

Strategies for Meeting the Lead Screening Requirement in Head Start

1. Work in partnership with your local primary care providers to obtain blood lead tests for all Head Start enrolled children as per the EPSDT requirements for Medicaid-eligible children. Clarify that Head Start references EPSDT as a standard of well child care and that lead screening for all children is required under EPSDT by the Centers for Medicare and Medicaid Services. “CMS requires that all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead ” poisoning. [EPSDT Benefits](#)

2. Work with your Health Services Advisory Committee (HSAC) to organize outreach to community primary care providers and to identify alternate providers of blood lead screening services, such as local health departments and the Women, Infants, and Children office

- [County Health Departments That Perform Blood Lead Level Screening by Region](#)
- [WIC State Agencies](#)

Your HSAC members and/or other administrative-level Head Start staff may help to foster relationships with community providers through providing tours of the Head Start facility and promoting Head Start’s mission and EPSDT screening.

3. Initiate contact with your Head Start State Collaboration Office and develop a relationship with your State Chapter of the American Academy of Pediatrics to identify and conduct outreach to pediatric primary care providers, other health professionals, and community resources to perform lead screening.

4. Refer to Federal government programs that provide resources on lead screening or are involved in blood-lead testing. Resources may include:

- [CDC - National Center for Environmental Health](#)
- [CMS - Dear Colleague Letter - Childhood Lead Poisoning](#)
- [CMS - EPSDT Form - 416 Instructions for Annual Reporting](#)
- [Environmental Protection Agency](#)
- [HUD - Office of Healthy Homes and Lead Hazard Control](#)
- [Childhood Lead Poisoning Prevention Program](#)
- [Childhood Lead Poisoning Prevention Program-State Programs](#)

5. Recruit community advocacy groups that can help to advocate for or facilitate performance of lead screenings. Organizations may include:

- [Alliance for Healthy Homes](#)
- [Coalition to End Lead Poisoning](#)
- [National Center for Healthy Housing](#)
- [National Safety Council](#)

6. Include in the comment section of the PIR reasons why 100% of children were not screened for lead during the program year. (See page 16 of the PIR)

7. Subject to all appropriate law and regulation, *and as a last resort*, programs may purchase equipment to conduct screenings onsite. Ensure that a qualified person is able to interpret the results and has a copy of medical records with results from previous lead tests. Send results to the child's primary care provider for inclusion in his/her medical record and formulation of a clinical plan of care based upon review of the blood lead test results by the primary care provider.