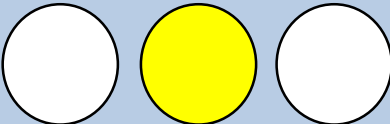
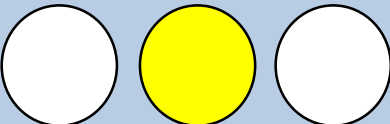


Illinois Early Learning Council Systems Alignment and Integration Committee Health Recommendations

Key for Type/CATEGORY: Blue = Policy, Purple = Training, Orange = Information, Green = Support


Key for INDICATOR: Red = No Movement, Yellow = In Progress, Green = Complete

Health Topic	Type/ Category	Recommendation	Agencies/ Stakeholders	Status	Indicator
Chronic Health Condition	Policy	Extend 89 Illinois Administrative Code §407.250(c)(9) to require that all child care providers keep an updated medical action plan on file for any child with a chronic illness. Extend this to all early care and education systems that these state agencies regulate, including EI and home visiting programs.	DCFS, IDHS, ISBE	DCFS Licensing Advisory Council drafted language and presented it to Office of Child and Family Policy for all 3 licensing facility types (centers, homes, group homes). [Kate Ritter , <i>Office of Early Childhood Development</i>]	
Chronic Health Condition	Policy	Amend the Illinois Child Health Examination Code §665.140(e) for school-based child care and Licensing Standards for centers §407.310(a)(3) and home-based child care §406.14(c)(1) to require that all early care and education systems provide a general “medical report” to families to complete upon enrollment, along with annual opportunities to update these forms. Extend this requirement to all early care and education systems that these state agencies regulate, including EI and home visiting programs. Where needed, these programs should also provide families with a “general medical action plan” for children with chronic	IDPH, DCFS, IDHS, ISBE	“General medical report” is already required under the Illinois Child Health Examination Code 665.150 under “Report Forms” and definition under 665.230 “School Entrance” including children in public and private early childhood programs. [Andrea Palmer , <i>IDPH</i>]	

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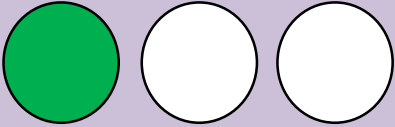
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		<p>health needs to complete with their medical provider (Appendix G, sample “Medical Report” and Appendix H, sample “General Medical Action Plan”).</p>			
<p>Chronic Health Condition</p>	<p>Training</p>	<p>Provide early care and education providers with training in the use of action plans, identifying the first signs of allergic reactions or chronic health issues and communicating sensitively to parents about common chronic health issues and appropriate follow-up care.</p>	<p>DCFS, IDHS</p>	<p>Already included as part of trainings. [Carol Morris, Dept. of Children & Family Services]</p>	<p></p>

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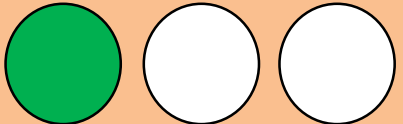
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Health Topic	Type/ Category	Recommendation	Agencies/ Stakeholders	Status	Indicator
Immunizations	Training	Ensure that all program staff, but particularly family support staff and early childhood staff, have knowledge of the importance of establishing a medical home and accessing immunizations, as well as adhering to the CDC’s recommended immunization schedule for young children.	IDHS, HFS	<p>Over the past 7 months, EverThrive II has trained over 100 community members, including support and early childhood staff, on importance of immunizations and the ACIP immunization schedule. Trainings are based upon the Immunization Education Toolkit Training curriculum and are presented via several formats; seminars, webinars, and in-person meetings. [Alicia Sinai, EverThrive]</p> <p>IDHS MCH Nurse Consultants have developed a PPT training addressing immunizations and Well-Child Care. The PPT will be used to tape a webinar that all HV agency staff will be expected to view between Oct. 2016 and end of February 2017. They will also be expected to complete a brief on-line post-test to verify completion and acquisition of knowledge. MIECHV and HFI staff are currently working with the MCH Nurses to schedule the taping, and design the post-test survey. This topic has been added to the HV education schedule for this FY. [Teresa Kelly, Office of Early Childhood Development]</p>	

