

**Chapter**

**8**

**HEP**

**Health and Education Passport**

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C 8, Page 1

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Child Welfare and CWS/CMS –Chapter 8 Health and Education Passport*

# Introduction

The Health and Education Passport (HEP) must be provided to the substitute care provider (SCP) within 28 days of the initial placement and within 48 hours of any following placement. Entering the data that is displayed in the HEP requires the use of a number of notebooks, most notably, the Education and Health notebooks. County practices vary regarding the specific entry person for this information, particularly in the Health notebook. Some counties have specific staff, Public Health Nurses that enter all health information; the social worker does not enter health data. Some counties use Public Health Nurses to enter CHDP and Well Child exams, but workers enter the balance of the health information, and some counties, the worker enters all health information. The same variations occur to a lesser degree among counties regarding the Education notebook. Be sure to know what the specific county practice is in the individual employing county.

# Education Provider Notebook



First, open the case or referral and enter the data for the child in question. With the appropriate case or referral open, click on the “Client Management Section.”





When the “Client Management Section” is in focus, there will be a large number of notebooks from which to choose.



Observe that even though there are a number of notebooks, it is not possible to create a “New” Health or Family Information

notebook. That is because the “Health”  notebook and the “Family Information”  notebook are created for the client at the same time the client is created.

The “Education Provider”  notebook is created as the client’s “Existing Education”  notebook is completed. It provides identifying information about the schools the child is, or has, attended.

First, open the specific client that the HEP is being created for. Next, open the client ID and demographics pages to ensure that the pages are as complete as possible. On the ID page, complete the client's Social Security Number <sup>SSN</sup> [ ] and the client's Date of Birth <sup>Date of Birth or</sup> [10/01/2001] fields if the information is available. On the Demographics page, be sure the fields in the "Origins" information box are as complete as possible.

Below is a sample of a completed "Origins" information box.

Origin	
Birth Country [United States]	Immigration Status [U.S. Citizen]
Birth State [California]	Religion [ ]
Birth City [Chico]	Origin Country [United States]
Birth Place / Hospital Name [Enloe Hospital]	<input checked="" type="checkbox"/> Birth Place Verified

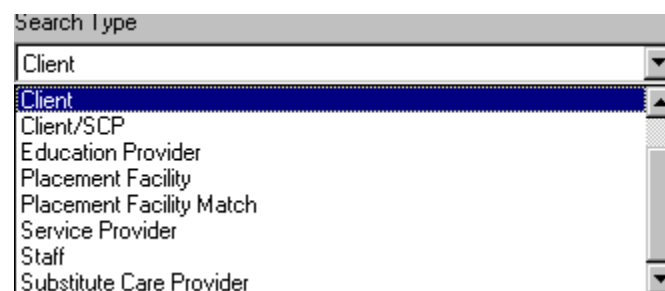
It is essential to complete the "Immigration Status" field to determine eligibility for foster care though the "Immigration Status" is being shown in relationship to the HEP. If this field is left blank, the child is not documented as a U.S. Citizen on the "FC2" form. With the exception of "Religion," all other fields may be completed from the client's birth certificate.

The "Service Providers" page is the next page for review. It is important to record the child client's service providers, both current and past providers. To record a client's service provider, first search for the service provider.

## Service Provider Search



To search for a service provider, click on “Search” in the drop down menu.



Select “Start Search.” Select “Service Provider” for the “Search Type.”

That will result in the following dialogue box.

**Search**

Search Type

Service Provider

OK

Cancel

Help

First Name

Last Name

Agency Name

Type in the service provider's name or the name of the agency that the service provider works for. Do not complete both. If unsure of the spelling of the service provider's name, use a "wildcard." The wildcard is the symbol "%." The percent mark may be used at the end of a string of characters, at the beginning, or in the middle. If not sure of a full name but know part of it,

the wild card could be used as follows: Anders%n. The system will look for all services whose name begins with Anders and ends in n. It will find all entries that meet that condition regardless of how many characters are between the s and the n. It could also be used for hyphenated names, for example, Mary Smith-Allen. If not sure how Mary recorded her name or how it was entered, the last entry could be %Allen. That would find every service provider in the state whose last name ended in allen.

Shown on the next page is a search for an imaginary service provider named John Schmidt. The spelling of the last name is not known.

**Search**

Search Type  
Service Provider

First Name John

Last Name Sch%

Agency Name

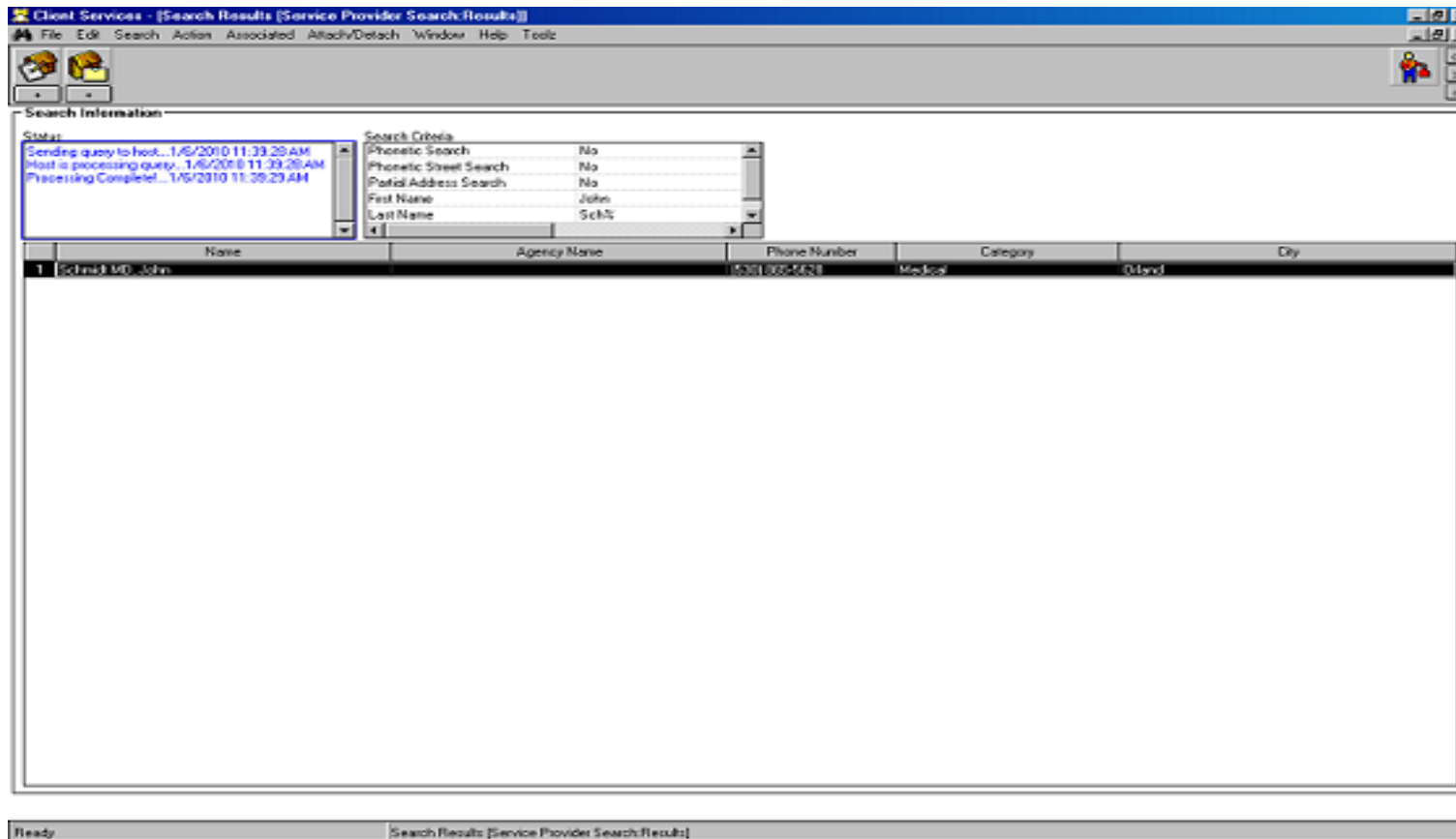
OK  
Cancel  
Help

After completing the page above, click “OK.”


*Hint: The okay button will not be enabled until the application knows the entry in the last name field is completed. An easy way to make the application know the entry is complete is to hit the tab button.*



Below is a sample “search results” page for the demonstrated search. In the example, only one result was obtained. There will probably be more than one, so be sure which service provider is the desired one.

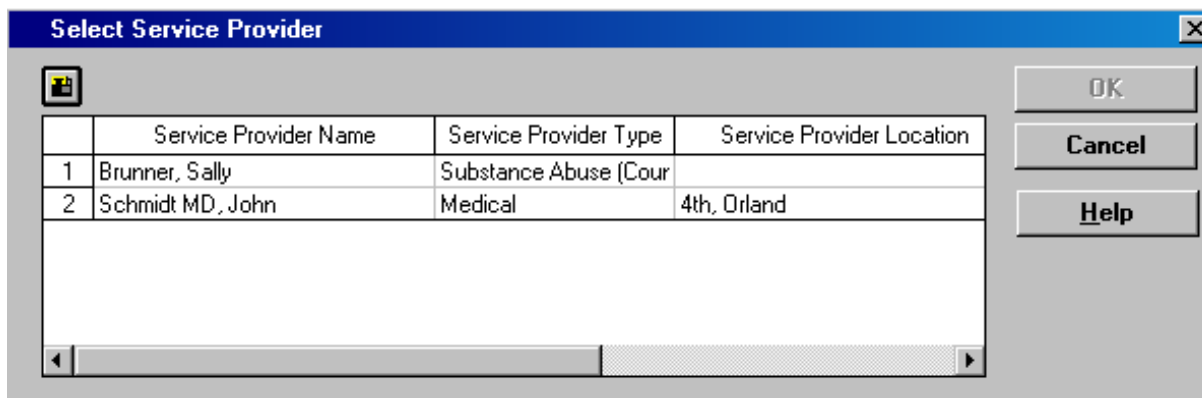


To open an abstract of the service provider, double click on the service provider. The new screen will provide more detail regarding that service provider in order to confirm the correct one.

After searching for and finding the client's service provider, close the search results page by clicking on the bottom of the two "X"s in the top right corner of the page.  This action returns the application to the page where the search began. In this example, that would be the "Service Provider" page of the client notebook. From this point, click on the "+" in the top left corner of the grid to add a service provider.

+	Service Provider Name
---	-----------------------

That will result in the dialogue box shown below.



The dialog box titled "Select Service Provider" contains a table with the following data:

	Service Provider Name	Service Provider Type	Service Provider Location
1	Brunner, Sally	Substance Abuse (Cour	
2	Schmidt MD, John	Medical	4th, Orland

Below the table is a horizontal scrollbar. To the right of the table are three buttons: OK, Cancel, and Help.

The service provider to enter for this client is Dr. Schmidt. He is number two in the list. The service provider "Brunner, Sally" is being pulled from a different "Service Provider notebook" in the application that will be discussed later. Click on line two, which will enable the "OK" button. Next, click the "OK" button. Dr. Schmidt has now been entered as a service provider for the client "Child Training."

Client Services - Case [Training, Child] - [Client (Case Focus Child) [Child Training]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary JD Demog. Address Names Related Clients ID Num Juv. Cit. # Search Log AFDC-FC Attorneys Service Providers I.C.W.A.

**Service Providers**

	Service Provider Name	Service Provider Type	Start Date	End Date
1	Schmidt MD, John	Medical		

Service Provider Name: Schmidt MD, John Service Provider Type: Medical Date Last Seen: [ ] [Retrieve Date Last Seen]

Service Provider Address: 519 4th  
Orland, CA 95963

Service Provider Phone Number: Phone Number: (530) 865-5628 Ext: [ ]

Start Date: [ ] End Date: [ ]

Description: [ ]

Ready [Case [Training, Child] -> Client (Case Focus Child) [Child Training]]


Enter the "Start Date."  Start Date

and enter the "End Date."  End Date

If this service provider should cease to provide services to this client, return to this page

What if the service provider is not found? It is best to search multiple times with different combinations. At first, new workers should also ask a more experienced person to search for the same service provider. While this is a time consuming practice, it should help reduce the number of duplicate service providers. When assured that the desired service provider does not exist in the statewide database, follow the next steps to create a “NEW” service provider. Remember, “new” means that it does not exist in the database.

Go to the “Service Management” section.  Clicking on the orange button will display a choice of two notebooks, the contact

notebook,  and the “Service Provider” notebook. 

