

Mississippi Action For Progress, Inc.
PRISM@MAP Self-Assessment System
Child Health Services Instrument



Center Name: _____

Instructions:

This observation instrument is designed to help Child Health Services Reviewers observe key child health concepts during site visits in a 'focus' classroom. This observation instrument is comprehensive yet limited to the Key Indicators of the supporting Federal Monitoring Protocol. Therefore it is imperative that the Reviewer pay attention to how child health services are provided to the selected focus children and on the evidence of the partnership between parents and staff in the delivery of health services.

This instrument provides space to record findings for each child health file reviewed. Place the Classroom Name (#1, #2, #3 or A, B, C, etc) and child's name in the space provided across the top of the instrument. Review the file of each selected focus child at each site visited. Mark "Y" or "N" to indicate if you found verification (evidence) of the requirement questioned in the file. Indicate "NF" if 'not found' or "NA" if 'not applicable'.

While conducting the assessment, note patterns that emerge which point to a potential weakness in the Center's overall child health services system, such as services not delivered timely, lack of documentation, incorrect documentation, etc. Include this information in the Comment Section.

Section I: Access to Health and Dental Care

Center Name: _____

Class Name: _____

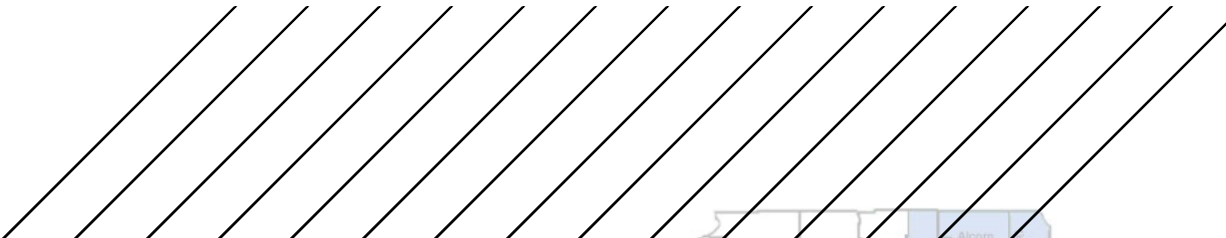
Enter Child's Name Above ↗									
1. Y N* Has a determination been made by a health care professional as to whether or not the child was up-to-date on a schedule of age-appropriate preventive and primary health care (including EPSDT)? CHS 1.1									
2. Y N* Did the health care professional determine the child was up-to-date on a schedule of age-appropriate preventive and primary health care (including EPSDT)? CHS 1.1									
3. Y N* Has the Center assisted parents in making arrangements to bring their children up-to-date on a schedule of primary and preventive health care? CHS 1.1									
Comments (see last page)									

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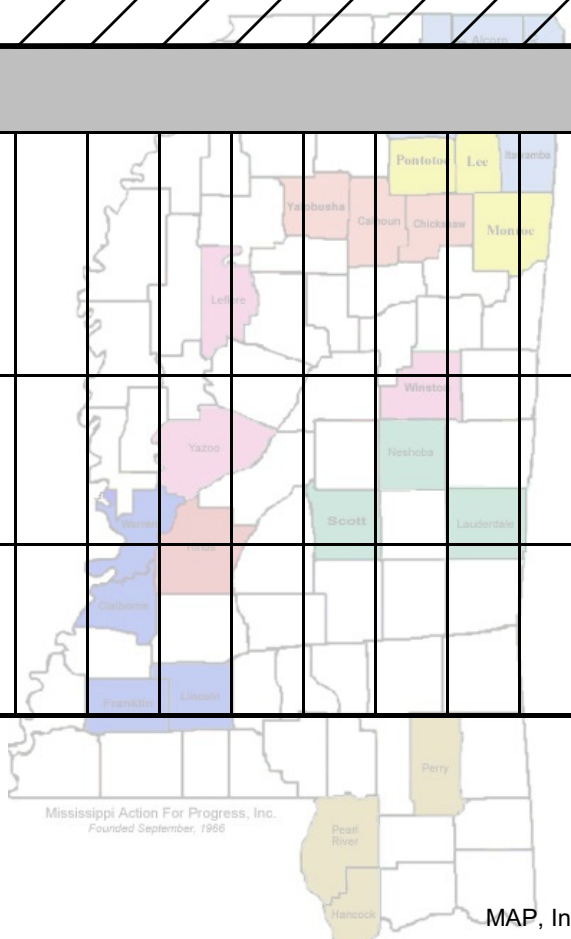
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Section I: Access to Health and Dental Care (continued) Center Name: _____



