

**CITY OF SAN ANTONIO
INTERDEPARTMENTAL MEMORANDUM
SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

TO: Mayor and City Council

FROM: Fernando A. Guerra, MD, MPH, Director of Health

THROUGH: Terry M. Brechtel, City Manager

COPIES: Frances A. Gonzalez, Assistant City Manager; City Attorney's Office; Office of Management and Budget; Finance Department; Project; File

SUBJECT: ORDINANCE APPROVING HEALTH SERVICES AGREEMENT WITH PARENT CHILD, INCORPORATED

DATE: May 6, 2004

SUMMARY AND RECOMMENDATIONS

This ordinance authorizes the City Manager to renew the annual contract with Parent/Child Incorporated (PCI) under which the San Antonio Metropolitan Health District (SAMHD) will continue to provide physical examinations and dental evaluations on a fee-for-service basis for children enrolled in PCI programs. The term of the agreement is March 1, 2004 through January 31, 2005. This ordinance will further allow residual project funds from the previous year to be carried over, establish a new fund, adopt the project budget, approve the personnel complement and authorize payments for contractual services.

Staff recommends approval.

BACKGROUND INFORMATION

PCI is a non-profit community agency formed to provide community day care services for residents of San Antonio and Bexar County. PCI provides services in connection with the Head Start Program, Early Head Start Program, and the Registered Family Day Homes Program.

The Head Start Program is a federally-funded program whereby PCI provides day care, education, child development, nutrition and social services, health and disability assessment and parent involvement, both on a full and part-time basis. This program is designed to serve low income families with children up to age five.

The City, through the SAMHD, provides health screenings for children enrolled in the various programs of PCI. These screenings are required by Federal Guidelines for such day care and

child development service programs. These assessments are necessary to ensure that the children evaluated are channeled into an appropriate health care resource to resolve any health complications found in the assessment. Families utilizing the programs and services described above do not have the financial resources to obtain such health evaluation services through the private medical community.

The SAMHD has been providing physical examinations and dental evaluations on a fee-for-service basis for children enrolled in PCI programs since 1993. Last year, over 2,500 children received physical exams and over 8,000 dental evaluations were performed.

Under this renewed contract, PCI will pay up to \$129,500.00 for an estimated 4,000 physicals and 10,000 dental evaluations for enrollees and up to 200 TB tests for volunteers and staff. As part of the contract SAMHD will pursue third-party payors (Medicaid and Children's Health Insurance Program) for any services rendered to eligible children and will reimburse PCI the exam fees charged for any PCI enrollee on whom the SAMHD is able to collect fees. This will generate estimated revenue of \$42,500.00.

The residual project funds to be carried over from the previous year are approximately \$10,000.00 and will be transferred, when ascertained, into the PCI Health Services Project 2004/2005 account, bringing this year's budget total to \$182,000.00. This is \$20,000.00 less than last year's budget due to more parents accessing private physicians for their children's health care needs. Funding is also included for contract dentist and dental hygienist fees, and contract physician and nurse practitioner fees, for services to augment SAMHD staff

The personnel complement remains at eight (8) positions, the same as last year.

POLICY ANALYSIS

This ordinance follows the City practice of utilizing Federal, State and other funds to provide public health services for the residents of our community.

FISCAL IMPACT

This ordinance provides SAMHD \$182,000.00 to renew the ongoing health services relationship with PCI for the period March 1, 2004 through January 31, 2005.

This project will place no demands on the City General Fund.

COORDINATION

The City Attorney's Office and the Office of Management and Budget, Risk Management Division have reviewed and approved the agreement with PCI. The Finance Department has approved the proposed project budget.

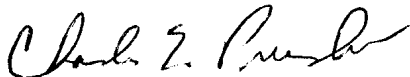
SUPPLEMENTARY COMMENTS

Although the 2003/2004 contract with PCI was extended thirty (30) days at PCI's request to end February 29, 2004, the final version of the 2004/2005 contract for this activity with PCI was not approved by both sides until mid April. Contract negotiations between PCI and SAMHD staff were necessary to address minor modifications in service operations and staffing patterns.

