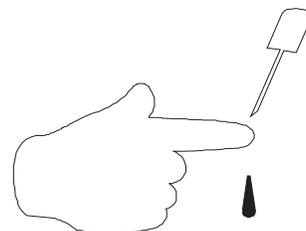


Anemia Screening (Hemoglobin/Hematocrit)

What is anemia?

Our bodies need oxygen for energy and growth. Red blood cells, hemoglobin, and iron carry oxygen through the blood to the body. **Anemia** is when the body does not have enough red blood cells, iron, or hemoglobin. It can slow a child's energy, growth, and development.



How do you screen for anemia?

Anemia screening is a blood test, usually a finger-prick, to check the amount of hemoglobin (or hematocrit) in the blood. It is done by a trained health professional at a clinic, doctor's office, health department, lab, or Head Start.

What might I observe?

Many children with anemia have no symptoms at all. You might notice:

- Pale skin
- Tiredness
- Lack of appetite
- Frequent illness
- Slow growth and development

Follow-up to anemia screening

If screening shows a hemoglobin level less than 11 or a hematocrit less than 34, the child needs follow-up evaluation and treatment by a health care provider. Causes of anemia might include:

- Not eating enough iron-rich foods
- Drinking too much milk in place of iron-rich foods
- Sickle cell disease
- Intestinal parasites
- Lead poisoning
- Severe illness
- Loss of blood

Treatment might include:

- Nutrition counseling and diet changes
- Iron supplements or iron-enriched vitamins
- Treatment of other conditions causing anemia

Anemia can delay a child's growth and development. Early diagnosis and treatment of anemia can help improve the child's health and development.

Dental Screening and Examination

What is dental screening?

Dental screening is a quick check of a child's mouth to find out if she needs a prompt exam and treatment. It can be done by a dental professional or trained Head Start staff or volunteer. Whether or not it is done, **all** Head Start children need a complete dental examination.



What is the dental examination?

The dental examination is a full checkup by a dental professional. It includes:

- Discussion of diet, toothbrushing, use of bottles, and thumb-sucking.
- Exam of the mouth for tooth decay, bite, and gum infections. Dental equipment such as mouth mirrors, dental picks, and high intensity lights are used. X-rays may be taken.
- Information on good oral hygiene and nutrition.
- Fluoride may be applied to the child's teeth and/or prescribed in liquid or tablets to prevent tooth decay.

What might I observe?

- Mouth pain and sensitivity to hot, cold, or sweets
- Discolored, broken, or missing teeth
- Red, swollen, or bleeding gums
- Swollen face
- Bad breath

Dental problems can cause pain and difficulty eating and speaking. Treatment for dental problems can improve a child's health and well-being.

Follow-up to dental screening

If dental problems are found, the child needs follow-up evaluation and treatment by a dentist.

Treatment might include:

- Filling cavities, capping, or pulling teeth
- Education on improved diet, bottle use, toothbrushing, flossing, and fluoride
- Referral to an orthodontist or other specialist

Developmental Screening

What is developmental screening?

Developmental screening helps identify a child's strengths and needs in development and mental health. It assesses a child's temperament, behavior and skills such as:

- Understanding and thinking
- Emotional, social, and communication skills
- Physical coordination and self-help skills



How is developmental screening done?

Developmental screening may be done 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
- Having the child answer questions and complete tasks

What might I observe?

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

Follow-up to developmental screening

If screening results are outside “normal range” for her age, the child needs follow-up evaluation by her health care provider. 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

Early intervention for developmental and mental health concerns can help improve a child's skills and well-being.

Appendix B: Well-Child Health Care Fact Sheets

Growth Assessment

What is growth assessment?

Growth assessment measures a child's height, weight, and head circumference (for infants). Growth is a sign of a child's overall physical and emotional health.

How is growth assessment done?

Growth is measured by a health care provider or Head Start staff. A wall-mounted height measure, balance-beam scale, and tape measure are used.

The child's measurements are recorded on a standardized growth chart.

