Original: 2539

PA Chapter, American Academy
of Pediatrics
Rose Tree Corporate Center II
1400 North Providence Road
Suite 3007
Media, PA 19063

Healthy CHILD CARE
E·C·E·L·S
Pennsylvania

(484) 446-3003
1-800-243-2357
(484) 446-3255 fax
ecels@paaap.org
www.ecels-healthychildcarepa.org

June 29, 2006

Jennifer Lau
Bureau of Certification Services
Office of Child Development
Department of Public Welfare
1401 North Seventh Street
P. O. Box 2675
Harrisburg, PA 17105

Dear Ms. Lau:

RE: Regulation ID No. 14-506 (#2539)

Thank you for the opportunity to comment on the proposed revisions to PA DPW Regulations Chapters 3270, 3280, and 3290.

ECELS supports the changes to the proposed regulations in the following areas: transportation safety restraints and vehicles, definition of special needs to include chronic health conditions, first aid kits, reference to CPSC guidelines for toys and play surfacing, TB screening requirements for staff, and diapering requirements. The Department's revisions in these areas will help promote health of children and staff and reduce harm to children.

ECELS has the following comments/concerns/suggestions for the proposed regulations below:

§ 3270.131 Health Assessment Information.

Recommendation was made in Regulation 3270.131 to require a "health report," rather than an age-appropriate child health assessment according to the recommended schedule for routine health supervision as referenced in the most current edition of the American Academy of Pediatrics (AAP) *Guidelines for Health Supervision.*

ECELS strongly opposes this proposed change in regulation/certification that would remove documentation of preventive health services according to the guidelines of the American Academy of Pediatrics for children enrolled in regulated programs.

The proposed change removes the requirement for documentation of health screenings to detect conditions that will interfere with learning and healthy development. These screenings include vision, hearing, growth, anemia, lead and oral health. Children with

undetected conditions due to failure to obtain these screening tests will not be healthy and ready to learn. This young, vulnerable population of early childhood program participants needs early detection services, but often misses the screenings due to missed appointments, lack of cooperation by the child with the procedures at a check-up visit, or because the health provider overlooks them when other matters seem more pressing. Children should not wait until they reach school age for the screenings to be done.

ECELS has evidence of the value of this regulation from health record data collected during DPW compliance visits to centers that were analyzed by ECELS between 1997 and 2003. The existence of the regulation has been associated with higher rates of preventive health services for enrolled children than are found in the general population in other states. For example, the national level of preschool vision screening is only 21%, but the records of PA centers in 2003 revealed documentation that shows that the levels of hearing, vision and dental screening for enrolled children were close to 70%.[1] More recent data from WellCareTracker™ continues to demonstrate that the regulatory requirement raises the level of screening above the national average. Many of these children would have missed some of their preventive care services had they not been required by their child care providers to document them. For the remaining children who lacked documentation, the requirement provides an incentive that they still need.

Removing the requirement for a child health assessment is not consistent with national Head Start Performance Standards that guide performance of PA Head Start programs, "Performance Standard 1304.20 (a)(1)(ii) specifies that grantees must "Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental, and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate,...."[2]
The discrepancy in requirements between child (day) care and PA Head Start programs would not give children and families the same level of protection in making sure children are healthy and ready to learn.

The National Association for the Education of Young Children (NAEYC) Accreditation Criteria requires that a program maintain current health records for each child. NAEYC Standard 5.A.01 states,
"Within six weeks after a child begins the program, and as age appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service (CDC-USPHS) and the Academy of Family Practice. Child health records include results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results."[3]

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[1] Aronson S. Annual Analysis of Compliance with PA Child (Day) Care Regulation 3270.131. Letter to the Governor's Cabinet on Children and Families, PA DPW, PA DOH and the PA AAP Board of Directors, November 15, 2003.
[2] U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Bureau. Head Start Performance Standards
[3] National Association for the Education of Young Children. NAEYC Early Childhood Program Standards and Accreditation Criteria. Washington, DC, 2005.

With a high quality regulation in PA that meets national Head Start Performance Standards and NAEYC Accreditation Criteria, why would the state remove this requirement that protects children from harm and impairs the child's ability to learn and develop normally?

