

Kathy Cooper

From: Libby Ungvary [lungvary@paaap.org]
Sent: Thursday, June 29, 2006 2:09 PM
To: Lau, Jennifer; IRRC
Subject: RE: ECELS Comments on Proposed Regulations #14-506 (#2539)



Child Health
Assessment Crowley..

Dear Ms. Lau and Mr. Jewett,

Attached please find the article referenced on page 3 of our comments.

Thank you.

Libby Ungvary

-----Original Message-----

From: Libby Ungvary
Sent: Thursday, June 29, 2006 2:04 PM
To: 'Lau, Jennifer'; 'irrc@irrc.state.pa.us'
Subject: ECELS Comments on Proposed Regulations #14-506 (#2539)

Dear Ms. Lau and Mr. Jewett,

Thank you for the opportunity to comment on the proposed regulations. Attached are ECELS comments. We will also send a hard copy to you both via to arrive by Friday, June 30, 2006.

Libby Ungvary
ECELS Director

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2006 JUN 29 PM 3:20
INDEPENDENT REGULATORY
REVIEW COMMISSION

Libby Ungvary, MEd

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Articles

Connecticut's New Comprehensive and Universal Early Childhood Health Assessment Form

Angela A. Crowley, Grace-Ann C. Whitney

ABSTRACT: Health assessments are required for entrance into child care, Head Start, and preschool programs. However, state and federal screening and documentation mandates vary, and programs create their own forms for keeping required data on file. Inconsistent recording formats present challenges for primary care providers who must document each child's health status and for program administrators who wish to collect data across groups of children. This article describes how the passage of new legislation in Connecticut establishing a statewide prekindergarten program presented the opportunity to develop a comprehensive early childhood health form for all early childhood programs, which promotes children's access to health services and coordination of care among health care professionals, early childhood providers, and families. (J Sch Health. 2005;75(8):281-285)

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INDEPENDENT
REVIEW

Evidence of a health assessment by a primary health care provider for entrance into child care, preschools, Head Start, elementary and secondary education schools, camps, and sports participation is a requirement throughout the United States. The primary purpose of the assessment is validation that the child is physically and mentally fit to attend the program and does not pose a risk to other children or staff.

However, the extent of the assessment varies widely. For example, Head Start programs are required by federal performance standards to ensure that children receive a comprehensive assessment including all recommended screenings consistent with the Early, Periodic Screening and Diagnostic Treatment (EPSDT) schedule.¹ In contrast, licensed child care programs may only require a physical examination, immunizations, and some EPSDT services.² However, the national interest in school readiness, that is, the effort to ensure that children are physically, developmentally, and emotionally ready to learn, recognizes that comprehensive health assessment and ongoing health care access are essential for readiness.³

This article describes how a universal early childhood health assessment form was developed for the State of Connecticut as a means of promoting comprehensive health care for all children in early care and education programs as well as supporting their readiness to learn.

MOTIVATION FOR CHANGE: LEGISLATION AND A FEDERAL INITIATIVE

In Connecticut before 2001, a plethora of health assessment forms existed that were designed by individual programs to meet requirements of Head Start and state

licensing regulations of the Connecticut Department of Public Health for child day care centers, group day care homes, and family day care homes. State child care licensing did not require the full complement of EPSDT screenings. In 1997, the Connecticut General Assembly passed legislation creating a state prekindergarten initiative, School Readiness, requiring all programs funded under the initiative to document each child's primary health care provider, health insurance company, immunizations, and EPSDT screenings.⁴ Thus, programs that previously used forms meeting licensing requirements only were not in compliance with the legislative mandate. Simultaneously, Healthy Child Care Connecticut (HCCCT), a US Department of Health and Human Services, Maternal Child Health Bureau (MCHB) initiative, was funded to promote optimal health and safety for children in out-of-home child care settings. The primary purpose of the MCHB state grants was to implement the principles of the Healthy Child Care America Campaign, "to link health care providers, child care providers, and families ... for maximizing resources, for developing coordinated services, and most important for nurturing children."⁵