Measurements are:

- Compared to other children the same age and sex to give a "percentile"
- Followed over time to give a "growth curve"

What might I observe?

A child may appear...

- Very short, thin, large, or overweight
- Too thin or too heavy for his height
- To have his head too large or small for his body

Follow-up to growth assessment

The parents' height/weight and race are taken into account to determine the child's "normal" growth. A child should be referred to his health care provider for further evaluation for:

- Height or weight below 5th or above 95th percentile
- Head circumference below 2nd or above 98th percentile
- Failure to grow along the growth curve

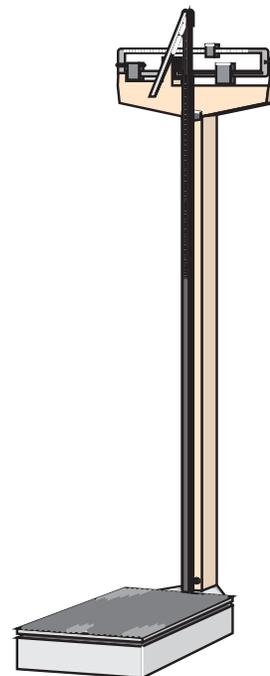
When growth problems are identified and treated early, the child's health and well-being are improved.

Causes of growth problems might include:

- Improper nutrition—not enough, too much, or unhealthy foods
- Serious medical illness
- Severe family problems

Treatment might include:

- Nutritional counseling and dietary supplements
- Treatment of medical conditions causing the growth problem
- Mental health counseling/consultation for the child, family, and staff



Hearing Testing

What is hearing testing?

Hearing testing checks whether children can hear different kinds of sounds.

How is hearing testing done?

Hearing testing or “audiometry” is done by a health care professional or trained staff person or volunteer. The child indicates when he hears tones through earphones.



Ear exams are done by a health professional using a small instrument inserted into the child’s ear canal.

- “Otoscopy” looks at the child’s ear canal and ear drum
- “Tympanometry” tests how well the child’s ear drum moves

What might I observe?

- An infant does not startle at noises, turn to voices, or babble at seven to 12 months of age
- A child has difficulty with listening activities
- A child’s speech is:
 - limited compared to children at that age
 - not easily understood
 - very loud or soft or sounds unusual
- A child has frequent earaches

Hearing is important for learning and communicating with others. Early identification and treatment of hearing problems can help improve a child’s development and relationships.

Follow-up to hearing screening

A child “fails” the hearing test if she fails to respond at 1,000, 2,000 or 4,000 Hz in either ear. She should be rescreened. If she fails again, she should be referred to her health care provider for evaluation and treatment. Children with ear infections should be retested after treatment.

Causes of hearing loss might include prenatal conditions, ear infections, other serious illnesses, and head injuries.

Treatment might include:

- Medications
- Lip reading instructions
- Speech therapy
- Sign language instruction
- Hearing aid devices
- Special education services
- Surgery such as “ear tubes” to help prevent ear infection

Appendix B: Well-Child Health Care Fact Sheets

Immunizations

What are immunizations?

Immunizations are vaccines or “shots” that protect children from serious illnesses. The illnesses can cause pneumonia, liver cancer, brain damage, and death. A child should receive immunizations for ten diseases:



Immunization	Disease
DTP	Diphtheria, tetanus, pertussis (whooping cough)
OPV or IPV	Polio
MMR	Measles, mumps, rubella (German measles)
HIB	Hemophilus influenza B
HBV	Hepatitis B
VZV	Varicella (chicken pox)

How are immunizations given?

Immunizations are injections or shots, except the polio vaccine which is usually a syrup given by mouth. They are given by a health professional at a doctor’s office, clinic, or Head Start site. They require one or more doses. They should be given at the following ages:

- Birth
- 2, 4, 6, 12, and 15 to 18 months of age
- Before kindergarten (4 to 6 years of age)

Are immunizations safe?

