

**HAWAII DEPARTMENT OF HEALTH  
MATERNAL AND CHILD HEALTH BRANCH  
HAWAII HOME VISITING NETWORK  
POLICIES & PROCEDURES**

<b>III: Service Delivery</b> <b>D: Services to Minors</b>	
<b>REFERENCE</b> HRS §577-25 HRS §572-2 HRS §572-1(2) HRS §577A-2	<b>EFFECTIVE DATE</b> 01-01-09 revised 09-09 revised 05-18-11 revised 12-19-13

**III-D: Service Delivery – Services to Minors**

**POLICY**

- A. HHVN provider shall have policy and procedures regarding minor’s participation in their home visiting program.
- B. Minors enrolling in HHVN are legally able to sign consent for services or authorization to release information if the minors are legally emancipated. A minor is emancipated when he/she is legally married and will then be able to sign for him/herself. The emancipated mother and the emancipated father who is either: a) married to the mother, or b) has his name on their baby’s birth certificate, or c) paternity has been established, may consent for services for their baby.
- C. If services are to be provided to minor parents who are not legally emancipated and their baby, consent from the minor mother is required and/or consent from the minor father if his name is on the birth certificate or paternity has been established. It is also recommended that consent be obtained from the minor mother’s legal custodian and/or the minor father’s legal custodian. If this is not available, notice to the minor parents’ legal custodians is recommended and services can be provided if no objection is received. If the minor parents’ legal custodians object to services in their homes, services may be provided elsewhere unless the parents’ legal custodians object to any services to be provided to the minor parents and their baby.

**PROCEDURES**

- A. If the mother of the baby is an emancipated minor, the home visitor shall make reasonable attempts to have the minor mother sign all required documents to refer the consumer to home visiting. The same procedure applies if the minor father is emancipated and wishes to participate in services.
- B. If the mother of the baby is not an emancipated minor, the home visitor shall make reasonable attempts to have the minor mother and her legal custodian sign all required documents to enroll the consumer in home visiting. The same procedure applies if the minor father who is not emancipated wishes to participate in services.
- C. If obtaining consent from the minor parents’ legal custodians is not possible, the minor mother and/or father shall sign the documents and the home visitor shall note that

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informed consent by the minors' legal custodian(s) shall be obtained at the first home visit/contact, or as soon as possible.

- D. The home visitor shall make reasonable efforts to notify the minor parents' legal custodians of the services being provided and obtain their consents. If it is not feasible to obtain the minor parents' legal custodians' consents, services may be provided as long as the legal custodians do not clearly object to the services. Home visitors shall exercise clinical judgment on a case by case basis, and shall provide written justifications for their decisions to their supervisor for review and added to the family case file.

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<b>III: Service Delivery E: Community Referrals</b>	
<b>REFERENCE</b>	<b>EFFECTIVE DATE</b> 01-01-09 revised 05-18-11 revised 12-19-13

**III-E: Service Delivery – Community Referrals  
POLICY**

- A. HHVN providers, at a minimum, shall link families to a medical provider to assure optimal health and development (e.g., timely immunizations, well-child care, etc.) Depending on a family’s needs, they may also be linked to additional services such as financial, food, housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.
- B. HHVN providers shall track and follows up with the family, and/or service provider (if appropriate) to determine if the family received needed services.
- C. HHVN providers shall maintain knowledge of current resources within their community to support families’ needs and ensure that families are referred to appropriate community resources in a timely manner. Providers shall coordinate services with other community service providers who are working with families.

**PROCEDURES**

- A. The Program shall orient staff to the program’s relationship with other community resources (organizations in the community with which the program has working relationships) prior to direct work with families.
- B. The HHVN program shall:
  - 1) Provide information, referrals and linkages to all participating family members on available health care resources, when necessary.
  - 2) Connect families to appropriate referral sources and services in the community based upon the information gathered in the assessment process and needs expressed by the families;
  - 3) Document referrals and disposition of referrals in the home visit files;
  - 4) With written consent from the caregiver, coordinate services with other home visiting programs and community or medical providers to avoid duplication of services.

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<b>III: Service Delivery</b>	
<b>F: Child Health and Immunization</b>	
<b>REFERENCE</b> Department of Health and Human Services, Center for Disease Control and Prevention, Immunization Schedule ( <a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm">http://www.cdc.gov/vaccines/recs/schedules/default.htm</a> )	<b>EFFECTIVE DATE</b> 01-01-09 revised 09-09 revised 05-18-11 revised 12-19-13

**III-F: Service Delivery – Child Health and Immunizations**

**POLICY**

- A. Providers, at a minimum, shall link families to a medical provider to assure optimal health and development (e.g., timely immunizations, well-child care, etc.). Depending on the family’s needs, they may also be linked to additional services such as financial, food, housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.
- B. The HHVN providers shall ensure:
  - 1) All target children have a primary medical/health care provider who provide well-child and episodic care;
  - 2) Appropriate referrals to community and medical resources are completed in a timely manner; and
  - 3) HHVN services are coordinated with other service providers who may be working with the family.

**PROCEDURES**

- A. The HHVN program shall:
  - 1) Assist families to establish a primary medical/health care provider.
  - 2) Document each target child’s primary medical/health care provider.
  - 3) For children who currently do not have medical providers, indicate the reasons why and clearly document attempts/steps take to link these children.
  - 4) Support families in receiving timely immunizations based on the United States Department of Health and Human Services, Center for Disease Control and Prevention immunization schedule (see attachment);
- B. The HHVN program shall document each target child’s immunization schedule:
  - 1) For target children who are not currently up-to-date, indicate the reasons why and clearly document attempts/steps taken to obtain immunization for these children;
  - 2) Indicate if families are on Creative Outreach and currently no information is available; and
  - 3) Clearly document families who opt not to have their children immunized due to religious or other beliefs;

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- C. Provide families with preventive child health and safety information (e.g., Keep Me Safe While I Sleep, Protect Our Keiki: at Home, at Play, and on the Way, Shaken Baby Syndrome, etc.);
- D. Make appropriate referrals for community and medical services based upon the information gathered in the assessment process and needs expressed by the families and Family Service Plan team;
- E. Follow-up and document referrals, status of referrals, and ongoing coordination of services;
- F. Assist families to identify alternate resources when necessary; and
- G. With written consent by the family, coordinate services with other home visiting programs and community or medical provider, to avoid duplication of services.

