

Subpart B – Early Childhood Development and Health
1304.20 Child Health and Development Services

- (a) Determining Child Health Status
- (b) Screening for Developmental, Sensory, and Behavioral Concerns
- (c) Extended Follow-up and treatment
- (d) Ongoing Care
- (e) Involving Parents
- (f) Individualization of the Program

1304.20(a)(1)(i)

(a) Determining child health status.

(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:

(i) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;

[Physical & Dental Exam Policy](#)
[Developmental and Health History Policy](#)

(ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

- (A) For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;
- (B) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and
- (C) Grantee and delegate agencies must establish procedures to track the provision of health care services.

(iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and

(iv) Develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a)(1)(ii) and (iii) so that any needed treatment has begun.

[Physical & Dental Exam Policy](#)
[Immunization Policy](#)
[Oral Health Policies & Procedures](#)
[Health Advisory Committee Policy](#)

(2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.

(b) Screening for developmental, sensory, and behavioral concerns.

(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

[Developmental and Health History Policy](#)
[Hearing Screening Policy & Procedure](#)
[Vision Screen Policy and Procedure](#)
[Ongoing Assessment Policy](#)

(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.

[Classroom Observation and Consultation](#)
[Mental Health Education and Consultation](#)
[Mental Health Observation and Assessment](#)

(3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

[Developmental and Health History Policy](#)
[Observing Children Policy](#)

(c) Extended follow-up and treatment.

(1) Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.

(2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.

[Physical & Dental Exam Policy](#)
[Comprehensive Parent Staff Conference Policy](#)
[Home Visit Policy](#)
[Family Development and Intensive Case Management](#)

(3) Dental follow-up and treatment must include:

- (i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and
- (ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.

[Physical & Dental Exam Policy](#)
[Oral Health Policies & Procedures](#)

(4) Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).

[Services to Children with Disabilities](#)

(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding

[Physical & Dental Exam Policy](#)

(d) Ongoing care.

In addition to assuring children's participation in a schedule of well child care, as described in section 1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and 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 (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

[Ongoing Assessment Policy](#)

[Observing Children Policy](#)

[Identification of Social Emotional Concerns](#)

(e) Involving parents.

In conducting the process, as described in sections 1304.20(a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:

(1) Consult with parents immediately when child health or developmental problems are suspected or identified

[Identification of Children with Potential Disabilities](#)

[Hearing Screening Policy & Procedure](#)

[Vision Screen Policy and Procedure](#)

[Exclusion Policy](#)

[Medication Administration Policy](#)

(2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;

[Hearing Screening Policy & Procedure](#)

[Vision Screen Policy and Procedure](#)

[Physical & Dental Exam Policy](#)

[Recruitment Selection and Enrollment Policy](#)

[Home Visit Policy](#)

(3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;

[Home Visit Policy](#)

[Field Trip Policy](#)

[Hearing Screening Policy & Procedure](#)

[Vision Screen Policy and Procedure](#)

[Physical & Dental Exam Policy](#)

(4) Assist parents in accordance with 45 CFR 1304.40(f)(2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and

[Physical & Dental Exam Policy](#)
[Health Advisory Committee Policy](#)

(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.

[Immunization Policy](#)
[Procedure for Initiating Refusal Statement](#)

(f) Individualization of the program.

(1) Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.

[Individualized Goals Policy](#)
[Curriculum Development](#)
[Classroom Daily Plans](#)
[Disabilities Service Plan for Special Children in Head Start](#)

(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:

- (i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;
- (ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;
- (iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and
- (iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.

[Considerations for Referral](#)
[Services to Children with Disabilities](#)
[Identification of Children with Potential Disabilities](#)