



**ANNOUNCEMENT: C-11 #02**  
**OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING**  
**BUREAU OF CERTIFICATION SERVICES**

ISSUE DATE: July 20, 2011  
EFFECTIVE DATE: Immediately  
SUNSET DATE: Ongoing

<b>SUBJECT:</b>	Revised Child Care Staff Health Assessment Form (CD 322)
<b>TO:</b>	Child Care Center Operators, Group Child Care Home Operators, Family Child Care Home Operators, Pennsylvania Key Regional Keys and OCDEL Staff
<b>FROM:</b>	<i>Barbara G. Minzenberg, Ph.D.</i> Barbara G. Minzenberg, Ph.D. Deputy Secretary, Office of Child Development and Early Learning

**PURPOSE:**

To distribute the revised Child Care Staff Health Assessment form (CD 322) that child care facilities may use to comply with the requirement relating to staff health assessment (see 55 Pa. Code §§3270.151, 3280.151 and 3290.151, relating to health assessment).

**BACKGROUND:**

The Department of Public Welfare's child care facility regulations were amended in September 2008 and included changes regarding child care staff health assessments. Those changes included the frequency of Tuberculosis testing, the frequency of health assessments and the medical professionals who may sign a health assessment. The Department provides a form that prospective and current child care staff may use when obtaining the required health assessment. The form is designed to capture the information that is required by regulation and must be on file at the facility for each facility person who provides direct care or works with food preparation.

**DISCUSSION:**

The Child Care Staff Health Assessment was revised to better reflect the language of the current regulations. Additionally, as a result of several recent incidents involving illegal drug activity at child care facilities, the instructions on the form were revised to remind medical professionals to consider substance abuse in determining if a person is suitable to provide child care.

The form was also revised to include more information relating to the tasks that the staff person may perform. This will assist a medical professional in determining whether an individual's medical condition or other information gathered during the examination might threaten the health of children or prohibit the individual from providing safe and adequate care to children.

Child care facilities are not required to use the Department's form; however, use of the form is encouraged as it includes all information required to comply with the regulation relating to staff health assessment.

The revised Child Care Staff Health Assessment (CD 322) is available for download on the Department's website at the following hyperlink:

<http://www.dpw.state.pa.us/publications/forproviders/childcareforms/index.htm>

**NEXT STEPS:**

1. The revised Child Care Staff Health Assessment form (CD 322) is available on the Department's website for child care providers for easy access and download at <http://www.dpw.state.pa.us/publications/forproviders/childcareforms/index.htm>. Please see CD-322 – Staff Health Assessment.
2. If child care providers wish to use the Department's form, they may begin using the revised form immediately.

**Comments and Questions Regarding this Announcement Should be Directed to your Certification Representative:**

**North Central Region: 1-800-222-2117 (Harrisburg) 1-800-222-2108 (Scranton)**

**Western Region: 1-800-222-2149**

**Southeast Region: 1-800-346-2929**

# CHILD CARE STAFF HEALTH ASSESSMENT

(55 Pa. Code §§3270.151, 3280.151 and 3290.151)

NAME OF PERSON EXAMINED (Please print)	REASON FOR EXAMINATION <input type="checkbox"/> Initial employment in child care <input type="checkbox"/> Biennial re-examination
--	---

THIS SECTION TO BE COMPLETED BY EMPLOYER		
This physical examination is for the purpose of employment in a child care facility. The types of activities this individual will be doing are as follows (please check all that apply):		
<input type="checkbox"/> Lifting, carrying children	<input type="checkbox"/> Desk work	<input type="checkbox"/> Other – describe below:
<input type="checkbox"/> Close interaction with children	<input type="checkbox"/> Driver of vehicle(s)	
<input type="checkbox"/> Food preparation	<input type="checkbox"/> Facility maintenance	

THIS SECTION TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)		
1. DID YOU CONDUCT A PHYSICAL EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
The physical examination should include a functional assessment of vision and hearing and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury relating to the type of activities required by the job (see type of job listed above.) Conditionals also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to the common infections of childhood. Please take note that substance abuse should be considered in determining suitability to provide child care.		
2. DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, attach separate sheet(s) to describe the conditions and the risk it might pose to others exposed to this individual.		
3. BASED ON YOUR FINDINGS FOR #1 AND #2 ABOVE AND OTHER INFORMATION GATHERED DURING YOUR EXAMINATION, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOU ANSWERED "NO" TO QUESTION #3, please list any information regarding this individual's medical condition or other information gathered during your examination that might threaten the health of children or prohibit the individual from providing safe and adequate care to children. Please attach separate pages as needed.		
DATE	SIGNATURE	TITLE
TELEPHONE NO.	PRINTED NAME	
ADDRESS		

TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX METHOD	
Please note: The child care facility regulations require tuberculosis testing by Mantoux method at initial employment in a child care setting. Subsequent testing is not required unless directed by a physician, physician's assistant, CRNP, the Department of Health or a local health department.	
MANTOUX TEST DATE:	RESULTS: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
IF SKIN TEST IS POSITIVE:	REPORT OF CHEST X-RAY (Please attach an official radiology report)
	DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please note: For the purposes of meeting the child care facility regulations, a person with a positive tuberculin skin test and a negative x-ray is not required to have further tuberculosis testing or x-rays, unless the person is exposed to an active case of tuberculosis or the person develops a productive cough which does not respond to medical treatment within 14 days.	