



early head start Sacramento, CA

"TOUCHING FAMILIES - MAKING A DIFFERENCE"

EHS HOME BASE STANDARD OPERATING PROCEDURES

Generated for use by Early Head Start Partners

SCOE and ROCC

Revised October 2014

Table of Contents

SECTION 1 – INTRODUCTION and USE	3
SECTION 2 – ENROLLMENT	5
SECTION 3 – HEALTH/NUTRITION	47
SECTION 4 – FOLLOW-UP.....	75
SECTION 5 – PARENT INVOLVEMENT/EDUCATION.....	85
SECTION 6 – PREGNANT MOMS.....	94
SECTION 7 – EDUCATORS/PROGRAM	104
SECTION 8 – ADMINISTRATIVE	109

Section 1 - Introduction and Use

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Uses of Standard Operating Procedures

PURPOSE: To ensure all Early Head Start Home Base Staff have written guidance in everyday practices

SCOPE: This procedure applies to all Early Head Start Home Base Educators and Early Head Start Home Base Staff

PROCEDURE:

- Review all Standard Operating Procedures to ensure all staff are operating similar practices
- Utilize additional tabs for future Standard Operating Procedures and/or Policies and Procedures

MONITORING: Early Head Start Home Base staff will review all Standard Operating Procedures on an annual basis to ensure all documents remain current

CORRECTIVE ACTION: Early Head Start Home Base staff shall correct and update as needed

VERIFICATION AND RECORD KEEPING: Staff will file and maintain in Standard Operating Procedures binder

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Section 2 – Enrollment

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment

PURPOSE: To ensure vacant slots are filled within 30 days

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Eligibility Recruitment Selection Enrollment Attendance (ERSEA), SETA Head Start, Family Placement Worker (FPW)

PROCEDURE:

- Early Head Start Educators will contact parent to complete SETA Head Start Enrollment application and eligibility paper work
 1. Enrollment Application
 2. Head Start Eligibility Verification form
 3. SETA Head Start Income Calculation
 4. Income verification(1 full month)
- Early Head Start staff will review enrollment application and eligibility documentation for accuracy
- Early Head Start staff will submit enrollment applications and eligibility documentation to Program Officer, Program Support Services (or ERSEA Program Officer if Program Officer, Program Support Services is not available) for approval
- EHS Partner will complete data entry of enrollment information into Child Plus
- EHS Partner will then submit the following enrollment documentation in the following order to SETA Family Placement Worker to be filed for agency record keeping:
 1. Original copy of Enrollment application(White)
 2. Head Start Eligibility Form
 3. Income Calculation Worksheet
 4. Proof of Income
 5. Proof of Birth

MONITORING: Early Head Start Educator staff will:

- Review all applications for accuracy and completeness

CORRECTIVE ACTION:

- SETA Head Start shall ensure all enrollment application and eligibility documentation is complete

VERIFICATION AND RECORD KEEPING:

- SETA Head Start staff will submit all applications and eligibility documentation to Family Placement Workers to be maintained and electronically filed

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment- Health/Nutrition Documents

PURPOSE: To ensure all health and nutrition services are outlined and thoroughly described to home base families at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- In addition to all other necessary enrollment documents, the Early Head Start Educator is responsible for completing/requesting all necessary health/nutrition documents. These documents include:
 - The first page of the application-which requests medical insurance information
 - Enrollment Questionnaire
 - Health History
 - Nutrition History
 - Infant Nutrition History*
 - Authorization for Consent Services
 - Head Start TB Risk Assessment
 - Lead Risk Assessment
 - Family Emergency Cards
 - Review of the Tobacco-free Policy
 - Child's immunization records-to be transcribed onto California Immunization Card
 - Prenatal Health History-if the parent is pregnant*
 - Copy of the age appropriate Well-Child Check
 - * as needed forms

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed
- Request follow-up services from their assigned Health/Nutrition Specialist if it is deemed necessary
- Necessity is stipulated according to the parents' responses to particular questions on enrolling documents

CORRECTIVE ACTION:

- Staff will highlight any inaccuracies and request the parent to complete the missing information at a subsequent home visit

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-First Page of the Enrollment Application

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The first page of the enrollment application requests the following health information: (see reverse for copy of first page of enrollment application)
 - Medi-CAL status: If the parent indicates that the child has Medi-CAL, the Medi-CAL identification number may be entered in this space
 - Special Needs Diagnosis: If the parent indicates that the child has a diagnosed special need, the Educator must complete the necessary follow-up forms

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed

CORRECTIVE ACTION:

- Staff may need to complete a new application in the event that too many errors are present. NOTE: No “corrective-tape” is permitted on the enrollment application

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

**SACRAMENTO COUNTY CONFIDENTIAL APPLICATION
FOR CHILD DEVELOPMENT SERVICES**

Child's #

FIPS Code: 06067

- Head Start
- Early Head Start
- Children's Center
- Collaboration
- CSPP
- CCTR
- Partners

Initial Subsidized Service Date: _____ **Type of Application (Check one):** Initial Re-certification

Section I - Child Information

Child's Legal Name: Last:	First:	Child on Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No Med #: _____ Case ID#: _____
Birthdate:	SSN: _____	Sex: _____ Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Race: _____ Primary Language: _____

Section II - Family Information

Name of Parent/Caretaker:	DOB:	SSN	Sex	Education Level	Employment Status	Phone (home/cell)	Phone (Work/School)
A.							
B.							

Are you pregnant at this time? Yes No Due Date: _____

Address:	Parental Status:
City: _____ State: CA	One Two Guardian Grandparent Foster Other: (specify)
Zip Code: _____ Email: _____	Family Size: _____ Household Size: _____

Section III - Data on Children (list all children residing in the home and counted in family size)

Complete for all children residing in the home			Complete only for children enrolled in the program					FOR STAFF USE ONLY						
Name(s) and Social Security Numbers	Date of Birth	Sex M F	Adjustment Factor Code	Ethnicity	Race	Native Language		Program Code	# of HOURS of CARE PER DAY (S= school V = Vacation)					
						Language Code	Is Child Limited English Proficient?		M	T	W	Th	F	
Name									S					
SSN				Provider/Site:			Type of Care:		V					
Name									S					
SSN				Provider/Site:			Type of Care:		V					
Name									S					
SSN				Provider/Site:			Type of Care:		V					
Name									S					
SSN				Provider/Site:			Type of Care:		V					

Section IV - Family Income Information List all sources and monthly amount (Attach verification and documentation)

Employment including self employment	\$ _____ per month
Child Support	\$ _____ per month
Other federal cash income programs (such as SSI) (Do not count totals for State programs)	\$ _____ per month
Cash or other assistance under Title IV of the Social Security Act (TANF)-CalWORKs Recipients	\$ _____ per month
State-only alien and two-parent programs for CalWORKs recipients	\$ _____ per month
Assistance under the Food Stamps Act of 1997	\$***** per month
Housing voucher or cash assistance	\$***** per month
Other	\$ _____ per month
<input type="radio"/> Annual or <input type="radio"/> Monthly Total	\$ _____ per _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Enrollment Questionnaire

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The Enrollment Questionnaire (please see reverse of this page for a copy of the current Enrollment Questionnaire) contains questions that if answered “Yes” require the Educator to complete an Internal Request for Follow-up Services or an FYI Medical Conditions form

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed

CORRECTIVE ACTION:

- Staff must “strike-through” any incorrect answers if it is found later in the enrollment process to be incorrect
 - For example, a parent may say that the child does not have any existing medical condition on the Enrollment Questionnaire, but may indicate on the Health History that the child has asthma. This example would warrant a “strike-through” on the Enrollment Questionnaire

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

SETA HEAD START/EARLY HEAD START ENROLLMENT QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS TO ASSIST US IN ANTICIPATION OF YOUR CHILD'S NEEDS:

CHILD'S NAME _____ DATE OF BIRTH: _____

1. Does your child have an ongoing illness (e.g., asthma, diabetes, seizures, sickle cell anemia, heart condition) and/or severe allergies (e.g., bees)? Yes No
Please list: _____

2. Does your child take any prescribed medication? Yes No
For (diagnosis) _____
Prescribed by Dr. _____ Phone: _____
If yes, does medication need to be taken during school hours? Yes No

3. Has your child ever tested positive for TB? Yes No
If yes, has he/she or is he/she now taking INH medication? Yes No
Date of last X-ray: _____

4. Does your child have a clinically diagnosed disability or does your child receive services Yes No
for any of the following?
 Speech/language therapy Physical therapy Occupational therapy Dietitian services
 Mental health services Vision impairment Hearing impairment
 Other _____

5. Does your child have a current Individual Education Plan (I.E.P.) or Individual Family Service Plan (I.F.S.P.)? Yes No
If yes, please provide staff with a current copy.

6. Is your child/family currently receiving services from Alta Regional? Yes No
If yes, why? _____

7. Is the child you are trying to enroll in Foster Care? Yes No
If yes, provide Social Worker's name _____ Phone: _____

8. Is your child allergic to any food or require a special diet? Yes No
If yes, which? _____
Physician's Name _____ Phone: _____

9. Does your child have any feeding problems that would prevent him/her from eating the Head Start/Early Head Start meals or does he/she require any adaptive equipment including feeding utensils? Yes No
If yes, which? _____

If "yes" was answered to any of the above questions, please provide documentation verifying condition/referral. File must be routed to Central Office *prior* to child's enrollment.

10. Is your child/family currently receiving services from any agencies, i.e., WIC, CCS, CPS, WEAVE, Department of Social Services or other? Yes No
If yes, which agencies? _____

11. FOR PRESCHOOL CHILDREN: Does your child need assistance with toileting? Yes No
(Your response will not prohibit enrollment in Head Start. If your child is not trained, your child's needs will be discussed with you.)

12. Has your child previously been enrolled in Head Start/Early Head Start? Yes No
If yes, which agency? _____

Parent Signature _____ Date _____

Staff Signature _____ Date _____

SETA HEAD START/EARLY HEAD START CUESTIONARIO DE INSCRIPCION

POR FAVOR CONTESTE LAS SIGUIENTES PRUGUNTAS PARA AYUDARNOS A ANTICIPAR LAS NECESIDADES DE SU NIÑO.

NOMBRE DEL NIÑO: _____ FECHA DE NACIMIENTO: _____

1. ¿Tiene su niño alguna enfermedad continua (por ejemplo, asma, diabetes, ataques, célula falciforme conocida en inglés como "sickle cell anemia", problemas del corazón) y/o alergías severas (por ejemplo, al piquete de las abejas, ciertos medicamentos)? Sí No
Por favor anote lo qué es: _____

2. ¿Actualmente su niño está tomando algún medicamento que requiere receta médica? Sí No
Para (diagnóstico) _____
Recetado por el Doctor _____ Teléfono: _____
¿Se necesita que el medicamento se tome durante las horas de escuela? Sí No

3. ¿Alguna vez ha salido positiva la prueba de la tuberculosis que su niño ha tomado? Sí No
Si su respuesta es "Sí", ¿su niño toma o ha tomado el medicamento INH? Sí No
Fecha de los últimos rayos X que ha tomado: _____

4. ¿Tiene su niño una discapacidad o incapacidad que ha sido diagnosticada clínicamente? Sí No
¿O recibe su niño algunos de los siguientes servicios? (Por favor marque)
Terapia del habla/lenguaje Terapia física Terapia ocupacional Servicios del dietista
Servicios para la salud mental Impedimentos de la vista Impedimentos del oído
Por favor anote cuál es: _____

5. ¿Tiene su niño un Plan Individual de Educación (I.E.P.) o un Plan Individual de Servicios para la Sí No
para la Familia (I.F.S.P.)? Si su respuesta es "Sí", por favor proporcionar un copia.

6. ¿Actualmente está su niño/familia recibiendo servicios de Alta Regional? Sí No
Si su respuesta es "Sí", anote por que: _____

7. ¿Está el niño que quiere inscribir bajo cuidado de crianza temporal? Si la respuesta es "Sí", Sí No
proporcione el nombre del trabajador social: _____ Teléfo _____

8. ¿Tiene su niño alergia a algún alimento o requiere de una dieta especial? Sí No
Si su respuesta es "Sí", anote lo qué es: _____
Nombre del doctor: _____ Teléfono: _____

9. ¿Tiene su niño algún problema en relación a su alimentación que le impediría comer lo que les Sí No
sirven en Head Start o requiere su niño equipo especial de adaptación, incluyendo artículos para su alimentación?
Indique que es lo qué necesita: _____

Si usted contestó "Sí" a alguna pregunta, por favor adjute documentación que verifique la condición o presente una referencia si es que la tiene a la disposición. El expediente se tiene que enviar a la Oficina Central antes que se pueda inscribir al niño.

10. ¿Actualmente está su niño/familia recibiendo servicios de alguna agencia, como por ejemplo, Sí No
WIC, CCS, CPS, WEAVE, el Departamento de Servicios Sociales u otra agencia?
Si su respuesta es "Sí", anote cuales agencias: _____

11. PARA LOS NIÑOS PREESCOLARES: ¿Puede su niño ir al baño por sí solo? Sí No
(Su respuesta no le impedirá que se inscriba en Head Start. Si su niño todavía no puede ir al baño por sí solo, se hablará con usted acerca de las necesidades del niño.)