Classroom Name:

Enter Child's Name Above ↗												
<p>4. On what date was a determination made as to whether the child was up-to-date on a schedule of age-appropriate preventive and primary health care (including EPSDT)?</p> <p style="text-align: right;">Note: Enter date in Column</p> <p style="text-align: right;">CHS 1.1</p>												
<p>5. Y* N Does the child have a known, observable, or suspected health, dental, or developmental problem?</p> <p style="text-align: right;">CHS 1.2</p> <p>If No, proceed to Question # 8.</p>												
<p>6. Y N* Did the child receive further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional?</p> <p style="text-align: right;">CHS 1.2</p>												



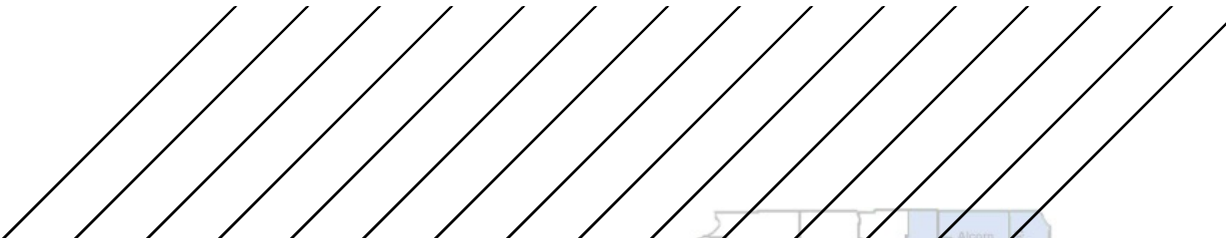
Comments:

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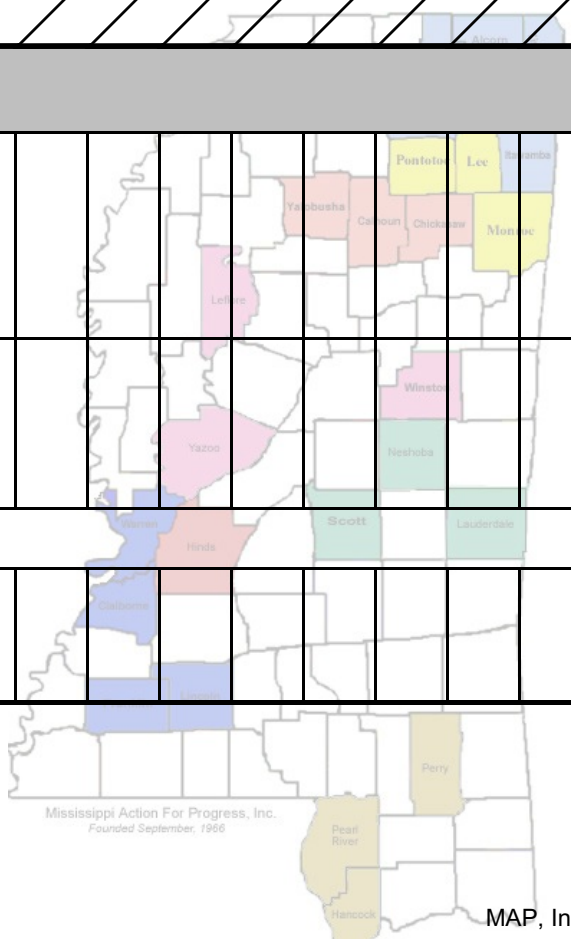
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Section I: Access to Health and Dental Care (continued) Center Name: _____



