



Lakeshore Little People's Place

Health Care Service Plan

---

# Health Care Service Plan

---

## INDEX

Hand Washing .....	3
Hand Washing Procedure .....	3
Universal Precautions.....	3
Handling Bodily Fluids.....	4
Blood Borne Pathogens.....	4
Cleaning and Sanitation .....	4
Gloving Procedure.....	4
Diapering Procedure .....	5
Potty Training.....	5
Bathrooms Visits.....	5
Administration of Medication for Children.....	6
Child Health Policy.....	6
Return of Children to Childcare After illness.....	7
Staff Health Policy.....	7
Accident or Injury.....	7
Incident Reports.....	7
Child Abuse/Neglect.....	8
First Aid Kits .....	8
Food Service and Nutrition.....	8
Special Occasions and Food Service .....	8
Integrated Pest Management Program .....	9
Environmental Health Provisions.....	9
Food Preparation Areas .....	9
Food and Equipment Storage .....	9
Food Supplies .....	9
Sanitization.....	9
Garbage and Refuse .....	9
Electrical Service.....	9
Ventilations and Screening.....	9
Additional Information Regarding Infant and Toddler Care .....	10
Sleeping Equipment.....	10
Infant Sleeping and Supervision.....	10
Infant Feedings .....	10
Toddler Feedings .....	10
Records.....	10
Parent Resource List .....	11

---

# Health Care Service Plan

---

**Hand Washing.** This is the primary prevention for the spread of disease and topical allergic reactions. Children wash their hands...

- Before eating.
- After using the restroom or having diaper changed.
- After wiping their nose.

Staff members wash their hands...

- Before eating and preparing foods.
- After personal bathroom use.
- After helping a child in the bathroom.
- After wiping noses.
- After any physical contact with a sick child.
- Before applying band-aids.
- Before diapering.
- After handling garbage, litter, diapers or soiled clothing.
- After applying sunscreen to a child before the next child's sunscreen is applied, even if gloves are worn.
- Between feeding each infant.

Note: Waterless antibacterial hand sanitizer may not be used in place of washing hands with running water.

## **Staff Hand Washing Procedure.**

- Have a clean, disposable or single-use towel available
- Turn on the water to a comfortable temperature between 60 to 120 degrees
- Moisten hands with water and apply liquid soap
- Rub hands together vigorously until a soapy lather appears and continue for at least 10 seconds. Rub between fingers, around nailbeds, under fingernails, jewelry and back of hands.
- Rinse hands under running water until they are free of soap and dirt. Leave the water running while drying hands.
- Dry hands with a clean, disposable paper or single-use cloth towel.
- If taps do not shut off automatically, turn taps off with the disposable paper or single-use towel.
- Throw the disposable towel in a lined trash container or place cloth towel in a laundry hamper or hang individually labeled towel to dry.
- Use hand lotion to prevent chapping, if desired.

**Universal Precautions.** Many communicable diseases can be prevented through appropriate hygiene and sanitation practices. Contamination of hands, toys, and other equipment in the room has appeared to play a role in the transmission of disease in child care settings. Illnesses may be spread by way of:

- Human waste, such as urine and feces
- Body fluids, such as saliva, nasal discharge, eye discharge, open skin sores, and blood
- Direct skin to skin contact
- Touching a contaminated object
- The air, in droplets that result from sneezes and coughs

Since many infected people carry communicable diseases without symptoms, and many are contagious before they experience a symptom, caregivers need to protect themselves and the children they serve by carrying out, on a routine basis, universal precautions and sanitation procedures that approach every potential illness spreading condition in the same way.

Because we cannot know who is infected, we must practice Universal Precautions. We must assume that every person and all body fluids are potentially infectious.

Staff members must evaluate the work environment for potential hazards such as broken toys or other "sharps" that may have edges that could puncture the skin. Safe work practices reduce the risk of exposure and include proper hand washing procedures, use of waste containers, proper disposal of contaminated objects, proper housekeeping procedures and proper food storage procedures.

# Health Care Service Plan

---

**Handling Bodily Fluids.** All actions involving potentially infectious materials should be performed in a manner that minimizes splattering, splashing, spraying, or generating droplets. Disposable gloves must be used as a barrier between your skin and any bodily fluid, especially when performing emergency care. All employees must wash their hands immediately even if gloves were used when caring for the other person. A mouth guard should be used when performing CPR. These are located within each first aid kit.