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				<p>PI: Programs collect information regarding a child’s health history at screening (if applicable) and annually thereafter update the general health information, specifically well child visits and immunizations. [Penelope Smith, ISBE-Early Childhood Div.]</p>	
Immunizations	Information	Distribute information about immunizations and where to get immunizations for families with young children to state agencies for dissemination to all early care and education providers. This resource should be available to both staff and families.	IDHS, ISBE, HFS	<p>Resource information will be included with the training materials provided during the above mentioned training. [Teresa Kelly, Office of Early Childhood Development]</p>	

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Health Topic	Type/Category	Recommendation	Agencies/Stakeholders	Status	Indicator
Developmental and Social-Emotional Screening	Policy	Require social-emotional screening in programs that currently require regular developmental screening.	IDHS, ISBE, DCFS, HFS	<p>DHS – EI has incorporated performing the ASQ:SE for all children entering EI. When appropriate, the EI Social Emotional Consultant will be contacted and/or evaluations/assessments to meet the mental health needs of the child will be performed as well. [Ann Freiburg, DHS-Early Intervention]</p> <p>Area has not yet been addressed at the DCFS Licensing Advisory Council meeting. However, resources and materials on accessing these services have been developed for ExceleRate; Screenings are now free online (http://www.excelerateillinoisproviders.com/resources/resources-by-standard?id=50). [Kate Ritter, Office of Early Childhood Development]</p> <p>The Early Childhood Committee of the ILCMHP is looking at this recommendation along with others. [Karen Freel; ILCMHP: Early Childhood Committee]</p> <p>IDHS HFI and MIECHV</p>	

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				<p>Programs began requiring completion of the ASQ:SE in FY 16. This will continue in current FY. [Teresa Kelly, Office of Early Childhood Development]</p> <p><i>PI:</i> PI programs are required to provide social and emotional developmental screenings, provide referrals as applicable, and coordinate with other 0-3 providers in the community to offer community wide screenings. Each program model must use a curriculum that supports child social and emotional development.</p> <p><i>Pre-K Expansion and PFA-Expansion:</i> All students enrolled are required to have a social-emotional curriculum or model. Mental health screening must be completed for each child as well. [Penelope Smith, ISBE-Early Childhood Div.]</p> <p>Recent legislation passed [SB 565] adds developmental and social-emotional screenings to child health examinations that already include dental and vision exams for all children in Illinois. These examinations occur during the child’s kindergarten or first grade year, as well as sixth and ninth grades of a child’s K-12 school career.</p>	
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				Child health exams occur before enrollment in child care, nursery school, and whenever out-of-state students enroll in Illinois schools. If the screening has not been done by October 15th of the current school year, the child’s school may, with parental consent, complete the screening(s) and help link the child to appropriate services. [Ireta Gasner, <i>The Ounce of Prevention</i>]	
Developmental and Social-Emotional Screening	Policy	Issue guidance to LEAs, CFCs, and early care and education programs on best practice Child Find activities that include monthly Child Find opportunities, social-emotional screening, and utilization of the MOU and screening resource guide developed by the Special Education Subcommittee of the Systems Integration and Alignment Subcommittee of the ELC.	ISBE	<p>DHS – EI has been using agreements with Child Care for Child Find activities for some time. Pilot of the MOU went well; when staff resources are available, additional work to expand to all CFCs will happen. [Ann Freiburg, <i>DHS-Early Intervention</i>]</p> <p>The Early Childhood Committee of the ILCMHP is looking at this recommendation along with others. [Karen Freel; <i>ILCMHP: Early Childhood Committee</i>]</p> <p>LEAs are asked to submit screening data on a monthly basis to their local CFCs. CFCs gather all screening data and submit to the Child Find Project of Illinois, where it is analyzed. Quarterly reports are published online. The MOU and instruction document were sent out to early childhood coordinators</p>	

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				<p>and is posted on the Excelerate Illinois website. [Penelope Smith, ISBE-Early Childhood Div.]</p>	
<p>Developmental and Social-Emotional Screening</p>	<p>Training</p>	<p>Offer training on social-emotional screening as regularly as training on developmental screening to early care and education providers and Child Find screening teams.</p>	<p>IDHS, ISBE, DCFS, HFS</p>	<p>EI has qualified, trained CFC staff and Providers to perform Child Find screenings. LEAs may consider contacting EI for support in this area. [Ann Freiburg, DHS-Early Intervention]</p> <p>The Early Childhood Committee of the ILCMHP is looking at this recommendation along with others. [Karen Freel; ILCMHP: Early Childhood Committee]</p> <p>IDHS MCH Nurse Consultants provide training to agency staff on use of ASQ instruments, as needed. They also work closely with EDOPC staff in providing this training to appropriate agencies. [Teresa Kelly, Office of Early Childhood Development]</p> <p><i>PI:</i> PI programs are required to provide social and emotional developmental screenings, provide referrals as applicable, and coordinate with other 0-3 providers in the community to offer community wide screenings. Each program model must use a curriculum that supports child social and emotional development.</p>	<p align="center">  </p>