Classroom Name: _____

Enter Child's Name Above ↗												
10. Y N* Did the child's file contain evidence of parent/guardian consent for health procedures and developmental screenings administered or scheduled through the program? CHS 1.4												
11. Y N* Was parent/guardian consent obtained prior to any health procedures and developmental screenings being performed? CHS 1.4												
12. Y N* The Center has established procedures for tracking the provision of health services? CHS 1.5												



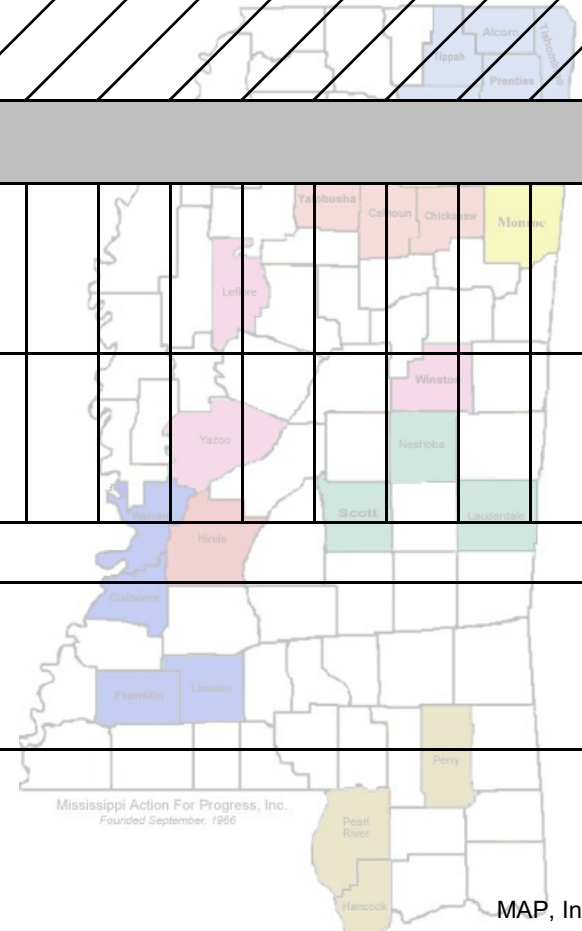
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Section I: Access to Health and Dental Care (continued) Center Name: _____

Classroom Name:										
Enter Child's Name Above ↗										
13. Y N* Does the EHS Center help pregnant women access early and regular comprehensive pre-natal and post-partum care? CHS 1.6										
14. Y N* Does the EHS Center staff visit each newborn within two weeks after birth to ensure both the mother's and child's well being? CHS 1.7										
Comments:										



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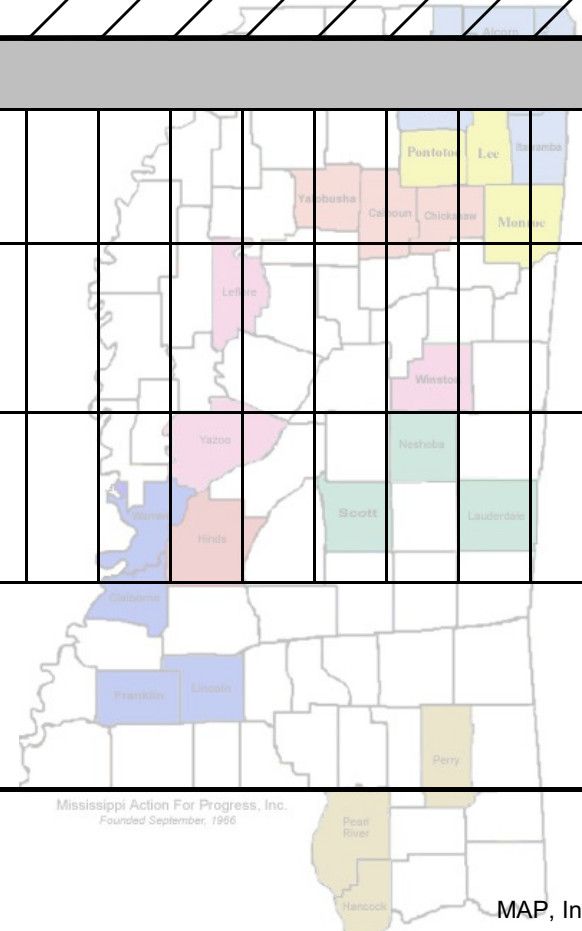
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Section II: Screenings and Referrals

