

Integration of PFCE and Health Services



Head Start Regional TTA Network

OBJECTIVE

- Learn strategies to improve the quality of health services provided to children and families enrolled in your program.
- Clarify questions about the EPSDT requirements.
- Identify helpful resources.
- Understand your role in supporting health services.



INTRODUCTION



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GROUP ACTIVITY


THE NATIONAL CENTER ON Oral Health

Head Start Oral Health Form

Patient Information

Child's Name: _____ DATE OF BIRTH: _____ CENTER: _____
 Pregnant woman's/child's name: _____ Pregnant woman's/child's date of birth: _____
 This practice is the pregnant woman's/child's dental home: Yes No

Current Oral Health Status

Does the pregnant woman or child have any teeth with untreated decay? Yes (decay) No (decay free)
 Does the pregnant woman or child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? Yes No
 Does the pregnant woman have gum disease? Yes No
 Are there treatment needs? Yes, urgent Yes, not urgent No treatment needs

Oral Health Care Services Delivered During Visit

Diagnostic/Preventive Services	Counseling/Anticipatory Guidance	Restorative/Emergency Care
Examination: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fillings: <input type="checkbox"/> Yes <input type="checkbox"/> No
X-rays: <input type="checkbox"/> Yes <input type="checkbox"/> No		Crowns: <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral to Specialty Care	Extractions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fluoride varnish: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please specify specialist) _____	Other: (Please specify) _____
Dental sealants: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Future Oral Health Care Services

All treatment completed: Yes No
 More appointments needed for treatment? Yes No
 If yes: Approximate number of appointments needed: _____ Next appointment: Date: _____ Time: _____

Additional Information for Pregnant Women, Parents, Head Start Staff, and Medical Providers

Oral Health Provider's Contact Information and Signature

Provider name (please print) _____ Phone number _____ Fax number _____
 Address _____
 Practice name _____ Date _____
 Provider signature _____

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ATTENTION PROVIDER:
 Head Start requires a COMPLETE CHDP EQUIVALENT HEALTH EXAM, including BLOOD TESTS FOR LEAD and HEMOGLOBIN. Documentation of ALL screenings is necessary in order to provide prompt assistance to families to best meet the health and developmental needs of the child. Please complete all boxes, sign and date, and return this form to the parent.

EARLY HEAD START PHYSICAL EXAM (TO BE COMPLETED BY PROVIDER)

CHILD'S NAME: _____ DATE OF BIRTH: _____ CENTER: _____

WELL CHILD EXAM PERFORMED TODAY (PLEASE CHECK ONE)
 <1 mo 1-2 mos 3-4 mos 5-6 mos 7-9 mos 10-12 mos 13-15 mos 16-18 mos 19-24 mos 25-30 mos

HEALTH CARE PROVIDER INFORMATION

PHYSICAL EXAMINATION ADMINISTERED BY (TYPE OR PRINT NAME): _____ SIGNATURE: _____ DATE OF EXAM: _____
 CLINIC TYPE OF PRACTICE: _____ TELEPHONE NUMBER: _____
 ADDRESS: _____

EXAMINATION RESULTS

EXAM	HEIGHT		WEIGHT		HEAD CIRCUMFERENCE (Required up to 24 months of age)	
	inches	Abnormal	lbs/oz	Abnormal	centimeters	Abnormal
Skin	Normal		EXAM	Normal	Abnormal	Abdomen
Head			Mouth/Teeth/			Genitalia
Neck			Oral Health Assessment			Neurologic
Lymph Nodes			Throat			Extremities
Eyes			Chest			Motor Ability
Ears			Lungs			Psychological
Nose			Heart			Speech
			Back			

VISION ASSESSMENT

Sensory Screenings (Clinical Assessment): Normal Abnormal
 HEARING ASSESSMENT: Normal Abnormal

IMMUNIZATIONS GIVEN TODAY

Hepatitis B DTaP PCV Rotavirus
 MMR Polio Hib
 Influenza Varicella Hepatitis A

Lead

Hemoglobin (Required at 12 months): _____ DATE: _____ LEAD LEVEL @ 12 MOS. mcg/dL: _____
 HGB (g/dl): _____ No Risk Anemia
 DATE: _____ LEAD LEVEL @ 24 MOS. mcg/dL: _____
 Medicard requires a lead test at 12 and 24 months.