Provisions of the Ethics Ordinance do not apply.

Attachments:

- Attachment I: PCI Health Services Project 2004/2005 Budget and Personnel Complement
- Attachment II: Contractual Services Agreement, with Attachments



Fernando A. Guerra, MD, MPH
Director of Health



Frances A. Gonzalez
Assistant City Manager

APPROVED:



✱ Terry M. Brechtel
City Manager

Attachment I

**PCI Health Services Project 2004/2005
Fund and Project No. 26-012266
Budget for period: 03/01/04 to 01/31/05**

INDEX	ESTIMATED REVENUES	OBJ-CODE	BUDGET	
086819	PCI Contract-Medical		\$ 105,500	
086967	PCI Contract-Dental		24,000	
087106	Health Insurance Reimbursements		42,500	
136218	Transfer from 26-012237		10,000	
	TOTAL ESTIMATED REVENUES:			\$ 182,000
APPROPRIATIONS				
683805	Regular Salaries & Wages	01-010	118,974	
684035	Language Skill Pay	01-119	600	
684175	Social Security	01-030	9,102	
684316	TMRS	01-040	3,217	
686188	Group Health Insurance	01-050	10,096	
686683	Life Insurance	01-051	42	
687301	Workers' Disability Compensation	01-060	500	
688499	Personal Leave Buy Back Pay	01-072	500	
	Total Personnel:			143,031
688630	Mail and Parcel Post Service	02-113	400	
688770	Car Expense Allowance	02-130	800	
688911	Fees to Professional Contractors-Dentist	02-160	24,000	
689059	Fees to Professional Contractors	02-160	5,000	
689190	Temporary Services	02-161	500	
	Total Contractual:			30,700
689331	Office Supplies	03-210	2,400	
689471	Chemicals, Medical & Drugs	03-228	4,869	
689612	Tools, Apparatus & Accessories	03-232	500	
	Total Commodities:			7,769
689778	Machinery and Equipment-Other	05-373	500	
	Total Capital Outlay:			500
	TOTAL APPROPRIATIONS:			\$ 182,000

Fund Only Index: 004468

Organization Code: 36-06-23

PERSONNEL COMPLEMENT				
Class No.	Title	# of Current Positions	Add (Deduct)	Revised Positions
0239	Public Health Aide	0	1	1
0239	Public Health Aide (.5 FTE)	3	(1)	2
0243	Public Health Nurse Practitioner (.5 FTE)	1	0	1
0244	Senior Public Health Nurse	1	0	1
0244	Senior Public Health Nurse (.5 FTE)	1	0	1
0261	Senior Public Health Physician (.5 FTE)	0	1	1
0262	Public Health Physician (.5 FTE)	1	(1)	0
0985	Case Aide	1	0	1
	Total Personnel:	8	0	8

STATE OF TEXAS

§
§
§**CONTRACTUAL SERVICES
AGREEMENT**

COUNTY OF BEXAR

This AGREEMENT is entered into by and between the City of San Antonio (hereinafter referred to as "City") acting by and through the San Antonio Metropolitan Health District (SAMHD), and Parent/Child Incorporated acting by and through its designated representative, Blanche A. Russ-Glover, Chief Executive Officer, (hereinafter referred to as "PCI") pursuant to Ordinance No. _____ passed and approved on _____.

I. STATEMENT OF PURPOSE

1.1. Parent/Child Incorporated, herein referred to as PCI, is a non-profit community agency formed to provide community day care services for residents of San Antonio and Bexar County. The Board of Directors of the corporation is composed of residents of the community, and the Chief Executive Officer is selected to administer the services and programs of PCI.

1.2. PCI provides services in connection with the Head Start Program, Early Head Start Program, and the Registered Family Day Homes Program.

The Head Start Program is a federally-funded program whereby PCI provides day care, education, child development, nutrition and social services, health and disability assessment and parent involvement, both on a full and part-time basis. This program is designed to serve children ages 0 to 5 years whose parents' income meets Administration for Child, Youth and Families Guidelines.

