Child Health Status and Care Protocol	
Category: Health Program Services	**Regulations**: 1302.42 Child Health Status and Care WAC's 170-295-7010, 170-295-7020
Activity/Steps:	
1. Source of on-going source of care and health insurance coverage	1. During the enrollment process, Family Advocates complete the Medical/Dental Home form (HDN #4) to determine if the child currently has a medical and dental homes and health insurance. This information is entered into Child Plus. Refer to "Entering Health Information into Child Plus." 2. If the child doesn't have a current medical or dental home, Family Advocates will provide information to the family about providers in the community that accept Apple Health (state Medicaid) or other applicable insurance. Family Advocates often will connect the family directly to provider outreach workers that may be available in a particular community. Family Advocates continually follow-up to insure each child has an identified medical and dental provider within 30 calendar days from their first attendance day. Documentation of these efforts is entered into Child Plus. 3. If a child does not have insurance, Family Advocates facilitate parents getting connected with their home clinics to get signed up for Apple Health or other applicable insurance. All providers that accept Apple Health have clinic staff that assist families in signing up for Apple Health as their insurance. Advocates contact the Health/Nutrition Content Specialist for guidance in complex situations. 4. MSHS program only: Staff support out-of-state families who anticipate only being in the community for a short amount of time to get signed up for specific insurance which does not terminate their current home state's Medicaid insurance.

2. Child health status and ongoing care	<u>Child Health Status</u> 1. Prior to the enrollment process parents are encouraged to bring copies of the child's latest Well Child and dental exams and immunizations to the eligibility and/or enrollment appointments. 2. When completing the enrollment process, Family Advocates complete the Medical/Dental Home Form (HDN#4). This form asks for the dates of the latest Well Child and dental exams, as well as their primary health care provider, primary dental provider and other providers such as specialists, Children's Hospital, etc. If the parent has not yet provided copies of the latest exams and immunizations, Advocates ask parents to grant their permission on Consent to Release (Child File #15) forms. These are sent to the identified providers to release the latest exams' results, immunization records and lead testing information. 3. Family Advocates continually follow-up to secure the latest information from the providers within 30 days of the child's first attendance date. As information is received, it is entered into Child Plus within 3 days of obtaining it. 4. The Health Status Determination (HDN #24) form is completed before 90 days have lapse since the child's first attendance date. The Family Advocate's priority is to obtain the information needed to complete it as soon as possible.

	6. The Health Status Determination form (HDN #36 or HDN #24) creates a snapshot in time of the EPSDT status of Well Child and dental exams, lead screenings, immunizations and previous exams that indicated a need for follow-up treatment and/or referral. Completion of this form does not guarantee all items are up-to-date. It is only a picture in time which assists the Family Advocate in prioritizing their work with the family. The form provides written guidance on additional steps the Family Advocate will need to execute to get all items up-to-date. Upon completion of this form, dated and signed by the Family Advocate, "Physical-Heath Status" and "Dental-Health Status" is entered into Child Plus within 3 days of completion. Refer to" Entering Health Information into Child Plus." 7. In addition to the above activities about health status, Advocates complete a number of other forms prior to the child's enrollment date that provides current health information from the parent. These forms include Initial Health History (HDN # 20) or Health History Annual Update Form (HDN #2 which is only used for Head Start and EHS); the "history" section of the Nutrition Assessment Preschool (HDN #21) or Nutrition Assessment Infant and Toddler (HDN #22); applicable USDA forms such as "Request for Special Dietary Accommodations," Infant Meal Form," "Request for Fluid Milk Substitutions;" Health Care Plans (HDN #14 - #17;) Medical Alerts (HDN #42); Medication Consent and Chart (HDN #10); and copies of IFSP's or IEP's. Copies of insurance cards are also made. These are all completed and reviewed during the enrollment process to provide a comprehensive look at children's health prior to their first day of attendance.

