



Socio-Emotional and Developmental Updates on Child Health Exam Form

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Disclosures

I DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Information about Public Act 99-0927

(Social-Emotional and Developmental Screening)

- Requires IDPH to:
 - Develop and implement administrative rules to include an age-appropriate developmental screening and an age-appropriate social-emotional screening as part of the health examination for all school children in Illinois.
 - Revise the Child Health Examination form.
 - Ensure that the required screening is consistent with the ISBE's (Illinois State Board of Education) social-emotional and developmental learning standards.

On May 4, 2022-the adoption of the Illinois Administrative Code 664 (77 Ill Admin. Code 664) was signed by the acting IDPH Director.

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH
PART 664 SOCIO-EMOTIONAL AND DEVELOPMENTAL SCREENING

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

SUBPART A: APPLICABILITY AND GENERAL PROVISIONS

- [Section 664.10 Applicability](#)
- [Section 664.20 Definitions](#)
- [Section 664.30 Referenced Materials](#)

SUBPART B: STANDARDS AND PROCEDURES FOR SOCIO-EMOTIONAL AND DEVELOPMENTAL SCREENING

- [Section 664.100 Validated Screening Tools](#)
- [Section 664.110 Minimum Qualifications of Persons Administering Screenings in a School](#)
- [Section 664.120 Frequency of Screening](#)
- [Section 664.130 Reporting](#)
- [Section 664.140 Failure to Screen](#)
- [Section 664.150 Schools](#)



You may access the
Administrative Code at:
<https://ilga.gov/commission/jcar/admincode/077/07700664sections.html>

Each Section of the Code
has a hyperlink portion
you may click to expand
for additional information.

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH
PART 665 CHILD AND STUDENT HEALTH EXAMINATION AND IMMUNIZATION
CODE**

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

SUBPART A: GENERAL PROVISIONS

- [Section 665.100 Statutory Authority \(Repealed\)](#)
- [Section 665.105 Definitions](#)
- [Section 665.110 General Considerations \(Repealed\)](#)
- [Section 665.115 Referenced Materials](#)

SUBPART B: HEALTH EXAMINATION

- [Section 665.120 Health Examination Requirements](#)
- [Section 665.130 Performance of Health Examination and Verification of Certificate of Child Health Examination](#)
- [Section 665.140 Timetable for Examinations](#)
- [Section 665.150 Report Forms](#)
- [Section 665.160 Proof of Examination](#)
- [Section 665.210 Proof of Immunizations](#)
- [Section 665.220 Local School Authority \(Repealed\)](#)
- [Section 665.230 School Entrance](#)
- [Section 665.240 Basic Immunization](#)
- [Section 665.250 Proof of Immunity](#)
- [Section 665.260 Booster Immunizations](#)
- [Section 665.270 Compliance with the School Code](#)
- [Section 665.280 Health Care Provider Statement of Immunity](#)
- [Section 665.290 List of Non-immunized Child Care Facility Attendees or Students](#)

SUBPART C: VISION AND HEARING SCREENING

You may access the
Administrative Code at:
<https://www.ilga.gov/commission/jcar/admincode/077/07700665sections.html> DE :
[Sections Listing \(ilga.gov\)](#)