1.3. The City, through the San Antonio Metropolitan Health District (SAMHD), will provide health screening for children enrolled in the various programs described above (referred to hereinafter as PCI enrollees). These screenings are required by federal guidelines for such day care and child development service programs. These assessments are necessary to ensure that the children evaluated are channeled into an appropriate health care resource to resolve any health complications found in the assessment. Families utilizing the programs and services described above do not have the financial resources to obtain such health evaluation services through the private medical community.

II. PERFORMANCE BY CITY

City agrees:

2.1. To conduct physical examinations on PCI enrollees who have the appropriate consent forms and other necessary paper work (see Section III); refer the enrollee to the appropriate health care system, if necessary; conduct tuberculosis skin tests on PCI staff members and volunteers, on a fee-for-service basis; and consult with PCI staff to develop policy.

2.2. To conduct physical examinations at the appropriate PCI center or SAMHD clinic facility as agreed upon by mutual consent. The type of service to be provided by SAMHD shall dictate at which location said services are to be administered.

2.3. For the period March 1, 2004 through July 31, 2004 and December 1, 2004 through January 31, 2005 the SAMHD will provide up to four (4) 6.5 hour clinic days per month, with no more than 72 examinations to be done on any 6.5 hour day. Physical examinations will be scheduled at least one month in advance and at mutually agreed times between the SAMHD and PCI.

- 2.4 For the period August 1, 2004 through November 30, 2004 the SAMHD will provide appropriate examinations, up to 6.5 hours per day, on Tuesday, Wednesday, and Thursday; with no less than 37 and no more than 72 physical examinations to be done on any 6.5 hour day and with the day beginning at 9:00 a.m. During this time period, the SAMHD will be responsible for conducting vision and hearing screenings and will refer to the appropriate resource for follow-up, if necessary.
- 2.5 The SAMHD will provide initial dental evaluations for PCI enrollees during the term of this agreement. For clinical treatments, a session will consist of five (5) enrollees. Morning sessions will start at 9:00 a.m. and afternoon sessions start at 1:00 p.m., respectively. Enrollee must have a signed consent form and health history from their parent or guardian to receive service.
- 2.6 The SAMHD will provide PCI with a list of SAMHD clinic hours and locations indicating availability of immunization services. PCI will be responsible for assessing enrollee immunization records and for referring enrollee's parents to medical providers to obtain for needed immunizations for their enrolled children. The SAMHD will assist PCI in training and technical support, as necessary, to PCI personnel.
- 2.7 The SAMHD will provide technical assistance to PCI in developing health, sanitation and infection control policies and directives.
- 2.8 To complete PCI Form 3 (Attachment I) for Screenings, Physical Examination and Assessments conducted on the PCI enrollee and complete PCI Form 5 (Attachment II) for Dental screenings, examinations, and treatments conducted on PCI enrollee. Enrollee's individual Medicaid number will be provided as applicable.
- 2.9 To provide written referral or written correspondence to the enrollee's parent explaining abnormal findings, when they are found. These forms will be given to PCI staff to be forwarded to parents.
- 2.10 To bill Medicaid, CHIP or other third party payors, and retain proceeds for use in providing services, for all health screening, physical and dental clinic visits done on children who are Medicaid recipients, CHIP or who are covered by other third-party payors.
- 2.11 To comply with any and all other conditions, covenants, provisions and/or requirements contained herein requiring performance by City.

III. PERFORMANCE BY PCI

PCI agrees:

- 3.1 To refer PCI enrollees to SAMHD to receive one or more of the services described in Section 3.5.
- 3.2 To transport PCI enrollees to the required designated location to receive the services herein described as required by SAMHD and to honor, in so far as possible, commitments to deliver promised number of patients at the prescribed times.
- 3.3. To conduct basic administrative functions regarding PCI enrollees including but not limited to providing PCI medical charts, name, social security number, home address, home telephone number, and parent's work number at time of exam and providing monthly reports on follow-up of referrals and allowing regular audits of medical charts as felt necessary by SAMHD to verify that follow-ups were performed.

