

**NeighborImpact Head Start & Early Head Start
Policy & Procedure**

Section: Subpart D-Health Program Services	PC Approval Date: 9/6/05, 7/18/18
Title: Determining Child Health Status and Care	Updated: 11/03/2017
Policy #: HS-25	NI Board Approval: 9/12/19
Forms Required: Health History Form, Identification of Nutritional Needs, Physical Exam , Oral Health Assessment, Child/Family Health Action Plan	
Performance Standards: 1302.42	Page 1 of 2

Policy: Head Start & Early Head Start (EHS) will provide high-quality health, oral health, mental health and nutrition services that support each child’s development, growth and school readiness.

Purpose: The health status of each child in the Head Start and EHS program will be assessed and monitored while in the program. The Health Services Advisory Committee will assist the program in determining health needs for the communities that NeighborImpact Head Start and EHS services.

Procedure:

Source of health care:

- A. At the enrollment visit or first home visit for Early Head Start the Head Start Advocate or EHS Home Visitor will determine with the parents whether a child has ongoing sources of continuous, accessible health care, and health insurance coverage. This is completed by interviewing the family and completing the Health History Form and Identification of Nutritional Needs, both of which are entered in ChildPlus.
- B. If child does not have health insurance, medical or dental home, the Head Start Advocate & EHS Home Visitor will immediately begin process of connecting family to OHP or community resources.

Ensuring up-to-date child health status:

- A. The health staff will fax medical and oral health providers as soon as notified of well child or oral health appointments. Future appointments are calendared and housed in the Health Specialist office. Documentation of future appointments are in ChildPlus health and dental communications.
- B. Immunizations are reviewed in Alertis. The Head Start program follows Oregon School Law in determining if a child is up to date or in need of immunizations. See Immunizations Policy and Procedure.
- C. The health staff will complete a 90 day determination in ChildPlus to document if child is up to date on age appropriate preventative and primary medical and oral health care.
- D. The Physical Exam Form and the Oral Health Assessment or Advantage Assessment are used in determining the 90 day determination.
- E. The program partners with Advantage Dental to complete Oral Health Assessment in the classroom and at Early Head Start socializations.
- F. If child is not up to date on age appropriate preventative and primary medical and oral health care assistance to the family begins at the enrollment visit or first home visit for Early Head Start. Follow up with families continue throughout the program year through conferences, home visits and communications. All efforts and communications are documented in ChildPlus under health or dental communications.
- G. The program completes growth assessments, hearing and vision screenings for children within 45 days of the child’s first day of school, or first home visit for Early Head Start. An OAE machine is used for hearing screenings and the PlusOptix screener is used for vision. Growth Assessments, hearing or vision results from the child’s medical provider may be used.
- H. The child’s nutritional needs are determined initially during the enrollment visit, or first home visit for Early Head Start by completing the Identification of Nutritional Needs which will identify any nutritional concerns.
- I. If a child is enrolled in WIC, records are requested. If a child is not currently enrolled in WIC, but is age eligible, the Head Start Advocate or EHS Home Visitor discuss the benefits of WIC and if family is interested, complete a WIC intake application.

Ongoing care:

- A. Teacher Advocates, Head Start Advocates, and EHS Home Visitors review status of well-child and oral health care at conferences and home visits.
- B. Monitoring occurs at all levels to ensure children who are in need of well-child and oral health care are not missed.
- C. All efforts of working with families to get a child up to date on well-child and oral health care are documented in health or dental communications.
- D. Oral health prevention, treatment and follow up are documented in ChildPlus and discussed with families at conferences, home visits, and additional communications.
- E. The importance of Fluoride Supplements is discussed with parents at WIC, child's medical and dental provider, additionally it is covered at the enrollment visit, or first home visit for EHS on the Identification of Nutritional Needs form.
- F. The Registered Dietician is available to meet with parents through annually scheduled classroom visits, or scheduled appointment. At the second conference, growth charts are reviewed with parents and 5210 Growing Healthy Goals are set. The 5210 goals are documented in ChildPlus under Identification of Nutritional Needs.

Extended care:

- A. The Teacher Advocate, Head Start Advocates and EHS Home Visitors will work closely with the families to facilitate and assist families in necessary further diagnostic testing, evaluation, treatment and follow up.
- B. ChildPlus is used to monitor, document and track referrals, ongoing evaluations and any necessary follow up.
- C. Head Start and Early Head Start utilize community resources and child's health provider to assist in obtaining any prescribed medications or additional supports as necessary.

Use of Funds:

- A. Funds are allocated for diapers/ pulls ups and charged to health supplies. Funds are available for formula for Early Head Start families
- B. The program may, as a last resort use Head Start funds to cover medical and oral health services. Documentation of efforts will be documented in health and/or dental communications. Prior approval must be received from the Health Services Manager and Head Start Director.