ATTACHMENTS

1. [Recommended Immunization Schedule for Persons Aged 0-6 Years-United States-2010](#)

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**Attachment: Recommended Immunization Schedule for Persons Aged 0-18 Years-  
United States-2013**

For the most recent recommendations, see  
<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>

**Recommended Immunization Schedules  
for Persons Aged 0 Through 18 Years**

UNITED STATES, 2013

This schedule includes recommendations in effect as of January 1, 2013. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

The Recommended Immunization Schedules for  
Persons Aged 0 Through 18 Years are approved by the

**Advisory Committee on Immunization Practices**  
([www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip))

**American Academy of Pediatrics**  
(<http://www.aap.org>)

**American Academy of Family Physicians**  
(<http://www.aafp.org>)

**American College of Obstetricians and Gynecologists**  
(<http://www.acog.org>)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

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**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – 2013.  
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).**

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccines	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs
Hepatitis B <sup>1</sup> (HepB)	←1 <sup>st</sup> dose→	←2 <sup>nd</sup> dose→														
Rotavirus <sup>2</sup> (RV) RV-1 (2-dose series); RV-5 (3-dose series)			←1 <sup>st</sup> dose→	←2 <sup>nd</sup> dose→	See footnote 2											
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP; <7 yrs)			←1 <sup>st</sup> dose→	←2 <sup>nd</sup> dose→	←3 <sup>rd</sup> dose→				←4 <sup>th</sup> dose→			←5 <sup>th</sup> dose→				
Tetanus, diphtheria, & acellular pertussis <sup>4</sup> (Tdap; ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b <sup>5</sup> (Hib)			←1 <sup>st</sup> dose→	←2 <sup>nd</sup> dose→	See footnote 5				←3 <sup>rd</sup> or 4 <sup>th</sup> dose, see footnote 5→							
Pneumococcal conjugate <sup>6a</sup> (PCV13)			←1 <sup>st</sup> dose→	←2 <sup>nd</sup> dose→	←3 <sup>rd</sup> dose→				←4 <sup>th</sup> dose→							
Pneumococcal polysaccharide <sup>6b</sup> (PPSV23)																
Inactivated Poliovirus <sup>7</sup> (IPV) (<18 years)			←1 <sup>st</sup> dose→	←2 <sup>nd</sup> dose→					←3 <sup>rd</sup> dose→			←4 <sup>th</sup> dose→				
Influenza <sup>8</sup> (IV; LAIV) 2 doses for some: see footnote 8							Annual vaccination (IIV only)				Annual vaccination (IIV or LAIV)					
Measles, mumps, rubella <sup>9</sup> (MMR)								←1 <sup>st</sup> dose→				←2 <sup>nd</sup> dose→				
Varicella <sup>10</sup> (VAR)								←1 <sup>st</sup> dose→				←2 <sup>nd</sup> dose→				
Hepatitis A <sup>11</sup> (HepA)									←2-dose series, see footnote 11→							
Human papillomavirus <sup>12</sup> (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal <sup>13</sup> (Hib-MenCY ≥ 6 weeks; MCV4-D ≥ 9 mos; MCV4-CRM ≥ 2 yrs.)					see footnote 13									←1 <sup>st</sup> dose→		booster

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2013. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/index.html>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

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**FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2013**

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus <sup>2</sup>	6 weeks	4 weeks	4 weeks <sup>2</sup>		
Diphtheria, tetanus, pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
<i>Haemophilus influenzae</i> type b <sup>5</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>5</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>5</sup> if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months	
Pneumococcal <sup>6</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus <sup>7</sup>	6 weeks	4 weeks	4 weeks	6 months <sup>7</sup> minimum age 4 years for final dose	
Meningococcal <sup>13</sup>	6 weeks	8 weeks <sup>13</sup>	see footnote 13	see footnote 13	
Measles, mumps, rubella <sup>9</sup>	12 months	4 weeks			
Varicella <sup>10</sup>	12 months	3 months			
Hepatitis A <sup>11</sup>	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria, tetanus, diphtheria, pertussis <sup>4</sup>	7 years <sup>4</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human papillomavirus <sup>12</sup>	9 years	Routine dosing intervals are recommended <sup>12</sup>			
Hepatitis A <sup>11</sup>	12 months	6 months			
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus <sup>7</sup>	6 weeks	4 weeks	4 weeks <sup>7</sup>	6 months <sup>7</sup>	
Meningococcal <sup>13</sup>	6 weeks	8 weeks <sup>13</sup>			
Measles, mumps, rubella <sup>9</sup>	12 months	4 weeks			
Varicella <sup>10</sup>	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

**NOTE:** The above recommendations must be read along with the footnotes on pages 4–5 of this schedule.

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## Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2013

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

- Hepatitis B (HepB) vaccine. (Minimum age: birth)**

**Routine vaccination:**

**At birth**

  - Administer monovalent HepB vaccine to all newborns before hospital discharge.
  - For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
  - If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine to all infants regardless of birth weight. For infants weighing <2,000 grams, administer HBIG in addition to HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if she is HBsAg-positive, also administer HBIG for infants weighing ≥2,000 grams (no later than age 1 week).

**Doses following the birth dose**

  - The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
  - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
  - The minimum interval between dose 1 and dose 2 is 4 weeks and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks, and at least 16 weeks after the first dose.
  - Administration of a total of 4 doses of HepB vaccine is recommended when a combination vaccine containing HepB is administered after the birth dose.

**Catch-up vaccination:**

  - Unvaccinated persons should complete a 3-dose series.
  - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
  - For other catch-up issues, see Figure 2.
- Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [RotaTeq]).**

**Routine vaccination:**

  - Administer a series of RV vaccine to all infants as follows:
    - If RV-1 is used, administer a 2-dose series at 2 and 4 months of age.
    - If RV-5 is used, administer a 3-dose series at ages 2, 4, and 6 months.
    - If any dose in series was RV-5 or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

**Catch-up vaccination:**

  - The maximum age for the first dose in the series is 14 weeks, 6 days.
  - Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
  - The maximum age for the final dose in the series is 8 months, 0 days.
  - If RV-1 (Rotarix) is administered for the first and second doses, a third dose is not indicated.
  - For other catch-up issues, see Figure 2.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)**

**Routine vaccination:**

  - Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15–18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

**Catch-up vaccination:**

  - The fifth (booster) dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
  - For other catch-up issues, see Figure 2.
- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel).**

**Routine vaccination:**

  - Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
  - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
  - Administer one dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of number of years from prior Td or Tdap vaccination.