- 3.4. To defer to the provider (Physician and/or Nurse Practitioner) for determination of the appropriate timeframe for follow-up as indicated in the referral information.
- 3.5. To obtain the required consent form(s) (including but not limited to consent for the general physical exam, dental checkup and care, and laboratory tests) from the parent or legal guardian of PCI enrollees, enabling SAMHD to administer the medical and dental services required, and to have these forms present at the time of the exam or treatment.
- 3.6. To obtain from PCI enrollee's parent or legal guardian pertinent medical history to be present at the time of exam or treatment, including record of any current medical conditions for which the child is being followed, and a record of any medications the child is currently taking prior to the time services are rendered by SAMHD.
- 3.7. To provide Medicaid, CHIP or other third-party insurance information on PCI enrollees to the SAMHD, and to make every effort to encourage enrollment of potential eligible children to third party funding program.
- 3.8. To certify that all costs herein provided for reimbursement to SAMHD are allowable costs under the grant guidelines under which PCI operates.
- 3.9. To pay for services rendered by SAMHD, on a monthly basis, in accordance with the provisions contained in Section VI.
- 3.10. To designate a staff member of PCI to coordinate appointments with SAMHD staff. PCI will notify SAMHD staff at least 24 hours in advance of any cancellations or changes in scheduling.
- 3.11. To comply with all conditions, covenants, provisions and requirements contained herein requiring performance by PCI.
- 3.12. To provide adequate staff, as outlined by the Texas Department of Protective and Regulatory Services (TDRPS) guidelines for adult to child ratio for field trips, to supervise children while they are in the SAMHD clinic waiting room, and to provide one PCI staff person per screening station to supervise children in the station during the exams and/or dental clinic visits. For the safety of the children, the clinic will stop services until adequate supervision is provided.
- 3.13. PCI will provide PCI staff assistance and supplies for dental screenings at PCI facilities.

IV. TERM

- 4.1. This contract shall commence on March 1, 2004, and shall terminate January 31, 2005 unless extension or earlier termination shall occur pursuant to the terms of this contract.

V. LOCATION

- 5.1. Services to be provided under this agreement will be provided at the appropriate PCI Head Start Center or SAMHD Clinic Facility as agreed upon by mutual consent of the City and PCI. The type of services to be provided by SAMHD shall dictate at which location said services are to be administered.
- 5.2. In the event PCI enrollee needs to be transported to a specific location to receive a certain service, PCI shall arrange for said transportation.

- 5.3 To ensure an environment that is conducive to providing health screenings for all PCI enrollees at PCI sites, PCI shall provide the following: 1 horizontal beam scale, as specified by the U. S. Department of Health and Human Services; 2 exam tables; 2 rooms that will provide privacy for performing unclothed physical exams, 1 room with a sink for performing lab procedures and 1 room for Vision and Hearing Screening which meets TDH standards for a vision and hearing screening environment. In the event the scale or exam tables need to be transported to a specific PCI location, PCI shall arrange for said transportation before the examinations are scheduled.

VI. BILLING

- 6.1 PCI shall pay City thirty-seven dollars (\$37.00) per physical examination performed on each PCI enrollee.
- 6.2 PCI shall pay City two dollars (\$2.00) per dental screening and twenty dollars (\$20.00) per dental clinic visit performed on each PCI enrollee.
- 6.3 PCI shall pay City ten dollars (\$10.00) per TB Skin Test performed on each PCI staff member and volunteer.
- 6.4 SAMHD will bill PCI on a monthly basis for services provided.
- 6.5 SAMHD will bill Medicaid, CHIP or other third party payors and retain proceeds for use in providing services for all health screening, physical and dental services performed on children who are Medicaid recipients, CHIP recipients, or who are covered by other third party payors. The City will not bill PCI the thirty-seven dollar (\$37.00) physical exam fee and the twenty dollar (\$20.00) dental clinic visit fee for each PCI enrollee under this agreement on whom the City is able to collect from a third party payor.
- 6.6 PCI shall remain liable for the payment of services rendered under this agreement until all such payments are made and received by City. PCI's liability is not reduced or diminished by any amount by a third party's failure to pay for services rendered hereunder.
- 6.7 In order to cover the direct cost of City staff committed to these services, PCI shall pay City sixty dollars (\$60.00) for every scheduled half-day clinic session that is cancelled with less than 24 hours notice.