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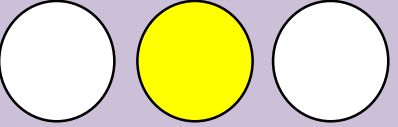
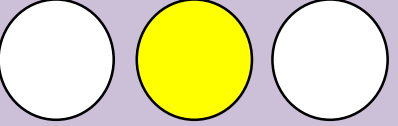
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				<i>Preschool 3-5 and Early Childhood Special Education: The Center and STAR NET offer ongoing trainings on The Pyramid Model. [Penelope Smith, Early Childhood Div. within ISBE]</i>	
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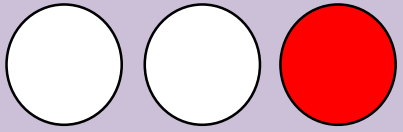
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Health Topic	Type/Category	Recommendation	Agencies/Stakeholders	Status	Indicator
Obesity Prevention	Training	Ensure that a training is created and available for early care and education providers on obesity prevention. This training should align with new requirements in Rule 407.	ISBE, IDHS	Training is offered that is aligned with Rule 407 called “Best Practices for Healthy Children in Child Care.” It is offered in person in Cook County at least 5-6 times a year. *Gateways to Opportunities (INCCRRA) has an online training offered statewide on general obesity prevention practices, but not specific on Rule 407. [Tom Browning, IL Action for Children: Childhood Nutrition & Wellness]	
Obesity Prevention	Training	Ensure that a training is created and available to early care and education providers on how to talk with families and parents about obesity and changes in child care menus, curriculum, and environments.	ISBE, IDHS	<p>Created and offering training for ECE professional on how to talk to parents about obesity called “Supporting Healthy Trends for Families”. Training uses simple motivational interview techniques and is offered in person in Cook County at least 5-6 times/yr. [Tom Browning, IL Action for Children: Childhood Nutrition & Wellness]</p> <p>PI: PI programs must offer appropriate parent education and/or services that address eight designated areas of instruction, which include</p> <ul style="list-style-type: none"> •child growth and development, including prenatal development. 	

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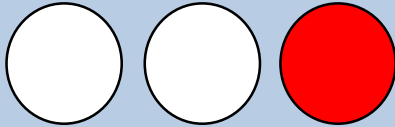
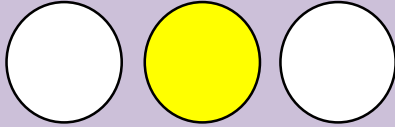
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				Professional development is offered through the Ounce of Prevention free of charge to PI program staff. [Penelope Smith, ISBE-Early Childhood Div.]	
Obesity Prevention	Training	Ensure that a training is created and available for families and parents through early childhood programs on obesity prevention in early childhood including importance of regular physical activity, nutrition education, cooking, etc.	ISBE, IDHS	<i>PI:</i> PI programs must offer appropriate parent education and/or services that address the eight designated areas of instruction, including <ul style="list-style-type: none"> child growth and development, including prenatal development. [Penelope Smith, ISBE-Early Childhood Div.]	

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Health Topic	Type/ Category	Recommendation	Agencies/ Stakeholders	Status	Indicator
Oral Health	Policy	Update 89 Illinois Administrative Rule 406 to align with the oral health and hygiene standards in Rule 407.	DCFS		
Oral Health	Training	Ensure that all early care and education program staff have knowledge of: <ol style="list-style-type: none"> a. the oral health risk factors for pregnant women and children ages zero to five; b. best practices around nutrition, water consumption and brushing requirements as outlined by CFOC and the American Academy of Pediatric Dentists; c. and the importance of establishing a dental home by age one and understand how to help families access a dental home. 	IDHS, ISBE Illinois Action for Children – SMILE Oral Health Project. [Fiona Anderson, IL Action for Children: Oral Health & Families]	Completed and launched online oral health training for child care providers. Training includes an overview of oral hygiene practices and standards for young children and the causes and treatments for Early Childhood Caries. Providers receive one Gateways credit for completing training. [Fiona Anderson, IL Action for Children: Oral Health & Families] IDHS MCH Nurse Consultants have developed a PPT on maternal /infant/child oral health, that will be used to tape a webinar that all HV staff will be expected to view. Resource information is included in the training materials. Staff will be expected to complete a brief on-line post-test to assess acquisition of knowledge and completion of the training. IDHS MIECHV and HFI staff are working with the MCH Nurses to schedule taping dates, and develop the on-line post-test. The plan is that agency staff will	

