



Mississippi Thrive!

Should Health Assessment Records be a Child Care Licensure Requirement? Lessons Learned from States Around the Nation

Early Health Assessments Promote Child Wellbeing

The earliest stages of life have everything to do with later ability to thrive and participate in our communities and our workforce. When we take steps to ensure children's health in the early years – before they begin school – we set a strong foundation for learning, growing, and thriving.

This is one reason why the American Academy of Pediatrics (AAP), the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education all recommend that states or other licensing bodies require child care centers to keep records of children's comprehensive health assessments in order to be licensed.ⁱ Child care centers reach more than 90,000 infants, toddlers, and preschoolers in Mississippi – making them an important site for policies and practices that promote healthy development.ⁱⁱ

When we do all we can to make sure that young children consistently see a health care provider, there are many benefits:

GOOD FOR CHILDREN'S HEALTH

When child care centers request health records as children enroll, families are encouraged to regularly attend visits with a primary care provider. This makes it more likely that children receive preventative health care that heads off or reduces health problems. They are also more likely to receive timely, effective treatment for important aspects of health that don't always receive the attention they deserve – like oral health and social/emotional health.

GOOD FOR CHILDREN'S LEARNING

Children's bodies, brains, and abilities are all developing rapidly in the early years, with new skills and evidence of growth occurring at predictable points. Health assessments are integral in marking children's developmental milestones and checking for any concerns. When children don't reach a developmental milestone at the time we expect, it's important to notice. Often there are simple supports that can boost the child's progress. Child care providers can use the information from the assessments to make appropriate accommodations and to support the child's needs.

GOOD FOR COLLABORATION

When child care providers are informed about children's health records, stronger care coordination systems are developed with increased communication between sectors, allowing them to offer more relevant and comprehensive supports to families. When health and child care professionals monitor children's health consistently over time, they are equipped to more accurately identify concerns and take steps to address them.

GOOD FOR THE COMMUNITY

Sharing this information improves community health by increasing the level of preventive care and promoting early detection of developmental concerns. This decreases costs associated with discovering developmental concerns later in life. It also can help to ward off outbreaks, as it promotes detection and treatment of communicable diseases.

This policy brief addresses states' implementation of health record requirements for child care licensure and discusses variations in 1) the amount and type of information disclosed, 2) developmental screening requirements, 3) grace periods and timelines, and 4) potential barriers to enrollment.

A little more than half of states in the U.S. require child care providers to include information from health assessments in their student health records.ⁱⁱⁱ

The following 27 states and Washington, D.C., have childcare regulations requiring providers to keep a health assessment completed by a medical professional on record for each child. This requirement does not apply to children enrolled in K-12 programs. States with regulations only requiring immunizations are not included in this list.

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|-------------------------|-------------------|-------------------|
| 1. California | 11. Kansas | 21. Ohio |
| 2. Colorado | 12. Maryland | 22. Pennsylvania |
| 3. Connecticut | 13. Massachusetts | 23. Rhode Island |
| 4. Delaware | 14. Michigan | 24. Texas |
| 5. District of Columbia | 15. Minnesota | 25. Vermont |
| 6. Florida | 16. Missouri | 26. Virginia |
| 7. Hawaii | 17. Nevada | 27. West Virginia |
| 8. Illinois | 18. New Hampshire | 28. Wisconsin |
| 9. Indiana | 19. New Jersey | |
| 10. Iowa | 20. New York | |

Requirements for child care centers' access to health assessment records vary from state to state.

There are three general models into which the regulations fall. The map on page 3 details the models implemented in each state. The three models are different in that states may:

- 1. Require that detailed examination results or clinical findings be kept in the child's health records, as specified in regulation or by a standardized form.** There are 17 states that require child records to include a health assessment with detailed clinical findings or examination results.^{iv} Information required by regulation typically includes height, weight, hearing, vision, lead screening results, allergies, health history, and detailed health concerns. Some states require the use of a standardized health assessment form. For example, Illinois encourages the use of a form created by their department of health and located on the health department website. These forms typically ask for comprehensive and specific examination and/or test results. All seven states that use a standardized health form specifically ask for the results of a developmental screen.^v
- 2. Require a verification that a child is healthy enough to attend a child care program, including when appropriate, a description of any special health care needs.** There are 11 states that require a signed health clearance statement in order for young children to attend a child care program.^{vi} This health clearance statement may include information about whether a child has a communicable disease or an explanation of any serious health care needs. Nine of these states—with the exception of Missouri and New York—have additional requirements, such as detailed clinical findings or a verification that a comprehensive exam was done.
- 3. Require a written statement that a health examination has occurred.** There are eight states that require a statement from a health care provider confirming that a child has received a health examination.^{vii} Four of these states require a health clearance statement as well.^{viii} Michigan requires the statement to note any restrictions if applicable.