All surfaces or items that may have been contaminated are disinfected with household bleach diluted to one part bleach to ten parts water. Blood and body fluids, used bandages, contaminated 'sharps', and any item that may contain infectious material, and items with dried potentially infectious material are called regulated waste and must be placed in a sealed designated container. Contaminated clothing and other laundry is handled as little as possible. Employees should not rinse contaminated children's clothing after contamination by feces, urine or blood. Rather, place the articles in a plastic bag and seal it while wearing disposable gloves and return to parents upon pick-up. Immediately dispose of all other infected materials in the classroom including all materials used to clean contaminates and place them in the sealed designated container.

**Blood Borne Pathogens.** Many diseases are transferred from person to person through disease-carrying microorganisms (pathogens) that may be found in human blood, tissue, organs or other body fluids. Diseases that are of most threat are Hepatitis B (HBC), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV). A vaccination is available for HBC but there is no vaccination or cure currently available for HCV or HIV.

A direct infection occurs when infectious material splashes into or onto a person's eyes, mouth, cuts, abrasions or mucous membranes. Indirect infection occurs when infectious material first spills onto an object, such as a toy, and then finds its way into someone's body. Dry blood may be infectious for several days. If an employee thinks they, or a child, have been exposed, they must report the incident to the site director, document the way in which the exposure occurred and undergo a medical evaluation and follow-up. These arrangements will be made by the site director, but kept confidential between the health care professional and the employee.

**Cleaning and Sanitation.** Cleaning and sanitation creates a pleasing and healthy environment for parents, children and staff members. Three labeled spray bottles are kept in each room and out of the children's reach. The staff member who opens each classroom is responsible for making fresh bleach water every morning before the children arrive. The bleach water solution is 1 ½ Tablespoons per 1 gallon of water for cleaning classroom toys and outdoor toys. The bleach water solution for diapering areas and tables is ¼ cup bleach to one gallon of water. The bleach water solution for blood is 10 parts water to 1 part bleach. Use the guidelines on the pH strips packaging to periodically check the balance of the bleach to water. All food surfaces, diapering areas, cots, and toys are cleaned using the following three-step process:

- Step 1      Clean with soapy water and wipe clean
- Step 2      Spray with water and wipe clean
- Step 3      Disinfect with bleach water and let air dry if possible

**Gloving Procedure:**

- Step 1      Put on a clean pair of gloves.
- Step 2      Provide the appropriate care.
- Step 3      Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces of glove only to dirty surfaces of glove.
- Step 4      Ball-up the dirty glove in the palm of the other gloved hand.
- Step 5      With the clean hand strip the glove off from underneath at the wrist, turning the glove inside out. Touch clean surfaces only to clean surfaces.
- Step 6      Discard the dirty gloves immediately in the designated waste receptacle with lid. Wash hands.

# Health Care Service Plan

---

**Diapering Procedure.** Proper diapering is the key to keeping children healthy and the environment sanitary. It is important to check infants and young children on a regular basis for diapering to prevent diaper rash, unnecessary leaks and discomfort for the child. The following steps need to be taken when diapering and will be located in all diapering areas for review:

Before diapering a child, put on disposable gloves or wash hands thoroughly with soap and warm water. Dry hands with a paper towel and use it to turn off the water, then dispose of it.

- Step 1 Gather necessary changing supplies before starting the process.
- Step 2 Always use designated changing area. Check to make sure changing surface is clean and dry before laying the child down.
- Step 3 Remove the child's diaper and wash the child's bottom with baby wipes, wiping front to back. Repeat this process with a clean wipe as needed.
- Step 4 Pat the child's bottom dry.
- Step 5 Only use rash ointments if parents filled out a Medication Authorization Form
- Step 6 Dispose of the soiled diaper or pull-up and wipes in a closed-lid container with a plastic liner.
- Step 7 Wipe the young child's hands with a damp soapy paper towel, then dry them thoroughly or allow the child to wash their hands at the sink with soap if available and age appropriate.
- Step 8 Use the three step process (soapy water, water, and then bleach solution) to sanitize all surfaces of the changing area.
- Step 9 Wash hands again thoroughly with soap and warm water. Dry them and shut the water off with the paper towel before throwing it away.

