

**Community and Public Health Environmental Initiative
Chart Review Protocol for Early Head Start, Head Start,
and Family Support Centers**

1) Goal: To integrate health and wellness into high quality early childcare and education programs.

2) Objectives:

- To review health records on file for infants and children at Early Head Start, Head Start, or Family Support Centers for missing or outdated health data.
- Make referrals as needed for well child visits and/or specialty services (PT, OT, Speech Therapy, etc.)
- Develop care plans for children who have chronic conditions and conduct appropriate educational interventions with staff.

3) Rationale:

- According to the Early Head Start National Resource Center (EHS NRC) the “purpose of screening is to identify infants and toddlers who should be referred for evaluation for possible developmental, health, or sensory concerns (EHS, 2008).”
- A child’s school readiness and academic success depend on regular health care that meets all health needs in early life. Health and school readiness are so intricately linked that the American Academy of Pediatrics (AAP) includes optimal prenatal care and continuous primary care in its definition of school readiness. In fact, an estimated 25% of the school readiness gap can be attributed to income and race-related disparities in health, including elevated blood lead levels, which have been linked to decreased kindergarten reading readiness. Ensuring regular health care and addressing health needs in young children is a critical component of high-quality early childcare and education and can help set children on a path to academic success.
- Chart review is one method to ensure that children in EHS/HS/FSC receive continuous and comprehensive health care as outlined by the “Maryland Healthy Kids Preventative Health Schedule” (EPSDT) and the federal guidelines stated in the “Head Start Performance Standard 1302.42 Child health status and care.”

4) Logistics:

- Schedule time to conduct chart reviews with center director.
- Conduct chart review training for students with clinical instructors or preceptors.
- Follow and note required information on the Early Head Start, Head Start, and Family Support Center Chart Review Checklist form.
- Create list of children who need well child exams or other referrals.

- Keep a copy of the list with recorded results for follow-up and your organization's records.

5) Guidelines for Chart Review:

1. Select a child's record (binder) and record the current date, the child's name, DOB, the current age of the child in months, the child's date of enrollment in the program, and the provider contact information on the Chart Review Checklist. Most or all this information can be found on the Emergency Contact form in the front of the record. Provider information can also be found on the Health Inventory Form (OCC 1215).
2. If the child has a chronic health condition(s), please record the condition(s) in the space provided on the Chart Review Checklist.
3. Turn to the Health Information section of the child's record. Find the most recently dated Health Inventory Form. This form is used by the provider to complete the well child check-up. Compare the child's date of birth with the date on the most recent Health Inventory Form and determine the child's age in months at the most recent check-up. One online calculator to determine age in months is: <https://www.calculator.net/age-calculator.html>
4. Using the "Maryland Healthy Kids Preventative Health Schedule" (EPSDT), compare age of the child and the date of the most recent Health Inventory Form with the timeframe on the EPSDT for when the well child check-up should have been done. If the date on the Health Inventory Form is within the timeframe required by the EPSDT schedule, then **the child is compliant** for the well child check-up. Circle "compliant" on the Chart Review Checklist. *Note: An X in a box on the EPSDT schedule means the item is required to be performed.*
 - To find the latest EPSDT schedule go to:

<https://health.maryland.gov/mmcp/Documents/Maryland%20Healthy%20Kids%20Preventive%20Health%20Schedule-.pdf>
 - To find the latest on Maryland immunizations go to:
https://health.maryland.gov/phpa/OIDEOR/IMMUN/Shared%20Documents/Min_Vacc_Req%2020_21_Final.pdf
 - If the date on the Health Inventory Form is not within the timeframe required by the EPSDT schedule, **the child is not compliant** for the well child check-up. Circle "Not Compliant" on the Chart Review Checklist. If a child is not compliant, flag his/her record (place colored dot sticker on upper right-hand corner of binder cover) and set aside for follow-up. *Note: We are only concerned with Health Inventories after the child is enrolled in the program, not prior to enrollment.*

Examples:

Name: Jane Smith

DOB: 4/22/2016

Current Date: 8/20/2018

Age: 28 months

Age at Date of Enrollment: 28 months

Date on last Health Inventory Form: 4/15/18. Age in months at this check-up: 24 months

Next Well Child Check-up due: 10/22/2018

Child is compliant.

Name: Jane Smith

DOB: 4/22/2016

Current Date: 8/20/2018

Age: 28 months

Age at Date of Enrollment: 15 months (enrolled on 7/1/17)

Date on last Health Inventory Form: 7/15/2017

Well Child Check-ups due: 10/22/17 and 4/22/2018 (missed her 18 and 24-month check-ups)

Child is not compliant.