12. ¿Ha estado su niño inscrito anteriormente en Head Start/Early Head Start? Sí No
Si su respuesta es "Sí", anote dónde: _____

Firma del padre/madre/tutor _____ Fecha: _____

Firma del miembro de personal _____ Fecha: _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Health History

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, documents, forms, Completion

PROCEDURE:

- The Health History (please see reverse side of this page for a copy of the current Health History) contains several questions that may require the Educator to complete an Internal Request for Follow-up Services, FYI Medical Conditions form or provide educational information for the family. They are:
 - All questions under the heading “Health History”
 - All questions under the heading “Dental History”
 - All questions under the heading “Social Emotional Development”
- It is imperative that the Educator completes this form in its entirety. This also includes all insurance information, doctor/dentist contact information.

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed
- Review and update annually the Health History with the parent

CORRECTIVE ACTION:

- Staff must “strike-through” any incorrect answers if it is found later in the enrollment process to be incorrect
 - For example, a parent may say that the child does not have any existing medical condition on the Health History, but may indicate on the Enrollment Questionnaire that the child has asthma. This example would warrant a “strike-through” on the Health History

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Child Health History

Center _____
 Child's Name: _____ M F DOB: _____
 Medical Home: Medi-Cal Healthy Families Private Healthy Kids None/Referred to Central Office Other (please explain) _____
 Doctor's Name: _____ Phone: _____
 Dentist's Name: _____ Phone: _____

Health History	Yes	No	If yes, please explain.
Did mother have any problems during pregnancy or delivery?			
Was child born more than 3 weeks early?			
Did the child have any problems at birth or during the first month of life?			
Has child ever had a serious accident (broken bones, head injuries, fall, burns, poisoning)?			Condition (Circle "Yes" or "No"): Was child hospitalized/ER visit? Y/N Was the situation resolved? Y/N
Does child have any allergies? a. When eating any foods? b. When near animals, furs, insects, dust, etc? c. When taking any medications?			Describe allergy: _____ Does the child require medication? Y/N Will this medication be needed during school hours? Y/N
Is child being treated by a physician for any condition (asthma, seizures, anemia, diabetes, heart condition, etc...)?			If yes, for what condition? _____ Does the child require medication? Y/N Will this medication be needed during school hours? Y/N
Does your child experience any of the following: a. Squinting b. Crossed eyes c. Seeing up-close d. Seeing far away			Has your child been prescribed glasses? Y/N
Does your child: a. Have trouble hearing b. Have more than 3 ear infections in one year c. Have tubes in his/her ears			
Dental History	Yes	No	If yes, please explain.
Has your child seen a dentist?			
Does your child have/experience: a. Pain/bleeding from teeth and/or gums b. Spots/cavities on teeth c. Broken/cracked teeth d. Foul odor from mouth			
Does your child drink from a bottle?			If "Yes", what does your child drink from a bottle?
Social Emotional Development	Yes	No	Please explain.
Did your child: a. Sit by 8 months? b. Walk by 14 months? c. Use simple words by 18 months?			
Does your child currently speak in sentences?			
What words does your child use to describe: a. Bowel movements b. Urination	X	X	a. _____ b. _____
Does your child: a. Often stumble or drop things? b. Suck his/her thumb? c. Bite his/her nails			
How do you comfort your child when he/she is afraid or upset?	X	X	
Is there anything else you would like us to know about your child?			

1st Year Parent Signature _____ Date _____ 1st Year Staff Signature _____ Date _____
 2nd Year Parent Signature _____ Date _____ 2nd Year Staff Signature _____ Date _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Nutrition History

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The Nutrition History (please see the reverse side of this page for a copy of the current Nutrition History) contains several questions that may require the Educator to complete a Routing/Internal Request for Follow-up Services, an FYI Medical Conditions form or provide educational information for the family. They are questions:
 - 1 – 7
 - 9 – 10
- If a parent indicates on the right-hand side of the Nutrition History that the child does not adequately consume major food groups, the Educator must follow-up with education information
- It is imperative that the Educator complete this form in its entirety. This also includes the child's and Educator's name

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed
- Review and update Nutrition History annually with the parent

CORRECTIVE ACTION:

- Staff must "strike-through" any incorrect answers if it is found later in the enrollment process to be incorrect
 - For example, a parent may say that the child does not have any special diet requirements on the Nutrition History, but may indicate on the Enrollment Questionnaire that the child has a milk intolerance. This example would warrant a "strike-through" on the Nutrition History

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

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Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EHS HEAD START CHILD NUTRITION HISTORY

Child's Name: _____ (13-36 months)

Center/Home Base: _____

1. Does your child require any type of therapeutic or special diet? **If yes, please describe:	YES	NO	FOOD	Number of Servings**	
				Daily #	Weekly #
			Milk Cheese Yogurt		
2. Does your child require any special adaptive feeding equipment to eat or drink? **If yes, please describe:	YES	NO	Meat Fish Eggs Peanut Butter Beans (pinto, lima, soy, garbanzo, kidney, black-eyed peas, split peas, tofu, lentils)		
3. Do you have any questions or concerns about the way your child is eating/chewing/swallowing? **If yes, please describe:	YES	NO	Cereal Bread Tortillas Crackers Rice Noodles		
4. Does your child drink from a bottle? A cup?	YES YES	NO NO	Candy, Sweets, Desserts Sugar rich beverages: sodas, punch, Kool-Aid, Hi-C		
5. Does your child need assistance eating\drinking? **If yes, please describe:	YES	NO	Sugar Coated Cereal		
6. Does your child drink caffeine-containing drinks such as Coke, Pepsi, tea or coffee two or more times a day? **	YES	NO	Please circle the vitamin supplement(s) your child takes: Vitamins with iron Vitamins without iron		
7. Does your child ever eat non-food items such as dirt, clay, paint chips? **If yes, please describe:	YES	NO	Fluoride Iron		
8. Who usually makes your child's meals? **			Oranges or Juice, Grapefruit or Juice, Vitamin C rich fruits (cantaloupe, kiwi, strawberries, tangerine, papaya, tomato or juice, salsa, cabbage, brussel sprouts, broccoli).		
9. What times does your child usually eat? ** Breakfast _____ Lunch _____ Dinner _____ Snack _____					
10. Are you currently receiving WIC services? (Women, Infants & Children Services) • WIC verification: WIC I.D. # _____ • If yes, what kind of nutrition counseling have you received? If no, would you like more information? **	YES	NO	Mango, Carrots, Cantaloupe, Yams, Apricots, Deep Yellow Squash		
11. Would you like more information on the following? ____ Ways to Stretch Food Dollars ____ Facts on Food Labels ____ How Do I Get My Child to Eat ____ Keep Your Food Safe ____ Basic Nutrition: Food Guide Pyramid ____ WIC & Food Stamps Other: _____			Dark Leafy Greens (Spinach, chard, bok choy, romaine, etc.)		

1 st Year Parent Signature _____	Date _____	1 st Year Staff Signature _____	Date _____
2nd Year Parent Signature _____	Date _____	2nd Year Staff Signature _____	Date _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Infant Nutrition History (Children 0-12 months)

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The Infant Nutrition History (please see the reverse side of this page for a copy of the current Infant Nutrition History) contains several questions that may require the Educator to complete an Internal Request for Follow-up Services, an FYI Medical Condition form or provide educational information for the family. They are as follows:
 - Any indicator that the child is not consuming adequate nutrition
 - Questions 5 – 6, 9 – 10
- It is imperative that the Educator completes this form in its entirety. This also includes the child's and Educator's name, child's date of birth and date that the form was completed

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed
- Review with parent monthly to update

CORRECTIVE ACTION:

- Staff will correct any errors found on this form

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion
- The Nutrition History (13-36 months) will be completed once the child has reached the appropriate age

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Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START INFANT NUTRITION HISTORY

(Children 0-12 months of age)



Center/Home Educator Name: _____

Date: ___/___/___

Infant Name: _____ M F

Birth Date : ___/___/___

EATING SKILLS

1. How do you feed your baby?: Breastfeed Breast and Bottle Bottle
2. If you are breast feeding, how many times in 24 hours do you breast feed? _____
Do you have any concerns about breast feeding? _____
3. How many ounces does your baby drink at each feeding? _____
4. If you are bottle feeding, how many times does your baby get a bottle in 24 hours? _____
How many ounces does your baby drink at each feeding? _____
What do you use? Concentrated Formula Powdered Formula Ready to Feed Fresh Milk
How do you prepare your formula? _____ Blend: _____
5. Do you put your baby to bed with a bottle? Yes No
6. What else do you put in your baby's bottle? Water Water w/Sugar Honey Karo Syrup Jello Water
 Rice Water 100% Juice Cereal Hi-C Lemonade Punch Kool Aid Soda Tea
 Coffee Chocolate Milk Sport Drink (Gatorade)
7. Which do you feed your baby? Homemade Baby Food Baby Food in Jars Bottle Only
8. Who else feeds your baby? _____
9. My baby has: Allergies _____ Diarrhea Constipation None of these
10. Do you have any questions about the way your baby is eating? Yes No
If "Yes", please explain: _____

ASSESSMENT

Age/Weight	Nutritional Intake	Assessment	Intervention	Follow-up (v)
	Breast Feeding	Nurse on demand? Y N Nurse at least 8x/day? Y N (First month) Nurse at least 5x/day? Y N (After first month)	If less than recommended, evaluate growth grid WNL. Refer to lactation consultant if necessary.	
8 lbs.	20-23 oz. Formula	Complete bottle in 20-30 minutes? Y N Holds baby while feeding? Y N Is formula mixed correctly? Y N	>30 minutes-evaluate suck-swallow Encourages/demo holding Correct mixing of formula	
12 lbs.	28-32 oz. Formula	Complete bottle in 20-30 minutes? Y N Holds baby while feeding? Y N Is formula mixed correctly? Y N	>30 minutes-evaluate suck-swallow Encourages/demo holding Correct mixing of formula	
4 to 6 months	30-32 oz. +strained foods	Hold head upright? Y N Food stays in mouth? Y N	Start solids	
7 to 9 months	22-28 oz. +junior foods	Picks up small objects? Y N Holds own bottle? Y N	Start finger feeding Examples: Cheerios, crackers and toast	
10 to 12 months	22-28 oz. + junior foods + table food	Drinks from cup? Y N Eats lumpy food? Y N	Encourage self-feeding Introduce table foods/textures	

Distribution: **Pink – Parent**

Blue – Health File

White – Child's File

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Infant Name: _____ Center/Home Educator Name: _____ Date: ____/____/____

TRANSITION TO SOLIDS

Date infant's corrected age in months	1	2	3	4	5	6	7	8	9	10	11	12	Assessment		Intervention	Follow-Up (✓)
													Acceptable	Unacceptable		
Water													Plain, during hot weather	Mixed with sugar, honey or Karo	Training & education	
Infant Cereal													Spoon fed	In a bottle, adult cereal	Spoon fed, infant cereal	
Fruits & Vegetables													No citrus until 12 months	Strained food in a bottle; citrus before 12 months	Spoon fed	
Meat/Poultry/Cheese/Cottage Cheese/Alternative													Spoon fed	Strained food in a bottle	Spoon fed	
Bread/Cereal/Starches													Finger foods, toast, crackers, Combran, Cheerios	Sugar-coated cereals, cake, cookies	Toast, crackers, Combran, Cheerios	
Juices													Infant or diluted adult. No citrus until 12 months	Kool-aid, Tang, soda, iced tea; citrus before 12 months	Infant or diluted adult; citrus at 12 months	
Egg Yolk													Cooked yolk	Egg whites; whole eggs	Cooked yolk	
Dessert/Snack													Pudding, plain yogurt	Candy, chips, sweets	Plain yogurt, fruit	
Milk													Whole milk	Nonfat or lowfat milk	Formula or breast milk to 1 year	
Fluoride Supplement													Yes	No	If "no", refer to physician	

Food can be introduced Food should not be introduced yet

Comments: _____

- Refer to Nutrition Coordinator if there are any concerns

Distribution: **Pink – Parent** **Blue – Health File** **White – Child's File**

Revised 11/07

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Authorization for consent Services

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The Authorization for consent Services (please see the reverse of this page for a copy of the current Authorization for Consent Services) will inform the parent of what their obligation is to the program. These obligations include physical and dental exam requirements as well as required health screens that the Educator will be completing
 - The parent may refuse these services
- The bottom section of this form also includes the option for the parent to refuse or consent to the child's picture being taken as well as other releases

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed
- Review and have parent initial annually

CORRECTIVE ACTION:

- Staff will correct any errors found on this form

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Child's Name: _____ Birth Date: _____ Center: _____

WELCOME TO HEAD START! Head Start's commitment to wellness embraces a comprehensive vision of health for children, families and staff. We want to ensure that through collaboration among families, staff and health professionals, all child health and developmental concerns are identified and children and families are linked to an ongoing source of continuous accessible care to meet their basic health needs.

The following evaluations and screenings are helpful in identifying a child in need of further examination or treatment and are a requirement under the Federal Performance Standards. Some will be done at school, while others will require you to take your child to a licensed professional.