**Potty Training.** Each child goes through the process of potty training. By approaching the process, for each child, on an individual basis, you will minimize frustration. Potty training begins when the child is ready. This happens anywhere from age 1 ½ to 3 ½ years. It is important to keep in mind that it varies from child to child. Below are guidelines to follow during the potty training process:

- Be sure the child is ready and introduce potty training.
- Discuss a plan with the child and parent.
- Set potty training guidelines that have consistency between home and LLPP.
- Staff will give progress reports to parents.

**Bathrooms Visits.** Below are guidelines that need to be followed while in the bathrooms:

- After each child uses the restroom, check the toilet and floors for cleanliness.
- Use disposable gloves and the three-step process to clean soiled areas; wash hands after handling the soiled material.
- Help the child wash their hands with soap and water and dry their hands thoroughly.
- Check to make sure facilities are clean (i.e. paper towels are thrown away, sinks and counters are wiped off and step stools are wiped down).
- Wash hands before leaving the bathroom.

The main door of each bathroom needs to remain open to meet safety and abuse prevention guidelines.

# Health Care Service Plan

---

**Administration of Medication for Children.** It is important to keep accurate records and take extra safety precautions when handling medications. Certain medications can cause allergic reaction or fatality for children who are not prescribed the medication. Call DeVos Children's Hospital Poison Control Center at 1-800-222-1222 and check the child's allergies if you see any new or unusual symptoms or reactions from a medication. (Staff will find allergies listed on the emergency form.)

All medication must be submitted in its original container with a completed Medication Authorization Form from a parent. Medical Authorizations Forms for oral medications should be updated every three months. The staff member who administers the medication logs the dosage, date, and time at which the medication was given and initials the entry. All medication should be placed out of a child's reach and stored according to the directions. When a child discontinues the medication, the medication should be handed to the parent or turned into the site director if the child is no longer in attendance. The medication forms should also be turned into the site director and placed in the child's permanent file. Medication that is stored for a period of time needs to have the expiration date checked frequently.

Any topical non-prescription medication, including but not limited to sunscreen, lotions, Chap Stick, diaper rash ointment etc. require written parental consent obtained by the Medication Authorization Form. Topical non-prescription medication, such as sunscreen, does not need a recorded time or amount documented. Written parental authorizations for topical items need to be updated yearly.

**Child Health Policy.** A green Health Appraisal form containing an immunization record and documentation of a physical exam signed by a physician must be on file with LLPP. The green Health Appraisal form must be on file at the time of enrollment and then updated annually for children under 2 ½ and every two years for children over 2 ½. Parents of school-age children can sign a Physical Exam Waiver form stating that their child is in good health and that their immunizations are up to date.

It is the policy of LLPP to notify the parents as soon as possible when changes in the child's health are observed. This will allow parents to give additional input on a child's condition and be involved in decision making regarding the child's care. Indicators of changes in a child's health are:

- Fever of or over 100 degrees.
- Diarrhea-two or more loose/watery stool without known cause (by teachers or staff). Exceptions: medication or new food reaction (call parents to confirm).
- Vomiting- any vomiting. Exception: babies that "burp up" following a feeding (consult parents for history).
- Unknown skin rash. These are often symptoms of communicable disease. Exception: Parent does not need to be notified of mild diaper rash that is already known to the parent. Rashes due to allergies or known medical conditions should be treated as instructed by parent and a notification call must be made with each episode.
- Irritability, lethargy, persistent crying that is not typical for the child.
- Difficulty breathing.

If a child becomes too ill to participate comfortably in activities or they need more care than the staff can provide, the child will be temporarily separated from other children and sent home as soon as possible. Parents are expected to pick up ill children within an hour of notification. Parents should notify the site director if a child in care has been diagnosed with a communicable disease. The site director will then post a Health Alert visible to all parents and report to the County Health Department the following illness:

- Chicken Pox
- Strep
- German Measles (Rubella)
- Measles (Rubeola)
- Mumps
- Hand, Foot & Mouth
- Head Lice
- Conjunctivitis (Pinkeye)
- Impetigo

# Health Care Service Plan

---

- Ringworm (Scalp or body)

**Return of children to childcare after illness.** If a child is too ill to participate in the regular activities of the classroom they should not return to care. Antibiotics must be administered for a 24-hour period and the child must be fever free for 24 hours prior to the child returning to the center. An exception to this is if a doctor's note is provided stating they can return to care. If a child has a communicable illness, the guidelines set in place by the Ottawa County Health Department will be followed regarding how long a child should be excluded from care. LLPP reserves the right to request a doctor's note before allowing a child to return.

