

Health Screening Descriptions

45 Day Screenings

As required by our federal Head Start grant, within 45 days of entering our program, each child is to have a thorough developmental screening so we know how to best assist individual children along their educational journey and path to further development. In order to meet this requirement our Health Specialists will screen each child's hearing and vision once the parent or guardian signs a consent form.

Hearing:

A large part of being able to learn in a classroom setting is being able to hear what is happening within that setting. Whether it be teachers reading a book, offering instruction or friends wanting to engage in play, we need to know that the children in our care can hear.

We use the Welch Allyn OAE for our hearing screening. This handheld OAE-Tympanometry Combination System requires no feedback nor response from children so it is ideal to use from birth through adulthood. A soft disposable ear tip is placed on a probe which is inserted gently into the entrance of the child's ear canal. Typically within about 10 seconds we have our results and can share those with parents at the time of screening.

Vision:

About 80% of our sensory information comes to us through sight; thus, the ability to see well has a very large impact on a child's ability to learn. If a child is struggling to see well, we need to know this as soon as possible in the school year so that children can get the most out of their preschool experience.

We check vision with the SPOT Vision Screener which is a handheld, portable device designed to help us quickly and easily detect vision issues on children from 6 months of age through adulthood. SPOT screens both eyes at once in a dimly lit setting and requires nothing from the child except the ability to focus on a set of blinking lights. This allows us to quickly and easily screen children regardless of developmental level or language. Results take about 15 seconds and can be shared at the time of screening with the parents.

90 Day Screenings

As required by our Federal Head Start grant, within 90 days of a child entering our program, we are to verify that each child is up to date on all aspects of their Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings. This requires us to have proof showing each child

has a current Well Child Check or physical exam which includes blood pressure, growth assessment, hemoglobin or hematocrit, a blood lead test as well as a review of systems. We also need to verify that each child has a current dental exam. For our enrolled 3 -5 year old's, this means that there is a yearly check on file. Younger children require more frequent visits.

Exams are typically done in conjunction with the child's medical and dental homes and many of these screenings are completed at the time of the exam. If, for any reason they are not completed, our Health Specialists can perform the following screenings on site once the parent or guardian signs a consent form.

Blood Pressure:

Though high blood pressure is more common in children 12 and above, we ensure we have a current blood pressure check on file for every child. Over time, high blood pressure can damage a child's organs because their heart and blood vessels aren't delivering blood to their organs the way they should. This can damage a number of organs, including their heart, kidneys and eyes.

To check blood pressure, we use automatic pediatric blood pressure cuffs. This screening is the same for children as it is for adults but with a smaller cuff. The cuff will automatically inflate and tighten around the child's upper arm. A reading can be obtained within about 20 seconds as the cuff deflates. Just as in adults, this can be uncomfortable while the cuff is tight but it loosens quite quickly so the screening is short. We get a reading as soon as the cuff deflates and we share those results with the parents as they are obtained.

Growth Assessment:

A basic growth assessment involves measuring a child's length or height and weight and then comparing the measurements to typical growth standards. The purpose is to determine whether a child is growing normally or has a growth problem that should be addressed. For very young children in Early Head Start this growth assessment will also include a head circumference.

We typically get this information from Well Child Checks and sometimes from the supplemental nutrition program for Women, Infants and Children (WIC). We add our own growth assessments during the year so that there are multiple measurements to help determine the pattern of growth. Growth Charts and BMI information on each child will be shared with parents during Family Advocate visits starting in February.

Hematocrit/Hemoglobin:

The hematocrit or hemoglobin test is primarily used to detect various types of anemia, a common condition that occurs when the amount of healthy red blood cells in a person's blood is too low. Anemia caused by a low iron level can affect a child's ability to learn in school through decreased attention span, reduced alertness and learning problems. A low iron level can also cause the body to absorb too much lead.

Prior to performing this screening we will attempt to get this information from your medical home or WIC. If we cannot obtain this measurement from a different source we will perform one of two screenings with signed parent or guardian consent.

For children who do not need a blood lead test, we can utilize the Masimo Pronto Pulse Oximeter which allows us to check the hemoglobin level in children without needing a blood sample. This non-invasive screening takes about 15 seconds to perform as the oximeter is on one of the child's fingers. Parents are given the results of this screening on the day of the screening.

For children who do need a blood sample for the lead test, we use the HemoCue Hb 201 + which allows us to determine the iron level in a child's blood through a capillary test. A pediatric lancet is used to get a drop of blood which is transferred to a microcuvette and then to the HemoCue analyzer where results are available within about 2 seconds. Parents are given the results at the time of screening as they must be present due to the nature of this screening. If this level is low we refer the child to their medical home, WIC or the local Health Department for follow up.

Blood Lead Testing:

Lead in a child's blood can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, as well as hearing and speech problems. Most children who have lead poisoning do not look or act sick. A blood lead screening is the only way to know if your child has lead poisoning.

As a Head Start program, we are required to obtain the results of a blood lead sample. We cannot use a Risk Assessment Questionnaire for this screening. If this screening was performed at the time of the Well Child Check, we will get those results for the medical home. WIC does not perform this screening. If a blood lead screening has not been completed, Health Specialists can perform this screening with signed parent or guardian consent and in the presence of the parent or guardian.

For this screening, we use the Lead Care II Analyzer which allows us to check capillary blood lead levels to tell if a child has been exposed to dangerous amounts of lead. A small amount of blood is taken from the child's finger using a pediatric lancet and then transferred into a capillary blood collection tube. The tube is then mixed with a reagent and placed into the analyzer where results will be available in 3 minutes to give to the parent or guardian as they must be present due to the nature of this screening. If this level is high, we refer the child to the medical home or the local Health Department for follow up.