1. A complete physical examination (including two blood tests called a hematocrit/hemoglobin and a blood lead level) no later than 30 days after the first day of school (hematocrit/hemoglobin required annually)*
2. A dental examination no later than 30 days after the first day of school (required annually)*. This exam may be performed by a Head Start Dental Consultant as a courtesy for you and your family. **Head Start supports fluoride supplements and varnishes, which are recommended by dental professionals for young children. The supplements are particularly beneficial for teeth that have not yet erupted through the gums, while the varnish can help protect erupted teeth from decay. We suggest you discuss these treatments with your dentist. Varnishes may be offered at school and you will be required to sign a release before the varnish is applied to your child's teeth.**
3. Health screens including: hearing, vision, blood pressure and height and weight
4. Speech and language
5. Behavioral and developmental screenings
6. Occasionally, pictures or videotapes of children are taken and released for newspaper publications, for community events and TV, and for staff and parent training.

*** Must be performed by a licensed professional.**

I agree to take my child to receive an annual physical and dental examination as indicated in #1 and #2 above. Yes No

I agree for my child to participate in required screenings and tests at the school, as indicated in #3, #4 and #5. Yes No

***If you refuse to have your child participate in required health screenings (as indicated in #3, #4 and #5), it is your responsibility to have your child screened by their doctor. Results must be submitted to center staff.**

I give permission for my child's picture to be published and/or televised, as indicated in #6.
 Yes No

Parent/Guardian Signature: _____ Date: _____

Nombre del niño(a): _____ Fecha de nacimiento: _____ Centro: _____

¡BIENVENIDOS A HEAD START! El compromiso de Head Start en lo que se refiere al bienestar incluye una visión completa de salud para los niños, las familias y el personal. Queremos asegurarnos de que a través de la colaboración entre las familias, el personal y los profesionistas de la salud, todas las preocupaciones relacionadas a la salud y desarrollo de los niños sean identificadas y que los niños y las familias estén vinculadas a una fuente continua de cuidado accesible para cumplir con sus necesidades básicas de salud.

Las siguientes evaluaciones y exámenes son útiles para identificar la necesidad de un niño para más exámenes o tratamiento y son un requisito bajo las Normas Federales de Rendimiento (*Federal Performance Standards*). Algunos se llevarán a cabo en la escuela, mientras que otros requerirán que usted lleve al niño a un profesional con licencia.

1. Examen físico completo (incluyendo análisis de sangre conocida como hematocrito o hemoglobina y nivel de plomo en la sangre) dentro de 30 días a partir del primer día de escuela (el hematocrito o hemoglobina requeridos anualmente)*.
2. Examen dental dentro de 30 días a partir del primer día de escuela (requerido anualmente)*. Este examen dental puede ser hecho por un consultante dental como una cortesía para usted y su familia.
Head Start apoya los suplementos de fluoruro y barnices, que son recomendados por profesionistas dentales para niños pequeños. Los suplementos son especialmente benéficos para los dientes que no han brotado al exterior de las encías, mientras que el barniz ayuda a proteger contra la caries a los dientes. Sugerimos que consulte a su dentista acerca de estos tratamientos. Puede ser que los barnices sean ofrecidos en la escuela y a usted se le pedirá que firme una autorización antes de que el barniz sea aplicado en los dientes del niño.
3. Examen de salud que incluya: el oído, la vista, presión arterial, peso y estatura.
4. Habla y lenguaje.
5. Evaluaciones de comportamiento y desarrollo.
6. Ocasionalmente, se toman fotos o videos de niños para su publicación en periódicos, para eventos comunitarios y televisión, así como para entrenamiento del personal y padres de familia.

*** Deben ser efectuados por un profesionista con licencia.**

Estoy de acuerdo en llevar a mi niño a un examen físico y dental tal como lo indican los números 1 y 2 en la parte superior. Sí No

Estoy de acuerdo en que mi niño participe en los exámenes y evaluaciones en la escuela tal como lo indican los números 3, 4 y 5. Sí No

****Si usted se niega a que su niño participe en las evaluaciones de salud requeridas (como lo indica el número 3), es su responsabilidad que dichas evaluaciones las lleve a cabo su médico. Los resultados deberán ser entregados al personal del centro.***

Doy mi permiso para que la fotografía de mi niño sea publicada o televisada, como lo indica el número 6.

Sí No

Firma del padre, madre o tutor: _____ Fecha: _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Head Start Tuberculosis Risk Assessment

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The Head Start Tuberculosis Risk Assessment (please see the reverse side of this page for a copy of the current Head Start Tuberculosis Risk Assessment) will determine whether the child has been put at risk for exposure to tuberculosis.
- If the parent answers “Yes” to a single question, an Internal Request for Follow-up Services must be made.
 - This will not prohibit the Educator from providing services to the family in the home
 - If the parent answers “yes” to any one question and the child has a negative TB skin test that is current within the year, no follow-up is required

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed
- Review and update with parent signature annually

CORRECTIVE ACTION:

- Staff will correct any errors found on this form

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Head Start/Early Head Start TB Risk Assessment

Parents, your answers will help us find out your child's risk for TB exposure.

Child's Name _____ Date _____ Center _____

One "Yes" response to questions below indicate an automatic referral.

1. Has the child come in close contact with a person infected with TB? Yes No
2. Is the child infected with or at risk of infection of HIV? Yes No
3. Is the child foreign born, a refugee or a migrant? Yes No
4. Has the child had contact with an incarcerated person or a person who has been incarcerated within the last 5 years? Yes No
5. Has the child been exposed to any of the following individuals: HIV infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, migrant farm workers and/or those who have recently visited outside of the U.S.? Yes No
6. Does the child live in a community in which it has been Established that a high risk exists for TB? Yes No
7. Has the child traveled outside of the U.S. since his/her last medical visit? Yes No

1st Year Parent Signature _____ Date _____ 1st Year Staff Signature _____ Date _____
 2nd Year Parent Signature _____ Date _____ 2nd Year Staff Signature _____ Date _____

Evaluación de Riesgo de Tuberculosis de Head Start y Early Head Start

Padres, sus respuestas nos ayudarán a saber si su hijo(a) ha estado expuesto al tuberculosis.

Nombre del niño(a) _____ Fecha _____ Centro _____

Una respuesta "Sí" a las siguientes preguntas indica referencia automática.

1. ¿Ha estado el niño en contacto estrecho con alguna persona infectada con tuberculosis? Sí No
2. ¿Está el niño(a) infectado o con riesgo de infección de VIH? Sí No
3. ¿El niño(a) nació en el extranjero, es refugiado o migrante? Sí No
4. ¿El niño(a) ha tenido contacto con alguna persona encarcelada dentro de los últimos 5 años? Sí No
5. ¿El niño(a) ha estado expuesto a alguna de las siguientes personas: Infectado con VIH, indigentes, residentes de enfermerías, adolescentes o adultos en instituciones, usuarios de drogas ilícitas, campesinos migrantes o personas que recientemente estuvieron afuera de los Estados Unidos? Sí No
6. ¿Vive el niño(a) en una comunidad que haya sido establecida con alto riesgo de existencia de tuberculosis? Sí No
7. ¿Ha viajado el niño(a) afuera de los Estados Unidos desde la última visita médica? Sí No

1st Year Parent Signature _____ Date _____ 1st Year Staff Signature _____ Date _____
 2nd Year Parent Signature _____ Date _____ 2nd Year Staff Signature _____ Date _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Head Start Lead Risk Assessment

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The Head Start Lead Risk Assessment (please see the reverse side of this page for a copy of the current Head Start Lead Risk Assessment) will determine whether the child has been put at risk for exposure to high-levels of lead.
- If the parent answers “Yes” to one of the first two questions, the Educator must complete an Internal Request for Follow-up Services
- If the parent answers “Yes” to two of the last set of questions, the Educator must complete an Internal Request for Follow-up Services
 - This will not prohibit the Educator from providing services to the family in the home
 - If the parent answers “Yes” to the above sequence of questions and the child has a lead blood test (that is less than 10) that is current within the year, no follow-up is required

MONITORING:

Early Head Start Educator staff will

- Review all enrollment documents to ensure that all forms are accurately completed
- Review and update Lead Risk annually with parent signature

CORRECTIVE ACTION:

- Staff will correct any errors found on this form

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

SETA Head Start Lead Risk Assessment

Parents, your answers will help us find out your child's risk for lead exposure.

Child's Name _____ Date _____ Center _____

Has this child had a blood lead test at 12 and 24 months? Yes No

A "Yes answer to questions 1 or 2 indicates an automatic referral.

1. Does your child live with or visit someone who may use lead in his/her work or hobbies? For example: painting, smoldering, automobile battery manufacturing or recycling, vehicle radiator repair, auto painting, demolition or stained glass work? Yes No
2. Does your child chew on windowsills, pick at chipped paint or eat dirt, clay or other non-food items? Yes No

Two "Yes" responses to questions below this box indicate an automatic referral.

3. Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipping paint or that has been remodeled? Yes No
4. Does your child eat candies that were made in another country, such as Bolorindo, Chaca Chaca, Pelon Pelo Rico, Lucas Acidito, Tama Roca, Limon 7, or others? Yes No
5. Do you use imported, old, or homemade dishes or containers to serve, prepare or store food or drinks, such as bean pots, clay pots, lead-soldered pots or cans, or ceramic ware? Yes No
6. Does your family use items from foreign countries such as crayons, cockroach chalk, dried fruits/herbs, teas, candles, or dried grasshoppers? Yes No
7. Do you or anyone who lives with or cares for your child use home remedies such as Greta, Azarcon, Pay-loo-ah, or cosmetics such as Kohl or Surma? Yes No
8. Does your child have a parent, sibling, housemate, or playmate being followed for lead poisoning or who has an elevated blood lead level? Yes No
9. Has your child lived in the United States for less than a year? Yes No
10. Does your child visit other countries frequently? Yes No
11. Does your child live near an active lead smelter or battery recycling plant or other industry that could release lead into the environment? Yes No
12. Does your child live or play next to a freeway, such as at a friend or babysitter's house? Yes No

1st Year Parent Signature _____ Date _____ 1st Year Staff Signature _____ Date _____
 2nd Year Parent Signature _____ Date _____ 2nd Year Staff Signature _____ Date _____

Evaluación de Riesgo contra el Plomo de SETA Head Start

Padres, sus respuestas nos ayudarán a saber si su niño(a) ha estado expuesto al riesgo del plomo.

Nombre del niño(a) _____ Fecha _____ Centro _____
 ¿Ha tenido este(a) niño(a) un examen de plomo a los 12 y 24 meses? Sí No

Una respuesta "Sí" a las preguntas 1 ó 2 indica referencia automática.

1. ¿Vive o visita el(la) niño a alguien que use plomo en el trabajo o pasatiempo? Por ejemplo: Pintura, soldadura, fabricación o reciclaje de baterías para autos, reparación de rayadores para autos, pintura de autos, trabajo de demolición o vidrio oscuro. Sí No
2. ¿El(la) niño(a) muerde los marcos de ventanas, levanta astillas de pintura, barro u otras cosas que no sean alimentos? Sí No

Dos respuestas "Sí" a las siguientes preguntas indica referencia automática.

3. ¿Vive o pasa mucho tiempo el(la) niño(a) en un lugar construido antes de 1978 cuya pintura se está escarapelando o astillando o que ha sido remodelado? Sí No
4. ¿Come el(la) niño(a) dulces que fueron fabricados en otro país, tal como: Bolorindo, Chaca Chaca, Pelón Pelo Rico, Lucas Acidito, Tama Roca, Limón 7 u otros? Sí No
5. ¿Utiliza loza importada, antigua o hecha en casa, recipientes para servir, preparar o guardar alimentos o bebidas, tal como ollas para frijoles, ollas de barro, ollas o latas soldadas con plomo o trastos de cerámica? Sí No
6. ¿Su familia usa artículos de países extranjeros tal como crayolas, gis cucaracha, frutas o hierbas secas, té, velas o chapulines secos? Sí No
7. ¿Usted o cualquier persona que viva o cuide al niño(a) usa remedios caseros tal como: Greta, Azarcón, Pay-loo-ah, o cosméticos tal como Kohl o Surma? Sí No
8. ¿Tiene el(la) niño(a) un padre, hermano, compañero de casa o de juego que esté siendo atendido por envenenamiento con plomo o que tenga un nivel elevado de plomo en la sangre? Sí No
9. ¿Ha vivido el(la) niño(a) en los Estados Unidos menos de un año? Sí No
10. ¿El(la) niño(a) visita con frecuencia otros países? Sí No
11. ¿Vive el(la) niño(a) cercas a una soldaduría activa de plomo o a alguna planta de reciclaje de baterías u otra industria que pudiera desechar plomo al medio ambiente? Sí No
12. ¿Vive o juega el(la) niño(a) junto a una autopista, tal como la casa de un amigo o de la niñera? Sí No

1st Year Parent Signature _____ Date _____ 1st Year Staff Signature _____ Date _____
 2nd Year Parent Signature _____ Date _____ 2nd Year Staff Signature _____ Date _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Family Emergency Cards

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The Educator must complete a Family Emergency card at enrollment. This card will serve in case of an emergency in the home while the Educator is present
- It is imperative that the Educator complete the Emergency Card in its entirety
 - This includes all insurance information for the parent as well as the child
 - This includes all health information for the parent as well as the child
 - The parent must list at least one emergency contact

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed
- An Emergency Card must be completed on an annual basis for each child

CORRECTIVE ACTION:

- Staff will correct any errors found on this form

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Review of the Tobacco-Free Policy

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- The Educator must complete a review of the Head Start Tobacco-Free Policy (please see reverse side of page for current copy) with all adults in the home at enrollment
 - Emphasis will be placed on the non-use of tobacco in the home while the Educator is present
 - Education will be given to the parent on the harmful effects of tobacco on infants and children

MONITORING:

Early Head Start Educator staff will:

- Review the document prior to discussing with the parent

CORRECTIVE ACTION:

- Staff will review this form for a second time if the parent does not comply with the request

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
HEAD START
925 Del Paso Blvd., Suite 200, Sacramento, CA 95815
TELEPHONE: (916) 263-3804

M E M O R A N D U M

DATE: April 29, 2010
TO: SETA Head Start Staff and Parents
FROM: Denise Lee, Deputy Director, Children and Family Services
TOPIC: Tobacco Free Policy

The SETA Head Start Policy Council on January 2, 1996 and the SETA Governing Board on January 18, 1996, adopted the following policy: *Effective February 14, 1996. SETA Head Start will provide a tobacco free environment for children and adults.* The rationale for the policy is as follows:

There is considerable evidence that environmental tobacco smoke is harmful to children and adults. Smokeless tobacco is also known to increase the risk of oral cancer and other health problems. SETA Head Start has the mission to promote the healthy development of the children, the families it serves and staff. The tobacco free policy will place SETA Head Start in the forefront of advocacy and best practice in promoting the healthy development of young children and adults. We further recommend no smoking in personal vehicles occupied by children.