New Draft Version Form



State of Illinois Certificate of Child Health Examination

Students				Birth Date (Mo/Day/Yr)		Sex	Race/Ethnicity		School/Grade Level/ID#									
Last		First		Middle														
Address		Street		City		Zip Code		Parent/Guardian		Telephone (home/work)								
HEALTH HISTORY: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER																		
ALLERGIES (Food, drug, insect, other)		Yes No		List:		MEDICATION (Prescribed or taken on a regular basis)		Yes No		List:								
Diagnosis of Asthma?		Yes No				Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes No										
Child wakes during night coughing?		Yes No				Hospitalization?		Yes No										
Birth Defects?		Yes No				When? What for?												
Developmental delay?		Yes No				Surgery? (List all)		Yes No										
Blood disorder? Hemophilia, Sickle Cell, Other?		Yes No				When? What for?												
Diabetes?		Yes No				Serious injury or illness?		Yes No										
Head injury/Concussion/Passed out?		Yes No				TB skin test positive (past/present)?		Yes* No		*If yes, refer to local health department								
Seizures? What are they like?		Yes No				TB disease (past or present)?		Yes* No										
Heart problem/Shortness of breath?		Yes No				Tobacco use (type, frequency)?		Yes No										
Heart murmur/High blood pressure?		Yes No				Alcohol/Drug use?		Yes No										
Dizziness or chest pain with exercise?		Yes No				Family history of sudden death before age 50? (Cause?)		Yes No										
Eye/Vision problems? Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____						Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other _____												
Other concerns? (Crossed eye, drooping lids, squinting, difficulty reading)																		
Ear/Hearing problems?		Yes No				Additional Information:												
Bone/Joint problem/injury/scoliosis?		Yes No				Information may be shared with appropriated personnel for health and educational purposes.												
Parent/Guardian Signatures: _____						Date: _____												
IMMUNIZATIONS: To be completed by health care provider. The mo/day/yr for <u>every</u> does administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.																		
REQUIRED Vaccine/Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles, Mumps, Rubella																		
Comments:						*indicates invalid dose												

Health history was moved to the top of the form. This might assist with parents and guardians filling out their portion of the form. Contains the exact same information as before. Nothing has been changed except the location on the form.

Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of disease	Signature	Title
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result.		

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.

**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Physician Statements of Immunity MUST be submitted to IDPH for review.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if \leq 2-3 years old	HEIGHT	WEIGHT	BMI	BMI PERCENTILE	B/P
--------------------------------------------	--------	--------	-----	----------------	-----

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI $>85\%$ age/sex Yes ☐ No ☐ And any two of the following: **Family History** Yes ☐ No ☐

Ethnic Minority Yes ☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes ☐ No ☐ **At Risk** Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or [high risk](#) zip code.)

Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Test Date	Result
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TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed <input type="checkbox"/>	Test performed <input type="checkbox"/>	Skin Test: Date Read / /	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	mm _____
		Blood Test: Date Reported / /	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	Value

LAB TESTS (Recommended)	Date	Results	SCREENINGS	Date	Results
Hemoglobin or Hematocrit			Developmental Screening		<input type="checkbox"/> Completed <input type="checkbox"/> N/A
Urinalysis			Social and Emotional Screening		<input type="checkbox"/> Completed <input type="checkbox"/> N/A
Sickle Cell (when indicated)			Other:		

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	

Moving Forward

- IDPH has revamped the IDPH School Health Program home page. You may submit a request to IDPH to review age-appropriate developmental or social-emotional screening tools at DPH.SEL@illinois.gov.
- IDPH in collaboration with ISBE has provided a two-page document to answer some of the commonly asked questions.
- Validated tools will be posted on the IDPH School Health Program home page once they are approved.
- You may submit additional questions to DPH.SEL@illinois.gov since this topic will continue to evolve.

**Maternal, Child & Family Health**

Child Health

Perinatal Health

Perinatal Levels of Care
Rewriting the Administrat...

Adolescent Health

Maternal Health

School Health Program

PANDAS / PANS

School Health Program

[RESOURCES >](#) [FORMS >](#) [LAWS & RULES >](#) [PUBLICATIONS >](#)

School Health Technical Assistance and Training

The School Health Program provides technical assistance and training to Illinois school health personnel serving over 2 million school age children. Communication is designed to keep school health providers abreast with current health requirements, communicable and infectious disease issues, current practices in management of acute and chronic disease, education and grant opportunities, changes in public health rule and law, resources available through the Illinois Department of Public Health and other state agencies. School Health Days are held in the fall at 5 sites throughout the state. The program maintains an email list through which information is distributed on a regular basis.