## Creating a New Service Provider

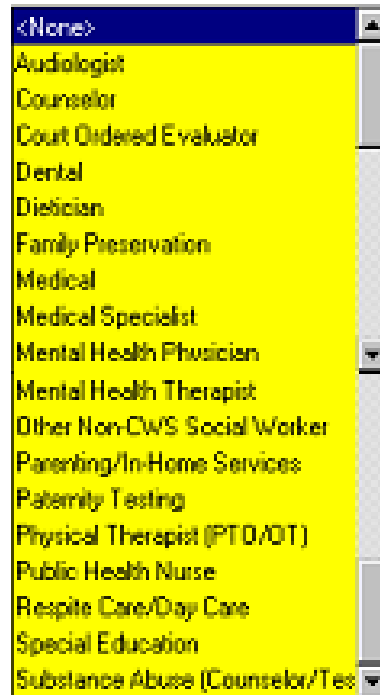
This is the second “Service Provider” notebook referred to earlier. The first notebook explained is specific to a client. This notebook is general to the entire case or referral. Either notebook will result in being able to see the service providers entered in them in the contact drop down menu. However, only the service providers entered in the Client Management Service Provider notebook is available in Case Plan and will populate to the HEP.

ID	Address		
<b>Identification</b>			
Service Provider Category <div></div>	Provider Title <input type="text"/>		
<b>Name</b>			
Prefix <input type="text"/>	First <input type="text"/>	Last <input type="text"/>	Suffix <input type="text"/>
E-mail Address <input type="text"/>			
<b>Agency</b>		<b>Phone Numbers</b>	
Agency Name <input type="text"/>		Primary Phone <input type="text"/> - <input type="text"/>	Ext <input type="text"/>
		Fax Number <input type="text"/> - <input type="text"/>	

To create a “New” service provider, click on the “+” below the cornucopia with the person in front of it. That will result in the application page shown to the right.

Select a “Service Provider Category” from the drop down menu.

Next, the expanded list is shown. These are all the possible selections. Click on the selection that best describes this service provider.



Complete the data fields in the “Identification” information box, if known. If the service providers’ name is not known, fill out the information in the “Agency” information box. Complete the phone number.

ID	Address
<b>Identification</b>	
Service Provider Category Mental Health Therapist	Provider Title LCSW
<b>Name</b>	
Prefix Training	First Therapist
Last Training	
Suffix Training	
E-mail Address ttherapist@trainingcounty.ca.us	
<b>Agency</b>	
Agency Name Training	
<b>Phone Numbers</b>	
Primary Phone (500) 111-2222	Ext Training
Fax Number (500) 111-2223	

Next, go to the “Address” page, and complete the data fields there.

ID		Address	
<b>Address</b>			
Street No.	Street Name		
<input type="text"/>	<input type="text"/>		
City	State	ZIP	ZIP Ext
<input type="text"/>	California <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>

That completes creating a “New” service provider.

*Hint: On the ID page, when the page is first opened, both the name and the agency are mandatory (yellow) fields. When either field is started, the other field is no longer mandatory.*

Now go back and attach this service provider to a specific client, especially if this is a child client’s service provider. The steps are the same as first demonstrated, except that no search is required. Go to the specific client, open the service provider page, and click on the “+” in the top left of the grid. Select the newly created service provider and enter the start date.

*Hint: All service provider search results and create service providers since the last save to database will be in the list.*



# Education Notebook

Chose which notebook to complete next. In the Client Managagement Section, the next notebook, going from left to right, is the



“Education” notebook. To enter a new education record for a child client, click on the “+” below the icon with the textbook and the apple. If there has already been a search for an education provider, there will be a list of choices. It is not unusual that the search has not been done. The steps to search for an “Education Provider” are basically the same as any other search. Go to the “Search” drop down menu. Select “Start Search.” In the “Area of Interest,” select “Education Provider.”

The following search dialogue box works the same as any other search dialogue box.

## Search for Education Provider

**Search** [X]


Search Type  
Education Provider ▼

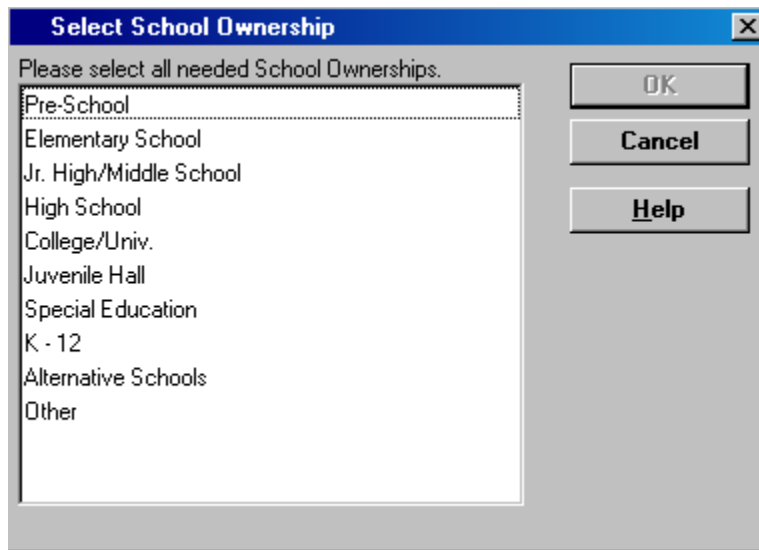
OK  
Cancel  
Help

School Category		▼	<input type="checkbox"/>
County		▼	<input type="checkbox"/>
District		▼	<input type="checkbox"/>
School		▼	<input type="checkbox"/>
School Name			<input type="checkbox"/>
Street Name			<input type="checkbox"/>
City			<input type="checkbox"/>
ZIP Code			<input type="checkbox"/>
Ownership			<input type="checkbox"/>

There are some importance nuances with searching for an education provider. The recommended technique for searching is to first select the school category from the drop down ment presented when the down arrow is clicked.



Then enter the zip code for the school. ZIP Code 96035 



Then click on the “Ownership” button.  Then select the appropriate ownership or possible choices.

This is a multi-select window. Select all of the ownership possibilities if desired. That would result in a search for all school types in a specific zip code. Click the “OK” button in the top right of the selection box. That will return the user to the search dialogue box.

**Search**

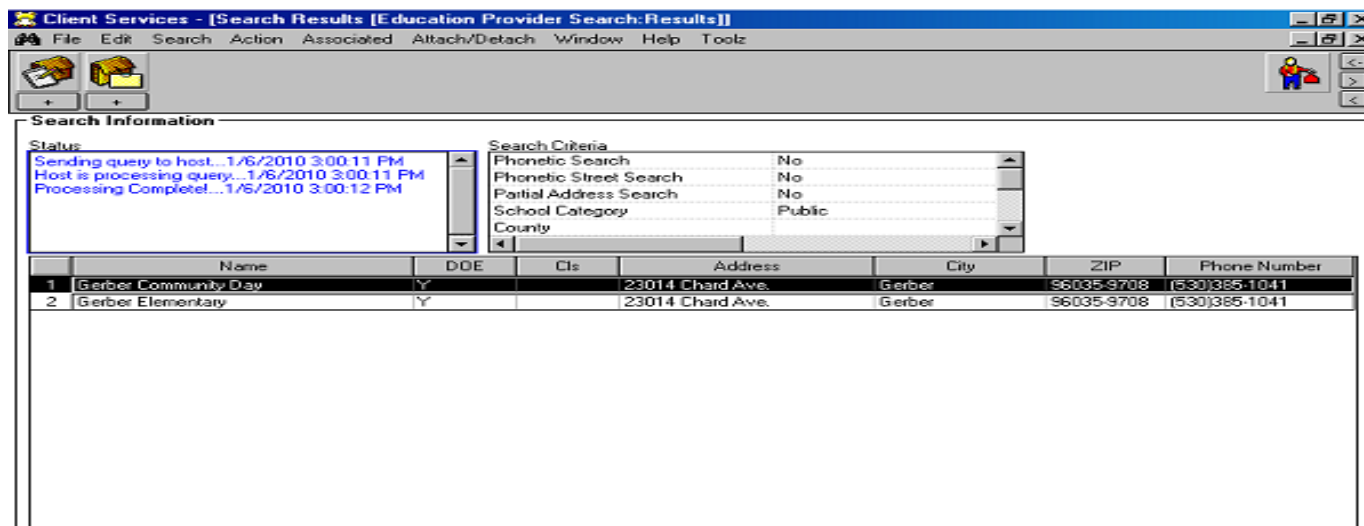
Search Type  
Education Provider

OK  
Cancel  
Help

School Category	Public	<input checked="" type="checkbox"/>
County		<input type="checkbox"/>
District		<input type="checkbox"/>
School		<input type="checkbox"/>
School Name		<input type="checkbox"/>
Street Name		<input type="checkbox"/>
City		<input type="checkbox"/>
ZIP Code	96035	<input checked="" type="checkbox"/>
Ownership	Pre-School ...	<input checked="" type="checkbox"/>

Click on the “OK” button on the top right of the search dialogue box. That will produce search results that will either show that there were no results found, or show all the education providers that meet the criteria that were entered for the search.

With the search completed and the desired school in the search results , enter the education information for the child. If the desired school is not found, talk to the supervisor to learn what steps to take next.



Now, or again, click on the “+” under the icon with the apple and the text book. Select the correct school from the list in the “Select this Education Provider” dialogue box and then click the “OK” button in the top right of the dialogue box.

**New Notebook**

Select Item to Create  
 Education Load

For this Client

	Name	Age(Yrs)	Gender	Birth Date
1	Training, Child	8	Male	10/01/2001

Select this Education Provider

	School Name	DOE	Cls	Address	
1	Gerber Community Day	Y		23014 Chard Ave. Gerber 96035-9708	(530)3
2	Gerber Elementary	Y		23014 Chard Ave. Gerber 96035-9708	(530)3

OK  
Cancel  
Sort...  
Help

The application will open to a new page, “Enrollment Information.” Use this page to enter information regarding this school enrollment episode. Create a “New Education” page each time the child changes schools. The “Enrollment Information” page of each Education notebook tracks all the grades in that school that the child attends.

Enrollment Information	Grade Level Information								
<b>Enrollment Information</b>									
<b>Education Decision Information</b> <input type="checkbox"/> Parental Rights to Make Education Decisions for this Child Limited by Court <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Court Order Date</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Court Appointed Education Representative</div> <div style="display: flex; margin-top: 5px;"> <div style="flex: 1;">Phone</div> <div style="flex: 1;">Ext</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<b>School of Origin</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 20%;">Decision Date</th> <th style="width: 20%;">Decision</th> <th style="width: 55%;">School</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">+</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Decision Date</div> <div style="display: flex; margin-bottom: 5px;"> <div style="flex: 1;"> <input type="radio"/> Yes              <input type="radio"/> No              <input type="radio"/> Not Applicable         </div> </div> <div style="display: flex; margin-bottom: 5px;"> <div style="flex: 1;"> <input type="checkbox"/> Education Provider         </div> <div style="flex: 2;">Education Provider Address</div> </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		Decision Date	Decision	School	+			
	Decision Date	Decision	School						
+									
<b>Current School</b> <input type="checkbox"/> Home Schooled            Education Provider Name <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Ryder High School</div> <div style="display: flex; margin-top: 5px;"> <div style="flex: 1;">Start Date</div> <div style="flex: 1;">End Date</div> <div style="flex: 2;">Reason Child Left School</div> <div style="flex: 1;">Likely Graduation Date</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>									
<b>Education Provider Contact</b> <div style="display: flex; margin-bottom: 5px;"> <div style="flex: 1;">Name</div> <div style="flex: 1;">Title</div> <div style="flex: 1;">Phone</div> <div style="flex: 1;">Fax</div> </div> <div style="display: flex; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>									
<b>Education Provider Address</b> <div style="display: flex; margin-bottom: 5px;"> <div style="flex: 1;">No.</div> <div style="flex: 3;">Street</div> </div> <div style="display: flex; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> <div style="border: 1px solid black; width: 340px; height: 20px;"></div> </div> <div style="display: flex; margin-bottom: 5px;"> <div style="flex: 1;">City</div> <div style="flex: 1;">State</div> <div style="flex: 1;">ZIP</div> <div style="flex: 1;">ZIP Ext</div> </div> <div style="display: flex; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 140px; height: 20px;"></div> <div style="border: 1px solid black; width: 110px; height: 20px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div>									
<b>Client Special Education</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;">Instruction Received</th> <th style="width: 20%;">Start Date</th> <th style="width: 35%;">End Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">+</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Instruction Received	Start Date	End Date	+			
	Instruction Received	Start Date	End Date						
+									

Use the "Education Decision Information" box to document that the parents' rights to make educational decisions have been limited by Court order.

