



## Getting Health Services Started

This section reviews the developmental, sensory, and behavioral screenings that take place in Head Start. It defines a medical and a dental home, offering resources on how to locate a primary care provider near the Head Start center and how to receive TA through the Dental Home Initiative (DHI), a partnership between OHS and AAPD.

This section also reviews the Centers for Medicare and Medicaid (CMS) Early and Periodic, Screening and Diagnostic Treatment (EPSDT) benefit, with links to EPSDT and the AAP Bright Futures schedules. A complete Well-Child Visit is outlined and strategies that health care managers may use to verify that the requirements of the Well-Child Visit have been met.

## Getting Health Services Started

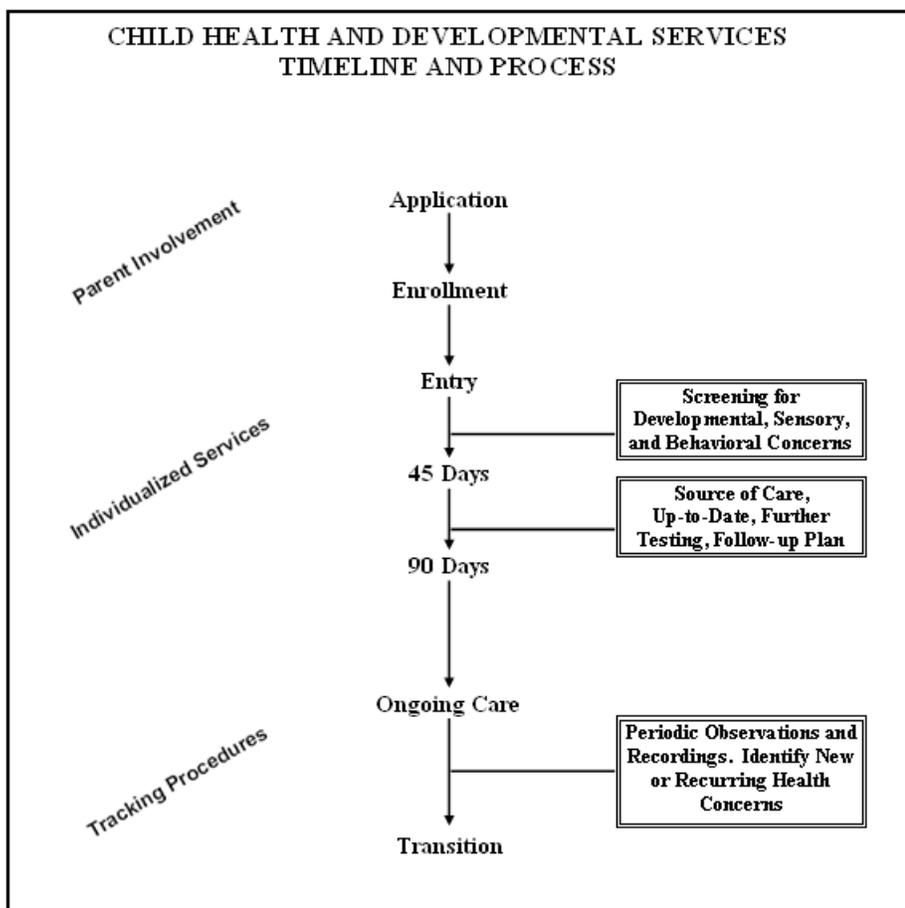
Now that you know who is a part of your health team, it is time to start working together to coordinate health services.



The *Child Health and Developmental Services Timeline and Process* diagram illustrates the processes you and your health team must conduct during the Head Start year, which include the:

- Initial sensory and developmental screenings
- Establishment of medical and dental homes
- Identification of additional health concerns during the child's enrollment

It is important to note that parent involvement, the individualization of services, and tracking are integral to the health services process.



As a health coordinator, your responsibility to assist families in obtaining age-appropriate health information and services can begin as early as recruitment for Head Start-eligible children. During the application process, you can begin talking with parents about the health services provided as a part of the Head Start program. You can also provide health education materials and oral hygiene supplies, such as toothbrushes and toothpaste, for parents to take home.

## Health Interview

During the application process, Head Start programs also conduct the initial health interview. The initial interview is a time for Head Start staff (e.g., family service workers, home visitors) to fully discuss the array of medical, dental, nutrition, and mental health services available to children. It is also the time when parents complete the child's health history. During the interview, staff should emphasize the shared responsibility between parents and the Head Start program for maintaining a healthy environment for children to grow and develop. Parents can also be informed of the health requirements that will need to be completed within the first months of enrollment.

It is important to schedule the initial health interview when it is convenient for families, allowing sufficient time to complete the screening and physical exam requirements within the 45-day and 90-day periods. Some programs begin health interviews in the summer to give parents more time to complete these tasks prior to enrollment. For non-English speaking families, a translator should be present during the interview.

Depending on the size of your program, family service workers and home visitors may be asked to complete the health interview with each family. In working with family service workers and home visitors, you can instruct them to discuss the following points during the health interview:

- Explain that Head Start is interested in the overall development and well-being of each child
- Emphasize the importance of preventive health practices on a child's health and overall development
- Explain that parents are their child's first teachers in modeling positive health behaviors
- Explain parents' role in obtaining health screenings and arranging medical and dental visits
- Explain the importance of a medical home and a dental home
- Reassure parents that child health information is kept confidential

- Explain Head Start's meal service and family-style dining
- Encourage parents to think about individual and family goals related to health that they may include in their Family Partnership Agreement

Information collected through the health interview will give you a sense of a child's health before they enter Head Start, as well as parents' knowledge and behaviors regarding good health practices.

