

 Policy #: CHDS-4	Effective Date: 6/22/10	Page #: 1 of 2
Ref #: 1304.20(d)	Policy Council Approval Date of Policy: 6/22/10	

COMPONENT: CHILD HEALTH AND DEVELOPMENTAL SERVICES

SUBJECT: ONGOING CARE

PERFORMANCE OBJECTIVE: To implement ongoing procedures by which Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include periodic observations and recordings, as appropriate, of individual children’s developmental progress, changes in physical appearance and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

POLICY AND PROCEDURE:

On-going evaluations of children are completed by the teaching staff in an effort to observe and identify each child’s physical, social, emotional, and cognitive development to ensure the quick identification of health or developmental problems, as well as to be aware of each child’s developmental progress.

On-going observations include but are not limited to the following:

- Family Team Meeting Monthly
- Quick daily observations of each child upon arrival and departure of the center
- Observations throughout the day as children participate in indoor and outdoor activities, routines and transitions.
- Anecdotal observations are recorded on a regular basis by teaching staff in order to assess each child’s progress towards their goals and effectiveness of individualization.

Communication with parents/guardians will occur throughout the program year. Strategies for communication include but are not limited the following:

- Home visits completed by teaching staff as well as FA twice yearly
- Parent/Teacher Conferences conducted twice yearly and more often as deemed necessary
- Daily face to face interactions with parents/guardians
- Parent/Guardian contact notes
- Phone conversations

- Scheduled meetings as appropriate

Teaching staff will communicate with parents/guardians and encourage any input, on a regular basis in a supportive manner, especially when discussing concerns, regarding their child's health and development. When concerns are identified teaching staff and/or FA will communicate with parents/guardians as quickly as possible in an effort to facilitate referrals as deemed necessary.

The classroom teachers will be required to complete the Health and Behavioral Observation twice yearly. The first Health and Behavioral Observation is to be completed within the first 45 calendar days of attendance. All observations will be submitted to the Area Coordinator who will forward to the Health Services Manager.

1. The initial Health and Behavioral Observation (originals) will be submitted to the Area Coordinator who will forward it to the Health Services Manager to review, initial, and make copies. If the Health Services Manager has concerns and/or questions, it will be indicated on the original Health and Behavioral Observation and e-mailed to the teacher/Family Advocate and Area Coordinator.
2. The Health Services Manager will send the initialed originals back to the classroom to use for February's observation. Copies will be forwarded to the Family Advocate to be filed.
3. February's Health and Behavioral Observation will be documented on the original form used in the initial observation and submitted to the Health Services Manager for review and initialing.
4. The Health Services Manager will forward the originals to the Family Advocate to be filed.

When medical, dental or developmental concerns are identified or suspected, staff are required to consult with the parent/guardian immediately. Details of such conversations will be documented on family contact note and entered in ChildPlus.