

Regulations	
EHS/HS: 1302.33	ECEAP: PAO-16

Purpose

Periodic growth screenings 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.

Guidance

Parent/guardian authorization is obtained, and an explanation of method is provided prior to conducting growth screenings. Health staff are responsible for keeping the equipment needed for height and weight screenings in good condition and ready for use. When the equipment needs attention, health staff are required to inform their supervisor. 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 determine if further referrals are needed. Health staff also monitor Well Child exams for growth concerns and follow-up.

EHS Home Based and Center Based	Head Start Full Year	Part Year Head Start/ECEAP
<ul style="list-style-type: none"> EHS growth screenings are completed within 90 days of First Day of Service (FDS) and approximately every three months thereafter. HV-Complete in partnership with parent/guardian and results are shared during the home visit. CB-complete during class and share results with parent/guardian. Discuss screening results with families Document conversation and results in CP. If families have any nutrition/growth concerns as a result of these screenings, discuss connecting to pediatrician and WIC. 	<ul style="list-style-type: none"> Full year Head Start programs growth screenings are completed within 90 days of FDS and approximately every 6 months thereafter. Complete during class and share results with parent/guardian Discuss screening results with families Document conversation and results in CP. If families have any nutrition/growth concerns as a result of these screenings, discuss connecting to pediatrician and WIC. 	<ul style="list-style-type: none"> Part year Head Start/ECEAP growth screenings are completed within 90 days of FDS and during the spring quarter (approximately March/April). Complete during class and share results with parent/guardian Discuss screening results with families Document conversation and results in CP/ELMS. If families have any nutrition/growth concerns as a result of these screenings, discuss connecting to pediatrician and WIC.

The following age-appropriate growth charts are printed for families if requested:

- 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.

Resources: American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC)

Infant and Toddler Weight: Scale Tray

This procedure is used for screening infants and toddlers who are unable to stand securely.

Preparing	Screening	Recording
<ul style="list-style-type: none"> • Determine a space to use that will accommodate the scale tray. • Use a disinfecting wipe to clean the scale tray before and after use. Allow time to dry before using. • Prepare children and family/staff assisting by explaining the procedure (see “Screening” column). 	<p>Weight:</p> <ul style="list-style-type: none"> • Parent/guardian/staff should assist with screening (it is desirable for two people to be involved when weighing an infant). • Weigh infants in a clean diaper. • Be consistent regarding what the children are wearing during the change in partnership with parents. • Place the scale on flat, level surface, such as a linoleum floor. If the scale is placed on a soft, deep rug, it may not produce accurate results. If there is no access to this type of surface, document in the event notes. • Place the tray on top of the scale. • Follow manufacturers guidelines. • The “zero-out” feature may be used if adding a light blanket. • Position the infant in the center of the scale. • One person weighs the infant, ensuring their safety, and the other person immediately notes the measurement. • Record weight exactly as it appears on the scale. 	<ul style="list-style-type: none"> • Results are entered into ChildPlus • Parents/guardians receive the <i>Health Screening Information for Families</i> form. • Share results with families and provide additional follow-up (strategies for healthy active living, referrals, etc.) as needed when: • Infants and toddlers’ birth through 23 months old: • Weight for stature below the 5th percentile • Growth charts indicating a weight loss of two channel changes in 6 months • Children ages 24 months and older: • Weight for stature below the 5th percentile and above the 95th percentile • BMI for age below the 5th percentile and above the 95th percentile • Growth charts indicating weight loss of two channel changes in 6 months • Document conversation, referral, and follow-up in ChildPlus.

Infant and Toddler Length: Measuring Mat

This procedure is used for screening infant and toddlers who are unable to stand securely.

Preparing	Screening	Recording
<ul style="list-style-type: none"> • Determine a space to use that will accommodate the measuring mat. • Use a disinfecting wipe to clean the measuring mat before and after use. Allow time to dry before using. • Prepare children and family/staff assisting by explaining the procedure (see “Screening” column). 	<p>Length:</p> <ul style="list-style-type: none"> • Until they can stand securely, measure children lying down on their backs on a measuring mat. • Parent/guardian/staff may assist with screening. (it is desirable for two people to be involved when measuring an infant). • Place the measuring mat on a flat, level surface. • Position the child’s body so that the shoulders, back, and buttocks are flat along the center of the mat and the head is positioned snugly against the top of the measuring mat. • Have parent/guardian/staff sit behind the child’s head and snugly and gently hold their head against the top of the measuring mat. • Gently cup child’s ears while holding the head sitting behind the head. • Make sure their chin is not tucked in against their chest or stretched too far back. • The measurer will straighten the child’s body, hips, and knees. • Both legs must be extended for accurate length. • Place one hand on the knees never going beyond child’s natural extension. • Hold child’s feet in a vertical position (toes pointed up). Bring the foot board snugly against the bottom of the foot. 	<ul style="list-style-type: none"> • Results are entered into ChildPlus. • Parents/guardians receive <i>Health Screening Information for Families</i> form. • Share results with families and provide additional follow-up (strategies for healthy active living, referrals, etc.) as needed when: <ul style="list-style-type: none"> • Infants and toddlers’ birth through 23 months old: <ul style="list-style-type: none"> • Weight for stature below the 5th percentile • Growth charts indicating a weight loss of two channel changes in 6 months • Children ages 24 months and older: <ul style="list-style-type: none"> • Weight for stature below the 5th percentile and above the 95th percentile • BMI for age below the 5th percentile and above the 95th percentile • Growth charts indicating weight loss of two channel changes in 6 months • Document conversation, referrals, and follow-up in ChildPlus/ELMS as required.

Child Weight and Height: Digital Scale and Growth Chart Ruler/Measuring Tape

This procedure is for children who can stand securely using a digital scale and growth chart ruler/measuring tape.

Preparing	Screening	Recording
<ul style="list-style-type: none"> • Determine a space to use that will accommodate a growth chart ruler and scale. • Use a disinfecting wipe to clean the scale before and after use. Allow time to dry before using. • Prepare children, and family/staff who may be assisting, by explaining the procedure (see “Screening” column). 	<ul style="list-style-type: none"> • Weight: • Use a digital scale. • Help the child remove their shoes. • Have the child step on the center of the scale with weight evenly placed on both feet. • Make sure the child’s arms hang freely at their sides. • Record weight exactly as it appears on the scale. • Height: • Use growth chart ruler or measuring tape. • Help child remove their shoes. • Take the measurement while the child stands with head, shoulders, buttock, and heels touching the flat surface (wall). Make sure the child’s head is looking straight ahead and that their line of site is parallel with the floor. • Use a flat headpiece to form a right angle with the wall. • Lightly mark where the bottom of the flat headpiece meets the wall. • Measuring Tape method: measuring from the base of the floor to the marked measurement. • Record height to nearest ¼ in. rounding up or down. 	<ul style="list-style-type: none"> • Parents/guardians receive the <i>Health Screening Information for Families</i> form. • Share results with families and provide additional follow-up (strategies for healthy active living, referrals, etc.) as needed when: • Infants and toddlers’ birth through 23 months old: • Weight for stature below the 5th percentile • Growth charts indicating a weight loss of two channel changes in 6 months • Children ages 24 months and older: • Weight for stature below the 5th percentile and above the 95th percentile • BMI for age below the 5th percentile and above the 95th percentile • Growth charts indicating weight loss of two channel changes in 6 months • Document conversation, referrals and follow-up in ChildPlus/ELMS as required.