VII. COMPLIANCE

- 7.1 City and PCI agree to comply with all federal and state laws regarding nondiscrimination in the execution of this agreement. In accordance therewith, City and PCI shall ensure that no person is denied benefits hereunder on the basis of race, color, national origin, religion, gender, age, handicap or political affiliation.

VIII. AMENDMENT

- 8.1 Amendments or modifications to this agreement may be initiated by either party hereto provided a ten (10) day written notice is given to the other party. No amendment, modification or alteration of the terms of this agreement shall be binding unless same be in writing, dated subsequent to the date hereof and duly executed and mutually agreed to by the parties to this agreement.

IX. ASSIGNING INTEREST

- 9.1 Both parties shall not transfer or assign any interest in this agreement without the prior written consent of the other party and approval by the San Antonio City Council by means of an ordinance.

X. INDEMNITY

- 10.1 **PCI covenants and agrees to FULLY INDEMNIFY and HOLD HARMLESS, the City and the elected officials, employees, officers, directors, volunteers and representatives of the City, individually or collectively, from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death and property damage, made upon the City directly or indirectly arising out of, resulting from or related to PCI's activities under this Contract, including any acts or omissions of PCI, any agent, officer, director, representative, employee, consultant or subcontractor of PCI, and their respective officers, agents, employees, directors and representatives while in the exercise of performance of the rights or duties under this Contract, all without however, waiving any governmental immunity available to the City under Texas Law and without waiving any defenses of the parties under Texas Law. IT IS FURTHER COVENANTED AND AGREED THAT SUCH INDEMNITY SHALL APPLY EVEN WHERE SUCH COSTS, CLAIMS, LIENS, DAMAGES, LOSSES, EXPENSES, FEES, FINES, PENALTIES, ACTIONS, DEMANDS, CAUSES OF ACTION, LIABILITY AND/OR SUITS ARISE IN ANY PART FROM THE NEGLIGENCE OF CITY, THE ELECTED OFFICIALS, EMPLOYEES, OFFICERS, DIRECTORS AND REPRESENTATIVES OF CITY, UNDER THIS CONTRACT. The provisions of this INDEMNITY are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity. PCI shall promptly advise the City in writing of any claim or demand against the City or PCI known to PCI related to or arising out of PCI's activities under this Contract and shall see to the investigation and defense of such claim or demand at PCI's cost. The City shall have the right, at its option and at its own expense, to participate in such defense without relieving PCI of any of its obligations under this paragraph.**
- 10.2 **It is the EXPRESS INTENT of the parties to this Contract, that the INDEMNITY provided for in this section, is an INDEMNITY extended by PCI to INDEMNIFY, PROTECT and HOLD HARMLESS, the City from the consequences of the CITY's OWN NEGLIGENCE, provided however, that the INDEMNITY provided for in this section SHALL APPLY only when the NEGLIGENT ACT of the City is a CONTRIBUTORY CAUSE of the resultant injury, death, or damage, and shall have no application when the negligent act of the City is the sole cause of the resultant injury, death, or damage. PCI further AGREES TO DEFEND, AT ITS OWN EXPENSE and ON BEHALF OF THE CITY AND IN THE NAME OF THE CITY, any claim or litigation brought against the CITY and its elected officials, employees, officers, directors, volunteers and representatives, in connection with any such injury, death, or damage for which this INDEMNITY shall apply, as set forth above.**

XI. RELATIONSHIP OF THE PARTIES

- 11.1 City and PCI mutually agree that PCI acts in the capacity as an independent contractor and that nothing contained herein shall be construed by either party hereto or by any third party as creating the relationship of principal and agent, partners, joint venture or any other similar such relationship between the parties hereto.