Health experts agree that immunizations are far safer than the diseases they cause. A child may have soreness, low-grade fever, or fussiness for one or two days. Complications like high fever and seizures are very rare. Parents should call their health care provider for any serious reaction.

Immunizations protect children from severe diseases. We still have deadly epidemics because many children are not immunized on time.

Are all the immunizations necessary?

Children entering Head Start must be up-to-date with the immunizations required by Head Start and local/state child care regulations. As new vaccines are developed, requirements may change.

If a child is behind on immunizations, he should be referred to a health care provider to catch up. Rarely, exemptions may be given for medical reasons or the family’s personal beliefs.

Intestinal Parasite Screening

What are intestinal parasites?

Intestinal parasites are infections of the intestines and stool. Common intestinal parasites include giardia lamblia, pinworms, ameba, roundworms, and ascaris. They may cause no symptoms or stomach cramps, diarrhea, growth problems, and anemia.

Intestinal parasites spread when stool gets onto hands, objects, food, and water. They commonly spread from not washing hands well after diapering and toileting and before food preparation. They can spread through untreated drinking water, wading pools, water play tables, and living in conditions with inadequate sanitation.

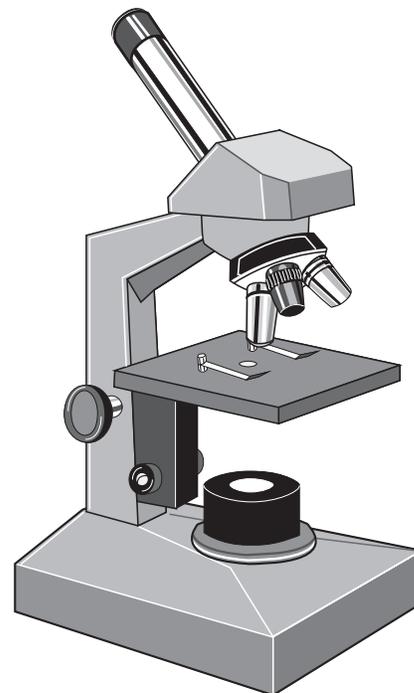
How is intestinal parasite screening done?

Stool samples are collected and sent to a laboratory for analysis.

What might I observe?

Most children with intestinal parasites have no symptoms at all. You might notice:

- Nausea, low appetite, stomach cramps, gas
- Diarrhea—loose, watery, foul-smelling, bloody or mucous stools
- Rectal itching and scratching
- Pale skin, tiredness
- Slow growth



Intestinal parasites can cause diarrhea and growth problems. They can be successfully treated with medication and education on handwashing and safe food preparation.

Follow-up to intestinal parasite screening

The screening results are evaluated by a health care provider to determine the treatment.

Treatment might include:

- Medication
- Notification of staff, parents, and the public health department
- Education on handwashing, food preparation, cleaning, and disinfection

Appendix B: Well-Child Health Care Fact Sheets

Lead Screening

What is lead screening?

Lead screening measures the level of lead in the blood. Lead is a poison that is very dangerous for young children because of their small size and rapid growth and development. It can cause anemia, learning difficulties, and other medical problems.

Children can be exposed to lead through:

- Home or child care environment:
 - built before 1960 with peeling paint or renovation
 - located near a highway or lead industry
- Family member who works with lead or treated for lead poisoning
- Imported ceramic pottery for cooking, storing, or serving food
- Home remedies with lead



How is lead screening done?

Lead screening involves:

- Asking the family questions about the child's exposure to lead
- A blood lead test, from the finger or vein, done by a health professional

What might I observe?

Most children with lead poisoning show no symptoms. You might notice:

- Irritability, headache
- Poor appetite, stomachache
- Pale skin, tiredness
- Slow growth and development
- A child who eats paint chips or dirt

Lead poisoning can cause serious health and developmental problems in young children. Eliminating the source of lead and treating the child can improve the health and developmental outcomes.

Follow-up to lead screening

If screening indicates a lead level of above 10 ug/dl, the child should be referred to a health professional for evaluation and treatment.

