

**SCREENING**

**TIMELINE**

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| <p><b>Vision</b><br/><br/>PediaVision Screener</p>   | <p><b>HS 3-5:</b> Vision screening to be completed within 45 days of enrollment into the program.</p> <p><b>If child does not pass initial screening, re-screen</b> 4 weeks after initial screening;</p> <p><b>If child fails the re-screen – refer</b> to eye doctor- <b>Optometrist</b>. If further concerns, Optometrist will refer to Ophthalmologist.</p> <p><b>EHS age 0-6 months:</b> “Red Reflex” is conducted at newborn vision screening at the hospital when the child was born. EHS please send an ROI to the hospital for newborn vision screen for children enrolled under 6 months of age. Staff to collect information <b>within 45 days</b>. If Pediatrician has concern with vision, refer to <b>Ophthalmologist</b>.</p> <p><b>EHS 6 months-3 yrs:</b> Use Pedia-Vision screener. Screener to be completed <b>within 45 days</b>.</p> <p><b>EHS 6 months-3 yrs:</b> <u>If child fails first screening</u>, refer to eye doctor/<b>Optometrist</b>. If further concerns, Optometrist will refer to Ophthalmologist.</p> |
| <p><b>Hearing</b><br/><br/>Ero-Scan Oto-Acoustic Emission Screener</p>                       | <p><b>HS/EHS:</b> To be completed within 45 days of enrollment on all HS/ EHS children, then once per year after. EHS please send an ROI to the hospital for newborn hearing screen for children enrolled under 12 months of age.</p> <p><b>If child does not pass initial screening, re-screen</b> 4 weeks after initial screening.</p> <p><b>If child fails re-screen</b>, refer to Pediatric Audiologist through primary medical provider <i>or</i> the Infant Toddler Program (for EHS children only). Pediatric Audiologist will refer to ENT if necessary.</p>  |
| <p><b>Development</b><br/>HS use: ESI<br/>EHS use: ASQ-3</p>                                 | <p><b>HS:</b> To be completed within 45 days.</p> <p><b>Re-screen 8 – 10 weeks after</b>, unless the child is a very young 3-year-old. In this case, delay the re-screen until child is older than 3 years 6 months.</p> <p><b>EHS:</b> 1<sup>st</sup> screening completed within 45 days &amp; then at the following months of age: 4, 8, 12, 16, 20, 24, 30, &amp; 36 months.</p> <p>If an EHS child is “At Risk” (see ITP At –Risk Criteria), then screen additionally at 2, 6, 10, 14, 18, 22, &amp; 27 months.</p> <p>If a child is on an IFSP, send ROI to Infant Toddler Program and therapists (ASQ-3 is not done.)</p>   |
| <p><b>Speech &amp; Language</b><br/>HS use: Fluharty 3-4 ½ and 4 ½ -6<br/>EHS use: ASQ-3</p> | <p><b>HS:</b> To be completed within 45 days.</p> <p><b>If failed</b>, refer / re-screen, depending on child’s attentiveness, comfort level, etc. <i>Re-screen</i> after 4-6 weeks.</p> <p><b>EHS:</b> Speech and Language Screening is completed with the ASQ-3, see “Development” section of proper protocol.</p>   |