In Connecticut, HCCCT was guided by a 5-member Leadership Team and a Core Committee made up of more than 50 representatives of state agencies, early childhood service providers, health care professional organizations, and advocacy groups. Participants in the Connecticut School Readiness initiative, including the State Department of Education, Head Start, and child care provider organizations, were members of the HCCCT Core Committee. These individuals presented the health form dilemma now highlighted by the School Readiness legislation, that is, the need to revise health forms that did not meet the requirements set forth in the legislation. This problem provided a unique opportunity to develop an early childhood health form template that would satisfy various bureaucratic requirements while serving as a comprehensive assessment and a means of communication among parents, primary health care professionals, and early childhood providers for promoting children's health and access to services.

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Figure 1
State of Connecticut Early Childhood Health Assessment Record (Continued on next page)



**State of Connecticut
 Early Childhood Health Assessment Record**



To Parent or Guardian:

In order to provide the best experience, early childhood providers must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse, a physician assistant or the school medical advisor prior to entering an early childhood program in Connecticut.

Please print

Name of Child (Last, First, Middle)		Social Security Number	Birth Date	Sex
Address (Street)		Race/Ethnicity		
(Town and ZIP code)		<input type="checkbox"/> American Indian	<input type="checkbox"/> White, not of Hispanic origin	
		<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	
		<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Other	
Parent/Guardian (Last, First, Middle)		Home Phone Number	Work/Cell Phone Number	
Early Childhood Program			Program Phone Number	
Primary Health Care Provider	Preferred Hospital	Health Insurance Company/Number* or Medicaid/Number*		

* If applicable

If your child does not have health insurance, call 1-877-CT-HUSKY

Part I — To be completed by parent
Important: Complete Part I before your child is examined.
Take this form with you to the health care provider's office.

Please check answers to the following questions in columns on the left.
 (Explain all "yes" answers in the space provided below.)

- | | | |
|------------------------------|--------------------------|---|
| Yes | No | |
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Do you have any concerns about your child's general health, development or behavior? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Has your child been diagnosed with any chronic disease <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> seizure disorder <input type="checkbox"/> other _____ |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies (food, insects, medication, latex, etc.)? Please specify: _____ |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Does your child take any medications (daily or occasionally)? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Has your child had any hospitalization, operation, major illness or injury, or significant accident? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with wheezing or excessive night coughing? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with excessive weight loss or weight gain, or excessive thirst or urination? |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Has your child had a dental examination in the last 12 months? |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Would you like to discuss anything about your child's health with the child care provider or health consultant/coordinator? |

Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in the early childhood program.

_____ Signature of Parent/Guardian	_____ Date
---------------------------------------	---------------

ED191 REV. 8/2004 C.G.S. Section 10-16q, 10-206, 19a-79(a), 19a-87b(c);
 P.H. Code Section 19a-79-5a(a)(2), 19a-87b-10b(2)

To be maintained in the child's Health Record

Figure 1
State of Connecticut Early Childhood Health Assessment Record (Continued from previous page)

Part II — Health Evaluation

To the Health Care Provider: Please complete all sections and sign. Explain any screenings required by age but not conducted.

Child's Name _____ Birth Date (mm/dd/yy) _____ Date of History/Physical Exam (mm/dd/yy) _____

