



## **2.4A Early Head Start Well Baby Check-Up** **Instruction Sheet**



### **PURPOSE STATEMENT:**

The purpose of the Well Baby Check-Up form is to document that the child is up to date on a schedule of age appropriate preventive and primary health care.

### **TIMELINE:**

- Infants, ages 1 month to 15 months, are required to have regular, periodic Well Baby Check-Ups according to the Early and Periodic Screening Diagnosis and Treatment schedule (EPSDT).
- All newly enrolled children are required to have a well-baby exam within 30 calendar days of attendance; returning children are required to submit a current Well Baby Check-Up within 45 days of attendance.
- If follow-up treatment is needed, it must be initiated immediately.

### **STAFF RESPONSIBLE:**

EHS Home Visitor, EHS Teacher, Site Supervisor/Assistant Site Supervisor, Home-Based Supervisor

### **INSTRUCTIONS:**

Staff fills in the child's name, date of birth, and PID # prior to giving the form to the parent. Staff instructs parent/guardian to bring the form to the physician for completion. NHA staff may also fax the form to the physician, along with an Authorization to Release Information form.

Staff must not write on any portion of the following sections of the Well Baby Check-Up form.

Physician to complete:

- **Exams Completed During the Visit**- Hearing and Vision clinical observation, TB Risk Assessment (no risk factors present) or TB Skin or Blood Test results, oral visual exam, height, weight, and head circumference measurement, Blood Lead Test result value (at 12 months and 24 months), and Hgb/Hct blood test (required at 12 months; required at 4 and 15 months if parent/guardian responds 'YES' to question #1 and/or 'NO' to question #2 of the Anemia Risk Assessment)
- **Immunizations Received** (as applicable)- Immunizations received during the visit should be updated on the child's Blue Card
- **Developmental Milestones** - physician to discuss with the parent
- **Nutrition Assessment** - physician to discuss with parent
- **Anticipatory Guidance** - physician to discuss with the parent
- **Comments/Concerns**- as applicable; doctor may note next scheduled visit



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- Physician's name and signature are required (stamped signatures and electronic copies of the visit are also acceptable). List exam date, clinic phone number and fax number.
- Once form is returned, staff review for completion, ensuring that the child's visit date falls within the require date ranges for EPSDT. In the EHS Staff Only box, list the date that the exam was received by EHS staff.
- Staff must follow-up on any missing exams or abnormal findings noted by the physician. Verify that a current and complete Authorization to Release Information form for the child's medical provider is in Section 2 of the Child File before communicating with the physician's office.
- All screenings and results documented on the Well Baby Check-Ups are entered in PROMIS, per Record Keeping Standard Operating Policy and Procedure.
- The Well Baby Check-Ups are filed in the Child File, Section 2: Health & Nutrition.
- Once any missing screenings/results have been received, enter the results into PROMIS and document the results on the Supplemental Health Data form.