

STANDARD	GOAL	OBJECTIVES	SPECIFIC TASKS/ACTIVITIES	PERSON RESPONSIBLE	TARGET DATE
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			(d) Ensuring the health plan is meeting the needs of the children. (e) Review the nutrition program.		
1304.20	Child Health and Developmental Services	(a) Determining Child Health Status (a) Screening for Developmental, Sensory, and Behavioral Concerns (b) Extended Follow-up and Treatment (c) Ongoing Care (d) Involving Parents (e) Individualization of the Program			

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1304.20(a)(1) (i) Related 1304..20(e) (4) 1304.40(f)(2) (i)	(a) Determining child health status	<p>(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a) (2) of this section) from the child’s entry into the program(for the purposes of 45 CFR 1304.20(a)(1),,45CFR1304.20(a)(2),and45CFR1304.20(b)(1), “entry” means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:</p> <p>(i)Make a determination as to whether or not each child has a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;</p>	<p>1. Ensure that each child has a source of continuous accessible health care available. Interview the parent and fill out a child health history questionnaire as provided on the Child Health Record Form.</p> <p>2. If it is determined there is not a source of ongoing health care, assist parents in accessing a source of care by arranging for a medical or dental examination.</p> <p>3. Ensure that each child visits his health care provider on a schedule of preventive and primary health care to ensure that problems are quickly identified and addressed.</p> <p>4. Encourage parents to be as involved as possible in their child’s health care.</p>	Health Coordinator School Nurse Mental Health Coord.	Within 45-90 calendar days of enrollment

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1304.20(a)(1) (ii)		(ii) 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 and Periodic Screening, Diagnosis, and 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 Services Advisory Committee that are based on prevalent community health problems:	<ol style="list-style-type: none"> Obtain medical and dental records of children who have been examined within the last six months, and place a copy in the child's health record. Parents may bring these records to the program if they desire. Complete a Child Health Record form on each child. Ensure all screenings, examinations, follow-up visits, treatment, medications, and immunizations are documented. 	Health Coordinator School Nurse Mental Health Coordinator	Within 45-90 Calendar Days of Enrollment

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1304.20 (a)(1) (ii)(A) related 1304.20(a)(2)		(A) 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 the necessary arrangements to bring the child up-to-date;	<div>1. Arrange medical and dental examinations, by the appropriate health professionals on children who are not up-to-date on an age appropriate schedule of well child care. This should be complete within 45-90 calendar days of enrollment. Parents are strongly encouraged to be present during these procedures.</div> <div>2. A dental screening will be available on site for those children who do not have Medicaid or private insurance.</div> <div>3. A complete medical check-up will be available on site for those children who do not have Medicaid or private insurance.</div> <div>4. Complete all immunizations required on children</div>	Health Coordinator School Nurse	Within 45-90 Calendar Days of Enrollment

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1304.20(a)(1) (ii)(B)		(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	<div>1. Assist parents with scheduling appointments and transportation</div> <div>2. Provide support to ensure that appointments are kept</div> <div>3. Emphasize to parents the importance of well childcare, early detection of a problem and intervention.</div>	Health Coordinator School Nurse	August 2012 – May 2013

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1304.20(a)(1) (ii)(C) related 1304.51(g) 1304.20(f)		(C)Grantee and delegate agencies must establish procedures to track the provision of health care services.	<ol style="list-style-type: none"> 1. Maintain a current Health Tracking sheet showing up-to-date information about each child. District wide EDP system 2. When preventive and /or corrective care needs are identified assure that such care is arranged 3. When necessary, results of examination or treatment become a part of the child health record 4. Maintain health records in a locked file cabinet with limited access, and keep the records confidential at all times 	Health Coordinator School Nurse	August 2012 - May 2013

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1304.20(a)(1) (iii)&(iv)		(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 (iv) Develop and implement a follow-up plan for any condition identified in 45CFR 1304.20(a) (1) (ii) and (iii) so that any needed treatment has begun.	1. Communicate regularly with parents and staff, to ensure examinations or treatments have taken place. 2. Ensure that parents know how to move in the referral process for follow-up-care.	Health Coordinator School Nurse	August 2012– May 2013
1304.20 (a)(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.	N/A		