The following is a description of the policy:

1. There will be no tobacco use on the premises of any SETA Head Start childcare center at any time, including classrooms, playgrounds, parking lots and parking spaces.
2. There will be no tobacco use inside SETA Head Start administrative buildings. Administrative office located on school district properties must follow the tobacco free policy of the district, if more restrictive policies are in place. To protect the health of those who enter and leave the 925 Del Paso Blvd location and to role model a healthy lifestyle, tobacco use shall be confined to areas outside the doors closest to the Northeast corner.
3. There will be no tobacco use in SETA Head Start vehicles, regardless of whether or not the vehicle is occupied by children or nonsmokers.

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
HEAD START
925 Del Paso Blvd., Suite 200, Sacramento, CA 95815
TELEFONO: (916) 263-3804

MEMORANDUM

FECHA: Abril 29 del 2010

A: Personal y Padres de Familia de SETA Head Start

DE: Denise Lee, Vicedirectora de Servicios para Niños y Familias

ASUNTO: Reglamento sobre medio ambiente libre de tabaco

El Consejo sobre Reglamento de SETA Head Start y la Mesa Gobernadora de SETA adoptaron la siguiente norma, el 2 de enero de 1996 y el 18 de enero de 1996, respectivamente: *A partir del 14 de febrero de 1996, SETA Head Start proporcionará un ambiente libre de tabaco para los niños y los adultos.* La razón fundamental de esta norma es la siguiente:

Existen considerables pruebas de que el humo del tabaco en el medio ambiente es dañino para niños y adultos. El tabaco libre de humo también se sabe que aumenta el riesgo de cáncer en la boca además de otros problemas de salud. SETA Head Start tiene la misión de fomentar el desarrollo saludable para los niños, las familias a las que les proporciona servicios al igual que para el personal. La norma libre de tabaco colocará a SETA Head Start a la vanguardia en defender y promover el desarrollo saludable de los niños y adultos. También recomendamos no fumar en los vehículos personales mientras viajen los niños en ellos.

Lo siguiente es una descripción del reglamento:

1. En ningún momento se usará tabaco en ninguno de los planteles de cuidado infantil de SETA Head Start incluyendo salones de clase, patios de recreo, lotes y espacios para estacionamiento.
2. A ninguna hora se usará tabaco en el interior de las oficinas administrativas de SETA Head Start. Las oficinas administrativas que se localicen en propiedades de distritos escolares deben seguir las normas del medio ambiente libre de tabaco de dicho distrito, si es que las normas son más estrictas. Para proteger la salud de aquellas personas que entran y salen del edificio en 925 Del Paso Boulevard y para dar un buen ejemplo de un estilo de vida saludable, el uso del tabaco estará limitado a las áreas más cercanas al lado noreste del exterior del edificio.
3. No se usará tabaco en los vehículos de SETA Head Start, sin importar si el vehículo es ocupado por niños o por no fumadores.

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Immunization Records and the California Immunization Blue Card

PURPOSE: To ensure all health and nutrition enrollment document are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health / Nutrition, documents, Forms Completion

PROCEDURE:

- The Educator will complete the California School Immunization Record (blue card) using appropriate immunization records provided by the parent/guardian at enrollment. Only the CA School Immunization Record (blue card) will be kept in the child's home base file.
 - Appropriate documents would include: yellow immunization card; a printout from a doctor's office; a physical exam with a listing of immunizations. All other records must be approved by the assigned Health Nutrition Specialist
- The law allows permanent or temporary exemptions for medical reasons or if immunizations are contrary to the religious or personal beliefs of the parent/guardian.
 - For medical contraindications, parents/guardians must have documentation from a medical provider specifying the reason for and duration of the exemption.
 - Effective January 1, 2014 for any personal/religious exemptions, have the parent/guardian complete and sign the reverse side of the California Immunization Record (blue card). Parents/guardians will be required to have the Personal Beliefs Exemption and Required Immunizations form completed by a health care professional before the exemption can be accepted. The completed exemption form and the blue card will be kept in the child's file at the center.
- In the event a doctor refuses to administer an immunization, written documentation must be obtained and placed in the child's file and documented in the Case Notes
- Once a child's immunizations have been accurately transcribed on the California School Immunization Record (blue card), the Educator will sign and date the blue card, indicating source of immunization record and check the status of the child's immunization record.

MONITORING:

Early Head Start Educator staff will:

- Review all immunizations to determine the child’s status
 - If the child is up-to-date, no further action is necessary at that time
 - If the child is behind, the Educator will assist the family in acquiring all age-appropriate immunizations from the child’s medical provider
- The Educator will inform the parent/guardian that they are responsible for providing updated information regarding their child’s immunization status
 - As the Educator receives immunization updates, they will add those updates to the blue card and make a copy for the assigned Health/Nutrition Specialist who will update the information in ChildPlus

CORRECTIVE ACTION:

- Staff will “strike-through” any inaccuracies on the California Immunization Blue Card.
NOTE: “Corrective tape” is prohibited on this document
- If there are too many errors, a new record may be necessary

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Nutrition Screening for Pregnant Women

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- Educators will complete a Nutrition Screening for Pregnant Women for every pregnant woman who wishes to enroll in the home base option
- The Educator will review the screen and provide health/nutrition information as needed
- The Educator will offer a referral to a Registered Dietitian if the enrolled pregnant woman has concerns about adequate dietary needs

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed

CORRECTIVE ACTION:

- Staff will correct any inaccuracies on this form

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Nutrition Screening Pregnant or Lactating Women

NAME: _____
BIRTHDATE: _____
EHS EDUCATOR: _____

1. Are you allergic to any foods? Y N
If yes, which ones?

What happens? _____

2. Do you drink alcohol, sodas, tea, coffee or chocolate two or more times a week?
 Y N

3. Do you eat dirt, clay, paint chips, ice, refrigerator frost, cornstarch or laundry starch or school paste? Y N

4. Do you have (check all that apply):
 Nausea Vomiting
 Constipation Diarrhea Heartburn

5. Do you skip breakfast? Y N
6. If yes, how often? _____

7. Do you ever run out of food? Y N

8. Do you participate in WIC? Y N
Other food assistance programs? (specify)

9. Which of the following do you take? Check all that apply.

- Vitamins/Minerals with Folic Acid
 Iron pills Herbs
 Medications Antacids Laxatives
 Other(s): _____

First **CIRCLE** the foods the mother eats or drinks...

Then **CIRCLE** the best answer.

	<p>1. Mom eats some of these foods:</p> <ul style="list-style-type: none"> • less than 3 servings a day • 3-4 servings a day • 5 + servings a day • Never
	<p>2. Mom eats some of these foods:</p> <ul style="list-style-type: none"> • less than 2 servings a day • 2 servings a day • 3+ servings a day • Never
	<p>3. Mom eats some of these foods:</p> <ul style="list-style-type: none"> • less than 4 servings a day • 5-6 servings a day • 7 + servings a day • Never
	<p>4. Mom eats some of these foods:</p> <ul style="list-style-type: none"> • less than 2 servings a day • 2 servings a day • 3+ servings a day • Never
	<p>5. Mom eats some of these foods:</p> <ul style="list-style-type: none"> • less than 3 servings per week • 3+ servings per week • Never
	<p>6. Mom eats some of these foods:</p> <ul style="list-style-type: none"> • less than 3 servings a day • 3+ servings a day • Never
	<p>7. Mom eats some of these foods:</p> <ul style="list-style-type: none"> • less than 2 servings per week • 2-3 servings per week • 3+ servings per week • Never

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Request of Age-Appropriate Well Baby Check

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, forms, Completion

PROCEDURE:

- The Educator will request a copy of the most current age-appropriate Well Baby Check
 - A copy of this Well Baby Check will be kept in the child's file
- If at the time of enrollment, if the family does not have a Well Baby Check, the Educator will request that the family contact the child's medical provider prior to the next scheduled visit to request a copy of the most recent exam
 - The Educator will document this request on the Home Visit Plan and/or in the Case Notes section of the child's file

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed

CORRECTIVE ACTION:

- If the child has "failed" a health event (according to Head Start standards), the Educator will follow-up with the family at the time of enrollment. NOTE: See the section of "Follow-up" for more information regarding this process

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Enrollment-Prenatal Health History

PURPOSE: To ensure all health and nutrition enrollment documents are correctly completed at enrollment

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Health/Nutrition, Documents, Forms, Completion

PROCEDURE:

- Educators will complete a Prenatal Health History for every pregnant woman who wishes to enroll in the home base option
- The Prenatal Health History (please see the reverse side of this page for a copy of the current Prenatal Health History) contains several questions that may require the Educator to complete a Routing/Internal Request for Follow-up Services or provide educational information for the family. NOTE: These questions are indicated at the bottom of the Prenatal Health History form
- It is imperative that the Educator completes this form in its entirety. This also includes all insurance information, doctor/dentist contact and physical exam information

MONITORING:

Early Head Start Educator staff will:

- Review all enrollment documents to ensure that all forms are accurately completed

CORRECTIVE ACTION:

- Staff will correct any inaccuracies on this form

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all enrollment documentation after their completion

Revised October 2014

Reviewed: Dated _____ Staff _____

Reviewed: Dated _____ Staff _____

SETA EARLY HEAD START PRENATAL HISTORY



Mother's name: Last: _____ First: _____		1 Age: _____ High risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical coverage or insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of coverage insurance? <input type="checkbox"/> Geographic Managed Care Medi-Cal <input type="checkbox"/> Fee for Service Medi-Cal <input type="checkbox"/> Private <input type="checkbox"/> None	Provider's Name: _____ ID or Policy Number: _____	Is dental coverage included in this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of dental plan: _____ Date of last exam: _____
How long have you been pregnant? _____ What is your expected delivery date? _____ Have you received any prenatal care? 2 <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in which month of pregnancy did you first see a physician or attend a clinic for prenatal care? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> Don't remember	Where did you receive prenatal care? <input type="checkbox"/> Health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Enrollee's home <input type="checkbox"/> Private Physician <input type="checkbox"/> School-based health facility <input type="checkbox"/> Other- please specify _____	Who is your primary health care provider? Name _____ Phone _____ Street _____ Suite _____ City _____ State _____ Zip _____ <input type="checkbox"/> No primary health care provider	
What is the date of your next scheduled prenatal care visit? _____ / _____ / _____ <input type="checkbox"/> None scheduled What is the date of your most recent prenatal care visit? _____ / _____ / _____ <input type="checkbox"/> No prenatal care visits 2	Have you experienced any complications during this or any previous pregnancy? 3 <input type="checkbox"/> No complications <input type="checkbox"/> Yes If yes, explain: _____ _____ _____ _____	Who is your primary prenatal care provider? Name: _____ Phone _____ Street _____ Suite _____ City _____ State _____ Zip _____ <input type="checkbox"/> No primary prenatal care provider <input type="checkbox"/> Same as primary health care provider	
How many of your children were born prematurely? 4 (i.e. < 5 lbs or < 7 months)	How long has it been since your last pregnancy? <input type="checkbox"/> Never pregnant before <input type="checkbox"/> Less than 18 months <input type="checkbox"/> More than 18 months	How many times have you been pregnant prior to this pregnancy? _____	What was the outcome of other pregnancies? 3 <input type="checkbox"/> Miscarriage <input type="checkbox"/> Stillborn <input type="checkbox"/> Abortion <input type="checkbox"/> Decline to answer <input type="checkbox"/> Other- please specify _____
Have you participated in any education groups for child birth or parenting during your current pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kinds of groups have you participated in? <input type="checkbox"/> Prenatal exercise <input type="checkbox"/> Preparing for baby care <input type="checkbox"/> Personal development <input type="checkbox"/> Prenatal general discussion <input type="checkbox"/> Birth education (i.e. Lamaze) <input type="checkbox"/> Parenting education <input type="checkbox"/> Breast feeding preparation <input type="checkbox"/> Other: _____	How many sessions of these groups have you attended? <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> more than 30	
Have you been visited regularly by any nurse, social worker, support person during your pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Visitor's name: _____ <input type="checkbox"/> Don't know Agency: _____ <input type="checkbox"/> Don't know	How are you planning on feeding your baby? <input type="checkbox"/> Breast <input type="checkbox"/> Formula	
Have you used any of the following substances during your pregnancy? Street drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Caffeine <input type="checkbox"/> Yes <input type="checkbox"/> No Cigarettes/Tobacco <input type="checkbox"/> Yes <input type="checkbox"/> No Prescription drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Prescription drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No Are you exposed to second hand smoke <input type="checkbox"/> Yes <input type="checkbox"/> No Other (please specify) <input type="checkbox"/> Yes <input type="checkbox"/> No			