	<u>Immunizations</u> 8. Immunization information will be gathered together as much as possible prior to the enrollment appointment. At a minimum, an up-to-date WAISS Patient Vaccination Summary needs to be printed out prior to the appointment. 9. A signed WAIIS must be signed off by the Health and Nutrition Content Specialist prior to the child starting. No signature is required if the child's immunization status is Complete. If child is under Conditional status then a signature under the conditional box must be completed by the parent/guardian. 11. If child does not have all required immunizations on the first day of attendance and are in Conditional state, Advocate will send out a Notice of Child's Conditional Immunization Status, dated on the first day of attendance. Advocate will follow-up with parent on status during the 30 days to make sure all immunizations become up-to-date or the child is on a catch-up plan. Written documentation from the provider needs to be obtained about the catch-up plan. The center management staff must be informed when a Conditional letter is sent; they must be aware of this for licensing and Team Staffing reasons.

	12. The Health and Nutrition Content Speiclaist must be involved in the decision about sending any Notice of Exclusion for Immunization Noncompliance. The center management staff must be informed when this Exclusion letter is sent; they must be aware of this for licensing and Team Staffing reasons. 13. If a child needs immunizations during the program, the Family Advocate's priority is to work with the parent to schedule a Well Child Exam, rather than making an appointment for immunizations. Well Child exams will take care of any needed immunizations. An Advocate may use Letter to Parent: Immunizations Needed During the Program (HDN#33) in challenging situations. 14. The Family Advocate is responsible for entering immunization information into Child Plus on an on-going basis. Refer to "Entering Health Information into Child Plus." 15. See Health Services Policy #210.

	<u>Well Child Exams & Dental Exams</u> 16. At Parent Orientation (or on the first home/center visit if child starts after the first day of the program) the Enrollment Agreement (Enrollment #17) includes information about program requirements for current Well Child exams and dental exams. The Parent Handbook is reviewed at this time and Family Advocates explain the importance of maintaining current exams. Parents sign this Enrollment Agreement as having the information explained to them and receipt of the Parent Handbook. 17. Staff will work with parents to schedule appointments, "as quickly as possible" (Performance Standards wording) for: • expired Well Child exams and dental exams with their primary provider, • soon-to-expire Well Child exams and dental exams with their primary provider, or • on-site clinics. The Health/Nutrition Content Specialist or Early Learning Nurse and site management staff will work to establish on-site clinics. 18. The expectation is that Family Advocates will: • At eligibility and enrollment appointments and other face-to-face contact, encourage the parent to call right then for an appointment. Offer use of the phone, have information on provider phone numbers and office hours, and facilitate signing up for on-line/cell phone clinic portal use to schedule appointments and get exam reports. • Have weekly contact (text, phone, face-to-face, written notes, etc.) with parents to get appointments scheduled, • Have contact with the parent a few days prior to the appointment, serving as an appointment reminder • Have a follow-up contact within a week after the scheduled appointment to make sure it was attended, get a Consent to Release (Child File 15) and discuss the appointment with the parent.

	19. Information about these contacts is entered into Child Plus within three days of the contact. Refer to "Entering Health Information into Child Plus." 20. According to Performance Standards, children coming into the program with expired WCE or dental exams are required to have a new exam completed (not scheduled) prior to 90 days after the child's enrollment date. As written above, Family Advocates will have weekly parent contact to get appointment scheduled. Family Advocates will utilize MOU information to facilitate this process. Advocates may utilize the Early Learning Nurse as a resource to talk to parents about the importance of these appointments. As a last resort, the Referral Form (Child File #16) can be utilized as a written referral in certain situations where it has been challenging to get appointments scheduled. Before using the Referral Form (Child File #16), discuss with the Health/Nutrition Content Specialist or Early Learning Nurse for guidance. Information and actions of staff will be entered into Child Plus within three days of contact. Refer to "Entering Health Information into Child Plus." If the child's exam appointment cannot be scheduled according to the expiration date given in Child Plus because of insurance (Medicaid) coverage reimbursement to the provider, make sure that is noted in Child Plus. Also note the date the child can get an appointment with insurance coverage reimbursement to the provider so the appointment can be scheduled.