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1304.20(b)(1) related 1308.6	(b) Screening for developmental , sensory, and behavioral concerns.	(1) In collaboration with each child’s parent, and within 45 calendar days of the 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.	<ol style="list-style-type: none"> 1. Weigh and measure each child twice during the school year, recording the height and weight on the graphs and forms provided in the Child Health Record. Blood Pressure readings will also be taken. 2. Screen children for vision using the Snellen E Chart, or HOTV according to each child’s development. Parents are notified of any abnormal results and a referral is made. 3. Screen children for hearing problems with the Beltone Audiometer using the Pure Tone Sweep Check. Parents are notified of any abnormal results and a referral is made. 4. An accurate hemoglobin or hematocrit will be obtained on each child as 	<p>Health Coordinator School Nurse</p> <p>Health Coordinator School Nurse Classroom Teacher Mental Health Coord.</p> <p>Health Coordinator School Nurse</p>	<p>Within 45-90 calendar days of enrollment</p> <p>Within 45-90 calendar days of enrollment</p> <p>Within 45-90 calendar days of enrollment</p> <p>August 2012 – May 2013</p>

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1304.20(b)(2) related 1304.24(a)(3)(i)		(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.	Mental Health Professional will collaborate with Head Start Staff in identifying children needing further evaluation.	WOCCISD Special Education Component Coord. Mental Health Prof.	August 2012 – May 2013

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1304.20 (b)(3)		(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.	<p>1. Teachers perform a Davis Observational Checklist to help identify possible speech problems.</p> <p>(a) If during parent interview, question 37 is answered yes or the teacher feels further testing is necessary a referral is made to the WOCCIS D Special Education Department.</p> <p>2. Observe children for handicapping conditions, and screen for such conditions during medical exams.</p> <p>3. Observation using social/emotional check list.</p> <p>4. Classroom observations.</p> <p>5. Record all screening and examination results in the Child Health Record,</p>	Mental Health Coord. Health Coordinator School Nurse Head Start Teacher Head Start Assistant WOCCISD Sp. Ed.	August 2012 – May 2013

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1304.20(c)(1)&(2) related 1304.40(f)(2)(ii) 1304.20(e)(4)	Extended follow-up and treatment	<p>(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.</p> <p>(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.</p>	<p>1. Assist parents with transportation if necessary.</p> <p>2. Assist parent in obtaining prescribed medications, aids or equipment for medical and dental conditions.</p> <p>3. Request all follow-up forms be completed by Doctor/Dentist and returned to school.</p>	Health Coordinator School Nurse	August 2012– May 2013

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1304.20(c)(3) (i)(ii) related 1304.23(b)(3)		(3) Dental follow-up and treatment must include: (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 (ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.	1. Ensure that each child needing dental follow-up is treated by a dentist. 2. Assist parents with making the appointment and transportation if needed. 3. Ensure children brush their teeth in conjunction with meals at school. 4. Make available Fluoride Varnish treatment in partnership with LIT dental hygienist program in Fall and Spring	Health Coordinator School Nurse Classroom Teacher Classroom Assistant	August 2012- May 2013
1304.20(c)(4)		(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)	1. IEP recommendations will be followed re: any medical needs deemed necessary as result of screenings and or information provided in Child Health Record	Health Coordinator School Nurse Classroom Teacher Director of Special Ed.	August 2012-May2013

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1304.20(c)(5) related 1304.41(a)(2)		(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.	1. Seek out other funding sources to provide follow-up treatment including: private physician, dentist, Medicaid, UTMB Clinic, private insurance, Lions Club, Commission for the Blind, and Orange Service League.	Health Coordinator School Nurse	August 2012– May 2013
1304.20 (d)	Ongoing Care	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.	1. Observe children throughout the day for any new or recurring medical, dental, emotional, behavioral, or developmental concerns. 2. If any concerns are noted they will be quickly addressed and referrals will be made if necessary.	Health Coordinator School Nurse Mental Health Coord. Classroom Teacher Classroom Assistant	August 2012 – May 2013

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1304.20 (e)(1) related 1304.40(f)(2)(i) (iii)	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: (1) Consult with parents immediately when child health or developmental problems are suspected or identified;	<ol style="list-style-type: none"> 1. Parents will be contacted when a health problem is suspected 2. Encourage parents to prepare their child for health and developmental procedures as this will help to reduce the anxiety level and increase the comfort level. 	Health Coordinator School Nurse	August 2012 – May 2013

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1304.20(e)(2)		(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;	<ol style="list-style-type: none"> 1. Explain the nature and reason for all screening and examinations, as well as results with the parent. 2. Discuss at orientation prior to the beginning of school the health program services. Provide the parents with community resources and names of health providers. 3. Secure permission form signed by the parent or guardian, before beginning health services. 4. Prepare a summary of health form at the end of the program service year to be sent home with the child. 	Health Coordinator School Nurse	August 2012 – May 2013