Screening of TB Risk Factors

Risk factors NOT present: TB SKIN TEST NOT REQUIRED
 Risk factors present: Mantoux TB skin test performed

At Risk: At Risk No Risk
 Provided: Yes No

Anticipatory Guidance Provided: _____
 Fluoride Varnish Applied: _____
 Dental Screening: _____

Diagnostic/Abnormal Findings

DATE GIVEN: _____ RESULTS: _____ mm _____ Non Significant Significant
 DATE OF CHEST XRAY: _____ NORMAL ABNORMAL DATE READ: _____
 Treatment/Restrictions/Recommendations for School: _____

Does the child have asthma? Yes No
 Child is physically and emotionally able to participate in program: Yes No (If no, please explain in space above)

TYPE OF MEDICATION AND PURPOSE: _____



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Sample Child Files



Child 1



Child 2



Child 3



Child 4



Is the health file complete?
How could the forms be improved?
Would you recommend additional forms?



REFLECTIONS

Read your scenario and identify the following:

1. Does the child or family have an identified need?
2. If so, who else needs to know?
3. How will you communicate the concern to the family? What family engagement opportunity can you plan?
4. What Community Resources are needed?
5. How will you support this family?
6. What Documentation is needed? How will you support the parent in obtaining what is needed?
7. What needs to be documented, and what follow-up is needed?



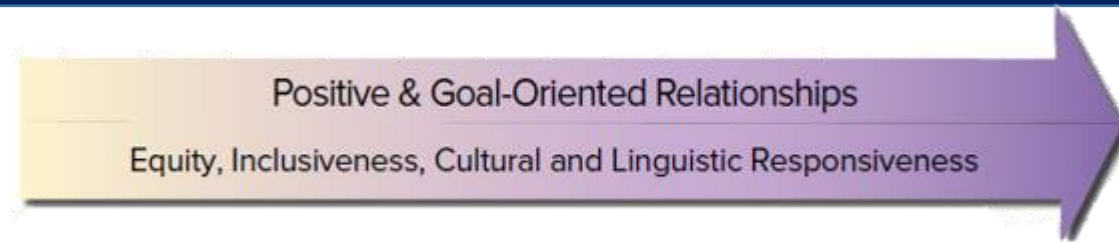


- programs **must** collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.

[1302 Subpart D—Health Program Services | ECLKC \(hhs.gov\)](#)



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Positive goal-oriented relationships develop over time. Equity, inclusiveness, cultural and linguistic responsiveness are at the heart of these relationships which:

- Are fueled by families' passion for their children,
- Are based on mutual respect and trust,
- Affirm and celebrate families' cultures and languages,
- Provide opportunities for two-way communications,
- Include authentic interactions that are meaningful to those who participate in them, and
- Often require an awareness of one's personal biases and how those biases can affect mutual respect and trust.

DEADLINES

30 days:

- Medical Home
- Dental Home
- Source of Insurance

45 days:

- Developmental screenings
- Hearing screenings
- Vision screenings

90 days

- Everything else in the EPSDT schedule, CDC immunization schedule and oral periodicity schedule