1 Refer to Health Coordinator if >35 or <18
2 Refer to Health coordinator if no prenatal visits
3 Refer to Health Coordinator if any miscarriages or stillborn

Staff _____ Date _____

Distribution: White: Child's File Yellow: Parent

- ④ *Refer to Health coordinator if any premature babies*
- ⑤ *Refer to Health Coordinator if Yes.*

Distribution:

White: Child's File

Yellow: Parent

Revised 7/12

Section 3 – Health/Nutrition

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Health Screens

PURPOSE: To ensure all children are provided health screens according to the CHDP Periodicity Schedule

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check, Requirements

PROCEDURE:

- The Educator will request all age-appropriate Well Baby Checks according to the CHDP Periodicity Schedule
 - Included on these Well Baby Checks are: heights, weights, head circumference measurements (up to 24 months), hemoglobin(HGB)/hematocrit(HCT) levels (9/12 and 24 months), blood lead levels (12 and 24 months)
 - ❖ If the Well Baby Check was not done or did not include a height, weight and/or head circumference, the Educator is responsible to conduct these screens
- The Educator is responsible to conduct the following screens within 45 days from enrollment:
 - Vision Observation
 - Hearing Observation
 - Height and Weight if not completed by the medical provider
 - Head Circumference if not completed by the medical provider

MONITORING:

Early Head Start Educator staff will:

- Review all current Child Plus reports to ensure that all of their enrolled children have met the Head Start health screens requirements

CORRECTIVE ACTION:

- Screen any child who is found to be out of compliance

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all health screen information

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Head Start/Early Head Start Policies and Procedures

Early Head Start Health Screens

Policy

The following health events are required to ensure Early Head Start children are up-to-date on a schedule of age-appropriate preventative and primary health care, according to the CA EPSDT Schedule for Well Child Care.

Rationale: Head Start Performance Standard CFR 1304.20(a)(1). Head Start Performance Standard CFR 1304.20(b)(1), CA EPSDT Schedule for Well Child Care.

Head Start/Early Head Start Policies and Procedures

Early Head Start Health Screens

Procedure

Screen	Age Required	Window of Completion	Screen Type	Level Requirements
Head Circumference	Beginning at 1 month through 23 months	At each Well Baby Check, within 45 Days from the enrollment date	Standard measuring tape	-----
Growth Assessment	Beginning at 1 month through 36 months	At each Well Baby Check, within 45 Days from the enrollment date	Standard scale and measuring tape	Must be within 6 th -94 th percentiles to pass
Hearing Questionnaire	At enrollment and every interval according to the child's age and the periodicity schedule	45 Days from the enrollment date	Paper questionnaire	Review requirement on questionnaire
Hemoglobin/Hematocrit	Between 9-12 months and again at 24 months	90 Days from either the age-appropriate Well Baby Check or the enrollment date	Laboratory	Hgb. must be 11.6 and above Hct. must be 34.1% and above
Lead Level	Between 10-12 months and again at 24 months	90 Days from either the age-appropriate Well Baby Check or the enrollment date	Laboratory	Level must be below 10.0
Tuberculosis Risk Assessment	Must be present at Enrollment- and annually thereafter	At enrollment	Paper questionnaire	Review requirement on questionnaire
Lead Risk Assessment	Must be present at Enrollment- and annually thereafter	At enrollment	Paper questionnaire	Review requirement on questionnaire
Health Assessments (Health and Nutrition Histories, Dental Education Pamphlet and Tobacco Free Memo)	Must be present at Enrollment- and annually thereafter	At enrollment	Paper questionnaire	-----
Vision Questionnaire	At enrollment and every interval according to the child's age and the periodicity schedule	45 Days from the enrollment date	Paper questionnaire	Review requirement on questionnaire
Well-Child Check	At enrollment and every interval according to the child's age and the periodicity schedule	30 Days from enrollment date	-----	-----

Head Start/Early Head Start Policies and Procedures

Procedure:

1. Within one month of hire, all staff responsible for obtaining events identified above will be required to complete full-day training with a Health and Nutrition Specialist.
2. Children will be screened for the above events according to their entry date.
3. If a Well Child Check has a hearing, vision, height/weight or head circumference present, staff may forego the screen and use the information from the Well Child Check.
4. If a child fails the Hearing or Vision questionnaires, a referral must immediately be completed on an Internal Request for Follow-up Services form.

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Health Screens-Well Baby Checks

PURPOSE: To ensure all children are provided health screens according to the CHDP Periodicity Schedule

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- The Educator will request all age-appropriate Well Baby Checks according to the CHDP Periodicity Schedule
 - Included on these Well Baby Checks are: heights, weights, head circumference measurements (up to 24 months), hemoglobin(HGB)/hematocrit(HCT) levels (9/12 and 24 months), blood lead levels (12 and 24 months)
 - ❖ If the Well Baby Check was not done or did not include a height, weight and/or head circumference, the Educator is responsible to conduct these screens

MONITORING:

Early Head Start Educator staff will:

- Review all current ChildPlus reports to ensure that all of their enrolled children have met the Head Start health screens requirements

CORRECTIVE ACTION:

- Screen any child who is found to be out of compliance (if within Educator's ability)
- Follow-up on any failed screen found on the Well Baby Check
 - The Educator will follow referral protocols to determine whether a referral is necessary

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all health screen information

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Health Screens-Hemoglobin/Hematocrit Levels

PURPOSE: To ensure all children are provided health screens according to the CHDP Periodicity Schedule

SCOPE: This Procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- The CHDP Periodicity Schedule requires every child to have a hemoglobin(HGB)/hematocrit(HCT) level taken at 9-12 and 24 months.
- If a child enrolls in Early Head start prior to 9 months, the Educator is responsible to begin requesting the hemoglobin/hematocrit test from the physician at the 9 month Well Baby Check.
 - A physician may refuse to complete the hemoglobin/hematocrit test at the 9 month Well Baby Check. It is the Educator's responsibility to continue to follow-up with the family between 9 and 12 months for the first hemoglobin/hematocrit
- If a child enrolls in Early Head Start between 13 and 23 months, the Educator is responsible for requesting the hemoglobin/hematocrit test from the physician that was completed between the 9-12 month Well Baby Check.
- Early Head Start staff are responsible for requesting evidence of the hemoglobin/hematocrit test from the physician again at the 24 month Well Baby Check
- If a child enrolls in Early Head Start after 24 months, the Educator is responsible for requesting evidence of the hemoglobin/hematocrit test from the physician from the 24 month Well Baby Check
- **All requests will be made from the Early Head Start Educator to the child's family; the family will be given an Early Head Start Well Baby Check form or the Hemoglobin Results form to give to their medical provider to use as documentation. Documentation of the requests will be documented in the child's file under the Case Notes Section and/or on the Home Visit plan**

- If the levels are:
 - Found to be between 11.6/36% and above, the screen is considered a “Pass”
 - Found to be between 11.5-10 and 35.9-30%, the screen is considered a “Fail” and requires follow-up and documentation of this follow-up in the Case Notes Section of the child’s file
 - Found to be below 9.9 and 29.9%, the screen is considered a “Fail” and requires an automatic referral to the assigned Health/Nutrition Specialist
- **If after 90 days from the child’s enrollment date or from the appropriate Well Baby Check, the Early Head Start Educator staff is unable to obtain a blood lead test for any child regardless of age, the child must be referred to SOP Health/Nutrition Services Unit. Staff must include all dates they have spoken/contacted the parent regarding the missing hemoglobin/hematocrit with the referral**

MONITORING:

Early Head Start Educator staff will:

- Review all current ChildPlus reports to ensure that all of their enrolled children have met the Head Start health screens requirements
- Review all hemoglobin/hematocrit levels to determine if any enrolled child will require follow-up

CORRECTIVE ACTION:

- The Educator will refer any child who is found to never had a hemoglobin/hematocrit level to the assigned Health/Nutrition Specialist

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all health screen information

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Health Screens-Blood Lead Levels

PURPOSE: To ensure all children are provided health screens according to the CHDP Periodicity Schedule

SCOPE: This Procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- The CHDP Periodicity Schedule requires every child to have a blood lead level taken at 12 and 24 months.
- If a child enrolls in Early Head start prior to 12 months, the Educator is responsible to begin requesting the blood lead test from the physician at the 12 month Well Baby Check.
- If a child enrolls in Early Head Start between 13 and 23 months, the Educator is responsible for requesting the blood lead test from the physician that was completed at the 12 month Well Baby Check.
- Early Head Start staff are responsible for requesting evidence of the blood lead test from the physician again at the 24 month Well Baby Check
- If a child enrolls in Early Head Start after 24 months, the Educator is responsible for requesting evidence of the blood lead test from the physician from the 24 month Well Baby Check
- **All requests will be made from the Early Head Start Educator to the child's family; the family will be given an Early Head Start Well Baby Check form or the Blood Lead Level Results form to give to their medical provider to use as documentation. Documentation of the requests will be documented in the child's file under the Case Notes Section and/or on the Home Visit plan**
- If the levels are:
 - Found to be below 10, the screen is considered a "Pass"
 - Found to be equal to or greater than 10, the screen is considered a "Fail" and requires an automatic referral to the assigned Health/Nutrition Specialist. This referral must be completed within two weeks of the date the results were received by staff

- If after 90 days from the child’s enrollment date or from the appropriate Well Baby Check, the Early Head Start Educator staff is unable to obtain a blood lead test for any child regardless of age, the child must be referred to SOP Health/Nutrition Services Unit. Staff must include all dates they have spoken/contacted the parent regarding the missing blood lead level with the referral

MONITORING:

Early Head Start Educator staff will:

- Review all current ChildPlus reports to ensure that all of their enrolled children have met the Head Start health screens requirements
- Review all blood lead levels to determine if any enrolled child will require follow-up

CORRECTIVE ACTION:

- The Educator will refer any child who is found to never had a blood lead level to the assigned Health/Nutrition Specialist

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all health screen information

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Health Screens-Vision Observations

PURPOSE: To ensure all children are provided health screens according to the CHDP Periodicity Schedule

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check requirements

PROCEDURE:

- The Educator will complete the Vision Observation questionnaire (please see the reverse of this page for a current copy of the Vision Observation questionnaire) with the parent and child within 45 days of enrollment
- If any answers are “NO” an automatic referral must be made to the assigned Health/Nutrition Specialist
- It is imperative that the Educator complete this form in its entirety. This includes the child’s and Educator’s name, the child’s date of birth and the date of the screening
- The Vision Observation questionnaire must be done at enrollment for every child
- The Educator will complete the Vision Observation questionnaire subsequently whenever the age-appropriate Well Baby Check is not performed by the medical provider

MONITORING:

Early Head Start Educator staff will:

- Review all current ChildPlus reports to ensure that all of their enrolled children have met the Head Start health screens requirements
- Review the Vision Observation questionnaire to determine if a referral is necessary

CORRECTIVE ACTION:

- Screen any child who is found to be out of compliance (if within the Educator’s ability)

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all health screen information

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

SETA EARLY HEAD START VISION QUESTIONNAIRE



Child Name: _____ **DOB:** _____

Parent/Guardian Name: _____

Enrollment Date: _____ **Educator:** _____

Vision History	Yes	No	If yes, please explain and include date.
Has your child had an eye examination?			
Has your child had an eye condition which has been treated and/or corrected?			

