

CHILDREN'S HEALTH REQUIREMENTS PROCEDURE

1302.42 Child health status and care.

(b) *Ensuring up-to-date child health status.* (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:

(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;

(ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).

(c) *Ongoing care.* (1) A program must help parents continue to follow recommended schedules of well-child and oral health care.

(2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns.

(3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.

(d) *Extended follow-up care.* (1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.

(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.

(3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

Immunizations

1. Immunization requirements are those of the Washington Administrative Code entitled “Immunization of Day Care and School Children Against Certain Vaccine-Preventable Diseases” as recommended by CDC and the (AAP) American Academy of Pediatrics.
2. Parents/guardians discuss and review record of immunization with health staff to determine if immunizations are needed prior to child starting class or within 30 days from entry into the program.
3. Children shall be age-appropriately immunized against the following diseases before starting class/or within 30 days from the start of class unless there are extenuating circumstances:

Diphtheria	Rubella
Haemophilus influenza type B	Pertussis
Hepatitis B	Pneumococcal disease
Measles	Polio
Mumps	Tetanus
Varicella	

4. Children who are not up-to-date on vaccinations or have had a delay of vaccination for any reason should receive the recommended catch-up immunizations before attending class. If this is not possible, the child will have 30 days from the day they start class to receive needed immunizations. Some children will require additional doses of vaccines in order to fully catch up. Children who do not receive subsequent round of “catch-up” vaccines on time, plus 30 days, are subject to temporary exclusion until the next round can be given.
5. Washington State law requires that each child have a completed Certificate of Immunization Status (CIS) form on file which indicates one of the following:
 - Child is age-appropriately immunized;
 - Child has full exemption, either medical, religious or personal, to all vaccines;
 - Child has a combination of required immunizations and exemptions;
 - Child has a conditional status (the child has initiated or is continuing to receive immunizations on schedule).
 - Child has a temporary or permanent medical exemption, personal/philosophical exemption, or religious exemption. All exemptions with the exception of exemption based on religious affiliation/membership require both a parent/guardian signature and the signature of a recognized medical authority on the Certificate of Exemption form.

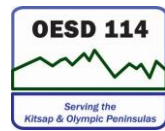
REMEMBER:

Whatever the exemption, an under-immunized child is still susceptible to disease(s) and may be SUBJECT TO TEMPORARY EXCLUSION during outbreaks of communicable disease. Parents of children who have a religious, personal, or medical exemption, or are on a delayed immunization schedule are warned that their child may be temporarily excluded from the school/center, by order of the local health department, if an outbreak of disease occurs there. The duration of exclusion can vary – under-immunized children who receive vaccine during a disease outbreak may be excluded for a minimum of two weeks following vaccination. During exclusion, children may also be excluded from school-related activities.¹

Physical & Dental Exams

1. Physical exams are required at intervals recommended by the Washington State EPSDT guidelines.
2. A current comprehensive physical exam should be on file within 90 days of enrollment (and preferably prior to the first day of class).
 - A documented physical exam completed in the previous 12 months meets this requirement for children 3 to 6 years.
 - We expect the most recent well-child exam.
 - Program Health Staff are responsible for supporting parents/guardians in bringing a child up to date on well child exams and continuing to follow recommended schedules for well child exams.
 - Program Health Staff will obtain current well child exams, identify new or recurring development concerns as noted on the well child exam, and support parents/guardians with follow-up noted on the well child exam.
3. Dental exams are recommended every 6 months after age one or at eruption of first tooth and required every six months unless otherwise specified by the child's provider.
4. A dental exam should be on file within 90 days of enrollment if age appropriate.
 - A documented dental exam completed in the previous 6 months meets this requirement.
 - Program Health Staff are responsible for supporting parents/guardians in bringing a child up to date on dental exams and continuing to follow recommended schedules for dental exams.
 - Program Health Staff will obtain current dental exams, identify new or recurring oral health concerns as noted on the dental exam, and support parents/guardians with follow-up noted on the dental exam.

¹ School and Child Care Immunization Manual, Washington State Department of Health, Office of Immunization and TB Services, August 1992.



5. Staff work with parents/guardians of children who are not up-to-date on well-child care or oral health care to identify barriers to obtaining needed services and discusses options and resources.
 - Program offers dental resources such as: Access to Baby Child Dental (ABCD) dental program to enroll eligible children who do not have a dental home.
 - Program provides medical home resources for parents/guardian of children who do not have a medical home.

6. Staff and parents/guardians determine when next services are due.

- Staff communicates with parents/guardians as those dates approach.
- Staff works with parents/guardians to see that arrangements are in place.
- Staff encourage parents/guardians to maintain their child's schedule of care.
- Staff monitor progress/completion of all treatment identified at the dental exam.

Anemia & TB Screening

Based on recommendations of the Health Advisory Committee, the program does not require routine TB testing or anemia screening for children. Our program provides parent education and honors the primary care provider's determination of whether these tests are warranted. As best practice, staff looks for results of anemia screening at 12 months in Early Head Start. If this information is not provided at the 12-month Well Child Exam form upon return from medical provider, staff are required to make a second request for information to follow up. This is primarily done through the Lead Anemia Letter to Provider.

Lead Screening

Our program provides parent education and encourages parents to request a blood lead screening from their health care provider. We request this information on the Well Child Exam form. If this information is not provided at 12, 24 or 36-72 month Well Child Exam forms upon return from medical provider, staff are required to make a second request for information to follow up. This is primarily done through the Lead Anemia Letter to Provider.