In Tier 1 and 2 programs serving pregnant women, the following procedure will be used to ensure compliance with the above regulation, which requires a newborn visit with mother and baby within two weeks of delivery, to identify family needs and offer support.

- Direct service providers will email the assigned MARC Health Coordinator and MARC Health Manager within 24 hours of baby’s birth.
- The direct service provider will then coordinate with the family and Health Coordinator to schedule the two-week post-partum visit.

**Before the Two-week Post-partum Visit:**
- Direct service providers will work with the family to ensure they have the Discharge Summary and/or hospital birth certificate available for review by the Health Coordinator at the time of the two-week post-partum visit. The Discharge summary is preferable as this document provides screening results.

**At the Two-week Post-partum Visit:**
- MARC Health Coordinator will:
  - Complete the Checking in with Mom and Baby: Two Week Post-Partum Home Visit.
  - Review and copy the Discharge Summary and/or hospital birth certificate
  - Complete health screenings in collaboration with Community Health Worker.
  - Provide family resources and/or document the need of resources and share with direct service provider.

**After the Two-week Post-partum Visit: (MARC)**
- MARC Health Coordinator will provide the assigned Family and Community Engagement/ERSEA Coordinator a copy of the Discharge Summary and/or hospital birth certificate.
• The FCE/ERSEA Coordinator will drop the mom from the program based on the date of the 2-week visit.
• The FCE/ERSEA Coordinator will utilize the information received to create a ChildPlus ID record in the ChildPlus data system and will then enroll the baby in Early Head Start the day after the Post-partum visit was completed.
• MARC Health Coordinator will scan and email the post-partum form, Discharge Summary/hospital birth certificate and screening results forms to the Head Start Data Team at hsdatateam@marc.org to be uploaded and entered in ChildPlus.

After the Two-week Post-partum Visit: (Direct Service Provider)
• Meet with the family to complete the following:
  ▪ Edinburg Post-Partum Screening (See Mental Health Procedure 2115 on how to follow-up based on screening results)
  ▪ Birth to 2 years Health History & Nutrition Assessment (HH/NA)- (complete Health History & Nutrition Assessment module in Health Services)
  ▪ Portrait of a Healthy Child (PoHC)- (complete PoHC module in Family Services and provide parent a copy of PoHC goals)
  ▪ Health Information Exchange (HIE)- (complete the HIE form and note parent/guardian consent and/or refusal on the form and within the Health History and Nutrition Assessment module). Also, provide parent/guardian a copy of the HIE form and Frequently Asked Questions document
  ▪ Release of Information (ROI) based on baby’s primary care provider
  ▪ Health Screening consent form
  ▪ Update all PIR questions in Family Services Tab within the ChildPlus data system, and
  ▪ Continue to provide resources and support for the family (i.e., health insurance, medical home and Individualize Health Care Plans-IHCP for chronic health conditions)

*Direct service providers will email all health records received from the family and/or completed with the family to the Head Start Data Team at hsdatateam@marc.org.

Effective Date: 2/1/2019 S. Reece-Tinsley