Pennsylvania is working hard to ensure that children benefit from quality early education experiences. We cannot take such a regressive step. A comprehensive health assessment is essential. A "health report" with immunization data and a general statement of health is treated as a clerical service in many health professional offices. The note will be provided, but there will be no assurance that the child received needed services. Please see the attached article, *Connecticut's New Comprehensive and Universal Early Childhood Health Assessment Form.* This article, by Angela Crowley and Grace-Ann Whitney, has an excellent sample of a comprehensive early childhood health form that shows their renewed commitment to gathering this information in all early childhood programs. Use of this form improved access to child health services and coordination of care among health care professionals, early childhood providers, and families in Connecticut.

Rationale stated by the Department regarding access to physicians for well-child appointments and incurring additional costs to comply with the AAP schedule are unfounded. What data is available to demonstrate that in certain areas of Pennsylvania families must wait months for appointments? Major insurance carriers in Pennsylvania cover nationally recognized periodicity schedules. In addition, families using Head Start and STAR 4/NAEYC Accredited Programs will need to provide documentation of preventive health services following national periodicity schedules as stated on page 2. Why would the Department want this safety net only for children in these two types of early childhood programs? By removing this requirement, the Department is denying children in DPW- certified early childhood programs protection from significant harm.

Removing the requirement for documentation of preventive health screenings contradicts the PA Department of Health efforts to promote lead and vision screening. Child care providers also use the CY51- Child Health Assessment Form to document immunizations that they are required to report to PA Department of Health. Also, physicians document Body Mass Index (BMI) on the CY51- Child Health Assessment as an indicator of obesity awareness and prevention to share with the child care provider. Without this documentation from the Child Health Assessment, there is a key void of information that contradicts the PA Governor's Office obesity prevention efforts through BMI tracking.

Research collected by the National Resource Center for Health and Safety in Child Care (NRC) indicates that 16 states have a requirement for a child health assessment/appraisal/examination signed by a health professional. Of these 16, 3 states require following the AAP Guidelines for Health Supervision. ECELS recommends PA continue to require this important documentation that follows the AAP guidelines for Health Supervision, as is required by 3 other states.

We commend the Department on expanding the *Age-appropriate child health assessment* definition to include the important points the working group noted are important, e.g., a list of the child's allergies, a list of the child's current medications and the reason for the medications, an assessment of an acute or chronic health problem or special need and recommendations for treatment or services.

§3270.11 Application for and Issuance of a Certificate of Compliance

The description of a pre-certification orientation does not specify a minimum number of hours and also lacks a necessary requirement that the child care provider will "demonstrate understanding" of the information received at the orientation. There is no indication of how what is learned at the orientation will be used in operations of the facility. How are health and safety issues addressed?

§3270.17 (c) (1) and (2) Service to a Child with Special Needs

The proposed regulation wording is too vague to make sure that the appropriate referrals are made. ECELS cautions that child care staff should not be expected to diagnose a problem and then make specialized referrals. Instead, the child care provider should refer the child for assessment to the child's primary health care provider or to Early Intervention, with the concern documented by the child care provider for the parent to take along to the appointment. From those sources, appropriate community referrals can be made.

§ 3270.27 Emergency plan.

The minimal requirements for emergency planning introduced into PA regulations will be meaningful only if programs determine their specific risks for emergencies and then plan for them. Planning for sheltering in place and off-site are both important. Sheltering in place may be essential (as when a threat of violence or chemical air pollution is outside) but are often overlooked. ECELS recommends changing wording to:

"The facility shall have an emergency plan that is based on an ***assessment*** of risks for the specific location and provides plans for managing such risks:
(1) Shelter of children during an emergency that addresses situations that require shelter in place and those that require shelter off-site."

§ 3270.102 Condition of Play Equipment

The proposed language in this regulation does not address the entire risk of injury and harm to children. The concern is falls to the surface, not just situations where the facility has climbing equipment that requires embedded mounting or is found outside. ECELS recommends changing the wording to, "***Any*** equipment (outdoors or indoors) that could be used by children for climbing to an elevation above the surface shall have under and around the structure a loose-fill or unitary playground protective surface covering that meets the recommendations of the United States Consumer Product Safety Commission." The equipment must be anchored firmly and be in good repair.

