

Individual Care Plans – Medical, Nutrition, Safety

Policy/Approach:

SOHS is committed to providing comprehensive services that support the individual health, nutrition, and safety needs of each child in the program. To this end, a comprehensive approach of referral, planning, follow-up, collaboration with families, consistent documentation and ongoing monitoring is used, which is designed to comply with all relevant Head Start Performance Standards and State licensing regulations.

Whenever a child has an individual health or nutrition need (e.g. allergies, asthma or chronic illness) that requires follow-up and/or support, the Health Services Manager and Health Team will collaborate with parents and the child's healthcare provider(s) to create an **Individual Care Plan**.

Staff are trained to understand and support these health issues, including administration of any medication needed, and ensure that whenever required, specific health procedures are completed only by a licensed health professional. Family Advocates and Home-Based Home Visitors also set goals with families to assist them to effectively manage their children's chronic health conditions, and to promote health and well-being in their home environments as needed.

Menus are adapted as needed to accommodate individual children's medically related restrictions as prescribed by the child's healthcare provider, religious restrictions, such as meat, or disabilities affecting nutrition or feeding.

Head Start Program Performance Standards:

1302.42 – Child health status and care 1302.44 – Child Nutrition
1302.46 – Family support services for health, nutrition, and mental health 1302.47 (7) (vi) – Safety
Practices – Administrative Safety Procedures 1302.61- Additional services for children

Oregon Administrative Rules:

OAR 414-300-0230 – Medications

Our procedures are subject to adjustment based on Public Health needs or advisory from either our local, state or federal governing bodies. Any temporary modifications to procedures in this event will be documented and shared with staff.

Procedures:

A. Individual Care Plans

Individual Care Plans (ICPs) are created by the Health service staff, in collaboration with the child's parent/guardian, healthcare provider, and family service staff as needed.

1. Staff will notify Health Services whenever a health concern has been identified, e.g. through staff observation of a child (see [Health Observation procedure](#)), a conversation with the parent, information received from physician, or other means.
2. The ICP is written by Health Services and can include:
 - Description of health concern
 - Signs/symptoms that staff should watch for, and how they should respond
 - Accommodations needed, e.g. restricted activity, dietary restrictions, environmental control
 - Child involvement (if the child understands the condition and is involved in its treatment)
 - Medication needed, if applicable
 - Training needs for staff
 - Follow-up and review plan for staff, as needed
3. The ICP is documented in the electronic database by Health Services and then reviewed with the child's center staff. Copies are then distributed to the Center GO TO file, Health Services, and Parent if they desire a copy.
4. The ICP is monitored by Health Services.
 - a. For high medical needs or medically fragile/complex children (which will be identified by our Health Manager and documented in their plan) additional monitoring practices will include:
 - Initial 1-4 weeks of child attendance Health Manager may check-in up to daily with staff including documentation reviews.
 - When the Health Manager feels it's appropriate, they may transition to monthly staffings where Site Manager will meet with the Health Manager to discuss the child's plan and how it is going. The parent, classroom staff and FA will be included on this as needed.
 - Additional staffing or check-in's will be scheduled as needed.
 - Staff are to contact the Health Manager immediately by phone if any deviations to the child's plan are made, or the child's medical condition or symptoms are outside of normal range (e.g. high blood sugars, increased breathing issues, other consistent or increased symptoms, or behaviors).

5. The ICP is revisited with the family at home visits or as needed. If the child's health needs have changed staff will notify Health Services so the plan can be revised as needed.

6.

Guidance for when an ICP is needed and documentation is provided in the table below.

Health/Nutrition Issue	Is an ICP Needed?	Is a Medication Authorization Form needed? (If YES, get an ROI-S)	Is a Medical Statement to Request Special Meals and/or Accommodations Form needed? (If YES, get an ROI-S)	How to document in the database	Follow-up expectations
Seasonal Allergies (No Medication needed at school)	No	No	No	Enter as a Concern, chronic condition as an FYI ICP- Allergies Non-Food	Only if anything changes Date to 8/31
Seasonal Allergies (Medication Administered at school)	Yes	Yes	No	Enter as a Concern, chronic condition Send Med Auth to Dr. to complete ICP- Allergies Non-Food	FA/HBHV Review at Home Visit, Conferences, and as needed
Asthma	Maybe – if meds or restrictions needed	Only if we need to administer medication	No	Enter as a Concern, chronic condition Complete Asthma Form. Send Med Auth to Dr. to complete ICP-Asthma	FA/HBHV Review at Home Visit, Conferences, and as needed
Obesity	Maybe – if changes to child's participation in class is prescribed	Only if we need to administer medication	Only if special diet has been prescribed by doctor	Enter as a Concern, chronic condition If child on Special Diet send to Dr. Dietary Accommodation form. ICP-Obesity	FA/HBHV Review at Home Visit, Conferences, and as needed
Underweight	Maybe	Only if we need to administer medication	Only if special diet has been prescribed by doctor	Enter as a Concern, chronic condition If child on Special Diet send to Dr. Dietary Accommodation form. ICP-Low Weight	FA/HBHV Review at Home Visit, Conferences, and as needed

