WELL-CHILD EXAM PILOT PROJECT

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WELL-CHILD EXAM PILOT PROJECT
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REPORT ON THE WELL-CHILD EXAM PILOT PROJECT
Conducted Spring–Fall 2002

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BACKGROUND AND PURPOSE

This pilot project was based on the premise that all children should have a well-child exam by the time they enter kindergarten or first grade in order to identify health issues that could impact learning. This topic was discussed at the January 10, 2001, State Board of Health (SBOH) meeting by Terry Bergeson, State Superintendent of Public Instruction; Dennis Braddock, Secretary of the Department of Social and Health Services (DSHS); Mary Selecky, Secretary of the Department of Health (DOH); and the members and staff of the State Board of Health (SBOH). (Minutes are available at the SBOH Web site.[1])

The specific purpose of this pilot project was to examine benefits and burdens to schools and parents of a requirement that all children have a well-child exam prior to entering school. The recommendation and definition of a well-child exam used is from SBOH.[2] It recommends that all young children have a comprehensive well-child exam comprised of specific health screenings. The list of exam elements is based on recommendations from the United States Preventive Services Task Force,[3] the American Academy of Pediatrics (AAP),[4] and the Washington State Medical Assistance Administration's Early Periodic Screening, Diagnosis and Treatment (EPSDT) covered services.[5] A 2001 report issued by the Human Services Policy Center at the University of Washington and commissioned by SBOH, found that 23 states require health exams prior to and/or during entry into K–12 education, although in many states the "requirements" are not enforced. [6]

METHODS

Sampling and recruitment

Staff from the Office of Superintendent of Public Instruction (OSPI) approached 23 school districts regarding the project. OSPI chose districts for recruitment based on health district interest, diversity of size, urbanicity, ethnicity, percentage of children receiving free and reduced lunch, and geographical variation. The goal was to sample a diverse population with participation from all four corners of the state. Initially, OSPI staff approached school nurses to determine their willingness to participate, with school administrator approval also being necessary. Schools and school districts that dropped

out after confirming participation were replaced; ultimately, twelve school districts participated. It was projected that 1,004 kindergarten students would be enrolled, but actual enrollment was 852.

Well-child exam reports, parent surveys, and nurse summary reports

A joint committee (comprised of OSPI, DOH, DSHS, and SBOH) assisted in development of the project protocol, forms, and timelines. OSPI staff trained school nurses in each district, most often in person. In the spring of 2002, participating districts distributed to parents enrolling a child in kindergarten a packet containing the following items:

- A cover letter from the principal describing the project.
- Well-child exam forms, developed by DSHS, to be completed by the health care provider verifying the full exam.
- *Start Right—Start Healthy* brochure, developed by SBOH, explaining well-child exams to parents.[7]

In ten schools, cover letters indicated that before the child entered school, he or she must have the well-child exam form completed by a health care provider. The form could be completed based on an exam performed in the past year. In two schools, cover letters indicated that the exam was recommended rather than required. Parents were asked to have the form completed and returned by the first day of school. Parents could fill out an exemption form if they wished not to have their child examined.

The school nurses reviewed the exam forms as they were returned, compiled data from the forms, and completed the Nurse Summary Report. This report contained the compiled data, information about time spent, barriers encountered with the project, and nurse views on a well-child exam requirement for school entry.

Parent surveys were either mailed or handed to parents in the fall. Form A went to parents who returned well-child exam forms, and Form B went to parents who did not. The surveys were also collected by nurses and returned, along with the compiled data from the well-child exams, to OSPI. (See Appendix A for copies of the parent letter, well-child exam form, *Start Right—Start Healthy* brochure, parent questionnaire A and B, and Nurse Summary Report Forms.)

No economic analysis was conducted that would allow a quantitative comparison of burdens and benefits.

Data analysis

Confidence intervals (CIs) give an estimate of how accurately you can generalize from samples, such as the sample of parents in the pilot project, to a larger population, such as parents of students in public schools in Washington, assuming that the data are not biased. Specifically, the 95 percent confidence interval gives the range that should contain the true population value 95 percent of the time. For example, of parents who

did not get their child a well-child exam, 66 percent felt the child did not need an exam, and the confidence interval is plus or minus (±) 14 percent. This means that statewide, if we asked all of the parents of entering kindergartners about well-child exams, of the ones who did not get their child an exam, we can expect with 95 percent confidence that between 52 percent and 80 percent would say they did not feel their child needed an exam.

In order to identify factors associated with parents obtaining well-child exams, a set of 14 chi-square tests was conducted comparing parents whose children had well-child exams to parents whose children did not. Frequencies and 95 percent CIs were calculated for each item on the surveys. Analyses of parent surveys were done using SUDAAN (Software for the Statistical Analysis of Correlated Data). The primary sampling unit (PSU) was the school, except for in one case in which the nurse combined data from two schools.

Frequencies and 95 percent CIs were also calculated for responses to the Nurse Summary Reports, and combined students across schools. CIs may be underestimated if student health is correlated within a school: i.e., if student's health was more similar to other students in their own school than other schools.

RESULTS

Response rates and reasons for school district nonresponse

School Districts: Out of 23 school districts that were asked to participate, 12 did so, leading to a 52 percent school district response rate. These districts provided data for 13 schools. Rationale for district nonparticipation included refusals by school nurses and administrators, and one large school district being eliminated due to the fact that it would have required all information/forms in at least six languages.

Based on a separate survey conducted by OSPI of the 11 nonparticipating districts, reasons for nonparticipation included:

- Concerns about staff time (91 percent).
- Concern regarding fiscal impacts if the requirement were implemented (73 percent).
- Fear of creating a barrier to school attendance (64 percent).
- Fear of creating a burden on parents (60 percent).
- Expecting that information would not significantly impact educational performance (50 percent).
- Believing that most students already get exams (45 percent).
- Concern that translated or verbal explanations would be needed (36 percent).
- Concern about the burden on health care providers (30 percent).

However, 70 percent said they would support required exams if the pilot project identified a benefit to students and schools by early identification of health problems that could impact learning.

School Nurses: Twelve nurses served the 13 participating schools (one nurse covered two schools).

Parents: In the 13 schools that provided data, 399 (47 percent) well-child exam forms and 35 (4 percent) exemption forms were received from the parents and guardians of the 852 children entering kindergarten. Two schools changed the language in the cover letter indicating that exams were not required, but were recommended. In the ten schools that said the exams were required, 48 percent of the parents returned well-child exam forms and 4 percent returned exemption forms. This is a total of 52 percent of parents completing well-child exam forms or exemption forms. In the two schools that said the exams were recommended, 41 percent of the children had completed well-child exam forms and none had exemption forms.