LENGTH/HEIGHT		WEIGHT		WT FOR HT/BMI	HEAD CIRCUMFERENCE ¹		BLOOD PRESSURE ²
IN/CM	%ILE	LB/KG	%ILE	%ILE	IN/CM	%ILE	/

Screening/Test Results				Immunization Record									
Screening Test	Result	Date	Abnormal/Comments	Vaccine (Month/Day/Year)									
Vision² Test type:				Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6				
Hearing³ Test type:				DTP									
Lead⁴ Risk: Yes/No				DTP/Hib									
TB⁴ Risk: Yes/No				DTaP									
Urinalysis (UA)⁴				DT/Td									
Anemia⁵ (HGB/HCT) Risk: Yes/No				OPV									
Developmental Assessment⁶ Test type:				IPV									
Has this child received dental care in the last 12 months?? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				MMR									
* Chronic Disease Assessment: Yes No _____ Date of onset _____ <input type="checkbox"/> <input type="checkbox"/> Asthma: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> exercise induced <input type="checkbox"/> unclassified <input type="checkbox"/> <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> <input type="checkbox"/> Anaphylaxis: <input type="checkbox"/> med. <input type="checkbox"/> food <input type="checkbox"/> insect <input type="checkbox"/> latex <input type="checkbox"/> <input type="checkbox"/> Seizures: Type _____ <input type="checkbox"/> <input type="checkbox"/> Other: Please specify _____				Measles									
Minimum requirements: ¹ Up to 2 years; ² annual at 3 years; ³ annual at 4 years; ⁴ as needed; ⁵ 9-12 months; ⁶ each visit through 5 years; ⁷ annual at 2-3 years. Federal requirements (eg, Head Start, WIC) may vary. *Prior to Public School Entry: Same as above and Hgb/hct.				Mumps									
				Rubella									
				HIB									
				Hep B									
				Varicella									
				PCV									Pneumococcal conjugate vaccine
				Other Vaccines (Specify)									
				Disease Hx of above _____ (Specify) _____ (Date mm/yy) _____ (Confirmed by) _____									
				Exemption									
				Religious _____ Medical: Permanent _____ Temporary _____ Date _____									
				Recertify Date _____ Recertify Date _____ Recertify Date _____									

This child has the following problems which may adversely affect his or her educational experience:
 Vision Auditory Speech/Language Physical Dysfunction Emotional/Social Behavior
 The child has a health condition which may require intervention at the program, e.g., seizures, allergies, asthma, anaphylaxis, special diet, long-term medication. *Specify:* _____

Yes No This child has a medical or emotional illness/disorder that now poses a risk to other children or affects the child's ability to participate safely in the program.
 Yes No Based on this comprehensive history and physical examination, this child has maintained his/her level of wellness.
 The child may fully participate in the program.
 The child may fully participate in the program with the following restrictions/adaptation: (Specify reason and restriction.) _____

I would like to discuss information in this report with the early childhood provider and/or health consultant/coordinator.

Signature of health care provider _____ MD/DO NP PA _____ Name (Please type or print.) _____ Phone number _____

Address: _____

Yes No Is this the child's Medical Home? Next Appointment (mm/yy): _____ Next Immunization Appointment (mm/yy): _____

DEVELOPING A COMPREHENSIVE, UNIVERSAL EARLY CHILDHOOD HEALTH ASSESSMENT FORM

Under the auspices of the HCCCT initiative, a School Readiness Subcommittee was formed to develop a universal health form for all children in early care and education settings. Subcommittee members included HCCCT Leadership Team members and representatives of the State Department of Education, Early Childhood Division; State Department of Public Health, Bureau of Community Based Regulations; State Department of Social Services, Child Care Administrator; Connecticut Chapter of the American Academy of Pediatrics (CT AAP); Connecticut Chapter of the American Academy of Family Physicians; Connecticut Chapter of the National Association of Pediatric Nurse Practitioners; Connecticut Nurse Practitioner Group, Inc; Connecticut Association for the Education of Young Children and early care providers representing Head Start health managers, child care, and prekindergarten in the state. The Subcommittee examined a best practice model of an early childhood health form⁶ recommended by the American Academy of Pediatrics and reviewed requirements of the new state prekindergarten legislation, state child care licensing regulations, and Head Start.

In addition, the Subcommittee utilized the current state health form for elementary and secondary school-aged children as a template and to align the health form information from infancy through secondary education. In 2001, the State of Connecticut Early Childhood Health Assessment Record was finalized and released to all early care and education programs in the state. A cover letter introducing the form and encouraging its adoption was signed by 3 state agency commissioners including the Commissioners of Education, Public Health, and Social Services, stating, "As of this date, the Connecticut Early Childhood Health Assessment Record meets all requirements of child care licensing regulations of the State of Connecticut and all legislative mandates for School Readiness, and it is consistent with Head Start Program Performance Standards." A year after the form was implemented, the Bureau Chief of the School Readiness programs reported that because of the new form, programs were now in compliance with their legislative mandate for health screenings and services (P. Flinter, Connecticut State Department of Education, Bureau of Early Childhood and Social Services, personal communication, January 22, 2003).