Pennsylvania blends all three models. Pennsylvania child care regulations require child care providers to keep a record of the following: each child's health history; a list of each child's allergies; each child's current medications and the reason for these medications; results of vision, hearing, and lead testing; a signed statement that each child is healthy enough to attend the center; as well as a physician statement showing that all additional age-appropriate screenings recommended by the AAP (Bright Futures) have been done.



Developmental screenings are encouraged.

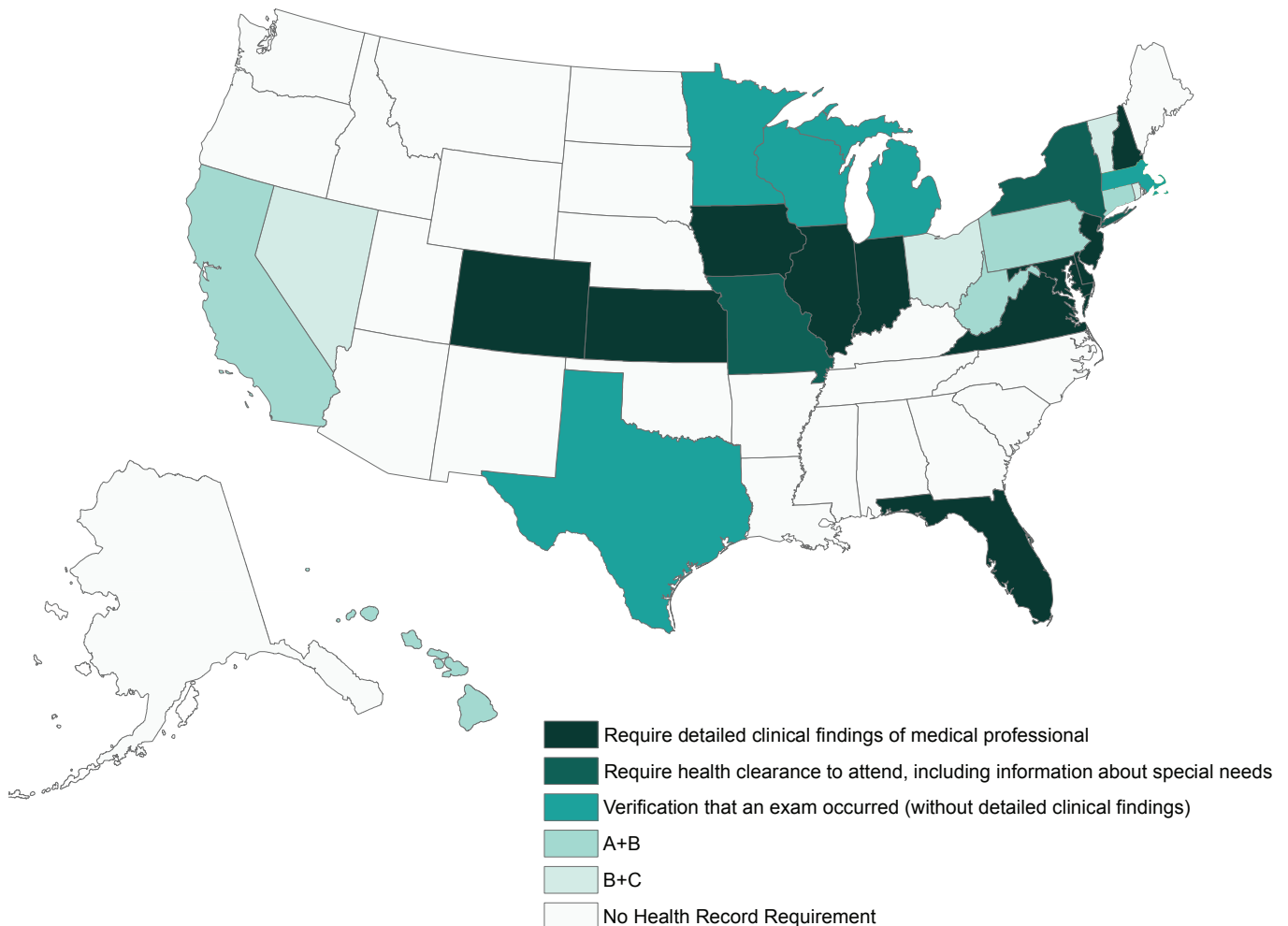
Regulations in the seven states that use a standardized form require or encourage developmental screenings to be included in the health examination report. New Hampshire and Virginia include space on their health assessment form to indicate which screening tool was used. New Hampshire includes types of recommended screening tools to be used by the medical professional during the exam. Pennsylvania encourages the use of developmental screenings by requiring healthcare providers to confirm the completion of all AAP-recommended screens.