	21. Family Advocate staff must support parents to continue to follow the EPSDT schedules for Well Child exams and dental exams. The expectation is that Family Advocates will start contacting parents four to six weeks prior to the expiration date to get appointments scheduled. Four weeks is usually adequate to start this contact. However, Family Advocates are aware that some of their community providers need to schedule six weeks in advance. Information and actions of staff will be entered into Child Plus within three days of contact. Refer to "Entering Health Information into Child Plus." If the child's exam appointment cannot be scheduled according to the expiration date given in Child Plus because of insurance coverage reimbursement to the provider, make sure that is noted in Child Plus. Also note the date the child can get an appointment with insurance coverage reimbursement to the provider so the appointment can be scheduled. 22. Periodic on-site dental clinics are provided to insure children receive their oral health care preventative treatment. Information is provided to the parents about maintaining their oral health care schedule with their primary dental provider and if the child has emergent concerns that need to be addressed with their dental provider. Fluoridated water is not consistently offered within the communities of the children we serve; all these on-site dental clinics do include topical fluoride treatments. Further fluoride supplementation is addressed by the child's primary dental provider. 23. See Health Services Policy #210.

	Vision and Hearing Screenings 24. **Head Start and Early Head Start only:** Within 45 days of child's enrollment date a hearing and vision screening will be performed or obtained by the Family Advocate, working with other staff as needed. **MSHS only:** Within 30 days of child's enrollment date a hearing and vision screening will be performed or obtained by the Family Advocate, working with other staff as needed. 25. Site Management staff may initiate and plan for on-site screening clinics no earlier than two weeks prior to enrollment/site opening dates, consulting with the Health/Nutrition Content Specialist. Site Management staff may initiate and plan on-site screening clinics after the program year starts and before the 30/45 day requirement, consulting with the Health/Nutrition Content Specialist. 26. The Health/Nutrition Content Specialist or Early Learning Nurse will train Family Advocate staff on the proper use of the vision machine and hearing machine for accurate results. These machines and instruments are calibrated and/or up-dated on a yearly basis. 27. It is recommended that once children have been prepared for the screening process by teaching staff, **MSHS** Family Advocates start as soon as possible after enrollment to perform screenings daily. It is recommended that once children have been prepared for the screening process by teaching staff/Home Visitors, **Head Start and Early Head Start** Family Advocates start as soon as possible after enrollment to perform screenings at least weekly. This practice will give ample time for children to be screened prior to absences due to illness or attendance issue and time for re-screening children who are challenging to screen. Contact the Early Learning Nurse or Health/Nutrition Content Specialist for problem solving about children who are challenging to screen, if necessary.

	28. Attempts to screen a child DOES NOT meet the Performance Standard requirement. It must be an actual successful screening with a reading or other documentation of a screening with a pass or fail result. If attendance issues are the reason screenings are not being completed, then the Family Advocate should contact the family to make a home visit to complete the screenings. If it is difficult for the Family Advocate to get height and weight measurements, consult the Health/Nutrition Content Specialist or Early Learning Nurse for assistance with the child. 29. The vision machine is used for ages 6 months or older. The vision machine reading is very accurate, and children do not need to be re-screened if they fail the initial screening once. Results are recorded on the Health Screening Card (HDN #19.) The paper screening tool--Vision Screening Birth to Three (HDN #25)--can be used for children up to three years old who are difficult to complete a screening on. In the case we cannot get a hearing or vision screening completed, we can obtain documentation from an unexpired WCE or any medical specialist's report completed within the last 12 mo. Screening information is entered into Child Plus within three day of screening completion. Refer to "Entering Health Information into Child Plus."
	30. The hearing machine is used for any age, even with children with ear tubes. If a child fails the hearing machine once, then they are re-tested in 2 weeks. One" failed" hearing screening counts as meeting the Performance Standard screening requirement. If they fail a second time, then they are referred out. Results are recorded on the Health Screening Card (HDN #19.) The paper screening tool--Hearing Screening Birth to Three (HDN #26)--can be used for children up to three years old who are difficult to complete a screening on. In the case we cannot get a hearing or vision screening completed, we can obtain documentation from an unexpired WCE or any medical specialist's report completed within the last 12 mo. Screening information is entered into Child Plus within three day of screening completion. Refer to "Entering Health Information into Child Plus." 31. Family Advocates review children's Well Child exams to insure no hearing or vision concerns are present. This information should be highlighted on the exams. If there are concerns, Family Advocates need to continue to follow-up until there is an outcome to the concern.

