

**HEAD START POLICIES AND PROCEDURES  
CHILD HEALTH AND DEVELOPMENTAL SERVICES**

<b>Policy Number:</b> HL I	<b>Effective Date:</b>	<b>Page #1 of 2</b>
<b>HS Program Director Approval Date:</b>	<b>Policy Council Approval Date:</b>	<b>Notes:</b>
<b>Agency Director Approval Date:</b>	<b>Sponsoring Board Approval Date:</b>	
<b>Proposed Effective Date:</b>	<b>Relates to CFR #:</b> 1304.20 (a)(1), (a)(2)	<b>Draft Number:</b>

**SUBJECT:** Well Child Physical examinations

**PERFORMANCE OBJECTIVE:** The program makes determinations regarding children's health status within 90 calendar days of the child's enrollment date and assists parents of children who are **not** current on age-appropriate preventive and primary care in bringing their child up-to-date.

**OPERATIONAL PROCEDURE:**

Once a child has been selected to enroll in Head Start, the FPA (Family Partnership Assistant), during the initial home visit, makes a determination as to whether the child has a medical home-an ongoing source of continuous health care with a particular health care provider who gives preventive and primary health care. If the child does not have a medical home, the FPA assists the parent in finding one who is a provider under the child's medical insurance, if the child has medical insurance coverage.

Next, the FPA discusses with the parent when the child's last well child physical exam was done. If the exam was done within the past year, documentation of the exam is obtained from the health care provider who performed the exam. If the exam is due, meaning it has been 12 months or more since the last exam, the parent is asked to schedule an exam for the child as soon as possible. It is preferred that the exam be completed before the child begins class, but a child's enrollment will not be delayed because an appointment can not be obtained immediately. If the physical exam is due and the appointment can not be obtained prior to enrollment, then the FPA should request the date, time, and name of the health care provider who will do the exam when the child enrolls. Acceptable documentation of the exam may be on the Well Child Physical Examination Form provided by our program, on a form provided by the doctor, or a statement from the health care provider indicating the date and result of the exam. If only a statement is provided, efforts are made to get a more detailed documentation of the exam from the health care provider with written consent of the parent/guardian. Documentation of the exam is to be reviewed by the FPA and the child's teaching staff, then filed in the child's center record. A copy is also provided to the Head Start office for review and filing in the child's Head Start office record.

The Preventive Health Care Children Chart ( which was adapted from recommendations

of the American Academy of Pediatrics) is the schedule used by EPSDT in the state of Tennessee. The chart calls for yearly physical examinations for three, four and five year olds.

Since Head Start children are considered to be at nutritional risk, parents are encouraged to see that their children have an annual hemoglobin or hematocrit screening. Some Head Start enrollees enter the program already participating in the WIC program. The WIC program is a free nutrition education program that provides supplemental foods for pregnant, breastfeeding and postpartum women, and infants and children up to age five. For a child to be eligible for the program he must be considered at nutritional risk and meet the liberal income guidelines. A representative from the WIC program is invited to attend the Health Screening Days done prior to the start of classes. The representative is available to discuss WIC eligibility and services with the parents attending the screening day with their children. WIC participation is determined by the FPA when the child's health history is obtained from the parent on enrollment. If the child does not participate in the program, the FPA should offer the parent a pamphlet and/or information about the WIC program. Children who are determined to be underweight, at risk for overweight, and overweight from the height and weight measurements and BMI (body mass index) results obtained from the growth charts are also referred to WIC.

Parents are also educated during the initial home visit about the importance of blood lead screening to check for lead poisoning. A questionnaire to determine lead exposure is given to the parents on enrollment. If the questionnaire reveals the child is at risk for lead exposure, the form is sent with the child to their health care provider. Parents are encouraged to ask the child's health care provider to perform a lead screening if one has never been done.

Tuberculin skin tests are required only for children who are born outside the United States, due to the low incidence of tuberculosis in the state. Parents are advised to discuss with their health care providers about obtaining a TB skin test for their child if any of these conditions exist:

- the child has been in contact with a confirmed or suspicious case of infectious tuberculosis,
- the child has been in contact with family members or others in jail or prison during the past 5 years,
- the child has recently traveled to countries in Asia, Middle East, Africa, or Latin America,
- or the child has been exposed to HIV infected people, the homeless, nursing home residents, institutionalized adolescents or adults, users of illicit drugs, or migrant farm workers.

The health status determination and efforts to bring the child who is behind up-to-date will be completed no later than 90 calendar days after enrollment.

All children returning from the previous school year will be asked to obtain documentation of a physical exam when their annual exam is due. For example, if a child enrolled in December and had the physical in December, his/her next exam would not be due until December of the following year. Annual well child exams will be required as long as the child remains in the program.