## Establishing Medical and Dental Homes



### **Head Start Program Performance Standard 1304.20 (a)**

*Determining Child Health Status.*

*In collaboration with the parents and as quickly as possible, but no later than 90 calendar days, grantee and delegate agencies must: (i) make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care.*

*Note: 1304.20 (a) (2) states that grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.*



### **Importance of Medical and Dental Homes**

Each year children lacking proper medical and dental care are enrolled in Head Start. Children may exhibit dental cavities, experience difficulties in hearing or vision, or have trouble controlling their asthma. Establishing medical and dental homes for Head Start children is important as it provides quality health services for children who may otherwise go undiagnosed or untreated. Medical and dental homes provide a continuity of services that extends beyond Head Start. They establish a relationship between the provider and the family, enabling the provider to offer informed guidance to parents based on the child's health history.

## Definition of a Medical Home

OHS defines a medical home as an ongoing source of continuous, accessible health care. This definition follows the [AAP Policy Statement on the Medical Home](#), which also characterizes a medical home as:

- Family-centered
- Comprehensive
- Compassionate
- Culturally-effective

A medical home may take the form of a physician's office, school-based clinic, local health department clinic, community health center, federally-qualified health center, or a mobile unit. When using a mobile van, it is important that follow-up treatment and care are provided, as well as the medical screenings.

## Definition of Dental Home

The AAPD derives its definition of a dental home from the AAP definition of a medical home. A dental home is described as "comprehensive, continuously accessible, family-centered, coordinated, compassionate, and culturally-effective."<sup>1</sup>

A dental home for infants and young children should provide:<sup>2</sup>

- Comprehensive oral health, including acute care and preventive services in accordance with AAPD periodicity schedules
- Comprehensive assessment for oral diseases and conditions
- Individualized preventive dental health program based on caries and periodontal disease risk assessments
- Anticipatory guidance about growth and development issues (i.e., teething, pacifier habits)
- Plan for acute dental trauma
- Information about proper care of the child's teeth and gums
- Dietary counseling
- Referrals to dental specialists when care cannot be provided within the dental home
- Education regarding future referral to a dentist knowledgeable and comfortable with general oral health issues

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<sup>1</sup> [www.aapd.org](http://www.aapd.org)

<sup>2</sup> Ibid.

A dental home may be a pediatric dentist's office, a general dentist's office familiar with working with young children, or a mobile dental van that provides onsite screening, fluoride varnish applications, as well as oral health treatment.



## **Recruiting and Identifying Health Care Providers**

It is often difficult to recruit providers that accept Medicaid. In oral health, it is also a challenge to find dentists who are knowledgeable and comfortable with examining young children. HSAC members are the first line of support to help recruit providers. Local health care providers are more familiar with the community and can use their existing contacts to create awareness about Head Start's need for health care providers, especially those that accept Medicaid. Some Head Start programs have partnered with local medical and dental schools to successfully recruit nursing and dental students to provide onsite services. Other oral health partners may include:

- [American Dental Hygienist Association](#)
- [Association of State and Territorial Dental Directors \(ASTDD\)](#)

There are online resources you can use to locate health care centers near you. The Health Resources and Services Administration (HRSA) provides a Web site to [locate a federally-funded health center](#) near your program. The American Dental Association also provides a [dentist locator](#) that lists practicing pediatric dentists and general dentists in your community. Additionally, the [DHI](#), a partnership with OHS and the AAPD, provides TA for Head Start programs faced with the challenges of meeting children's oral health needs. For oral health TA, you can contact your [state team lead or Regional oral health consultant](#).

## **Helping Parents Maintain Health Insurance**

For Head Start parents in need of health insurance, it will be your responsibility to work with family service workers and home visitors to provide parents with information on how to apply for and maintain medical and dental insurance, such as [Medicaid](#), a state [Children's Health Insurance Program](#) (CHIP), or private insurance. CMS provides [Medicaid-at-a-Glance](#) and an [overview of the new CHIP insurance plan](#) that can be given to those staff working closely with families. It is important to ensure that Head Start families maintain their insurance coverage by tracking renewal dates and eligibility criteria.

## **Your Role as the Health Coordinator**

As the health coordinator it is your role to assist families in understanding the importance of medical and dental homes, to identify a medical and a dental home, and to ensure that each child is insured in a health plan. During the initial health interview or through parent education classes, you can educate families about:

- The importance of medical and dental homes
- How to apply for and maintain medical and dental insurance
- How to choose and appropriately use a health care provider
- The importance of taking the child for the recommended Well-Child Visit and dental visits
- What to expect during a Well-Child Visit and a dental visit
- How to prepare for and deal with health emergencies and treatment
- Practicing and modeling preventive care practices
- How to navigate through the health care system and establish medical and dental homes

Many Head Start programs have a roster of medical and dental care providers that accept Medicaid-eligible children. It is important to take time to revisit and update this roster by eliminating providers that no longer accept new patients and adding newly recruited providers. During the enrollment process, copies of the health care provider roster can be given to those parents who do not have a primary care provider for their child.