**Catch-up vaccination:**

  - Persons aged 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series, should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. For these children, an adolescent Tdap vaccine should not be given.
  - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
  - An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.
  - For other catch-up issues, see Figure 2.
- Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 8 weeks)**

**Routine vaccination:**

  - Administer a Hib vaccine primary series and a booster dose to all infants. The primary series doses should be administered at 2, 4, and 6 months of age; however, if PRP-OMP (PedvaxHib or Comvax) is administered at 2 and 4 months of age, a dose at age 6 months is not indicated. One booster dose should be administered at age 12 through 15 months.
  - Hiberix (PRP-T) should only be used for the booster (final) dose in children aged 12 months through 4 years, who have received at least 1 dose of Hib.

**Catch-up vaccination:**

  - If dose 1 was administered at ages 12–14 months, administer booster (as final dose) at least 8 weeks after dose 1.
  - If the first 2 doses were PRP-OMP (PedvaxHib or Comvax), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
  - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months, regardless of Hib vaccine (PRP-T or PRP-OMP) used for first dose.
  - For unvaccinated children aged 15 months or older, administer only 1 dose.
  - For other catch-up issues, see Figure 2.

**Vaccination of persons with high-risk conditions:**

  - Hib vaccine is not routinely recommended for patients older than 5 years of age. However one dose of Hib vaccine should be administered to unvaccinated or partially vaccinated persons aged 5 years or older who have leukemia, malignant neoplasms, anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, or other immunocompromising conditions.
- Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)**

**Routine vaccination:**

  - Administer a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12 through 15 months.
  - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

**Catch-up vaccination:**

  - Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
  - For other catch-up issues, see Figure 2.

**Vaccination of persons with high-risk conditions:**

  - For children aged 24 through 71 months with certain underlying medical conditions (see footnote 6c), administer 1 dose of PCV13 if 3 doses of PCV were received previously, or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
  - A single dose of PCV13 may be administered to previously unvaccinated children aged 6 through 18 years who have an anatomic or functional asplenia (including sickle cell disease), HIV infection or an immunocompromising condition, cochlear implant or cerebrospinal fluid leak. See MMWR 2010;59 (No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.
  - Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnotes 6b and 6c).
- Pneumococcal polysaccharide vaccine (PPSV23). (Minimum age: 2 years)**

**Vaccination of persons with high-risk conditions:**

  - Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnote 6c). A single revaccination with PPSV should be administered after 5 years to children with anatomic or functional asplenia (including sickle cell disease) or an immunocompromising condition.
- Medical conditions for which PPSV23 is indicated in children aged 2 years and older and for which use of PCV13 is indicated in children aged 24 through 71 months:**

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For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

- 7. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**  
**Routine vaccination:**  
 • Administer a series of IPV at ages 2, 4, 6–18 months, with a booster at age 4–6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.  
**Catch-up vaccination:**  
 • In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).  
 • If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.  
 • A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.  
 • If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.  
 • IPV is not routinely recommended for U.S. residents aged 18 years or older.  
 • For other catch-up issues, see Figure 2.
- 8. Influenza vaccines. (Minimum age: 6 months for Inactivated Influenza vaccine [IIV]; 2 years for live, attenuated Influenza vaccine [LAIV])**  
**Routine vaccination:**  
 • Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV see MMWR 2010;59 (No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.  
 • Administer 1 dose to persons aged 9 years and older.  
**For children aged 6 months through 8 years:**  
 • For the 2012–13 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. For additional guidance, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations, MMWR 2012; 61: 613–618, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6132.pdf>.  
 • For the 2013–14 season, follow dosing guidelines in the 2013 ACIP influenza vaccine recommendations.
- 9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)**  
**Routine vaccination:**  
 • Administer the first dose of MMR vaccine at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.  
 • Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.  
 • Administer 2 doses of MMR vaccine to children aged 12 months and older, before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.  
**Catch-up vaccination:**  
 • Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.
- 10. Varicella (VAR) vaccine. (Minimum age: 12 months)**  
**Routine vaccination:**  
 • Administer the first dose of VAR vaccine at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.  
**Catch-up vaccination:**  
 • Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56 [No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf>) have 2 doses of varicella vaccine. For children aged 7 through 12 years the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
- 11. Hepatitis A vaccine (HepA). (Minimum age: 12 months)**  
**Routine vaccination:**  
 • Initiate the 2-dose HepA vaccine series for children aged 12 through 23 months; separate the 2 doses by 6 to 18 months.  
 • Children who have received 1 dose of HepA vaccine before age 24 months, should receive a second dose 6 to 18 months after the first dose.  
 • For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.  
**Catch-up vaccination:**  
 • The minimum interval between the two doses is 6 months.  
**Special populations:**  
 • Administer 2 doses of Hep A vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection.
- 12. Human papillomavirus (HPV) vaccines. (HPV4 [Gardasil] and HPV2 [Cervarix]). (Minimum age: 9 years)**  
**Routine vaccination:**  
 • Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11-12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.  
 • The vaccine series can be started beginning at age 9 years.  
 • Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).  
**Catch-up vaccination:**  
 • Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.  
 • Use recommended routine dosing intervals (see above) for vaccine series catch-up.
- 13. Meningococcal conjugate vaccines (MCV). (Minimum age: 6 weeks for Hib-MenCY, 9 months for Menactra [MCV4-D], 2 years for Menveo [MCV4-CRM]).**  
**Routine vaccination:**  
 • Administer MCV4 vaccine at age 11–12 years, with a booster dose at age 16 years.  
 • Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of MCV4, with at least 8 weeks between doses. See MMWR 2011; 60:1018–1019 available at: <http://www.cdc.gov/mmwr/pdf/wk/mm6030.pdf>.  
 • For children aged 2 months through 10 years with high-risk conditions, see below.  
**Catch-up vaccination:**  
 • Administer MCV4 vaccine at age 13 through 18 years if not previously vaccinated.  
 • If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.  
 • If the first dose is administered at age 16 years or older, a booster dose is not needed.  
 • For other catch-up issues, see Figure 2.  
**Vaccination of persons with high-risk conditions:**  
 • For children younger than 19 months of age with anatomic or functional asplenia (including sickle cell disease), administer an infant series of Hib-MenCY at 2, 4, 6, and 12–15 months.  
 • For children aged 2 through 18 months with persistent complement component deficiency, administer either an infant series of Hib-MenCY at 2, 4, 6, and 12 through 15 months or a 2-dose primary series of MCV4-D starting at 9 months, with at least 8 weeks between doses. For children aged 19 through 23 months with persistent complement component deficiency who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of MCV4-D at least 8 weeks apart.  
 • For children aged 24 months and older with persistent complement component deficiency or anatomic or functional asplenia (including sickle cell disease), who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of either MCV4-D or MCV4-CRM. If MCV4-D (Menactra) is administered to a child with asplenia (including sickle cell disease), do not administer MCV4-D until 2 years of age and at least 4 weeks after the completion of all PCV13 doses. See MMWR 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>.  
 • For children aged 9 months and older who are residents of or travelers to countries in the African meningitis belt or to the Hajj, administer an age appropriate formulation and series of MCV4 for protection against serogroups A and W-135. Prior receipt of Hib-MenCY is not sufficient for children traveling to the meningitis belt or the Hajj. See MMWR 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>.  
 • For children who are present during outbreaks caused by a vaccine serogroup, administer or complete an age and formulation-appropriate series of Hib-MenCY or MCV4.  
 • For booster doses among persons with high-risk conditions refer to <http://www.cdc.gov/vaccines/pubs/acip-list.htm#mening>.