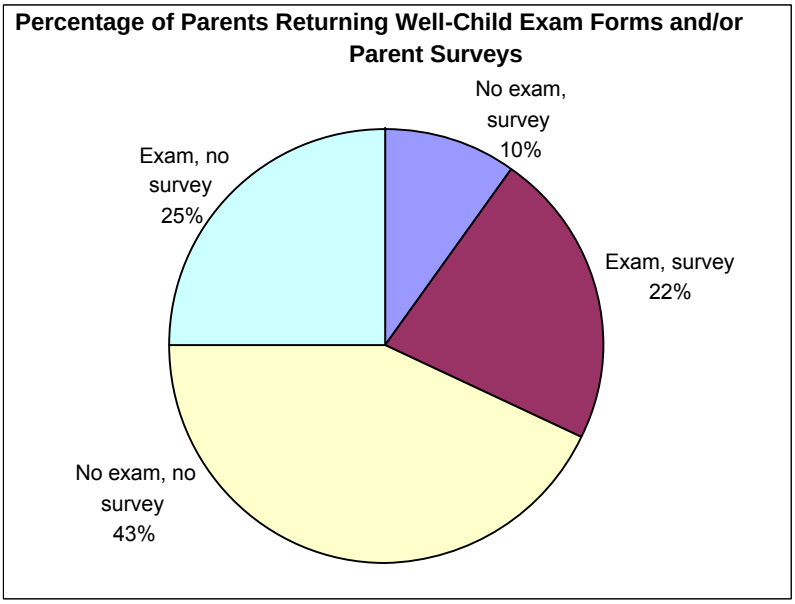
Both parents who returned well-child exams and parents who did not were asked to complete surveys. Schools received parent surveys from parents of 266 (31 percent) of the 852 children entering kindergarten in the 13 schools that provided data. This included 186 surveys for the 399 children for whom a well-child exam was returned (47 percent), and 80 surveys for the 453 children for whom no well-child exam was returned (18 percent).

Due to the relatively low response rates, the results may not be representative of the state as a whole. For example, one could speculate on possible differences between parents who returned the exam form and/or the parent survey, and other parents who:

- May have had specific concerns about their child leading them to get a well-child exam.
- May have been more concerned that the school knew about their child's health.
- Might be more involved in their child's education.
- Might be more willing or able to interact with schools.
- Might have less difficulty with transportation.
- Might be more willing or able to deal with governmental or health care systems.
- Might be more likely to be English speaking.
- Might differ in other ways.

Therefore, the ability to generalize these findings for policy or program decision-making may be seriously impaired.

This pie chart depicts the percentage of parents who returned well-child exam forms and/or parent surveys.



MAJOR FINDINGS

School Districts and School Nurse Views

- Half of the 23 school districts approached about participating did so. Reasons for nonparticipation included concerns regarding staff time/fiscal impacts, and fears of creating a barrier to school attendance, or an undue burden on parents.
- There was no consensus among participating school nurses regarding whether well-child exams should be required upon school entry (42 percent yes; 58 percent no).
- The twelve nurses reported spending a median of 16 hours on this process. This was per school, except for one nurse who covered two schools. Most of this time was spent contacting parents who did not return exams, reviewing exams, and completing paperwork. Nurses would most often be responsible for more than one school if the requirement were implemented.
- In their comments, school nurses noted as possible benefits and burdens the following points:

  - Benefits:
    - Increased information to schools about student health concerns.
    - Improved immunization compliance.
    - Opportunity to educate parents about health issues.
    - Connects student with health care provider.
  - Burdens:
    - Additional workload to school nurse without additional resources.
    - Concern about resource availability to provide support for identified needs.

- Requirement might pose barrier to attendance.
- Language barriers.
- Burden to parents (loss of work, transportation, cost of exam).
- Increased burden to health care providers, especially where a community is underserved by health care providers.
- Drawing staff time away from processing immunization requirements.

Well-Child Exam Forms

- The percentage of parents providing exam forms was similar regardless of whether exams were described as required (48 percent) or recommended (41 percent).
- School nurses reported that only two in five (159/399=40 percent) of the well-child exam reports that they received had all of the elements measured (see exam form in Appendix 1). The most common missing element was hearing (missing in three out of ten of the exam reports). Each of the other elements measured was missing in approximately one out of ten reports.
- 64 percent of the exams had normal findings.
- Based on the 399 exams, there were a total of 86 referrals, equivalent to a rate of 21.6 referrals per 100 exams. Approximately equal numbers of exams (2–5 percent) included health care provider referrals for vision, hearing, developmental/behavioral, social/emotional, physical, oral health, and other. Some of the referrals were for the same children (i.e., a child received more than one referral) but the exact percentages are unknown. The survey did not assess whether nurses would have known about these health care issues prior to school entrance or identified them at a later date without the well-child examination.
- Based on the 399 exams, schools made 23 classroom accommodations, equivalent to a rate of 5.8 accommodations per 100 exams. As was the case with referrals, some children had more than one accommodation, and it is not known whether the need for them would have been identified without the exam.

Parent Surveys

- Among the parents whose children did not get a well-child exam, but who did complete a survey, the major barriers to an exam appeared to be not feeling that their child needed the exam and difficulty making time in their schedule. Only 29 percent of parents (whose children **did not** get the exam) compared to 67 percent of parents (whose children **did** get the exam) felt their child needed the exam. Almost one-third (30 percent) reported difficulty making time in their schedule for the exam, compared to 14 percent who did get the exam.
- Parents who returned the survey reported that 84 percent of their children entering kindergarten had received dental care at some time. This percentage was not significantly different for those who had a well-child exam (88 percent) and those who did not (76 percent).

(See Appendix B for tables presenting detailed results from the parent surveys and nurse summary reports.)

CONCLUSIONS

Many school districts, school nurses, and parents demonstrated a relatively low level of enthusiasm for required well-child exams.

- Nearly half of the school districts asked to participate in the pilot project declined, primarily because of concerns about staff time/fiscal impacts and fear of creating a barrier to school attendance or a burden on parents.
- School nurses reported spending an average of 16 hours (generally for one school) on the project and achieved exam forms or exemptions from only 52 percent of the children, suggesting that the effort needed to secure well-child exam forms for all children would be considerable.
- Only 42 percent of the nurses who participated in the project felt that well-child exams should be required upon school entry; this number would probably be smaller if nurses who refused participation were included.
- Among all parents, 43 percent did not participate at all. Among parents who did not participate, 66 percent of those who did not return a completed exam form felt their children did not need one, and 5 percent were unsure. A quarter (25 percent) of parents who did return a completed exam form felt exams were unnecessary for their children and 8 percent were unsure.

Health care providers performing the exams made a significant number of referrals (86 referrals from 399 exams). Additionally, based on the 399 exams, there were 23 classroom accommodations needed.

- Since some children had more than one referral or accommodation, it is unknown how many children received referrals or accommodations.
- It is unknown how many of the referrals or accommodations would have been made in the absence of this requirement.

Sixty percent of the exams had missing elements.

- This finding raises concern about using the well-child exam as the sole mechanism to screen for important issues related to learning, such as vision and hearing.
- Currently, per Chapter 246-760 WAC, all children in school in the state are required to receive hearing and vision screening in kindergarten and at other specific grade levels.
- This finding about missing elements on the exam verification form may point to the need for provider education regarding the expected content of a comprehensive well-child exam.

Because of the low response rate, both for the exams and the surveys, results may not apply to the parents who did not respond.

- The parents who were concerned about their child's health may have been most likely to get an exam. Thus, the numbers of referrals and accommodations may be larger in this group than in the population as a whole.
- Only 18 percent of parents whose children did not get exams returned surveys. It is likely that these parents do not represent the larger group of parents who did not get an exam. In particular, parents whose children did not get exams and did not return surveys may have had barriers that were not reported by the 18 percent of parents who returned surveys.
- Parent compliance in returning exam forms was low both for parents who were told that the exam was required (48 percent), and for those told it was recommended (41 percent). This suggests that parent response might be similar to a requirement for well-child exams and to a packet providing information and encouragement to obtain a well-child exam.
- Caution should be exercised in basing policy decisions on data from this project.

