







OCS Regional Licensing Specialist Contacts



 Anchorage	 Craig, Juneau, Ketchikan, Petersburg, Sitka	 Aniak, Bethel, St. Mary's	 Gakona, Homer, Kenai, Kodiak, Wasilla, Valdez	 Delta Junction, Fairbanks, Kotzebue, Nome, Utqiagvik		
Anchorage: Ramiah Vaoalii Licensing Specialist 2 ramiah.vaoalii@alaska.gov 907-269-3966 Kelli Carpenter Licensing Specialist 2 kelli.carpenter@alaska.gov 907-269-3920	Juneau: Forrest McGillis Licensing Specialist 2 forrest.mcgillis@alaska.gov 907-228-3258 Ketchikan: Michelle Gadbois Licensing Specialist I michelle.gadbois@alaska.gov 907-228-3256	Bethel: Kirsten Debbaut Licensing Specialist 2 kirsten.debbaut@alaska.gov 907-451-5070	Wasilla: Julie Hubbard Licensing Specialist 2 julie.hubbard@alaska.gov 907-352-8929 Kenai Michelle Partridge Licensing Specialist 2 michelle.partridge@alaska.gov 907-283-3136	Fairbanks: Carmen Brooks Licensing Specialist 2 carmen.brooks@alaska.gov 907-451-2094		
Anchorage	Southeast Region		Western Region	Southcentral Region	Northern Region	
Jessie Jacobs, PSM II jessie.jacobs@alaska.gov 907-269-3908		Christine Edwards Licensing Specialist 3 christine.edwards@alaska.gov 907-269-3915 Nicole Adair, PSM II nicole.adair@alaska.gov 907-465-3268		Talia Robinson, PSM II talia.robinson@alaska.gov 907-269-0320	Yuri Miller Licensing Specialist 3 yurii.miller@alaska.gov 907-451-5075 Nicole Adair, PSM II nicole.adair@alaska.gov 907-352-8914 Tisha Simmons, PSM II tisha.simmons@alaska.gov 907-269-4000	

Alaska Center for Resource Families

 1-800-478-7307

 www.acrf.org

 acrf@nwresource.org

Anchorage

840 K St, Suite 101
Anchorage, AK 99501
Phone: 907-279-1799
Fax: 907-279-1520

Fairbanks

815 2nd Avenue, Suite 202
Fairbanks, AK 99701
Phone: 907-479-7307
Fax: 907-479-9666

Mat-Su

5050 Dunbar Street, Suite A2
PO Box 876844
Wasilla, AK 99687
Phone: 907-376-4678
Fax: 907-376-4638



Access Resource Family Training

webinars
in-person
virtual
lending library



Foster Parent Information & Resources

faqs
orientation schedules
applications



Adoption Information & Resources

paths of adoptions
licensing
PARKA program



Resources for Relative Foster Care

micro-trainings
guides
support networks

1-855-60-FUNDS
or
fcs.ocs.special.needs.hotline@alaska.gov

Do you need help or have questions about your payments, where to submit receipts or get reimbursed?

Our centralized contacts are here to help.



hss.ocspfd@alaska.gov

providepay@alaska.gov

hssocsstateofficechildcare@alaska.gov

Provide signed mileage log to your case worker

RESOURCE FAMILY MILEAGE REIMBURSEMENT ELIGIBILITY CRITERIA

- 1) Trip is for an OCS child in the resource family's home
- 2) Trip is pre-approved by the case worker
- 3) Trips exceed 50 miles per week (Sunday through Saturday)
- 4) Mileage is for one of the following reasons:
 - Counseling Appointments
 - OCS required activities (ie: family contact approved on a family contact plan)
 - Doctor, dentist, other medical appointments
 - Educational continuity, if the home the child is placed is not on the bus route to their school (excludes mileage to school for extracurricular activities)