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1304.20 (e)(3)		(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;	1. Discuss with parents the appropriate way to explain to their child each procedure (at the child's level of understanding) prior to the screening or exam.	Health Coordinator School Nurse	August 2012 – May 2013
1304.20(e)(4)		(4) Assist parents in accordance with 45 CFR 1304.40(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	1. Encourage parents to be active in their child's health care and explain the importance of preventive care for the entire family. 2. Provide parents with information about community resources.	Health Coordinator School Nurse	August 2012 – May 2013
1304.20 (e)(5)		(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.	1. Obtain written documentation of a parent or legal guardian refusing medical and/or dental services.	Health Coordinator School Nurse	August 2012– May 2013

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1304.20 (f)(1) related 1308	(f) Individualization of the program.	(1) Grantee and delegate agencies must use the information from the screenings 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.	1. Support individualization of all children. 2. Ensure that when necessary an IEP is developed and started as soon as possible.	All Staff	August 2012 – May 2013
1304.20 (f)(2) (i)(ii)(iii)			At this time we do not serve infants and toddlers		
1304.20(f)(2) (iv)		(iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.	Parents are encouraged to participate in ARD meetings.	WOCCISD Special Ed. Classroom Teacher Classroom Assistant	August 2012– May 2013
1304.22	Child Health and Safety	a. Health Emergency Procedures b. Conditions of Short-Term Exclusion and Admittance c. Medication Administration d. Injury Prevention e. Hygiene f. First Aid Kits			

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1304.22(a)		(a) Health emergency procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:	<ol style="list-style-type: none"> 1. Prepare and post a plan for medical and dental emergencies and how they will be treated. 2. All teachers and assistants are trained/certified in CPR and 1st Aid. 3. Health and Safety education is integrated into activities that are on-going in the classroom as well as other program events. Field trips to local hospital, fire and police stations, as well as presentations such as “Good Medicine, Bad Medicine & Sparky the Fire Dog”. 4. Special health and safety presentations/ workshops are scheduled for parents throughout the year. 	Health Coordinator Teachers Parent Involvement Coordinator Nurse	August 2012 – May 2013

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1304.22 (a)(1)(2)(3)(4)		<p>(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;</p> <p>(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;</p> <p>(3) Posted emergency evacuation routes and other safety procedures for emergencies(e.g., fire or weather-related) which are practiced regularly(see 45 CFR 1304.53 for additional information);</p> <p>(4) Methods of notifying parents in the event of an emergency involving their child; and</p>	<p>1. Policies and plans for emergencies are posted. Emergency first aid kits are provided in each classroom.</p> <p>2. Emergency numbers are posted in each room, and the location of phones is made known to staff as well as evacuation routes.</p> <p>3. Parental consent forms for emergency treatment is included in the district and health folders. Parents are notified by phone or home visits in the event their child requires emergency treatment.</p> <p>4. First Aid kits will be restocked after each use. An inventory list will be provided to each class so that an inventory of supplies can be conducted monthly. Expiration dates of supplies will</p>	Health Coordinator School Nurse Local health agencies: Red Cross Staff	August 2012 – May 2013

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1304.22(a)(5)		(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.	FFG (Legal)-P Family Code 261.101	All Staff	August 2012– May 2013
1304.22(b)(1)(2) related 45CFR 1308.4(a)(c)	(b) Conditions of short-term exclusion and admittance.	(b)(1)(2)	Refer to WOCCISD FFAD Communicable Diseases	Health Coordinator School Nurse	August 2012– May 2011
1304.22(b)(3) related 45CFR 1304.40(f)(2)(iii)		Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program’s confidentiality policy.	When parents are interviewed and a Child Health Record is filled out parents are encouraged to share any health or safety needs of their child. We follow the district confidentiality policy found in FL(Legal)	All Staff	August 2010 – May 2011
1304.22 (c)(1-6)	(c) Medication Administration	Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:	Refer to WOCCISD FFAC (H) – Medical Treatment Parents will be encouraged to give the 1 st dose of medication at home so that any reaction can be observed by the parent. The child’s classroom teacher/assistant will watch for any changes in the child’s normal behavior patterns or physical reaction. If changes are noted they will be recorded and	School Nurse Teaching staff	