UPDATING THE CONNECTICUT EARLY CHILDHOOD HEALTH ASSESSMENT RECORD

In 2003, the School Health Assessment Record for elementary and secondary school-aged children was revised to conform to the Connecticut Immunization Registry and Tracking System (CIRTS), a statewide electronic immunization database, and a section on chronic disease assessment was added. These changes, in addition to community feedback about the first version of the early childhood health form, stimulated HCCCT to convene a Health Form Subcommittee to revise the earlier version. This time, the Connecticut Chapter of the American Academy of Pediatrics and the State Department of Education's Office of School Health were more active in the revision process and the CT AAP funded reformatting

costs. A revised template was developed (Figure 1), which again was released by the 3 state agency commissioners, and is posted on state Web pages including the Web page of the State Department of Education.⁷

The Connecticut Early Childhood Health Assessment Record consists of 2 pages. Page 1 is completed by a parent or legal guardian and includes demographic information, as well as details about health insurance, the health care provider, the early childhood program, and information on how to contact the Healthcare for Uninsured Kids and Youth (HUSKY) Program, Connecticut's State Children's Health Insurance Program. In addition, the parent completes a health history and gives permission for the release of information. Ideally, this section is completed by the parent before the health care provider performs the assessment. Page 2 includes the immunization record, which conforms to the CIRTS database, all EPSDT services and footnotes indicating when the screenings should be conducted, a section on chronic disease assessment, and the health care provider's assessment of the child's health status, including any special health care needs and restrictions or adaptations. The form also includes weight for height and/or body mass index as a means of monitoring children's weight patterns. In addition, the form allows the health care provider to request a discussion with the early childhood provider and/or an early childhood health consultant/coordinator. Finally, the health care provider indicates whether this clinical site is the child's medical home.

CONCLUSION

The Connecticut Early Childhood Health Assessment Record was created in 2001 and revised in 2004 in an effort to establish a single template on which to collect health data and communicate health standards and health status for children prior to entry into school. The template meets the regulatory requirements and incorporates best practice standards. It provides a consistent format for primary care providers and program administrators who must complete the form and gather data on children's health and a consistent set of expectations to early care providers who can promote health as a critical component of school readiness. It is aligned with the template for school-aged children, thus providing a pathway for monitoring children's health and development as they grow across a variety of settings. The Connecticut Early Childhood Health Assessment Record has been widely disseminated in the state's early childhood and health care provider communities and provides a template for other states wishing to establish more consistent recording and monitoring of children's health. ■

References

1. US Department of Health and Human Services, Administration for Children and Families/Head Start Bureau. *Head Start Performance Standards and Other Regulations*. Washington, DC: US Dept of Health and Human Services; 2001.
2. The National Resource Center for Health and Safety in Child Care. *Individual States' Child Care Licensure Regulations*. Available at: <http://nrc.uchsc.edu/STATES/states.htm>. Accessed November 3, 2004.
3. Shonkoff JP, Phillips DA, eds. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy of Sciences; 2000.

4. Connecticut General Statutes. Section 10-16Q (3), Public Act 97-259 (1997).

5. US Department of Health and Human Services, Administration for Children and Families/National Child Care Information Center. *Healthy Child Care America*. Available at: <http://www.nccic.org/hcca/>. Accessed November 3, 2004.

6. Pennsylvania Chapter—American Academy of Pediatrics. *Model Child Care Health Policies*. 3rd ed. Elk Grove Village, Ill: American Academy of Pediatrics; 1997.

7. Connecticut State Department of Education. *State of Connecticut Early Childhood Health Assessment Record*. Available at: <http://www.state.ct.us/sde/deps/Student/Health/Index.htm>. Accessed November 15, 2004.

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