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| <p><b>Social- Emotional</b><br/> <b>HS use: DECA</b><br/> <b>EHS use: DECA-IT, includes the following forms:</b><br/> <b>4wks to 3mo form</b><br/> <b>3 mo to 6mo form</b><br/> <b>6 to 9mo form</b><br/> <b>9 to 18 mo form</b><br/> <b>18 mo to 36 mo form</b></p> | <p><b>HS:</b> To be completed within 45 days.</p> <p><b>Use DECA after child has been in class at least 4 weeks.</b> One will also be done with the parent in the home.</p> <p><b>Classroom Teacher’s DECA</b> on a child to be done within 45 days of enrollment date.</p> <p><b>Parent’s DECA</b> on their child to be done within two weeks of classroom teacher.</p> <hr/> <p><b>EHS:</b> DECA to be completed within 45 days.</p> <p><b>Use DECA after child has received home visits for at least 4 weeks.</b><br/> EHS FE II’s DECA on a child to be done within 45 days of first home visit and then every 4 months after completion of the initial screener.</p> <p><b>Parent’s DECA</b> on their child to be done within two weeks of EHS FEII’s DECA starting at 45 days and then every 4 months.</p>   |
| <p><b>Growth</b><br/> <b>HS use: BMI</b><br/> <b>EHS use: Weight for Age and Height for Age</b></p>  | <p><b>HS:</b> First weight and measurement to be completed/results collected within 45 days.</p> <p>Weights on children ages 3-5 <b>to be collected 3 x a year (Sept/Dec/Mar);</b> height-to-weight is then converted to BMI.</p> <p><b>Children at or below the 5<sup>th</sup> percentile, and at or above the 95<sup>th</sup> percentile</b> for weight will be referred to a Registered Dietitian.</p> <hr/> <p><b>EHS:</b> measurements to be collected for within 45 days and then at the following intervals: birth, 6 months, 1 year, 24 and 36 months, or as indicated by child’s WIC schedule.</p> <p>A weight is only collected at 30 months if the child is seen by their primary medical provider at that age.</p> <p>EHS staff may weigh and measure children ages 24 months and up if necessary to obtain a height and weight in the required time period. EHS staff should provide a clean diaper just before the child is weighed.</p> |
| <p><b>Medical &amp; Dental History</b></p>   | <p><b>HS/EHS:</b> To be completed at acceptance into the program – usually completed at the time the full application is taken.</p> <p>Medical and dental history is to be reviewed upon first and second home visits as well as after each Well Child Exam and Dental Exam. Staff send an ROI for the exam records to place in the Child File <i>and</i> discuss the exam with the parents/caregivers at the next home visit after the exam takes place.</p>  |
| <p><b>Establishing a Medical Home</b></p>  | <p><b>HS/ EHS:</b> staff must help family establish a medical &amp; dental home in order to complete the required child wellness exam and oral health exam.</p>  |
| <p><b>Immunizations</b></p>  | <p><b>HS/EHS:</b> Each <b>child</b> must have documented proof of Immunizations at acceptance into the program.</p> <p>If no document available, send a Release of Information to prior Head Start/ Doctor/Clinic/Health Dept. Determine if a child is up-to-date prior to attending class.</p> <p>If child is behind on immunizations, up-date before attending class/Socialization. (Also see State of Idaho Certificate of Exemption and Idaho Conditional Attendance to Childcare).</p>  |

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| <p><b>State of Idaho Certificate of Exemption</b><br/>Refusal/Exempt due to Medical, personal or religious reasons:</p> | <p>Complete a State of Idaho Certificate of Exemption form before attending class/Socialization.</p> <p>A parent may refuse to immunize due to medical, personal or religious reasons by completing a <b>State of Idaho Certificate of Exemption</b> form. The form must be signed by the parent, entered in the computer system, and filed in child’s file and 1 copy sent to Health Coordinator.</p>  |
| <p><b>Idaho Conditional Attendance to Childcare</b></p>   | <p>The State of Idaho, Schedule of Intended Immunizations form is completed by a child’s physician, stating that the child is behind on immunizations, but there is a plan to update.</p> <p>This will allow the child an <b>extension of time of two weeks</b>, or until the date documented on the form by the physician.</p> <p><b>The form must have the date planned to up-date vaccine.</b></p> <p><b>If parents fail to up-date on date indicated</b>, the child may be excluded from class.</p>   |
| <p><b>Exclusion</b> from class due to under- immunized</p>  | <p>In the event that an outbreak occurs at the center, the children that are under-immunized will be excluded from attending Socializations/class.</p> <p>An outbreak is defined as: when two or more children in the same class are diagnosed by a medical professional with the same illness. The Health Specialist is contacted when an out break occurs or is suspected.</p> <p>A letter is also sent to all parents that the outbreak has occurred and specific information on the disease to parents and staff.</p>   |
| <p><b>TB Screen</b></p>   | <p><b>HS:</b> The TB Survey Form needs to be filled out prior to class attendance.</p> <p>If any answers are yes, refer the child to Public Health Department for a PPD test.</p> <p>If PPD is positive follow up with doctor. Usually an x-ray is completed.<br/>Child may return to class with note from doctor stating that the child is negative for TB</p> <p><b>EHS:</b> To be completed on the first home visit and then once a year, or to be completed when a child turns 12 months, and then once a year, or more if illness is suspected.</p> <p><b>Expectant mothers</b> are not tested for TB.</p> <p><b>Children 0-11 months</b> are not tested for TB, unless suspected, then refer to pediatrician.</p> <p><b>Children 12 -23 months:</b> EHS children 12-23 months and up are surveyed once per year, unless illness suspected. For children in this age group, they are only “indicated” if the answer to question #1 is “yes” (see TB Survey). If a child in this age group is indicated refer to primary medical provider.</p> <p><b>Children 24-36 months and up:</b> Surveyed once per year, unless illness suspected. If any answers are yes, refer the child to Public Health Department for a PPD test.</p> <p><b>If a PPD is positive</b> follow up with doctor. Child may return to socialization with note from doctor stating that the child is negative for TB.</p> |