Center Name: _____

Class Name: _____

Enter Child's Name Above ↗																				
1. Y N* Were all sensory screenings (vision and hearing) completed? CHS 2.1																				
2. What was the latest date on which either of the sensory screenings (vision and hearing) was completed? CHS 2.1 Note: Enter date in the Column																				
3. Y N* Did the Center make an attempt to complete the sensory screenings for the child within 45 days of the child's date of entry? CHS 2.1																				
Comments:																				



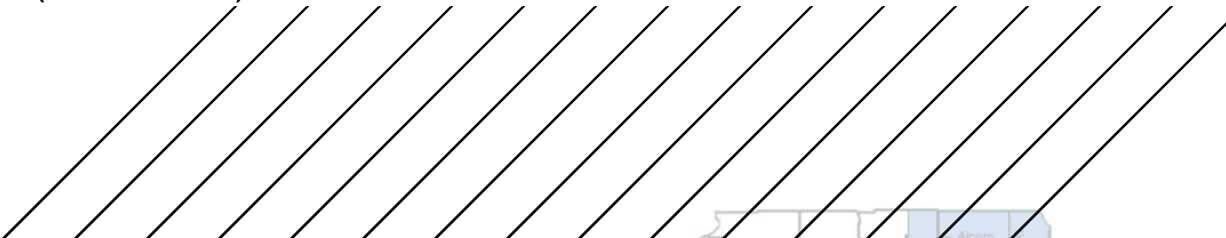
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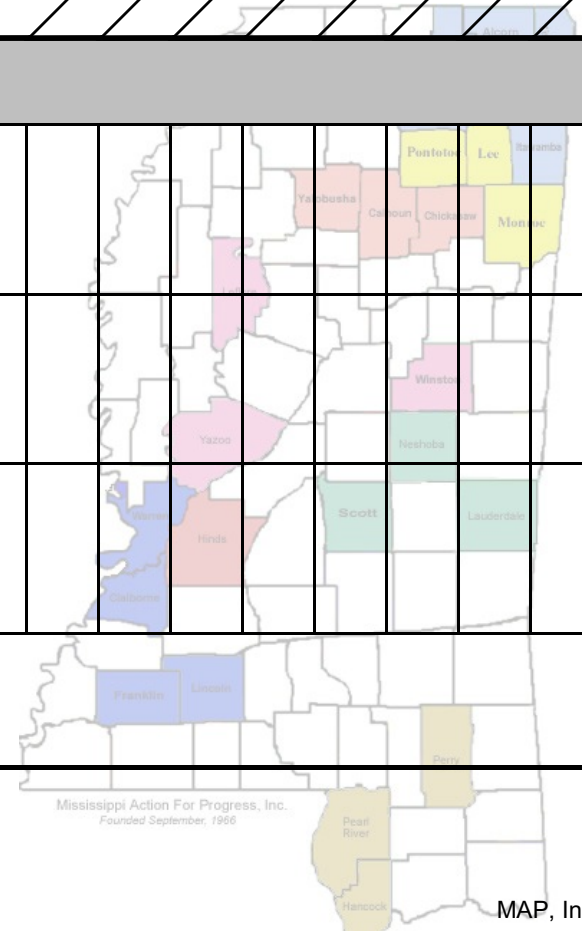
Section II: Screening and Referrals (continued)

Center Name: _____



Classroom Name:

Enter Child's Name Above ↗													
4. Y N* Were all screenings for developmental concerns (including motor, language, cognitive, and perceptual skills) completed? CHS 2.1													
5. What was the latest date on which any of the screenings for developmental concerns was completed? CHS 2.1 Note: Enter date in the Column													
6. Y N* Did the Center make an attempt to complete the developmental screenings for the child within 45 days of the child's date of entry? CHS 2.1													
Comments:													



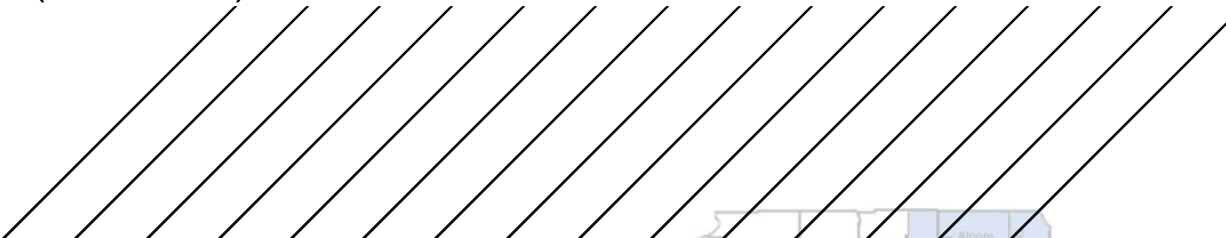
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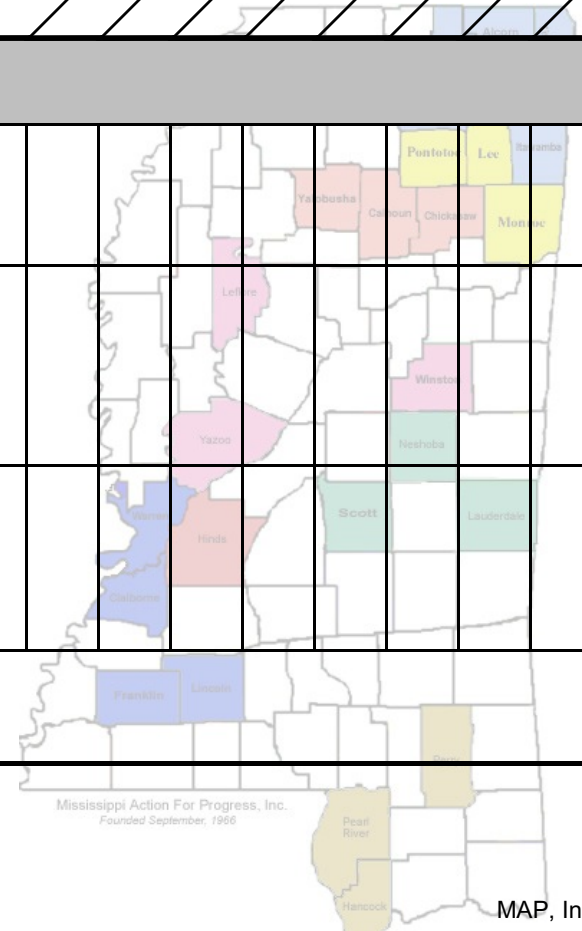
Section II: Screening and Referrals (continued)

Center Name: _____



Classroom Name: _____

Enter Child's Name Above ↗										
7. Y N* Were all screenings for social, emotional, and behavioral concerns completed? CHS 2.1										
8. What was the latest date on which any of the screenings for social, emotional, or behavioral concerns was completed? CHS 2.1 Note: Enter date in the Column ➡										
9. Y N* Did the Center make an attempt to complete the social, emotional, and behavioral screenings for the child within 45 days after the child's entry into the Center. CHS 2.1										
Comments:										