## **The Role of the Parents**

As parents reinforce what is learned within Head Start, it is imperative to encourage parent involvement in the classroom and at home by:

- Applying for children's health insurance
- Scheduling and attending medical and dental appointments
- Sharing information about family health history with the provider
- Asking questions when information is not understood
- Keeping a list of questions to ask the provider
- Voicing concerns about changes in the child's health since the last visit

## **The Role of the Family Service Workers and other Staff**

Family service workers, home visitors, and other front line staff are important as parents establish an ongoing source of continuous, accessible health care by:

- Utilizing the Policy Council or parent meetings as a sounding board to hear the needs of parents
- Encouraging parent involvement in health services
- Coordinating documentation of cross-disciplinary information
- Encouraging health-related goals in the Family Partnership Agreement
- Coordinating joint-trainings for parents and staff
- Brainstorming ways to encourage parent involvement
- Collaborating with Education Specialists and teachers to include health lessons plans and at-home activities that involve parents
- Considering case management or case conferencing to share information and coordinate efforts of family assistance
- Developing health information materials in plain language that is culturally and linguistically appropriate
- Developing a communication system to notify parents of possible health concerns identified within your Head Start setting

## **The Role of the Health Services Advisory Committee**

The HSAC can assist families in establishing medical and dental homes by:

- Recruiting medical and dental providers
- Identifying and collaborating with community agencies to provide support services, such as translation, transportation, and child care
- Working with state Medicaid agencies and managed care organizations to provide health insurance for all enrolled children



The [Accessing Professional Medical and Dental Services](#) Information Memorandum (IM) is a valuable resource to assist health managers in addressing the challenges in finding medical and dental service for enrolled children. The IM offers strategies for engaging community health care providers, connecting children with health insurance, and publicly-funded health care.

## Screenings



### **Head Start Program Performance Standard 1304.20 (b)**

*Screening for developmental, sensory, and behavioral concerns.*

- (1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b) (3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.*
- (2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.*
- (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.*

**Note:** 1304.20 (a) (2) states that grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.



### **Head Start Program Performance Standard 1304.20 (e)**

*Involving parents.*

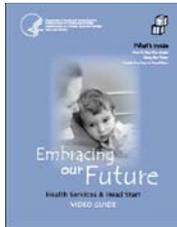
*In conducting the process, as described in Sec. Sec. 1304.20 (a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:*

- (3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program.*



## Importance of Screenings in Head Start

Screenings identify developmental and sensory concerns early and allow trained specialists to provide appropriate care and treatment. Without the provision of early screenings in Head Start, children will face unnecessary challenges and may exhibit disruptive behaviors that interrupt their ability to learn.



The video [Embracing Our Future](#) illustrates the importance of staff members' ability to identify potential cognitive, behavioral, and sensory delays. Health screenings will allow you as the health coordinator to:

- Plan follow-up services for Head Start staff and community providers
- Prioritize children with an immediate health need
- Assist parents if intervention services are required

In Head Start, screening procedures must be conducted within a child's first 45 days of enrollment. You will coordinate or possibly provide screenings, given your professional training and/or licensing, and determine whether the screenings will be conducted onsite or through a child's primary provider.



The [Sensory Screening Protocol](#) is a helpful resource that outlines the process of screening and referring children for an evaluation, if needed.

## Preparing Children for Screenings

To help children prepare for the screening procedure, you can work with teaching staff to develop activities that help children become comfortable with participating in developmental and sensory screenings. Children can role play what will happen during the screening. Props can be made to resemble the equipment and assessment instruments.

Involving parents in preparing children about upcoming screenings is important. Parents will need educational materials on the required screenings and their role in ensuring that screenings are completed and documentation is provided and results are communicated to Head Start staff.

## Perform Onsite Screening or Obtain Screening Results

Programs have often voiced frustration with collecting complete, up-to-date screening information within the 45 calendar day timeframe. Some health managers find it difficult to obtain health screenings from primary care providers. As a result, some programs have developed partnerships with local providers, such as WIC, Early Intervention Services, and Prevent Blindness of America to ensure completion and documentation of health screenings. Some programs also conduct screenings over the summer prior to a child's entry into the program at the beginning of the school year. Depending on your program and the resources within your community, you may decide to provide developmental, hearing, and vision screenings onsite. In determining whether to allow community providers to conduct onsite screenings or to refer parents to their medical home, you can consider the following pros and cons provided by other Head Start grantees.

### Perform Onsite Screenings

#### Pros:

- 100% of children are screened
- Natural environment, easy to rescreen if needed
- Convenient location
- Able to get specific, timely results

#### Cons:

- Difficulty in finding providers for the entire day
- Does not connect families with a medical home or a dental home
- Does not provide follow-up treatment and care

### Use Offsite Screening Results

#### Pros:

- Continuation of services after Head Start
- Allows targeted follow-up
- Individualized services for child and family
- Expertise from medical provider
- Links family with medical community

#### Cons:

- No guarantee that all children will be screened. Child may not cooperate
- Requires follow-up to receive screening results
- Limited Head Start funds
- Parents inability to take time off work



## How to Select Screening Tools: A 10-point Checklist

A screening is not a diagnosis. It is a “snapshot” of a child in a specific domain (e.g., cognitive development, language, gross motor skills, or sensory acuity), or multiple domains. When selecting a screening tool, you should gather input from the HSAC, Education Specialists, and those staff who will be administering the test (if provided onsite).