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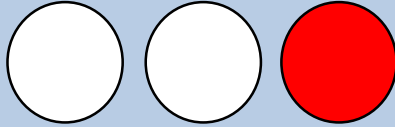
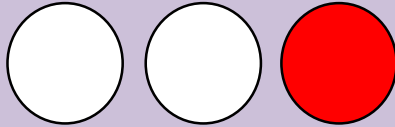
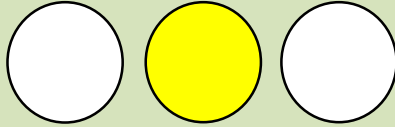
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				<p>be expected to complete this training between October 2016 and the end of February 2017.</p> <p>The topic has been included in the FY17 agency training list. [Teresa Kelly, Office of Early Childhood Development]</p> <p><i>PI:</i> PI programs must offer appropriate parent education and/or services that addresses childbirth and child care; Professional development is offered through the Ounce of Prevention free of charge to PI program staff.</p> <p><i>Pre-K Expansion Grant/PFA Expansion:</i> The program must ensure each child receives a dental screening and ensure families are connected to a dental home to ensure regular access to care and follow-up. Workshops and trainings are also offered to parents on topics related to child health, including dental care. [Penelope Smith, ISBE- Early Childhood Div.]</p>	
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Health Topic	Type/ Category	Recommendation	Agencies/ Stakeholders	Status	Indicator
Parental Depression	Policy	Identify or develop new models for delivering treatment for depression to parents that capitalize on the unique connections early care and education programs have with families while overcoming structural barriers to depression treatment. The feasibility of utilizing these models in Illinois should be evaluated and strategies to finance and implement them at scale should be developed.	ELC (along with ICMHP)		
Parental Depression	Training	Identify or develop training for early care and education providers on maternal and paternal depression that includes the critical components of: effects of parental depression on child development; how to recognize signs and symptoms of depression; resources for treatment and support; and how to talk with parents about depression. Training should also include how to respond should staff suspect severe indications of depression or suicide ideation.	ELC, ICMHP, ICAAP, Erikson Institute, Ounce Institute (along with INCCRRA)		
Parental Depression	Support	Ensure that mental health consultation is available to and accessed regularly by all early care and education program staff.	IDHS, ISBE, DCFS, HFS	El Social Emotional Consultation is available at all local CFCs. They can also respond by training CFC staff on signs and symptoms, how to support and respond to parents and how to refer appropriately. [Ann Freiburg, DHS-Early Intervention]	