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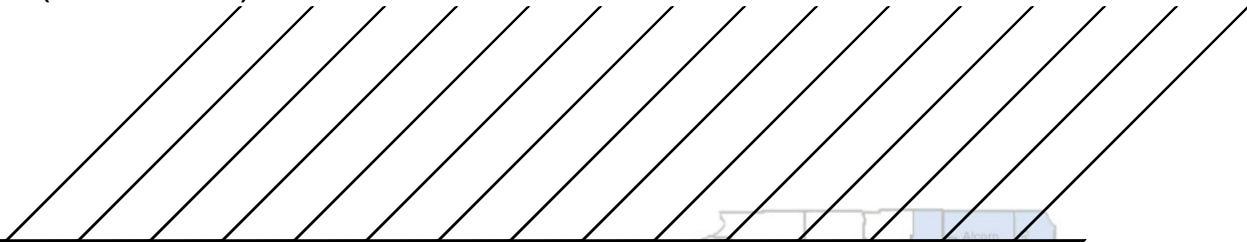
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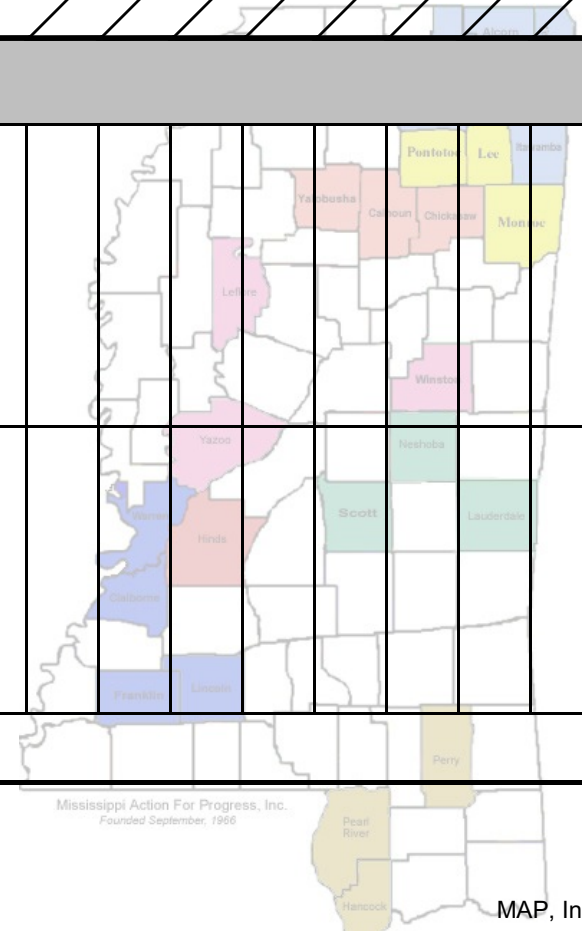
Section II: Screening and Referrals (continued)

Center Name: _____

Class Name: _____



Enter Child's Name Above ↗												
<p>10. List screenings that were completed more than 45 days after the child's entry into the Center. CHS 2.1 Note: Indicate date of each screening and how many days after the 45 day timeframe each screening was completed - Use Comment section on last page or a separate page if necessary.</p>												
<p>11. Y N* Does the child have a suspected or identified disability (Includes children with current IEPs or IFSPs as well as children with screening results that indicate a possible disability or need for an evaluation.)? CHS 2.2 Note: If 'Y', proceed to Question # 12. If 'N', proceed to next child or next Section.</p>												
Comments:												



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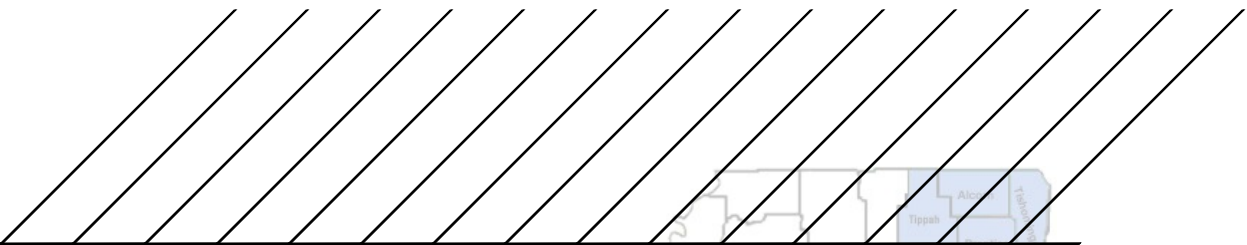
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Section II: Screening and Referrals (continued)

