

East Missouri Action Agency, Inc. Head Start

WHAT'S NORMAL??

Directions:

A. DEVELOPMENTAL: DIAL-3/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.
2. If the team, based on knowledge of screening information, child development, the family situation and observation of the child decides that an ECSE referral is needed, read "Steps to Implement Early Childhood Special Services" regarding the next steps to take.

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 REQUIREMENTS FOR CHILDREN ENROLLED IN CHILD CARE FACILITIES (or written exemption)					
Age	DTaP/DT	Polio	Hep B	Hib	MMR
0-2 mo			1		
3-4 mo	1	1	1 or 2	1	
5-6 mo	2	2	2 or 3	1*	
7- 15 mo	3	2	2 or 3	1*	
16 mo to K	4	3	3	1**	1***

*1 or more; **Last dose administered on or after 12 months of age; ***MMR may be given after the first birthday.

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 Classroom /HB Team **Report #3020** each week. Use this during Child/Family Staffings to review screening results, and to determine who still needs what screening.

Upon completion of screening: ASA gives Family Advocates/HB Educators 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 <i>Note: Five audiometers are now available for your use.</i>	Above 30 dbL in either ear	Re-screen, if question results, such as a child has a cold. Refer to family doctor. <u>Area Support Assistants:</u> enter actual score whenever possible, e.g. 27/34 [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 <u>Area Support Assistants:</u> enter actual score whenever possible, e.g. 40/25 [means 20/40R, 20/25L]																																										
Blood pressure	Greater than 112/88 (either number)	If higher, recheck; refer to family doctor																																										
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																																										
Lead test	>10	Re-test; Case management through Health Department																																										
Physical exam	Negative comment	Refer to appropriate resource																																										
Dental Exam	Fail	Schedule dental appointment; talk to parents about follow-up																																										
DIAL-3 (1.5 SD) <i>Screen only children without an IEP</i>	<table border="1"> <thead> <tr> <th>Age</th> <th>Failed</th> <th>Age</th> <th>Failed</th> <th>Age</th> <th>Failed</th> </tr> </thead> <tbody> <tr> <td>3-0 to 3-1</td> <td><2</td> <td>4-0 to 4-1</td> <td><19</td> <td>5-0 to 5-1</td> <td><34</td> </tr> <tr> <td>3-2 to 3-3</td> <td><5</td> <td>4-2 to 4-3</td> <td><22</td> <td>5-2 to 5-3</td> <td><36</td> </tr> <tr> <td>3-4 to 3-5</td> <td><8</td> <td>4-4 to 4-5</td> <td><25</td> <td>5-4 to 5-5</td> <td><38</td> </tr> <tr> <td>3-6 to 3-7</td> <td><11</td> <td>4-6 to 4-7</td> <td><27</td> <td>5-6 to 5-7</td> <td><41</td> </tr> <tr> <td>3-8 to 3-9</td> <td><14</td> <td>4-8 to 4-9</td> <td><29</td> <td>5-8 to 5-9</td> <td><44</td> </tr> <tr> <td>3-10 to 3-11</td> <td><16</td> <td>4-10 to 4-11</td> <td><31</td> <td>5-10 to 5-11</td> <td><47</td> </tr> </tbody> </table>	Age	Failed	Age	Failed	Age	Failed	3-0 to 3-1	<2	4-0 to 4-1	<19	5-0 to 5-1	<34	3-2 to 3-3	<5	4-2 to 4-3	<22	5-2 to 5-3	<36	3-4 to 3-5	<8	4-4 to 4-5	<25	5-4 to 5-5	<38	3-6 to 3-7	<11	4-6 to 4-7	<27	5-6 to 5-7	<41	3-8 to 3-9	<14	4-8 to 4-9	<29	5-8 to 5-9	<44	3-10 to 3-11	<16	4-10 to 4-11	<31	5-10 to 5-11	<47	<ol style="list-style-type: none"> 1. If possible in your school district, meet with ECSE for their recommendations for follow-up. 2. Follow "Steps for Implementing Early Childhood Special Services" form. <i>See top of page.</i> <u>ASA:</u> Health--enter scores in results e.g. 9/11/14; If failed, check Referral box. <i>For chrn with IEPs:</i> enter F, IEP date, plus treatment tracking
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Speech: DIAL-3 Intelligibility Articulation <u>Scoring</u> <u>Scaled Score</u> Good = 2 2 nd item under OK = 1 Language: Poor = 0 0, 1, 2, 3	<p><u>Child 2 years from kindergarten:</u> 0 for Intelligibility score</p> <p><u>Child 1 year from kindergarten:</u> Failed if child only has 1/1 or less.</p>	Discuss with school speech pathologist and refer, if parent is interested. <u>Area Support Assistants:</u> Enter scores as follows, e.g. 0/0 1/0 1/1 1/2 2/3 [1 st number is intelligibility, 2 nd is articulation] <i>For children with IEPs: see above</i>																																										
1) Social-Emotional Screen from DIAL-3: 2) Parent Questionnaire and 3) Behavioral Observations	Enter scores on: Mental Health Screening Follow-up form. Abnormal if: 1) a kid is driving you crazy OR 2) HL Counselor has concerns.	Follow steps in "Positive Intervention for Challenging and Disruptive Behaviors."																																										