5. As part of the well child check-up, assessments should be done at each visit on the following:
 - a. Vision/hearing
 - b. Oral/dental
 - c. Nutrition
 - d. Measurements and graphing on:
 - i. Height
 - ii. Weight
 - iii. BMI

If any of these assessments are missing from the Health Inventory Form, please review prior Health Inventory Forms and note date when the last assessment was done, if any, on the Chart Review Checklist. *Note: A checkmark in the “Not Evaluated” column on the Health Inventory Form for any of the above items is considered “Not Done.”*

Immunizations:

1. A record of immunizations (Form 896) is part of the child’s health record. If Form 896 is missing, please note that it is missing on the EHS Chart Review Form. Refer to the immunization schedule and sample Form 896 and compare these to the immunizations the child has received. If immunizations are needed, please circle on the EHS Chart Review Checklist which immunizations are past due.

Lab Tests:

1. Blood Lead Test – to be done at 12 months and again at 24 months. If not done at 12 months, it should be done as soon as possible between 12 and 24 months (catch-up). Record on the Chart Review Checklist if a blood lead test has been performed (yes/no), the test result, the date of the test, and the age of the child in months at the time of the test. If a blood lead test is due but has not yet been performed, please record on the Chart Review Checklist the month/date when the test should have been performed. If the child is < 12 months of age, a blood lead test is not yet needed.
2. Anemia Test- Either Hemoglobin (Hgb) or Hematocrit (Hct) is acceptable to be done at 12 months and again at 24 months. If not done at 12 months, it should be done as soon as possible between 12 and 24 months (catch-up). Please note on the Chart Review Checklist if an anemia test has been performed (yes/no), the test result, the date of the test, and the age of the child in months at the time of the test. If an anemia test is due but has not yet been performed, please record on the Chart Review Checklist the month/date when the test should have been performed. If the child is < 12 months of age, an anemia test is not yet needed.
Note: The anemia test is not currently listed on the Health Inventory Form; however, it is required by both the EPSDT and the Office of Child Care.
3. *Note:* Hereditary/metabolic hemoglobinopathy is done at birth in the hospital and at one month. It is often not included in the health record for EHS, HS, FSCs. We are not recording it on the Chart Review Checklist.

Health Education (long form only):

Please check **yes or no** on the Chart Review Checklist for the following information under the Health Education section.

1. Were any growth/developmental problems identified?
 - a. If yes, was discussion with the parent documented?
 - b. Was a referral made?
 - c. Was counseling provided?
2. For a child 12 months and older, is a dentist identified?
 - a. Has the child been referred to a dentist?
3. Is a return visit scheduled for the next well-child exam or follow-up appointment?

Preventive Screen Questionnaire (long form only):

1. The Preventive Screen Questionnaire is part of the EPSDT requirements for Medicaid recipients. However, it is often missing from the child's health record. Sometimes these assessments are included as part of a provider's notes that are included in the chart. Please read through the entire health section of the child's

record to determine if the assessments have been done before marking these items as not performed on the Chart Review Checklist. Provide the date when the last risk assessment was done and check the box “yes” if the assessment is current or “no” if it is not.

2. Lead Risk Assessment – to be done at every well child visit from 6 months up to 6 years.
3. Tuberculosis – to be done at 1 month, 6 months, and annually thereafter.
4. Heart Disease/Cholesterol – to be done beginning at 24, 30, and 36 months.

References:

- Currie J. Health disparities and gaps in school readiness. *Future Child*. 2005; 15(1): 117-38.<https://files.eric.ed.gov/fulltext/EJ795844.pdf>.
- Early Head Start. (2008, July). *EARLY HEAD START TIP SHEET No. 30 Screenings for Infant & Toddlers*. Early Head Start Tip Sheet No. 30 Screenings for Infant & Toddlers. <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/ehs-tipsheet-30.pdf>.
- Head Start Program Performance Standards. (2019, January 13). *1302.42 Child health status and care*. ECLKC. <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-42-child-health-status-care>.
- McLaine P, Navas-Acien A, Lee R et al. Elevated blood lead levels and reading readiness at the start of kindergarten. *Pediatrics*. 2013; 131(6):1081-89.<https://pediatrics.aappublications.org/content/131/6/1081.short>
- Williams PG, Lerner, MA. School readiness. *Pediatrics*. 2019;144(2): 1-15.<https://pediatrics.aappublications.org/content/144/2/e201917667>.