RECOMMENDATIONS

Based on the response to this pilot project, the multi-agency committee representing OSPI, DOH, DSHS, and SBOH makes the following recommendations:

A. Do not require well-child exams as a condition for school entry at this time.

Although the SBOH[2] and the AAP[4] guidelines state that all children should have an annual comprehensive well-child exam from ages 3 to 6, it appears likely that requiring exams as a condition for school entry would not be successful at this time. The burden of such a requirement would be considerable, especially in the absence of adequate funding to enforce the requirement and provide assistance to families with financial and other barriers to obtaining the exam. As noted earlier, these results suggest that parent response might be similar whether the exam was recommended or required.

Implementing such a requirement would require the support of parents, health care providers, and schools. Instituting a requirement that cannot be enforced may have the effect of eroding compliance with other requirements, such as immunizations. Given the overall low level of participation, substantial resources may need to be devoted to education and enforcement. We concur with some of the anecdotal concerns expressed by the nonparticipating schools that without adequate funding to help families obtain the exam, we may create barriers to school attendance.

B. Consider alternative approaches to encourage parents to obtain well-child exams, such as:

- Educating parents about the importance of obtaining well-child exams throughout childhood (e.g., at preschools, childcare providers, early education programs,

local health jurisdictions, and health care providers). Focus groups of parents conducted by Washington State Medical Assistance Administration (MAA) to better understand barriers to well-child care suggested that parents perceive less need for health care after 2–3 years of age, when the need for immunizations and the number of sick visits decrease.§

- Requiring parents of children entering kindergarten to complete a health questionnaire, which includes the dates of the last physical and dental exams and the provider. The school nurse would review the questionnaires to identify students without a health care provider, students in need of exams, and health problems that could pose significant barriers to learning. This approach would be less resource intensive than requiring all children to have well-child exams. Resources would still be required to ensure that every parent completed a form, and for follow-up for referrals and school accommodations.
- Providing information to parents to help them obtain access to health care. School nurses could be used as a bridge to the medical community so that every child has a medical home.
- Collaboration between state agencies, insurers, providers, and others to lower barriers to access through programs such as providing well-child clinics for children entering kindergarten.

C. Assess provider knowledge about elements of a comprehensive well-child exam and conduct provider education, if necessary:

The elements of a comprehensive well-child exam have been defined by the State Board of Health on the "Approved List of Clinical Preventive Services for Children Ages Birth to 10".[2] The charting tool used in this pilot is a simplified version of the comprehensive list. That 60 percent of the exams had missing data elements speaks to the need to improve completeness of exams as performed by health care providers. This finding is similar to a study conducted by MAA showing that on average, 80 percent of the well-child examinations performed in this age category did not meet criteria for a qualifying visit.* Currently the MAA is working with providers to encourage use of this charting tool to meet EPSDT requirements.

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§For a copy of the June 2002 *Well-Child Focus Groups Report*, contact Barbara Lantz, M.N., R.N. at 360-725-1620 or lantzbk@dshs.wa.gov.

*Medical Assistance Administration's criteria for a qualifying visit includes the following: documentation of medical and physical history, height, weight, developmental screen, mental health screen, and anticipatory guidance and education.

NEXT STEPS

The next steps we will take include:

1. Collaborate to promote the value of well-child exams. Possible activities include making information available to parents at kindergarten registration or at earlier opportunities in the children's lives. Possible materials could include *the Start Right—Start Healthy* brochure developed by SBOH for parents of children entering kindergarten, which was used in the pilot project, and one to be developed by DSHS to cover a broader age range.
2. OSPI will encourage all school districts to gather current health information, including the date of the last physical and dental exam, from students enrolling in school for the first time. The school nurse would then have the information needed to identify health problems that could interfere with learning, and to assist families who require health care linkage.
3. In February 2003, MAA targeted 20 clinics to improve the rate and quality of well-child care among children served by the Medicaid program. This is part of a MAA Children's Preventive Healthcare Initiative aimed at improving the rate and quality of well-child care among children served by the Medicaid program. Clinics will be facilitated through trial interventions to improve their rate of well-child care. The quality of the well-child examination or medical record forms used by participating clinics will be assessed. Clinics will be encouraged to use the Medicaid well-child charting forms, or to revise their own medical record forms when necessary to ensure complete documentation of a well-child examination.

SUMMARY

Nothing in the study bears on any health justification for well-child screenings. Likely benefits were observed in the number of accommodations and referrals. The authors recommend against implementing a requirement based on the approach explored by this pilot. The burdens identified in this study could make successful implementation unlikely at this time. Entities such as SBOH and the AAP recommend comprehensive well-child exams to ensure that school children are healthy and have the best opportunity to learn. Health care providers, schools, and parents each have significant roles to play in order to improve the number of children who receive well-child exams. Our agencies will continue to collaborate to promote comprehensive well-child exams prior to school entry, as well as access to health care for children.

Finally, efforts that could be undertaken now without a requirement might also make a future requirement more feasible. Policymakers may want to revisit the question of a requirement if conditions change. Should policymakers choose to pursue a requirement now, despite the recommendations of this report, they may also want to consider undertaking the sort of efforts described previously in the sections on alternative approaches and next steps. Such efforts would increase the likelihood of successful implementation.

REFERENCES

1. Washington State Board of Health Web site for “Meeting Minutes.” http://www.doh.wa.gov/sboh/Meetings percent202001/Minutes percent202001/2001-01Minutes.pdf).

2. Washington State Board of Health, *Children’s Health and Well-Being Final Report*, 2001, http://www.doh.wa.gov/sboh/Pubs/kidsrprt.htm.

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4. *American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (RE9939)*, 2000. (http://www.aap.org/policy/re9939.html.

5. Washington State Medical Assistance Administration. Descriptive materials about Early Periodic Screening, Diagnosis and Treatment (EPSDT) covered services. (Washington State Medical Assistance Administration, 1999 *Healthy Options Focused Review of EPSDT*, by OMPRO, and Washington State Department of Social and Health Services, Medical Assistance Administration, *EPSDT Screening Components and Periodicity Screening*, 2002.

6. Washington State Board of Health Web site for Ready to Learn: *State Requirements for Child Health Exams*: (http://www.doh.wa.gov/sboh/Pubs/SchoolEntryReport.pdf).

7. Washington State Board of Health Web site for *Start Right—Start Healthy* Brochure: (http://www.doh.wa.gov/sboh/Priorities/Children/SRSH/SRSH.htm).

APPENDIX A

Parent Letter

Well-Child Exam Forms

Start Right—Start Healthy Brochure

Parent Questionnaires (Surveys) A & B

School Nurse Summary Report Form

PARENT LETTER

DATE:

Dear Parent:

Before your child can enter school he/she must have the enclosed **Well-Child Exam Form** completed by your healthcare provider. If your child has had an exam in the last year (Sept. 2001–Sept. 2002) bring a copy of your exam or have your provider fill out this form.

If you need help getting a health care provider, contact your school nurse. You may request an exemption form from the school if you do not want your child to have the exam.