Questions (Only to be completed if corresponding Well-Baby Check has not been provided by parent/Guardian)	0-2 mos.		4 mos.		6 mos.	
	YES	NO	YES	NO	YES	NO
Stares at source of light						
Pupils constrict (get smaller) in bright light						
Looks at your face						
Observes movement in room						
Smiles at others						
Observes own hands						
Will turn toward an object or to the side when facing forward						
Date Questions were Completed	/ /		/ /		/ /	
Questions (Only to be completed if corresponding Well-Baby Check has not been provided by parent/Guardian)	9 mos.		12 mos.		15 mos.	
	YES	NO	YES	NO	YES	NO
Shifts gaze between two objects						
Reaches out and grasps for objects						
Visually examines objects held in own hand						
Will notice something small (i.e. raisin, Cheerio) when held within reach						
Both eyes move together and appear to be in balance with one another						
Date Questions were Completed	/ /		/ /		/ /	
Questions (Only to be completed if corresponding Well-Baby Check has not been provided by parent/Guardian)	18 mos.		24 mos.		Refer to Health Services if any answers are NO	
	YES	NO	YES	NO		
Visual behaviors such as fixating, following, shifting gaze, scanning are well developed and integrated into reaching and manipulating objects						
Picks up or tracks small items less than 1" in size						
Looks at pictures in a book						
Recognizes objects across room (8-10 feet)						
Date Questions were Completed	/ /		/ /			

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Health Screens-Hearing Observation

PURPOSE: To ensure all children are provided health screens according to the CHDP Periodicity Schedule

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- The Educator will complete the Hearing Observation questionnaire (please please see the reverse of this page for a current copy of the Hearing Observation questionnaire) with the parent and child within 45 days of enrollment
- If any answers are “NO” an automatic referral must be made to the assigned Health/Nutrition Specialist
- It is imperative that the Educator complete this form in its entirety. This includes the child’s and Educator’s name, the child’s date of birth and the date of the screening
- The Hearing Observation questionnaire must be done at enrollment for every child
- The Educator will complete the Hearing Observation questionnaire subsequently whenever the age-appropriate Well Baby Check is not performed by the medical provider

MONITORING:

Early Head Start Educator staff will:

- Review all current ChildPlus reports to ensure that all of their enrolled children have met the Head Start health screens requirements
- Review the Hearing Observation questionnaire to determine if a referral is necessary

CORRECTIVE ACTION:

- Screen any child who is found to be out of compliance (if within Educator’s ability

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all health screen information

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

SETA EARLY HEAD START HEARING QUESTIONNAIRE



Child Name: _____ **DOB:** _____

Parent/Guardian Name: _____

Enrollment Date: _____ **Educator:** _____

Hearing History	Yes	No	If yes, please explain and include date.
Has your child had a hearing/ear examination?			
Has your child had a hearing/ear condition which has been treated and/or corrected?			

Questions (Only to be completed if corresponding Well-Baby Check has not been provided by parent/Guardian)	0-2 mos.		4 mos.		6 mos.	
	YES	NO	YES	NO	YES	NO
Does your baby become quiet for a moment when you talk to him/her?					NA	NA
Does your baby appear startled or stop moving for a moment when there is a sudden loud noise?					NA	NA
Does your baby turn his/her head to the sound of your voice if he/she cannot see you?	NA	NA				
Date Questions were Completed	/ /		/ /		/ /	
Questions (Only to be completed if corresponding Well-Baby Check has not been provided by parent/Guardian)	9 mos.		12 mos.		15 mos.	
	YES	NO	YES	NO	YES	NO
Does your baby stop and look to you when you say "NO" or call his/her name?						
Does your baby move his/her head around to try to find out where a new sound is coming from?						
Does your baby make a string of sounds (i.e. "ba ba ba, da, da, da")						
Date Questions were Completed	/ /		/ /		/ /	
Questions (Only to be completed if corresponding Well-Baby Check has not been provided by parent/Guardian)	18 mos.		24 mos.		Refer to Health Services if any answers are NO	
	YES	NO	YES	NO		
Does your child give you toys or other objects (i.e. bottle) when you ask, without you pointing or gesturing to the object?						
Does your child point to familiar objects (i.e. dog, book) if you ask?						
Does your child use his/her voice most of the time to communicate with you?	NA	NA				
Date Questions were Completed	/ /		/ /			

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Health Screens-Heights/Weights and Head Circumferences

PURPOSE: To ensure all children are provided health screens according to the CHDP Periodicity Schedule

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- The Educator will complete a height/weight (at every Well Baby Check Interval) and head circumference (up to 24 months) for all enrolled children if appropriate Well Baby Exam is not performed by medical provider
- The height measurement will be taken with a standard cloth tape measure (the increments will be reported in inches)
- The weight measurements will be taken with either an infant scale (0-12 months) or a standard scale (13-36 months) and the increments will be reported in pounds
- The head circumference measurements will be taken with a standard cloth tape measure (the increments will be reported in centimeters)
- After these measurements have been entered by the Health/Nutrition Specialist, a Growth Chart will be issued to the Educator
 - This Growth Chart will include the child's weight-for-length percentile as well as the head circumference-for-age percentile
 - ❖ If the weight-for-length percentile falls between the 6th – 94th percentiles, the Growth Assessment is considered a "Pass"
 - ❖ If the weight-for-length percentile falls below the 6th percentile, the child will be considered underweight-this will require a follow-up and documentation of such action in the Case Notes section of the child's file
 - ❖ If the weight-for-length percentile falls above the 94th percentile, the child will be considered overweight-this will require follow-up and documentation of such action in the Case Notes section of the child's file

MONITORING:

Early Head Start Educator staff will:

- Review all current ChildPlus reports to ensure that all of their enrolled children have met the Head Start health screens requirements
- Review all Growth Assessments to determine if any enrolled child will require follow-up

CORRECTIVE ACTION:

Screen any child who is found to be out of compliance (if within Educator’s ability)

VERIFICATION AND RECORD KEEPING:

- Staff will immediately file all health screen information

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

EHS Health Status Determination (Medical / Dental)

PURPOSE: To ensure that every child enrolled in Early Head Start has an ongoing source of continuous, accessible health care which includes medical and dental health, a determination of availability of health care access will be made within 90 days of enrollment in the Early Head Start program.

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Well Baby Check, Medical Health Status, Dental Health Status

PROCEDURE:

- Early Head Start Educators will request from the family at time of enrollment a copy of the child's most recent Well Baby Check
- Upon receipt of copy of Well Baby Check from the parent, the EHS Educator will review the report for completeness and document the date the report was received as the child's Medical Health Status Determination and Dental Health Status Determination in ChildPlus and on the Family Contact Form or Case Notes
 - **NOTE:** The date the EHS Educator actually receives the report is used as the date for determination of Medical Health Status and Dental Health Status, **NOT** the date of the exam. For Example, an exam may have been performed on August 20 and then given to the EHS Educator on October 21. The date "October 21" is placed as the child's Medical Health Status Determination and Dental Health Status Determination
- If it is found by the EHS Educator that the child is uninsured or underinsured and unable to access adequate medical or dental services, the EHS Educator will follow-up with procedures for Obtaining a Medical/Dental home

MONITORING:

Early Head Start Educator staff will:

- Review all current ChildPlus reports to ensure that all of their enrolled children have met the Head Start Health Status Determination for Medical and Dental

CORRECTIVE ACTION:

- Staff will immediately request from family a recent Well Baby Check report

VERIFICATION AND RECORD KEEPING:

- Staff will document in ChildPlus and Family Contact/Case Notes

Revised November 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Obtaining a Medical/Dental Home

PURPOSE: To ensure that each enrolled child has an identified medical/dental home

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Medical/Dental Home, Sacramento Covered

PROCEDURE:

- Parents/guardians of children identified as not having a medical/dental home must be offered a Sacramento Covered Referral. This may take place at enrollment or during the school year (should the child lose medical/dental coverage)
- The Early Head Start Educator will complete a Sacramento Covered referral form with the parent/guardian for the enrolled child
- The completed referral form must be submitted to SOP Health/Nutrition Services. SOP Health/Nutrition Services will fax the referral to Sacramento Covered and continue follow-up until it is confirmed the child received insurance coverage

MONITORING:

Early Head Start Educator staff will:

- Review with parent on an on-going basis as to availability of medical/dental coverage for enrolled child

CORRECTIVE ACTION:

- The Educator will immediately refer any child who is in need of medical/dental coverage

VERIFICATION AND RECORD KEEPING:

- Early Head Start Educator will document any follow-up in Case Notes section of child's file

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

PIR Health Addendum

PURPOSE: To ensure all insurance, medical/dental home and health conditions are documented for tracking purposes

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: PIR, Insurance, Medical Home, Notification, Medi-CAL

PROCEDURE:

- The PIR Health Addendum will be partially completed at enrollment and finished on a quarterly basis and again when the child terminates from the program
 - The eligibility options refer to Medicare eligibility. The selections can only be as follows:
 - ❖ Eligible AND receiving Medi-CAL
 - ❖ Potentially eligible-but insured elsewhere or currently uninsured
 - ❖ Not eligible-but insured elsewhere or currently uninsured
- If the child is insured via Medi-CAL, he/she will always have access to dental home
 - This is regardless if they have used dental services through Medi-CAL
- The child will always have received “Preventative Dental”
 - This education is given at enrollment
- The selections for conditions for which the child has received treatment for during and prior to their Head Start enrollment are completed

MONITORING:

Early Head Start Educator staff will:

- Review all health/nutrition documents to determine the correct responses to the PIR Health Addendum questions

CORRECTIVE ACTION:

- The Educator will correct any inaccurate answers on the PIR Health Addendum

VERIFICATION AND RECORD KEEPING:

- Staff will keep the PIR Health Addendum in each child’s file and information is input into ChildPlus

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

ChildPlus Reports

PURPOSE: To ensure all health/nutrition information identified in children's files are duplicated in the ChildPlus database for record keeping

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: ChildPlus Reports, Data

PROCEDURE:

- Data entry will be done according to the outlines in the current ChildPlus manual
- Early Head Start designee will enter results for all health/nutrition information
- A 3035 (Health Tracking) ChildPlus reports will be generated by Early Head Start designee. These reports will indicate the following:
 - Expired events
 - Non-complete events
 - Incorrect information
 - Required follow-up

MONITORING:

Early Head Start designee staff will:

- Review all ChildPlus reports to ensure accuracy

SETA Head Start Staff will:

- Review all ChildPlus reports to ensure accuracy

CORRECTIVE ACTION:

- The Educator will request corrections to be made by their designee
- The designee will request updates from the Educator

VERIFICATION AND RECORD KEEPING:

- Designee staff will maintain copies of the current months ChildPlus reports for record keeping

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Section 4 – Follow-Up

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Follow-Up

PURPOSE: To ensure all children are continuously tracked for failed event follow-up

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- Follow-up in Early Head Start home base option will present itself in the following forms:
 - Internal Requests for Follow-up Services (Referrals)
 - FYI Medical Conditions Form
 - Case Notes
 - Home Visit Plans
 - ChildPlus Reports
- Follow-up is required for any failed health event or if it is required on an enrollment document
- Follow-up is constituted as:
 - Providing the family with health/nutrition education that will assist in a particular concern with the child's health/nutrition status
 - Submitting an Internal Request for Follow-up Services for a health/nutrition concern
 - Submitting an FYI Medical Condition form
 - Contacting a medical provider for health/nutrition information regarding a child
 - Informing a parent/guardian of the status of all health/nutrition screens provided either by the Educator or medical provider

MONITORING:

Early Head Start Educator staff will:

- Review all health/nutrition documents, screens and reports to determine if follow-up is necessary

CORRECTIVE ACTION:

- The Educator will immediately refer any child who was in need of a referral at an earlier point

VERIFICATION AND RECORD KEEPING:

- Staff will immediately document any follow-up

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Follow-Up—Failed Health Screens

PURPOSE: To ensure all children are continuously tracked for event follow-up

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessment, Well Baby Check Requirements

PROCEDURE:

- If it is found, after careful review, that a child has failed a health screen (either from a medical provider or an Educator screen) follow-up is warranted
 - An Internal Request for Follow-up Services will be completed for the following situations:
 - ❖ Hemoglobin/Hematocrit level below 10 and 30%
 - ❖ Blood Lead Level at 10 or above
 - ❖ Any “No” response from the Hearing Observation questionnaire
 - ❖ Any “No” response from the Vision Observation questionnaire
 - ❖ Any Growth Assessment percentile below 6% (if the family does not have WIC, if found consistently at a low percent)
 - ❖ Any Growth Assessment percentile above 94% (if the family does not have WIC, if found consistently at a high percent)
 - A conversation with the family will be held and educational information given for the following situations:
 - ❖ Hemoglobin/Hematocrit level between 10-11.5 and 30-35.9%
 - ❖ Any Growth Assessment percentile below 6% (if the family does have WIC)
 - ❖ Any Growth Assessment percentile above 94% (if the family does have WIC)
- All of the above actions will be diligently documented in the Case Notes section of the child’s file

MONITORING:

Early Head Start Educator staff will:

- Review all health/nutrition documents, screens and reports to determine if follow-up is necessary

CORRECTIVE ACTION:

- The Educator will immediately refer any child who was in need of a referral at an earlier point

VERIFICATION AND RECORD KEEPING:

- Staff will immediately document any follow-up

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Follow-Up—Health Conditions

PURPOSE: To ensure all children are continuously tracked for event follow-up

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- If it is found, through conversation with the parent/guardian and/or through the enrollment process that a child has a medical condition (i.e. Asthma, Seizures, CP, Down Syndrome, Eczema, Hearing loss, Obese, etc) an FYI Medical Conditions form will be completed (Please see reverse side for a copy of current FYI Medical Conditions Form)
 - NOTE: A health care plan will not be issued by the assigned Health/Nutrition Specialist