Consider the following ten factors when selecting a screening tool:

1.	Focus	General: Yes/No Behavioral: Yes/No If yes, what?
2.	Approach	Strength: Yes/No Deficit: Yes/No
3.	Administration	Who records information?
4.	Elicitation	Who reports information?
5.	Scorer	Who scores the results?
6.	Age range and characteristics of the children	Ages Possible risk factors
7.	Time	How long does the screening take?
8.	Costs	Purchase cost Cost to administer
9.	Cultural competency	What cultures/languages has the screening been designed for?
10.	Utility	<ul style="list-style-type: none"> <li>• Reliability</li> <li>• Validity</li> <li>• Sensitivity (probability of correctly identifying children with this screening tool)</li> <li>• Specificity (probability of identifying normal development)</li> </ul>

(For more information go to <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>)



## Sensory Screenings: Hearing

A child’s first 3 years is critical for language acquisition. During this time, a child’s hearing loss can cause delayed language development. A hearing screening identifies possible hearing impairment. As a health manager, you

may help to establish early intervention services for deaf or hearing-impaired children and their families; for example, you may refer parents to a speech-language pathologist or a teacher who is experienced in working with children with hearing loss. Head Start programs have used the following tools to conduct hearing screening:

- Otoacoustic emissions tool
- Audiometer for 2- to 5- year olds
- Three-prong questionnaire conducted between parents and teachers
- Early Childhood Intervention Part C providers

These tools are not endorsed by OHS but are used as examples of hearing screening tools.

### **Additional Online Resources**

For more information on how the otoacoustic emissions tool was used in the Head Start setting, you can review the work of the [Early Childhood Hearing Outreach Project](#) through the University of Utah.

The National Institute on Deafness and Other Communication Disorders (NIDCD) offers the following fact sheets on hearing disorders:

- [Has Your Baby's Hearing Been Screened?](#)
- [Your Child's Hearing Development Checklist \(Silence Isn't Always Golden\)](#)
- [Auditory Processing Disorder in Children](#)
- [Ear infections: Facts for Parents about Otitis Media](#)



### **Sensory Screenings: Vision**

Vision screenings identify how well a child can see and how well the eyes move together. Head Start programs have used the following vision instruments to screen visual acuity in young children:

- Snellen eye chart
- 3-D stereo vision tests
- Three-prong questionnaire conducted between parents and teachers
- Near-point screening
- Hirschberg test

These tools are not endorsed by OHS but are used as examples of vision screening tools.

### **How is vision testing done?**

In Head Start, vision testing is performed by a health professional or trained staff, parent, or volunteer. It involves:

- The child identifying letters, shapes, or figures on a standard eye chart
- Observing the child's eye movements (strabismus testing)
- Observing for other eye abnormalities (e.g., redness, swelling, discharge)

### **What might you observe?**

- Eyes that cross or point outward
- Frequent blinking, squinting, or rubbing the eyes
- Difficulty picking up small objects, catching a ball, or seeing distant objects
- Holding books and objects unusually close
- Short attention span for visual activities
- Frequent complaints of eye discomfort, headaches, or dizziness

### **Follow-up to vision testing**

To pass a vision test, a child must be able to identify more than half the symbols on the 20/40 line. If a child is unable to do this and there is more than a two-line difference in vision between eyes, the child may require:

- Antibiotics to treat an eye infection
- An eye patch
- Eyeglasses
- Eye muscle surgery
- Special education or early intervention services

*(Taken from the [Well-Child Health Care: Making It Happen Training Guide](#))*

### **Additional Online Resources**

OHS has a partnership with [Prevent Blindness America](#), an organization that conducts vision screenings for children at-risk for lazy eye (amblyopia). The Web site is a good resource for general vision screening information you can use to educate parents. For further information on the partnership, you can read the [Vision Screening Resources](#) IM on the ECLKC.

AAP also provides a helpful resource on what parents can expect during an eye exam in [How do I know if my child has a vision problem?](#)



OHS answers policy questions posed by Head Start grantee and delegate agencies. These clarifications are posted on the ECLKC. The following policy clarifications include questions regarding sensory screenings.

**[Does using a paper screening tool to assess a child's vision and/or hearing within 45 days meet the requirements of the Head Start Program Performance Standards?](#)**

No. The Head Start Program Performance Standards (45 CFR 1304.20(b)) require programs to perform or obtain screening procedures to identify developmental, sensory (visual or auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. A sensory screening tool must be used to identify potential vision or hearing concerns. Paper screening tools used to assess a child's development are not considered sensory screening tools.

**[If a child receives sensory screenings during a Well-Child Visit, is the Head Start program required to screen the child within 45 days of their entry into the Head Start program?](#)**

45 CFR 1304.20(b) requires Head Start grantee and delegate agencies to perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills within 45 days of entry into the program. If a parent provides the Head Start program with documentation that a linguistically and age appropriate sensory screening took place during the Well-Child Visit, it is not necessary to repeat this screening within 45 days of the child's entry into the program.

Head Start programs should consider, however, whether the population they serve is considered to be high risk, and if it may be more efficient and effective to provide for the uniform screening of all children's hearing and vision using objective screening instruments. Your programs may consult with your HSAC for assistance in identifying linguistically and age-appropriate objective screening instruments that would be most appropriate for your use, given the children you are serving.