Our school will be able to help your child learn better if they know about any health problems your child has before they start school. The school nurse will only share this information with teachers or other staff that needs to know so they can help your child learn and stay safe.

We request that you return the **Well-Child Examination Form,** along with the **Certificate of Immunization Status Form** by the first day of school. If you have questions you may contact the school nurse, health department, or me.

Sincerely,

Principal

WELL CHILD EXAM - LATE CHILDHOOD: 5 YEARS

(Meets EPSDT Guidelines)

DATE

LATE CHILDHOOD: 5 YEARS

PARENT AND CHILD TO COMPLETE ABOUT CHILD

CHILD'S NAME | DATE OF BIRTH

ALLERGIES | CURRENT MEDICATIONS

ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT

YES	NO		YES	NO	
☐	☐	My child eats a variety of foods.	☐	☐	My child can balance on one foot.
☐	☐	My child can play make believe.	☐	☐	My child recognizes most letters and can print some.
☐	☐	My child shows an ability to understand the feelings of others.			

WEIGHT KG./OZ. PERCENTILE | HEIGHT CM/IN. PERCENTILE | BLOOD PRESSURE

☐ Review of systems ☐ Review of family history

Screening:

	N	A	
Development	☐	☐	
Behavior	☐	☐	
Social/Emotional	☐	☐	

Vision R 20/ _____ L 20/ _____

Hearing

MHZ	R	L
4000	.	.
2000	.	.
1000	.	.
500	_____	_____

Physical:

	N	A		N	A
General appearance	☐	☐	Chest	☐	☐
Skin	☐	☐	Lungs	☐	☐
Head	☐	☐	Cardiovascular/Pulses	☐	☐
Eyes	☐	☐	Abdomen	☐	☐
Ears	☐	☐	Genitalia	☐	☐
Nose	☐	☐	Spine	☐	☐
Oropharynx/Teeth	☐	☐	Extremities	☐	☐
Neck	☐	☐	Neurological	☐	☐
Nodes	☐	☐	Gait	☐	☐
Mental Health	☐	☐			

Describe abnormal findings:

Diet _____

Elimination _____

Sleep _____

☐ Hct/Hgb ☐ Dental Referral ☐ Tb ☐ Cholesterol

☐ Fluoride Supplements ☐ Fluoride Varnish

☐ Lead Exposure ☐ Review Immunization Record

Health Education: (Check all completed)

☐ Nutrition ☐ Dental Care ☐ Safety ☐ Adequate Sleep

☐ Development ☐ Helmets ☐ Booster Seat/Car Safety

☐ Regular Physical Activity ☐ Passive Smoking

☐ School Readiness ☐ Discipline/Limits ☐ Child care

Assessment: _____

IMMUNIZATIONS GIVEN

REFERRALS

NEXT VISIT: 6 YEARS OF AGE

HEALTH PROVIDER NAME

HEALTH PROVIDER SIGNATURE

HEALTH PROVIDER ADDRESS

DSHS 13-685(X) (REV. 08/2001)

☐ SEE DICTATION

DISTRIBUTION: White - Physician Yellow - Parent/Guardian

LATE CHILDHOOD: 5 YEARS

Your Child's Health at 5 Years

Milestones

Ways your child is developing between 5 and 6 years of age.

Taking responsibility for picking up his room, setting the dinner table, helping prepare meals.

Learning to wash himself in the tub or shower.

Beginning to learn the skills of sports and the rules of games.

Tying his shoe laces.

Learning to swim.

You help your child learn new skills by talking and playing with her.

For Help or More Information

Parenting skills, discipline, or support in a crisis:
Family Helpline,
1-800-932-HOPE (4673);
Family Resources Northwest,
1-888-746-9568;
Local Community College Classes

School-age child care: WA State Child Care Resource and Referral Network,
1-800-446-1114

Child sexual abuse, physical abuse, information and support: Family Helpline,
1-800-932-HOPE (4673)

Health Tips

Continue to take your child for a checkup each year with the doctor or nurse. After getting immunizations for school entry, she probably will not need more until age 11-12.

Encourage your child to practice brushing his teeth daily with a pea-size amount of fluoride toothpaste. He probably will still need you to help get all his teeth brushed well. Make sure to take him for a dental checkup at least once a year.

Parenting Tips

Eat together as often as possible to feel connected with your child. Try turning off the TV, unplugging the phone, and enjoying each other.

Listen when your child talks to you. Look at him and pay attention. Then answer or ask about his ideas. Let him know that what he thinks and says is important to you.

Talk with your child about how to avoid sexual abuse. Teach her about privacy and that some touching is not right. She should say "no" and tell you if anyone tries to harm her.

Limit TV or computer time so your child also has time for books and active play. Read story books with her daily. Take him outside often to play.

Safety Tips

Your child should always wear a lifejacket around water, even after she has learned to swim.

Always watch your child closely when he is near the street. Children are not ready to ride bikes safely on streets or cross streets without an adult until they reach at least age 9. They are not old enough to always behave safely around vehicles.

Teach your child **never** to touch a gun. If he finds one, he should tell an adult right away. Make sure any guns in your home are unloaded and locked up.

DSHS 13-685(X) (REV. 08/2001)

Guidance to Physicians and Nurse Practitioners for Late Childhood (5 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Check with local health department for fluoride concentration in local water supply, then use clinical judgment in screening. Look for white spots or decay on teeth. Check for history of decay in family.

Hemoglobin/Hematocrit (Hgb/Hct) Screen

- Using your own practice experience, evaluate the need, timing and frequency of hematocrit tests.

Tuberculosis Screen

Screen for these risk factors:

- Members of household with tuberculosis or in close contact with those who have the disease.
- In close contact with recent immigrants or refugees from countries in which tuberculosis is common (e.g., Asia, Africa, Central and South America, Pacific Islands); migrant workers; residents of correctional institutions or homeless shelters or persons with certain underlying medical disorders.

Developmental Milestones

Always ask parents if they have concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire or the Denver II.

Yes	No	
☐	☐	Dresses without supervision.
☐	☐	Copies a cross.
☐	☐	Draws a person -- 3 parts.
☐	☐	Puts object "on," under." "in front of" and "behind" when asked.
☐	☐	Skips, walks on tip toe.
☐	☐	Catches a bounced ball.
☐	☐	Names 4 colors.
☐	☐	Avoids eye contact.

Instructions for developmental milestones: At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on *even one* of the underlined items, or if you have checked the **boxed item** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies with questions or concerns on childhood development.**

Is your child entering kindergarten?

Start Right—Start Healthy

A guide to health checkups for your new student

Children count on us for so much.

Now that your son or daughter is starting kindergarten, he or she will need your help in whole new ways. One of the most important things you can do is make sure your new student goes to class as healthy as possible—and that means taking him or her in for regular checkups.

Checkups are critical to your child's health. They give your doctor or other health-care provider a chance to:

- **Examine your child.**
- **Ask you questions and interact with your child.**
- **Keep your child's vaccines up to date.**
- **Discuss how you can keep your child safe and healthy.**

This brochure explains what to expect from a typical checkup for a child around the age of five. It is written as if a boy were going to be seen by a woman doctor, but your son's or daughter's checkup could also be performed by a nurse practitioner or a physician assistant. This brochure also suggests things you can do if you are not sure where to go for a checkup or how to pay for it.