CALENDAR DAYS

September						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

30

October						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

45

November						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

90

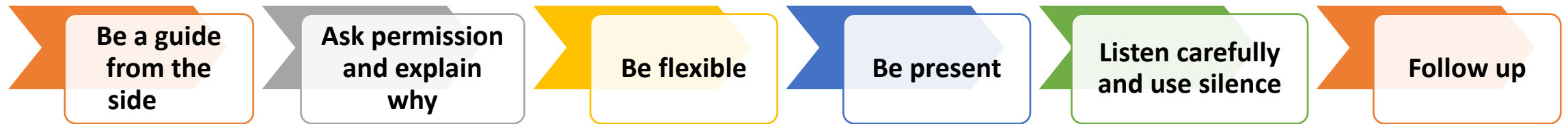


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- Identify the medical/dental home
- Identify source of insurance
- Ensuring up-to-date child health status
- Identify each child's nutritional needs, health needs, and the families concerns

DURING A CONVERSATION WITH THE FAMILY



HEALTH FAIRS/SCREENING DAYS

Health Fairs:

- Will help your program ensure compliance with deadlines
- Will give you opportunities to collaborate with community partners



HEALTH EDUCATIONAL MATERIALS:



[Health Tips for Families Series: Full Collections | ECLKC \(hhs.gov\)](#)



[Sesame Workshop - Helping Kids Everywhere Grow Smarter, Stronger, and Kinder.](#)



[home | Workplace Health Promotion | CDC](#)



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COLLABORATION WITH HEALTH COMPONENT – FOLLOW-UP



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Who can we partner with?

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/building-community-partnerships-overview.pdf>



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SUPPORTING FAMILIES IN THE COMMUNITY

Example

Community challenge: Over 45% of children entering kindergarten in a community have never been seen by a dentist.

Community collaboration solution: Agency staff and parent leaders discuss the challenge and develop a dental health initiative. These agencies, including a local dental clinic and a pediatrician's office, ask parents about their children's dental health. The agencies create a shared referral process to connect children to dental care. They create a task force to work on influencing increased reimbursements and recruitment of pediatric dentists for the community.

Outcome: Stronger family well-being. A higher percentage of children in the community have a dental home and dental health is improved.



Staff
Consultants
Contractors



Knowledge
Training
Experience



High Quality Service Delivery



DOCUMENTATION



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LET'S PRACTICE



Developmental screenings, hearing screenings, and vision screenings have to be completed within 30 days.



10 well-baby checks are required between the ages of 0-3.



The size of the head circumference should be documented in a well-baby check on children younger than 3.



Blood pressure measurement should be documented on children between the ages of 3-5.



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LET'S PRACTICE



Lead testing should only be done at the ages of 12 and 24 months.



If a child between the ages of 3-5 was never tested before for lead, he/she should be tested within 90 days?



We should screen infants (children younger than 1) for vision.



We should follow our state's immunization schedule.

LET'S PRACTICE



#GetaHeadStart

E	1
F P	2
T O Z	3
L P E D	4
P E C F D	5
E D F C Z P	6
F E L O P Z D	7
D E F F O T E C	8

Head Start and Early Head Start programs invest in your child's health and wellness.

Anemia testing should be done annually.



#GetaHeadStart

E	1
F P	2
T O Z	3
L P E D	4
P E C F D	5
E D F C Z P	6
F E L O P Z D	7
D E F F O T E C	8

Head Start and Early Head Start programs invest in your child's health and wellness.

A blood sample is needed to test a child for anemia.



#GetaHeadStart

E	1
F P	2
T O Z	3
L P E D	4
P E C F D	5
E D F C Z P	6
F E L O P Z D	7
D E F F O T E C	8

Head Start and Early Head Start programs invest in your child's health and wellness.

FS Staff is required to assist with health services follow-ups.



#GetaHeadStart

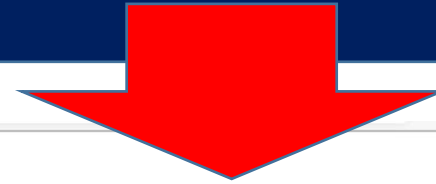
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P E C F D	5
E D F C Z P	6
F E L O P Z D	7
D E F F O T E C	8

Head Start and Early Head Start programs invest in your child's health and wellness.

All health contacts should be documented.



RESOURCES: ECLKC



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