**Education Decision Information**  
☐ Parental Rights to Make Education Decisions for this Child Limited by Court  

Court Order Date


Court Appointed Education Representative

Phone

Ext

If the Court order limits the parents' rights to make educational decisions for this child, enter the date of that specific Court Order in the "Court Order Date" field. Also, check the "Parental Rights to Make Education Decisions for this Child Limited by Court" check box by clicking in the box. Record who the Court appointed as the educational representative for the child. The Court must appoint someone. It may be the attorney representing the minor, the guardian-ad litem (if not the appointed attorney), a CASA (Court Appointed Special Advocate), or another adult from a list provided by the local Department of Education or school. It may not be the social worker or probation officer.

Use "School of Origin" to document the school that the child was in when detained, and to indicate whether or not it is in the child's best interest to be remain in this school.

School of Origin			
+	Decision Date	Decision	School
Decision Date		Keep Child in School of Origin	
<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	
 Education Provider		Education Provider Address	
<input type="text"/>		<input type="text"/>	



To document the decision, click on the “+” in the top left corner of the “School of Origin” information box. This will result in the

**School of Origin**

+	Decision Date	Decision	School
1			

Decision Date

**Keep Child in School of Origin**

☐ Yes ☐ No ☐ Not Applicable

Education Provider

Education Provider Address

following screen opening.

Complete the “Decision Date” and select one of the radial buttons to the right of the “Decision Date.” The next step is to click on the down arrow next to the [periwinkle](#) field to select the school of origin. If no school has been entered or a current “Education Provider” search has not been completed for education providers, there will be no names in the drop down menu. Click on the binoculars to the immediate left of “Education Provider” and directly above the periwinkle line. This will result in a search dialog box with the Education Provider already selected as the type of search. Complete the school category line, the ownership line and the zip code line. That should result in a list of schools in the zip code entered. If the search was successful, there will be no further prompts from the application; click on the down arrow again, and choose from the list of schools that will now be present.

The “Education Provider Address” box will also be completed based upon the address of the provider selected for the “School of Origin.”


A sample representation of a completed “School of Origin” information box or frame is shown on the next page.

**School of Origin**

+	Decision Date	Decision	School
1	09/10/2012	Yes	Ryder High School

Decision Date  
 09/10/2012

**Keep Child in School of Origin**  
☒ Yes ☐ No ☐ Not Applicable

 Education Provider  
 Ryder High School

Education Provider Address  
 318 Pretend St  
 Sacramento, CA 95819

If the child is home schooled, place a check in the “Home Schooled” box by clicking on it. Enter the date that the child enrolled in the school in the “Start Date” box. When the child leaves this school, enter that date in the “End Date” box. Enter the reason the child left the school from the dropdown menu in the “Reason Child Left School” field.

<None>
<None>
Deceased
Dropped Out
Emancipated
Excluded From Public Schools
Expelled
Graduated
GED
New School Opened
Placement Change
Promoted
Residence Change
School Closure
Transferred

Estimate when the child is likely to graduate from this school and enter that date in the "Likely Graduation Date" field.

The next two information boxes on the page, “Education Provider Contact” and “Education Provider Address” are automatically completed by the application, and there is no user data input. This information is based upon the school the user selected when creating this education episode.

Education Provider Contact				
Name	Title	Phone	Fax	
Kretz, Gary	Principal	( ) -	( ) -	

Education Provider Address				
No.	Street			
23014	Chard Ave.			
City	State	ZIP	ZIP Ext	
Gerber	California	96035	9708	

Use the next two information boxes to record information regarding a child client who is receiving Special Education Services. In the first information box, the user may enter the date span that the child client received special education. Click on the “+” in the left corner of the grid and complete the mandatory information.

Client Special Education			
+	Instruction Received	Start Date	End Date
Instruction Received <input type="radio"/> Yes <input type="radio"/> No		Start Date	End Date

Be sure that the needs are “Special Education” needs, not regular school needs. In order for there to be a Special Education need, the child must be evaluated by the school and determined to be a special education child through an IEP (Individualized Educational Plan) process.

Document whether or not the child client has completed at least one semester of college or attended postsecondary training by selecting the appropriate yes or no answer for each set of radial buttons. If possible, answer each question for each child client.

The second page, “Grade Level Information,” is for information regarding each grade the child attended while at this school. The next page indicates the process for entering the information above.

**Client Services - Case [Training, Child] - [Education [Gerber Elementary]]**

File Edit Search Action Associated Attach/Detach Window Help Tools

Enrollment Information **Grade Level Information**

+	Grade	Start Date	End Date	Teacher/Counselor

Grade Start Date End Date Grade Level Performance

Teacher/Counselor Name Hours at School Education Provider Name

Educational Needs/School Performance/Strengths/Interests

**Education Record**

+	Start Date	End Date	Information Type

Ready Case [Training, Child] -> Client (Case Focus Child) [Child Training] -> Education [Gerber Elementary]

Enter the child’s teacher or counselor in the “Teacher/Counselor Name” field. It is usual to have a single teacher in elementary school, then as the child goes to Jr. High or High School, he or she would have a counselor. Enter the hours the child is at

school. The “Education Provider Name” will default to the name of the school that is the education provider and cannot be edited.

Teacher/Counselor Name	Hours at School	Education Provider Name
<input type="text"/>	<input type="text"/>	<input type="text" value="Gerber Elementary"/>

Use the “Educational Needs/School Performance/Strengths/Interest” narrative field to enter information regarding any needs the child has in school, such as tutoring. Also, list any information regarding school performance or strengths. Document any special interest the child has, such as school clubs, sports or other activities the child is involved in at school.

Educational Needs/School Performance/Strengths/Interests

This field has only 180 characters available for text.

To enter information in the “Education Record” grid, start by clicking the “+” in the top left corner of the grid.

Education Record			
+	Start Date	End Date	Information Type
<div></div>			

That will result in the following.

**Education Record**

+	Start Date	End Date	Information Type
1			

Start Date:  End Date:  Information Type:

Education Record Comments:

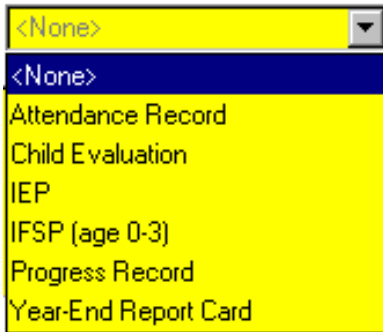
☐ Education Transportation Paid by

Remember that the yellow fields are mandatory and must be completed before the work can be saved. The periwinkle field is being used for the collection of data for Outcome Measures and should be completed if at all possible.

Complete the “Start Date” by entering the starting date for this educational record. It may not be the same as the date the child entered that grade or started attending that school. The “End Date” should be entered when that specific educational record ends, as with a report card recording a specific segment of time.

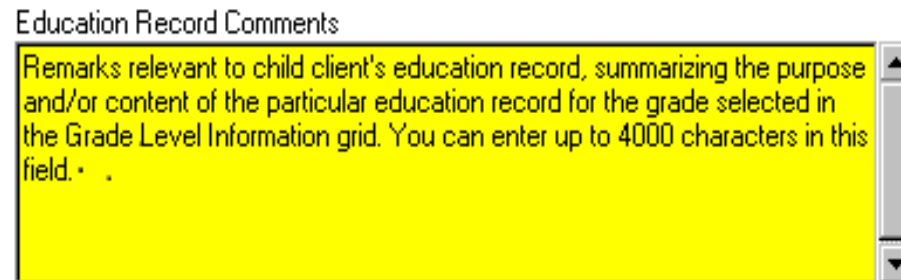
Start Date:  End Date:

Enter the “Information Type” by choosing one of the options in the dropdown menu when the down arrow is clicked.

A dropdown menu with a yellow background and a blue header. The header contains the text "<None>". The menu is open, showing a list of options: "<None>", "Attendance Record", "Child Evaluation", "IEP", "IFSP (age 0-3)", "Progress Record", and "Year-End Report Card".

Note that when "IEP" is selected, the "Education Transportation paid by School" field becomes enabled. If the school is providing the transportation for the special education for the child, click on this box

Finally, complete the "Education Record Comments" narrative field as shown below.

A text area with a yellow background and a grey border. The title "Education Record Comments" is at the top. The text inside reads: "Remarks relevant to child client's education record, summarizing the purpose and/or content of the particular education record for the grade selected in the Grade Level Information grid. You can enter up to 4000 characters in this field." There is a vertical scrollbar on the right side.

This completes the data entry process for the educational record for the child client. The following is a completed page.



Client Services - Case [B, Bobby] - [Education [Ryder High School]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Grade Level Information

	Grade	Start Date	End Date	Teacher/Counselor
1	0	08/22/2012		Home room Teacher

Grade: 0 Start Date: 08/22/2012 End Date: Grade Level Performance: 0

Teacher/Counselor Name: Home room Teacher Hours at School: Education Provider Name: Ryder High School

Educational Needs/School Performance/Strengths/Interests:

Education Record

	Start Date	End Date	Information Type
1	09/25/2012		IEP

Start Date: 09/25/2012 End Date: Information Type: IEP

Education Record Comments: Enter relative comments.

☒ Education Transportation Paid by

# Existing Health Notebook

The next notebook to complete is the child's "Existing Health" notebook. It is the icon with the red cross, syringe, and tablet.



Open the client's health notebook by clicking on the "Open Existing Health" icon shown above. Select which client's notebook to open by clicking on the appropriate client and then clicking "OK" in the selection dialogue box.

The screenshot shows a dialog box titled "Open Notebook". It has a "Select Item to Open" section with a dropdown menu set to "Health" and a "Load" button. Below this is a table for selecting a client. The table has columns for "Name", "Age(Yrs)", "Gender", and "Birth Date". The table contains three rows: "Training Child" (8 Male, 10/01/2001), "Training Father" (40 Male, 01/01/1970), and "Training Mother" (39 Female, 01/01/1971). To the right of the table are buttons for "OK", "Cancel", "Sort...", and "Help". Below the table is a section titled "Open this Health" with a dropdown menu set to "Health" and a list box containing "1 Current Record for Training Child".

	Name	Age(Yrs)	Gender	Birth Date
1	Training Child	8	Male	10/01/2001
2	Training Father	40	Male	01/01/1970
3	Training Mother	39	Female	01/01/1971

	Health
1	Current Record for Training Child

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History Screenings

☐ Sensitive Health & Medical Information is on file for this person

☐ Individual Health Care Plan on File for Special Needs Child

☐ Limitation Put on Substitute Care Provider's Ability to Make Health Decisions

Summary of Current Health Condition

**Dual-Agency Services Received**

+	Provided By	Start Date	End Date

Provided By  Other

Start Date  End Date

**Has this child been clinically diagnosed as having a disability(ies)?**

☐ Yes ☐ No ☐ Not Yet Determined

Ready Case [Training Case] -> Client [ ] -> Health [Son Training]

Above is the first page in the Health notebook.

Click on the elements that are true for the specific client. There is a narrative text box and one information box that is coded with **green**.

☐ Sensitive Health & Medical Information is on file for this person

file rather than in the database.

Click this box when sensitive health information is kept in a paper

☐ Individual Health Care Plan on  
File for Special Needs Child

needs child.

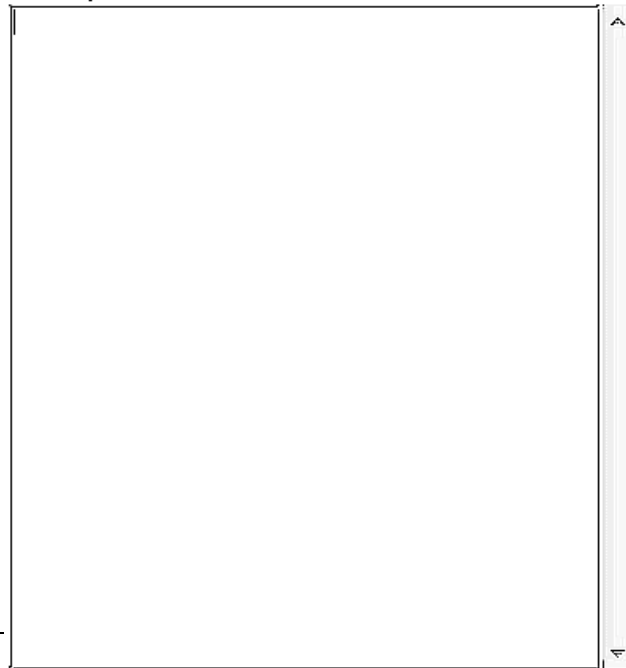
Click this box when an individual health care plan is on file indicating this child client as a special

☐ Limitation Put on Substitute Care Provider's Ability to Make Health Decisions

for the child client.

Click this box when a SCP has been limited in making health decisions

Summary of Current Health Condition



Use this box to create and update a summary of the client's overall health condition and information about the location of the client's health records. You can enter up to 4000 characters in this field.

