



**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
CITY OF CHICAGO**

To: Early Head Start/FCCH Network Coordinators

From: Madeline Hanieh *MH*
Director
Children Services Division

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Subject: Program Year 2011: 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 is requiring that each child enrolled in a **Family Child Care Homes** receive the required health services in accordance with specified guidelines outlined in this memorandum. All delegate agencies must implement the policies outlined and adhere to the practices without exception.

Please note that major changes occur in the immunization schedule for hepatitis A, hepatitis B, influenza and rotavirus vaccines. The State of Illinois *Certificate of Child Health Examination* form (CFS 600) is now used to record the physical examination results.

Please include this memorandum in your current Health Policy and Procedures Manual and distribute to staff and parents.

MEDICAL REQUIREMENTS

1. Child Physical Examination/Well Child Check-up

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 Early, Periodic Screening, Diagnosis, and Treatment (EPSDT), American Academy of Pediatrics, 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	9 months to 12 months
1 month to 2 months	12 months to 15 months

2 months to 4 months
4 months to 6 months
24 months to 36 months

15 months to 18 months
18 months to 24 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 Head Start/ Early 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 collaboration 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

Before or on the first day of attendance in a Head Start/Child Care program, a child must present written evidence of appropriate immunizations such as: diphtheria, tetanus and pertussis (DTaP); inactivated polio (IPV); measles, mumps, rubella (MMR); hemophilus influenza type b (Hib); pneumococcal (PCV); varicella (chicken pox) vaccine hepatitis B (HepB) vaccines. An initial dose of rotavirus (RV) is administered 6 weeks through 14 weeks, followed by a second dose and the third dose by 8 months old.

Thereafter, children 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 two other vaccines are not required, but are recommended (influenza and hepatitis A) for children in out-of-home care such as early childhood programs. The influenza vaccination is a recommended vaccination for all children ages 6 months and older, according to the Centers for Disease Control and Prevention. Two doses of the hepatitis A vaccine must also be administered at least six months apart, beginning at one year of age

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 in the child's health folder.

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 the screening:

- a. Hemoglobin or hematocrit screening starting between 6 and 12 months old and then annually. The levels of screening for children at risk for anemia are either hematocrit of less than 33 % or hemoglobin of less than 11.0 gm/dL.
- b. Lead screening, starting between 6 and 12 months old and then annually A blood level of 10.0 micrograms per deciliter (mcg/dL) or greater is considered to be unsafe and requires follow-up.
- c. Height and weight
- d. Head circumference
- e. Blood pressure beginning at 3 years of age (identified by the physician)
- f. Diabetes screening beginning at age three.
- 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. Family Child Care Homes programs with Child Care only funding 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 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. Family Child Care Homes programs with Child Care only funding 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). Children determined to be at high-risk for exposure to TB will be required to have the TST.

New preschool enrollees and Early Head Start and Infant/Toddler children 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
 - Height and weight
 - Lead screening
- b. 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)
Too young	Incomplete
No results	
Pending (results must be obtained within 45 days)	
- c. Head Start and Child Care programs must retain the **original** the 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 health form (CFS 600) in the child's health records.

- d. Height and weight are required for all children as a part of the physical examination, before enrollment. For children 2 to 5 years old, two growth assessments are required. Height and weight assessments must be plotted using the Body Mass Index chart (BMI 2 to 20 years) found in COPA. This first assessment is taken from the child's physical examination record at the beginning of the year. On site assessments take place again in February and March and charted on the COPA system. A copy of each report is placed in the child's health folder.
- e. For children under two years old, height, weight and head circumference must be completed for each child prior to enrollment. These assessments are to be conducted on the schedule of the well baby visits. The weight for age, height for age, weight for height and head circumference graphs in COPA, are to be used to assess infant/toddler growth. The charts have to be printed and a copy placed in the child's health folder.

DENTAL REQUIREMENTS

1. Each child enrolled in the Early Head Start/Child Care programs and Centered -based Family Child Care Homes must have a dental examination beginning at the first birthday and annually thereafter. The dental examination should not have taken more than six (6) months prior to the date of enrollment. Pending results must be obtained within 45 days.
2. A child can be admitted to the Head Start/Early Head Start 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 may be administered under the age of two years based on the child's needs and dentist clinical judgments (with written explanation). (Please note: DentaQuest Dental Services of Illinois, Inc. may not pay for this service. DentaQuest customer service is 1-888-875-7482 or contact the All Kids program at 1-866-255-5437. Consult with your dental provider).
4. Preventive services, dental prophylaxis are required **annually** for children two years of age and older unless the child is unable to tolerate the procedure.
5. Dental Prophylaxis and fluoride treatment may be administered under the age of two years based on the child's needs and dentist clinical judgment (with written explanation). (Please note: DentaQuest may not pay for these services. DentaQuest customer service is 1-888-875-7482 or contact the AllKids program at 1-866-255-5437. Consult with your dental provider).
6. Preventive services, dental prophylaxis, and fluoride treatment are required **annually** (every year) for children over two years (unless the child is unable to tolerate the procedure).

7. Infants/toddlers in Family Child Care Homes with Child Care **only** funding are to obtain dental examinations beginning at the age of one and every **two years thereafter**
8. Children under 12 months of age are to receive dental screening as part of well baby check visits.
9. 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 enrollment of the child. The examination does not need to be updated until a child's next date for renewal of the dental examination.
10. 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 must be completed upon enrollment and updated annually in COPA.

EHS/Infant /Toddlers require use of CYS Form 3171 Infant Toddler Nutrition Assessment Form.

RELIGIOUS OBJECTION TO HEALTH REQUIREMENTS

A parent may object based on religious grounds to the health requirements for the child care programs. This objection must be in writing, signed by the parent and meet the requirements of the amended Child Care Act of 1969. The records must be kept in the child's folder.

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

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 was 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 DFSS-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, all appropriate records. These records include their children's immunization records, the required physical examination, dental forms with appropriate sections completed and their Medicaid card or All Kids card.
3. Parents should be informed to obtain from their provider the IDPH health form to submit to the childcare program staff. The program must maintain completed original forms on file.
4. COPA should be used to identify children notification of parents of children whose medical or dental services are expiring needs in order to notify parents in a timely manner. It is recommended to begin notifying parents at least 90 days notice of expiring health services so they 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 FCCH programs 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.

FSS/MCH/pm/7/20/11

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