- 11.2 City and PCI understand and agree that neither party to this agreement has authority to bind the other or to hold out to third parties that it has the authority to bind the other.

XII. TERMINATION

- 12.1 City and PCI understand and mutually agree that this agreement may be terminated by either party upon giving thirty (30) days written notice, by certified mail, to the other party. Notice is said to be given when the written notice is received by the other party.
- 12.2 Termination of this agreement for any cause shall be without prejudice to any obligations or liabilities of either party accrued prior to such termination.

XIII. INSURANCE

- 13.1 PCI's financial integrity is of interest to the City, therefore, subject to PCI's right to maintain reasonable deductibles in such amounts as are approved by the City, PCI shall obtain and maintain in full force and effect for the duration of this Contract, and any extension thereof, at PCI's sole expense, insurance coverage written on an occurrence basis, by companies authorized and admitted to do business in the State of Texas and rated A- or better by A.M. Best Company and/or otherwise acceptable to the City, in the following types and amounts:

	TYPE	AMOUNT
1.	Workers Compensation Employers' Liability	Statutory \$1,000,000/\$1,000,000/\$1,000,000
2.	Commercial General (Public) Liability Insurance to include coverage for the following: a. Premises/Operations b. Personal Injury c. Contractual Liability d. Independent Contractor	For <u>Bodily Injury</u> and <u>Property Damage</u> of \$1,000,000 per occurrence; \$2,000,000 General Aggregate or its equivalent in Umbrella or Excess Liability Coverage
3.	Business Automobile Liability a. Owned/leased vehicles b. Non-owned vehicles c. Hired vehicles	<u>Combined Single Limit</u> for <u>Bodily Injury</u> and <u>Property Damage</u> of \$1,000,000 per occurrence
13.2	City agrees to provide evidence of self-insurance in liability amounts required under the Texas Tort Claims Act.	

XIV. ACCESS TO RECORDS

- 14.1 PCI, City or any duly authorized representative of each shall have access to any records, data or other information directly related to or generated as a result of the services provided hereunder for the purpose of conducting audits or examination.

XV. RETENTION OF RECORDS

- 15.1 City agrees to maintain financial records of or concerning the services provided hereunder for a period of three (3) years from the date of termination of this agreement.

- 15.2 City and PCI agree to maintain health records on PCI enrollees served hereunder until said person's twenty-first birthday.

XVI. CONFIDENTIAL INFORMATION

- 16.1 City and PCI hereby agree to maintain the confidentiality of any record directly related to or generated as a result of this agreement in accordance with all Local, State and Federal laws.

XVII. SUBSTANTIAL INTEREST

- 17.1. PCI acknowledges that it is informed that Texas law prohibits contracts between City and any local public official such as a City officer or employee, and that the prohibition extends to any officer or employee of City boards and commissions and to contracts involving a business entity in which the official has a substantial interest, as defined by Texas law, if it is reasonably foreseeable that an action on the matter would confer an economic benefit on the business entity.
- 17.2. PCI certifies, and this agreement is made in reliance thereon, that neither it, its individual officers, employees or agents, nor any person having a substantial interest in this agreement is an officer or employee of the CITY or any of its agencies, boards or commissions.

XVIII. DEBARMENT

- 18.1. PCI certifies that PCI is not debarred from entering into this agreement as defined by federal debarment guidelines.

XIX. NOTICES

- 19.1 For purposes of this agreement, all official communications and notices between the parties shall be deemed sufficient if in writing, mailed, certified mail, postage prepaid, to the addresses set forth below:

CITY

City of San Antonio
San Antonio Metropolitan Health District
332 W. Commerce, Suite 307
San Antonio, Texas 78205

and

City of San Antonio
City Clerk
P.O. Box 839966
San Antonio, Texas 78283-3966

PCI

Parent/Child Incorporated
Attention: Blanche A. Russ-Glover
P.O. Box 830407
San Antonio, Texas 78283-0407

XX. FULL AGREEMENT

- 20.1 This agreement is intended as a full and complete expression of and constitutes the entire agreement between the parties hereto with respect to the subject matter hereof, and all prior and contemporaneous understandings, agreements, promises, representations, terms and conditions, both oral and written are merged and incorporated into this agreement, and no such oral or written

understanding, agreements, promises, representations, terms or conditions not specifically set forth in this agreement shall be binding upon the parties.