To the immediate right of the summary field is an information box titled “Dual-Agency Services Received.”

Dual-Agency Services Received			
+	Provided By	Start Date	End Date
1			

Provided By	Other
<input type="text"/>	<input type="text"/>
Start Date	End Date
<input type="text"/>	<input type="text"/>

Users document any services received by this client from “CA Children’s Services”, “Regional Center” or “Other”. Click on the “+” in the top left corner of the grid and complete the “Provided By” fields and dates as appropriate. If “Other” is selected from the “Provided By” dropdown menu, the “Other” field becomes a mandatory field and must be completed. The “Historical Information” frame is read-only. It will reflect data entered in earlier versions of CWS/CMS.

A representative sample of a completed summary page is featured on the following page.

Client Services - Case [Training Case] - [Health [Son Training]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History Screenings

**Summary**

☐ Sensitive Health & Medical Information is on file for this person ☐ Individual Health Care Plan on File for Special Needs Child

☐ Limitation Put on Substitute Care Provider's Ability to Make Health Decisions

Summary of Current Health Condition

Summary of the client's overall health condition and information about the location of the client's health records. You can enter up to 4000 characters in this field.

**Dual-Agency Services Received**

+	Provided By	Start Date	End Date
1	CA Children's Services	01/01/2013	

Provided By: CA Children's Services Other:

Start Date: 01/01/2013 End Date:

Has this child been clinically diagnosed as having a disability(ies)?

☐ Yes ☐ No ☐ Not Yet Determined

The final element of this page is the box with the green heading. This box requires an answer. One of the three radial buttons should be clicked. The green signifies that this is AFCARS reported data and should be completed if possible. AFCARS is an acronym for Adoption and Foster Care Analysis and Reporting System.

The disabilities specifically to be documented for AFCARS reporting are; “Mental Retardation”, “Visual or Hearing Impairment”, “Physical Disability” and “Other Medically Diagnosed Conditions Requiring Special Care”. The user should select the “Yes” answer if any of these conditions exist, or the “No” answer if the conditions do not exist. If the conditions exist, enter them as a diagnosed condition on the next page.

Complete the health notebook and its fields as appropriate to the specifics of the child client. The summary information narrative should be filled out in as normal English as possible. Too many medical terms would make the field hard for non-medical professionals to read or fully understand.

## Diagnosed Conditions Page

This page is used to record health conditions that have been diagnosed by Medical Professionals. The person completing this page can also record previously diagnosed health issues. The page has the functionality to allow marking a condition as requiring extra care and can place this condition in a special section of the HEP.

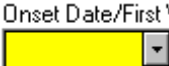
The screenshot shows a software window titled "Client Services - Case [Training, Child] - [Health [Child Training]]". The window has a menu bar (File, Edit, Search, Action, Associated, Attach/Detach, Window, Help, Tools) and a toolbar with various icons. Below the toolbar is a tabbed interface with tabs for Summary, Diagnosed Condition (selected), Observed Condition, Medications, Hospitalizations, Medical Tests, Referrals, Immunization, Well Child, and Birth History.

The "Diagnosed Condition" tab is active, displaying a form with the following sections:



- Diagnosed Condition Table:** A table with columns: Alert, Health Problem, Diagnosed By, Onset Date / First Visit, and End Date. The table is currently empty.
- Form Fields:**
  - ☐ Alert
  - Onset Date/First Visit: [Date Picker]
  - End Date: [Date Picker]
  - Next Scheduled Visit Date: [Date Picker]
  - Diagnosed By: Name [Text Field], Phone [Text Field]
- Condition Section:**
  - Category: [Dropdown Menu]
  - Health Problem: [Text Field]
  - Communicable Disease: ☐ Unknown, ☒ No, ☐ Yes
- For This Diagnosed Condition Section:**
  - Medications Prescribed: ☒ Unknown, ☐ No, ☐ Yes
  - Medical Tests Ordered: ☒ Unknown, ☐ No, ☐ Yes
  - Hospitalizations Occurred: ☒ Unknown, ☐ No, ☐ Yes
  - Referrals Made: ☒ Unknown, ☐ No, ☐ Yes
- Health Problem Description:** [Text Area]


The status bar at the bottom shows "Ready" and the navigation path "Case [Training, Child] -> Client [ ] -> Health [Child Training]".




Click the “+” in the top left corner of the grid on the page. This will enable the fields so data can be entered. There are four **mandatory** fields on the page. The first is the “Onset Date/First Visit” field.  This calendar is not limited. Enter the initial date even if that date is prior to the referral or case dates.

**Diagnosed By**

Name	Phone
	

The second **mandatory** field is regarding who made the diagnosis. The user types the name of the medical professional who made the diagnosis. If available, enter the phone number to reach the medical professional. The last **mandatory** field is “Category.” 

Select the category from the dropdown list. There are four possible choices in this field.



- Behavioral
- Emotional
- No Known Health Condition
- Physical Health

Each of the conditions has a dropdown menu of possible problems within that condition. Once a category is selected, it becomes a **mandatory** field.

Health Problem 

The “Behavioral” category has approximately 37 problems, the “Emotional” category has approximately 25 problems, and the “Physical Health” category has approximately 145 problems in the dropdown menu.

Use the “Communicable Disease” information box to record if the health problem is communicable.

**Communicable Disease**  
☐ Unknown    ☒ No    ☐ Yes

To flag this condition as having a special aspect and/or needing special attention, use the “Alert” ☐ Alert check box. It is located to the left of the “Onset Date/First Visit” data field.

Health Problem Description

Use this narrative field to add any additional description necessary for this condition. It becomes a **mandatory** field if one of the “other” choices is selected as a problem for the category.

The final element on this page is the “For This Diagnosed Condition” information box. It has four separate specific information boxes within in. Each of these boxes has its own name and three radial button to chose from. “Unknown” is the default condition. The only other choice available to the entry person from this page is “No.” The “Yes” radial button can only be

**For This Diagnosed Condition**

<b>Medications Prescribed</b> <input checked="" type="radio"/> Unknown <input type="radio"/> No <input type="radio"/> Yes	<b>Medical Tests Ordered</b> <input checked="" type="radio"/> Unknown <input type="radio"/> No <input type="radio"/> Yes
<b>Hospitalizations Occurred</b> <input checked="" type="radio"/> Unknown <input type="radio"/> No <input type="radio"/> Yes	<b>Referrals Made</b> <input checked="" type="radio"/> Unknown <input type="radio"/> No <input type="radio"/> Yes

selected by going to the one of the four pages these information boxes represent and entering the information in that page.

**Client Services - Case [Training, Child] - [Health [Child Training]]**

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

**Diagnosed Condition**

	Alert	Health Problem	Diagnosed By	Onset Date / First Visit	End Date
1	Yes	Allergies	Dr. Hospital	11/13/2009	
2	No	Other Physical Health Condition	Emergency Room Tech	01/10/2009	01/22/2009
3	No	Chickenpox	Prior Doctor	01/10/2006	01/17/2006

☒ Alert      Onset Date/First Visit: 11/13/2009

End Date:      Next Scheduled Visit Date:      Diagnosed By: Name: Dr. Hospital      Phone: (111)111-1111

**Condition**  
 Category: Physical Health  
 Health Problem: Allergies  
 Communicable Disease: ☐ Unknown ☒ No ☐ Yes

**For This Diagnosed Condition**  
**Medications Prescribed:** ☒ Unknown ☐ No ☐ Yes  
**Medical Tests Ordered:** ☒ Unknown ☐ No ☐ Yes  
**Hospitalizations Occurred:** ☒ Unknown ☐ No ☐ Yes  
**Referrals Made:** ☒ Unknown ☐ No ☐ Yes

Health Problem Description:  
 Severe allergy to peanuts. Keep an inhaler with child at all times. If child consumes any peanuts or peanut oil, take to nearest hospital immediately for further care.

Ready Case [Training, Child] -> Client [] -> Health [Child Training]

Above is a completed "Diagnosed Condition" page with three entries. **Note the alert on peanut allergy.**

## Observed Condition Page


**Client Services - Case [Training, Child] - [Health [Child Training]]**


File Edit Search Action Associated Attach/Detach Window Help Toolz


Summary Diagnosed Condition **Observed Condition** Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

+	Alert	Health Problem	Observed By	Onset Date / First Visit	End Date
<div> <input type="checkbox"/> Alert           Onset Date/First Visit: <input type="text"/> End Date: <input type="text"/> </div> <div> <b>Condition</b> <div> Category: <input type="text"/> Health Problem: <input type="text"/> </div> </div> <div> <b>Observed By</b> <div> Name: <input type="text"/> </div> </div> <div> Description: <input type="text"/> </div>					

Ready Case [Training, Child] -> Client [] -> Health [Child Training]


Data is entered on this page exactly like data was entered on the “Diagnosed Conditions” page. Click the “+” in the top left corner of the grid. Enter a “Start Date/First Visit” date in the appropriate field.  Select a “Category,” then a

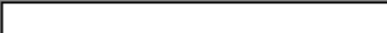
Category 

Health Problem 

“Health Problem.”

These are the same selections as for “Diagnosed Conditions.” Next, type the name of the individual who reported the condition to the department or worker. The major difference is that there is no restriction as to who may observe a condition. The only

Observed By 

Name 

application or practice restriction is that the user knows who observed the condition.

After clicking the “+” in the top left corner of the grid, these fields will all become **mandatory** fields and must be completed before the data can be saved.

The last element on this page is the “Description” narrative box. It can contain up to 4,000 characters. Use this narrative field to add any additional description necessary for this observed condition.

The next page demonstrate a completed “Observed Condition” page.

**Client Services - Case [Training, Child] - [Health [Child Training]]**

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary Diagnosed Condition **Observed Condition** Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

+	Alert	Health Problem	Observed By	Onset Date / First Visit	End Date
1	No	Bizarre Behavior Exhibited	Causal Training	01/01/2010	

☐ Alert    Onset Date/First Visit: 01/01/2010    End Date:

**Condition**

Category: Behavioral

Health Problem: Bizarre Behavior Exhibited

**Observed By**

Name: Causal Training

**Description**

Child observed beating head on floor in Chucky Cheese.

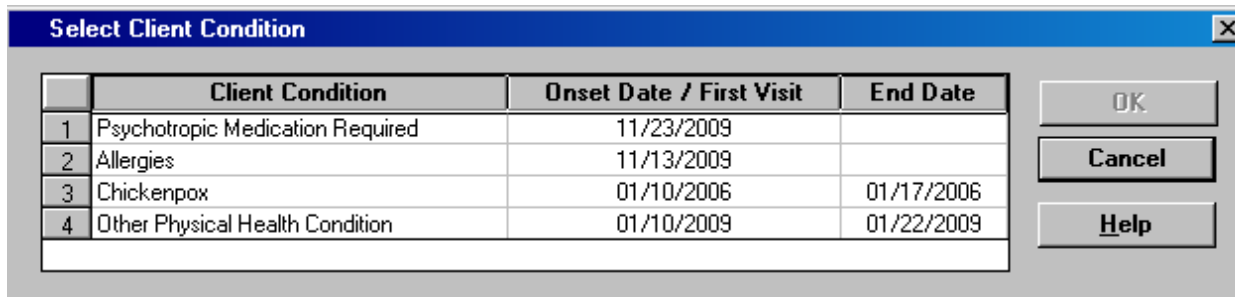
Ready    Case [Training, Child] -> Client [] -> Health [Child Training]

## Medications Page

The next four pages, “Medications,” “Hospitalizations,” “Medical Tests” and “Referrals,” all require a diagnosed condition entered on the “Diagnosed Conditions” page prior to allowing data entry. The first page of the four is the “Medications” page.

Use this page to view or enter a child client's prescribed medications. This page is not available unless the client is either a case focus child or a referral client named as the victim in an “Allegation” notebook.

As with all grids in CWS/CMS, to enter data in the grid, click the “+” in the top left corner of the grid. Next, select the diagnosed condition for which the child’s medication is being used.



	Client Condition	Onset Date / First Visit	End Date
1	Psychotropic Medication Required	11/23/2009	
2	Allergies	11/13/2009	
3	Chickenpox	01/10/2006	01/17/2006
4	Other Physical Health Condition	01/10/2009	01/22/2009

Buttons: OK, Cancel, Help

Select the correct diagnosed condition by clicking on it and then clicking on the “OK” button to the right. The page will now open as shown below.

