



**East Missouri Action Agency, Inc. Head Start
WHAT'S NORMAL??**

A. DEVELOPMENTAL: DIAL-4/SPEECH

1. Use the information below *plus your professional judgment* to determine the appropriate course of action. Feel free to ask the specialists for input.

B. IMMUNIZATIONS: If incomplete, children must begin receiving immunizations to become up-to-date.----->

C. GROWTH ASSESSMENTS

Atypical: Less than 5% or more than 95%.

ACTION: Give parents "Nutrition Information."

IMMUNIZATION REQUIRMENTS FR CHILDREN ENROLLED IN CHILD CAR FACILITIES (or written exemption)				
Age	3 months	5 months	7 months	19 months and older
DTaP/DT	1	2	3	4+
IPV (polio)	1	2	2	3+
Hib	1	1+	2+	3+
Hepatitis B	1+	2	2+	3+
PCV	1	2	3	4+
MMR				1
Varicella				1

COMMUNICATING SCREENING INFORMATION

The following screenings are to be completed by Head Start staff if the information is not included on the child's physical: hearing, vision and blood pressure. Head Start staff are always responsible for height, weight, development and speech.

First six weeks: ASA gives family advocate **Report #3020** each week. Use this during Family Engagement Staff Meetings to review screening results, and to determine what screenings still need to occur.

Upon completion of screening: ASA gives family advocates two (2) copies of **Report #3010** to share with parents. One signed copy is placed in child's Health file.

Screening	Abnormal Score	Action
Hearing	Above 30 dbl in either ear	Re-screen, if question results, such as a child has a cold. Refer to family doctor. Add action to original event. <u>Area Support Assistants:</u> enter actual score whenever possible, e.g. 27/35 [R ear/L ear].
Vision <i>Note: Each program has an Eye Chart</i>	20/50 and higher in either eye	Refer to eye doctor – add action to original event <u>Area Support Assistants:</u> enter actual score whenever possible, e.g. 40/25 [means 20/40R, 2025L]
Blood pressure	Greater than 112/88 (either number)	If higher, re-check; refer to family doctor; add action to original event
Hematocrit/Hgb	Lower than 34% - Hct Lower than 11.0 –Hgb	If lower, refer to County Health (for WIC if under 5 years old) or to family doctor, add action to original event
Lead test	>3.5	Refer to doctor for blood test; add action to original event
Physical exam	Pass	Put in any negative comments
Dental exam	Fail	Schedule dental appointment; talk to parents about follow up., add action to original event

DIAL-4 DEVELOPMENTAL SCREENING (1.5 SD)						SPEECH intelligibility/ articulation		DIAL-4 BEHAVIORAL OBSERVATIONS		Parent Q DIAL-4 SELF-HELP		Parent Q DIAL-4 SOCIAL-EMO	
Age	PD	Age	PD	Age	PD	Age	PD	Age	PD	Age	PD	Age	PD
3:0-3:1	0-15	4:0-4:1	0-34	5:0-5:1	0-56	pre-k	1/1 or less	3:0-3:5	24-54	3:0-3:5	0-17	3:0-3:5	0-28
3:2-3:3	0-18	4:2-4:3	0-37	5:2-5:3	0-60			3:6-3:11	20-54	3:6-3:11	0-20	3:6-3:11	0-30
3:4-3:5	0-21	4:4-4:5	0-41	5:4-5:5	0-65			4:0-4:6	14-54	4:0-4:6	0-22	4:0-4:6	0-31
3:6-3:7	0-24	4:6-4:7	0-44	5:6-5:7	0-69	2-yrs	0/0	4:7-4:11	11-54	4:7-4:11	0-25	4:7-4:11	0-33
3:8-3:9	0-27	4:8-4:9	0-48	5:8-5:9	0-74			5:0-5:5	10-54	5:0-5:5	0-27	5:0-5:5	0-34
3:10-3:11	0-31	4:10-4:11	0-52	5:10-5:11	0-79								

Action

See: Child's portfolio- 'Follow up on Parent Concerns and Screening Results'
Disabilities Alert List
Developing Strategies for Social-Emotional Supports