RESOURCE FAMILY MILEAGE REIMBURSEMENT PROCESS

- 1) Traveler completes mileage form -> located [HERE](#) (under M)
- 2) Traveler signs mileage form and submits to case worker
- 3) Case worker will provide case number and names of children traveling
- 4) Case worker signs mileage form and submits to hss.ocs.vendor.payments@alaska.gov
- 5) Vendor Payments Unit (VPU) will review log, assess eligibility using CODE, deduct 50 miles/week
- 6) VPU will then send the mileage to providepay@alaska.gov
- 7) Provider Payments Unit will create the Request for Funds and process payments in IRIS
- 8) Mileage reimbursement issued to resource family

VACATION TRAVEL REIMBURSEMENT GUIDELINES

- 1) Provide as much notice as possible to the case worker regarding the vacation travel.
- 2) Reimbursement for vacation travel is limited to once in a 12-month period per child.
- 3) Maximum allowable reimbursement is \$800.00 per child.
- 4) Booking of vacation travel is the responsibility of the resource parent (OCS does not purchase tickets for vacation travel).
- 5) Reimbursement for transportation occurs after travel has been completed.
- 6) Reimbursement only covers the cost of transportation (bus, ferry, airfare) and does not reimburse for lodging, rental cars, food or entertainment.
- 7) Tickets booked using mileage points, companion fares or coupons will only be reimbursed for the taxes and fees associated with the trip. OCS can only reimburse what was actually paid by the resource parent.
- 8) Copies of paper boarding passes are required in order to submit receipts for reimbursement. Boarding passes from an app may disappear once travel is complete (keep paper copies).
- 9) Upon completion of travel resource parent submits copies of boarding pass and travel receipts to the Special Needs Hotline at fcs.ocs.special.needs.hotline@alaska.gov





OFFICE OF CHILDREN'S SERVICES

Information for Resource Families

Thank you for your assistance and dedication to serve children and families in our community. We could not do this job without caring providers, such as yourselves, willing to provide safe homes for children in need. Relative caregivers have the option of applying for a foster care license or be an unlicensed caregiver within the fifth degree of kinship and apply for adult not included Temporary Assistance with the Department of Public Assistance or Temporary Assistance for Native Families for financial support.

This Placement Packet is specific to the child named on the front of the packet. Please maintain all required forms and add pictures, school work, art work, or other memento's as keepsakes for the child. During Protective Services (PS) Specialists and/or licensing visits to your home, workers may request to review the packet and update the contents as needed. When the child leaves your placement, you are required to update the Child Information Guide and return the packet to the child's PS Specialist.

PS Specialists are required to complete criminal and child protection background checks for unlicensed relatives and families who are willing to be licensed under emergency conditions to provide care to a child in need. Before a child can be placed, the PS Specialist will need signed APSIN Request Forms and Clearance Forms for all household members 16 years of age and older. All household members 16 years and older must provide fingerprints within 30 days of placement. This can be achieved by contacting the nearest OCS Field Office to schedule an appointment. There is no charge for the fingerprinting.

Forms included in Packet

***Child Information Guide:** The child's PS Specialist will provide you with a computer generated version of this form at the time of placement or within five days of placement with information from the child's parents or previous caregiver. There is a blank form provided for you to complete at the time the child is leaving your home. This information will be provided to the child's next caregiver, whether that is the child's parent(s), another permanent home, or a different foster or relative placement.

***Clothing Inventory and Request Form:** Complete this form and return to the child's PS Specialist when the child is placed and at discharge.

***Consent for Emergency & Routine Medical Care:** Allows you to have the child seen for emergency or routine medical, dental, or mental health appointments. Please remember anything other than emergency or routine care require consent from the child's PS Specialist and/or the child's parent(s).

***EPSDT:** Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). Children in OCS custody are screened through the EPSDT program at a doctor's office within 30 days after being placed out-of-home. Work with the child's PS Specialist to make sure the child is seen by their primary care provider or another healthcare provider in the community that can perform EPSDT screening. It is recommended that the child continue to see the provider

that they have a current relationship with.

***Family Contact Plan:** The child's worker will discuss responsibilities for maintaining family contact if this is part of the child's plan. They will provide you with a copy of the plan as soon as it is developed.

***Medical, Dental, and Medication Record:** Record all medical and dental appointments as they occur on this form. The child's PS Specialist or your licensing worker may request to see this form during visits to your home. This is good information for you to bring to reviews or case planning meetings as well.