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| <b>EHS Child Wellness Exams</b>                              | <p>To be completed within 90 days of enrollment into the program, then follow the State of Idaho EPSDT schedule at the following ages: newborn, 2 week, 1 month, 2 month, 4 month, 6 month, 9 month, 12 month, 15-18 months ,24 months, and 36 months.</p> <p><b>If a child is behind</b> on a schedule of Well Child Exams, complete an initial ISA for the first missed visit and then SOAP the child's catch-up schedule. Continue to SOAP through catch-up of Well Child Exams. ISA's <i>must</i> be completed for late Well Child Exams at 2, 6, 12, 24, and 36 month visits.</p> <p><b>ISA's <i>must</i> be completed for any missed visits that are not made up if the child is already behind on schedule.</b> Collect and ISA and SOAP for any EPSDT visits that the child's doctor does not provide.</p> |
| <b>EHS Child Oral (Dental) Exams</b>                         | <p>HS: To be completed within 90 days of enrollment into the program, then due once per year.</p> <p>EHS: To be completed within 90 days after turning 12 months, then due every year</p>  |
| <b>HS Child Wellness Exams/ HS Child Oral (Dental) Exams</b> | To be completed within 90 days of enrollment then following the EPSDT schedule.  |
| <b>Blood Pressures for HS age 3-5</b>                        | <p>To be completed within 90 days of enrollment.</p> <p>Blood pressures to be completed every year.</p>  |
| <b>Blood Pressures for EHS age 0-36 months</b>               | <p>If an EHS child has a condition that requires blood pressure monitoring, the child will be referred to his/her primary physician.</p> <p>For EHS children who have turned 36 months blood pressure is to be completed. Collect from 36 month Well Child Exam, or complete at center.</p>  |
| <b>Lead Screening</b>  | In order to comply with this mandate we must have written Documentation of Blood Lead screening with Blood Values.   |
| <b>EHS Lead Screening</b>                                    | EHS blood lead test at age 12 months and 24 months must be completed within 90 days of enrollment or within 90 days of becoming age eligible at 12 months and then 1 year later for the 24 month lead screening. If the child enters at 24 months, lead will be taken only once.   |
| <b>HS 3-5 Lead Screening</b>                                 | Blood lead testing is due <i>one time</i> at this age group - due within 90 days of enrollment.  |
| <b>Lead Refusal</b>  | HS/EHS: Parents may refuse this service after they have been informed about blood lead poisoning (Orientation HV #2) by completing the Lead Poisoning HV Form Refusal Box & signing/dating form.   |
| <b>High Lead Levels Follow up</b>                            | If blood lead levels are 10mg/dL or greater, the child should return to his/ her primary physician for further evaluation/treatment.   |
| <b>Hematocrit/Hemoglobin</b>                                 | To be completed within 90 days of enrollment, beginning at age 12 months, then 24 months and 5 years of age.   |
| <b>Hematocrit/Hemoglobin Rescreen</b>                        | Child should return to their physician or WIC to have re-check follow-up in 6-8 weeks.   |
| <b>Low Hematocrit/Hemoglobin</b>                             | <p>Children with Hemoglobin less than 11 or Hematocrit less than 34 are considered anemic. Child's name is posted in the kitchen to remind cooks of need. High iron foods are given at Head Start. On home visits, recipes using high iron foods are given to parents.</p> <p>Nutrition Consultant is available to meet with families.</p>   |