collects data from parents, and teaching staff for completion Of screening instrument through interview and observation.
 - b. Home Visitor collects their information from the parents.
 - c. Teachers/home visitors determine a staffing date.
 - d. Teachers/home visitors will contact Education Supervisor, Disabilities Coordinator, Family Advocate, Health Specialist, Family and Community Partnership Director and the parent/guardian to discuss needs of children.
 - e. Health Service Specialist will keep track of staffing's and work closely with Education staff, Disabilities and Family Advocate. Mental Health Consultant will be contacted as needed.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(C)(1)&(2)

PERSON RESPONSIBLE FAMILY ADVOCATE
HOME VISITOR
HEALTH SERVICE SPECIALIST/ASSISTANT
EDUCATION STAFF

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Collaboration and communication between parents and staff is
Essential for optimal child health outcomes.

RESOURCES: Local Health Department, Medical/Dental Providers, Behavioral Health
and Health Advisory.

OPERATIONAL PROCEDURE:

(C) Extended follow-up and treatment

(1) Grantee and delegate agencies must establish a system of ongoing communication with the
parents of children with identified health needs to facilitate the implementation of the follow-up
plan. Kids Central staff will :

- a. Family advocate, Health Service Specialist/Assistant, and education staff will ensure
on-going collaboration and communication between staff and parents is maintained
for optimal child health outcomes through verbal and written avenues.
- b. Family Advocate, Health Service Staff, Home Visitor, and Education Staff will make
home visits if needed.
- c. Health Service Specialist/Assistant, Home Visitor will make phone contact and
Contact through memo's if possible.
- d. Health Service Specialist will assist in assuring ongoing communication with parents
and tracking needed services.

(2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable
them to learn how to obtain any prescribed medications, aids or equipment for medical and
dental conditions. Staff will assist by:

- a. Health Assistant, and Home Visitor will assist in arranging or Providing transportation
- b. Health Specialist/Assistant will assist in making appointments.
- c. Family Advocates and Home Visitor will be an advocate for health care needs and Health Specialist/Assistant will assist as needed.
- d. Family Advocates, Home Visitor and Health Specialist will assist in finding help For payments by referring parents to an agency or organization
- e. Health Service Specialist, Home Visitor and Family Advocates will communicate With health professionals.
- f. Health Service Specialist/Assistant will assist in finding help for aids, equipment and medications on issues and concerns.

HEALTH WRITTEN PLAN

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(c)(3)(i)&(ii)

PERSON RESPONSIBLE: FAMILY ADVOCATE
EDUCATION STAFF
HEALTH SPECIALIST/ASSISTANT

TIME LINE: JUNE 1- MAY 31

RATIONALE: Preventive dental is designed to ensure that a child's teeth and gums are healthy.

RESOURCES: Dentists, health department, and health advisory

OPERATIONAL PROCEDURE :

(3) Dental follow-up and treatment must include:

- a. Preventative dental services and treatment are designed to ensure that a child's teeth and gums are healthy and do not affect a child's overall health. The local dentists use fluoridation treatment as a means of preventing tooth decay.
- (i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and staff will:
 - a. Teacher/assistant will brush their teeth daily with the children after lunch.
 - b. Teacher/assistant and home visitor will use fluoride toothpaste in their centers
 - c. Early Head Start Toddlers will brush teeth with training toothpaste.
 - d. Early Head Start Teacher/Assistant will clean infant gums with spiffies after feeding.
 - e. Agency will provide toothbrushes and toothpaste for all children.
 - f. Teacher/assistant and home visitor will change toothbrushes every 3 months or after a child has been ill.
 - g. Classroom staff and home visitors will use bright smiles video and presentation .
- (iii) Other necessary preventive measures and further dental treatment as recommended by dental professional.:
 - a. Health Service Staff will provide information to parents
 - b. Health Service Staff will arrange for transportation if needed

- c. Health Service Staff will assist parents in finding dental providers
- d. Home Visitor and Health Specialist will assist parents and Children in funding from other agencies.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(C)(4)

PERSON RESPONSIBLE FAMILY ADVOCATE
TEACHER/EDUCATION SUPERVISOR
DISABILITIES COORDINATOR
HOME VISITOR
PART C AND LEA
HEALTH SERVICE SPECIALIST

TIME FRAME: JUNE 1- MAY 31

RATIONALE: Addressing the health concerns of children with disabilities will enhance their opportunity to participate in, or fully benefit from, the Early Head Start and Head Start experience.