***Medicaid Card:** If the child is covered under Alaska Medicaid they will have a current Denali Kid Care Card. This card is good through their Medicaid certification period, keep the card in a safe place, it will follow with the child.

***Medication Log:** If the child in care has prescription medications, complete this form daily. Please note all medication and/or dosage changes must be approved by the child's PS Specialist and/or the child's parent.

***ICWA Pamphlet:** If the child placed in your home falls under the Indian Child Welfare Act, this will give some basic information regarding how the Act applies to the child in your care.

***Request for Special Needs Funding:** Make copies of this form to fill out when you or the child need to request funds for purchase outside of what the foster care rate provides.

***AMCCI Information/Emergency Room Brochure:** Talk to your child's worker if you have any questions on this program which may be available to the child.

Contacts

If you have questions or concerns pertaining to a child placed in your care during business hours, please contact your PS Specialist at the number provided in this placement packet. In the event the PS Specialist has not returned your call and you need immediate assistance, please contact an OCS Supervisor in the following order: PS Specialist's Supervisor, Staff Manager, and lastly the child's Protective Services Manager. For matters that are not urgent, please allow two days for a worker to respond. In the event you are not provided contact numbers for the supervisory chain at the time of placement, please request these numbers from the PS Specialist at your earliest convenience or call the main number of the OCS office nearest you to request this information.

Knowing who to contact if an emergency arises after hours is important. When calling the main number of the OCS office in your area after hours, you will be provided with prompts for contacting the on-call worker. You may be directed to a service that will take your information and have the On-Call worker return your call. Regardless of the time of day, if the emergency is medically related, please call 911 first.

In the event you request to have the child removed from your care, you are required to give the PS Specialist 10 days advance notice. The child may be removed sooner if there is a serious problem concerning the child's behaviors and/or the safety of the child or household members. If you are a licensed foster parent, please call your licensing worker concerning your request as well. The Alaska Center for Resource Families provides training and support to foster parents, relative caregivers, and pre and post adoption/guardianship families. They can be contacted at 1-800-478-7307.

Medical, Dental, Vision

Medicaid is medical insurance and will be applied for by the PS Specialist on behalf of the child in custody. It may take up to one month before you receive the Medicaid card in the mail for a child in your care. If you do not receive the card within a month, please inform the child's PS Specialist or your licensing worker. Medical, Dental, and Mental Health Providers require a copy of the Medicaid card when the child is seen. If a child requires treatment before you receive the card, please contact the child's PS Specialist before taking the child to a provider.

The child placed in your care may or may not require an EPSDT Exam (Head to Toe Physical Examination). It is required for all children entering into OCS custody to receive this exam. However, this may not be the child's initial placement. If requested by the child's PS Specialist, the exam will need to be completed within 30 days of placement and with the child's regular physician if possible.

Clarify with the child's PS Specialist how best to obtain the child's shot records to ensure the child is current on all immunizations.

Within 60 days of placement, the child's PS Specialist should be meeting with you to discuss and create a case plan.

Financial

Inform the child's PS Specialist if you are in need of additional assistance to care for the child placed with you. The following items may be requested for a child if all other options have first been exhausted, if funds are available, and if services are warranted: initial clothing, extraordinary clothing, and personal incidentals for child, shipping charges for child's belongings, child-care, phone cards for child visitations, household furnishings for child, and mileage reimbursement. Children in custody may qualify for vouchers for formula, infant cereal, juice, etc. with Women, Infants, Children (WIC) program.

Unlicensed relative caretakers may also qualify for financial assistance with diapers and wipes, rent/housing and childcare registration fees. Unlicensed caregiver within the fifth degree of kinship may apply for Adult Not Included Temporary Assistance with the Department of Public Assistance or Temporary Assistance for Native Families for financial support.

Licensed foster care payments are mailed out within the first two weeks of the following month after foster care services have been provided. Foster parents can request their payment to be mailed to them or request direct deposit. There sometimes may be a delay in receiving payment, so please inform the child's PS Specialist or your licensing worker if you experience a payment delay so they can resolve the problem.

The Foster Wear Cards allow foster parents to receive discounts at participating businesses. Be sure to ask your PS Specialist or licensing worker about receiving a Foster Wear Card.