[JOIN THE SCHOOL HEALTH PROGRAM EMAIL LIST >](#)

School Health Center Project

The School Health Program monitors 66 certified school health centers operating in Illinois for compliance with Title 77, Chapter V: Subchapter J, School-Based/Linked Health Centers Part 2200. See link to the Standards and list of sites and maps in the resource list. The purpose of a school health center is to improve the overall physical and emotional health of school age children and youth by promoting healthy lifestyles and by providing accessible preventive health care. Through early detection and treatment of chronic and acute health problems, identification of risk-taking behaviors and appropriate anticipatory guidance, treatment and referral, school health centers assure students are healthy and ready to learn. Services provided on site include: routine medical

<https://dph.illinois.gov/topics-services/life-stages-populations/maternal-child-family-health-services/school-health.html>

Socio-Emotional and Developmental Screening

Public Act 099-0927, which covers school health examinations and immunizations, has been amended to include the requirement that all school-age children in Illinois have a health examination periodically throughout their school years. A requirement was added to complete age-appropriate social, emotional, and developmental screenings utilizing validated screening tools appropriate to the child's age or grade. The Illinois Department of Public Health (IDPH) has developed rules to address this amendment, which have been adopted by the Joint Committee on Administrative Rules and are now a part of the administrative code.

THE RULES CAN BE FOUND HERE >

Certificate of Child Health Examination

Proof of socio-emotional and developmental screening will be recorded on the [Certificate of Child Health Examination](#). IDPH is in the process of editing the Certificate of Child Health Examination to include this requirement. The goal is to complete the edits in time for the 2023-2024 school year. Any child health exam that occurs after January 1, 2023 for the school year of 2023-2024, will need to utilize the updated child health exam form.

Validated Socio-Emotional and Developmental Screening Tools

Additionally, a system to review and post age-appropriate, validated developmental and socio-emotional screening tools for use by qualified school support personnel and health care providers is being developed. As a part of the process to identify tools, the public is invited to submit a petition to consider a specific tool by emailing DPH.SEL@illinois.gov.

When petitioning IDPH to add a validated screening tool, the petitioner must include:

- A complete description of the screening tool, including a sample of the tool and evidence of validation, including, but not limited to, a description of those populations, age groups, languages, and ethnicities for which the tools are validated
- A list of the type of individuals and their credentials, who are qualified to conduct the screening
- A list of the type of individuals and their credentials, who are qualified to interpret the screening
- A narrative explanation of how the tool satisfies these requirements set forth in the rule

Questions From the Field...



Question:

Who can administer the screenings in a School?

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH
PART 664 SOCIO-EMOTIONAL AND DEVELOPMENTAL SCREENING
SECTION 664.110 MINIMUM QUALIFICATIONS OF PERSONS ADMINISTERING
SCREENINGS IN A SCHOOL**

Section 664.110 Minimum Qualifications of Persons Administering Screenings in a School

Persons administering screenings in schools shall minimally be:

- a) A licensed clinical social worker;
- b) A licensed clinical psychologist;
- c) A licensed physician;
- d) A licensed APRN; or
- e) A licensed physician assistant.

Question:

Can a School Nurse perform the screenings in School?

Only if the School Nurse has the additional credentials as outlined in Section 110 of Admin. Code 664.

Section 664.110 Minimum Qualifications of Persons Administering Screenings in a School

Persons administering screenings in schools shall minimally be:

- a) A licensed clinical social worker;
- b) A licensed clinical psychologist;
- c) A licensed physician;
- d) A licensed APRN; or
- e) A licensed physician assistant.

Question:

Where can I find the approved screening tools that may be used by health care providers?

- IDPH has revamped the IDPH School Health Program home page. You may submit a request to IDPH to review age-appropriate developmental or social-emotional screening tools at DPH.SEL@illinois.gov.
- Validated tools will be posted on the IDPH School Health Program home page once they are approved.