	<u>Growth Screenings and Nutrition Assessment</u> 32. Prior to enrollment an Initial Health History (HDN #20) or Health History Annual Up-date (HDN #2, only used for Head Start or Early Head Start) is completed. A Nutrition Assessment Preschool (HDN #21) or Nutrition Assessment Infant and Toddler (HDN #22) is also completed in the "History" section of the form. Applicable USDA forms such as "Request for Special Dietary Accommodations," Infant Meal Form," "Request for Fluid Milk Substitutions," Health Care Plans (HDN #14 - #17) or Medical Alerts (HDN #42) are also completed, as applicable. Completion of these forms prior to the child's enrollment date gives a comprehensive picture of each child's nutritional health needs. The USDA Coordinator will insure all children will start the program with provision of the proper nutritious foods tailored for their individual dietary needs. 33. **Head Start and Early Head Start only:** Within 45 days of child's enrollment date a height and weight screening will be performed by the Family Advocate, working with other staff as needed. **MSHS only:** Within 30 days of child's enrollment date a height and weight screening will be performed or obtained by the Family Advocate, working with other staff as needed. 34. Site Management staff may initiate and plan for on-site screening clinics no earlier than two weeks prior to enrollment/site opening dates, consulting with the Health/Nutrition Content Specialist. Site Management staff may initiate and plan on-site screening clinics after the program year starts and before the 30/45 day requirement, consulting with the Health/Nutrition Content Specialist.

	35. The Health/Nutrition Content Specialist or Early Learning Nurse will train Family Advocate staff on the proper use of height and weight instruments for accurate results. These instruments are calibrated on a yearly basis. 36. It is recommended that once children have been prepared for the screening process by teaching staff, **MSHS** Family Advocates start as soon as possible after enrollment to perform screenings <u>daily</u>. It is recommended that once children have been prepared for the screening process by teaching staff/Home Visitors, **Head Start and Early Head Start** Family Advocates start as soon as possible after enrollment to perform screenings at least <u>weekly</u>. This insures all children are screened, prior to absences due to illness and attendance issues. 37. <u>Attempts to screen a child DOES NOT meet the Performance Standard requirement</u>. There must be a reading or other documentation with a screening result of pass or fail. If attendance issues are the reason screenings are not being completed, then the Family Advocate should contact the family to make a home visit to complete the screenings. If it is difficult for the Family Advocate to get height and weight measurements, consult the Health/Nutrition Content Specialist or Early Learning Nurse for assistance with the child.
	38. Once the height and weight measurements have been taken, the results are recorded on the Health Screening Card (HDN #19.) The Family Advocate then enters them into Child Plus. Refer to "Entering Health Information into Child Plus." Growth charts will be printed out from Child Plus for "BMI-for-age percentiles, 2 to 5 years" for children 2 years and older. Growth charts will be printed for "Length-for-Age and Weight-for-Age percentiles, birth to 24 months" for those less than 2 years old. Two copies of the Growth Charts are printed, one for the child's binder and one to give parents when the Nutrition Assessment is completed with them. 39. Within 90 days after the child's enrollment date, the Family Advocate will meet with the parent to complete the "assessment" section of the Nutrition Assessment Preschool (HDN #21) or Nutrition Assessment Infant and Toddler (HDN #22). The Family Advocate will use this form as a means to discuss the Growth Chart results with the parent. All parents will receive a nutrition education hand-out, individualized for the child. If any child is identified as obese by the growth chart, the Family Advocate will offer a referral to the parent to WIC first (if receiving WIC services) or the child's primary provider. (Identification of "obese" constitutes a "Failed" Growth Assessment.) The Family Advocate enters the Nutrition Assessment and resulting referrals into Child Plus within 3 days of completion. Refer to "Entering Health Information into Child Plus."