Physical Exam

Your doctor will check for signs of health problems and take some measurements. She will probably:

- **Weigh and measure your child.** Measuring your child and putting the results on a chart gives your doctor information about how your child is growing.
- **Take your child's blood pressure.** Checking your child's blood pressure could detect problems. Early detection could protect your child from high blood pressure later.
- **Check your child's ability to see and hear.** Your doctor will check your children's eyes and ears. She will ask about signs that your child has eye or ear problems that could make it harder for him to learn.

- **Check your child's mouth for dental problems.** Tooth decay is the most common ongoing health problem for children. Although not a dentist, your doctor will examine your child's mouth and might refer you to a dentist.

Your doctor may choose to run some simple tests on your child's urine or blood.

Questions and Observations

Your doctor will need to know some basic things about your family's home life, your child's daily activities, and your family history. Your answers will tell her about things she should look for. She'll also watch how your child moves, speaks, responds to questions, and behaves.

From your answers and the things she sees, your doctor will learn about your child's:

- **Hearing and eyesight**
- **Movement skills**
- **Language skills**
- **Social skills**
- **Emotional skills**
- **Ability to take care of himself**

If she sees early signs of mental health and behavior problems, she might refer you to an expert. Almost one in five children between the ages of six and 11 will develop mental health problems. Early prevention efforts can make a big difference.

Vaccinations

Vaccines—or immunizations—are important ways to prevent illness and death. They have played a huge role in almost ending diseases that were once very common.

The Washington State Board of Health lists the immunizations that Washington children need. Schools require that new students prove they have had the immunizations on the list. (Parents who do not want their children immunized can sign a waiver.)

In Washington state, children are routinely immunized for:

- **Diphtheria, Tetanus and Pertussis**
- **Polio**
- **Measles, Mumps, and Rubella**
- **Hepatitis B**
- **Haemophilus Influenza B**
- **Varicella**
- **Hepatitis A**

Your doctor may suggest you immunize your child against other diseases, such as the flu.

If your child needs an immunization, a nurse will probably give him a shot after you've seen the doctor.

Health and Safety Advice

Exercise and diet: The habits your child learns now will affect him as an adult. Healthy food and regular activity can help your child:

- **Grow properly**
- **Control his weight**
- **Feel better about himself**
- **Avoid health problems as an adult**

Unfortunately, one in every 10 children in this country is overweight. You doctor will discuss your child's diet and activities with you. She may recommend changes.

Safety: More children in this country die because of accidental injuries than for any other reason. Luckily, you can do a lot to help keep your child safe. We know that things such as bicycle helmets, cars seats, and smoke detectors really do prevent injury and illness. Your doctor will talk to you about:

- **Avoiding tobacco smoke**
- **Motor vehicle safety**
- **Bicycle safety**
- **Sport safety**
- **Preventing burns, falls, and water accidents**
- **Safe storage of dangerous items**
- **Poison prevention**
- **Gun safety**
- **Being prepared if your child stops breathing or chokes**

How to pay for your child's checkup

The Washington State Board of Health recommends that all children get the kind of checkup this brochure describes. If you have insurance, check with the company about what it covers. If you have trouble paying for health care, there may be ways to get help—

- **Free and low-cost insurance:** Health insurance helps kids stay healthy. But more than 100,000 kids in Washington don't have insurance. Many families don't realize their children may be able to get insurance from the state at little or no cost. Roughly 40 percent of all Washington children are eligible. Call toll-free 1-877-KIDS-NOW.
- **Community clinics:** Many communities have clinics that provide low-cost care on a sliding scale. Community clinics may be an option if your child has no insurance or if you're not able to afford the fee for an office visit. Call your local health department to find out more.

The nurse at your child's school or your local health department may be able to help you figure out how to pay for a checkup.

Why your child should have a "medical home"

Your child has a better chance of staying healthy if he has regular checkups with the same person. That person will get to know your family. Together you can create a healthy life for your child. If your child does develop health problems, chances are he'll get better care if one person treats him during his illness.

If you need help finding a doctor, physician assistant, or nurse practitioner to care for your child, your local health department may be able to help.

Information about what parents should expect from a well-child checkup is taken from *Recommended Children's Preventive Services: Ages Birth through 10 Years*, approved by the Washington State Board of Health in November 2000.

This brochure was written by the Washington State Board of Health and made available to other health organizations for printing and distribution.

Photography by Vonda Witley

PARENT QUESTIONNAIRE - A
WELL-CHILD EXAM PILOT PROJECT

Please take a minute to answer this short survey to help us learn more about how easy or hard it was to get a well-child exam for your child. Return this form in the enclosed envelope to keep your answers anonymous. Thank you for your time.

1. Please circle 'Yes,' 'No' or 'Unsure' to each of the following statements.

My child has a health care provider or clinic.	Yes	No	Unsure
My child has health insurance.	Yes	No	Unsure
I know what a well-child exam is.	Yes	No	Unsure
My child's health insurance covers well-child exams.	Yes	No	Unsure
I had trouble finding a health care provider for a well-child exam.	Yes	No	Unsure
I had trouble getting an appointment for a well-child exam.	Yes	No	Unsure
It is easy to make time in my schedule for a well-child exam for my child.	Yes	No	Unsure
I think a well-child exam costs too much.	Yes	No	Unsure
I think a well-child exam takes too long.	Yes	No	Unsure
It was easy to get to my child's health care provider or clinic.	Yes	No	Unsure
I am concerned about sharing my child's medical information with the school.	Yes	No	Unsure
I have other children at this school.	Yes	No	
I felt that my child needed a well-child exam.	Yes	No	Unsure

2. Who paid for at least part of the well-child exam? **(Check all that apply)**

   a. Medicaid _____ Yes _____ No _____ Unsure

   b. Other insurance _____ Yes _____ No _____ Unsure

   c. You _____ Yes _____ No _____ Unsure

   d. Other (please explain)
   _____
   _____
   _____

3. Did you have to take unpaid leave from work to take your child to the well-child exam?

   _____ Yes _____ No _____ Unsure

4. Did you feel that you learned new information from the well-child exam that will help your child in school?

   _____ Yes _____ No _____ Unsure

5. Has your child ever had a dental exam or received dental care?

   _____ Yes
   _____ No, I never tried to make an appointment
   _____ No, I wanted to make an appointment, but could not find a dental provider
   _____ Unsure

You're Done! Thank You!

PARENT QUESTIONNAIRE - B
WELL-CHILD EXAM PILOT PROJECT

Please take a minute to answer this short survey to help us learn more about how easy or hard it is to get a well-child exam for your child. Return this form in the enclosed envelope to keep your answers anonymous. Thank you for your time.