<https://dph.illinois.gov/topics-services/life-stages-populations/maternal-child-family-health-services/school-health.html>

- a) Anyone may petition the Department to add validated screening tools to its list. A petitioner shall file one original petition per validated tool. For a petition to be processed and reviewed, it must include the following information:
- 1) A complete description of the screening tool, including a sample of the tool and evidence of validation, including but not limited to a description of those populations, age groups, languages and ethnicities for which the tools are validated;
 - 2) A list of the type of individuals, and their credentials, who are qualified to conduct the screening;
 - 3) A list of the type of individuals, and their credentials, who are qualified to interpret the screening;
 - 4) A narrative explanation of how the tool satisfies these requirements set forth in this Part;
 - 5) If the petitioner has a business interest in the tool, a disclosure of such interest;
 - 6) The petitioner's name, address, and phone number and, if the petitioner has a business interest in the tool, complete contact information for the business; and
 - 7) Any additional information the petitioner wishes to include.

Question:

Can a Health Care Provider complete the screening as part of the child health exam?

Yes. A “Health Care Provider” or “health provider” is defined to mean a physician, advanced practice registered nurse or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code [105 ILCS 5].

Question:

Should the results of the screening be placed on the Child Health Exam Form?

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PART 664 SOCIO-EMOTIONAL AND DEVELOPMENTAL SCREENING
SECTION 664.130 REPORTING

Section 664.130 Reporting

a) Proof of Screening

- 1) Developmental Screenings: *Each child may present proof of having been screened to the local school authority in accordance with Section 27-8.1(2.5) of the School Code before October 15th of the school year in which screening is required.* Proof of whether the developmental screening was completed or is inapplicable shall be recorded on the Certificate of Child Health Examination that the Department of Public Health and the Illinois State Board of Education prescribe for statewide use. The required form is the Certificate of Child Health Examination provided by the Department at <https://www.dph.illinois.gov/sites/default/files/forms/certificate-ofchild-health-examination-03032017.pdf>. [105 ILCS 5/27-8.1]
- 2) Socio-emotional Screenings: *Each child may present proof of having been screened to the local school authority in accordance with Section 27-8.1(2.5) of the School Code before October 15th of the school year in which screening is required.* A notation of whether or not the socio-emotional screening was completed shall be recorded on the forms that the Department of Public Health and the Illinois State Board of Education prescribed for statewide use. The required form is the Certificate of Child Health Examination provided by the Department. The report form is available on the Department's website. [105 ILCS 5/27-8.1]

Question:

Can the Illinois Child Health Exam Form dated 11/2015 be accepted for the School Year 2023-24?

The IDPH Office of Women's Health and Family Services and ISBE have decided that for this school year (2023-24), the form dated 11/2015 will be accepted.

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/certificate-of-child-health-examination-03032017.pdf>

Question:

When will ISBE and IDPH require the use of the updated Child Health Exam Form?

The IDPH Office of Women's Health and Family Services and ISBE are working together to update the form. The new form shall be available before January 1, 2024 on the IDPH Office of Women's Health and Family Services website. Starting after January 1, 2024, a provider should utilize the updated form. However, Child Health Exam Forms that are completed on the form (dated 11/2015) can be accepted until January 1, 2025.

Question:

Will Social-Emotional or Developmental screening appear in IWAS-Student Health Data Immunization Collection for 2023-2024?

No changes to the IWAS Student Health Data Immunization Collection data points are planned for the 2023-24 school year.

Question:

Can the school see the results of the screening?

According to Section 664.130 of the Social-Emotional and Developmental Screening Code: “Screening Results may, with the written consent of the parent, be shared with the local school authority. Results of screenings shall not be recorded on the Certificate of Child Health Examination.”

Question:

What should I do if the screening section is not completed or left blank on the Child Health Exam form?

According to Section 664.140 of the Social-Emotional and Developmental Screening Code, a child shall not be excluded from school if a parent or guardian fails to present proof of the Social-Emotional or Developmental screening. A qualified person within the school **may** offer and conduct either screening with parental/guardian permission.

Section 664.110 Minimum Qualifications of Persons Administering Screenings in a School

Persons administering screenings in schools shall minimally be:

- a) A licensed clinical social worker;
- b) A licensed clinical psychologist;
- c) A licensed physician;
- d) A licensed APRN; or
- e) A licensed physician assistant.

Additional Questions?





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<https://dph.illinois.gov/topics-services/life-stages-populations/maternal-child-family-health-services/school-health.html>