## **Developmental Screening**

“Development screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays. It can allow for earlier detection of

delays and improve child health and well-being for identified children.”<sup>3</sup>

Early detection of and intervention services for a development delay can equip children with school readiness skills, as well as add to their general sense of well-being and self-confidence.

## **Identification of Developmental Concerns**

In most programs, the role of identifying developmental or behavioral issues is tasked to the disabilities services manager. To better acquaint health coordinators with screenings and assessment instruments used to identify developmental delays, instruments have been developed by the [National Early Childhood Technical Assistance Center](#) that emphasize social and emotional development for children from birth through 5 years of age. These tools are not endorsed by OHS but are used as an example of a development screening tool.

In choosing instruments, you should also be aware of the [myths about developmental screening tools](#). Working with the disability services manager, you may ask the following questions:

- **How is developmental screening done?**

Developmental screening may be carried out by a mental health professional, health care provider, or trained Head Start staff. Standardized developmental checklists and tests may be used. Information is gathered by:

- Talking with parents and teachers
- Observing the child
- Asking the child to answer questions and complete tasks

- **What may be observed?**

- Difficulty understanding, communicating, or doing things expected at that age
- Extreme moods, such as anger, sadness, lethargy, restlessness, anxiety
- Difficulty with social behavior, such as fighting, biting, not interacting with other children or adults

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<sup>3</sup> National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control and Prevention

- **Follow-up to developmental screening**

If screening results are outside the norm for the age, follow-up evaluation by a health care provider is required. Evaluation may involve a mental health consultant, developmental center, or local education agency (LEA).

- **Intervention might include:**

- Special education or early intervention services
- Speech therapy
- Physical and occupational therapy
- Mental health counseling/consultation for the child, family, and staff

*(Taken from the [Well-Child Health Care: Making It Happen Training Guide](#))*

## **Additional Online Resources**

The Head Start Bulletin [Screening and Assessment in Head Start](#) provides additional articles on development screenings.

OHS, in collaboration with the Head Start Knowledge and Information Management Services (HSKIMS), developed an [Orientation Guide for Head Start Disabilities Services Coordinators](#). This is a resource with information and tools that will assist disability coordinators in their work. It will provide insight into addressing the health needs of children with disabilities. The ECLKC Disabilities home page also includes Web sites related to developmental delays:

- Americans with Disabilities Act (ADA)
- Individuals with Disabilities Education Act (IDEA) Amendments
- Center for Social and Emotional Foundation for Early Learning (CSEFEL)

## **Your Role as the Health Coordinator**

In your role as health coordinator, you will coordinate the provision of hearing, vision, and developmental screenings. In assisting families and Head Start staff, you will be responsible for:

- Working with teaching staff to develop health education materials and activities to prepare children and parents for sensory and developmental screenings
- Assisting families in collecting health documentation from primary care providers on results of screenings
- Assisting families in obtaining follow-up care and treatment as needed

- Conducting sensory and developmental screenings, if staff have the required professional training and licensure
- Identifying developmentally and culturally appropriate screening tools

### **The Role of the Parents**

Parents can help prepare their children for hearing, vision and developmental screenings by:

- Reinforcing messages and activities that prepare children for sensory and developmental screenings at home
- Working with primary care providers or Head Start staff to ensure that all sensory and developmental screenings are conducted
- Providing screening results to Head Start programs if performed off-site

### **The Role of the Family Service Workers and other Staff**

Teaching staff, home visitors, and family service workers play an important role in making sure all children are screened within the 45-day requirement. Head Start staff can assist in this task by:

- Developing classroom and at-home activities to prepare children for the hearing, vision, and developmental screening
- Informing parents on what will take place during the screening, whether onsite or through the child's primary care provider
- Discussing follow-up treatment and services with parents after receiving screening results

### **The Role of the Health Services Advisory Committee**

The HSAC can assist programs in identifying agencies to provide onsite screenings and/or trainings for staff. HSAC members can also help to develop policies and procedures that aid health coordinators, family service workers, home visitors, and teaching staff in screening Head Start children within the 45-day requirement.

## Well-Child Care



### **Head Start Program Performance Standard 1304.20 (a)**

#### *Determination of Child Health Status.*

*In collaboration with the parents and as quickly as possible, but no later than 90 calendar days, grantee and delegate agencies must: (ii) obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental, and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:*

- (A) For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring children up-to-date*
- (B) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care*

**Note:** 1304.20 (a) (2) states that grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.



### **Head Start Program Performance Standard 1304.20 (c)**

#### *Extended follow-up and treatment.*

- (5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.*



## What is Well-Child Care?

Well-child care seeks to keep children healthy and to identify potential health concerns early. The earlier a child's health needs are identified and met, the better health and developmental outcomes for the child. Well-child care requires a collaborative partnership between Head Start staff, families, and the medical home to ensure that every child enrolled in Head Start receives recommended screenings, examinations, immunizations, as well as follow-up evaluation, diagnosis, and treatment. Well-child care includes:

- Review of the child's health history
- Screening tests to identify health conditions
- Physical examination
- Follow-up and treatment
- Health education and counseling

Health coordinators can assist families in establishing an ongoing, trusting relationship with a medical home. A positive, consistent relationship allows the health care provider to become knowledgeable about existing health conditions and familial risk factors and to provide more informed care and counseling. Parents also feel more confidence in the services provided to their child.