MONITORING:

Early Head Start Educator staff will:

- Review all health/nutrition documents, screens and reports to determine if follow-up is necessary

CORRECTIVE ACTION:

- The Educator will immediately refer any child who was in need of a referral at an earlier point

VERIFICATION AND RECORD KEEPING:

- Staff will immediately document any follow-up

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

FYI Medical Condition for a Home Base Child

(SETA Early Head Start and Head Start Home Base)

Home Educator/Family Information			
EHS Educator/Home Visitor Name:			
LOC ID:		Date of Request:	
Parent/Guardian Name:			
Address:			
City/State/Zip:			
Phone Number:			
Supervisor Signature:			
Child Information			
Child Name:		Date of Birth:	
Medical Condition:			
Medications	Please list:		
Medical Provider Information			
Medical Provider:			
Address:			
City/State/Zip:			
Phone Number:			
Specialist Notes			

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Follow-Up—Inform Parents/Guardians of Health Screen Status

PURPOSE: To ensure all children are continuously tracked for event follow-up

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- After review of every Well Baby Check, the Educator shall discuss the importance of all the contents of the Well Baby Check including the following:
 - Height/Weight and Head Circumference measurements(if included)
 - Blood lead levels (if drawn at that particular appointment)
 - Hemoglobin/Hematocrit (if drawn at that particular appointment)
 - Immunizations (if given at that particular appointment)
- Prior to each health screen performed by the Educator, the importance of each screen shall be identified. For example:
 - The importance of the Hearing Observation screen is to ensure that the child can hear and respond appropriately
 - The importance of the Vision Observation screen is to ensure that the child is seeing and responding appropriately
 - The importance of the height/weight and head circumference measurements is to ensure that the child is typically developing for height-for-stature, accounting also for age
- Post screen, the Educator will immediately inform the parent of the status of the screen; Pass or Fail
 - However, the Educator must have the Growth Assessment returned to them from their assigned Health/Nutrition Specialist prior to discussing the height/weight assessment with the paren/guardian
- All of the above discussions will be diligently documented in the Case Notes section of the child's file and/or on the Home Visit plan

MONITORING:

Early Head Start Educator staff will:

- Review all health/nutrition documents, screens and reports to determine if follow-up is necessary

CORRECTIVE ACTION:

- The Educator will immediately refer any child who was in need of a referral at an earlier point

VERIFICATION AND RECORD KEEPING:

- Staff will immediately document any follow-up

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____



SETA Operated Program
Special Diet Order Form



NOTE: All sections must be completed before the diet can be implemented

Child's Name: _____ DOB: _____

Parent's Name: _____ Teacher: _____

Child Eats: Breakfast Lunch P.M. Snack

Center: _____

Parent Signature: _____

Attention Parent: *Your child's dietary needs will be posted in his/her classroom on a blue Special Diet Alert. His/her picture will be posted on the outside of this alert to ensure your child is easily identified as having a special diet-this is for your child's safety.*

THIS SECTION IS TO BE COMPLETED FOR PREFERENCE-BASED DIETS ONLY.

For our family preference, my child cannot have (check all that apply):

Chicken Turkey Beef Tuna Other _____

Note: If marked "other", we will need documentation from a doctor.

THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN ONLY.

Food Allergy/Intolerance: _____

Substitutions: _____

Special Diet/Nourishment: _____

Tube Feeding (specify): _____

Adaptive Feeding Devices: _____

Other: _____

Physician Name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Follow-Up—Special Diets

PURPOSE: To ensure all children are continuously tracked for event follow-up

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Hearing Observation, Vision Observation, Growth Assessments, Well Baby Check Requirements

PROCEDURE:

- If it is found, through conversation with the parent/guardian and /or through the enrollment process that a child requires a special diet, either due to an allergy, intolerance or preference, an Internal Request for Follow-up Services will be completed
 - It will be the Educator’s responsibility to provide “diet friendly” food for every child with a documented special diet at each Socialization
 - A special diet card will be issued for each child with a documented special diet and kept in a binder specifically for socializations

MONITORING:

Early Head Start Educator staff will:

- Review all health/nutrition documents, screens and reports to determine if follow-up is necessary

CORRECTIVE ACTION:

- The Educator will immediately refer any child who was in need of a referral at an earlier point

VERIFICATION AND RECORD KEEPING:

- Staff will immediately document any follow-up

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Section 5 – Parent Involvement/ Education

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Developmental and Behavior Screens

PURPOSE: To ensure all children's growth and development is supported

SCOPE: This Procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Assessments, Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire-Social Emotional (ASQ-SE)

PROCEDURE:

- Initial Screens are conducted within 45 days of a child's enrollment into Early Head Start
 - Educator will secure consent at enrollment to screen their child for speech, language, development and behavioral using the Authorization for Services Consent form
 - Upon consent from the parent, and within 45 days of a child's enrollment the Educator will use the ASQ and ASQ-SE screens with the parent
 - ❖ If a child fails the ASQ development screen, a referral is made to the Special Education Specialist
 - ❖ If a child fails the ASQ-SE Behavioral screen, a referral is made to the Social Worker
- Screens will be conducted with the parent on an on-going basis as follows:
 - ASQ will be used every two months from 2 months of age to 24 months of age, then every 3 months from 24 months of age to 36 months of age
 - ASQ-SE will be used every 6 months from 4 months of age to 36 months of age
 - Any Failed screens will require follow-up with the family and referrals as needed

MONITORING:

Early Head Start Educator staff will:

- Review all screens with parent/guardian to ensure that child's growth and development is at the appropriate level for age

CORRECTIVE ACTION:

- Educator will complete any screens that are not given at the appropriated time point
- Educator will follow referral protocols to determine whether a referral is necessary

VERIFICATION AND RECORD KEEPING:

- Staff will file all screens and have documented in Education Tracking section of file and inputted into ChildPlus

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Individual Development Plan (IDP)

PURPOSE: To ensure that each child's individual pattern of development and learning is supported

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Screens, Assessments, Head Start Early Learning Framework, Learning objectives, Hawaii Early Learning Profile (HELP), Individual Development Plan (IDP)

PROCEDURE:

- The IDP cover page will be completed in the home with parent input within 30 days of enrollment. If the child is returning for a second year, review all the information for changes and initial for second year. If there are many changes with the family, complete a new cover page and date it
- Computer generated IDP report forms will be used thereafter. This form will be used after each HELP assessment is completed and results are shared with family. IDP forms will be completed using Staff and Parent strategies
- IDP worksheets will be done during the months of November/December, February/March and May/June. The cover sheet and 3 IDP worksheets will count as 4 IDP/Home visits every calendar year the child is enrolled
- The first IDP worksheet must be done no later than 3 weeks after the HELP Assessment Report is provided to you. The second and third IDP will be due no more than 3 weeks after each HELP Assessment Report as well.
- Staff and parent together will use information from the child's HELP assessment report, screenings, written and visual observations and I.F.S.P. goals to complete strategies
- Parent must sign and date after each IDP Home Visit in the appropriate space. A copy of the report is placed in the child's file and a copy is given to the parent at the next home visit. Document information shared on the home visit plan.

MONITORING:

Early Head Start Educator staff will:

- Review all IDP reports to ensure all areas are complete and strategies are implemented

CORRECTIVE ACTION:

- SETA staff will ensure that HELP assessments are completed and IDP worksheets done

VERIFICATION AND RECORD KEEPING:

- Early Head Start Educators will complete IDP with parent and place into file
- Case notes and/or Home Visit plans will be used to document on-going implementation of plans and strategies

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Family Partnership Agreements

PURPOSE: To ensure that families are provided opportunities for growth that reflect their needs, desires and input so they become strong partners in the education of their child

SCOPE: This procedure applies to all Early Head start Home Base Educators

KEY WORDS: Family Partnership Agreement (FPA), Goals, Strategies

PROCEDURE:

- Early Head Start Educators will discuss with enrolling families the scope of the Family Partnership Agreement and how Head Start serves the entire family
- In order to avoid duplication of services between agencies, the enrolling family shall complete the Enrollment Questionnaire at the time of enrollment
- Educators will assist the families in completing Page 1 of the FPA at enrollment assessing for immediate needs of the family
 - If any immediate needs are found, the Educator will provide any necessary referrals and/or information and document in FPA Contact Notes
- Educator will work with the family in developing a minimum of one goal and three strategies for completing the goal within 90 days of enrollment. This will be placed on Page 2 of the FPA. Subsequent pages will be used for additional goals
- A minimum of three follow-up discussions is required on an annual basis. These will be conducted with the family and documented to ensure that goals and strategies are being met. Additional follow-up discussions may be held on an as needed basis
- A copy of the FPA, needs and goals, will be given to parent
- Page 3 of the FPA is a timeline to be used by the Educator to document the follow-up dates and outcomes
- Documentation of completion of FPA and ongoing discussions with family will be placed on Page 4 of the FPA, Contact Notes
- When a parent/family refuses to establish goals and strategies, the Educator must ensure the following steps:
 - Document the reason why the family did not want to participate in the FPA process (for example, foster parent not interested at the time of enrollment, etc)
 - Follow-up with the family three times during the year to ensure that the families' needs are being met

MONITORING:

Early Head Start Educator staff will:

- Review all FPA's to show adequate evidence of family goal setting, strategies and follow-up

CORRECTIVE ACTION:

- Staff will ensure that Family Partnership Agreements are complete

VERIFICATION AND RECORD KEEPING:

- Early Head Start Educators will complete the FPA with the parent/family
- FPAs will be maintained in the child's file for continuous follow-up as it pertains to the Performance Standards
- Family contact notes and/or other documentation shall be maintained in the child's file

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Transitions

PURPOSE: To ensure that families are placed in the most appropriate placement following participation in Early Head Start Home Base program

SCOPE: This procedure applies to all Early Head Start Educators

KEY WORDS: Transition plan, Transfer check-list, Change of Status, SETA Head Start wait list

PROCEDURE:

- Early Head Start Educators must ensure that a written transition plan is completed and the most appropriate placement is determined when the child is 2 ½ years of age
- Early Head Start Educators will ensure the following:
 - Specific needs of child and family are considered in planning for preschool placement
 - Emphasize to parents that Early Head Start services end at age 3
 - Discuss eligibility determination for preschool
 - Complete waitlist for preschool class placement
 - Review Transfer Checklist for needed update, assessments

MONITORING:

SETA Head Start staff will:

- Forward Head Start wait list to Family Placement Workers
- Forward Change of Status to Family Placement Workers

CORRECTIVE ACTION:

- SETA staff shall ensure that transition plans are completed

VERIFICATION AND RECORD KEEPING:

- Upon completion, the following documentation will be maintained in the child's file for future reference:
 - Individualized Transition Plan
 - Transfer Checklist
 - Change of Status

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Section 6 – Pregnant Moms

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Prenatal Education

PURPOSE: To ensure all enrolled pregnant mothers and other family members, as appropriate, are provided with prenatal education on fetal development, and pre- and post-partum health information

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Partners for Expectant Families, Public Health Nurse

PROCEDURE:

- Early Head Start Educators will use “Partners for Expectant Families” curriculum series as a basis for providing appropriate education on fetal development (including risks from smoking and alcohol), labor and delivery and postpartum recovery (including maternal depression)
- Early Head Start Educators will assist families in locating and attending community-based education opportunities
- Early Head Start Educators will make request for a Public Health Nurse to visit with family prior to birth to review prenatal education information and pre- and post- partum health information

MONITORING:

Early Head Start Educator staff will:

- Review with pregnant mother their health and prenatal education needs

CORRECTIVE ACTION:

- The Educator will immediately address pregnant mothers’ needs as appropriate

VERIFICATION AND RECORD KEEPING:

- Educator will document information shared with family in the Case Notes of file

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Request for Home Visit from the Public Health Nurse

PURPOSE: To ensure enrolled pregnant moms/newborns are visited by a Public Health Nurse

SCOPE: This procedure applies to all Early Head Start Educators

KEY WORDS: Public Health Nurse (PHN), Request for Home Visit

PROCEDURE:

- Educator will complete a Request for Home Visit from PHN form during the enrolled pregnant mom's last trimester for a prenatal PHN visit
 - Educator will include a copy of the Prenatal Health History and Nutrition Screen for Pregnant/Lactating women
- Educator will complete a Request for Home Visit from PHN immediately following the birth of the enrolled pregnant mom's child
- Request will be sent to assigned Health/Nutrition Specialist
 - Health/Nutrition Specialist will request the services of the PHN
 - PHN will contact Educator directly to schedule the home visits

MONITORING:

Early Head Start Educator staff will:

- Be constantly aware of when their enrolled pregnant mothers are due for delivery

CORRECTIVE ACTION:

- The Educator will request an immediate visit if one was not requested in the appropriate timeline

VERIFICATION AND RECORD KEEPING:

- Copies of the Prenatal Home Visit check and Newborn Home visit check will be placed in the child's file
- SETA Head Start staff will keep copies of Request for Home Visit by PHN in files

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Request for Home Visit from Public Health Nurse



