**Section 630.50 Health Services For Children From One Year Of Age To Early Adolescence**

The Department of Public Health, through its Maternal and Child Health Program may allocate funds for programs providing health services for children from one year of age to early adolescence which meet the standards of the American Academy of Pediatrics set forth in Section 630.80(a)(5). One or more of the following MCH services may be included in application proposals for Title II and State MCH Project grant funds. Some of the items apply primarily to either older or younger children (such as counseling regarding use of cigarettes by the child in the former case and initiation of the mumps, measles, and rubella immunization series in the latter).

a) Health Services for Children

1) Periodic health assessment to include:

A) History and systems review (general medical and social, family and genetic background, with items of inquiry determined by age, developmental stage, and likelihood of potential problems).

B) Psychosocial history, including peer and family relationships, and school progress and problems, out-of-school activities, and health-related habits.

C) Complete physical examination to include:

i) Height and weight, head circumference through the second year of life, skin, head and neck, thorax, lungs, cardiovascular system, abdomen, genitalia, musculoskeletal system, nervous system, and mental status.

ii) Sexual development.

iii) Vision, hearing, and speech evaluation.

iv) Blood pressure starting at age 3.

v) Dental.

D) Developmental and behavioral assessment using age appropriate tools.

E) Screening and laboratory tests as indicated, including hemoglobin/hematocrit, blood lead analysis and tuberculin skin test (Mantoux) in children from high-risk groups or in areas of high endemic rates of tuberculosis; and, for children at risk, such procedures as parasite and sexually transmitted disease screening.

F) Nutritional assessment, services and supplementation as needed (including provision of such supplements as iron and vitamin D, and fluoride if indicated). For those on nonpublic water supplies, testing for nitrates should be done by the Illinois Department of Public Health Laboratories.

2) Immunizations according to state and nationally recognized standards.

3) Diagnosis and treatment or referral and follow-up of general health problems, both acute and chronic.

4) Diagnosis and treatment or referral and follow-up of mental health problems, both acute and chronic, including emotional and learning disorders, behavioral disorders, alcohol and drug related problems, and problems with family and peer group relationships.

5) Counseling and provision of support services as needed to children with chronic illnesses and/or handicapping conditions.

6) Dental services, both preventive and therapeutic, including oral examination, prophylaxis, X-ray, sealants, and fluoride supplementation if indicated.

7) Home health services.

8) Counseling and anticipatory guidance with referrals and follow-up as needed to child and/or parents as appropriate.

A) Nutritional needs including food purchase and preparation, routine dietary needs, and the importance of a high quality diet.

B) Automobile restraints for children and general injury prevention concepts (especially home injuries, unintentional poisoning, and sports injuries).

C) Parenting skills, with specific appraisal to identify parents at risk of child abuse or neglect.

D) Need for and importance of immunizations.

E) Child care arrangements.

F) Dangers of use by children and effects of parental use on children of smoking, smokeless tobacco, alcohol and other drugs as well as other risk-taking behavior.

G) Physical activity and exercise.

H) Dental health.

I) Childhood antecedents of adult illness.

J) Child development (including sexual maturation and adjustment, and developmental and behavioral difficulties).

K) Environmental hazards.

L) Using community health resources such as WIC, food stamps, welfare and social services that bear significantly on health status.

M) Other relevant topics in response to child and/or parental concern.

9) Counseling and provision of appropriate treatment services and/or referral to services (including Early Intervention Services for Infants and Toddlers, special education, services for crippled children, mental health services, home health and homemaker services) as needed for parents:

A) who have health problems that seriously affect their capacity to care for the child.

B) whose child is seriously ill.

C) whose child has a chronic illness or handicapping condition, or a significant behavioral or emotional problem.

D) whose child is or is about to be hospitalized.

b) Local Health Nursing Follow-up for High-Risk Infants

1) Purpose

The purpose of the infant follow-up program is to minimize disability in high-risk infants by identifying as early as possible conditions requiring further evaluation, diagnosis and treatment and by assuring an environment that will promote optimal growth and development.

2) Agencies to Provide Services

A) All Local Health Departments shall provide follow-up services to residents of their counties.

B) The Department may contract with a local health agency to provide follow-up services to residents of areas without a Local Health Department.

3) Eligibility for Services

Any infant eligible for the Adverse Pregnancy Outcomes Reporting System (APORS) and referred to a Local Health Department or other designated local health agency shall be offered follow-up services. The family may decline those services.

4) Services To Be Provided

A) A minimum of 6 visits shall be made by the follow-up nurse as soon as possible after newborn hospital discharge and at infant chronological ages 2, 6, 12, 18 and 24 months. Infants and their

families having actual or potential health problems identified by the nurse shall be visited more frequently for health monitoring, teaching, counseling and/or referral for appropriate services. Occasionally, when an infant is receiving services at the Local Health Department, a follow-up visit may be conducted by the nurse at that time.

B) Follow-up services should include:

i) Health history, including: prenatal and natal history; parental concerns; family history of genetic disease or unexplained mental retardation; compliance with medical regimen, if any, including medications, treatments and visits to the physician; infant care, including nutrition, elimination and sleep activity; and family/infant interaction, family coping and parental knowledge of injury prevention.

ii) Physical assessment, developmental assessment, and age specific anticipatory guidance based on the American Congress of Obstetricians and Gynecologists guidelines or current recommendations of the State that are found in subsection (b)(5).

iii) Based on the results of the health history and physical assessment, the nurse shall identify problems, make nursing diagnoses and arrange for intervention. Intervention may include: counseling the family as to the importance of regular primary health care by the family physician, pediatrician or clinic; encouraging scheduled return visits to the Perinatal Center; family teaching/counseling by the follow-up nurse; referral to the physician or other screening, diagnostic or support services depending on the nature of the problem; and follow-up on referrals.

5) Local health agencies must adhere to the provisions of this Part and the Department's High Risk Infant Tracking Supplement for Local Health Departments, which may be obtained from the Department's Division of Community Health and Prevention.

c) Access-Related Services

1) Outreach services.

2) Translator and 24-hour emergency telephone services.

3) Child care services to facilitate obtaining needed health services.

4) Availability of services for the handicapped.

5) Transportation.

(Source: Amended at 35 Ill. Reg. 452, effective December 22, 2010)