

## **Tuberculosis Risk Assessment/Screening**

### POLICY:

To ensure child and staff are healthy and not a threat to other individuals.

*This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)*

### PROCEDURE:

1. During the intake/enrollment process prior to the child attending school, parents will be asked to complete, with staff assistance, the Preventive Health Questionnaire that includes the written TB assessment as part of the child health history.
2. If any question on the T.B. Risk Assessment form is answered “YES”(other than the child has had a negative T.B. Skin Test), the parent/guardian will be contacted and a referral will be made to the local health department/ family physician for follow-up at provider’s discretion.
3. The Family Advocate will assist the family, as needed, in obtaining and/or arranging follow-up services.
4. Tuberculosis risk assessment, screening results and referrals will be filed in child’s individual health folder and entered on Child Immunizations & T.B. on COPA under TB testing.
5. The tuberculosis screening policy will be reviewed and evaluated by the Health Advisory Committee at least once pre program year to determine if the policy complies with current state/community recommendations, laws and regulations.
6. Grantee and Model City staff will complete a Staff TB Risk Assessment annually. If any risk factors are answered yes, a referral will be made to their family physician or local Health Department for follow-up at provider’s discretion.
7. Delegate program staff will follow their local LEA for recommendations on TB screening.