Diabetes	Yes	Yes	Yes, to accommodate any dietary restrictions or modifications from their Doctor	Enter as a Concern, chronic condition If child on Special Diet send to Dr. Dietary Accommodation form. Request School Orders from Provider, this will include medication administration instructions. ICP-Diabetes	Monthly reviews with Center and Health
Seizure Disorder	Yes	Only if we need to administer medication	No	Enter as a Concern, chronic condition Complete Seizure Form. Send Med Auth to Dr. to complete if needed ICP-Seizures	Monthly reviews with Center and Health, as needed deemed by the Health Manager FA/HBHV Review at Home Visit, Conferences, and as needed
Febrile Seizures	Yes	Only if we need to administer medication	No	Enter as a Concern, chronic condition Complete Seizure Form. Send Med Auth to Dr. to complete if needed ICP-Seizures	FA/HBHV Review at Home Visit, Conferences, and as needed if any seizure activity or medication changes
High Lead Levels (Greater than 5µg/dL)	Yes	No	No	Enter as a Concern, chronic condition Follow-up with provider asking for treatment plan, and any restrictions at school. ICP-High Lead	FA/HBHV Review at Home Visit, Conferences, and as needed Health Manager review when lead level retested

Health/Nutrition Issue	Is an ICP Needed?	Is a Medication Authorization Form needed? (If YES, get an ROI-S)	Is a Medical Statement to Request Special Meals and/or Accommodations Form needed? (If YES, get an ROI-S)	How to document in the database	Follow-up expectations
Other Chronic Health Conditions	Maybe	Only if we need to administer medication	Only if special diet has been prescribed by doctor for their condition	Enter as a Concern, may be chronic or acute. Notify Health Services for guidance. ICP-Other, indicate	FA/HBHV Review at Home Visit, Conferences, and as needed

				what it is	
Food Allergy (No medication)	Yes	No	Maybe	Enter as a Concern, chronic condition Complete Food Substitution Questionnaire ICP-Allergy/Special Diet	FA/HBHV Review at Home Visit, Conferences, and as needed
Food Allergy (Medication Required)	Yes	Yes	Maybe	Enter as a Concern, chronic condition Complete Food Substitution Questionnaire ICP-Allergy/Special Diet	FA/HBHV Review at Home Visit, Conferences, and as needed Monthly reviews with Center and Health, as needed deemed by the Health Manager
Failed Hematocrit/Hemoglobin Anemia	Maybe	Only if we need to administer medication	Only if special diet has been prescribed by doctor	Enter as a Concern, chronic condition Notify Health Services ICP-Anemia	FA/HBHV Review at Home Visit, Conferences, and as needed Health Manager review when iron level retested
Vegetarian	No	No	If medically warranted	Enter as a Concern Complete Food Substitution Questionnaire ICP-Allergy/Special Diet	FA/HBHV Review at Home Visit, Conferences, and as needed
Severe Dental Decay that affects Eating	Yes	No	Only if special diet has been prescribed by doctor	Enter as a Concern, chronic condition Get info on provider and treatment appointments to Health SAA ICP-Dental Concern	FA follow-up monthly until resolved or treatment scheduled. Health Manager consult as needed

Acute Medication Administration	Yes	Yes	No	Enter as a Concern, acute Send Med Auth to Dr. to complete ICP-Other – Medication on Site	FA/HBHV Review at Home Visit, Conferences, and as needed Health Manager consult as needed
Lactose Intolerance or Milk alternative needed	No	No	Maybe	Enter as a Concern, chronic condition Fill out Food Substitution Questionnaire. Have parent fill out Meal Preference Request Form, selecting either Lactaid or Soy milk as substitution. ICP-Allergy/Special Diet	FA/HBHV Review at Home Visit, Conferences, and as needed

A. Health Procedures & Accommodations

- See also the [Medication Administration Policy & Procedure](#), which outlines the training, documentation and monitoring that will be implemented whenever a child's individual health needs require medication to be administered in the program.

B. Food Substitutions and Special Diets

- The Health Services Manager will oversee this process, with the Nutrition Manager and Disabilities and Mental Health involved as needed in the specific planning of menu accommodations.
- Family Advocates and Home-Based Home Visitors will facilitate communication with the child's parents when possible.
- Cooks will prepare and plate Food Substitutions and Special Diets only with direction from the Health and Nutrition Departments.
- Children who do not eat the meals provided may require a Special Diet to ensure their basic needs are being met at school. When classroom or center staff have concerns about a child's eating patterns, a consult will be called after completing the Health Observation form for 1 full week.
 - The consult will include: The Health Manager, Nutrition Manager, Mental Health and Disabilities, Education, Site Manager, Teacher, FA and any other staff deemed appropriate.
 - The consult will discuss the patterns seen in class and what the concerns are. The center staff will come to the consult with a list of

foods provided by the parent that the child has a history of eating reliably. The team will then determine together if a Special Diet is appropriate.

