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To: Head Start/Child Care Program Directors/Site Directors
Early Head Start Network Coordinators

From: Madeline Cancel-Hanieh *MC*
Director
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Subject: Program Year 2007-2008: Health Requirements for
Attendance in FAMILY CHILD CARE HOMES 0-5 Years Old

In an effort to ensure that all medical and dental services are provided in a timely manner, the Chicago Department of Children and Youth Services (CYS) requires that each child enrolled in a **Family Child Care Homes (FCCH)** receive the required health services in accordance with the specified guidelines outlined in this memorandum. All delegate agencies must implement these policies and adhere to the practices without exception.

Please note that major changes occur in the immunization schedule for hepatitis A, varicella, and influenza vaccines. In addition beginning this program year, the Head Start Child Health Form (CYS 2614) will be replaced by State of Illinois Child Health Examination form (IL444-4737). Please include this memorandum in your current Health Policy and Procedures Manual and distribute to parents and staff.

MEDICAL REQUIREMENTS

1. Child Physical Examination

A. *Children 0-3 Years*

Each child enrolled in the infant/toddler program must have an original physical examination signed and dated by a physician or an advance practice nurse (APN) prior to attendance. The exams and screening must be performed based on the requirements of: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), the American Academy of Pediatrics, and the City of Chicago Health Requirements for Day Care Centers and the State of Illinois Licensing Standards for Day Care Homes:

Birth to 2 weeks	6 months to 9 months
2 weeks to 1 month	12 months to 15 months
1 month to 2 months	15 months to 18 months
2 months to 4 months	18 months to 24 months
4 months to 6 months	24 months to 36 months



For children older than 24 months, the physical examination must be completed within six (6) months prior to the child's actual attendance in the program.

Children under three years of age must have the vision and hearing portion of the infant/toddler health exam form completed by the physician or an advance practice nurse, attesting that a screen of vision and hearing has been done at 6, 12, and 24 months.

B. Children 3-5 Years

Each child enrolled in a Early Head Start/Head Start and Family Child Care Homes programs, must have an **original** physical examination signed and dated by the examining physician or an advance practice nurse (APN), or physician assistants **and include the name, address and telephone number of the physician responsible and /or health care provider's stamp with this information**, prior to attendance.

For Early Head Start/Head Start programs, the exams and screening must be performed on an annual basis. Child Care **only** programs must complete the examination **every two years, or sooner**, after the initial examination. The physical examination must not have been completed more than six (6) months prior to the child's actual attendance in the program.

2. Health History

The Health History section of the physical examination form must be completed and signed by the parent and reviewed by the signing health care provider.

3. Immunizations, Children 0-5 Years

Before, or on the first day of attendance in a Early Head Start/Family Child Care Homes program a child must present written evidence of appropriate immunizations such as diphtheria, tetanus and pertussis (DTaP), inactivated polio (IPV), measles, mumps and rubella (MMR), hemophilus influenza B (Hib), hepatitis B vaccine (HBV) and pneumococcal conjugate (PCV) vaccine. The varicella (chickenpox) vaccine is required for all children older than 12 months who have not previously had the disease. At least one dose of age-appropriate vaccine is required prior to attendance. A second dose must be administered between the ages of four and six and should be administered prior to leaving the program for enrollment into kindergarten. Thereafter, a child must obtain appropriate dosages as required for immunization sequences in accordance with the Recommended Childhood Immunization Schedule approved by the Advisory Committee in Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and American Academy of Family Physicians (AAFP). A physician's written plan for administering the remaining vaccines should be kept on file. **(Please review and follow the attached immunization schedule.)**

Note that Inactivated Influenza vaccination is a required vaccination for all children ages 6 months to 59 months according to the Centers for Disease Control and Prevention. In addition two doses of the Hepatitis A vaccine

administered six months apart, beginning at one year of age and before they are 23 months old, is now required for children in out-of-home care such as early childhood programs.

For children who do not present evidence of vaccination according to the age-appropriate schedule, the catch up schedule for children aged 4 months to six years should be followed along with a physician's plan for administering the remaining vaccines. This plan must be kept on file.