## What Does a Well-Child Visit Include?

The CMS [benefit](#) outlines preventive health services covered through the Medicaid program. Many Head Start children are eligible for Medicaid, so you should be familiar with the EPSDT schedule for your state. Your state EPSDT schedule lists the following screening components that should take place from infancy to early childhood:

- Health history
- Physical exam
- Height/weight or length/weight (for infants)
- Head circumference
- Blood pressure
- Anticipatory guidance (health education/counseling)
- [Developmental and behavioral assessment](#)
- CDC [Immunization schedule](#)
- Newborn metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia)

- [Blood-lead screening](#)
- Anemia Screening
- Cholesterol screening
- Tuberculin skin test
- Hearing screening
- Vision screening
- [Dental exam](#)
- [Speech and language screening](#)

Well-child care begins before the child is born and continues until the age of 21. Through regular comprehensive prenatal visits, pregnant women can prevent low birth weight, premature labor, and birth defects, such as spina bifida. Prenatal education also informs women about the risks of smoking and drinking alcohol while pregnant and encourages women to practice healthy lifestyle choices for proper nutrition and exercise.

Health coordinators and family service workers should assist parents in maintaining the Well-Child Visit scheduled for the following ages:

- Prenatal
- Newborn
- Within 48 to 72 hours after hospital discharge
- By 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years
- 5 years

Copies of your state EPSDT schedule can be provided as a reminder to parents during the initial health interview. For states that do not have a Medicaid EPSDT schedule, the AAP [Bright Futures](#) initiative recommends a schedule of well-child care for children birth to 5 years-old. Health managers can find the most recent [EPSDT and Bright Futures schedules](#) on the ECLKC.

## Preparing Families for the Well-Child Visit



Head Start staff can help families prepare for the Well-Child Visit. The tip sheet, [A Partnership for Healthy Children: Helping parents advocate for their child's medical care](#), provides topics you can discuss with parents on their role in making sure their child is up-to-date. This resource emphasizes the importance of parents making their child's health a priority by:

- Taking time to attend doctor's appointments
- Communicating concerns or questions to the doctor
- Maintaining follow-up appointments and care



[A Partnership for Healthy Children: The Well Child Visit](#) is useful for both parents and Head Start staff in reviewing what will take place during the Well-Child Visit. This tip sheet describes the core aspects of the visit:

- Observe the child's skill development
- Perform blood tests
- Administer immunizations
- Screen hearing, vision and blood-lead level
- Answer questions on how to keep children healthy

Both tip sheets can serve as take-home resources for parents during the initial health interview.

Health managers and family service workers should develop positive relationships with the program's core set of primary care providers. A collaborative partnership will assist parents, Head Start staff, and the primary care provider to ensure all Head Start requirements are met in a timely manner and that the visits are well-documented in the child's health record.

### Your Role as the Health Coordinator

In your role as the health coordinator, it is your responsibility to:

- Assist families in maintaining an up-to-date well-child care and immunization schedule
- Assist families in scheduling Well-Child Visit appointments

- Collaborate with family service workers and home visitors to ensure that every child is up-to-date
- Work with family service workers to include well-child care in the family partnership agreement
- Provide health education for children and families on the importance of well-child care

### **The Role of the Parents**

Parents can assist their child in maintaining a schedule of Well-Child Visits by:

- Scheduling and attending Well-Child Visits
- Being aware of what should take place during the Well-Child Visit
- Sharing information about their family health history and the child's health with the provider
- Asking questions when information is not understood
- Keeping a list of questions to ask the provider
- Voicing concerns about changes in their child's health since the last visit

### **The Role of the Family Service Workers and other Staff**

Head Start staff can work with parents in keeping up-to-date with Well-Child appointments by:

- Assisting parents in scheduling Well-Child Visits that are convenient
- Educating parents on what to expect during the visit
- Helping to provide transportation, translation, child care and other services that support parents

### **The Role of the Health Services Advisory Committee**

The HSAC plays an important role to encourage primary care providers to meet the Well-Child and EPSDT schedules for Head Start children. Members can also help to develop policies and procedures to ensure that all components of the Well-Child Visit are completed. For example, HSAC can give parents forms for the primary care provider to complete with the results of the Well-Child Visit for the Head Start program.

## Additional Online Resources

To help you become more familiar with your role in assisting with well-child care, the section “What is Well-Child Health Care and Why is it Important?” in the [Well-Child Health Care: Making It Happen Training Guide](#) provides additional fact sheets on screenings for anemia and intestinal parasites, tuberculin screening, and growth and nutrition assessment. The training guide includes activities for health managers and family service workers on developing partnerships with families and providers.



OHS answers policy questions posed by Head Start grantee and delegate agencies. These clarifications are posted on the ECLKC. The following policy clarifications include questions regarding well-child care.

### [What immunization requirements should be followed?](#)

Children in Head Start and Early Head Start programs must be immunized according to their State Medicaid EPSDT schedule for immunizations, not according to each child’s doctor’s recommendations. In many instances, State Medicaid EPSDT immunization requirements are the same as the recommendations for childhood immunizations outlined by the Centers for Disease Control and Prevention (CDC). For Head Start programs located in a state where state Medicaid EPSDT requirements differ from the CDC recommendations, the program’s Health Services Advisory Committee may, in accordance with 1304.20(a)(1)(ii), require children receive the additional immunizations as recommended by the CDC.