Thank you for becoming a licensed foster parent

As a licensed foster parent you are entitled to reimbursement for caring for any children placed in your care by the State of Alaska, Department of Family and Community Services (DFCS). Daily foster care rates are established by DHSS in accordance with 7 AAC 53.020(b) to assist with meeting the costs for:

- (1) food;
- (2) clothing;
- (3) shelter;
- (4) daily supervision;
- (5) school supplies;
- (6) a child's personal incidentals;
- (7) reasonable travel to the child's home for visitation; and
- (8) reasonable travel for the child to remain in the school in which the child

The daily rate is established as follows, please see your resource family handbook, Protective Services (PS) Specialist or licensing worker for further information regarding which items may need approval from the child's parent our PS Specialist: (ie haircuts, risk activities.)

First, DFCS determines the "base rate" for foster care based upon the Federal Poverty Guidelines (FPG) for Alaska for a household unit of one divided by the number of days in the current year.

Second, the base rate is adjusted depending on the age of the children in your care is:

- For children birth to 5 years - \$26.03.
- For children age 6 through 11 years - \$29.86.
- For children aged 12 years to 20 years - \$31.46.

Third, a geographical cost of living differential is applied based on where you live, in order to establish your daily foster care rate. Your daily foster care rates for the upcoming year are attached to this letter and broken out by your region and communities. You can also access current rate information at <http://dhss.alaska.gov/ocs/Documents/FosterCare/pdf/fostercarerates.pdf>.

Fourth, your rates may be greater if this is an emergency placement. The emergency rates are paid for up to the first 10 days of placement if you receive less than 24 hrs notice prior to your foster child being placed in your home.

Finally, your daily rate may be increased if you foster child is assessed by DFCS and is found to have needs and behaviors that require more intensive care and supervision beyond what is normally provided in foster care. If you believe that your foster child qualifies for an augmented foster care rate, please contact the child's worker to request an assessment for augmented rates.

Please note that the above rates are informational only and your daily rates may fluctuate depending on the ages of the children in your care, or your location. If you have any questions regarding your foster care base rate please contact the Provider Payments Unit at 907-465-3136 or toll free at 877-465-2215.



THE STATE
of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Family
and Community Services

Office of Children's Services
Director's Office

P.O. Box 112631
Juneau, Alaska 99811-2631
Main: 907.465.3170
Fax: 907.465.3397

December 3, 2021

Dear Resource Family,

Important message, please read this letter in its entirety. Medicaid is a health insurance program that provides coverage to many Alaskans. This essential health program for children and adults is jointly funded by our state dollars and the federal government through the Centers for Medicare & Medicaid Services (CMS), which is the federal agency that administers the Medicaid program.

On February 26, 2016, CMS released a letter to the states which broadened the options for pursuing 100% federal funding for health services that American Indian or Alaska Native Medicaid beneficiaries receive "through" a tribal facility. This new authority could provide our state with needed additional federal Medicaid funding that will help ease the burden of our state general fund budget, but we need your help to access these new funds.

To receive additional federal funds, the department must ensure that Alaska Native children placed in State custody are, to the greatest extent possible, connected to a tribal health organization. To help either establish or maintain these connections with a tribal health organization, we ask that when OCS takes a child into custody, you do the following:

- When a foster child is placed in your home, ask the OCS caseworker who the child's primary care physician is. If a foster child has had a long term medical provider, continue to use the same medical provider, if possible.
- When a foster child does not have a primary care physician, utilize a tribal health organization.
- When seeking a new medical provider, choose a provider within a tribal health organization.
- If the child is in need of immediate medical attention, see that the child is taken to a tribal health organization for that care.
- If you are unsure as to what tribal health organization to go to or experience difficulties in getting a timely appointment scheduled, please let us know so we may try to remedy that issue directly.

Since this new door was opened to states, it has and will continue to allow Alaska to capture new federal funding that will ease the burden on our state budget. For questions and to discuss your specific situation and needs, please contact your licensing worker or the child's caseworker. I appreciate your diligence and follow through to ensure we are doing our part to keep costs down while also still meeting our children's individual needs.