	<u>Lead Screenings</u> 40. Lead screenings are to be done on children between the ages of 12 mo. and 24 months and between the ages of 24 mo. to 36 months. If one or both screenings were not completed, then a lead screening is done after 36 mo. 41. During the enrollment process Family Advocates will give and review parent education about the dangers of lead with parents. By completing the Lead Testing Consent (HDN #23) they will inform parents that lead testing is a requirement of Head Start for children over 12 months old and give further information about the dangers of lead. Parents can choose to further discuss lead screening with their provider, give consent for the Early Learning Nurse to provide a finger stick lead screening or decline lead screening for their child. 42. Whenever a Well Child Exam appointment is scheduled during the program year, a Request to Primary Provider: Blood Lead Screening (HDN#38) is sent with the parent and/or sent to the provider. The provider and parent can discuss and proceed with the screening/test as they mutually decide. Results of the lead screening will be obtained and documented in Child Plus within three days of receiving the information. Refer to "Entering Health Information into Child Plus."
	43. Since many area providers will only do a venous draw for lead, the parent can choose to have the Early Learning Nurse complete a capillary finger stick. The Early Learning Nurse periodically will perform these at sites during the program year. The Family Advocate sends Parent Notification of Lead Screening Results (HDN #31) to the parent. Screening results will be documented in Child Plus within three days of receiving the information. Refer to "Entering Health Information into Child Plus." 44. On a daily basis teaching staff conduct Health Checks upon arrival at the center and through-out the day. Refer to "Health Services Policy #210". See "Daily Health Check and Exclusion for Ill Children Protocol." 45. Through-out the program year parents and staff up-date each other on an on-going basis about their observations of the child's developmental, medical, dental or mental health concerns through phone calls, home visits, center visits, home visits and parent/teacher conferences. If the child has significant health changes or concerns, a Multi-Disciplinary Staffing will occur for staff to discuss the concerns and develop a plan to discuss with the parent about how to best address these significant changes or concerns.

3. Extended follow-up care	46. When Family Advocates receive dental exams and Well Child exams, they read and highlight any pertinent information on the exam. At Child Profile staffings pertinent information is communicated with other team staff, as needed. With some information on the exams, the Health Nutrition Content Specialist or Early Learning Nurse may need to be contacted for interpretation of the exam and/or further actions needed on our part. 47. All exams are marked "Pass" or "Fail" in Child Plus by the Family Advocate. Refer to "Entering Health Information into Child Plus." • If the primary medical care provider refers the child out to another doctor or specialist, then the child "failed" the Well Child Exam. • If the dental care provider refers the child out to another dentist/specialist OR the dental care provider will be providing additional work such as treatment for cavities, etc. then the child "failed."
	48. Lead, vision and hearing screenings are marked "Pass" or "Fail" in Child Plus by the Family Advocate. A child whose growth grid indicated "obese" is marked as "fail" for the growth assessment. Refer to "Entering Health Information into Child Plus." • Vision: In the situation of one "failed" vision screening, the Advocate will refer the child to their primary care provider or a vision clinic. No other vision screenings need to be completed by the Advocate. A written referral (Child File #16) is completed and presented to the parent where the parent gives consent or doesn't give consent for the referral. • Hearing: A second screening needs to be completed in about two weeks to see if there is another "fail." If it is another "fail," then the child is referred to their primary provider for follow-up. A written referral (Child File #16) is completed and presented to the parent where the parent gives consent or doesn't give consent for the referral. 49. Obese: The Family Advocate will meet with the parent to complete the "assessment" section of the Nutrition Assessment Preschool (HDN #21) or Nutrition Assessment Infant and Toddler (HDN #22). The Family Advocate will use this form as a means to discuss the Growth Chart results with the parent. If any child is identified as obese by the growth chart, the Family Advocate will offer a referral to the parent to WIC first (if receiving WIC services) or the child's primary provider. (Identification of "obese" constitutes a "Failed" Growth Assessment.) The Family Advocate enters the Nutrition Assessment and resulting referrals into Child Plus within 3 days of completion. Refer to "Entering Health Information into Child Plus."