Each state determines the guidelines for exemptions from immunizations due to medical, religious or other reasons. If a child in Head Start has a medical exemption that meets all the requirements of the State immunization exemption guidelines, they do not need to be immunized according to the State immunization schedule. Requirement 45 CFR 1304.20(a)(1)(ii)

### [How should a Head Start program cover the costs of providing health services to an enrolled child if the child’s family is not eligible for Medicaid/EPSDT?](#)

The vast majority of Head Start families will be eligible for Medicaid/EPSDT, CHIP or some other publicly supported health care system. If a Head Start program enrolls a child whose family is not eligible for any such system, the Head Start program should seek to have services provided to the child by the program’s local health care providers at no or reduced costs. However, if all other funding sources have been exhausted, a grantee should cover any costs related to a child’s health care by using Head Start grant funds. Requirement 45 CFR 1304.20(c)(5)

**If a Head Start child does not receive their physical examination within one year of their last physical (as required by Medicaid/EPSDT), can the child be expelled from Head Start?**

No, a program should not disenroll any child because the child has not had a recent physical examination. Rather, as required by 45 CFR 1304.20(a)(1)(ii)(A), the program should assist the parents of any such child to bring their children up-to-date on a schedule of well child care as determined by the State Medicaid\EPSDT program.

Requirement 45 CFR 1304.20(a)(1)(ii)(A)

**Can a child be temporarily excluded from attending Head Start classes until they show proof of an appointment for their annual medical or dental exam required by the State Medicaid\EPSDT periodicity schedule?**

No. Head Start children can not be temporarily excluded from attending classes because they are not up-to-date on a schedule of well-child care, including annual medical or dental exams. [See 45 CFR 1304.22(b)]. However, if a state prohibits a child from entering a child care center until they have an annual medical or dental exam, in these situations a program would have no choice but to not allow the child to attend classes until the child had received the required examination(s).

[Requirement 45 CFR 1304.22(b)]

**What is the Head Start program's responsibility if a child is due to have a physical or dental examination, as required by the state Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, 90 calendar days after the child's entry into the Head Start program?**

45 CFR 1304.20(a)(1)(ii)(A) requires that Head Start programs work in partnership with the parent to ensure that the child continues to follow the recommended schedule for well child care as outlined by the state Medicaid EPSDT program. Head Start programs can develop systems that ensure regular communication between staff and parents occurs so that parents are aware of the need to keep their child up-to-date and that parents can inform staff about support services they may need, such as transportation, child care, etc., in order to keep medical and/or dental appointments.

Requirement 45 CFR 1304.20(a)(1)(ii)(A)



## **Blood-Lead Screening**

*Head Start Program Performance Standards* require Head Start programs to follow the CMS Medicaid requirement for lead screening. CMS requires a blood-lead test for all Medicaid-eligible children at 12 months and 24 months of age. Children between the ages of 36 to 72 months must also have a

screening blood test if a lead toxicity screening has not been previously conducted. For cases where a blood “finger stick” test result is equal to or greater than 10ug/dl, the result must be confirmed through a venous blood draw.

Head Start programs have found complying with the CMS lead screening requirement challenging. Some health care providers do not perform lead screening as they feel the exposure to lead is minimal. However, estimates based on screenings show that low-income Medicaid-eligible children are nearly five times more likely to have harmful blood-lead levels than the general child population.

### **Your Role as the Health Coordinator**

Health coordinators should be familiar with the CMS blood-lead requirement and its importance for the Head Start population. OHS issued an [IM on blood-lead screening](#) that reiterates the importance of lead screening and clarifies Head Start’s role in meeting the CMS requirement. You need to review the IM and its considerations for Head Start programs, such as partnering with state WIC offices that may require blood-lead screenings as part of SNAP.

As many health coordinators and family service workers struggle to obtain blood-lead screenings for Head Start children, OHS has developed a list of



[Strategies for meeting the blood-lead screening requirement in Head Start](#). One recommendation is to create a form letter parents can take to the Well-Child Visit that explains that blood-lead screening is a requirement for all Medicaid-eligible children through CMS. Health managers and family service workers can work with members of the HSAC to develop a letter using excerpts from the [IM on blood-lead screening](#). The health page on the ECLKC also lists [health departments that perform blood-lead screenings](#). This information may be helpful if primary care providers in your community do not perform blood-lead screenings.

## **The Role of the Parents**

Parents can make sure that their child receives a blood-lead screening test by asking that a test be completed during the Well-Child Visit and documentation be provided for the Head Start program. If parents are uncomfortable with the services provided during the visit, parents should speak with the physician, as well as the Head Start program.

Bontivia Ben, mother of three and HSAC member, demonstrated her role as her child's advocate. After being notified that her child had high lead levels, Bontivia contacted the local lead department for a household lead evaluation. Due to a backlog of appointments, an inspector was unable to evaluate her home. With the encouragement of other parents and HSAC members, Bontivia persisted until her home was finally evaluated and repairs made to reduce the risk of lead exposure. As a parent, Bontivia was able to ensure that her child and other Head Start children in her community reduced their chance for lead poisoning.

*"Participating in more [HSAC] meetings, it gave me the strength and courage to speak up."*

- Bontivia Ben, *Weaving Connections*

## **The Role of the Family Service Workers and other Staff**

Family service workers and home visitors should also be familiar with the blood-lead test as required by CMS for all Medicaid-eligible children. Staff can work with parents to ensure that a blood-lead test is completed by answering questions about what will take place during the visit.