Treatment may include:

- Removing the source of lead
- Nutrition counseling, iron supplements
- Medication to remove the lead from the blood
- Follow-up testing of child's blood
- Referral for developmental testing

Medical/Physical Examination

What is the medical examination?

The medical exam is a thorough checkup of the child's overall health and development. It is done by a licensed physician, nurse practitioner, or physician's assistant.

How is the medical exam done?

The medical professional:

- Discusses with the parent the child's medical history, development, pertinent family history, and any special concerns
- Measures the child's height, weight, and head circumference (for infants)
- Measures blood pressure with an arm cuff
- Observes the child's appearance, behavior, speech, and motor skills
- Examines the child closely from head to toe: skin, eyes, ears, nose, mouth, teeth, heart, lungs, abdomen, genitalia, and limbs
- Conducts and/or assesses other screening tests (e.g., development, vision, hearing, hemoglobin, tuberculosis, urine)



What might I notice?

You might not notice any signs or symptoms, or you might notice a child who:

- Appears pale, fatigued, feverish, or in pain
- Coughs or has problems breathing
- Has vomiting, diarrhea, or little appetite
- Has difficulty doing things expected of most children at a given age

The medical/physical exam assesses overall health and development. It can lead to early identification and treatment of health problems.

Follow-up to the medical exam

If the medical exam identifies any problems, the health care provider might recommend further evaluation, treatment, and follow-up.

This might include:

- Laboratory tests or X-rays
- Referral for evaluation by a health or educational specialist
- Medication or other therapy
- Education and counseling for the family and staff

Nutrition Assessment

What is nutrition assessment?

The nutrition assessment reviews the child's eating and growth patterns. A child's diet can affect how she grows, develops, looks, and feels.



How is nutrition assessment done?

Nutrition assessment is usually done by trained Head Start staff with consultation from a nutritionist. It includes:

- Discussion with the family about the child's eating habits, food allergies, feeding problems, and special dietary needs
- Review of the child's growth—height, weight, and head circumference (for infants)
- Review of other screening results—medical/physical exam, hemoglobin/hematocrit, lead, sickle cell, intestinal parasites

What might I observe?

You might notice a child who:

- Looks very short, thin, large, or overweight
- Looks pale or tired
- Eats very little, too much, or prefers non-nutritious foods like sweets, candy, and junk food
- Has chronic illnesses such as allergies, diabetes, HIV/AIDS, or intestinal parasites

How a child eats can affect how she grows, develops, looks, and feels. Nutrition assessment and counseling can promote healthy growth and development.

Follow-up to nutrition assessment

If nutrition assessment finds inadequate diet (e.g., too little, too much, or unhealthy foods), growth problems (e.g., failure to thrive or overweight), or anemia, the child should be referred to a health care provider for evaluation and treatment.

Treatment may include:

- Referral to a nutritionist
- Counseling for parents and Head Start staff on the types and amounts of food the child should eat and recommended amount of physical activity
- Iron supplements or iron-enriched vitamins
- Treatment of medical conditions causing nutritional and growth problems

Speech and Language Screening

What is speech and language screening?

Speech and language screening assesses a child's abilities in the areas of:

- Voice (tone, loudness)
- Articulation (pronouncing sounds)
- Fluency (stuttering)
- Language (understanding and using words)



How is speech and language screening done?

Speech and language screening is done by a health professional or trained staff, parent, or volunteer. Children should be screened in their primary language. A standardized screening tool should be used. The screening asks questions and gives the child things to observe, think about, and then respond to verbally.

What might I observe?

