

## GROWTH SCREENING PROCEDURES EHS AND HS/ECEAP

### **1302.33 Child screenings and assessments.**

(a) *Screening.* (1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.

### **1302.42 Child health status and care.**

(d) *Extended follow-up care.* (1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.

(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.

### **Purpose**

Periodic growth screening throughout the year allows us to follow a child's growth curve to make sure they are growing in a manner that is right for them.

1. Staff and parents/guardians review and discuss the Wellness Assessment to review if there are concerns regarding how their child is eating and growing.
2. Parent/guardian authorization is obtained and an explanation of method is provided prior to conducting developmental or health screenings.
3. Health staff are responsible for keeping the equipment needed for height and weight screenings, the scale and stadiometer, in good condition and ready for use. When the equipment needs attention, health staff are required to inform the Health Program Manager.
4. Health staff must evaluate, review and discuss with parents/guardians the outcome of the height and weight measurements. This discussion must be documented in the

database and if a need for a referral is determined the Nutrition Referral Procedure process is followed.

5. Growth Charts are updated and printed after each screening and kept in the child's file.

The Public Health Service guidelines for measuring height and weight follow:

### **Early Head Start Growth Screening**

- The regular schedule for EHS growth screening is:
  - within 90 days of the first day of service **AND**
  - approximately every three months thereafter
- Health staff oversee the heights and weights screening. In Early Head Start partnership programs, teaching staff may do the actual screening.
- Results are discussed with parents/guardians and the conversation is documented in database.
- Early Head Start Home Visitors record height and weight measurements on the Home Visit Action Log and results are shared with parents/guardians. Results are discussed with parents/guardians and the conversation is documented in the database.
- Infants and toddlers birth through 23 months old: Additional conversation with parent/guardian and a possible nutrition referral are indicated for the following:
  - Weight for stature below the 5<sup>th</sup> percentile
  - Growth charts indicating a weight loss of two channel changes in 6 months
  - Conversations and referrals, including follow up, are documented in the database
- Children ages 24 months and older: Additional conversation with parent/guardian and a possible nutrition referral are indicated for the following:
  - Weight for stature below the 5<sup>th</sup> percentile and above the 95<sup>th</sup> percentile
  - BMI for age below the 5<sup>th</sup> percentile and above the 95<sup>th</sup> percentile
  - Growth charts indicating weight loss of two channel changes in 6 months
  - Conversations and referrals, including follow up, are documented in the database.
- The following growth charts are kept in the child's file and are updated after each screening.
  - Infants and toddlers birth through 23 months old: weight for stature and stature for age.

- Children ages 24 months and older: weight for stature, BMI for age, and stature for age.

### **Head Start/ECEAP Growth Screening**

1. The regular schedule for HS/ECEAP growth screening is:
  - within 90 days of the first day of service **AND**
  - during the spring quarter (approximately March/April)

*Note: Children in full year programs are screened again during the summer.*
2. Health staff oversee heights and weights screening, ensuring correct procedures are followed at appropriate times.
3. Head Start/ECEAP Center and family child care growth measurements are recorded on a growth screening form such as a growth chart. Results are shared with parents/guardians and this conversation is documented in the database.
4. Additional conversation with parents/guardians and a possible nutrition referral are indicated for the following:
  - Weight for stature below the 5<sup>th</sup> percentile and above the 95<sup>th</sup> percentile
  - BMI for age below the 5<sup>th</sup> percentile and above the 95<sup>th</sup> percentile
  - Growth charts indicating weight loss of two channel changes in 6 months
  - Stature for age, weight for age, and BMI for age growth charts are updated and kept in the child's file.
5. The following growth charts are kept in the child's file and are updated after each screening.
  - Children ages 24 months and older: weight for stature, BMI for age, and stature for age.