1. Please circle 'Yes,' 'No' or 'Unsure' to each of the following statements.

My child has a health care provider or clinic.	Yes	No	Unsure
My child has health insurance.	Yes	No	Unsure
I know what a well-child exam is.	Yes	No	Unsure
My child's health insurance covers well-child exams.	Yes	No	Unsure
I had trouble finding a health care provider for a well-child exam.	Yes	No	Unsure
I had trouble getting an appointment for a well-child exam.	Yes	No	Unsure
It is easy to make time in my schedule for a well-child exam for my child.	Yes	No	Unsure
I think a well-child exam costs too much.	Yes	No	Unsure
I think a well-child exam takes too long.	Yes	No	Unsure
It is easy to get to my child's health care provider or clinic.	Yes	No	Unsure
I am concerned about sharing my child's medical information with the school.	Yes	No	Unsure
I have other children at this school.	Yes	No	
I feel that my child needs a well-child exam.	Yes	No	Unsure
I am planning to have a well-child exam done soon.	Yes	No	Unsure

2. Has your child ever had a dental exam or received dental care?

_____ Yes
_____ No, I never tried to make an appointment
_____ No, I wanted to make an appointment, but could not find a dental provider
_____ Unsure

You're Done! Thank You!

SCHOOL NURSE SUMMARY REPORT
REQUIRED WELL-CHILD EXAM PROJECT

DISTRICT	NURSE
SCHOOL	CONTACT PHONE NO.

	Total Number
1. Entering K Students	
2. Exemption Forms Signed	
3. Well-Child Exams Returned	
Total Exams Complete	
Total Exams with Missing Elements	
A. Vision	
B. Hearing	
C. Developmental/Behavioral	
D. Social/Emotional	
E. Physical	
F. Oral Health	
G. Health Education	
4. Exams with Normal Findings	

5. Significant Findings	Referrals	Classroom Accommodations Needed
A. Vision		
B. Hearing		
C. Developmental/Behavioral		
D. Social/Emotional		
E. Physical		
F. Oral Health		
G. Health Education		
H. Other		

6. Please give significant examples of accommodations made:

7. Parent Questionnaires Returned:
   A Surveys (yellow—those getting exam) _____
   B Surveys (blue—those not getting exam) _____

8. List time spent on the following activities: (Total of time sheet)

(See time sheet for explanation of activities)

Round Off in Hours

A. Program preparation _____
B. Coordination with LHJ _____
C. Linking families with resources _____
D. Contacting parents who did not return exams _____
E. Reviewing exams for significant findings _____
F. Planning and implementing school accommodations _____
G. Paperwork _____
H. Other time intensive activities (please list) _____

Total Time Spent: (In Hours) _____

9. List barriers most frequently encountered with this project:

10. List suggestions for improvement if this project is implemented statewide:

11. In your opinion should Well-Child Exams be required upon school entry? Why or why not?

12. Please indicate your agreement or disagreement with the following:

	Strongly Agree	Agree	Strongly Disagree	Disagree
A. This requirement helped me to identify students with significant health issues prior to attending school.	☐	☐	☐	☐
B. Most students already receive a well-child exam prior to school entrance.	☐	☐	☐	☐
C. Having this requirement will take too much of my time away from other school nurse responsibilities.	☐	☐	☐	☐

APPENDIX B

Table 1
Parent Questionnaires: Comparisons by Whether Child Received Well-Child Exam: Graph.

Table 2
Parent Questionnaires: Comparisons by Whether Child Received Well-Child Exam: Tabular Data.

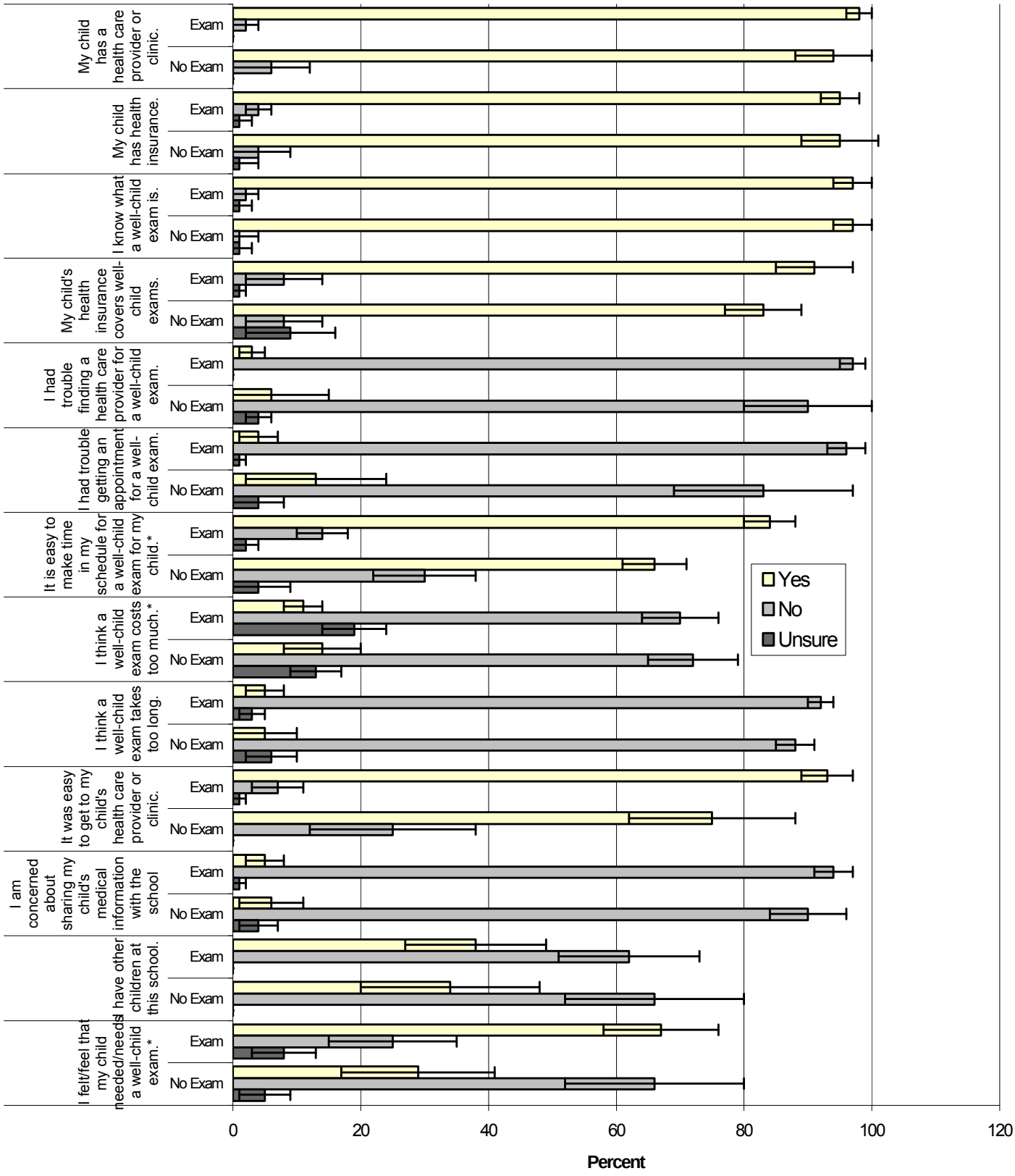
Table 3
Reports of Well-Child Exam Experiences by Respondents Whose Children Had Well-Child Exams.

Table 4
Percentage (95% CIs) of Parents Reporting Dental Care, by Whether Their Child Had a Well-Child Exam.

Table 5
Nurse Summary Report.

Table 1

Parent Questionnaires: Comparisons by Whether Child Received Well-Child Exam: Graph



* = comparison achieved statistical significance at $p < .05$

Table 2

Parent Questionnaires: Comparisons by Whether Child Received Well-Child Exam: Tabular Data.