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				<p>The ILCMHP is leading the Mental Health Consultation Initiative which will provide essential elements to consultation programs, workforce development and evaluation of consultation efforts. Expansion of mental health consultation is one ultimate aim of the Initiative. State has proposed a Medicaid waiver that would allow Medicaid to pay for mental health consultation. If successful, waiver could increase the capacity of programs to engage mental health consultants. [Karen Freel; ILCMHP: Early Childhood Committee]</p> <p>IDHS HV Program Clinical Review Tools for FY 16 and FY17 include evaluation of screening and referral of the caregiver for perinatal mood disorder. [Teresa Kelly, Office of Early Childhood Development]</p> <p>ISBE ECBG programs were again informed that they are able to include MHC in their ISBE budgets, including when writing for additional funding or during the open competitive application process.</p> <p><i>PI:</i> The Ounce of Prevention is building a system of professional development for the providers of MHC so that all</p>
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				MH consultants have the latest information regarding Best Practice(s) and are provided ongoing support. [Penelope Smith, ISBE-Early Childhood Div.]	
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Physical Health Screening: Lead	Policy	Amend the Lead Poisoning Prevention Act P.A. 94-879 §7(1) to require all early care, education and intervention programs to collect evidence of lead screenings or tests in accordance with the IDPH Childhood Lead Risk Assessment Questionnaire guidelines.	IDPH	<p>The Lead Program currently provides materials explaining the signs of lead presence in the home, as well as early symptoms of lead exposure, to DHS annually, whom sends this to childcare facilities. This amounts to between 30,000-40,000 notices/year. The Lead Poisoning Prevention Act states, “child care facilities that participate in the Illinois Child Care Assistance Program (CCAP) shall annually send or deliver to the parents or guardians of children enrolled in the facility’s care an informational pamphlet regarding awareness of lead poisoning.” The Lead Program has information available on the Department’s website in English and Spanish, and is available to develop additional resources as necessary.</p> <p>[Andrea Palmer, IDPH]</p> <p>Recommendation included in the Children’s Cabinet Lead Team Project Plan for lead reduction. [Outcome #5, Strategy #5, Children’s Cabinet]</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; background-color: white;"></div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; background-color: yellow;"></div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; background-color: white;"></div> </div>
Physical Health Screening: Lead	Training	Adapt the IDPH Lead Program’s visual lead risk assessment training for early care, education and intervention providers who perform	Gateways to Opportunity	<p>Recommendation included in the Children’s Cabinet Lead Team Project Plan for lead reduction. [Outcome #5, Strategy #5, Children’s Cabinet]</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; background-color: white;"></div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; background-color: yellow;"></div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; background-color: white;"></div> </div>

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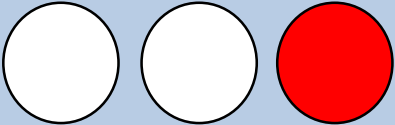
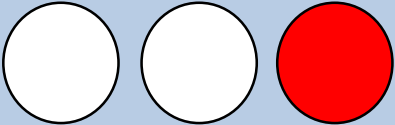
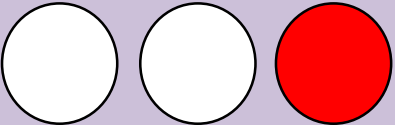
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		regular home visits in EI or home-based EHS programs.			
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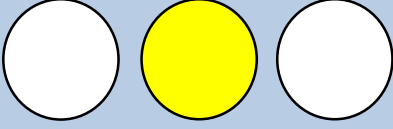
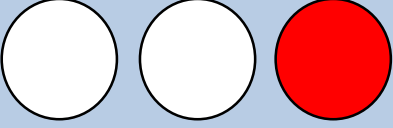
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Health Topic	Type/ Category	Recommendation	Agencies/ Stakeholders	Status	Indicator
Physical Health Screening: Vision	Policy	Establish an additional certification and recertification option for technicians to conduct vision screenings for children ages three to five only.	IDPH		
Physical Health Screening: Vision	Policy	Revise vision screening administrative codes (Vision Screening Section 685) to follow the screening protocols recommended and continually assessed by the National Center for Children’s Vision and Eye Health.	IDPH	IDPH Vision and Hearing Office established a workgroup, along with IL Children’s Vision Coalition, Illinois College of Optometry, National Center for Children’s Vision + Eye Health (National Center), and school nurses, to advance a plan for implementing the vision recommendations. Reviewed National Center vision screening tools. [Donna Dreiske , IDPH Vision and Hearing Office]	
Physical Health Screening: Vision	Training	Develop training for early care and education providers on the state vision screening mandates and disseminate this training through IDHS and ISBE.	IDPH (along with INCCRRA)		

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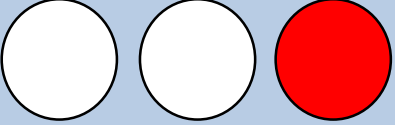
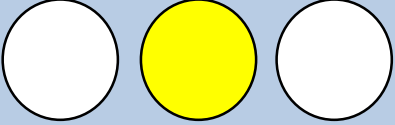
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Health Topic	Type/ Category	Recommendation	Agencies/ Stakeholders	Status	Indicator
Physical Health Screening: Hearing	Policy	Develop a standardized hearing screening protocol for early care and education programs serving children ages zero to three years.	IDPH (along with EHDI/ECHO)	EI has been working with EDHI and DSCC to develop cross-training and focus on support for HH families. [Ann Freiburg, DHS-Early Intervention]	
Physical Health Screening: Hearing	Policy	Authorize early childhood training entities to conduct trainings that qualify for IDPH certification and recertification hearing screening option for children ages zero to three years as well as three to five years.	IDPH		

