

## Requesting Health/Nutrition Follow-up Services

### Policy

**Rationale:** Head Start Performance Standard CFR 45 1304.20 (c)

***Policy:*** An Internal Request for Follow-up Services form is to be submitted when requesting a Health/Nutrition Specialist to attempt screens on a child who has previously failed with center staff; to request dental services assistance for a family; to request nutrition counseling for a family with a registered dietician; a child is diagnosed with a medical condition after enrollment; when center staff or a parent/guardian express concern regarding the child's health and/or nutrition status. For additional guidance, please refer to the Conditions for Follow-up Services Request on the pages following this policy and procedure.

# Request For Follow-Up Services

## Procedure

***Guidance:*** An Internal Request for Follow-Up Services form is to be submitted when requesting a Health/Nutrition Specialist to attempt screens on a child who has previously failed with center staff; to request dental services assistance for a family; to request nutrition counseling for a family with a registered dietician; a child is diagnosed with a medical condition after enrollment; when center staff or a parent/guardian express concern regarding the child's health and/or nutrition status. For additional guidance, please refer to the Conditions for Follow-up Services Request on the pages following this policy and procedure.

### ***Procedure:***

**Step 1:** When a child (including children already enrolled with Head Start and SCOE) is in need of additional services, a Request for Follow-up Services form will be completed (please refer to the **Follow-up Services Checklist** for a complete list of forms to be submitted). The parent/guardian must sign the form and NCR copies are to be distributed as instructed on the form.

**Step 2:** Within 48 hours of receipt of the Request for Follow-Up Services form from the center, the Health/Nutrition Services Unit will log in the referral on a shared computer drive. This will allow all managers and program offices to follow the progress of the referral.

**Step 3:** Within 2 weeks of receipt of the Request for Follow-Up Services form, the Health/Nutrition Services Unit will indicate on the original form what follow-up occurred.

## Head Start/Early Head Start Policies and Procedures

**Step 4:** On-going follow-up/documentation is conducted by appropriate staff. If no response is given within 3 weeks, it is the responsibility of the person who initiated the referral to contact the Health/Nutrition Services Unit.

**Step 5:** Children with pending referrals requiring a care plan may not be at the center until the care plan is received and any necessary training occurs.

### Conditions for Follow-up Services Request: Health

Asthma	Allergies
Catheterization	Cerebral Palsy
Cystic Fibrosis	Diabetes
Down's Syndrome	Chronic constipation/retention
Diapering needed beyond normal age	Failure to thrive
Fetal Alcohol Syndrome	Gastronomy feeding
Hearing impaired	Heart conditions
Hemophiliac	Kidney condition
Orthopedically impaired	Seizures
Shaken Baby Syndrome	Sickle Cell Anemia
Spina Bifida	Tracheostomy
Visual impairment	HIV/AIDS
Failed hearing screening	Failed vision screening
Any other health concerns noted on physical exam form, health history, shared by parent/guardian.	

**Contact Health/Nutrition Services for guidance on any condition or suspected illness not listed above.**

## Head Start/Early Head Start Policies and Procedures

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### Conditions for Follow-up Services Request: Nutrition

#### Early Head Start

Low Birth Weight (<5 lbs. 8 oz)	Premature: <37 weeks gestation
Blood Lead Level $\geq$ 6 mcg/dl	Fetal Alcohol Syndrome
Medically documented drug exposure in utero	Recurrent constipation or diarrhea in 3 week duration
Failure to Survive	Cleft Palate
Weight $\leq$ 5% or $\geq$ 95%	Anemia (as dx by medical professional)
Any other health concerns noted on physical exam form, health history, shared by parent/guardian.	

#### Head Start

Tube feeding	Cystic Fibrosis
Phenylketonuria	Galactosemia
Dysphagia/Difficulty eating	Renal/hepatic disease
Peptic Ulcer Disease	Food allergy
Lactose	Ulcerative Colitis
Crohn's Disease	Diverticulitis
Diabetes Mellitus	Hypoglycemia
Eating disorders (ie, anorexia, bulimia)	Heart disease
Sodium restriction	Texture modified diet
Fat restriction	*Underweight, overweight, or obese
Epilepsy/Seizures	Anemia (as dx by medical professional)
Any other health concerns noted on physical exam form, health history, shared by parent/guardian.	

Contact Health/Nutrition Services for guidance on any condition or suspected illness not listed above.

\*See BMI Policy and Procedure