XXI. AUTHORITY

- 21.1 The signers of this agreement, by placing their signature below, represent and warrant that they have full authority to execute this agreement on behalf of the respective party each represents.

XXII. SEVERABILITY

- 22.1. In case any one or more of the provisions contained this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

XXIII. CAPTIONS

- 23.1 The captions contained in this agreement are for convenience of reference only, and in no way limit or enlarge the terms or conditions of this agreement.

IN WITNESS OF WHICH THIS AGREEMENT HAS BEEN EXECUTED ON THIS THE _____ DAY OF _____, 2004, to be effective March 1, 2004.

CITY OF SAN ANTONIO

PARENT/CHILD INCORPORATED

Frances A. Gonzalez
Assistant City Manager

Blanche A. Russ-Glover
Chief Executive Officer

Date

Date

ATTEST:

Yolanda L. Ledesma
Acting City Clerk

APPROVED AS TO FORM:

Andrew Martin
City Attorney

CHILD HEALTH RECORD: FORM 3, SCREENINGS, PHYSICAL EXAMINATION/ASSESSMENT
**PART I. TO BE COMPLETED BY HEAD START
STAFF OR HEALTH CARE PROVIDER BEFORE
PHYSICAL EXAMINATION/ASSESSMENT**

CHILD'S NAME: _____ SEX: _____ BIRTHDATE: _____
 HEAD START CENTER: _____ PHONE: _____
 ADDRESS: _____

1. RELEVANT INFORMATION (from Health History, Parent/Teacher Observations):
2. SCREENING TESTS. Starred items (*) are required by Head Start and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, enter at a minimum "N", "S", or "A" for NORMAL, SUSPECT, OR ATYPICAL/ABNORMAL, respectively.

TEST	DATE	RESULTS	TEST	DATE	RESULTS
a. PRESENT AGE*		____ Yrs., ____ Mos.	g. VISION (Type of Test)*		
b. HEIGHT (no shoes, to nearest 1/8 in.)*			ACUITY, R/L		
c. WEIGHT (light clothing to nearest 1/4 lb.)*			RESCREENING		
d. BLOOD PRESSURE			STRABISMUS		
e. HEMATOCRIT or HEMOGLOBIN*			COMMENTS		
f. HEARING (Type of Test)*			h. OTHER TESTS (if indicated)		
RESULTS, R/L			(1) TB		
RESCREENING			(2) Sickle Cell		
COMMENTS			(3) Lead		
			(4) Ova & Parasites		
			(5) Urinalysis		
			(6) Other		

3. PHYSICAL EXAMINATION/ASSESSMENT. Complete and return top three copies to Head Start.

	NORMAL FOR AGE	ABNORMAL	NOT EVAL	COMMENTS (Use Additional sheet if necessary)
a. GENERAL APPEARANCE				
b. POSTURE, GAIT				
c. SPEECH				
d. HEAD				
e. SKIN				
f. EYES: (1) External Aspects (2) Optic Fundiscopic (3) Cover Test				
g. EARS: (1) External & Canals (2) Tympanic Membranes				
h. NOSE, MOUTH, PHARYNX				
i. TEETH				
j. HEART				
k. LUNGS				
l. ABDOMEN (include hernia)				
m. GENITALIA				
n. BONES, JOINTS, MUSCLES				
o. NEUROLOGICAL/SOCIAL (1) Gross Motor (2) Fine Motor (3) Communication Skills (4) Cognitive (5) Self-Help Skills (6) Social Skills				
p. GLANDS (Lymphatic/Thyroid)				
q. MUSCULAR COORDINATION				
r. OTHER				

a. GENERAL STATEMENT ON CHILD'S PHYSICAL STATUS:

Signature: _____ Date: _____

4. FINDINGS, TREATMENTS, AND RECOMMENDATIONS

ABNORMAL FINDINGS/DIAGNOSIS	TREATMENT PLAN	RECOMMENDED FOLLOW-UP OR RESULTS (Initial when complete)	DATE
a.			
b.			
c.			