Illinois Early Learning Council Systems Alignment and Integration Committee Health Recommendations

Key for Type/CATEGORY: **Blue** = Policy, **Purple** = Training, **Orange** = Information, **Green** = Support

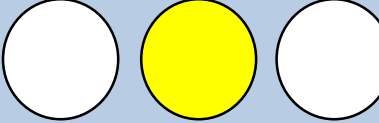
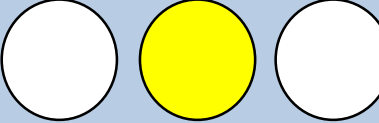
Key for INDICATOR: **Red** = No Movement, **Yellow** = In Progress, **Green** = Complete

Health Topic	Type/ Category	Recommendation	Agencies/ Stakeholders	Status	Indicator
SIDS, SBS, and Product Safety	Policy	Include deaths of a minor child in a licensed or licensed-exempt child care center or home in the CDRT system.	DCFS	Reporting is currently only required for those who have been involved with DCFS in the past year] PA 88-614. CCDBG is requesting aggregated data on this so currently DCFS is working on these areas. [Carol Morris, DCFS]	
SIDS, SBS, and Product Safety	Policy	Link directly with the Consumer Product Safety Commission’s recall list so that it is always complete and accurate and DCFS should require licensed providers to sign up for alerts from the CPSC.	DCFS	DCFS maintains an online link here: http://www.illinois.gov/dcfs/safekids/safety/Pages/default.aspx (link is on the right) [Kate Ritter, Office of Early Childhood Development]	

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Health Topic	Type/ Category	Recommendation	Agencies/ Stakeholders	Status	Indicator
Trauma, Child Abuse & Neglect, and Domestic Violence	Policy	Have Illinois early childhood mental health and trauma experts create a standard intake/enrollment protocol to include developmentally appropriate and culturally responsive questions regarding whether the child has experienced trauma.	IDHS, ISBE, DCFS, HFS	IDHS MIECHV Nurse Consultant has re-engaged with the Illinois ACE Committee, with the goal of working with sister agencies/programs to create a standard intake/enrollment protocol to include developmentally appropriate and culturally responsive questions regarding whether the child has experienced trauma. [Teresa Kelly, Office of Early Childhood Development]	
Trauma, Child Abuse & Neglect, and Domestic Violence	Policy	Require that early care and education staff receive a general introduction to trauma training that includes the effects of trauma on brain development and child development, how to recognize signs of trauma and how to talk with caregivers and children about trauma.	IDHS, ISBE, DCFS, HFS	<p>In FY 15, a ‘Train The Trainer’ presentation on use of the ‘Futures Without Violence’ program was provided for IDHS MIECHV and HFI agencies. In FY 16, all MIECHV and HFI programs were expected to use the FWV Relationship Assessment Tool or another standardized tool to assess for domestic violence within 45 days of client enrollment. [Teresa Kelly, Office of Early Childhood Development]</p> <p><i>PI:</i> This training is included in most researched-based program model training required by the National Home Visiting Program Models (BT, HFA, PAT, etc.) Additional training is offered through the Ounce of Prevention Fund free of charge to PI program staff.</p>	

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				[Penelope Smith, ISBE-Early Childhood Div.]	
Trauma, Child Abuse & Neglect, and Domestic Violence	Support	Ensure that mental health consultation is available to and accessed regularly by all early care and education program staff.	IDHS, ISBE, DCFS, HFS	<p>See above. IDHS HV Clinical Review Tool, used by the MCH Nurse Consultants when conducting a program review, includes expectation that all families experiencing abuse/neglect/ or DV have recorded referrals and follow-up documented for same. [Teresa Kelly, OECD]</p> <p>The ILCMHP is leading the Mental Health Consultation Initiative which will provide essential elements to consultation programs, workforce development and evaluation of consultation efforts. The state has proposed a Medicaid waiver that would allow Medicaid to pay for mental health consultation. If successful, the waiver could increase the capacity of programs to engage mental health consultants. [Karen Freel, ILCMHP: Early Childhood Committee]</p> <p>ISBE ECBG programs were again informed that they are able to include MHC in their ISBE budgets, including when writing for additional funding or during the open competitive application process. [Penelope Smith, ISBE-Early Childhood Div.]</p>	