

Health Observations

General Plan/Approach:

Staff will ensure that children's health needs are identified, concerns are followed up on, and health observations are completed.

Head Start Program Performance Standards:

1302.42(c)(2) – Child health status and care – ongoing care

Procedure:

1. Center staff will routinely perform health observations of children in the classroom, on the playground, while on field trips, during group sessions, etc.
2. Center staff will report health concerns to Health Services by phone call, e-mail or sending in a completed Health Observation Form.
3. If center staff observe symptoms that might be seizure-related, such as “staring spells,” they will notify Health Services and complete a Health Observation Form for a minimum of four days.
4. Center staff are to contact Health Services with concerns about children on medication who are exhibiting a significant change in their ability to participate in daily classroom activities. Center Staff will complete a Health Observation Form for a minimum of four days and submit to Health Services for review and follow-up.
5. If center staff are concerned about a child's eating habits, or lack thereof, Center Staff will complete a Health Observation Form for a minimum of four days and submit to Health Manager and Nutrition Manager for review and follow-up before calling a consultation.
6. Health Services will keep Center Staff updated on the status of follow-up on their observations and concerns.
7. Observations should be detailed and include information regarding the child's day, behavior, food eaten, etc.
8. Health Observations will be completed for new medication or dosage changes.



Southern Oregon Child & Family Council, Inc.

Southern Oregon Head Start

Health Services Office

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Health Observation Form

Child: _____ Center: _____ Date: _____

Person doing the observation:

Reason for observation:

Observations/Concerns (also include time of day) Please be detailed and include things like food eaten, activities, behavior, etc.:

Signed: _____ Date: _____

Scan and Email to Health Manager