Some states allow grace periods.

States with a grace period usually allow child care providers 30 days after a child's enrollment to obtain health assessment records. No state's grace period extends past 60 days. Some states allow confirmation that an appointment has been made to satisfy the grace period or to grant an extension.

Many states require examinations to have occurred within a specified time frame of a child's enrollment date. This can range from six months to one year prior to enrollment. For most states the exam and health records are to be updated annually, sometimes more frequently for infants.

HEALTH RECORD REQUIREMENTS FOR CHILDCARE LICENSURE



Health assessment requirements may, or may not, create barriers to enrollment.

New York's regulations specifically state that no child may be accepted into a child care program without a written statement from a health care provider giving them clearance to attend. Centers in Colorado have the right to refuse to admit a child if a signed health statement is not submitted. Many states' requirements omit information regarding a grace period and give few guidelines for admitting children without a health record aside from the exceptions made for foster children, homeless children, or children with medical and religious exemptions.

Requirements for health examinations overall are designed to promote child health and collaboration with health care providers, as well as to allow child care centers to receive pertinent health information that is used to provide higher quality service for children in their care rather than to create a barrier for child care entry. Only California states that the medical assessment allows a licensee to assess whether the center can provide services to the child.

Sources

ⁱAmerican Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2019). Caring for Our Children: National Health and Safety Performance Standards 4th Ed. Itasca, IL: American Academy of Pediatrics. Retrieved from <https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>

ⁱⁱNumber based on 2020 MDHS number of children in child care.

ⁱⁱⁱThe relevant regulation for each state and discussed throughout are as follows:

California: 22 CA ADC § 101220	Minnesota: MN ADC § 9503.0140
Colorado: 12 CO ADC § 2509-8:7.702.5	Missouri: 19 MO ADC § 30-62.122
Connecticut: CT ADC. § 19a-79-5a	Nevada: NV ADC § 432A.370
Delaware: 9 DE ADC § 101-41.0	New Hampshire: NH ADC § He-C 4002.17
District of Columbia: 5-A DC ADC § 130	New Jersey: NJ ADC § 3A:52-7.3
Florida: 65 FL ADC § 65C-22.001	New York: 18 NY ADC § 418-1.11
Hawaii: HI ADC § 17-895-20	Ohio: OH ADC § 5101:2-12-15
Illinois: 89 IL ADC § 407.310	Pennsylvania: 55 PA ADC § 3270.131
Indiana: 470 IN ADC § 3-4.7-38	Rhode Island: 218 RI ADC § 70-00-1.8
Iowa: IA ADC § 441-109.10(237A)	Texas: 26 TX ADC § 746.611
Kansas: KS ADC § 28-4-430	Vermont: VT ADC § 12-3-102:5.1
Maryland: MD ADC § 13A.16.03.04	Virginia: 22 VA ADC § 40-185-140
Massachusetts: 606 MA ADC § 7.04	West Virginia: WV ADC § 78-1-15
Michigan: MI ADC R 400.8143	Wisconsin: WI ADC § DCF 251.04

Thomson Reuters. (2020). Westlaw [database]. Retrieved from <https://1-next-westlaw-com.eu1.proxy.openathens.net/Search/Home.html?transitionType=Default&contextData=%28sc.Default%29>.

^{iv}California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Indiana, Iowa, Kansas< Maryland, New Hampshire, New Jersey, Pennsylvania, Virginia, West Virginia

^vIllinois (recommended form), Indiana, Kansas, Maryland, New Hampshire, New Jersey, Virginia

^{vi}California, Connecticut, Hawaii, Missouri, Nevada, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia; two states that have health clearance as the only requirement are Missouri and New York

^{vii}Massachusetts, Michigan, Minnesota, Nevada, Ohio, Rhode Island, Texas, Vermont, Wisconsin

^{viii}Nevada, Ohio, Rhode Island, Vermont