#### Additional Information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.
- For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Information on travel vaccine requirements and recommendations is available at <http://wwwnc.cdc.gov/travel/page/vaccinations.htm>.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in General Recommendations on Immunization (ACIP), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. Red book: 2012 report of the Committee on Infectious Diseases. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics.

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**IV  
ASSESSMENT**

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<b>IV: Assessment</b> <b>A: Child Developmental Screening &amp; Surveillance</b>	
<b>REFERENCE</b> Ages and Stages Questionnaire (ASQ-3) Ages and Stages Questionnaire: Social Emotional (ASQ:SE)	<b>EFFECTIVE DATE</b> 01-01-09 revised 09-09 revised 05-18-11 revised 12-19-13

**IV-A: Assessment – Child Developmental Screening & Surveillance  
POLICY**

HHVN providers shall ensure all children who have developmental concerns (e.g., two (2)-standard deviation on the ASQ-3 are referred to the Hawaii Keiki Information Services System (“HKISS”).

**PROCEDURES**

- A. The HHVN program shall monitor the development of participating infants and children with the ASQ-3 and the ASQ:SE.
- B. The HHVN program shall have written policy and procedures for administration of the ASQ-3 and the ASQ:SE that specifies how and when the tool is used with all target children participating in the program, at specified intervals, unless developmentally inappropriate.
- C. The HHVN program shall have written policy and procedures regarding assessment criteria and documentation of assessment summaries and/or narratives that cover all areas as outlined by the ASQ-3 and the ASQ:SE.
- D. The HHVN program shall have policy and procedures for training home visitors who use the ASQ-3 and the ASQ:SE. The training must include the theoretical background (e.g., its purpose, what it measures, etc.) on the tool, hands-on practice in using the tool and occur prior to administering it.
- E. When developmental concerns (e.g., two (2)-standard deviation on the ASQ-3) are identified, the home visitor shall discuss the children’s developmental concerns with families. The discussion shall include and is not limited to the:
  - 1) Purpose of the Comprehensive Development Evaluation (CDE);
  - 2) CDE referral process;
  - 3) Concerns and needs of the families; and
  - 4) Family’s sensitive and confidential information, which may be relevant to the CDE and may be included on the CDE report with the family’s written consent.
- F. The home visitor shall ensure the family gives written consent for a referral to HKISS.
- G. The HHVN program tracks target children who are suspected of having a developmental delay and follows through with appropriate referrals and follow-up as needed.

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- H. If the CDE does not result in identifying a developmental delay for a child who is at risk, the provider may continue to monitor the child's development using the ASQ-3 and ASQ:SE.
  
- I. The HHVN documentation may include and is not limited to:
  - 1) Referrals and outcome of referrals;
  - 2) CDE reports when available;
  - 3) Ongoing monitoring of child's development; and
  - 4) Coordination of services.

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<b>IV: Assessment</b>	
<b>B: Ages and Stages Questionnaire</b>	
<b>Ages and Stages Questionnaire: Social Emotional</b>	
<b>REFERENCE:</b>	<b>EFFECTIVE DATE</b>
	07-01-08
	revised 05-18-11
	revised 12-19-13
	revised 7-22-14

**IV-B: Assessment – Ages and Stages Questionnaire; Ages and Stages Questionnaire: Social Emotional**

**POLICY**

- A. HHVN providers shall monitor the development of participating infants and children utilizing the ASQ-3 and the ASQ:SE. The ASQ-3 and ASQ:SE shall be administered according the following procedures and guidelines.
- B. Home visitors may refer children to Early Intervention services for further evaluations.

**PROCEDURES**

- A. The program shall conduct the ASQ-3 at 2, 4, 8, 9, 12, 16, 20, 24, 30, and 36 months of age.
- B. Other ASQ-3s may be administered based on supervisor or clinical judgment.
- C. If a child’s ASQ-3 score falls within one (1) standard deviation, the program shall await the administration of the next ASQ-3 interval. While the program is awaiting the second administration of the ASQ-3, the programs shall provide home visits by a Child Development Specialist or Parent Educator focused on child development.
- D. If a child’s ASQ-3 score falls within one (1) standard deviation at the second administration, the program shall refer the child to Early Intervention for additional services.
- E. If a child’s ASQ-3 score falls within two (2) standard deviation range, the program shall refer the child to Early intervention for additional services.
- F. The program shall conduct the ASQ:SE at 6, 12, 18, 24, 30, and 36 months of age.
- G. If a child’s ASQ-SE scores falls above the cutoff, the program shall await the administration of the next ASQ-SE interval. While the program is awaiting the second administration of the ASQ-SE, the programs shall provide home visits by a Child Development Specialist or Parent Educator focused on child development.
- H. If a child’s ASQ-SE score falls within one (1) standard deviation at the second administration, the program shall refer the child to Early Intervention for additional services.

