



## **CHAPTER 1**

# **Removal and 24-Hour Health Screening**

In New York State, a child may be placed in foster care voluntarily at the request of the child’s parent or legal guardian, or a child may enter foster care involuntarily by order of the Family Court. The court may order that the child be placed in the care and custody of a local department of social services (LDSS) if it finds that the child has been abused or neglected. A child may also be removed from their home by a child protective services agency because of imminent danger to the child’s life or health. Foster care placements can also occur if a child has been adjudicated by the Family Court as a person in need of supervision (PINS), a juvenile delinquent (JD), or a destitute child.

For more information on how a child enters foster care, see Chapter 2 of the [Foster Care Practice Guide for Caseworkers and Supervisors](#), “Entry Into Foster Care.”



### **Sections in this chapter include:**

1. *24-Hour Health Screening*
2. *Medical History Information Gathering*
3. *Immunization History*



## 1. 24-Hour Health Screening

Each child who enters foster care should receive a health screening within 24 hours of entering care. The purpose is to observe the child and gather information to identify any active health problems or need for immediate care, including the necessity to continue medications, if any. It is recommended that a qualified health care practitioner conduct the screening. If a voluntary agency (VA) or local department of social services (LDSS) provides a screening tool, a case-worker who is trained to use the tool may also conduct the screening, if necessary. If the screening identifies an active health problem and a need for immediate care, follow your agency's procedures to address this need. Emergency rooms should not be used for routine screenings.

The screening should gather these types of information about the child:

- Signs of abuse or neglect (If trauma is present, seek immediate medical attention.)
- Active medical or psychiatric problems
- Current medications
- Known allergies to food, medication, or environment
- Upcoming medical appointments
- Need for eyeglasses, hearing equipment, or any other medical devices
- If child is an infant, any notable delivery history

It is important to note that the health screening is separate from the initial medical assessment that is required within 30 days after a child is admitted into foster care.<sup>1</sup> (See Chapter 5 for more information on medical assessments.)

## 2. Medical History Information Gathering

At the time of placement, every effort to obtain the child's complete medical history should be made. Try to obtain information from the parents/guardians, the child (if appropriate), health care providers, other service providers (e.g., school nurse, day care center), and existing medical records. Whenever possible, the caseworker should gather medical information at the time of the child's removal from the home.

Consent is required to obtain medical and mental health records for a child who enters foster care. Prior to accepting a child into care or within 10 days after a child enters care, authorization must be requested from the child's parent or guardian for release of the child's past medical records. If written consent for release of such records cannot be obtained, the LDSS commissioner may authorize release of such records.<sup>2</sup>

The earlier the attempt is made to obtain the child's medical history, the better. Preferably, before placement or within 24 hours of placement, try to obtain the parent's or guardian's signature on the agency's consent for release of information form as part of the overall early engagement of the family (see Chapter 2 for more information on medical consents).

Entering and updating health-related information in the CONNECTIONS Health Services Module is required for all children in foster care and all children in the custody of the New York State Office of Children and Family Services (OCFS) who were placed in a VA. Required fields should be completed as soon as the documentation is received from the provider.<sup>3</sup>

## 3. Immunization History

To prevent children from receiving additional, unnecessary immunizations when they enter foster care, it is important to obtain all documentation of previous immunizations and maintain an updated list in the child's health file. There are generally four sources where staff can obtain the child's immunization history: the health care practitioner, the family,

<sup>1</sup> 18 NYCRR 441.22(c).

<sup>2</sup> 18 NYCRR 441.22(e).

<sup>3</sup> 08-OCFS-ADM-01.



the child's school, and vaccine registries (including the New York State Immunization Information System, the Citywide Immunization Registry, and the federal Vaccine for Children Program).

- Ask the parent or guardian to identify the provider or clinic where the child received immunizations and send a request for copies of the records.
- Obtain a copy of immunization cards or documentation that the parent or guardian has received from the provider.
- Obtain a copy of immunization records from the school for school-age children.

### New York State Immunization Information System

The New York State Immunization Information System (NYSIIS) is a voluntary registry that is operational in most county health departments and many public and private providers in upstate New York. The intent of NYSIIS is to make immunization information available to the child's health care providers, including physicians and hospitals; their parents; and legal guardians. The provider is required by state law to enter any immunizations given to a child, including past and future immunizations, in the NYSIIS registry until the child is 19 years old.<sup>4</sup>

Authorized users of NYSIIS include health care providers, schools, pharmacists, registered nurses, and LDSSs commissioners. The health care provider at the initial medical assessment can also search NYSIIS for records. The system can accommodate different addresses and different names under which the child may be known. If you have obtained documentation of immunizations that have not yet been entered into NYSIIS, ask the provider to record them in NYSIIS. You may contact the NYSIIS team at 518-473-2839/email: [nysiis@health.ny.gov](mailto:nysiis@health.ny.gov).

### Citywide Immunization Registry

When a child receives an immunization at a location in New York City, the information must be entered into the Citywide Immunization Registry (CIR). The Administration for Children's Services (ACS) is authorized to access information from the CIR, as are voluntary foster care agencies. Agencies that provide health services in New York City are required to report immunizations to the CIR. You may contact the CIR at 347-396-2400/email: [cir@health.nyc.gov](mailto:cir@health.nyc.gov).

The NYSIIS and CIR systems will eventually be linked to allow for exchange of data between the two systems. (See Chapter 6 for more information on immunizations or visit <https://www.health.ny.gov/publications/2378.pdf>).

### The Federal Vaccines for Children Program

The federal Vaccines for Children (VFC) Program helps provide vaccines to children whose parents or guardians may not be able to afford them. This program helps all children have a better chance of getting their recommended vaccinations on schedule. Vaccines available through the VFC Program are those recommended by the Advisory Committee on Immunization Practices (ACIP). New York State's VFC Program is administered by the state and local departments of health. New York State provides VFC-registered public and private providers with free routine childhood vaccines to be used to immunize eligible children and provides vaccines at no cost to VFC-eligible children. You may contact the NYS VFC program at 1-800-543-7468/email: [nyvfc@health.ny.gov](mailto:nyvfc@health.ny.gov).

<sup>4</sup> PHL 2168.