PROMOTING HEALTHY OUTCOMES FOR CHILDREN IN SUBSTITUTE CARE
CHECKLIST

☐ **Does the child have an identified *primary health care provider* and *health insurance*?**
- ☐ Received a full physical exam according to the schedule recommended by the AAP?*
- ☐ Received health screenings recommended for age?
  - ☐ anemia and lead screening for children *under* age 4
  - ☐ hearing and vision screening for children *over* 4 years old
  - ☐ counseling and screening for reproductive health for teenagers
- ☐ Had a comprehensive health evaluation since entering foster care?
- ☐ Immunizations up to date?
- ☐ Routine dental care?

☐ **Does the child have any risk factors for *significant medical illness*?**
- ☐ Prematurity?
- ☐ History of hospitalizations or surgeries?
- ☐ Daily medications? Allergies to medication or food?
- ☐ Followed by any medical specialists?
- ☐ Special equipment required?
- ☐ Are any of the following risk factors for HIV present and has HIV screening been done:
  - ☐ No prenatal testing done or results not known; no prenatal care
  - ☐ Maternal or paternal drug use
  - ☐ History of sexual abuse
  - ☐ Parent with history of high risk sexual behavior

☐ **For children *under* 5 years of age, has the child received a developmental assessment for *Early Intervention* services (ChildLink – serves birth to 3 / Elwyn – serves 3 to 5)?**
- ☐ If child received early intervention services, have the services been continued while in foster care?

☐ **For children *older than* 5 years old, was the child receiving *special education* services in the past? If so, have services continued with placement in foster care?**
- ☐ History of school failure? Has evaluation for special education services been initiated?
- ☐ Truancy because of unaddressed medical or behavioral problems?
- ☐ Registered for mental retardation services if eligible?

☐ **Is the child receiving *mental health* services? If so, have services continued while in foster care?**
- ☐ Any behavioral problems that require a mental health assessment?

☐ **Has parental consent been obtained for all needed medical records, assessments, and recommended non-routine treatments?**
- ☐ Are any court orders required?

* Well child visit schedule: 2-4 days old, 1-month, 2-months, 4-months, 6-months, 9-months, 1-year, 15-months, 18-months, 2-years-old, then annually through 18-years-old.

This checklist was compiled by the Committee on Healthcare Needs of Children in Substitute Care (formerly the Subcommittee on Children in Substitute Care of the Pennsylvania Children's Health Coalition) based at the Children's Hospital of Philadelphia®. For additional information, contact Judith Silver, Ph.D. (silverj@email.chop.edu) or Jodi Cohen, M.D. (cohenj@email.chop.edu).

The Philadelphia checklist was adapted from the Checklist for the Healthy Development of Foster Children developed by the New York State Permanent Judicial Commission on Justice for Children. (1999). *Ensuring the Healthy Development of Foster Children: A Guide for Judges, Advocates, and Child Welfare Professionals*, available at http://www.courts.state.ny.us/ip/justiceforchildren/PDF/ensuringhealthydevelopment.pdf