## **The Role of the Health Services Advisory Committee**

The HSAC plays an important role in advocating for services for Head Start children. As HSAC membership is comprised of community medical and dental providers, public health staff, and other local community agencies, members can develop Head Start outreach materials informing providers of the need for blood-lead screening.

## 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. Clarify that Head Start references the EPSDT requirements for Medicaid-eligible children as a standard of well child care and is applied to *all children* enrolled in Early Head Start and Head Start programs. Head Start follows the lead screening requirement under the EPSDT program of the Centers for Medicare and Medicaid Services as follows:**

*“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 your local health departments and WIC office.**

- Contact your local health department. (See list of local health departments posted on the Health Workspace.)
- Contact your State Women, Infants, and Children Office  
[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 information on EPSDT screening.

**3. Initiate contact with your Head Start-State Collaboration Office (HSSCO) and develop a relationship with your State Chapter of AAP to identify and conduct outreach to pediatric primary care providers, other health professionals, and community resources to perform blood-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 \(EPA\)](#)
- [HUD - Office of Healthy Homes and Lead Hazard Control](#)

**5. Recruit community advocacy groups that can help to advocate for or facilitate performance of blood-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*, purchase equipment to conduct screenings onsite. You need to ensure that a qualified person is able to interpret the results and has a copy of the children’s medical records with results from previous blood-lead tests. Then you need to make sure to 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.**



OHS answers policy questions posed by Head Start grantee and delegate agencies. These clarifications are posted on the ECLKC. The following policy clarifications include questions regarding blood-lead screenings.

**[What must Early Head Start and Head Start programs do to meet the requirements for screening of children for lead poisoning?](#)**

In March, 2008, the Office of Head Start issued an Information Memorandum, ACF-IM-HS-08-07, describing the lead poisoning screening requirement within the Head Start Program Performance Standards (HSPPS). The HSPPS lead poisoning screening requirement references the requirements of the Early and Periodic Screening, Diagnostic, and Treatment program (EPSDT) schedule of the Centers for Medicare and Medicaid Services (CMS), which are as follows:

“Lead Toxicity Screening - All children are considered at risk and must be screened for lead poisoning. 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. A blood lead test must be used when screening Medicaid-eligible children. A blood lead test result equal to or greater than 10 ug/dl obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample.”

(From: [http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/02\\_Benefits.asp](http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/02_Benefits.asp).)

In order for programs to meet and comply with Head Start Program Performance Standards, programs must ensure that all children are screened for lead poisoning by blood lead testing as described above. The standard applies to all Early Head Start and Head Start enrolled children, not only to Medicaid-eligible children.

For purposes of clarity, the requirements for blood lead testing may be best understood by describing separately the requirements for Early Head Start and Head Start programs. The requirements for an Early Head Start enrolled child are:

- For a child enrolled before the age of 12 months, the program must obtain documentation that a blood lead test was done when the child reached the ages of 12 and 24 months;
- If there is no documentation that a blood lead test was performed at 12 months for a child enrolled between 12 and 24 months of age, a blood lead test must be performed as soon as possible. A second blood lead test will be required to be performed for the child at 24 months of age;
- The program is required to obtain documentation that a blood lead test was performed at 24 months of age or soon thereafter for a child enrolled at age 24 months or older.

The requirement for a Head Start enrolled child is:

- The program must obtain documentation that a blood lead test was performed at 24 months. If a blood lead test was not performed at 24 months, the program must obtain documentation that it was performed soon thereafter.

Head Start programs must work in partnership with parents to make sure that every enrolled child receives this screening. The standard applies to all Early Head Start and Head Start enrolled children. For the child who does not have documentation of blood lead testing that meets the CMS/EPSTD requirements, the program must assist the parents to obtain the required blood lead testing as soon as possible.

The best possible resource to obtain or perform blood lead testing is the child's clinical provider/medical home. This assures that other potentially relevant health circumstances that may increase a child's susceptibility to lead poisoning risk are recognized, and that the results of blood lead testing are incorporated into the child's primary care health record and ongoing plan of care. In circumstances where the primary care provider will not perform blood lead testing, local health departments and other community resources (such as clinics and other public health programs) may be utilized.

Requirement 45 CFR 1304.20(a)(1)(ii)(A)

### ***Why, for a child at or older than 12 months and at or younger than 24 months, are two blood lead tests required?***

A child's risk of exposure to sources of lead in the environment is in part determined by that child's advancing motor skills. As the child progresses from crawling to standing to walking, or from reaching to climbing, the child's ability to gain access to potential sources of lead (such as peeling paint chips on a window sill) increases. For this reason, during the critical period of rapid motor development between 12 and 24 months of age, two blood lead tests are required. In most countries, including the United States, blood lead levels peak at around 2 years of age. The purpose of screening for lead poisoning by blood lead testing at 12 and 24 months is to determine:

- Whether there has been a lead exposure by the age of 12 months, and;
- Whether there is an elevated blood lead level at 24 months of age.

Supplemental references:

- CDC Lead Poisoning Prevention Program  
<http://www.cdc.gov/nceh/lead/>
- "Preventing Lead Poisoning in Young Children – A Statement by the Centers for Disease Control and Prevention August 2005"  
<http://www.cdc.gov/nceh/lead/Publications/PrevLeadPoisoning.pdf>
- American Academy of Pediatrics Policy Statement  
"Lead Exposure in Children: Prevention, Detection, and Management"  
Committee on Environmental Health  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036>