§ 3270.120 Infant Sleep Position

We commend the Department on the addition of the Infant Sleep Position regulation. ECELS recommends adding to the proposed language, "Infants will be placed in a sleep position and use sleep guidelines for infants as outlined in the current American Academy of Pediatrics' (AAP) Policy Statement for the prevention of Sudden Infant Death Syndrome. Soft and loose bedding, pillows, blankets, and pillow-like bumpers will not be permitted. Any blankets are used so that the child's head cannot be

covered." Referencing the current AAP Policy Statement, rather than state the policy as it is stated today, provides continuity of current recommendations in the event that the AAP Policy Statement may change sooner than PA Amendments to the Regulations.

§ 3270.133 Child Medication and Special Diets

While we commend the change to note the necessity of giving medications as required by the Americans with Disabilities Act (ADA) to children with special needs, the risks of such practice must be addressed also. The risks of administering medication in a child care group setting are significant and harm to children, including fatality, has occurred in situations where medication has been improperly given to a child. Also, when a provider elects to administer medication to a child on a short-term basis to be helpful to a child and family, then the practices must be safe. Therefore ECELS recommends changing the proposed language to:

"Facility persons may administer medication or special diets which are requested or required by a parent, a physician, a physician's assistant or a CRNP to a child who does not have special needs. When child medication or special diets are administered, the following requirements apply:

"Staff persons who administer medication shall have received training in medication administration from a health professional, and shall follow safe medication administration policies to ensure that the right child receives the right medication, in the right dose, at the right time, by the right method."

Sincerely,

Libby Ungvary

Libby Ungvary, MEd
ECELS Director

Cc: John H. Jewett, Regulatory Analyst
Independent Regulatory Review Commission

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)

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.

Angela A. Crowley, PhD, APRN, BC, PNP, Associate Professor, (angela.crowley@yale.edu), Yale University School of Nursing, 566 Broadview Road, Orange, CT 06477; and Grace-Ann C. Whitney, PhD, MPA, Director, (grace.whitney@po.state.ct.us), CT Head Start-State Collaboration, and Project Director, Healthy Child Care Connecticut, Office of the Commissioner, Connecticut Department of Social Services, 11 Ridgewood Ave, North Haven, CT 06473.

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) / (Town and ZIP code)	Race/Ethnicity	
	❑ American Indian	❑ White, not of Hispanic origin
	❑ Asian	❑ Hispanic/Latino
	❑ Black, not of Hispanic origin	❑ 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.	❑	❑	Do you have any concerns about your child's general health, development or behavior?
2.	❑	❑	Has your child been diagnosed with any chronic disease ❑ asthma ❑ diabetes ❑ seizure disorder ❑ other _____
3.	❑	❑	Does your child have any allergies (food, insects, medication, latex, etc.)? Please specify: _____
4.	❑	❑	Does your child take any medications (daily or occasionally)?
5.	❑	❑	Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
6.	❑	❑	Has your child had any hospitalization, operation, major illness or injury, or significant accident?
7.	❑	❑	In the last 12 months, has your child experienced any difficulty with wheezing or excessive night coughing?
8.	❑	❑	In the last 12 months, has your child experienced any difficulty with excessive weight loss or weight gain, or excessive thirst or urination?
9.	❑	❑	Has your child had a dental examination in the last 12 months?
10.	❑	❑	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

Screening Test	Result	Date	Abnormal/Comments
Vision[2] Test type:			
Hearing[3] Test type:			
Lead[4] Risk: Yes/No			
TB[4] Risk: Yes/No			
Urinalysis (UA)[4]			
Anemia[5] (HGB/HCT) Risk: Yes/No			
Developmental Assessment[6] Test type:			

Has this child received dental care in the last 12 months?[7] ❑ Yes ❑ No ❑ N/A

*** Chronic Disease Assessment:**

Yes	No		Date of onset
❑	❑	Asthma: ❑ mild ❑ moderate ❑ severe ❑ exercise induced ❑ unclassified	
❑	❑	Diabetes: ❑ Type I ❑ Type II	
❑	❑	Anaphylaxis: ❑ med. ❑ food ❑ insect ❑ latex	
❑	❑	Seizures: Type _____	
❑	❑	Other: Please specify _____	

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.

Immunization Record

Vaccine (Month/Day/Year)	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP						
DTP/Hib						
DTaP						
DT/Td						
OPV						
IPV						
MMR						
Measles						
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 form[6] 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.