Thank you for your cooperation and caring for Alaska's foster children.

A handwritten signature in blue ink, appearing to read "Kim Guay".

Kim Guay,
Division Director



THE STATE
of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Family
and Community Services

Office of Children's Services
Director's Office

P.O. Box 112631
Juneau, Alaska 99811-2631
Main: 907.465.3170
Fax: 907.465.3397

December 3, 2021

Dear Resource Family,

On December 10, 2015, President Obama signed into law the Every Student Succeeds Act (ESSA), reauthorizing the Elementary and Secondary Education Act (ESEA). Originally enacted in 1965 and last reauthorized as the No Child Left Behind Act in 2002, ESSA's mission is, "to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education." ESSA is the first major overhaul of federal education law in over a decade. For the first time, the ESSA now contains key provisions for students in foster care to promote school stability and success.

With an ESSA effective date of December 10, 2016, it is important that you know how ESSA affects you and the children you serve. Here are the highlights:

- ESSA, ensures that foster youth and children remain in their school or origin, unless there is a clear reason it is not in the best interest of the child/youth. When children and youth are removed from their home, it is important for them to maintain their regular school with their teachers and friends.
- If you plan on registering your foster youth or child in a school that is not their home school, you must request a meeting with the assigned OCS representative and Guardian Ad Litem to discuss whether it is in the child's best interest.
- Prior to accepting placements into your home, ask the child's Protective Services (PS) Specialist (caseworker) about the child's school of origin. If different from the school within the boundary of your home's location and you are unable to provide transportation, please talk with the PS Specialist about transportation options so the child may remain in their school of origin.
- There may be times when the best needs of the child would be met at another school; this decision would need to be made in collaboration with the child's PS Specialist, School, GAL, Tribe and other parties.

Please don't panic. I know this will be a huge factor in the lives of many of your families and foster children, but we will strive to find the best solution in every case where possible. This is not all incumbent on you; we have some resources to help with associated costs of travel where busing or transportation isn't feasible. For questions and to discuss your specific situation and needs, please contact your licensing worker or the child's caseworker.

Thank you for your cooperation, and caring for foster children in Alaska.

A handwritten signature in blue ink, appearing to read "Kim Guay".

Kim Guay,
Division Director

RESOURCE FAMILY REPORT OF DAMAGED/STOLEN PROPERTY OR PERSONAL INJURY

Per 7 AAC 53.110 and CPS policy 6.2.2.7

Reimbursements for damage/loss will be considered under the following conditions:

1. The loss extends beyond damage and loss that is expected to occur when caring for any child whether they are in foster care or not.
2. The loss was not provoked by the actions or statements of the foster parent.
3. If the loss was caused by theft, criminal mischief or other criminal conduct, it must have been reported to the law enforcement agency having jurisdiction.
4. Damage or loss must exceed \$150.00 for a single event or \$200.00 cumulative each month.
5. The incident resulting in financial loss or injury must be reported to the OCS Special Needs Hotline team by the resource family within 30-days using this form (Resource Family Report of Damaged/Stolen Property or Personal Injury Form(06-9440).
6. Photos that clearly depict damage must be provided.
7. Receipts, bank statements, credit card statements or other documents showing the original cost of damaged items is highly encouraged but not required.
8. Images of or item numbers for desired but comparable replacement items are ideal but not required.

Resource Parent(s) Name:

Date:

Address:

Phone Number:

Email:

Location of Incident:

Date of the incident or date the item was noticed as stolen/damaged:

Foster child responsible for the damage/injury:

Please list the items that were stolen or damaged

Item Name:

Brand & Model Number:

Date Purchased:

Cost of Item:

Did you notify your homeowner's insurance company? Yes No

Is the item/injury covered under your insurance? Yes No

How much of your insurance deductible was used as a result of this incident (OCS may reimburse for deductible):

Did you notify law enforcement? Yes No

Name of law enforcement:

Date law enforcement was notified

Who did you notify at OCS:

Date OCS was notified:

Please describe the details of the damage, loss, or injury:

What supervision and precautions were taken before and during the incident to prevent damage, loss, or injury:

Who else has information about the incident:

Name: Phone Number:

Name: Phone Number:

I hereby certify that, to the best of my knowledge and belief, the above statements are true and correct.