RESOURCES: Local Education Association, Behavioral Health, Medical Provider, and Health Advisory.

OPERATIONAL PROCEDURE:

(4) Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).

- a. Kids Central Staff above will be involved in the Individual Education Plans or IFSP that have provision for health or related services to help the child fully benefit from the program .
- b. Staff will provide the parent/guardian help with needed services for their child.
- c. Staff will be provided training for serving children with a disability and their Family.

- d. Health Service Specialist, Disabilities Coordinator, Family Advocate, and Education Staff will work closely together during staffing's

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(c)(5)

PERSON RESPONSIBLE: FAMILY ADVOCATE
COMPTROLLER
HEALTH SERVICE SPECIALIST

TIME FRAME: JUNE 1 – MAY 31

RATIONALE Help families access and use existing services and resources. Head Start Agency may supplement resources when no other funds are available.

RESOURCES: Department of Social Services, Health Department, and Health Advisory.

OPERATIONAL PROCEDURE:

(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding. Kids Central staff will:

- a. Provide parents/guardians with information regarding insurance available through Medicaid and FAMIS when they have no coverage or lose coverage during year.
- b. Referrals will be made to other agencies as indicated such as Health Wagon, Smiles Mobile dental, WIC, SSI ,and Children's Specialty Service.
- c. Staff will try to find local civic organizations to help pay for medical/dental services when families have no insurance .
- d. Health Specialist will only request monies from Kids Central budget when families have applied for all other assistance from outside sources.
- e. Medical/Dental requisitions will be filled out by Home Visitor, Teacher/Assistant and Health Service Staff and submitted to Comptroller for approval.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(a)

PERSON RESPONSIBLE: TEACHER/ASSISTANT,HOME VISITOR
HEALTH SERVICE SPECIALIST/ASSISTANT
HEALTH CONSULTANT

TIME FRAME : JUNE 1 – MAY 31 (DAILY)

RATIONALE: Because of the rapid development of young children, annual observations are not sufficient to record changes that have an impact upon child's health and development. Identify and implement ongoing evaluation procedures that identifies health or developmental concerns in a timely fashion.

RESOURCES: Parents, Medical/Dental Providers, Behavioral Health and School System

OPERATIONAL PROCEDURE:

(d) In addition to assuring children's participation in a schedule of well child care, as described in section 1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start Staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress. Changes in physical appearance (e.g. signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff. Kids central Staff will be trained by a registered nurse for Daily Health Observation's and policies to follow:

- (a) Teacher/Assistant and Home Visitors will conduct a daily health observation upon arrival of children and during the day. This is recorded on the Daily Observation report.
- (b) Teacher/Assistant will inform the parents of any irregularities found on a daily basis. This will be documented on a Sign & Symptom Chart. The parent Will sign the document and center staff will keep a copy for child's record.
- (c) Staff will encourage parent to contact their health care provider when child becomes ill.
- (d) Parents are regularly provided with information on developmental milestones.
- (e) Health Specialist will provide staff and parents with information as needed. Health Consultant will be consulted as needed.

(f) Health Specialist will monitor all reports and documentation each month.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(e)(1)

PERSON RESPONSIBLE: FAMILY ADVOCATE
EDUCATION STAFF
HEALTH SERVICE SPECIALIST/ASSISTANT

TIME FRAME: JUNE 1 - MAY 31

RATIONALE: Importance of parents being involved in all decisions regarding their Child. Parents will be consulted when a health problem is suspected And the procedures suggested following.

RESOURCES: Parents, Medical Provider/Dental Provider, and Behavioral Health

OPERATIONAL PROCEDURE:

(e) Involving parents. In conducting the process, as described in sections 1304.20(a),(b), and (c) and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:

- a. If a health, dental or developmental problem is suspected, parents will be Consulted and informed of the reason and benefits of all procedures recommended And informed of the results.
- b. Consent will be obtained before referrals are made.
- c. Parents will be encouraged to prepare the child for any needed health or dental Services.