**Client Services - Case [Training, Child] - [Health [Child Training]]**

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

	Alert	Prescribed Medication	Start Date	End Date
1	No		11/23/2009	

Client Condition:  Onset Date / First Visit:  End Date:

☐ Alert Prescribed Medication:

Start Date:  Projected End Date:  End Date:

Comment / Instructions:

**Is this a psychotropic medication?**

☐ Yes ☐ No

**Is this medication administered for psychiatric reasons?**

☐ Yes ☐ No

**Parental Consent/Court Order**

	Consent Type	Date

Consent Type: ☐ Parental Consent ☐ Court Ordered Date:

Ready Case [Training, Child] -> Client [] -> Health [Child Training]

The data in the "Client Condition," "Onset Date/First Visit" and "End Date" fields are read-only and cannot be changed from this page.



Enter the medication in the “Prescribed Medication” field and document the prescribing doctor in the “Prescribed By” field.

Prescribed Medication	Prescribed By

The “Start Date” is a **mandatory** field. It will default to the onset date of the selected condition but can be changed to predate the condition. Use the “Projected End Date” to record an anticipated ending date for the medication if there is one. Use the

Start Date	Projected End Date	End Date
11/23/2009		

“End Date” to record the actual date the medication was ended.

Comment / Instructions

Use the “Alert” check box ☐ Alert in the same manner as the alert in the “Diagnosed Condition” page.

Use the “Comments/Instructions” narrative box to make remarks relevant to the medication selected in the Medications grid, such as a reason for the prescription, usage instructions and/or foods to avoid. Note whether the prescribed date differs from the date that the client actually began

taking the medication. This field allows up to 254 characters.

The next two data fields are very closely related and are stacked rather than side-by-side.

<b>Is this a psychotropic medication?</b>
<input type="radio"/> Yes <input type="radio"/> No
<b>Is this medication administered for psychiatric reasons?</b>
<input type="radio"/> Yes <input type="radio"/> No

Both are **mandatory** and “Yes” or “No” must be selected for each.

The last element of this page is the “Parental Consent/Court Order” information box.

**Parental Consent/Court Order**

+	Consent Type	Date

**Consent Type**

☐ Parental Consent    ☐ Court Ordered

**Date**

[Date Selection Field]

This must be completed for psychotropic medications. If the child has been named a Dependent of the Court, there must be a Court Order to give the child the medication. Prior to the child being named a dependent, only parental consent is necessary. There is a legal process and specific forms that must be filed with the Court prior to the Court making the order. Some of the forms are completed by the prescribing doctor; some blank forms are provided to the parents and the parents’ attorney(s). Closely follow county procedures in this process.

*Tip: If the child is receiving psychotropic drugs at the time of removal, start the process prior to the disposition hearing.*

It is possible the Court will order the parent have the right to consent. This is still a Court order, and should be recorded as such.

To enter a date in this information box, click the “+” in the top left corner of the grid. The “Consent Type” and “Date” become

mandatory.

**Consent Type**

☐ Parental Consent    ☐ Court Ordered

**Date**

[Yellow Highlighted Date Field]

Document the type of consent by selecting one of the radial buttons, then enter the date of the consent or order.

A completed "Medications" page is shown below.

Client Services - Case [Training, Child] - [Health [Child Training]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary Diagnosed Condition Observed Condition **Medications** Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

+	Alert	Prescribed Medication	Start Date	End Date
1	No	Ridlin	11/19/2009	

Client Condition: Psychotropic Medication Required

Onset Date / First Visit: 11/23/2009

End Date:

☐ Alert Prescribed Medication: Ridlin

Prescribed By: Dr. Schmidt

Start Date: 11/19/2009

Projected End Date:

End Date:

Comment / Instructions:

**Is this a psychotropic medication?**

☒ Yes ☐ No

**Is this medication administered for psychiatric reasons?**

☒ Yes ☐ No

**Parental Consent/Court Order**

+	Consent Type	Date
1	Court Ordered	11/27/2009

**Consent Type**

☐ Parental Consent ☒ Court Ordered

Date: 11/27/2009

Ready Case [Training, Child] -> Client [] -> Health [Child Training]

## Hospitalization Page

This page records information about any hospitalizations.

Client Services - Case [Training, Child] - [Health [Child Training]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Bath History

Hospitalizations

+	Admit Date	Discharge Date	Client Condition	Hospital

Client Condition:

Onset Date / First Visit:  End Date:

Admit Date:  Discharge Date:

Attending Physician Name:

Hospital Name:

Hospital Location:

Hospitalization Comments:

Ready Case [Training, Child] -> Client [] -> Health [Child Training]

Again, click the “+” in the top left corner of the grid to enter information on this page.

Select Client Condition			
	Client Condition	Onset Date / First Visit	End Date
1	Psychotropic Medication Required	11/23/2009	
2	Allergies	11/13/2009	
3	Chickenpox	01/10/2006	01/17/2006
4	Other Physical Health Condition	01/10/2009	01/22/2009

OK  
Cancel  
Help

Select the condition for which hospitalization occurred (in this case, “Allergies” will be selected). Then, click on the “OK” button.

The “Admit Date” field is the only **mandatory** field on this page. Admit Date  
11/11/2009 It will default to the “Onset Date/ First Visit” value on the diagnosed condition page, but the date is can be edited to reflect the actual date of the hospitalization.

Complete the “Discharge Date” field Discharge Date  
11/13/2009 and the “Hospitalizations Comments” narrative box to document reasons for the hospitalization.

Hospitalization Comments

After eating a ice cream treat, the child started having difficulties breathing. It was necessary to take the child to the hospital for assistance.

Finally, complete the remaining three fields: “Attending Physician;” Hospital Name;” and “Hospital Location.” This completes the “Hospitalizations” page.

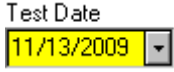
Attending Physician Name

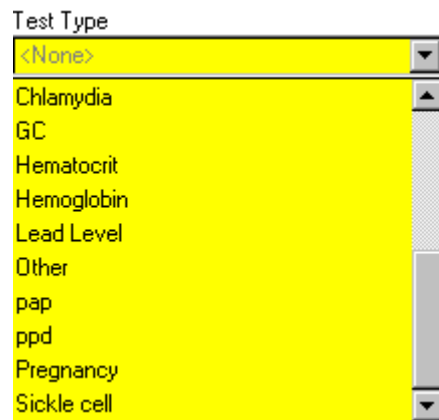
Hospital Name

Hospital Location

## Medical Tests Page

The third page in the series of four shares many of the same characteristics. Clicking the “+” in the top left corner of the grid allows the selection of a client condition. After selecting the appropriate condition, there are two **mandatory** fields on the page.

The first is “Test Date.”  It also defaults to the date entered on the “Diagnosed Conditions” page. If necessary, change it to the appropriate date. The second mandatory field is a dropdown menu: “Test Type.” Select one of the options in the dropdown menu after clicking on the down arrow.



This is the complete list.

*Tip: If the list and the selection are known, instead of clicking on the down arrow, type the first letter of the selection. The application will complete the selection line with the first selection that starts with the letter. If that is not the correct selection, use the down arrow on the keyboard to scroll through the list until the correct response is listed.*

Complete the “Test Location” field  if available.

A sample of the “Medical Tests” page is illustrated below.

Client Services - Case [Training, Child] - [Health [Child Training]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

**Tests for Diagnosed Condition**

	Test Date	Test Type
1	11/13/2009	Other

Client Condition: Allergies Onset Date / First Visit: 11/13/2009 End Date:

Test Date: 11/13/2009 Test Type: Other Test Location: Local medical office

Test Results: Allergy Tests

Ready Case [Training, Child] -> Client [] -> Health [Child Training]

## Referrals Page

The final of the four related pages is the “Referrals” page. Use it to document what conditions led to the referral, the provider that made the referral for the client, the provider that the client was referred to, the reason for the client referral, the date the referral was made, the date the referral was processed, and the date the referred child was seen by the medical professional in the referral.

After clicking on the “+” and selecting the appropriate condition, confirm or correct the “Date Referral Made By Provider” field.

Date Referral  
Made By Provider

12/01/2009

Complete the “Referred By” and “Referred To” data fields.

Referred By

Hospital discharge physician

Referred To

Allergy specialist

Explain the purpose for the referral in the “Reason” narrative field. This field will allow only 254 characters. Enter the date the client was seen for his or her referral in the “Seen Date” field.

Reason

Further allergy testing

☒ Referral Processed

Date Seen

12/18/2009

A sample of the completed page follows.



**Client Services - Case [Training, Child] - [Health [Child Training]]**

File Edit Search Action Associated Attach/Detach Window Help Toolz

Start Navigation Tools

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

**Medical Referrals**

+	Date Ref. By Provider	Referred To	Client Condition	Referred By
1	12/01/2009	Allergy specialist	Allergies	Hospital discharge physician

Client Condition: Allergies Onset Date / First Visit: 11/13/2009 End Date:

Date Referral: 12/01/2009 Made By Provider: Hospital discharge physician Referred By: Hospital discharge physician Referred To: Allergy specialist

Reason: Further allergy testing

☒ Referral Processed Date Seen: 12/18/2009

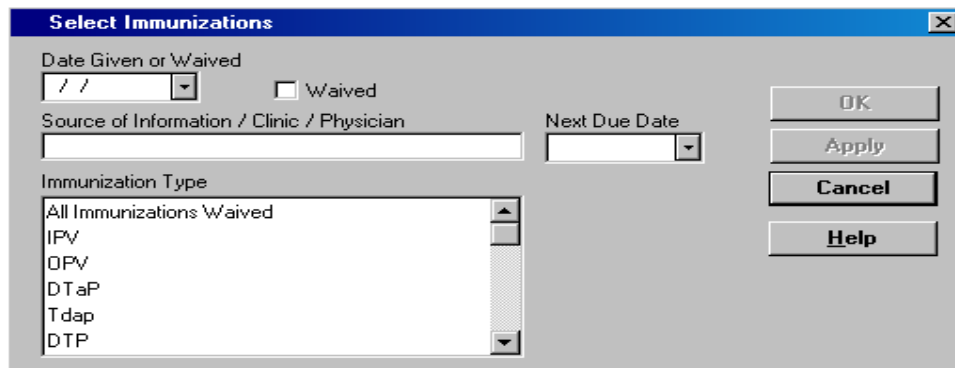
Ready Case [Training, Child] -> Client [] -> Health [Child Training]

## Immunizations Page


The last three pages in the notebook, “Immunizations,” “Well Child” and “Birth History,” are not related in the same manner as the previous four notebooks. Each of these notebooks can be accessed and modified without regard to the “Diagnosed Conditions” notebook.

The “Immunizations” notebook is next. Use this notebook to document the immunizations that the client has received, when the next immunization is due and the department’s source of information for the immunization. As with the other pages in this notebook, data is entered through a grid. Functionally, all data in a grid is entered in the same manner in CWS/CMS; click the “+” in the top left corner of the grid.

Complete the dialogue box to access and complete fields on the page.



Provide the date the immunization was given, or the date immunization was waived by someone with the legal authority to do

so. 

If the immunization was waived, click the “Waived” box to the right of the date.

Next, provide the source of the information. Usually this is the shot record/card. Other sources may be from the billing statement from or conversations (contacts) with the physician or SCP (foster parent, group home staff, etc.). If available, also record the date the next immunization is due.

Source of Information / Clinic / Physician	Next Due Date
<input type="text"/>	<input type="text"/>

Next, from the dropdown menu, select the type of immunization the client received.


All Immunizations Waived	Td	Hep A	
IPV	DT	Pneumococcal	
OPV	Hib	RSV	
DTaP	MMR	TB Test	Meningococcal Conjugate Vaccine
Tdap	Hep B	HPV	Rotavirus
DTP	VZV	Influenza	Other

At this point, there is a change or addition to the functionality of the dialogue box. Notice the “Apply” button directly below the “OK” button on the next page.

If entering another immunization, select the “Apply” button. The dialogue box will clear, making it possible to enter the next immunization. Continue using the “Apply” button until all immunizations are entered, and then click on the “OK” button. All immunizations entered prior to hitting the “OK” button will be entered on the page.

*Tip: If the apply button is clicked one too many times, simply click on the “Cancel” button. All entered data will display on the page.*

Unless a TB test is entered as the immunization type, the “TB Test Result” information box will be deactivated. When a TB test

type is entered, the “TB Test Result” information box becomes mandatory. Select the appropriate answer and click in the radial button  next to that answer. Use the “Comments/Results” narrative box for recording any comments about

any immunization or test entered on this page. The narrative box is specific to the immunization or test on the line in the grid that is selected. Each line has its own narrative box. The narrative box will hold 254 characters.

Below is an example of a completed immunization page.

**Client Services - Case [Training, Child] - [Health [Child Training]]**

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

**Immunization**

	Immunization Type	Date Given or Waived	Waived	Next Due Date
1	MMR	08/10/2009	No	08/09/2010
2	TB Test	01/14/2008	No	

Immunization Type: TB Test Date Given or Waived: 01/14/2008 ☐ Waived

Source of Information / Clinic / Physician: Shot card Next Due Date:

Comments/Results:

**TB Test Result**

☐ Positive

☐ Negative

☐ Not Read

Ready Case [Training, Child] -> Client [] -> Health [Child Training]

## Well Child Page



By clicking on "Well Child," a blank form opens, as shown below.