Center Name: _____

Class Name: _____

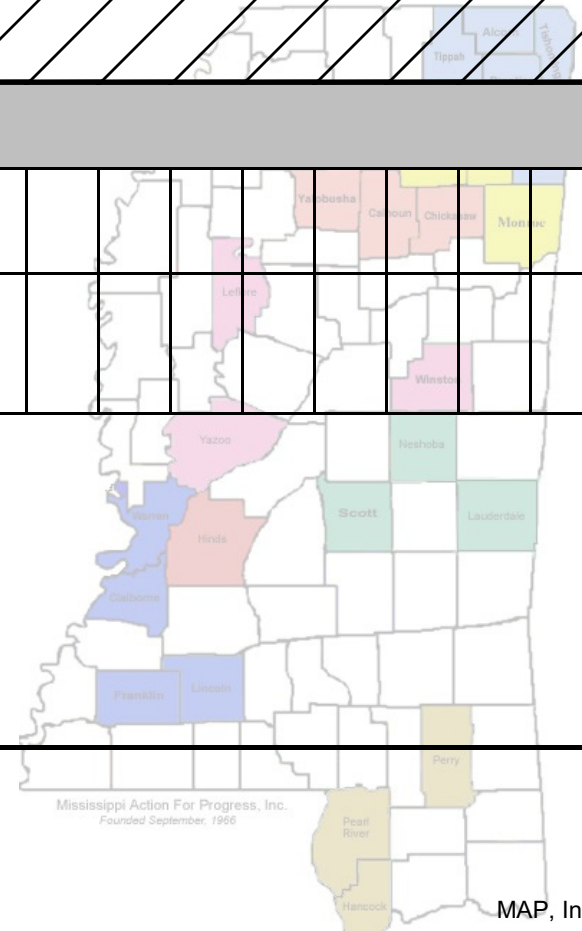


Enter Child's Name Above ↗

12. Y N* Was a prompt referral to the LEA or Part C Agency made? CHS 2.2

13. Y N* Was there evidence of a good working relationship between the Center and the LEA or Part C Agency? CHS 2.3

Comments:



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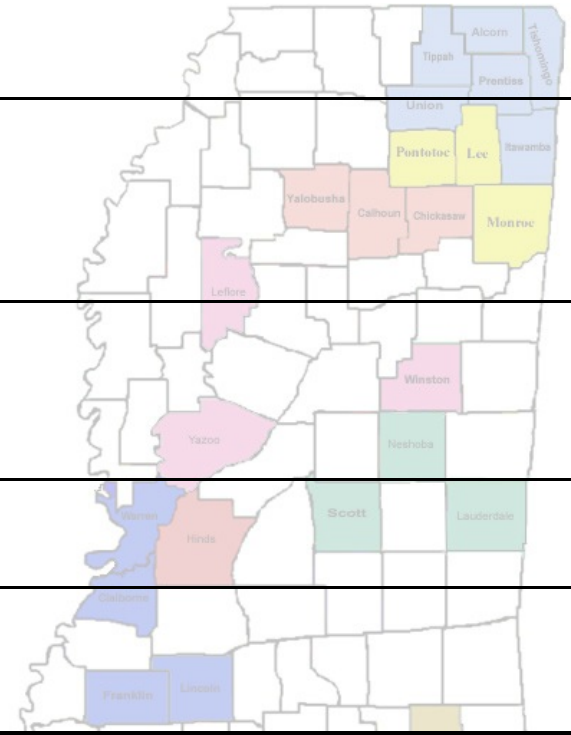
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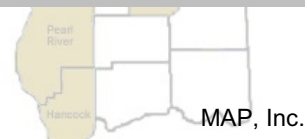
Section III: Healthy Practices and Routines

