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 which states: *"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.

- **Contact your local health department.**
- **Contact your State Women, Infant, 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 by promoting Head Start's mission and the need for 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 agencies that provide resources on lead screening involved in blood-lead testing. Agencies may include:

- **CDC - National Center for Environmental Health**
- **Environmental Protection Agency**
- **HUD - Office of Healthy Homes and Lead Hazard Control**

5. Include in the comment section of the PIR reasons why 100% of children were not screened for lead during the program year.

6. 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.