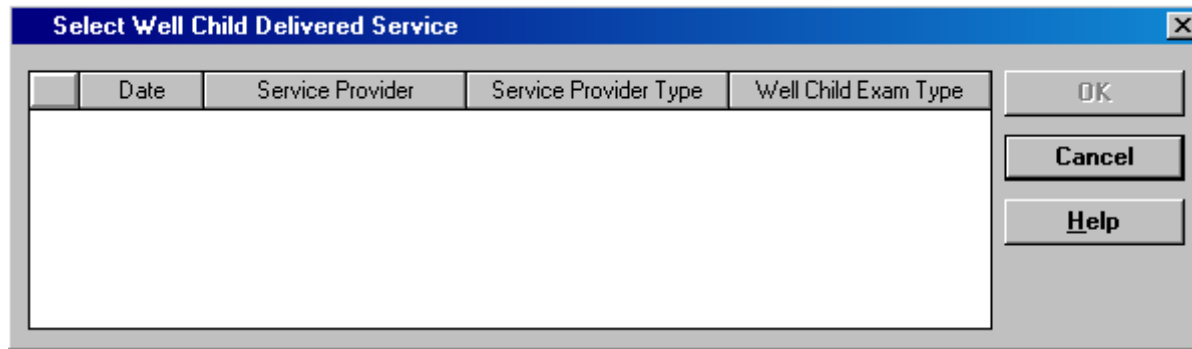
The screenshot shows a software window titled "Client Services - Case [Training, Child] - [Health [Child Training]]". The window has a menu bar (File, Edit, Search, Action, Associated, Attach/Detach, Window, Help, Tools) and a toolbar with various icons. Below the toolbar is a tabbed interface with tabs for Summary, Diagnosed Condition, Observed Condition, Medications, Hospitalizations, Medical Tests, Referrals, Immunization, Well Child, and Birth History. The "Well Child" tab is active.

The "Well Child" form contains the following fields and controls:


- A table header with columns: Date, Service Provider, Service Provider Type, and Well Child Exam Type.
- Below the table header, there are input fields for Date, Service Provider, Service Provider Type, and Well Child Exam Type.
- Below these fields, there are input fields for Age, Age Unit, Height, Height%, Weight, Weight%, and Head Circumference.
- Below these fields, there are checkboxes for "Est DOB" and "No Problem Noted".
- A large text area labeled "Medical/Dental Referral" with a scroll bar.

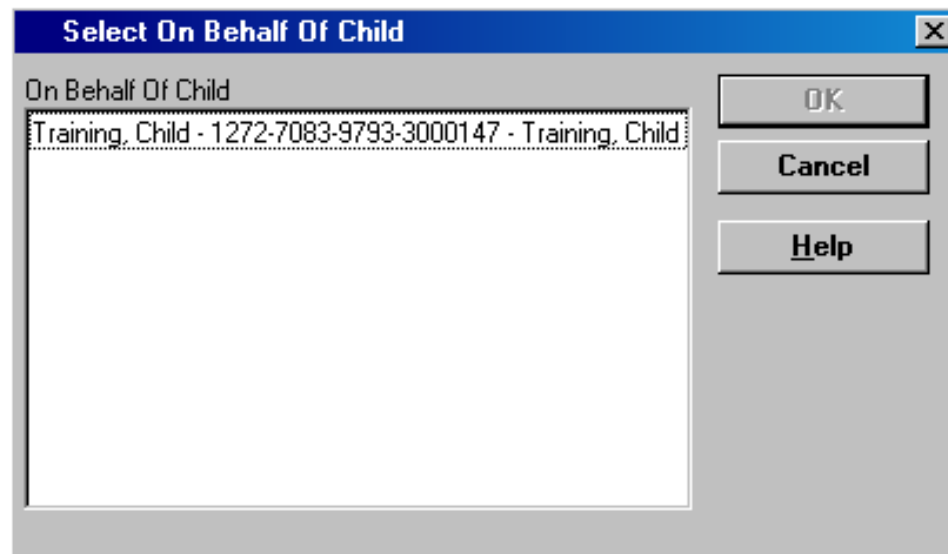
The status bar at the bottom of the window displays "Ready" and the path "Case [Training, Child] -> Client [ ] -> Health [Child Training]".

Click on the “+” in the top left corner of the grid. This will result in the following dialogue box.



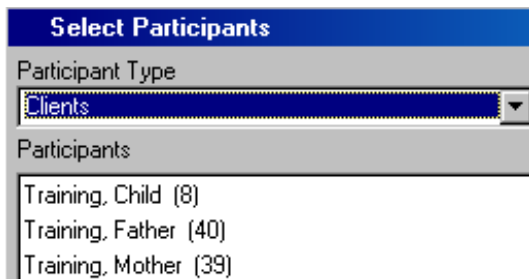
This dialogue box appears to be the same as the other dialogue boxes in the “Medications,” “Hospitalizations,” “Medical Tests” and “Referrals” pages. However, this one is blank, whereas the previous dialogue boxes all created choices based on “Diagnosed Conditions.” A closer look at the title bar of this dialogue box shows that it is looking for “Well Child Delivered Services.” “Delivered Services” is the second page of the “Contact” notebook.

To document that this child received a well-child exam, first document that there was a contact and that a well-child service was delivered to this client. To do that, go to the “Service Management”  section and create a “New” contact by clicking on the “+” under the image of the rolodex. This will result in a new dialogue box for selecting the contact who is acting on behalf of the client/child. Note that this dialogue box is not asking who the contact was, but rather who received a benefit from the contact. The only choices available are the child clients and child siblings. In this case, select the child and then click, “OK.”



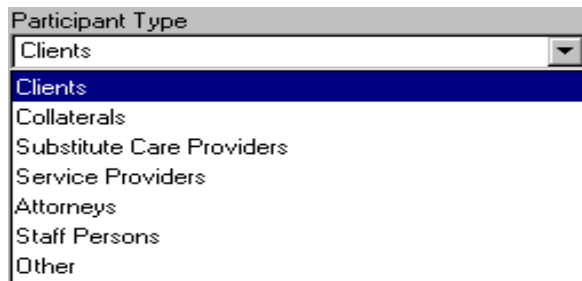
This will cause the application to open a new page. Use the new page to document the contact that provided the “CHDP” information. In this instance, it was a telephone call with Dr. John Schmidt.

When first clicking the “+” to enter who participated in the contact, the following dialogue box appears.

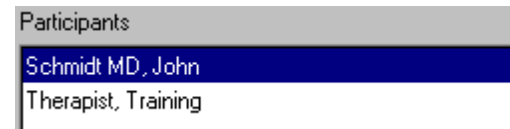




This contact was not made with the child or either parent. It was made with Dr. John Schmidt. The participant should be Dr. John Schmidt. To be able to document Dr. Schmidt as the participant, click the down arrow to the right of “Clients.” This will result in the following dropdown menu.



If Dr. Schmidt is entered as a “Service Provider,” select the “Service Providers” option. If not, select “Other.” In this example, Dr. Schmidt is entered as a service provider; therefore, “Service Providers” will be selected.



This will result in a list of the service providers recorded in this case.

Dr. Schmidt’s selection is shown in the highlighted area. If he was not the correct service provider, you would click on Dr. Schmidt and then click the “OK” button to the right. If the service provider is not listed, click on “Other,” which will produce a selection list with only one choice: “Other.” Click the “Other” in the list and then, “OK.”

The contact notebook page with the data fields that have been completed to this point are demonstrated on the following page.

# Contact Notebook

**Client Services - Case [Training, Child] - [Contact [01/11/2010 ]]**

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

**Contact Information**

Staff Person: Weekly, Susan Start Date: 01/11/2010 Start Time: 10:00am End Date: 01/11/2010 End Time: 10:14am

Contact Purpose: Consult with Sub Care Provider Method: Telephone Location: Status: Completed

**Participants**

	Participants
1	Schmidt MD, John

**On Behalf of Child**

	On Behalf of Child
1	Training, Child

**Contact Party Type**

	Contact Party Type
1	Staff Person/Service Provider

**Case Management Services/Referrals**

	Case Management Services/Referrals
+	Wraparound

☐ Wraparound

**Narrative**

Ready Case [Training, Child] -> Contact [01/11/2010 ]

Complete the “Narrative” box. See the example below.

Narrative

Dr. Schmidt called this worker. Dr. Schmidt reported that the child had recieved a CHDP physical on October 7, 2009. See associated services for specifics of the exam.

Next, go to the second page on the contact notebook, "Associated Services."

Contact	Associated Services	Associated Visits
---------	---------------------	-------------------



## Associated Services Page

Click on the “+” in the top left of the grid.

Client Services - Case [Training, Child] - [Contact [08/31/2010]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Associated Services

+	Start Date	End Date	Service Category	Service Type	Wraparound
---	------------	----------	------------------	--------------	------------

**Service**

☐ Offered but not delivered ☐ Hard Copy On File

Start Date Start Time Service Category

End Date End Time Service Type

☐ Wraparound

**Provider**

☒ Staff Person ☐ Service Provider ☐ Collateral


☐ Substitute Care Provider


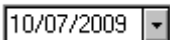
Provider Name

On Behalf of Child Service Recipient Other Participants

Narrative

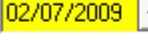
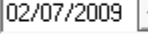
Ready Case [Training, Child] -> Contact [08/31/2010]

Complete the **mandatory** fields. Starting with the date.  In this example, the date was October 7, 2009 (refer to the contact narrative). Note that when the user enters a “Start Date,” the application automatically generates an “End Date” that will be the same as the start date. This can be changed if necessary.

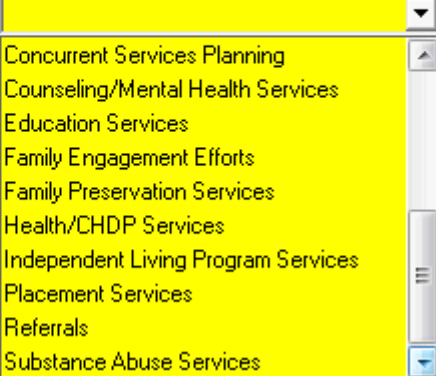
Start Date  
  
 End Date  


**Service**

☐ Offered but not delivered ☐ Hard Copy On File **Well Child Exam**

Start Date  Start Time : am  
 End Date  End Time : am

**Service Category**



**On Behalf of Child**

**1** Training, Son

Narrative

Next, select a “Service Category” from the dropdown list. In this example, the category was “Health/CHDP Service.” After selecting a category, select a “Service Type.” In this example, the type is “HEP – CHDP Physical Exam.” Regardless of how many

Select On Behalf Of Child /Service Recipient

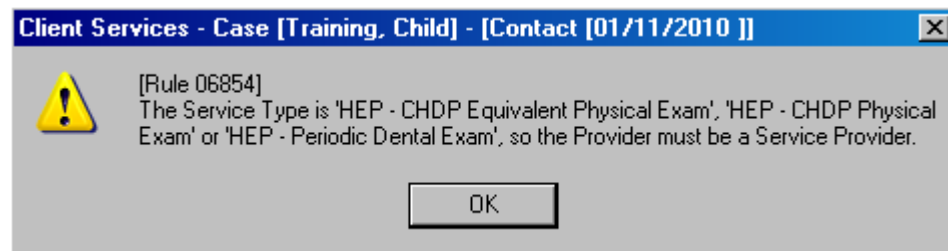
Please select one person to populate the On Behalf Of and Service Recipient grids for this specific Associated Service. All other On Behalf Of's and Service Recipients, if they exist, will be removed

Training, Son - 1242-6018-0592-9000018 - Case, Training  
 Training, Sister - 0834-0430-4189-6000018 - B, Marcia

OK  
 Cancel  
 Help

participants have been selected for this service, the user will always be asked to select a specific child client for the set of choices at this time.

Select only one child from the list and then click on the “OK” button. The following message displays.



Click the “OK” button. Next, the application will ask that the “Service Provider” who provided the service be selected. Any “Service Providers” attached to this client will be in the dropdown list. If no service providers are shown when the down arrow is clicked, then create a new provider before saving the work. In the example, Dr. Training is already a service provider; therefore, click the down arrow and select Dr. Training by clicking on the doctor’s name.

A form titled "Provider" with three radio buttons: "Staff Person", "Service Provider" (which is selected), and "Collateral". Below these is a "Substitute Care Provider" option. Underneath is a "Provider Name" dropdown menu. The dropdown is open, showing a list with "Training, Dr." at the top (highlighted in yellow), "<None>" in the middle (highlighted in yellow), and "Training, Dr." at the bottom (highlighted in blue).