Resource Parent Signature: Date:

Resource Parent Signature: Date:

Please return this completed form to the OCS Service Array Unit

Fax: (907) 465-3397 **Email:** fcs.ocs.special.needs.hotline@alaska.gov

Address: OCS

Attn: Service Array Unit

P.O. Box 112631 Juneau, AK 99801

Questions? Contact the OCS Service Array Unit at 1-855-603-8637

Clothing Inventory Form

Childs Name: _____

Date: _____

Clothing Request **Clothing Inventory at Discharge**

For clothing requests, complete the clothing request type and item inventory below.

The clothing request type can be skipped for discharge inventories, only the item inventory section is required.

Clothing Request Type (**select one**):

- EMERGENCY CLOTHING REQUEST:** If it is found that clothing is inadequate within the first 30 days of the Emergency placement. OCS will request special needs funds.
 - EXTRAORDINARY CLOTHING REQUEST:** Extraordinary clothing includes clothing attire needed due to unusual circumstances. Examples of extraordinary matters include medically fragile, rapid weight gain or loss, seasonal clothing needs or damaged clothing due to flood/fire.
- Once it is determined that the child has an adequate supply of clothing upon placement, routine replacement of clothing is the responsibility of the out-of-home care provider.
 - **10% of the monthly foster care reimbursement is to be used for clothing.**
 - The Clothing Inventory must be completed and returned to the Protective Services Specialist (child's caseworker) when the child leaves care.
 - Clothing is the property of the child and must follow them to their next placement.

Item(s)	What clothing does the child have? <i>(Describe below upon Request or Discharge)</i>	What clothing is needed? <i>(For a request to purchase clothing)</i>	Total Amount Requested:
Pants			
Shirts			
Underwear (bras, socks, panties, briefs)			
Shoes			
Seasonal gear			
TOTAL REQUESTED:			

If you have any questions about the clothing requests or how to complete the form please email hss.ocsservicearray@alaska.gov or call the **Special Needs Hotline at 1-855-60-FUNDS.**

EPSDT Guidelines and Periodicity Schedule

Early Periodic Screening Diagnosis and Treatment

All children who come into OCS care are required to have an EPSDT (well child check) within 30 days of coming into care. A Medicaid recipient under 21 years of age is eligible for EPSDT.

An EPSDT includes:

- A health and developmental history
- An unclothed physical examination, including a head-to-toe systemic review
- A dental screening beginning at age three, or earlier if medically necessary
- Vision screening and, beginning at age five or earlier if medically necessary, referral to a vision care provider for a vision examination
- A hearing screening, and if medically necessary, referral for diagnosis and treatment of defects in hearing
- A developmental assessment, including gross and fine motor development, communication skills or language development, self, help and self-care skills, and social-emotional development
- A determination of immunization status and administration of immunizations in accordance with current version of Recommended Childhood Immunization Schedule
- Determination of nutritional status
- Health-related measurements, including height, weight, blood pressure, and other appropriate measures and indicators of health
- Other tests and procedures that are age appropriate and medically necessary, including urinalysis, pap smears, and pelvic examinations
- Referrals to other medical providers and programs, as appropriate to the recipient's age and condition
- Women, Infants, and Children (WIC) referral, if child is under five or pregnant

Recommended Periodicity Schedule in Alaska

Infancy	Early Childhood	Late Childhood	Adolescence
Newborn	12 months	5 years	10 years
3-5 days	15 months	6 years	11 years
By 1 month	18 months	7 years	12 years
2 months	24 months	8 years	13 years
4 months	30 months	9 years	14 years
6 months	3 years	10 years	15 years
9 months	4 years		16 years
			17 years
			18 years
			19 years
			20 years

This is a general guide for EPSDT referral services. For a comprehensive guide to Medical Assistance programs and services, please visit <http://www.hss.state.ak.us.dhcs/PDF/2003-MA-Handbook.pdf>

See the attached **Recommendations for Preventive Pediatric Health Care** for additional information.