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- I. The program shall have written policy and procedures for administration of the ASQ-3 and the ASQ:SE that specifies how and when the tool is to be used with all target children participating in the program, at specified intervals, unless developmentally inappropriate.
- J. The program shall have written policy and procedures regarding assessment criteria and documentation of assessment summaries and/or narratives that cover all areas as outlined by the ASQ-3 and the ASQ:SE.
- K. The program shall have policy and procedures for training and home visitors who use the ASQ-3 and the ASQ:SE to ensure that the home visitor has adequate understanding and knowledge of how to use the tool appropriately. The training must include the theoretical background (e.g., its purpose, what it measures, etc.) on the tool, hands-on practice in using the tool and occur prior to administering it.
- L. The program shall track target children who are suspected of having a developmental delay and shall follow through with appropriate referrals and follow-up, as needed.

**RESOURCES**

[ASQ-3 Ordering information - http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/](http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/)

[ASQ-SE Ordering information - http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se/](http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se/)

**ATTACHMENTS:**

[Attachment: ASQ-3 and ASQ:SE Age Administration Chart](#)

[Attachment: ASQ-3 Score Adjustment Chart for omitted answers](#)

[Attachment: ASQ:SE cut-off scores](#)

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**Attachment: ASQ-3 and ASQ:SE Age Administration Chart**

HHVN providers shall administer the ASQ-3 and ASQ:SE to all children enrolled in the program within the age ranges as described below. MCHB recommends that the HHVN provider utilizes the ASQ-3 and ASQ:SE completion reports to monitor their program's completion rates. MCHB will monitor the programs' ASQ-3 and ASQ:SE completion rates periodically.

**ASQ-3™ and ASQ:SE Age Administration Charts**

<b>Child's Age</b>	<b>Use this ASQ-3</b>	<b>Use this ASQ:SE</b>
<b>1 month 0 days to 2 months 30 days</b>	<b>2</b>	<b>Not Applicable</b>
<b>3 months 0 days to 4 months 30 days</b>	<b>4</b>	<b>6</b>
<b>5 months 0 days to 6 months 30 days</b>	<b>6</b>	<b>6</b>
<b>7 months 0 days to 8 months 30 days</b>	<b>8</b>	<b>6</b>
<b>9 months 0 days to 9 months 30 days</b>	<b>9 or 10<sup>a</sup></b>	<b>12</b>
<b>10 months 0 days to 10 months 30 days</b>	<b>10</b>	<b>12</b>
<b>11 months 0 days to 12 months 30 days</b>	<b>12</b>	<b>12</b>
<b>13 months 0 days to 14 months 30 days</b>	<b>14</b>	<b>12</b>
<b>15 months 0 days to 16 months 30 days</b>	<b>16</b>	<b>18</b>
<b>17 months 0 days to 18 months 30 days</b>	<b>18</b>	<b>18</b>
<b>19 months 0 days to 20 months 30 days</b>	<b>20</b>	<b>18</b>
<b>21 months 0 days to 22 months 30 days</b>	<b>22</b>	<b>24</b>
<b>23 months 0 days to 25 months 15 days</b>	<b>24</b>	<b>24</b>
<b>25 months 16 days to 28 months 15 days</b>	<b>27</b>	<b>24 (up to 26 months 30 days)</b> <b>30 (from 27 months 0 days)</b>
<b>28 months 16 days to 31 months 15 days</b>	<b>30</b>	<b>30</b>
<b>31 months 16 days to 34 months 15 days</b>	<b>33</b>	<b>30 (up to 32 months 30 days)</b> <b>36 (from 33 months 0 days)</b>
<b>34 months 16 days to 38 months 30 days</b>	<b>36</b>	<b>36</b>
<b>39 months 0 days to 44 months 30 days</b>	<b>42</b>	<b>36 (up to 41 months 30 days)</b> <b>48 (from 42 months 0 days)</b>
<b>45 months 0 days to 50 months 30 days</b>	<b>48</b>	<b>48</b>
<b>51 months 0 days to 56 months 30 days</b>	<b>54</b>	<b>48 (up to 53 months 30 days)</b> <b>60 (from 54 months 0 days)</b>
<b>57 months 0 days to 66 months 0 days</b>	<b>60</b>	<b>60</b>

<sup>a</sup>May use the 9- or 10-month ASQ-3 with children in this age range.

ASQ-3™ and ASQ:SE Training Materials by Jane Squires, Jane Farrell, Jantina Clifford, Suzanne Yockelson, and Elizabeth Twombly  
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**Attachment: ASQ-3 Score Adjustment Chart for omitted answers**

**Table 6.2.** Score adjustment chart for the ASQ-3 when item responses have been omitted

Area score (for the items that have responses)	Adjusted total area score (one omitted item)	Adjusted total area score (two omitted items)
50	60	—
45	54	—
40	48	60
35	42	52.5
30	36	45
25	30	37.5
20	24	30
15	18	22.5
10	12	15
5	6	7.5
0	0	0

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**Attachment: ASQ:SE cut-off scores**

Table A9. ASQ:SE cutoff scores and classification statistics by age interval based on ROC cutoff score (N = 1,041)

ASQ:SE age interval	N	Cutoff score	Sensitivity	Specificity	False positive rate	False negative rate	Percent agreement	Under-referral	Over-referral
6 month	71	45	78.6	98.2	8.3	5.1	94.0	4.2	1.4
12 month	85	48	71.4	97.2	16.7	5.5	93.0	4.7	2.4
18 month	99	50	75.0	96.6	25.0	3.4	93.9	3.0	3.0
24 month	152	50	70.8	93.0	34.6	5.6	89.5	4.6	5.9
30 month	115	57	80.0	89.5	38.5	4.5	87.8	3.4	8.6
36 month	179	59	77.8	93.0	26.3	5.7	89.9	4.5	5.7
48 month	174	70	76.9	94.6	28.6	4.1	92.0	3.4	4.6
60 month	168	70	84.6	95.8	21.4	2.9	94.0	2.4	3.6
Overall	1,041		78.0	94.5	26.8	4.3	91.8	3.6	4.6

Note: See Figure 16 in Chapter 5 for formulas used in calculating classification statistics.

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<b>IV: Assessment</b>	
<b>C: Home Observation Measurement of the Environment Inventory</b>	
	<b>EFFECTIVE DATE</b> 07-01-09 revised 05-18-11 revised 12-19-13 revised 7-22-14

**IV-C: Assessment – Home Observation Measurement of the Environment Inventory**

**POLICY**

HHVN providers shall monitor the development of participating infants and children utilizing the Home Observation Measurement of the Environment (“HOME”) inventory to assess the families’ home environment for all children enrolled in their programs. Providers shall administer the HOME inventory at enrollment and annually based on the enrollment date. The home visitor shall review the results with families and provide intervention options to enhance the home environment.