Item	Yes (% ± 95% CI (N))	No (% ± 95% CI (N))	Unsure (% ± 95% CI (N))
My child has a health care provider or clinic.			
Child had exam	98% ± 2% (183)	2% ± 2% (3)	0
Did not have exam	94% ± 6% (74)	6% ± 6% (5)	0
My child has health insurance.			
Child had exam	95% ± 3% (176)	4% ± 2% (7)	1% ± 2% (2)
Did not have exam	95% ± 6% (75)	4% ± 5% (3)	1% ± 3% (1)
I know what a well-child exam is.			
Child had exam	97% ± 3% (181)	2% ± 2% (3)	1% ± 2% (2)
Did not have exam	97% ± 3% (77)	1% ± 3% (1)	1% ± 2% (1)
My child's health insurance covers well-child exams.			
Child had exam	91% ± 6% (164)	8% ± 6% (15)	1% ± 1% (2)
Did not have exam	83% ± 6% (65)	8% ± 6% (6)	9% ± 7% (7)
I had trouble finding a health care provider for a well-child exam.			
Child had exam	3% ± 2% (5)	97% ± 2% (181)	0
Did not have exam	6% ± 9% (5)	90% ± 10% (70)	4% ± 2% (3)
I had trouble getting an appointment for a well-child exam.			
Child had exam	4% ± 3% (7)	96% ± 3% (176)	1% ± 1% (1)
Did not have exam	13% ± 11% (10)	83% ± 14% (62)	4% ± 4% (3)
It is easy to make time in my schedule for a well-child exam for my child.*			
Child had exam	84% ± 4% (155)	14% ± 4% (26)	2% ± 2% (4)
Did not have exam	66% ± 6% (51)	30% ± 8% (23)	4% ± 5% (3)
I think a well-child exam costs too much.*			
Child had exam	11% ± 3% (20)	70% ± 6% (130)	19% ± 5% (35)
Did not have exam	14% ± 6% (11)	72% ± 7% (55)	13% ± 4% (10)

Table 2 (Continued)

Item	Yes	No	Unsure
I think a well-child exam takes too long.			
Child had exam	5% ± 3% (9)	92% ± 2% (171)	3% ± 2% (5)
Did not have exam	5% ± 5% (4)	88% ± 3% (68)	6% ± 4% (5)
It was easy to get to my child's health care provider or clinic.			
Child had exam	93% ± 4% (171)	7% ± 4% (12)	1% ± 1% (1)
Did not have exam	75% ± 13% (58)	25% ± 13% (19)	0
I am concerned about sharing my child's medical information with the school.			
Child had exam	5% ± 3% (10)	94% ± 3% (174)	1% ± 1% (1)
Did not have exam	6% ± 5% (5)	90% ± 6%69)	4% ± 3% (3)
I have other children at this school.			
Child had exam	38% ± 11% (70)	62% ± 11% (116)	0
Did not have exam	34% ± 14% (26)	66% ± 14% (51)	0
I felt that my child needed/feel that my child needs a well-child exam.*			
Child had exam	67% ± 9% (123)	25% ± 10% (46)	8% ± 5% (15)
Did not have exam	29% ± 12% (22)	66% ± 14% (50)	5% ± 4% (4)
I am planning to have a well-child exam done soon.			
Did not have exam	42% ± 17% (30)	53% ± 20% (38)	4% ± 4% (3)

*Significantly different responses by parents who returned well-child exam form and parents who did not.

Table 3

Reports of Well-Child Exam Experiences by Respondents Whose Children Had Well-Child Exams.

	Yes	No	Unsure	Left Blank
Who paid for at least part of the well-child exam?				(included in %s only for this item)
Medicaid	27% ± 17% (51)	12% ± 3% (22)	2% ± 2% (4)	58% ± 19% (109)
Other insurance	51% ± 15% (94)	5% ± 3% (9)	1% ± 2% (2)	44% ± 12% (81)
You	31% ± 14% (57)	9% ± 5% (16)	0	61% ± 10% (113)
Other WA Basic Health (1) Co-pay or insurance only covered part (9)	5% ± 11% (10)			95% ± 11% (176)
Did you have to take unpaid leave from work to take your child to the well-child exam?	14% ± 5% (25)	85% ± 6% (147)	1% ± 1% (1)	
Did you feel that you learned new information from the well-child exam that will help your child in school?	43% ± 15% (75)	53% ± 15% (93)	4% ± 4% (7)	

Table 4

Percentages (95% CIs) of Parents Reporting Dental Care, by Whether Their Child Had a Well-Child Exam.

	Yes	No, I never tried to make an appointment.	No, I wanted to make an appointment, but could not find a dental provider.	Unsure
Has your child ever had a dental exam or received dental care?				
Child had exam	88% ± 5% (149)	8% ± 4% (14)	4% ± 5% (7)	0
Did not have exam	76% ± 11% (60)	13% ± 11% (10)	11% ± 5% (9)	0

Table 5

Nurse Summary Report

Confidence intervals (CIs) may be underestimates if student health is correlated within a school; i.e., if students had health more similar to other students in their own school than other schools. These CIs combine students across schools.

1. Entering K students	852 (range 8–149)
2. Exemption forms signed	35 (range 0–13)
3. Well-child exams returned	399 (range 4–55)
Total exams complete	159 (40% ± 5 %)
Total exams with missing elements	226 (60% ± 5 %)
Missing data	14 (4 %)
Missing elements	
A. Vision	44 (11% ± 3%)
B. Hearing	116 (29% ± 4%)
C. Developmental/behavioral	26 (7% ± 3%)
D. Social/emotional	28 (7% ± 3%)
E. Physical health	37 (9% ± 3%)
F. Oral health	32 (8% ± 3%)
G. Health education	47 (11% ± 3%)
4. Exams with Normal Findings	255 (64% ± 5%)

5. Significant Findings

	Referrals	Classroom Accommodations Needed
A. Vision	15 (4% ± 2%)	1 (0% ± 1%)
B. Hearing	11 (3% ± 2%)	6 (2% ± 1%)
C. Developmental/Behavioral	13 (3% ± 2%)	7 (2% ± 1%)
D. Social/emotional	7 (2% ± 1%)	4 (1% ± 1%)
E. Physical	12 (3% ± 2%)	3 (1% ± 1%)
F. Oral health	18 (5% ± 2%)	0 (0%)
G. Health education	0 (0%)	0 (0%)
H. Other	10 (3% ± 2%)	2 (1% ± 1%)
Total	**86 (22% ± 4%)**	**23 (6% ± 2 %)**

6. Please give significant examples of accommodations made (the following is a complete list of comments recorded here verbatim):

- None as yet.
- None needed.

- One P.C.P. noted that a student "appeared to have development/learning issues that were not clearly diagnosed." This student is already enrolled in a special education program in our district.
- Behavior support plan, diabetic HCP [health care plan], training of staff (this student didn't return exam).
- Speech Therapy.
- Modified P.E.
- Preferred seating.
- In case of hearing, K teachers were made aware as to possible hearing loss and potential speech and language delays. In the "other" category Dr. noted in exam that child had low language skills. That child was referred to K speech/language therapist for screening. In all of these cases teacher awareness was the most significant accommodation. All the vision referrals were completed with one child getting glasses. Also, in the other category, one child was noted to have a nut allergy requiring epi-pen, so teachers & parents aware to avoid treats with nuts. Part C- Para-Ed. added to class.
- Three students exhibited speech delays and are in process of evaluations for possible speech language services. One student has history of sensory integration problem-this information was shared with staff and student will be observed for possible alternative program.
- Child seated near the teacher to accommodate hearing.
- Sensory integration problems noted, classroom teacher made physical accommodation setting up classroom.
- Placement in classroom. Alert other personal [personnel].