Next, complete the “Narrative” box with specifics about the exam.

The following page shows a completed “Associated Services” page.

Client Services - Case [Case, Training] - [Contact [01/11/2010]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

	Start Date	End Date	Service Category	Service Type	Wraparound
1	02/07/2009	02/07/2009	Health/CHDP Services	HEP - CHDP Equivalent Physical Exam	

**Service**

☐ Offered but not delivered ☐ Hard Copy On File **Well Child Exam**

Start Date: 02/07/2009 Start Time: : am Service Category: Health/CHDP Services

End Date: 02/07/2009 End Time: : am Service Type: HEP - CHDP Equivalent Physical Exam

☐ Wraparound

**Provider**

☐ Staff Person ☒ Service Provider ☐ Collateral

☐ Substitute Care Provider

Provider Name: Training, Dr.

On Behalf of Child	Service Recipient	Other Participants
1 Training, Son	1 Training, Son	18

**Narrative**

No significant finding reported.

The most usual next step is to click on the “Well Child Exam” button.

**Well Child Exam**

The following “Well Child Exam”

**Well Child Exam**

Age	Age Unit	Height	Height %	Weight	Weight %	Head Circumference
8	Years					

☐ Age Estimated

Does this client have any health conditions diagnosed by a certified medical professional?

☐ No ☐ Yes

Medical/Dental Referral

OK  
Cancel  
Help

Provide all available information. Either the “Yes” or “No” radial button must be selected to enable the “OK” button. All other information is optional. After selecting yes or no, click on the “OK” button. This will enter the data into the health notebook.

“Save to Database” is an option at this time. To reopen the case, go to the “Well Child” page in the child client’s “Health” notebook. If the exam has not been documented here, the page will look like the example shown on the next page.



**Client Services - Case [Training, Child] - [Health [Child Training]]**

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History

**Well Child**

+	Date	Service Provider	Service Provider Type	Well Child Exam Type

Date  Service Provider  Service Provider Type  Well Child Exam Type

Age  Age Unit  Height  Height%  Weight  Weight%  Head Circumference

☐ Est DOB

☐ No Problem Noted

Medical/Dental Referral

Ready Case [Training, Child] -> Client [] -> Health [Child Training]

Click the “+” in the top left of the grid. After entering the delivered service in the contact notebook, the dialogue box will now show that contact as a delivered service, and it may be selected from the dialogue box by clicking on it. Click the “OK” next.

	Date	Service Provider	Service Provider Type	Well Child Exam Type
1	10/07/2009	Schmidt MD, John	Medical	HEP - CHDP Physical Exam

OK  
Cancel  
Help

This completes entering data to the “Well Child” page.

The last page in the health notebook is “Birth History.” Use this page to document the known facts relating to the child’s birth.

**Birth History**

Birth Place / Hospital Name: Enloe Hospital    Birth City: Chico    Birth County:    Birth State: California

Birth Country: United States    Weight:    Length:    Head Circumference:    APGAR:    Gestation Age:

The [periwinkle](#) fields will already be populated if they were completed in the “Demographics” page in the client notebook. On the demographics page, there is a “Birth Country” field. There is also a “Birth County” field on this page, but do not confuse them. When known, type in the name of the county and the other five fields above.

**Toxicology Screening**

☒ Unknown  
☐ Not Tested  
☐ Negative  
☐ Positive

Pos Tox Results

At first look, the “Toxicology Screening” information box may appear to be inoperative. This is because until the child tests “Positive,” there is nothing to do to this document. Only when the “Positive” radial button is selected can results be entered, and then the results become **mandatory** fields.

Clicking the “+” will result in the selections on the next page.

**- Birth History**

Birth Place / Hospital Name

Birth Country

**Toxicology Screening**

☐ Unknown  
☐ Not Tested  
☐ Negative  
☒ Positive

Newborn Screening Results

**Select Pos Tox Result(s)**

Pos Tox Results

- Prenatal Alcohol Exposure
- Prenatal Drug Exposure - Cocaine
- Prenatal Drug Exposure - Heroin
- Prenatal Drug Exposure - Marijuana
- Prenatal Drug Exposure - Methamphetamine
- Prenatal Drug Exposure - Other
- Prenatal Drug Exposure - PCP

OK  
Cancel  
Help

The results are a multi-select option. Select one, all or any combination that is correct. Then click the “OK” button.

Toxicology Screening							
<input type="radio"/> Unknown							
<input type="radio"/> Not Tested							
<input type="radio"/> Negative							
<input checked="" type="radio"/> Positive							
	<table border="1"><thead><tr><th></th><th>Pos Tox Results</th></tr></thead><tbody><tr><td>1</td><td>Prenatal Drug Exposure - Cocaine</td></tr><tr><td>2</td><td>Prenatal Alcohol Exposure</td></tr></tbody></table>		Pos Tox Results	1	Prenatal Drug Exposure - Cocaine	2	Prenatal Alcohol Exposure
	Pos Tox Results						
1	Prenatal Drug Exposure - Cocaine						
2	Prenatal Alcohol Exposure						

Complete the following four narrative boxes as shown.

Newborn Screening Results

Text box allowing up to 60 characters of input.	▲▼
---	----

Prenatal/Perinatal Comments

Text box allowing up to 4000 characters of input regarding client's screening results at birth.	▲▼
---	----

Maternal Significant Health Problems

Text box allowing up to 4000 characters of input regarding health problems the child's mother experienced.	▲▼
--	----

Paternal Significant Health Problems

Text box allowing up to 4000 characters of input regarding health problems the child's father experienced.	▲▼
--	----

This completes initial recording of the child health information. The information will require updating as new information becomes available.

# Screenings Page

The screenings page documents developmental and mental health screenings. Screenings prior to agency involvement and current screenings may be documented. The page also documents treatment plans and specific details for each treatment. Below is the first half of the page documenting screenings and referrals, two areas which are independent of each other.

Summary	Diagnosed Condition	Observed Condition	Medications	Hospitalizations	Medical Tests	Referrals	Immunization	Well Child	Birth History	Screenings
---------	---------------------	--------------------	-------------	------------------	---------------	-----------	--------------	------------	---------------	------------

**- Screenings and Referrals**

**Screenings**

+	Date	Type	Screened By	Results

Date  Type  Screened By

Comments

Results  
☐ Referral for Services  
☐ No Referral Needed

**Referrals**

+	Referral Date	Referral Type	Referred To

Referral Date  Referral Type  Referred To  ☐ Out of County

Comments

Outcome of Referral  
☐ Accepted ☐ Not Accepted

Outcome Date  Consent Type  Consent on File Date

The bottom half of the page is shown below. Use these information boxes to document intervention plans and the details of each plan. These two information boxes are linked. There must be an intervention plan to enter plan detail, and the plan detail is specific to an individual plan.

Intervention Plan				
+	Start Date	Plan Type	End Reason	End Date
Start Date	Plan Type	Comments		
<input type="text"/>	<input type="text"/>			
End Reason	End Date			
<input type="text"/>	<input type="text"/>			
Plan Detail				
	Start Date	Recommended Intervention Choices	End Date	
Start Date	Recommended Intervention Choices	End Date	Comments	
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Client Services - Case [Child, Training] - [Health [Training Child]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary Diagnosed Condition Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History Screenings

**Screenings and Referrals**

**Screenings**

Date	Type	Screened By	Results
+			

Date Type Screened By Results

☐ Referral for Services

☐ No Referral Needed

Comments

To start documenting the required screenings, click on the “+” in the top left corner of the grid in the “Screenings” information box. This will result in two mandatory fields: the “Date” field and the “Type” field.

Screenings				
+	Date	Type	Screened By	Results
1				

Date

Type

Screened By

Results  
☐ Referral for Services  
☐ No Referral Needed

Comments

Initial Developmental 0-3 Years Old  
Initial Developmental 3+ Years Old  
Initial Mental Health 0-5 Years Old  
Initial Mental Health 5+ Years Old  
N/A - Receiving Developmental Services  
N/A - Receiving Mental Health Services  
Updated Developmental 0-3 Years Old  
Updated Developmental 3+ Years Old  
Updated Mental Health 0-5 Years Old  
Updated Mental Health 5+ Years Old

Referrals	
+	Referral Description

Referred To

Enter the date of the screening to be documented.

Next, from the list of 10 options select the best description of the screening.

The next field to complete is the "Screened By" field.



Select the party who completed the screening by clicking on the down arrow and then selecting from the provided list.

**- Screenings**

+	Date	Type	Screened By	Results
1	09/28/2012	Initial Mental Health 5+ Years Old		

Date: 09/28/2012 ▼ Type: Initial Mental Health 5+ Years Old ▼ Screened By: <None> ▼

Comments:

Results:

☐ Referral for Services

☐ No Referral Needed

**- Referrals**

+	Referral Date	Referral Type	Referral To
		Public Health Nurse	
		Regional Center	
		Service Provider	
		Staff Person	

Complete the “Screenings” information box by selecting one of the options in the “Results” information box. Additional information can be entered in the “Comments” narrative box at the bottom of the “Screenings” information box if necessary.

**Screenings**

+	Date	Type	Screened By	Results
1	09/28/2012	Initial Mental Health 5+ Years Old	Mental Health Professional	

Date: 09/28/2012 Type: Initial Mental Health 5+ Years Old Screened By: Mental Health Professional

Results:

☐ Referral for Services

☐ No Referral Needed

Comments:

This field is used to record additional information regarding the screening details

Next, the “Referrals” Information box will be demonstrated.

**Referrals**

+	Referral Date	Referral Type	Referred To	

Referral Date: Referral Type: Referred To: ☐ Out of County

Comments:

Outcome of Referral:

☐ Accepted ☐ Not Accepted

Outcome Date: Consent Type: Consent on File Date:

Use the “Referrals” information box to document any referrals that were made as a result of any of the screenings documented in the “Screenings” information box above the “Referrals” information box. As with all other grid fields in CWS/CMS, start by clicking on the “+” in the top left corner.

This will result in three fields becoming mandatory, as shown below.

Referrals				
+	Referral Date	Referral Type	Referred To	
1				

Referral Date	Referral Type	Referred To	<input type="checkbox"/> Out of County	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

<b>Outcome of Referral</b>		Outcome Date	Consent Type	Consent on File Date
<input type="radio"/> Accepted	<input type="radio"/> Not Accepted	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Referrals**

+	Referral Date	Referral Type	Referred To
1	09/28/2012	Mental Health	

Referral Date: / /2012  
 Referral Type: Mental Health  
 Referred To:   
☐ Out of County  
 Comments:   
 Outcome of Referral:   
☐ Accepted ☐ Not Accepted  
 Outcome Date:   
 Consent Type:   
 Consent on File Date:

Complete the referral date and then select the type of referral from the list in the dropdown menu under “Referral Type.”

From the “Referred To” dropdown menu, select the appropriate provider.

**Referrals**

+	Referral Date	Referral Type	Referred To
1	09/28/2012	Mental Health	

Referral Date: 09/28/2012  
 Referral Type: Mental Health  
 Referred To: <None>  
☐ Out of County  
 Comments:   
 Outcome of Referral:   
☐ Accepted ☐ Not Accepted  
 Outcome Date:   
 Consent Type:   
 Consent on File Date:

**Intervention Plan**

+	Start Date	End Reason	End Date

Select the “Out of County” check box if the agency in the “Referred To” field is out of county. Use the “Comments” narrative box to add any additional information regarding this referral.

Next, record if the agency the referral was sent to accepted or rejected the referral by clicking the appropriate radial button in the “Outcome of Referral” information box, then enter the date of that action in the “Outcome Date” field.

Referrals				
+	Referral Date	Referral Type	Referred To	
1	09/28/2012	Mental Health	County Mental Health	

Referral Date	Referral Type	Referred To	<input checked="" type="checkbox"/> Out of County	Comments
09/28/2012	Mental Health	County Mental Health		

<b>Outcome of Referral</b>		Outcome Date	Consent Type	Consent on File Date
<input checked="" type="radio"/> Accepted	<input type="radio"/> Not Accepted	09/28/2012		

The last two fields to complete in the “Referrals” information box are “Consent Type” and “Consent on File Date.” Use these fields to record what type of consent was given for the referral to be made and when that consent was received. First click on the down arrow, and then select the type of consent from the resulting selection list. Enter the date of the consent for the referral in the last data field in this information box.