**Staff Health Policy.** Staff is expected to stay at home if they are running a fever at or above 101 degrees or have excessive vomiting or diarrhea. Staff is also expected to stay home if they have a communicable illness.

**Accident or Injury.** All staff is trained in CPR and First Aid and AED. The following procedure should be followed in the event of an accident or injury:

- Remain calm and assess the situation.
- Do not move the child unless the environment is dangerous.
- Call 911 if needed.
- Seek help from co-workers. Never leave the child unattended.
- Contact the child's parents or an emergency contact person.
- Fill out Incident Report forms and report incident to the site director.

In the event of a medical emergency, staff will first try to reach parents and then the individuals listed on the Child Information Card. If these people cannot be reached, staff will seek medical care from the health care provider.

All staff involved must fill out an Incident Report including: the date and time of the incident, the time the parent was called and what the parent was told. The incident report should describe what happened in detail and what first aid was given to the child. If the injury requires medical attention, the site director will verbally report the incident to the licensor within 24 hours and complete a written Incident, Accident, Illness, Death or Fire Report from the Michigan Department of Social Services (DSS-4603) within 72 hours. **ANY medical care received as a result of accident or injury is considered emergency care even if brought in later by the parent, and the licensing consultant must be informed by above process.**

**Incident Reports.** It is important to document everything to provide appropriate/accurate records. If a child is injured while at LLPP, an Incident Report must be completed and the parent must be informed as soon as possible by phone, allowing parents to be informed and involved in the decision making process regarding the injuries. All injuries are documented. When filling out the form staff will use the child's first and last name. Descriptive language will be used when documenting the incident; what led up to the incident, the cause of injury and the actual injury. Staff will not name any other child involved in the accident or speculate if they did not see the incident.

The following is an example of how staff will fill out an Incident Report:

What happened	Cameron Jones was climbing up the slide as another child was sliding down the slide. The two children collided and Cameron bumped his head on the slide. A bump the size of a silver dollar occurred above his left eye.
What we did	Checked Cameron for other injuries. I made sure his eyes were not affected by having him follow my finger with his eyes. I applied ice to the bump and had him sit near a teacher until he felt ready to play. I called the parent at 10:05 informing them of the accident and I kept an eye on him during the day for nausea or sleepiness.

When the parent/guardian arrives to pick up the child, staff will have the parent/guardian sign the incident report. If the parent/guardian does not pick up the child, the incident report will not be sent home. Instead staff will call the child's parent/guardian and keep the incident report for the parent/guardian to sign the next time they are at the center. The parent/guardian keeps the white copy and the yellow copy is turned into the director. In the event of a medical emergency, staff will try to reach the parent/guardian and then the

# Health Care Service Plan

---

individuals listed on the child's information card. If a parent/guardian or emergency contact cannot be reached, staff will seek medical care from the child's health provider listed on the emergency card.

**Child Abuse/Neglect.** LLPP staff members are required by law to report suspected incidents of child abuse/neglect. If child abuse is suspected, staff members are legally mandated to make appropriate calls to authorities. If abuse by a relative is suspected, staff must **immediately** call Child Protective Services-Centralized Intake for Abuse and Neglect at **(855) 444-3911**. The information given by phone and report needs to be provided by the individual who actually has observed the injuries or had contact with the child regarding the complaint. Staff will also complete a Report of Actual or Suspected Child Abuse or Neglect (DHS 3200) and mail it to Centralized Intake for Abuse and Neglect, 5321 28<sup>th</sup> Street Court S.E., Grand Rapids, MI 49546. The document can also be faxed to 616-977-1154 or 616-977-1158 or emailed to DHS-CPS-CIGroup@michigan.gov.