7. Parent questionnaires returned

A Surveys (yellow–those getting exam)	186
B Surveys (blue–those not getting exam)	80

8. List time spent on the following activities (Total of time sheet) [in hours]

	Median	N	Total	Range
A. Program preparation	2.3	11	35	1–5.5
B. Coordination with LHJ	1.3	11	26.5	0–12
C. Linking families with Resources	1	11	11	0–2
D. Contacting parents who did not return exams	3	11	38.5	0–12
E. Reviewing exams for significant findings	3	12	52.5	0–3
F. Planning and implementing school accommodations	1	12	12.0	0–13
G. Paperwork	3	12	49.5	0–12
H. Other time intensive activities	1.5	12	20.5	0–12*
Total Time Spent (In Hours)	**15.5**	**12**	**200.5**	**4–34.5**

* For “other” only, blank was counted as 0.

9. List barriers most frequently encountered with this project (the following is a complete list of comments recorded here verbatim):

- Received too late to implement in K registration. Needs to be here by April/May.
- Is duplicated by Health Registration form in some areas.
- There seems to be two major barriers within this pilot. Having paperwork returned complete and on time is the first barrier. The second barrier is finding enough time to properly educate parents about why the school is asking for copies of the well-child exam.
- Forms only in English. Parents don't speak English. Limited time available once school starts.
- Parents not following through. Drs. office putting off Well-Child Exams until after school starts. Getting forms from parents and surveys returned. If surveys were supposed to be confidential—how were we supposed to know who returned them and who didn't?
- Parents not following through. Not enough doctors. Having to wait too long in Doctor's office. Doctors far away have to take off work. Students that move away or enter at last minute. ANONYMOUS Questionnaires—are IMPOSSIBLE to track.
- Parent's unresponsiveness—no exam or waiver or return of questionnaire. I felt that most of my contact time was wasted.
- Parental difficulty in getting exams due to "last minute" enrollment. Once child is enrolled there is no incentive to get exam completed.
- Some parents voiced verbal objections but then did not complete questionnaires.
- It was brought to our attention that some insurances do not cover a Well-Child Exam, also in our area we have limited providers accepting coupon.
- One of our largest health care providers was disturbed by the impact of increased number of physical, specifically that time of year.
- Secretarial staff and health room personnel reluctant due to added paperwork.
- Convincing parents of the importance of the exam.
- Getting completed exam forms back to the school.
- Getting yellow/blue questionnaires back to the parents.
- Convincing private MDs to use a form of any kind.
- Health care providers rarely find a new problem or send referrals. Report not done thoroughly. Not all families.
- Health care providers complained about paperwork.
- Parents complained about paper work at enrollment time. There is already a plethora of enrollment forms from the school and seeing another form, even though there was nothing to complete at the time was an irritant.
- A number of families lacked a regular primary care provider and needed to be linked with services.

10. List suggestions for improvement if this project is implemented statewide (the following is a complete list of comments recorded here verbatim):

- PR for Drs./Clinics.
- Provision to pay Dr. visit for those with no insurance.
- Increase School Nurse Corps time to help regular nurse with this.
- Find ways to support their school nurses in this effort.
- Having a health outreach team to help the school nurses with parent follow-up.
- A state effort to contact insurance companies to assure that preventive care (Well-Child exams) is covered by their plans.
- Money will be a barrier.
- Communication about exams and the need for them needs to be much more global (not just the nurse's job) and stressed from a district level. Additional clerical staff support to contact parents. They will not have the time to add this to what they already do.
- The Well-Child Exam form is not set up to really track very well—too many unexplained or unnecessary boxes. The Exam tracking form does not really relate to the exam form supposed to be part of physical information? If so—the physical is incomplete.
- Having a kindergarten screening day that would include health care providers on site that day. Make it worth staff and health care providers' efforts. Exam forms that are more clear. Hard to distinguish what information was included in what section on the questionnaires and tracking form
- MASS PUBLICITY!!! To parents AND doctors.
- Modify the requirement from a true Well-Child Exam to a good general physical-assuring immunizations are included.
- Contact all health care providers so as they are up to date on school entry requirements.

11. In your opinion should Well-Child Exams be required upon school entry? Why or why not? (The following is a complete list of comments recorded here verbatim):

No: 7 (58% ± 29%) Yes: 5 (42% ± 29%)

- No. There are probably 10–15 of the 94 who are illegal aliens with no access to health insurance. There are also others with no insurance.
- No. It is very time consuming to follow up. Students that had issues would probably be discovered in other ways.
- No. Many families move before school actually starts, or new to area and have no health care provider; i.e.: e section most doctors left out HCT (hematocrit)
- No! It could prevent students from entering school right away. New students to the area or the state do not have immediate access to health care.
- No. Not worth the paperwork. Parents who take children for Well-Child Exams will be the only ones participating.

- No. I think it is bad for the school/parent relationship, as I think some parents feel there are already too many dictates by the school. Also, I'm not convinced that the findings are significant enough to warrant the time.
- No. Parents who got Well-Child Exams would have anyway. Some others follow their children's health and dental closely and refused this extra exam.
- Yes. It informs the school of any students with health concerns. It also shows that a student is connected with a doctor and care. The Well-Child exams is a great opportunity to educate parents and children about the importance of maintaining good health.
- Yes. In terms of vision especially if lazy eye is discovered, it can be corrected early without permanent loss of vision. Also even if exams not all completed, I had near 100% immunization compliance because of this requirement. I was especially glad to know of the life-threatening nut allergy so that I could meet with parents, teachers and plan emergency health plan.
- School District's health services would support the requirement of a pre-entry exam, as they contribute to the improvement of the health status of the community.
- YES.
  -General information is good.
  -Review and update of needed immunizations.
  -Reminder of booster seat law.
  -Reminder of importance to see MD and/or dentist regularly.
- Yes. The mechanism of a standard form (Well-Child Exam) included with the kindergarten admission packet worked well.

12. Please indicate your agreement or disagreement with the following.
(Disagree and strongly disagree are reordered here to calculate a median.)

A. This requirement helped me to identify students with significant health issues prior to attending school.

Strongly Agree	Agree	Disagree	Strongly Disagree
1 (8% ± 16%)	4 (33% ± 27%)	4 (33% ± 27%)	3 (25% ± 26%)

Median: disagree

B. Most students already receive a well-child exam prior to school entrance.

Strongly Agree	Agree	Disagree	Strongly Disagree
0 (0%)	8 (67% ± 27%)	3 (25% ± 26%)	1(8% ± 16%)

Median: agree

C. Having this requirement will take too much of my time away from other school nurse responsibilities.

Strongly Agree	Agree	Disagree	Strongly Disagree
4 (36% ± 30%)	4 (36% ± 30%)	2 (18% ± 24%)	1 (9% ± 18%)

Median: agree