Information to be provided to the OCS worker:

- Child's Name
- Parent/Guardian Name
- Type of Exam Services and Results
- Name/Signature of Medical Provider
- Date of Service(s)
- EPSDT Recommendation(s) and Referral(s)

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents who require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the **great importance of continuity of care** in comprehensive health supervision and the need to avoid fragmentation of care.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE/ HISTORY	INFANCY										EARLY CHILDHOOD							MIDDLE CHILDHOOD							ADOLESCENCE										
	PRENATAL ¹	NEWBORN ²	3-5 d ³	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y			
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
MEASUREMENTS Length/Height and Weight Head Circumference Weight for Length Body Mass Index Blood Pressure ⁶	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
SENSORY SCREENING Vision Hearing	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT Developmental Screening ⁸ Autism Screening ⁹ Developmental Surveillance ¹⁰ Psychosocial/Behavioral Assessment Alcohol and Drug Use Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION ¹⁰ PROCEDURES ¹¹ Newborn Metabolic/Hemoglobin Screening ¹² Immunization ¹³ Hematocrit or Hemoglobin ¹⁴ Lead Screening ¹⁵ Tuberculin Test ¹⁶ Dyslipidemia Screening ¹⁸ STI Screening ¹⁹ Cervical Dysplasia Screening ²⁰	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ORAL HEALTH ²¹ ANTICIPATORY GUIDANCE ²²	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. The visit is recommended for parents who are at high risk for first-time parents, and for those who request a confirmation of breastfeeding and planned method of feeding per AAP statement "The Medical History, and a Discussion of Benefits of Breastfeeding." <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456> (2001).
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered. <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>. For newborns discharged in less than 48 hours after birth, the newborn evaluation must be performed within 3 to 6 days of birth, and within 48 to 72 hours after discharge from the hospital. <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434>.
4. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
5. If the patient is uncooperative, re-screen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Adolescents." <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;114/3/602>.
6. All newborns should be screened per AAP statement "Hearing Detection and Intervention in Children: Principles and Guidelines for Early Hearing Detection and Intervention Programs." (2003) <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;118/4/1036>. Additionally, screening should be done in accordance with state law where applicable.

8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disabilities in the medical home: an algorithm for developmental surveillance and assessment. <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;118/7/1855>.
9. Gupta VB, Hyman SL, Johnson GP, et al. <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;2007/119/1551-153>.
10. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and supervised. These may be modified, depending on entry point, site, schedule and individual need.
11. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
12. Schedules per the Committee on Infectious Diseases, published annually in the January issue of Pediatrics. Every visit should include immunization. See AAP statement "Immunization of Children: A Child's Immunizations." <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;118/7/1855>.
13. See AAP Pediatric Nutrition Handbook, 9th Edition, a child's immunizations. See AAP statement "Nutrition Assessment Options." See also Recommendations to prevent and control iron deficiency in the United States. <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;118/4/782>.
14. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management." (2005) <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;118/4/1036>. Additionally, screening should be done in accordance with state law where applicable.

16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
17. Tuberculous testing per recommendations of the Committee on Infectious Diseases, published in the current edition of Red Book: 2003-2004. <http://www.aap.org>.
18. Third Report of the National Cholesterol in Adults (Adult Treatment Panel III) Final Report (2002). URL: <http://aapolicy.aappublications.org/cgi/content/full/109/25/5143> and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of High Blood Cholesterol in Adults." Supplement to Pediatrics. In press.
19. All and Adolescent Overweight and Obesity. Supplement to Pediatrics. In press.
20. All sexually active girls should have screening for sexually transmitted infections (STIs).
21. Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride supplementation, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
22. At the visit for 3-year-olds, consider fluoride supplementation.
23. For specific guidance by age as listed in Bright Futures Guidelines, (Hagan JJ, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd ed, Elk Grove Village, IL: American Academy of Pediatrics; 2008).

KEY
• = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ← = range during which a service may be provided, with the symbol indicating the preferred age

Medication Log

Name:					Date:	
Known allergies:						
Name of Medication	Date Started	Dosage, Dosage Times	Refill Number	Pharmacy Phone Number	Physician Name and Phone Number	Comments

All medication and/or dosage changes must be approved by the guardian.