

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Determining Child's Health Status

POLICY:

In order to assess and meet individual needs, staff will determine if the child has an on-going access to health services and obtain documentation of an age appropriate health assessment upon enrollment or within 90 days of child's first day of attendance.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42, 1302.46 and 1302.41](#)

PROCEDURE:

1. As part of the enrollment process, parents will be asked to identify their child's health care provider(s) and to give written consent to enable the Head Start program to establish communication with the provider(s).
2. During the family assessment process, the Family Advocate will identify with the family barriers in accessing health care and a plan of action will be developed and documented.
3. At the time of intake/enrollment, parents will be informed of the health requirements of the program. Requirements are consistent with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) schedule Kentucky Immunization Program, the Center for Disease Control and Prevention, and any additional recommendations from the local Health Advisory Committee that are based on prevalent community health problems. Parents will be encouraged to obtain or provide documentation of an up-dated physical examination, dental examination and immunization record prior to the child Coming into the classroom. (*See Physical Exam, Dental Exam and Services, Immunizations policies*)
4. If the family does not have a medical and dental home, staff will assist them in choosing one and in making/scheduling appointments ;(Health Department *unless seeing doctor there*, or urgent care/emergency room is not considered a medical home)

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- a. If the child is not up-to-date on the recommended schedule of well child care, staff will assist families in making necessary arrangements (including transportation) to bring the child up-to-date. Children not eligible for KMAP, KCHIP or other payment source, will be referred to medical/dental providers contracted by the Head Start program for services or local health department. (*See Head Start Payment for Medical/Dental Services policy*)
 - b. For children who are up-to-date on an age appropriate schedule, the program will ensure that they continue to follow the recommended schedule by closely monitoring each child's individual health record. (*See Tracking and Follow-Up policy*)
5. Assessment of the child's current health status will include the following screenings, examination and information:

A. **Child Health History:**

The parent will be asked to complete, with staff involvement, a health history and risk assessment and observation information which will be the basis for meeting the child's health needs. (*See Child Health History, Tuberculosis Risk Assessment/Screening, Lead Risk Assessment policies*)

B. **Physical Exam:**

An examination/medical report completed and signed by the child's health care provider. (*See Physical Exam policy*)

Should include:

- i. Blood Pressure (*see Blood Pressure policy*)
 - ii. HCT/HGB (*see Hematocrit/Hemoglobin Determination policy*)
 - iii. Lead screening result (*see Lead Policy*)
 - iv. Addressing mental health issues (*See Mental Health Policy*)
- C. **Height and Weight** (*see Growth Assessment policy*)

D. Vision Exam

A vision examination and report completed by an Optometrist or Ophthalmologist. (*See Vision Exam policy*)

E. Vision screening

Vision screening completed by doctor or trained staff. (*See Vision screening Policy*)

F. Hearing Screening

Audiometric screening performed by a speech/language pathologist, consultant, or trained staff. (*See Hearing Screening policy*)

G. Developmental/Behavioral Screening

Screening of motor, cognitive, speech/language, social and emotional skills using appropriate screening instruments, parent/family and staff observations. (*See Developmental/Behavior Screening, Speech/Language screening policies*)

H. Immunizations

A valid Childhood Immunization Certificate indicating that the child has received age appropriate immunizations or Medical /Religious Exemption. (*See Immunization policy*)

I. Dental Exam

An examination and treatment report completed and signed by the child's dentist. (*See Dental exam/Services policy*)