	50. Failed Lead screenings are automatically reported to the state and local Health District. As a result of this, providers will be making referrals for investigation of the home environment, provide further lead education and/or further lead testing, etc. There is no need for the Family Advocate to do a “Referral.” The Family Advocate will be in communication with the parent and/or the provider on a weekly basis, documenting “Evaluation” information and “Treatment” as an “Action” in the Child Plus, once they receive the actual documentation in hand. The Family Advocate will support the parent through weekly contacts by making sure timely actions are occurring on the part of the provider, etc. Much of the “Action” in Child Plus will be just “Communication” to and from the parent and/or provider. 51. Advocate staff will adhere to the Family Support & Health: Referral and Follow-Up Protocol a. When a need for a referral to an outside resource is identified, the Family Advocate shall have three working days to discuss the referral with the parent and get their written consent/refusal for the referral. b. The referral is documented by the Family Advocate in Child Plus within three working days of discussing with the parent. c. Staff follow-up with the parent shall occur every week until an outcome for the reason of the referral is achieved, unless another pre-determined date is already documented. d. All staff follow-up efforts must be entered into Child Plus by the Advocated within three working days of discussing with parent/provider. e. When resources and/or referrals are needed for a family in crisis situation, contact the applicable Content Specialist immediately. f. See "Family Support and Health: Referral and Follow-up Protocol.”

	52. Applicable Child Plus information from all the above work activities will be entered within 3 days of receiving/completing documentation. Refer to “Entering Health Information into Child Plus.” • Any Well Child exams (current or expired) that indicate a need for a referral by the provider will be discussed with the parent to evaluate the current status of that referral. Consents to Release (Child File #15) will be utilized for parents to grant permission for any additional records the Advocate needs to determine and verify the progress of the initial provide referral. The Family Advocate will be in communication with the parent and/or the provider on a weekly basis, documenting “Evaluation” information and “Treatment” as an “Action” in the Child Plus, once they receive the actual documentation in hand. The Family Advocate will support the parent by making sure timely actions are occurring on the part of the provider, etc. Much of the “Action” in Child Plus will be just “Communication” to and from the parent and/or provider. The goal is to get an outcome for the initial referral concern. • Any dental exams (current or expired) that indicate a need for a referral AND/OR additional dental treatment will be discussed with the parent to evaluate the current status of the referral/additional dental treatment work. Consents to Release will be utilized for parents to grant permission for any additional records the Advocate needs to determine and verify the progress of the initial referral/additional dental treatment. The Family Advocate will be in communication with the parent and/or the provider on a weekly basis, documenting “Evaluation” information and “Treatment” as an “Action” in the Child Plus, once they receive the actual documentation in hand. The Family Advocate will support the parent by making sure timely actions are occurring on the part of the provider, etc. Much of the “Action” in Child Plus will be just “Communication” to and from the parent and/or provider. The goal is to get an outcome for the initial referral concern and/or dental treatment needed.

	53. Advocates will work with parents and providers to complete an outcome to the initial referral/additional dental treatment needed. Additional referrals may be completed by the Advocate. Advocates will utilize the Referral Form (Child File #16) when needing to use a written referral in certain challenging situations. Contact the Health/Nutrition Content Specialist or Early Learning Nurse for guidance about these certain situations. 54. Child Plus is utilized as the system to track referrals and services provided, as well as to monitor follow-up plans and treatments needed. Refer to "Entering Health Information into Child Plus." 55. The program will assist parents in obtaining prescribed medications, aids or equipment for medical and dental needs. Family Advocates will contact the Health/Nutrition Content Specialist for assistance in securing resources, as needed. 56. The program uses program funds/USDA reimbursement to provide diapers and formula for enrolled children during the program day. 57. The program may use program funds for professional medical and dental services when no other sources of funding is available. When funds are used for such services, there is written documentation of efforts to access other available sources of funding. See Health Services Policy #210.
4. Child Information	58. Each child has a comprehensive Child Binder with required and pertinent information kept in it. Refer to the specific program year's Child File Checklist (Child File #8). In addition, electronic records are kept in Child Plus. See Health Services Policy #210.