Home Educator/Family Information		
EHS Home Educator Name:		
LOC ID:		Date of Request:
Parent/Guardian Name:		
Supervisor Signature:		
Purpose of Request		
<input type="checkbox"/> Newborn Home Visit	Child's Date of Birth:	
<input type="checkbox"/> Prenatal Home Visit	Estimated Delivery Date:	
<input type="checkbox"/> Other	<i>Please be advised that this request may be declined.</i>	
Specialist Notes		

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Prenatal Home Visits

PURPOSE: To ensure all enrolled pregnant women are visited by a Public Health Nurse in the last trimester of their pregnancy

SCOPE: This Procedure applies to all Early Head Start Home base Educators

KEY WORDS: Public Health Nurse (PHN), Request for Home Visit

PROCEDURE:

- Early Head Start Educator will complete the Request for Home Visit by Public Health Nurse form during the last trimester of pregnancy and submit to assigned Health/Nutrition Specialist along with a copy of the Prenatal Health History and Nutrition Screen for Pregnant Women forms
- After the Health/Nutrition Specialist has received and processed the Request form, the Public Health Nurse will contact the Early Head Start Educator directly to schedule the visit.
- Once the visit has been completed, the Prenatal Home visit check will be placed in the file and any required follow-up will be documented in the Case Notes section of the file

MONITORING:

Early Head Start Educator staff will:

- Be constantly aware of their enrolled pregnant mothers due for delivery date

CORRECTIVE ACTION:

- The Educator will request an immediate visit if one was not requested in the appropriate timeline and mother has not delivered

VERIFICATION AND RECORD KEEPING:

- Staff will keep copies of the Prenatal Home visit in the child's file

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

SETA Early Head Start Prenatal Nurse Health Visit



Date _____
Name of Mother to be _____ Age _____
Address _____ City _____ Zip _____ Phone _____
Name of Father to Be _____ Age _____
Address _____ City _____ Zip _____ Phone _____
Due Date _____ Hospital _____ Physician _____ Pediatrician _____
Staff Present _____

INFORMATION DISCUSSED

- | | |
|---|---|
| <input type="checkbox"/> Importance of early and continuous prenatal care | <input type="checkbox"/> Timing of contractions |
| <input type="checkbox"/> How client is feeling | <input type="checkbox"/> Delivery – hospital, birthing center or home |
| <input type="checkbox"/> Father's questions | <input type="checkbox"/> How to get to hospital |
| <input type="checkbox"/> Receiving WIC services, if not refer | <input type="checkbox"/> Who will be with you? |
| <input type="checkbox"/> Vitamins and folic acid | <input type="checkbox"/> Packing your suitcase |
| <input type="checkbox"/> Morning sickness | <input type="checkbox"/> Basic baby supplies |
| <input type="checkbox"/> Tobacco use including 2 nd hand smoke | <input type="checkbox"/> Infant car seat – correct positioning |
| <input type="checkbox"/> Drug use, illegal and over the counter | <input type="checkbox"/> Diapers – cloth or disposable |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Feeding your baby – breastfeeding or bottle |
| <input type="checkbox"/> Previous miscarriage (SAB) | <input type="checkbox"/> Who will help at home after the delivery? |
| <input type="checkbox"/> Is baby kicking? (After 16 weeks) | <input type="checkbox"/> Sex after baby comes |
| <input type="checkbox"/> Resting, lying on side | <input type="checkbox"/> Postpartum visit to doctor |
| <input type="checkbox"/> Discomforts of pregnancy | <input type="checkbox"/> Birth control methods |
| <input type="checkbox"/> Signs of pre-term labor | <input type="checkbox"/> Sex during pregnancy |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Postpartum baby blues |
| <input type="checkbox"/> Types of delivery - vaginal or C-Section | <input type="checkbox"/> Choosing a pediatrician |
| <input type="checkbox"/> Signs of labor | <input type="checkbox"/> Preparing the other children for new baby |

Comments: _____

Nurse Signature & Date: _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Newborn Home Visits

PURPOSE: To ensure all newborns are visited by a Public Health Nurse within two weeks of birth

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Public Health Nurse, Request for Home Visit

PROCEDURE:

- After the Educator becomes aware of the birth of a child, they will immediately notify the assigned Health/Nutrition Specialist by completing the Request for Home Visit from the Public Health Nurse (please see reverse for current copy)
 - The assigned Health/Nutrition Specialist will then request the services of a Public Health Nurse
- Once the visit has been completed, the Newborn Visit check will be kept in the child's file and any required follow-up will be documented in the Case Notes section of the child's file

MONITORING:

Early Head Start Educator staff will:

- Be constantly aware of when their enrolled pregnant mothers are due for delivery

CORRECTIVE ACTION:

- The Educator will request an immediate visit if one was not requested in the appropriate timeline

VERIFICATION AND RECORD KEEPING:

- Staff will keep copies of the Newborn Home Visit in the child's file

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

***THIS VISIT DOES NOT CONSTITUTE AS A PHYSICAL EXAM**

**SETA Early Head Start
Newborn Health Visit by Nurse**



Date _____ Pediatrician _____ Newborn Visit _____ Referral? Y N

Name of Child _____

Name of Parents _____

Address _____ City _____ Zip _____

Phone _____

Place of Visit: Home Other _____

Staff Present _____

Other Individuals Present _____

Emergency Contact _____

INFORMATION DISCUSSED

- | | |
|--|---|
| ___ Infant car seat (correct position) | ___ Choosing a pediatrician |
| ___ All about my baby | ___ Baby's first visit to the doctor (what to expect) |
| ___ Skin care | ___ Where does baby sleep? |
| ___ Cord care | ___ Basic baby needs |
| ___ Feeding your baby (breast or bottle) | ___ Postpartum doctor visit |
| ___ Burping your baby | ___ Father's feelings |
| ___ Bathing your baby | ___ Father's questions |
| ___ Talking to your baby | ___ Family planning options |
| ___ Diapering your baby | |

Additional Information _____

Follow-up Required _____

Distribution: White – Child's File Canary – Parent Pink – Health Services
Revised 7/12

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Post-Partum Screen

PURPOSE: To ensure appropriate post-partum support and guidance is obtained for families to pursue further action with a qualified mental health professional

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Edinburgh Postnatal Depression Screen (EPPDS), Request for Follow-up Services, Release of confidentiality, Licensed Clinical Psychologist, or Licensed Mental Health Therapist, Routing Referral Log

PROCEDURE:

- Early Head Start Educators shall give the EPPDS questionnaire for the mother to complete during the two-week newborn check-up home visit or anytime within the 6 week post-partum visit
- Early Head Start Educators shall attach the “Why We Care” letter to the EPPDS questionnaire
- Upon completion, Early Head Start Educators shall send the completed EPPDS and the Follow-up for Internal request for Services and Release of Confidentiality to SETA Head Start Staff in a sealed envelope marked confidential
- At no time shall EPPDS questionnaires be kept in a child’s file

Note: For those Early Head Start mothers, whose infants/children are older than 6 weeks, the Early Head Start Educator can complete a Request for Follow-up Services for Mental Health if the parent expresses concerns about being depressed or from your observation that the parent could be depressed

MONITORING:

SETA Head Start staff will:

- Upon receipt of the EPPDS screen, have the Early Head Start Social Worker conduct further follow-up
- Follow-up with the Early Head Start Educator and refer to the Health and Nutrition tracking log to ensure that follow-up is in process and/or completed

CORRECTIVE ACTION:

- SETA Head Start staff shall ensure that EPPDS referrals are followed-up and complete

VERIFICATION AND RECORD KEEPING:

- SETA Head Start staff shall review Routing referral log to verify that all follow-up has been completed and documented

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Section 7 – Educators/Program

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Case Management

PURPOSE: To ensure that the needs of children and families are identified, a plan is developed to help get their needs met, responsibility for the tasks are assigned and follow-up is completed

SCOPE: This procedure applies to all Early Head Start Home Base Educators

KEY WORDS: Case Management, On-going, Worksheets, Case Notes

PROCEDURE:

- Case Management will take place quarterly (every 3 months) with the SETA Head Start staff and will consist of discussion of family issues, identified problems, plan of action and file review
- Case Management will be conducted on an on-going basis between the Early Head Start Educator and Team Leader/Supervisor.
- During Case Management, families are discussed, issues or problems are identified and a plan of support is designed. Decisions are made as to who will be responsible for various portions of the plan and target dates are set.
- On-going Case Management will be documented in the Case Notes section of the child's file
- Quarterly Case Management will be documented on the Case Management Worksheet and signed by all in attendance. The completed form will be kept in the child's file in Case Management section. A copy of form will be placed in SETA Head Start file.
- At the next Case Management meeting, follow-up is done to check on the status of the previous meeting's issues

MONITORING:

Early Head Start Educator staff will:

- Follow-up with family concerning issues and problems, noting action completed and documenting in Case Notes

SETA Head Start staff will:

- Review Case Notes to assess on-going follow-up of family concerns and plans of action

CORRECTIVE ACTION:

- SETA Head Start staff will ensure that Case Management is conducted on an on-going basis

VERIFICATION AND RECORD KEEPING:

- Case Management documentation in Case Notes will be maintained in child's file
- Case Management Worksheets will be kept in child's file and a copy in SETA Head Start file

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Socializations

PURPOSE: To provide children and parents enrolled in the Early Head Start Home Base Program an option to interact with other Home Base children and parents

SCOPE: This procedure applies to all Early Head start Home Base Educators

KEY WORDS: Socialization

PROCEDURE:

- The Early Head Start Educators shall organize group socialization/activities for both the child and parent to support development by strengthening the parent/child relationship
- Educators shall ensure that the socialization activities for the children emphasize peer group interaction through age appropriate activities
- The Educators shall ensure that families are informed about up-coming Socializations
- The Educators shall ensure that the children are to be supervised by the home Educator with parents observing at times and actively participating at other times
- The Educators shall encourage parents to accompany their children to the group socialization activities at least twice each month to observe, participate as volunteers or to engage in activities designed specifically for the parents
- The Educators shall ensure that the nutrition requirements specified in 45 CFR 1304.23(b)(2) are met and provide appropriate snacks and meals to the children during the group socialization activities

MONITORING:

SETA staff will:

- Specifically review documentation indicating socialization topics, socialization calendar, socialization web
- Observe socializations
- Provide on-going support to Early Head Start Educators to meet Socialization performance standards

CORRECTIVE ACTION:

SETA staff will:

- Maintain all Socialization documents for future reference and follow-up
 - Socialization schedule/calendar
 - Socialization flyer
 - Socialization web

VERIFICATION AND RECORD KEEPING:

- Early Head Start staff shall submit a Socialization schedule/calendar to SETA Head Start Staff with specific dates and times of all socializations
- Early Head Start Educators shall submit socialization flyers and socialization webs on a monthly basis to SETA Head Start staff

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

Section 8 – Administrative

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Confidentiality

PURPOSE: To ensure parents/guardians and children a fundamental right to privacy and confidentiality

SCOPE: This procedure applies to all Early Head Start Educators and Staff

KEY WORDS: Confidentiality, Privacy, Records

PROCEDURE:

- Staff members involved in providing services to families will secure parents/guardians' written consent before disclosing any information to other agencies and professionals. In discussing cases, Head Start staff will exercise utmost discretion and respect for parents/guardians' confidentiality and privacy
- Information can be disclosed only for compelling professional reasons that will increase family functioning and ensure that services are provided in a most efficient manner
- All family and children's file are to be kept in a locked file cabinet
- Only authorized individuals may access files.
- All family folders/file are available only to assigned site staff. All other Head Start personnel must sign out on the SIGN IN/SIGN OUT log form that is to be located in the locked file cabinet
- **NOTE: Family/Children's files/folders are not allowed to be stored in personal or agency vehicles**

MONITORING:

Early Head Start Educator staff will:

- Review SIGN IN/SIGN OUT log to verify that non-authorized personnel are documenting file access
- Ensure that file cabinets are locked when files are not being accessed by assigned site staff

CORRECTIVE ACTION:

- File cabinets will be immediately locked when found to be open

VERIFICATION AND RECORD KEEPING:

- SETA Head Start staff shall review SIGN IN/SIGN OUT log to verify that confidentiality protocol is being followed

Created October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____

EARLY HEAD START HOME BASE STANDARD OPERATING PROCEDURES

Courier

PURPOSE: To ensure efficient distribution and receipt of mail between SETA Head Start, Early Head Start River Oak Center for Children and Early Head Start Sacramento County Office of Education

SCOPE: This procedure applies to SETA Head Start Administration, River Oak Center for Children and Sacramento County Office of Education staff

KEY WORDS: SETA Head Start, River Oak Center for Children (ROCC), Sacramento County Office of Education (SCOE), Inner-office

PROCEDURE:

- Mail will be delivered on Wednesday and Friday of each week between SETA, ROCC and SCOE
- Use of inner-office envelopes is mandatory. Envelopes shall clearly identify the addresses and department/location destination
- Mail shall be placed in an appropriate mail bag as follows:
 - For Wednesday—Mail must be placed in mail bag by close of business on **Tuesday**
 - For Friday—Mail must be placed in mail bag by close of business on **Thursday**

Revised October 2014

Reviewed: Date _____ Staff _____

Reviewed: Date _____ Staff _____