

COLLEGE OF SOUTHERN IDAHO HEAD START/ EARLY HEAD START

EHS 0-3 INCOMPLETE SERVICE AGREEMENT

(Instructions for FE: Please indicate by a check mark those areas that require completion or follow-up.)

to be completed within 45 days of enrollment	to be completed within 90 days of enrollment
<p>Sensory</p> <p>Hearing <input type="checkbox"/> Newborn-5mos. <input type="checkbox"/> 6-12 months <input type="checkbox"/> 12 mo <input type="checkbox"/> 24mo. <input type="checkbox"/> 36 months</p> <p>Vision <input type="checkbox"/> Newborn-5mos. <input type="checkbox"/> 6-12 months <input type="checkbox"/> 12 mo <input type="checkbox"/> 24mo. <input type="checkbox"/> 36 months</p> <p>Growth <input type="checkbox"/> 6 months <input type="checkbox"/> 12 mo <input type="checkbox"/> 24mo. <input type="checkbox"/> 36mos.</p>	<p>Dental Exam to be completed within 90 days of enrollment. <input type="checkbox"/> at 12 months /or as soon as teeth erupt. <input type="checkbox"/> at 24 months <input type="checkbox"/> at 36 months follow date of last exam or birth date +30 days</p>
<p>Social- Emotional & Mental Health</p> <p><input type="checkbox"/> EHS: DECA-IT then every 4 months <input type="checkbox"/> EHS Prenatal/Post-partum mother: Edinberg as needed</p> <p>Speech & Language</p> <p><input type="checkbox"/> EHS ASQ-3</p> <p>Developmental</p> <p><input type="checkbox"/> EHS ASQ-3 due at: 4/8/12/16/20/24/30/36 months</p>	<p>Well Child Exam to be completed within 90 days of enrollment. And at the following: <input type="checkbox"/> Due at 2 months <input type="checkbox"/> 4 months <input type="checkbox"/> * 6 months <input type="checkbox"/> *12 months <input type="checkbox"/> * 24 months <input type="checkbox"/> * 36 months * the goal is to get children on this schedule if on late schedule Well Child exams are due every year 1. follow 90 days rule first 2. then date of child's last exam +30 days or 3. birth date +30 days. On-going well-child exams must be kept current.</p>
<p>Immunizations use State of Idaho Conditional Attendance Form to allow 2 weeks to update Immunizations or State of Idaho Exempt Form, if claiming exemption</p> <p>FOLLOW-UP</p> <p><input type="checkbox"/> Dental Follow up Treatment <input type="checkbox"/> Hearing follow up <input type="checkbox"/> Vision follow up <input type="checkbox"/> Underweight/ overweight follow up <input type="checkbox"/> Other Medical follow up (FE: please list): _____</p>	<p>Blood Lead screening to be completed within 90 days of enrollment <input type="checkbox"/> at age 12 months <input type="checkbox"/> at age 24 months</p> <p>Blood Pressure to be completed within 90 days of enrollment <input type="checkbox"/> EHS only on children age 36 months & up</p> <p>Hematocrit to be completed within 90 days of enrollment & at <input type="checkbox"/> age 12 months (+30days) <input type="checkbox"/> age 24 months (+30days)</p>

Instructions for FE: Please have the parent(s) write the reason(s) the exam or screening is not complete and the plan to get the child back on track with EPSDT (Early & periodic screening/diagnosis and treatment) guidelines.

Instructions for Parent: Please read/fill out:

As the parent or guardian of _____
Child's Name Birth date

I understand that it is my responsibility to insure completion of health, dental exams and sensory and developmental screenings and follow-up for my child/myself, as required by the CSI Early Head Start Program Performance Standards.

I understand that my child is past due on the exam or screening indicated above,

I plan to get my child back on track by this date: _____ (list how your FE can help Example: transportation, reminding you of appointment, helping you to call and set up appointment) _____

I do not wish to receive these services because: _____

Parent/Guardian

Date

Family Educator

Date

Center