If abuse by a non relative is suspected, contact local law enforcement at **1-800-249-0911** in Ottawa County and **(269) 673-3899** in Allegan County.

Parent resources and handouts including detailed information regarding reporting obligations, definitions of abuse/neglect and indicators of abuse/neglect are available in the site director's office. Community services are also available to families seeking help or intervention (see parent resource list on pgs. 11&12).

**First Aid Kits.** In order to be effective in minimizing injury when an accident occurs, staff need to be familiar with CPR, First Aid, Blood-Borne Pathogens, and the location of the First Aid kit and AED machines. Each classroom will be equipped with a First Aid kit containing the following supplies:

Adhesive tape, gauze pads and roller gauze in assorted sizes, band-aids in assorted sizes, triangular bandages, elastic bandages, cold pack, disposable gloves, hand sanitizer, plastic bags, scissors and tweezers, and CPR Micro shield clear mouth barrier.

Staff is responsible to keep First Aid kits fully equipped. Supplies needing replacement should be placed on the classroom's lesson planning supplies sheet and turned in to the site director.

**Food Service and Nutrition.** Snacks and meals provided by the center shall meet the meal pattern guidelines set forth by the Child and Adult Care Food Program (CACFP) operated by the Michigan Department of Education. Providing children meals and snacks with proper quantity and nutritional quality promotes optimum nutrition which supports growth and development in all children. Menus are posted in eating areas and are available for parents to take home upon request. Meal and snacks must meet the USDA meal pattern requirements as listed below:

Breakfast	Lunch	Snack (choose 2 of 4 food groups)
Milk	Milk	Milk
Fruit, Vegetable or 100% juice	2 Fruit/Vegetable or 100% juice	Fruit/Vegetable or 100% juice
Grain/Bread	Grain/Bread	Grain/Bread
	Meat or Meat Alternate	Meat or Meat Alternate

Children with special needs may have individual requirements relating to allergy, diet, swallowing and other feeding needs. Parents will provide the center with written instruction identifying the child's special needs from the child's physician. Dietary restrictions based on the dietary needs, and the foods to be omitted from the diet should be included as well as suitable substitutions. Individual children's food allergies shall be posted in eating areas.

**Special Occasions and Food Service.** As a licensed childcare facility, we are required to follow strict guidelines for food service. In the instance of special occasion days such as birthdays and holidays we ask that "treats" are limited to non-food items. If a classroom wishes to incorporate special snacks into the celebrations, a parent sign-up for food items, approved by the director, will be provided. If a food item is brought as a treat, it should be individually wrapped and it will be sent home with the children so that the



# Health Care Service Plan

---

parent can choose whether to give it to the child and determine any potential allergic reactions.

**Integrated Pest Management Program.** Site directors will post notification for parents annually stating that they will receive advanced notice of a pesticide application. In the instance that LLPP would need to use a pesticide to treat an infestation, site directors will notify parents via a parent memo a minimum of three days prior to a scheduled application. This memo will contain information about the pesticide being applied, including the target pest or purpose, approximate location and date of the application, contact information and a toll free telephone number for a national pesticide information center that is recognized by the MDA. This information will be placed in mailboxes and at the front entrance to the building. Liquid spray and aerosol insecticide applications will not be performed in a classroom unless the classroom will be unoccupied by children for a minimum of four hours following the application or longer if required by the pesticide label use instructions. Notification requirements do not apply to bait or gel pesticide formulations.

## Environmental Health Provisions

**Food Preparation Areas.** Food contact surfaces are to be smooth, nontoxic, easily cleanable, durable, corrosion resistant and nonabsorbent. Each site will have a schedule for cleaning the refrigerator in the lunchroom or kitchen area. Carpet is prohibited in food preparation areas.

**Food and Equipment Storage.** Each refrigerator shall have an accurate working thermometer. Unpackaged bulk foods shall be stored in clean covered containers which are dated and labeled as to the contents. Food not subject to further washing or cooking before serving shall be stored in a way that protects it from cross-contamination from food requiring washing or cooking. Packaged food shall not be stored in contact with water or undrained ice (i.e. lunches in cooler with melted ice). Poisonous or toxic materials shall not be stored with food, food service equipment, utensils or single-serving items (Cleaning products or poisonous materials cannot be stored above or in the same storage unit as food or food preparation materials). Containers of food shall be stored a minimum of 6 inches off the floor.