- Speech that is:
 - limited compared to other children at that age
 - not easily understood
 - very loud or soft, or sounds unusual
- Difficulty understanding instructions, following directions, and communicating with other children and adults
- Frequent ear infections or allergies

Follow-up to speech and language screening

If a child's speech and language skills fall below the "normal range" for his age, he should be rescreened. If he "fails" a second time, he should be referred to a health care provider for further evaluation and treatment. Evaluation should also consider the results of the hearing test, developmental screening, medical and dental exams. Treatment may include:

- Medications
- Hearing aid devices
- Speech therapy
- Sign language instruction
- Dental work
- Special education services
- Lip reading instruction
- Surgery such as "ear tubes" to help prevent ear infections
- Mental health counseling/consultation for the child, family, and staff

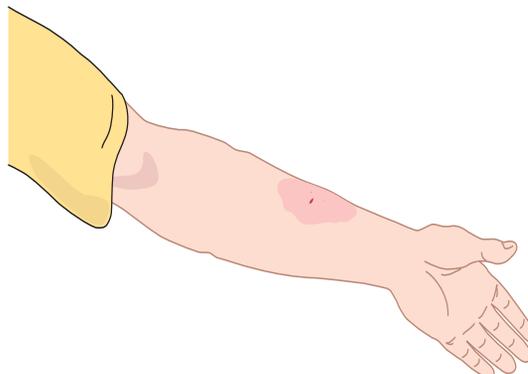
Speech and language are important for learning and communicating with others. Early assessment and treatment of speech problems can help promote a child's development and relationships.

Tuberculin (TB) Testing

What is tuberculosis?

Tuberculosis (TB) is a serious disease caused by a bacteria. Young children, elderly people, and people with health problems are especially at risk.

TB can spread by coughing. The infection can enter the lungs and cause no symptoms for a long time. But it can progress to cause pneumonia, fevers, and weight loss. It can spread to the brain, heart, kidneys, bones, and even cause death.



How do you test for TB?

TB testing is done by a skin test. The recommended test, called “Mantoux” or “PPD,” involves a small bubble of fluid injected under the skin on the forearm. It is done by a health professional. Two to three days after the skin test, a trained person inspects the site for swelling.

What might I observe?

Most children with TB have no symptoms. You might notice:

- Chronic cough
- Pneumonia

Follow-up to TB testing

If the TB test causes swelling of more than 5–10 mm diameter, it is “positive” and indicates possible infection with TB. The child should be referred to his health care provider for further evaluation. This might involve repeat skin testing and chest x-ray.

When TB is identified early, treatment can prevent serious health complications and the spread of the disease.

Treatment might include:

- Oral medication for six to 12 months (hospitalization for severe cases), with close medical follow-up
- Reporting, investigation, and follow-up by the local health department
- Testing and possible treatment for family and school contacts
- Recommendations that the child may return to school when the health care provider certifies that he is no longer contagious

Vision Testing

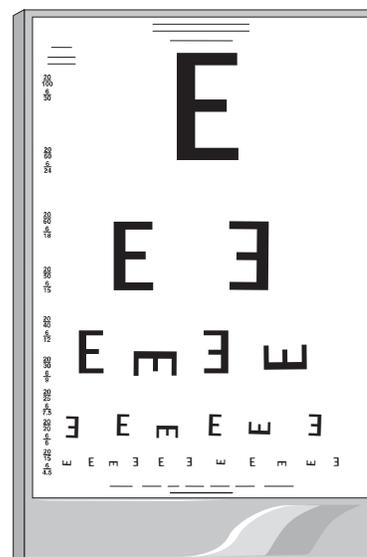
What is vision testing?

Vision testing checks how well a child can see and how well the eyes move together.

How is vision testing done?

Vision testing is done by a health professional or trained staff, parent, or volunteer. It involves:

- Having the child identify 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 I observe?

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

Follow-up to vision testing:

A child "fails" the vision test if:

- She is unable to identify more than half the symbols on the 20/40 line
- There is more than a two-line difference in vision between one eye and the other, even if the worse eye is 20/40 or better.

The child should be retested. If she fails again, she should be referred to her health care provider for evaluation and treatment. Children with eye infections should be retested after treatment.

Treatment may include:

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

Vision is important for development, physical activity, and social interactions. Early identification and treatment of vision problems can help promote a child's development.