(1) Consult with parents immediately when child health or developmental problems are suspected or identified; Family Advocate, Education Staff or Health Staff :

- a. Parents will be informed immediately of any suspected problems or any Developmental Delays. Parents will be informed through parent conferences or home visits.
- b. Parents will be asked for input about their child to adequately assess any problems.

- c. Parents will be informed of any screening/observation prior to them being conducted.
- d. Parents will be informed of any injuries to their child.

HEALTH WRITTEN PLAN

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(e)(2)

PERSON RESPONSIBLE: FAMILY ADVOCATE
EDUCATION STAFF/HOME VISITOR
HEALTH SERVICE SPECIALIST

TIME FRAME : JUNE 1- MAY 31

RATIONALE: Importance of parents being involved in all decisions regarding their child. Parents will be consulted when a health problem is suspected and the procedures suggested following.

RESOURCES. : Parents, Medical/Dental Providers, and Behavioral Health

OPERATIONAL PROCEDURE:

(e)(2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents; Kids Central staff will:

- a. During parent orientation, parents will be informed of all health, dental and Developmental screening and mental health observations that will be conducted within 45 days of entry in program.
- b. Family Advocate or Education Staff will obtain consent in writing for all screening Or exams prior to such procedures.
- c. Family Advocate, Education Staff or Health Specialist will inform parents of all screening, observations or exams during the year.
- d. Parents will be encouraged to participate in health advisory meeting's and Other meetings during the year .

- e. Staff will keep minutes and sign in sheet of all meeting's and workshops.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(e)(3)

PERSON RESPONSIBLE: FAMILY ADVOCATE
EDUCATION STAFF
HEALTH SERVICE SPECIALIST/ASSISTANT

TIME FRAME: JUNE 1- MAY 31

RATIONALE: Staff will be advocates for their children, importance of parents being involved in all decisions regarding their children's health care.

RESOURCES : Parents, Medical/Dental Provider's, Behavior Health, and Health Advisory

OPERATIONAL PROCEDURE:

1304.20(e)(3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program; staff

- a. During parent orientation sessions, staff will speak with parents about medical Procedures, health service and mental health observations.
- b. Staff will speak to parents about preparing their children for medical and Dental procedures.
- c. A child development workshop will be held at the beginning of the Year for all parents through Behavior Health.
- d. Resource handbook and parent handbook will be given when child is enrolled and Workshop on all resources in community listed in handbook.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(e)(4)

PERSON RESPONSIBLE: FAMILY ADVOCATE
EDUCATION STAFF
HOME VISITOR
HEALTH SERVICE SPECIALIST

TIME FRAME: JUNE 1 – MAY 31

RATIONALE: Assist parents and giving them guidance to promote participating in ongoing family health care.

RESOURCES: Medical/Dental Providers, Health Department, Behavior Health, and Health Advisory Committee.

OPERATIONAL PROCEDURE:

1304.20(e)(4) assist parents in accordance with 45 CFR (f)(2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and

- a. Staff will promote preventive health by linking them to existing resources.
- b. Encouraging parent to take children to all scheduled appointments.
- c. Encourage parent to serve on Health Advisory Council.
- d. Helping parent be an advocate for their child and involved in all health care.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICE

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(e)(5)

PERSON RESPONSIBLE: FAMILY ADVOCATE
EDUCATION STAFF
HOME VISITOR
HEALTH SERVICE SPECIALIST/ASSISTANT

TIME FRAME: JUNE 1- MAY 31

RATIONALE: Individual pattern of growth and individual learning style. Children
With disabilities may require a particular set of special services.

RESOURCES: Parents, Local School System, Health Department, Medical/Dental
Providers and Health Advisory .

OPERATIONAL PROCEDURE:

1304.20(e)(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must obtain written documentation of the refusal.

