Pre-School Programs in Public and Approved Private School Health Related Issues

Last Reviewed October 2005

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HEALTH REQUIREMENTS FOR PRE-SCHOOL PROGRAMS ASSOCIATED WITH PUBLIC AND APPROVED PRIVATE SCHOOLS:

Due to age, growth, and developmental needs, school staff serving school-based programs for 4 year olds must recognize and identify the unique needs of this age group.

Health Records: An individual student health record must be established for all children participating in a pre-school (Four Year Old) program at school.

Immunizations: The child's immunization record must be part of the student health record. For school enrollment, all children must have at a minimum, documentation of immunizations which are up-to-date at the 18th month level. This includes: DTaP – 4 doses IPV – 3 doses MMR – 1 dose Varicella – 1 dose

The same waivers applicable for school enrollment apply:

- Physician's documentation of medical inadvisability or of having the disease.
- Parent waiver of non-vaccination for sincere religious or philosophical reasons.

Children with a parental waiver or with a notice of medical inadvisability of vaccine from the physician must be excluded during an outbreak of measles, mumps, rubella or varicella (not effective for varicella until 2007). A list of inadequately immunized children must be maintained.

Children have 90 days upon registration or enrollment in the pre-school program (whichever is first) to obtain or begin the appropriate vaccination.

(See DOE Immunization Rule Chapter 126)

SCHOOL SCREENINGS:

Vision and Hearing: The state statute requiring screening for vision and hearing is for students in a K – 12th grade program. However, this is interpreted to include Pre K/4 year old programs. Students should also be screened on referral from teachers. For recommended screening procedures for the pre-school population, use the vision and hearing section of the School Health Manual for specific directions.

Vision: Preschool screening does not take the place of an exam by an eye specialist. Referral criteria are the same as for a student in kindergarten. (See Vision section of the School Health Manual.)

Screening includes:

- Distance vision acuity chart - using HOTV, tumbling E, or other appropriate chart if the child does not know alphabet.
- Muscle balance
  - o Cover Test

    or
  - o Muscle balance card
- Teacher observation form.

Hearing: The student should be screened with an audiometer if possible and if unable to screen, referred to the primary care provider. A second screening for failures is recommended. Hearing should also be screened when a parent or teacher express concern.

Heights Weights and BMI: It is recommended that pre-school students be measured for heights and weights and a BMI percentile be calculated and charted.

Referral Criteria: It is recommended that a referral be made to the child's primary care provider for children below the 5th percentile if the rate of growth is abnormal. To determine this, charting the BMI at periodic intervals (e.g. 3 to 12 months) is recommended. A referral is also recommended if the BMI is above the 85th percentile when there is rapid growth. Again, charting the BMI percentile at periodic intervals (e.g. 3 to 12 months) may help determine this. A referral is recommended for all students equal to or above the 95th percentile. See Height and Weight section for instruction.

COMMUNICABLE DISEASES: Follow the same procedure for reporting and responding to communicable disease as with the K – 12th grade populations.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS: A developmentally appropriate IHP should be prepared for students with a chronic health condition that require the school's attention. If needed, an emergency plan should also be prepared. These should be provided to the teacher.

MEDICATION ADMINISTRATION: Schools must comply with the Department of Education Rule Chapter 40, on Medication Administration in Schools.

CONFIDENTIALITY: When the school is administratively responsible for the Pre K program, FERPA applies to this population.

ROLE OF THE SCHOOL NURSE:

- Generally, the school nurse will oversee the health program for children enrolled in a pre-school program within the public school when the pre-school program is administered by the school system.
- If a pre-school program is within the school campus but sponsored by another community agency, or operated off campus but sponsored by the school, the agency and school must clarify how health services will be provided.
- Establish a student health record.
- Monitor immunization status of children.
- Assess health status of the student by reviewing the health history and physical exam if available,
- Establish an IHP and Emergency Plan as appropriate,
- Train unlicensed staff in medication administration as appropriate,
- Maintain open communication with teachers and parents, and
- Refer to appropriate providers for health care.

Resources:

Administration for Children and Families - Head Start -
http://www.headstartinfo.org/infocenter/health_tkit.htm

Maine Center for Disease Control, Immunization Program
http://www.maine.gov/dhhs/boh/ddc/Immunization.htm

American Academy of Pediatrics, Early Childhood, Adoption and Dependent Care
http://www.aap.org/visit/cmte15.htm

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