**Referrals**

+	Referral Date	Referral Type	Referred To
1	09/28/2012	Mental Health	County Mental Health

Referral Date  
09/28/2012

Referral Type  
Mental Health

Referred To  
County Mental Health

☒ Out of County

Comments

**Outcome of Referral**  
☒ Accepted
☐ Not Accepted

Outcome Date  
09/28/2012

Consent Type  

<None>
Child 12 and older
Consent Denied
Court
Early Start Surrogate Parent
Educational Rights (IFSP)
Nonminor Dependent
Parent/Legal Guardian
PPLA Relative Caregiver

Consent on File Date  
09/28/2012

(PPLA) Planned Permanent Living Arrangement

The next, or third, information box, or frame, on the page is the “Intervention Plan” information box. Use this information box to document intervention plans that result from the screenings and referrals for the child. Intervention plans listed in this information box are “linked” to the “Plan Details” in the last box on the page. Each intervention plan may have details that are specific to that plan.

To start recording intervention plans, as always for a grid field, click on the plus sign (+) in the top left corner of the grid in the field. There will be two yellow (**Mandatory**) fields to complete. See the example below.

Intervention Plan

+	Start Date	Plan Type	End Reason	End Date
1				

Start Date

Plan Type

Comments

End Reason

End Date

Plan Detail

+	Start Date	Recommended Intervention Choices	End Date

Start Date

Recommended Intervention Choices

End Date

Comments

Enter the start date in the “Start Date” field. Then, click the down arrow in the “Plan Type” field. Select the plan type from the resulting list.

**- Intervention Plan**

+	Start Date	Plan Type	End Reason	End Date
1				

Start Date  Plan Type  Comments

End Reason

**Plan Detail**

+	Start Date	Recommended Intervention Choices	End Date

Start Date  Recommended Intervention Choices  End Date  Comments



Below is a completed “Intervention Plan” information box for an open plan. The plan is ended is when an “End Reason” and “End Date” are entered.

Intervention Plan				
+	Start Date	Plan Type	End Reason	End Date
1	09/10/2012	Initial Mental Health		

Start Date	Plan Type	Comments
09/10/2012	Initial Mental Health	This field is used to record additional information regarding the Intervention Plan selected.
End Reason	End Date	

Plan Detail			
+	Start Date	Recommended Intervention Choices	End Date

Start Date	Recommended Intervention Choices	End Date	Comments

When ending an intervention plan, click on the down arrow and select from the following list of reasons:

- 300 Court Case Dismissed
- 600 Court Case Dismissed
- Change of Jurisdiction
- Child Moved out of County
- Child Runaway
- Consent Revoked/Refused
- Deceased
- Goals Met
- Hospitalized
- Incarcerated
- Plan Updated
- Sufficient Progress Achieved
- Voluntary Closure

The “Intervention Plan” details may be entered in the “Plan Detail” information box. The information will be associated to a specific intervention plan listed in the above information box.

**Intervention Plan**

+	Start Date	Plan Type	End Reason	End Date
1	09/10/2012	Initial Mental Health		

Start Date  
09/10/2012

Plan Type  
Initial Mental Health

End Reason

End Date

Comments  
This field is used to record additional information regarding the Intervention Plan selected.

**Plan Detail**

+	Start Date	Recommended Intervention Choices	End Date

Start Date

Recommended Intervention Choices

End Date

Comments

Clicking the “+” in the top left corner of the grid to enter new data will result in two mandatory fields.

**Plan Detail**

+	Start Date	Recommended Intervention Choices	End Date
1	09/10/2012		

Start Date    Recommended Intervention Choices    End Date    Comments

09/10/2012     

The “Start Date” will default to the same date as the intervention plan that is highlighted. It may be changed to a later date, but not to an earlier date.

Choose from the list of intervention choices, shown to the right of the information field, after clicking on the down arrow in the “Recommended Intervention Choices” field. If “Other” is selected, the comments field becomes a mandatory element.

**Plan Detail**

+	Start Date	Recommended Intervention Choices	End Date
1	09/10/2012	Other	

Start Date    Recommended Intervention Choices    End Date    Comments



09/10/2012    Other

This field is used to record additional information regarding the Intervention Plan Details.

Crisis Intervention  
 Inpatient Treatment  
 Intensive Care Coordination  
 Intensive Home Based Services  
 Medication Support Services  
 Outpatient Treatment  
 Social Emotional  
 Therapeutic Behavioral Services  
 Treatment Foster Care  
 Other


# Create New HEP (Health and Education Passport) Document

To create the HEP document, first open the case or referral for the client that the HEP will be created for. Be sure to select the

“Client Management” section.  The very last icon  is the open “Existing Document – Client” notebook. If that document is clicked on instead of the “+” under the icon, a list of already-created client-related documents will display.

Open this Document - Client						
	Signed Date	Submission Date	Type	Assessment Date	File Name	Date

In this case, there were no previously created documents so it is not necessary to cancel this page before you click the “+.” Click

on the “New” button only.  This will create a new document. Creating new documents in this way helps to prevent accidentally duplicating documents. In the case of the HEP, the application will not allow a duplicate HEP to be created. Whenever a new HEP is desired, clicking on the existing document icon is necessary, and if a HEP document exists, remove it

by clicking on the “Remove” button. 

On the next page, the entire selection dialogue box is displayed, showing a created HEP with the “Remove” button enabled.

**Open Notebook** [X]

Select Item to Open  
 Document - Client [v] [Load]

For this Client

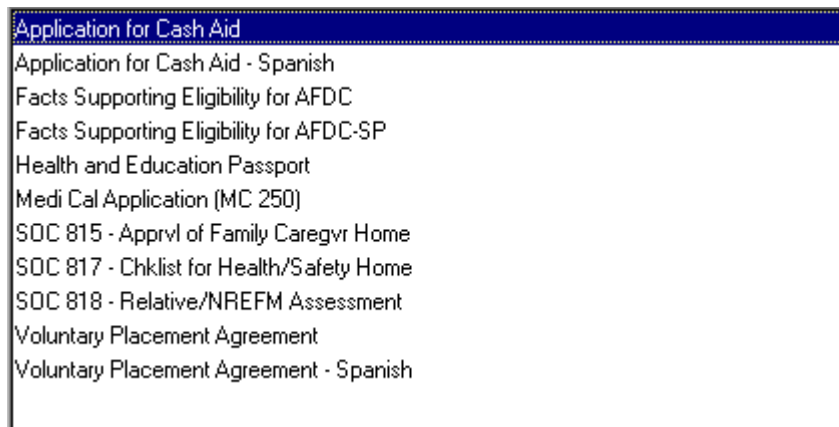
	Name	Age(Yrs)	Gender	Birth Date
1	Training Child	8	Male	10/01/2001

Open this Document - Client

	Signed Date	Submission Date	Type	Assessment Date	File Name	Date
1			Health and Educatic		cpohc000.do	2010-0

OK  
 Cancel  
 New  
 Remove  
 Sort...  
 Help

After removing the old HEP, if one was present, click the “New” button, or if there was not an existing HEP, click the “New” button. After clicking “New,” a dialogue box displays. This box asks which document to create.



To create the HEP, select “Health and Education Passport” and then click the “OK” button.

Select the client for whom the document is being created.

**Select Notebook** [X]

Item to Select  
Client [v]

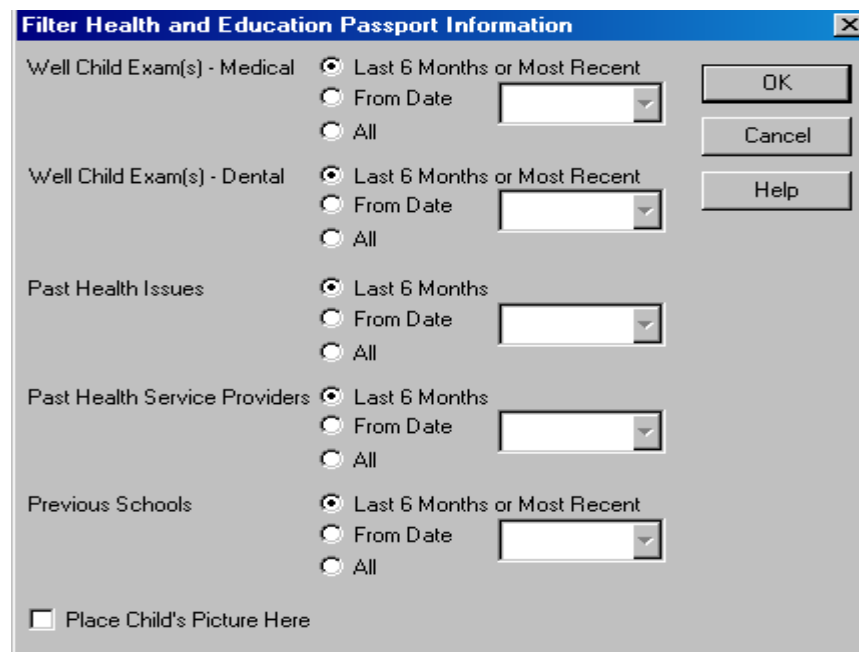
Select this Client

	Name	Age(Yrs)	Gender	Birth Date
1	Training, Child	8	Male	10/01/2001

[OK]  
[Cancel]  
[Sort...]  
[Help]

Be sure the correct client is highlighted, and then click on the "OK" button.

Next, select the time period for the document. The application defaults to the last six months. The user may select all history or a specific date span by using the calendar.



The dialog box is titled "Filter Health and Education Passport Information" and contains the following sections:

- Well Child Exam(s) - Medical:** Radio buttons for "Last 6 Months or Most Recent" (selected), "From Date" (with a calendar icon), and "All".
- Well Child Exam(s) - Dental:** Radio buttons for "Last 6 Months or Most Recent" (selected), "From Date" (with a calendar icon), and "All".
- Past Health Issues:** Radio buttons for "Last 6 Months" (selected), "From Date" (with a calendar icon), and "All".
- Past Health Service Providers:** Radio buttons for "Last 6 Months" (selected), "From Date" (with a calendar icon), and "All".
- Previous Schools:** Radio buttons for "Last 6 Months or Most Recent" (selected), "From Date" (with a calendar icon), and "All".
- Place Child's Picture Here:** A checkbox that is currently unchecked.


Buttons on the right side: OK, Cancel, and Help.



After selecting the desired timeframe, click on the “OK” button. This will create the HEP document.

The HEP document is a “protected” document; the user is not able to type in it or change it. All information in the document comes from somewhere in CWS/CMS. If the information is known and not in the document, enter the information into CWS/CMS, save to database, and then remove the old document and create a new HEP to get the changes included.

## Directions and Conclusion

When the HEP is completed, it is important to provide it to the SCP (Substitute Care Provider) in a timely manner and to document that the HEP has been provided. To document the date the SCP was provided with the HEP and had the purpose of the document explained to them, go to the “Placement Management” section. 

Open the existing placement by clicking on the “Open Existing Placement” icon.



From the selection dialogue box, select the correct child then the correct placement. The correct placement is generally the current placement. The easiest way to determine the current placement is to look for the placement with no end date.

Open this Placement							
Start Date	End Date	Rem Date	PE End Date	Reason for Rem	Fac Name	Fac Type	Age
09/29/2009	09/29/2009	09/29/2009		Physical Abuse	Temporary	NF/Other	Cour
09/29/2009		09/29/2009		Physical Abuse	Training PI	CSH	Cour

Click on the open placement to select it, then click on the “OK” button at the top right of the page.

The application will open the “Child Removal Info” page. Click on the “ID” page.

+	+	+	+	+	+	+
Child Removal Info	<b>ID</b>	Ongoing Requests	Incidental Payments	End Placement/Episode	Temporary Leave	

**Identification and Approval**

**Placement Information**

Start Date 09/29/2009	End Date 	Agreement Effective Date 09/29/2009	Agency Responsible County Welfare Department	Placement Count 1
Placement Home Training Placement Home	Facility Type Court Specified Home	Program Number 	Primary Substitute Care Provider Provider, SC	
<input type="checkbox"/> Emergency Placement	Legal Auth. For Placement WIC 300 a, b, c, d, f, g, i or j	Effective Date 10/02/2009	Care Provider Relationship To Child Nonrelative Nonguardian	
<input checked="" type="checkbox"/> Active Confidential Placement				

<b>Placement Approval</b>		<b>Shelter Care Extension Approval</b>	
Approval Status Request Not Submitted	Date 	Approval Status Request Not Submitted	Date 

<b>CHDP Program</b>	
Date Substitute Care Provider informed of CHDP Program and brochure given 09/29/2009	<input checked="" type="checkbox"/> Substitute Care Provider Requested CHDP Services Date SCP Given HEP and Informed of Purpose 

On the ID page, complete the “Date SCP given HEP and informed of Purpose” field.

Date SCP Given HEP and Informed of Purpose

Remember, regulation requires that the SCP be provided with the HEP within 28 days of initial placement and 48 hours of any subsequent placement. This example is using October 26, 2009 for the date.

Date SCP Given HEP and Informed of Purpose

# Activities

Go to activity handout, Chapter 8