**PROCEDURES**

- A. The program shall have written policy and procedures for administration of the HOME that specifies how and when the tool is to be used with all target children participating in the program, at specified intervals, unless developmentally inappropriate.
- B. The program shall have written policy and procedures regarding assessment criteria and documentation of assessment summaries and/or narratives that cover all areas as outlined by the HOME.
- C. The program shall have policy and procedures for training the home visitor who will use the HOME to ensure that the worker has adequate understanding and knowledge of how to use the tool appropriately. The training must include the theoretical background (e.g., its purpose, what it measures, etc.) on the tool, hands-on practice in using the tool and occur prior to administering it. Training guidance is available in the Training section of the HOME Administration manual.
- D. The program shall assess all children who are enrolled in the HHVN program with the HOME inventory during their first year of enrollment.
- E. The home visitor shall provide interventions and monitor families with a score of 32 or lower.
- F. Administration of the HOME may be repeated with families as determined to be appropriate by the program.

**RESOURCES**

Ordering Information can be found at <http://fhdri.clas.asu.edu/home/contact.html>

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**ATTACHMENT**

1. [Home Observation Measurement of the Environment Inventory](#)

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**Attachment: Home Observation Measurement of the Environment Inventory**

Example for P&P, not for program use

IT-HOME - 37

**Infant/Toddler HOME  
Bettye M. Caldwell and Robert H. Bradley  
Summary Sheet**

Family name \_\_\_\_\_ Date \_\_\_\_\_ Visitor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_  
 Interviewee \_\_\_\_\_ If other than parent, relationship to child \_\_\_\_\_  
 Family composition \_\_\_\_\_  
(persons living in household, including sex and age of children)  
 Family ethnicity \_\_\_\_\_ Language spoken \_\_\_\_\_ Maternal education \_\_\_\_\_ Paternal education \_\_\_\_\_  
 Is mother employed? \_\_\_\_\_ Type of work when employed? \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
 Is father employed? \_\_\_\_\_ Type of work when employed? \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
 Current child care arrangements \_\_\_\_\_  
 Summarize past year's arrangements \_\_\_\_\_  
 Other person(s) present during visit \_\_\_\_\_  
 Notes \_\_\_\_\_

SUMMARY

Subscale	Possible Score	Median	Actual Score	Comments
I. RESPONSIVITY	11	9		
II. ACCEPTANCE	8	6		
III. ORGANIZATION	6	5		
IV. LEARNING MATERIALS	9	7		
V. INVOLVEMENT	6	4		
VI. VARIETY	5	3		
<b>TOTAL SCORE</b>	<b>45</b>	<b>32</b>		

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Example for P&P, not for program use

IT-HOME - 38

**Infant/Toddler HOME Record Form**

Place a plus (+) or minus (-) in the box alongside each item depending on whether the behavior is observed during the visit, or if the parent reports that the conditions or events are characteristic of the home environment. Enter the subtotals and the total on the Summary Sheet. **Observation (O), Either (E), or Interview (I) is indicated for each item.**

<b>I. RESPONSIVITY</b>	24. Child has a special place for toys and treasures. <b>E</b>	
1. Parent permits child to engage in "messy" play. <b>I</b>	25. Child's play environment is safe. <b>O</b>	
2. Parent spontaneously vocalizes to child at least twice. <b>O</b>	<b>IV. LEARNING MATERIALS</b>	
3. Parent responds verbally to child's vocalizations or verbalizations. <b>O</b>	26. Muscle activity toys or equipment. <b>E</b>	
4. Parent tells child name of object or person during visit. <b>O</b>	27. Push or pull toy. <b>E</b>	
5. Parent's speech is distinct, clear, and audible. <b>O</b>	28. Stroller or walker, kiddie car, scooter, or tricycle. <b>E</b>	
6. Parent initiates verbal interchanges with Visitor. <b>O</b>	29. Cuddly toy or role-playing toys. <b>E</b>	
7. Parent converses freely and easily. <b>O</b>	30. Learning facilitators—mobile, table and chair, high chair, play pen. <b>E</b>	
8. Parent spontaneously praises child at least twice. <b>O</b>	31. Simple eye-hand coordination toys. <b>E</b>	
9. Parent's voice conveys positive feelings toward child. <b>O</b>	32. Complex eye-hand coordination toys. <b>E</b>	
10. Parent caresses or kisses child at least once. <b>O</b>	33. Toys for literature and music. <b>E</b>	
11. Parent responds positively to praise of child offered by Visitor. <b>O</b>	34. Parent provides toys for child to play with during visit. <b>O</b>	
<b>II. ACCEPTANCE</b>	<b>V. INVOLVEMENT</b>	
12. No more than 1 instance of physical punishment during past week. <b>I</b>	35. Parent talks to child while doing household work. <b>I</b>	
13. Family has a pet. <b>E</b>	36. Parent consciously encourages developmental advance. <b>I</b>	
14. Parent does not shout at child. <b>O</b>	37. Parent invests maturing toys with value via personal attention. <b>I</b>	
15. Parent does not express overt annoyance with or hostility to child. <b>O</b>	38. Parent structures child's play periods. <b>I</b>	
16. Parent neither slaps nor spansks child during visit. <b>O</b>	39. Parent provides toys that challenge child to develop new skills. <b>I</b>	
17. Parent does not scold or criticize child during visit. <b>O</b>	40. Parent keeps child in visual range, looks at often. <b>O</b>	
18. Parent does not interfere with or restrict child more than 3 times during visit. <b>O</b>	<b>VI. VARIETY</b>	
19. At least 10 books are present and visible. <b>E</b>	41. Father provides some care daily. <b>I</b>	
<b>III. ORGANIZATION</b>	42. Parent reads stories to child at least 3 times weekly. <b>I</b>	
20. Child care, if used, is provided by one of 3 regular substitutes. <b>I</b>	43. Child eats at least one meal a day with mother and father. <b>I</b>	
21. Child is taken to grocery store at least once a week. <b>I</b>	44. Family visits relatives or receives visits once a month or so. <b>I</b>	
22. Child gets out of house at least 4 times a week. <b>I</b>	45. Child has 3 or more books of his/her own. <b>E</b>	
23. Child is taken regularly to doctor's office or clinic. <b>I</b>		
<b>TOTALS</b> I _____    II _____    III _____    IV _____    V _____    VI _____ <b>TOTAL</b> _____		