- a. Staff will work with parent to encourage them to give consent in writing for their child to participate in all health services offered.
- b. Staff will work with parent when they refuse services to explain the purpose and Benefits their child would receive.
- c. Staff will serve a liaison between parents and provider.
- d. Staff will have parent sign refusal for service in writing if the parent refuses service after staff explaining reason and benefit of service being offered.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICE

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(f)(1)

PERSON RESPONSIBLE: FAMILY ADVOCATE
EDUCATION STAFF
HOME VISITOR
DISABILITIES COORDINATOR
HEALTH SERVICE SPECIALIST

TIME FRAME: JUNE 1- MAY 31

RATIONALE: Each child has an individual pattern of growth and individual learning style. Some children will require special education services. However, children with disabilities may require a particular set of special services.

RESOURCES: Parents, School System, Part C, Medical Provider and Health Advisory

OPERATIONAL PROCEDURE:

1304.20(f)(1) Individualization of the program. (1) Grantee and delegate agencies must use the information from the screening for developmental sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.

- a. Staff will build upon results of screening, observations, and evaluations, activities are tailored, curriculum adapted, and the physical environment modified To support each child's learning style, and to be responsive to differences in style.
- b. An IEP or IFSP will be developed in conjunction with the consent of the parent.
- c. Disabilities Coordinator will work with parent and staff .
- d. Disabilities Coordinator will track all disabilities services.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICE

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(f)(2)(i)

PERSON RESPONSIBLE: EDUCATION STAFF
HOME VISITOR
DISABILITIES COORDINATOR

TIME FRAME: JUNE 1- MAY 31

RATIONALE: Services for infants and toddlers with disabilities and their families.
IFSP developed

RESOURCES: Parents, Part C, Disabilities Act, local school system, and health
Advisory

OPERATIONAL PROCEDURE :

1304.20(f)(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:

- a. The Individual Family Service Plan reflects the kinds of intervention strategies and services the family believes will ensure major outcomes for the child and family.
- b. Each IFSP is written and developed by a multi disciplinary team including parent Or guardian.

1304.20(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (part c) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal Govt.

- a. Staff will assure development of IFSP This step in family centered process of early Intervention that emphasizes respect for family autonomy, independence, and decision-making and the development of partnerships between families and professionals to meet individual needs of each child with disabilities.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICE

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20(f)(2)(ii)

PERSON RESPONSIBLE: EDUCATION STAFF
EARLY CHILDHOOD SUPERVISOR
DISABILITIES COORDINATOR

TIME FRAME: JUNE 1 - MAY 31

RATIONALE: Enrolled families with infants and toddlers suspected of having a disability are promptly referred to local early intervention by Part C

RESOURCES: Early Intervention Part C, School System and Health Advisory

OPERATIONAL PROCEDURE:

1304.20(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local Early Intervention Agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

- a. Staff will help parents understand their rights, including the right to participate in the development of the IFSP and right to approve or disapprove it.
- b. Staff will help parents gather preliminary information, such as pregnancy and birth Histories, health records, and developmental observations that will assist in Assessing child's needs.
- c. Staff will help parent to understand the process of assessment and diagnosis, The findings;
- d. Staff will help parents come to terms with fears, concerns and needs.
- e. Staff will help parents articulate the family's immediate and long-range Intervention strategies and service priorities; and
- f. Staff will help parents learn how services from more than one agency can be

coordinated.

HEALTH WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND DEVELOPMENTAL SERVICE

PERFORMANCE OBJECTIVE: DETERMINING CHILD HEALTH STATUS
1304.20 (f)(2)(iii)(iv)

PERSON RESPONSIBLE: EDUCATION STAFF
EARLY CHILDHOOD SUPERVISOR
DISABILITIES COORDINATOR

TIME FRAME: JUNE 1 – MAY 31

RATIONAL: Participation in development and implementation of IEP for pre school

RESOURCES: Part C, School System, Parents and health advisory

OPERATIONAL PROCEDURE:

(iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities and

- a. Regulation for Part C of IDEA require the transition of infants and toddlers from Part c services to preschool services to be addressed.

1304.20(f)(2)(iv) They participate in the development and implementation of Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19

- a. Transition of infants & toddlers from part C to IDEA to Head Start will include:
 - 1. Training of parents for transition issues, including future placement and long Range goals.
 - 2. Preparation of each infant or toddler with disabilities for changes in service delivery.
 - 3. Staff will discuss with parents about IEP developmental process.
 - 4. Staff will develop a transition plan at least six months before child's third

Birthday.