

**DSS ADMINISTRATIVE LETTER
CHILD WELFARE SERVICES CWS-AL-01-16**

TO: COUNTY DIRECTORS OF SOCIAL SERVICES

ATTENTION: ALL CHILD WELFARE STAFF

DATE: APRIL 15, 2016

SUBJECT: NEW HEALTH HISTORY AND HEALTH SUMMARY FORMS TO BE COMPLETED FOR CHILDREN AND YOUTH IN FOSTER CARE

EFFECTIVE: APRIL 15, 2016

I. Intent and Background

The purpose of this Administrative Letter is to provide information and instructions regarding new health forms to be completed for children and youth in foster care. The development of these forms was primarily driven by Fostering Health NC, an initiative led by the NC Pediatric Society, and were designed to document current critical health information about children and youth and to more closely support the American Academy of Pediatrics (AAP)-recommended initial visit, 30-day comprehensive visit, and recurring well-visits for children and youth entering foster care. The new health forms can be found on the NC DHHS, DSS publications website at <http://info.dhhs.state.nc.us/>.

The NC Pediatric Society also funded the development of 2 self-paced, on-demand, online trainings available on <http://www.ncswlearn.org>: Fostering Connections I: Partnering to Improve the Health and Well-being of Children in Foster Care and Fostering Connections II: Building Local Systems to Improve the Health and Well-being of Children in Foster Care. These trainings include guidance on using the forms introduced in this communication. They are available to anyone with an ncswLearn.org account. Fostering Connections I is recommended for agency directors, child welfare workers, supervisors, and managers working in the areas of child placement, LINKS, licensing, and adoption. Fostering Connections II is recommended for agency directors, child welfare supervisors, program managers, and program administrators working in the areas of child placement, LINKS, licensing, and adoption.

The following forms and instructions replace forms DSS-5243 Child Health Status Component, and the DSS-5244 Child Physical Examination form. These forms are now obsolete and have been removed from the NC DHHS, DSS publications website.

II. Form Information and Instructions

The table below provides information about the new forms including the form numbers, titles, purpose and use of each form.

Form	Purpose and Use
DSS-5206 Health Summary From – Initial Visit	This form is to be completed by the provider at the initial appointment. A medical appointment shall occur within seven days of the child’s initial placement or as soon as possible outside the seven day time frame recognizing limited medical resources exist in some geographical locations. This form coupled with the new DSS-5208 replaces the former DSS-5244 Child Physical Examination form.

DSS-5207 Health History Form	This form is to be completed by the child welfare worker as fully as possible and faxed to the medical provider a week prior to the scheduled 30 day comprehensive visit. The DSS-5207ins provides instructions on the completion of this form. This form replaces the former DSS-5243 Child Health Status Component.
DSS-5208 Health Summary Form – 30 Day Comprehensive Visit	This form shall be completed by the medical provider during the 30 day comprehensive visit. A 30 day comprehensive visit shall be scheduled at the time of the initial medical appointment. This form coupled with the new DSS-5206 replaces the former DSS-5244 Child Physical Examination form.
DSS-5209 Health Summary Form – Well Visit	This form shall be completed at each well-visit. Well-visits shall occur following the standards published by the AAP and the Child Welfare League of America (CWLA) for foster children and youth. (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Health-Care-Standards.aspx)

Child welfare workers should maintain these completed forms in the child’s record. Copies of the Initial Visit, 30 Day Comprehensive Visit, and ongoing Well-Visit forms should be given to the placement providers and each new physician serving the child. Copies of health records should be given to the parent/custodian when permanency is achieved. If the child ages out of foster care at age 18 or otherwise emancipates from custody, the agency shall provide copies of his/her health records at the point of discharge.

Whenever possible the child’s connections and relationships with health care professionals should be maintained. This is especially true if the child has a previously established medical home. If the child comes into care without these connections, a medical home for the child should be established and maintained.

III. Additional Information

For further information and resources regarding the Fostering Health NC initiative please visit the website at: <http://www.ncpeds.org/?page=FHNC>. For technical assistance regarding the Fostering Health NC initiative, please contact Adam Svolto at (919) 709-0189 or adam@ncpeds.org. If you have any questions about the new health summary and health history forms, please contact the Child Welfare Policy Team at (919) 527-6340 or your Children’s Program Representative.

Sincerely,



Kevin Kelley, Section Chief
Child Welfare Services