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**HAWAII DEPARTMENT OF HEALTH  
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HAWAII HOME VISITING NETWORK  
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<b>IV: Service Delivery</b>	
<b>D: Nursing Child Assessment Satellite Training (“NCAST”) Teach</b>	
<b>REFERENCE</b> HRSA MIECHV Benchmark Outcomes	<b>EFFECTIVE DATE</b> 07-01-09 revised 05-18-11 revised 1-24-14

**IV-D: Service Delivery – Nursing Child Assessment Satellite Training (“NCAST”) Teach**

**POLICY**

- A. Providers implementing the HFA model shall administer the NCAST Teach at enrollment and one (1) year following enrollment, all other home visiting models have the option of administering this assessment tool as well. Home visitors shall review the results with the families and provide intervention options with the families to enhance the parent-child interaction.
- B. All HHVN providers are encouraged to monitor the parent-child interactions of participating infants, children and parents utilizing the NCAST Teach.

**PROCEDURES**

- A. The HHVN program shall have written policy and procedures for administration of the NCAST Teach that specifies how and when the tool is to be used with all target children participating in the program, at specified intervals, unless developmentally inappropriate.
- B. The HHVN program shall have written policy and procedures regarding assessment criteria and documentation of assessment summaries and/or narratives that cover all areas as outlined by the NCAST Teach.
- C. The HHVN program shall have policy and procedures for training staff who will use the NCAST Teach to ensure that the worker has adequate understanding and knowledge of how to use the tool appropriately. The training must include the theoretical background (e.g., its purpose, what it measures, etc.) on the tool, hands-on practice in using the tool and occur prior to administering it.
- D. The HHVN program shall have Guidelines for referral to Child Development Specialists (“CDS”) for programs that use CDS:
  - 1) Children one (1) to 12 months of age: Teach score of 47 and below
  - 2) Children 13 to 36 months of age: Teach score of 54 and below
- E. The HHVN program shall provide interventions to families based on the referral guidelines and the HHVN program’s clinical judgment.
- F. The provider shall administer a follow up Teach scale(s) for families who are referred for consultation/intervention.

**ATTACHMENT**

**HAWAII DEPARTMENT OF HEALTH  
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POLICIES & PROCEDURES**

[Nursing Child Assessment Satellite Training \(NCAST\) Teach](#)

# HAWAII DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH BRANCH HAWAII HOME VISITING NETWORK POLICIES & PROCEDURES

Attachment: Nursing Child Assessment Satellite Training (NCAST) Teach



## NCAST TEACHING SCALE Birth to Three Years Only

*Information applies to parent only*  
**Mother's Ethnic Heritage** (See back page)  
**Marital/Partner Status**  Married  Single

Person Observed ____ Age ____ Educ. ____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ Major Caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Task _____ Length of Time Teaching (minutes) 1 or Less 2 3 4 5 6 or More	Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinic <input type="checkbox"/> Other _____ Were Others Present? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____	Child's Name _____ Child's Age (in months) _____ Child's Sex _____ Child's Birth Order (circle) 1 2 3 4 5 or More Child's State at Beginning of Teaching (circle) Quiet Sleep Active Sleep Drowsy Quiet Alert Active Alert Crying
---	---	--

	YES	NO		YES	NO
<b>I. SENSITIVITY TO CUES</b>					
1. Caregiver positions child so child is safely supported.			27. Caregiver smiles, or touches child within five seconds after the child smiles or vocalizes.		
2. Caregiver positions child so that child can reach and handle teaching materials.			28. Caregiver praises child's efforts or behaviors broadly (in general) at least once during the episode.		
3. Caregiver gets the child's attention before beginning the task, at the start of the teaching interaction.			29. Caregiver makes cheerleading type statements to the child during the teaching interaction.		
4. Caregiver gives instruction only when child is attentive (90% of the time).			30. Caregiver avoids vocalizing to the child at the same time the child is vocalizing.		
5. Caregiver allows child to explore the task material for at least five seconds before giving the first task related instruction.			31. Caregiver avoids making general negative or uncomplimentary remarks about the child.		
6. Caregiver positions child so that it is possible for them to have eye-to-eye contact with one another during the majority of the teaching episode (60%).			32. Caregiver avoids yelling at the child during the episode.		
7. Caregiver pauses when the child initiates behaviors during the teaching episode.			33. Caregiver avoids making critical or negative comments about the child's task performance.		
8. Caregiver praises child's successes or partial successes.			<b>TOTAL YES ANSWERS</b>		
9. Caregiver asks for no more than three performances when child is successful at completing the task.			<b>IV. COGNITIVE GROWTH FOSTERING</b>		
10. Caregiver changes position of child and/or materials after unsuccessful attempt by the child to do the task.			34. Caregiver provides an immediate environment which is free from distractions from animate sources (sibs, pets, other people, T.V.).		
11. Caregiver avoids physically forcing the child to complete the task.			35. Caregiver focuses attention and child's attention on the task during most of the teaching (60%).		
<b>TOTAL YES ANSWERS</b>			36. After caregiver gives instructions, at least five seconds is allowed for the child to attempt the task before caregiver intervenes again.		
<b>II. RESPONSE TO CHILD'S DISTRESS</b>			37. Caregiver allows non-task manipulation of the task materials after the original presentation.		
<input type="checkbox"/> Yes <input type="checkbox"/> No (Potential disengagement cues observed)			38. Caregiver describes perceptual qualities of the task materials to the child.		
12. Caregiver stops the teaching episode.			39. Caregiver uses at least two different sentences or phrases to describe the task to the child.		
13. Caregiver makes positive, sympathetic, or soothing verbalization.			40. Caregiver uses explanatory verbal style more than imperative style in teaching the child.		
14. Caregiver changes voice volume to softer or higher pitch, does not yell.			41. Caregiver's directions are stated in clear, unambiguous language (i.e. ambiguous = "turn", unambiguous = "turn the knob toward me").		
15. Caregiver rearranges the child's position and/or task materials.			42. Caregiver uses both verbal description and modeling simultaneously in teaching any part of the task.		
16. Caregiver makes soothing non-verbal response, e.g. pat, touch, rock, caress, kiss.			43. Caregiver encourages and/or allows the child to perform the task at least once before intruding in on the use of the task materials.		
17. Caregiver diverts the child's attention by playing games, introduces a new toy.			44. Caregiver verbally praises child after child has performed better or more successfully than the last attempt.		
18. Caregiver avoids making negative comments to the child.			45. Caregiver smiles and/or nods at the child after child performs better or more successfully than the last attempt.		
19. Caregiver avoids yelling at the child.			46. Caregiver responds to the child's vocalizations with a verbal response.		
20. Caregiver avoids using abrupt movements or rough handling.			47. Caregiver uses both verbal and non-verbal instruction in teaching the child.		
21. Caregiver avoids slapping, hitting or spanking.			48. Caregiver uses the teaching loop at least once.		
22. Caregiver avoids making negative comments to home visitor about the child.			49. Caregiver signals completion of task to child verbally or nonverbally.		
<b>TOTAL YES ANSWERS</b>			50. Caregiver spends no more than five minutes and not less than one minute in teaching the child the task.		
<b>III. SOCIAL-EMOTIONAL GROWTH FOSTERING</b>			<b>TOTAL YES ANSWERS</b>		
23. Caregiver's body posture is relaxed during the teaching episode (90%).					
24. Caregiver positions self face-to-face with the child during the teaching interaction (80%).					
25. Caregiver laughs or smiles at child during the teaching interaction.					
26. Caregiver gently pats, caresses, strokes, hugs, or kisses child during episode.					