1. If Special Diet is to be implemented, the list of foods will be sent to the Nutrition Manager for review to ensure the foods are appropriate to serve at school.
2. The Nutrition Manager will then send the list of approved foods to the Health Manager.
3. The Health Manager or Health Supervisor will create the concern in Shine so the Special Diet appears on the Food Substitution List and notify the center by email of the new diet.
4. The Center staff (AA) will run a new food substitution list and update all postings as required.
5. The child will be served the meal prepared by the cook for the classroom. If the child does not eat any of the components of the meal, the classroom staff will provide or request the cook to provide supplements from the approved food list for the child to eat.
 - a. Cooks or whoever is delivering the meal/beverage will verbally inform Teacher that the substitution meal or beverage has been delivered.
 - b. Teacher will verbally acknowledge that the meal/beverage has been delivered and identify the correct child who is to receive the meal/beverage.
6. Center staff will continue to offer the child prepared meals and support them in trying new foods. Center staff will update Health Manager and Nutrition Manager if any changes need to be made.
- e. Food Substitution lists will be posted in the classroom near the eating area, in the kitchen, and a copy will be also be in the GO-TO file. In the classroom, the list will be covered by a red sheet of paper labeled "Staff Use Only" or "Allergies." Food Substitution lists need to be maintained and up to date, initialed, reviewed monthly, or sooner if any changes are made, by the SM. To avoid any confusion, classroom and GO-TO file lists will only include their classroom substitutions instead of the full list.
 - i. Running the Food Substitution Report
 1. AA will run the food substitution report from Shine and format the lists. AA will give the reports to the SM to review. SM will compare the new list with the previous list to ensure

no child has mistakenly fallen off the report and that every child with a substitution is represented. SM will initial the kitchen copy and return lists to the AA.

- a. Site Managers are only required to initial list posted in kitchen.
2. If there are no food substitutions in a classroom, the classroom will still be represented on the list with a note "No substitutions."
3. AA will then give the full list to the Cook. Cook will post list in the kitchen. AA will post all classroom and GO-TO copies in each classroom.
4. AA will save electronic copy in OneDrive file
5. Food Substitution Report will be run at the beginning of each month and updated as children add or drop from the center. They will then run the report again at the beginning of the month.
6. Food Substitution lists will all have the date the report was run included in each posting.
7. If a center does not have an AA, SM will ensure lists are updated and posted as required.
- ii. Food Substitutions will be noted on the report with a letter to indicate the reason for the food substitution. " P " is for preference (such as vegetarian menu); "S" is for sensitivity or intolerance (such as milk causing a tummy ache or constipation, rash); "A" is for allergy which is a severe reaction that would likely require medication (such as peanuts causing anaphylaxis); "M" will be used for any medically directed diets that are not allergy, sensitivities or preferences (such as diabetics with food restrictions, pediasure, food restrictions for a medical reason).
- iii. If a center or classroom needs to be "free" of a food component due to a severe allergy, there will be postings at the center and classroom stating what foods are not to be brought into the center or classroom.
- f. For each meal time, Cooks or whoever is delivering the meal/beverage will verbally inform Teacher that the substitution meal or beverage has been delivered.
- g. Teacher will verbally acknowledge that the meal/beverage has been delivered and identify the correct child who is to receive the meal/beverage.

- h. If an error is made and a child is served a food/beverage they are not supposed to have, staff will notify the child's parent/guardian immediately. Notify the Health Manager, Nutrition Manager and Site Manager Lead of the error after parent has been notified.
- i. The expiration date must be reflected on all Food Substitution Lists
- j. EHS ONLY: Any child under the age of 1 year old MUST have a food substitution entered into Shine and be reflected on the Food Substitution List posted in the kitchen, classroom and GO-TO files.
 - i. Staff will review expiration dates for infant's milk substitutions at center meetings monthly
 - ii. Staff will review expiration dates for infants and communicate appropriately with FA, HBHV and Health to update milk substitution when child turns 1 year old.
 - iii. Follow instructions in the [Infant Meals Policy and Procedure](#) for transition period and first foods requirements

C. Staff Training & Support

- a. Staff will be trained annually (or more often as needed) on the health referral process, medication administration, and, if needed, any health issues facing substantial numbers of enrolled children.
- b. When a child has a new or revised ICP, staff who work most directly with that child (classroom teacher, Family Advocate) will receive whatever training is needed to implement the plan.
- c. The Health Services Manager and Disabilities/Mental Health will be available as needed to support staff with understanding and supporting children's health needs through direct training/coaching or referral to community resources as appropriate.

D. Seizures

- a. A Seizure Questionnaire is required for any child that has ever had a seizure, even if it was only once and no medications are prescribed.
- b. Staff caring for children with seizure history will receive additional training.
- c. In the event of a seizure at school, staff will follow standard Seizure First Aid and call 911 immediately for any seizure like activity unless otherwise stated in a child's care plan.
 - i. If a child does not have prior seizure history, a release to return to school and staff training is required.
- d. Febrile Seizure
 - i. Health clearance is required before the child can start class.



- ii. If a child has a febrile seizure after starting the program, a release to return to school and staff training are required.
- e. Other Seizure Types
 - i. Clearance from a medical provider and Health is required before the child can be in or return to class.