**Food Supplies.** Food shall be in sound condition, free from spoilage, filth, or other contaminations and be safe for human consumption. Products that are home canned are not allowed as contents and safe cooking guidelines cannot be verified. Food shall be prepared with the least possible manual contact, using suitable utensils, and surfaces that have been washed, rinsed, and sanitized. Serving utensils shall be used by staff or provided to children who serve themselves. Food, already served and handled by the consumer, may not be served again, unless food is in a wrapper such as single service crackers. Raw Fruits or vegetables shall be thoroughly washed before being cooked or served. Open containers of milk shall be used within 7 days of opening. Label with the date and time opened.

**Sanitization.** All tableware, food contact surfaces and food services equipment shall be thoroughly washed, rinsed, and sanitized after each use. Toasters, microwaves, counters, can openers and apple corers are to be cleaned after each use by the person who used them. Arrangements can be made otherwise as long as immediate clean-up is pursued. Reuse of single service articles is prohibited. Centers licensed for 21 or more children using multi-use tableware and utensils shall use a commercial dishwasher, a domestic dishwasher with sanitizing capability, or a three-compartment sink with adequate drain boards.

**Garbage and Refuse.** Garbage shall be stored in watertight containers with tight fitting covers. Garbage containers shall be cleaned to be free of residue. Walls, floors, and cabinets around the garbage container shall also be cleaned.

**Electrical Service.** All electrical outlets in child use areas for children who are not yet school-age shall be made inaccessible to children by covering them with safety caps.

**Ventilations and Screening.** Windows used for ventilation shall be supplied with screening; windows without screens cannot be opened. Propping doors open for ventilation is prohibited.

# Health Care Service Plan

---

## **Additional Information Regarding Infant and Toddler Care**

**Sleeping Equipment.** Infants will be provided with a crib that meets state safety standards. In most cases, infants will have sole use of a crib. Part time children may need to share a crib. In this circumstance, all bedding and sleep equipment will be cleaned and sanitized before being used by another child. All bedding will be washed upon being soiled or weekly at a minimum. **Infants must sleep alone in the crib with no soft objects, bumper pads, stuffed toys, blankets, quilts or comforters and other objects that could restrict a child's breathing.** Sleep Sacks that fit as an article of clothing will be permitted. Car seats, infant swings, bassinets and playpens are not approved for sleeping and the child will be moved to a crib if they fall asleep.

**Infant Sleeping and Supervision.** Infants **must** be placed on their backs for resting and sleeping. When a child is able to roll, they will be initially placed on their backs but allowed to adopt whatever position they prefer to sleep. Written instructions from a physician detailing an alternative safe sleep position must be provided in case of an illness or disability that will not allow an infant to sleep on his/her back. The caregiver will maintain supervision and frequently monitor infants' breathing and sleep position for possible signs of distress.

**Infant Feedings.** Caregivers shall feed children age's birth to 29 months on demand. Formula or breast milk must be prepared in a ready to serve bottle that is capped and labeled with the child's name, date and contents. Bottles are warmed by using bottle warmers or crock pots (cannot exceed 120 degrees). Bottles are shaken to distribute heat and temperature tested before serving. Formula or breast milk left in the bottle after a feeding must be discarded. Feedings from the same bottle cannot exceed 1 hour. Baby food will be served out of a dish, not directly from a factory-sealed container. All baby food and bottles will be sent home at the end of each day. Babies unable to hold their own bottles will be held by a caregiver for all feedings. Older infants may be fed in high chairs or bouncy seats.

**Toddler Feedings.** When milk is introduced, whole homogenized vitamin D-fortified cow's milk will be served unless an alternative is authorized in writing by the child's physician. When a child is ready for solid foods, staff will foster the toddler's independence; facilitate language and social interactions by encouraging self feeding, serving appropriate portion sizes and sitting and eating with the toddlers during meal time.

**Records.** Parents of children up to 12 months of age will receive a written daily record that includes the following: Food intake (time, type of food and amount eaten), sleeping patterns (when and how long the child slept), Elimination patterns (bowel movements, consistency and frequency), Developmental milestones and changes in the child's usual behaviors.