**PART II. TO BE COMPLETED BY HEALTH CARE PROVIDER
DURING AND AFTER PHYSICAL EXAMINATION/ASSESSMENT**

FORM 5, DENTAL HEALTH[illegible]

**SAN ANTONIO METROPOLITAN HEALTH DISTRICT
PCI CHILD MEDICAL HISTORY**

Child's Name				DOB
(First)	(Middle)	(Last)		

Please answer all of the following questions, in ink pen, by circling YES or NO and give an explanation if necessary

- | | | |
|---|-----|----|
| 1. Has your child ever had a serious injury (burns, broken bones) or illness (asthma, seizures, frequent ear infections)?
If YES, explain: _____
_____ | YES | NO |
| 2. Have you ever been told your child has a heart murmur?
If YES, explain: _____
_____ | YES | NO |
| 3. Has your child ever been hospitalized or had any kind of surgery?
If YES, explain: _____
_____ | YES | NO |
| 4. Does your child have any allergies to foods, medications, or insects?
If YES, explain: _____
_____ | YES | NO |
| 5. Is your child taking any medications on a regular basis?
If YES, explain: _____
_____ | YES | NO |
| 6. Has there been any changes in the child's family life?
If YES, explain: _____
_____ | YES | NO |
| 7. Does anyone in the child's family have diabetes, epilepsy, asthma, or other chronic condition?
If YES, List condition and relationship to child: _____
_____ | YES | NO |
| 8. Do you have any concerns regarding your child?
If YES, explain: _____
_____ | YES | NO |
| 9. Does your child have a primary care physician?
If YES, what is his or her name?: Dr. _____ | YES | NO |

Parent/Guardian Signature: _____

Date: _____

DISTRITO METROPOLITANO DE SALUD DE SAN ANTONIO
HISTORIA MÉDICA DEL NIÑO DE P.C.I

Nombre del Niño	(Primero)	(Segundo)	(Apellido)	Fecha de Nacimiento
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Por favor de contestar todas las preguntas, con pluma, encerrando en un círculo SÍ o NO y de una explicación si es necesario.

- | | | |
|--|----|----|
| <p>1. ¿En cualquier tiempo ha tenido su niño una herida (camado, hueso roto) o enfermedad seria (asma, epilepsia, infección de oído)?
 Si responde que SÍ, explique: _____</p> | SÍ | NO |
| <p>2. ¿En cualquier tiempo le han dicho que su niño tiene un soplo cardíaco?
 Si responde que SÍ, explique: _____</p> | SÍ | No |
| <p>3. ¿En cualquier tiempo ha estado su niño internado o ha tenido alguna cirugía?
 Si responde que SÍ, explique: _____</p> | SÍ | No |
| <p>4. ¿Su niño tiene cualquier alergia a comidas, medicinas, o insectos?
 Si responde que SÍ, explique: _____</p> | SÍ | NO |
| <p>5. ¿Su niño está tomando alguna medicina regularmente?
 Si responde que SÍ, explique: _____</p> | SÍ | NO |
| <p>6. ¿Ha tenido cambios en la vida de cada día en la familia del niño?
 Si responde que SÍ, explique: _____</p> | SÍ | NO |
| <p>7. ¿Hay alguna persona en la familia del niño que tiene diabetes, epilepsia, asma, o otra condición crónica?
 Si responde que SÍ, explique: _____</p> | SÍ | NO |
| <p>8. ¿Tiene cualquier preocupación sobre su niño?
 Si responde que SÍ, explique: _____</p> | SÍ | NO |
| <p>9. ¿Tiene su niño médico primario o privado?
 Si responde que SÍ, ¿Qué es el nombre?: Doctor _____</p> | SÍ | NO |

Firma de Padre/Guardián: _____

Fecha: _____