When a vaccine is not available due to shortage, **do not** exclude children from the program based on not receiving the vaccine. When the vaccine becomes available, they must be referred for the appropriate vaccination

4. Required Screenings and Risk Assessments, Children 0-5

The following screenings must be obtained prior to attendance and annually from the date of when the screening was obtained:

- a. Hemoglobin or Hematocrit Screening annually, beginning at 6 months old. The levels of screening for children at risk for anemia are either hematocrit of less than 33.0% or hemoglobin of less than 11.1 gm/dL.
- b. Lead screening annually, beginning at 6 months old. A blood level of 10 micrograms per deciliter (mcg/dL) or greater is considered to be unsafe and require follow-up.
- c. Height and Weight
- d. Head Circumference (for toddlers and preschoolers)
- e. Blood Pressure beginning at 3 years of age (identified by the physician)
- f. Diabetes Screening for preschoolers
- g. Hearing screening may be completed at the time of the physical examination, when possible. Health providers must be certified to provide developmentally appropriate screening for children three years and older, utilizing a pure tone audiometer with air conduction as mandated by the Illinois Department of Public Health regulations.

All Head Start programs have forty-five (45) calendar days from the first date of attendance to obtain hearing screening for the children. Child Care programs must obtain the screening within the program year.

- h. Visual acuity and strabismus screening may be done at the time of the physical examination, when possible. Health providers of children three years of age and older must be certified to provide developmentally appropriate screening such as the Michigan Preschool test (Tumbling E) or HOTV as mandated by the Illinois Department of Public Health regulations. **Note that certified screeners provided by the grantee often provide onsite screenings. Children who fail the screenings should be referred to a physician for further assessment.**

All Head Start programs have forty-five (45) calendar days from the first date of attendance to obtain vision screening for the children. Child Care only center-based programs must obtain the screening within the program year.

- i. A Tuberculosis (TB) Pediatric & Adolescent Risk Assessment Questionnaire is required prior to preschool attendance. The child’s health care provider must administer the Tuberculosis (TB) Pediatric & Adolescent Risk Assessment Questionnaire. If the TB risk assessment is positive for a high-risk exposure to tuberculosis infection, the provider will administer a tuberculin skin test (TST). A child determined to be high-risk for exposure to TB will be required to have a TST. The Mantoux screening method is required.

Children returning to the preschool program for their second year do not need to be assessed with the questionnaire. Early Head Start or Child Care children in Family Child Care Homes transitioning into Head Start are required to be assessed for risk of TB exposure using the TB Pediatric & Adolescent Risk Assessment Questionnaire (See attached Questionnaire).

5. Screening Results

- a. The numerical results of the following screening are required:
 - Blood Pressure
 - Hemoglobin or Hematocrit
 - Head Circumference (EHS Infants/Toddlers)
 - Height and Weight
 - Lead Screening
- b. Head Start and Child Care programs must retain the **original** State of Illinois Certificate of Child Health Examination form in the child’s health record. The Early Head Start/Family Child Care Homes programs and Child Care Infant/Toddler programs must retain the original of the Infant/Toddler health form (DCFS form 600-1) in the child’s health records.
- c. The actual results or numerical levels of screening must be documented in writing on the physical examination forms. The following screening result terms are **not** acceptable and require further documentation:

Untestable	Not done
Uncooperative	Not Applicable (N/A)
Not done	Too young
Incomplete	No results
Pending (results must be obtained within 45 days)	

- d. All children are required to have height and weight completed before enrollment. For HS/EHS programs, two growth assessments are required for each child. Heights and weights must be obtained and graphed on all children at the beginning of the program year and updated in February and March. The beginning of the year values can be recorded from the child’s physical exam report at enrollment. The exam must not be more than six months old. An onsite assessment must be conducted for children without height and weight recorded on the physical examination report. For children over two years old, the Body Mass Index (BMI) chart in Child Outcome Planning Administration (COPA) must be completed. The manual growth charts must be

completed for children under two years old referencing weight for age, height for age, and weight for height charts.