# Health Care Service Plan

---

## Parent Resource List

The Whole Family Connection is a web-based initiative designed to give families throughout the United States free, anonymous and better access to community services for children and families to help them live healthier and more fulfilling lives. Using on-line profiles, the Whole Family Connection identifies and matches families' needs with service providers who can help them in areas such as education, health, social well-being, spiritual well-being, environment safety and economics. To access this site and set up your profile, log onto [greatstartshere.org](http://greatstartshere.org) and select Whole Child Connection in the box on the left. If you need immediate assistance or wish to speak with someone about your needs, dial 2-1-1 which is an access point for persons needing health and human service programs. Please also feel free to ask your site director for assistance in finding available services for your family.

For a more detailed and widespread list of community resources see [The Know Book](#)- published by Good Samaritan Ministries. This book is located on the parent table.

Allegan Co. Community Mental Health 3285 122nd. Ave., Ste 200 Allegan, MI 49010 (269) 673-6617	Provides managed mental health care to individuals, children, or families with mental illness or developmental disabilities.
Allegan Co. Department of Human Services Children's Protective Services 3255 122nd. Ave. Allegan MI 49010 (269) 673-7700	Department of Human Services (formally FIA). Providing a large variety of programs related to family health concerns, including adult and child protective services. Other services are Children's Special Health Services, Healthy Kids, Maternity Outpatient Medical Services & Healthy Kids for Pregnant Women at (269)673-5540.
Allegan Co. Health Department 3255 122nd. Ave., Ste 200 Allegan, MI 49010 (269) 673-5411	Maternal/Infant Support Services, Vision and Hearing, Sexually Transmitted Infection-counseling, testing and treatment, Communicable Disease/TB control, Immunization and TB testing, Clinic for International Travel & Health Promotion Education. Lead Testing.
Allegan Co. United Way 650 Grand Street Allegan, MI 49010 (269) 673-6545	Information and referral services to local, regional and state wide and Human service agencies.
Bethany Christian Services 12048 James Street Holland, MI 49424 (616) 396-0623	Counseling services and therapy for individuals, child, adolescent, families. Pregnancy and adoption services.
Center for Women in Transition 411 Butternut Holland, MI 49424 (616)392-2829	Domestic abuse and sexual assault/abuse support and advocacy services for all victims. Emergency shelter for victims of domestic violence.
Children's Advocacy Center 12125 Union Street, Holland, MI 49424 (616) 393-6123	Services for abused children and their families
Community Action House 345 W.14 <sup>th</sup> Street	Clothing distribution, food pantry, community kitchen, homelessness prevention, guaranteed

## Health Care Service Plan

---

Holland, MI 49423 (616)392-2368	security deposit, home ownership counseling, case management, and doctors with a heart.
Holland Community Health Center 336 South River Ave. Holland, MI 49423 (616)394-3788	Provides primary care with a focus on family practice.
Holland Hospital- Behavioral Health Services 854 South Washington Street Holland, MI 49423 (616) 355-3926	Outpatient and Inpatient mental health counseling services
Life Service System (LSS) Parent Center & Deanna's Playhouse 11172 Adams Holland, MI 49423 (616) 396-7566	Parenting information and child development resources for ages 0-8. Parents as Teachers Program- home visits and support groups. Deanna's Playhouse- creative play space.
Ottawa Area Early On & Infant Development Program 10160 96 <sup>th</sup> Avenue Zeeland, MI 49464 (616)895-4303	Early intervention for infants (ages 0 – 3 yrs. old).
Ottawa Co. Community Mental Health 12265 James Street Holland, MI 49424 (616)393-5681	Provides managed mental health care to individuals, children, or families with mental illness or developmental disabilities
Ottawa Co. Department of Human Services (DHS) 12185 James St. Ste. 200 Holland, MI 49424 (616)394-7200	Child welfare services including; Children's Protective Services, Foster Care, Adoptions, Juvenile Justice and Youth Programs.
Ottawa Co. Health Department – Clinic and Community Health Services 12251 James Street Holland, MI 49424 (616)396-5266	Maternal/Infant Support Services, vision and hearing, sexually transmitted infection counseling, testing and treatment, communicable disease/TB control, immunization and TB testing, clinic for international travel and health promotion education.