# Checklist for Child in Foster Care

(to be placed at the front of the chart)

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<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Date into F.C.</th>
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<table>
<thead>
<tr>
<th>Foster Parent(s):</th>
<th>Caseworker:</th>
<th>Telephone numbers:</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
<th>Placement Goal: (early on, unlikely to be known)</th>
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<tr>
<td>Reunification</td>
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<tr>
<th>Health History</th>
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<tr>
<td>Chronic Health Diagnoses:</td>
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-Initial Health Evaluations-(See reverse side)

- Consents obtained |
- 90 day follow-up completed |
- 72-hour assessment completed |
- Old records: ____________________ |
- 30 day comprehensive assessment completed |

## Health Supervision for Children in Foster Care

(Every month for the 1st 6 mos of age; every 3 mos from 6 mos to 2 yrs of age; twice a year after 2 yrs of age)

### For All Children & Youth

- Physical health & growth
- Plot growth, BMI (HC until age 3 years)
- Chronic medical needs
- Hearing/Vision
- Dental
- Nutrition
- Immunizations
- Relationship issues (foster family, birth family, etc.)
- Adjustment to placement, visitations, etc
- Developmental/School needs & functioning
- Normalizing Activities
- Foster Parent Support
- Permanency plan
- Foster parent needs
- Services: Medicaid/SSI, Mental Health, Early Intervention, Special Education/IEP, Summary for Caseworker

### For Adolescents

- Substance abuse
- Sexuality/Sexual Safety
- Birth Control
- Sexual Orientation
- Screening for STI’s
- Partner Violence
- Education/Career plans & goals
- Normalizing Activities
- Independent living skills, supports
-Initial Health Screening -
(Within 72 hours of placement)

- Request consent to treat and health insurance information from caseworker
- Date of Screening: ____________________________
  - Obtain any health history from
    - Child ________ Caseworker ________ Foster parent ________ Childcare or school
    - Prior physician ________ Birth parent/caregiver, if available
    - Request: immunization record, full medical records, newborn screen for children < 3 yrs old
- Height, weight (and head circumference for child under age 3 years); plot on growth curve; BMI
- Vital signs (including blood pressure if 3 years or older)
- Screen for and document signs of child abuse and neglect
  - Skin (bruises, cuts, welts, burns, other trauma)
  - Range of motion of all joints
  - External genitalia for signs of trauma, discharge (Refer to specialty site if concerns)
- Identification of acute or chronic health issues
- Developmental screen using validated screening instrument for all children under age 6 years
  (immediate referral for severe delay)
- Mental health screen using validated screening instrument for all children over age 5 years
  (immediate referral for major depression, suicidality, violent behavior or ideation)

- Actions that may be required with health screen:
  - Referral to subspecialist or pediatric or psychiatric emergency department for conditions requiring immediate attention
  - Referral to a child abuse evaluation site for suspected sexual abuse
  - Treatment of any acute or chronic illness identified
  - Ensure child has necessary prescriptions for medication, equipment

- Actions required after health screen:
  - Written communication with the child’s caseworker
  - Schedule Comprehensive Admission Health Assessment
  - Ongoing communication with caseworker regarding health history and health issues

-Comprehensive Admission Health Assessment-
(Within 30 days of placement)

- Date of Assessment: ____________________________
- Screen for signs of child abuse and neglect
- Further identification of chronic health issues
- Treatment plan shared with caseworker and foster parent

- Comprehensive Mental Health Evaluation
  - Practitioner ____________________________ Date: ______________
  - Treatment Plan ____________________________
  - Ongoing Service Provider ____________________________

- Comprehensive Developmental Evaluation (if under age 5 years)
  - Practitioner ____________________________ Date: ______________
  - Treatment Plan ____________________________
  - Ongoing Service Provider ____________________________

- Comprehensive Educational Evaluation (if 5 years or older)
  - School ____________________________ Date of evaluation: __________
  - Individual Education Plan

- HIV Risk Assessment  □ Screening if risk assessment is positive
- Other Recommended Laboratory Tests at Entry to Foster Care
  □ HEP B Screen □ HEP C Screen □ RPR □ Hemoglobin □ PPD □ Lead (<6y)
- Beyond age 2 years, even if otherwise well, children and youth in foster care should have twice yearly visits to address:
  ♦ Growth and physical well-being  ♦ Physical examination  ♦ Monitor for child abuse & neglect
  ♦ School adaptation and function  ♦ Behavioral/emotional issues that may have arisen
  ♦ Changes in foster care placement, visitation or permanency plan
  ♦ Relationship issues (foster family, birth family, peers, etc.)