DENTAL REQUIREMENTS

1. Each child enrolled in the Head Start/Early Head Start or Child Care Family Child Care Homes must have a dental examination beginning at the first birthday and annually thereafter. The dental examination must be taken within six (6) months prior to the date of attendance. Pending results must be obtained within 45 days.
2. A child can be admitted to a FCCH program without a dental examination. However, each child over 12 months old must obtain the required dental services within forty-five (45) calendar days from the child's first date of attendance.
3. Dental Prophylaxis and fluoride treatment may be administered under the age of two years based on the child's needs and/or a dentist's clinical judgments (with written explanation). (Please note: DORAL Dental Services of Illinois, Inc. may not pay for these services. DORAL customer service is 1-888-286-2447 or contact the AllKids program at 1-866-255-5437. Consult with your dental provider).
4. Preventive services, dental prophylaxis, and fluoride treatment are required **annually** for children over two years unless the child is unable to tolerate the procedure.
5. Infant/Toddler in Family Child Care Homes that receive straight Child Care funding **only**, are to obtain examinations beginning at the age of one and **every two years** thereafter.
6. When a dental examination has been completed for a child prior to attendance, the completed dental examination is considered in compliance for that year of the child's enrollment. The examination does not need to be updated until a child's next annual date for renewal of the dental examination.
7. On-site dental services are not allowed. Use of mobile dental services is not permitted. The Department must approve the use of any mobile services. Contact Paulette Mercurius, Assistant Director, at 312-743-1992 for further information.

NUTRITION REQUIREMENTS

Child/family nutrition needs assessment, a part of the COPA child health history form, must be completed upon enrollment and updated annually and entered into COPA.

EHS/Infant/Toddlers in FCCH programs require the use of CYS Form 3171 Infant/Toddler Nutrition Assessment Form.

MAINTENANCE OF HEALTH RECORDS FOR CHILDREN WHO TRANSFER TO ANOTHER CHILD CARE FACILITY

Head Start and Child Care programs must retain the **original** State of Illinois Certificate of Child Health Examination form in the child's health record. The Early Head Start/Family Child Care Homes programs and Child Care Infant/Toddler programs must retain the original of the Infant/Toddler health form (DCFS form 600-I) in the child's health records.

The Illinois License for Day Care Homes standards allows for the transfer of the health assessment/physical examination reports when leaving an early childhood program for another program if the examination is less than one year old. The original examination report follows the child.

A photocopy of the physical examination is to be maintained in the child's health record at the center from which the child has transferred. A note should be attached to the photocopy of the physical examination report indicating that the child is no longer in the program and has transferred.

REFERRAL OF CHILDREN TO PROVIDERS

1. A CDHS-3071, Medical/Dental Referral Form, must be completed and sent with the child and family if they are being referred for Head Start/Early Head Start health services. Copies of the form should be maintained on file.
2. Parents must be instructed to bring to the doctor or dentist's office, their child's immunization record, the required physical examination and dental forms with appropriate sections completed, the completed CDHS-3071 (Head Start/Early Head Start) and their Medicaid or AllKids (Public Aid) card if they are enrolled in Medicaid.
3. Parents should be informed to obtain from their provider the IDPH health form to submit to the childcare program staff. Programs must maintain completed original forms on file.
4. A tickler system for notification of parents of children whose medical or dental services are expiring needs to be implemented at each site. It is recommended that parents be given a minimum of thirty (30) days notice of expiring health services in order for them to have adequate time to secure necessary appointments.

FOLLOW UP

It is the responsibility of the delegate agency staff to follow up on all children who do not have complete medical records or have been referred for treatment. There should be a system in place to track the services needed and services received for all children.

It is the Department's goal, to have all Early Head Start/Head Start/Child Care children in FCCCH complete the required health services prior to their first date of attendance in the program. Each delegate agency is responsible for ensuring compliance with this policy.

COPA SYSTEM

All children's health data must be entered into COPA in a timely manner. COPA must also be used to document referrals, follow-up and contact with parents about their children's health care.

If you have questions, please contact your assigned Support Services Coordinator at 312-743-0300. Thank you for your continued support.

CYS/CSD/MCH/pm

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