

Growth Assessments

The Department of Family and Support Services (DFSSS) has adopted a policy to use the Body Mass Index (BMI) as the assessment tool in growth assessment. Children’s body fat composition changes as they grow and develop. Also, boys and girls differ in their body fat as they mature. This is why BMI for children, also referred to as BMI -for-age, is gender and age specific.

DFSS requires two growth assessments. Height and weights must be obtained on all children at the beginning of the program year and updated in February or March. The beginning of the year values may be recorded from the child’s enrollment physical provided the physical examination is not greater than two months old. For children lacking an enrollment physical, height and weights should be assessed on site. The second height and weight measurement is taken on site. Guidelines is taking accurate measurement is described below.

For late enrollees, heights and weights must be recorded upon enrollment and updated 4 to 5 months upon entry into the program. The schedule for updating growth assessment on late enrollees is as follows:

<u>Enrolled</u>	<u>Update height/weight</u>
October	February/March
November	March/April
December	April/May
January	May/June
February/March	July/August

A. Measuring stature (height)

Equipment: A yardstick or non stretchable tape measure, attached to a wall. (Do not use the moveable rod attached to the scale because it has a tendency to drop down.).

Procedure:

1. Remove child foot and head wear. Clean disposable paper should be used for the child to stand on.
2. Position child on the floor with heels slightly apart. Knees and back as straight as possible, heels, buttocks, upper part of back, and back of head touching the wall.
3. Bring a head board to the crown of the head.
4. Read the stature accurately and record the exact measurement immediately.
5. Repeat the procedure to validate accuracy of the first measurement. If the measurements vary by more than 1/4 of an inch, do the procedure again.

B. Measuring weight

Equipment: A scale (do not use bathroom scale). Check periodically at least twice yearly to ensure that it is calibrated accurately.

Procedure:

1. Children should wear lightweight day time clothing (remove sweaters and jackets) and should be weighed without shoes.
2. Zero the balance beam scale by placing the beam weights at zero and moving the adjustable weight until the beam is in zero balance.
3. Position the child on the scale facing the weights with feet centered on the platform. The child's arms should be hanging loosely at his/her side.
4. To read the balance beam: Move the weight on the main beam away from the zero position until the indicator shows that too much weight had been added, then move the weight back toward the zero position until the excessive amount of weight has been removed. Move the weights from the fractional beam back and forth until the indicator is centered.
5. Read the weights and record the exact measurements immediately. Repeat the procedure to validate accuracy of the first measurement. If the measurement varies by more than $\frac{1}{2}$ pound, do the procedure a third time.

Note: When assessing height and weights you may convert measurements from centimeters/kilograms to inches/pounds or vice versa using these conversions:

$$\begin{array}{ll} 1 \text{ inch} = 2.54\text{cm} & 1 \text{ lb} = 0.45\text{kg} \\ 1 \text{ cm} = 0.4 \text{ inch} & 1 \text{ kg} = 2.2\text{ln} \end{array}$$

Use and interpretation of the growth charts

1. Obtain accurate weights and measures as explained above.
2. Select the growth chart to use based on the age and gender of the child being weighed.
3. Use the charts listed below when assessing boys and girls from 0 to 24 months old. These charts are listed in COPA at the bottom of the growth assessment screen.

- Length-for-age
- Weight-for-age
- Weight-for-length
- Head circumference-for-age

Use the chart listed below when assessing boys and girls aged 2 to 20 years. This chart is in COPA at the bottom of the growth assessment screen.

- BMI-for-age
- Stature-for-age

4. Determine BMI: COPA will calculate BMI using weight and stature measurements. It will determine the status of the child as overweight, at risk for overweight, or underweight. The chart is used to compare a child's weight relative to stature with other children of the same age and gender.
5. Print growth chart: To print growth chart, select the applicable growth chart at the bottom of the growth assessment screen. The new screen shows a graph indicating the weight status of the child. Print the graph and place the hard copy on the child's health folder.
6. Interpret the plot measurements: The curved lines on the growth chart show selected percentiles that indicate the rank of the child's measurements. For example, when the dot is plotted on the 95th percentile line for BMI-for-Age, it means that only 5 of 100 children (5%) of the same age and gender in the reference population have a higher BMI-for-Age. COPA interpret the plotted measurements based on the percentile ranking and the percentile cutoff corresponding to the nutrition indicator shown on the table below.

If the percentile rank indicates a nutrition related health concern, there may be additional nutrition monitoring and screening required, per the following page.

Anthropometric Index	Percentile cut-off value	Nutritional status risk indicator
BMI for age	≥ to 95th percentile	Obese
BMI for age	≥ 85th and < 95th percentiles	Overweight
BMI for age	< 5th percentile	Underweight
Length/stature for age	< 5th percentile	Short stature
Head circumference (< 2 years)	< 5th and > 95th percentiles	Developmental for age problem

This following section has been updated for the 2016 year as approved by the DFSS Health Advisory Council:

Nutritional status indicator	Action to take	Follow up needed
Overweight or obese Above 85th percentile and Above 95th percentile BMI	Provide parent result of assessment. Refer parent to see nutritionist. Nutritionist may choose to: Consult with parent Complete of action plan for Healthy Lifestyle Provide nutritional information and resources Refer to physician Refer to WIC Provide child's nutritional information to Head Start staff	Recommendations documented in child's health folder and COPA A copy of recommendations provided to parents. Weigh child every 3 - 4 months until problem resolved. Staff continue to provide nutrition information and physical activity (parent meetings, I am Moving – I am Learning, nutrition newsletters and other nutrition resources) If referred to physician, obtain documentation of recommendations and place in health file.
Underweight Under 5th percentile BMI	Provide parent result of assessment. Provide parent letter, healthcare provider (physician) letter indicating need for follow up. Request documentation of recommendations or action plan for healthy lifestyle. Refer to nutritionist if additional assistance is requested form parent.	Follow up with parent to obtain the recommendations made from the physician to keep in health file. Provide parent with a copy documentation of recommendations to retain. Weigh child every 3-4 months until the problem is resolved.
Short for stature	Refer to health care provider (physician). May also be referred to nutritionist.	Obtain recommendations from healthcare provider.
Head circumference (<5th and >95th%)	Refer to health care provider (physician).	Follow up result from provider and implement healthcare provider's orders. Keep copy of health care provider recommendation in the health folder.

Ref: CDC – “Basics About Childhood Obesity”
www.cdc.gov