Center Name: _____

	Comments (if necessary)
<p>1. Y* N Did you observe any situation where handwashing was necessary (e.g., after diapering or toilet use, before food preparation, whenever hands are contaminated with blood or other bodily fluids, and after handling pets or other animals)?</p> <p style="text-align: right;">CHS 4.1</p>	
<p>1a. Y N* If Question 1 is 'Y', did volunteers, staff, and children wash their hands with soap and running water?</p> <p style="text-align: right;">CHS 4.1</p> <p>Note: If 'N', explain in Comment Section ➡➡</p>	
<p>2. Y N* Did you observe any situation where staff came in contact with spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge, or any fluid discharge)?</p> <p style="text-align: right;">CHS 4.2</p> <p>Note: If 'N', proceed to Question # 5.</p>	
<p>3. Y N* If Question 2 is 'Y', were nonporous (e.g, latex) gloves worn by staff?</p> <p style="text-align: right;">CHS 4.2</p>	
<p>4. Y N* Was the spill cleaned up immediately and all exposed areas cleaned and sanitized?</p> <p style="text-align: right;">CHS 4.2</p>	



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Section III: Healthy Practices and Routines (continued) Center Name: _____

			Comments (if necessary)	
5.	Y	N*	Did you observe diapering during your observation? If 'N', proceed to next Question. CHS 4.3	
5a.	Y	N*	If Question 5 is 'Y', did staff practice proper sanitation and hygiene procedures for diapering? CHS 4.3	
6.	Y	N*	There is evidence that the Center obtains information from parents about their child's health and safety needs CHS 4.4	
7.	Y	N*	This Center's Nutrition program is designed and implemented to meet the individual nutritional needs and feeding requirements of each child (including those with special dietary, medical, or disability needs)? CHS 4.5	
8.	Y	N*	This Center ensures that its facility has a proper refrigerated storage and handling of breast milk and formula. CHS 4.6	

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Section III: Healthy Practices and Routines (continued) Center Name: _____

		Comments (if necessary)
9.	Y N* Did you observe toothbrushing? If 'N', proceed to next Question. CHS 4.7	
10.	Y N* Does the Center have procedures that ensures medication is properly administered, stored, and labeled and is not accessible to children? CHS 4.8	
11.	Y N* Are all infant and toddler toys sanitized regularly? CHS 4.9	
SUPERVISION		
12.	Y N* Does the Center practice procedures that ensures children are released only to a parent, legal guardian, or other individuals as designed in writing by the parent or legal guardian CHS 5.4	
13.	Y N* Did you observe any children left alone or unsupervised while under the care of this Center? CHS 5.5	


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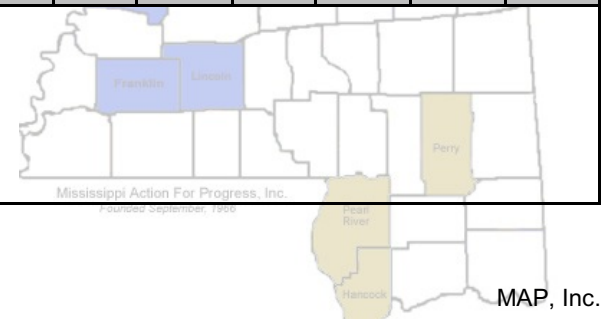
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Section IV: Appropriate Group Sizes

Center Name: _____

Enter Classroom Above 																				
1.	What is the predominant age of children in this classroom? CHS 5.1																			
2.	How many children are present in the classroom? CHS 5.1																			
3.	How many infants/toddlers are present in the classroom? EHS only CHS 5.2																			
4.	How many Childcare providers are present in the classroom? EHS only CHS 5.2																			
Note: For Questions 1-4 above, enter number response instead of 'Y' or 'N' in appropriate Column.																				
Comments: (Include Question Number for each Comment)																				



Additional Comments
(Include Section and Question Number for each Comment)