# HAWAII DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH BRANCH HAWAII HOME VISITING NETWORK POLICIES & PROCEDURES

**V. CLARITY OF CUES** YES NO

51. Child is awake.			
52. Child widens eyes and/or shows postural attention to task situation.			
53. Child changes intensity or amount of motor activity when task material is presented.			
54. Child's movements are clearly directed toward the task or task material or away from the task material (not diffuse).			
55. Child makes clearly recognizable arm movements during the teaching episode (clapping, reaching, waving, pounding, pointing, pushing away).			
56. Child vocalizes while looking at the task materials.			
57. Child smiles or laughs during the episode.			
58. Child grimaces or frowns during the teaching episode.			
59. Child displays potent disengagement cues during the teaching interaction.			
60. Child displays subtle disengagement cues during the teaching interaction.			
<b>TOTAL YES ANSWERS</b>			

**VI. RESPONSIVENESS TO CAREGIVER**

61. Child gazes at caregiver's face or task materials after the caregiver has shown verbal or non-verbal alerting behavior.			
62. Child attempts to engage caregiver in eye-to-eye contact.			
63. The child looks at the caregiver's face or eyes when caregiver attempts to establish eye-to-eye contact.			
64. Child vocalizes or babbles within five seconds after caregiver's verbalization.			
65. Child vocalizes or babbles within five seconds after caregiver's gesturing, touching or changing his/her facial expression.			
66. Child smiles at caregiver within five seconds after caregiver's verbalization.			
67. Child smiles at caregiver within five seconds after caregiver's gesture, touch, or facial expression changes.			
68. When caregiver moves closer than eight inches from the child's face the child shows some subtle and/or potent disengagement cues.			
69. Child shows subtle and/or potent disengagement cues within five seconds after caregiver changes facial expression or body movement.			
70. Child shows subtle and/or potent disengagement cues within five seconds after caregiver's verbalization.			
71. Child shows potent and/or subtle disengagement cues when caregiver attempts to intrude physically in the child's use of the task materials.			
72. Child physically resists or responds aggressively when caregiver attempts to intrude physically in child's use of the task materials.			
73. The child stops displaying potent disengagement cues within 15 seconds after caregiver's soothing attempts.			
<b>TOTAL YES ANSWERS</b>			

Enter the total yes answers from each subscale and compare it with the possible score:

	SUBSCALE Items		CONTINGENCY Items	
	Possible	Actual	Possible	Actual
SENSITIVITY TO CUES	11		5	
RESPONSE TO DISTRESS	11		6	
SOCIAL-EMOTIONAL GROWTH FOSTERING	11		3	
COGNITIVE GROWTH FOSTERING	17		6	
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>20</b>	
CLARITY OF CUES	10		0	
RESPONSIVENESS TO CAREGIVER	13		12	
<b>CHILD TOTAL</b>	<b>23</b>		<b>12</b>	
<b>CAREGIVER/CHILD TOTAL</b>	<b>73</b>		<b>32</b>	

Check the potent disengagement cues observed during the teaching interaction.

- |  |   |
|--|---|
| <input type="checkbox"/> Back arching                  | <input type="checkbox"/> Pale/red skin                      |
| <input type="checkbox"/> Choking                       | <input type="checkbox"/> Pulling away                       |
| <input type="checkbox"/> Coughing                      | <input type="checkbox"/> Pushing away                       |
| <input type="checkbox"/> Crawling away                 | <input type="checkbox"/> Saying "no"                        |
| <input type="checkbox"/> Cry face                      | <input type="checkbox"/> Spitting                           |
| <input type="checkbox"/> Crying                        | <input type="checkbox"/> Spitting up                        |
| <input type="checkbox"/> Fussing                       | <input type="checkbox"/> Tray pound                         |
| <input type="checkbox"/> Halt hand                     | <input type="checkbox"/> Vomiting                           |
| <input type="checkbox"/> Lateral head shake            | <input type="checkbox"/> Walking away                       |
| <input type="checkbox"/> Maximal lateral gaze aversion | <input type="checkbox"/> Whining                            |
| <input type="checkbox"/> Overhand beating movements    | <input type="checkbox"/> Withdraw from alert to sleep state |

**Ethnic Heritage. Place a check mark next to the mother's ethnic heritage and write in her specific group identity.**

- |   |   |
|---|---|
| <input type="checkbox"/> African-American                   | <input type="checkbox"/> Other Asian                        |
| <input type="checkbox"/> Asian Indian or A.I.- American     | <input type="checkbox"/> Cuban or Cuban-American            |
| <input type="checkbox"/> Chinese or Chinese-American        | <input type="checkbox"/> Mexican, Chicano, or Mex. American |
| <input type="checkbox"/> Filipino or Filipino-American      | <input type="checkbox"/> Puerto Rican                       |
| <input type="checkbox"/> Japanese or Japanese-American      | <input type="checkbox"/> Other Hispanic/Latin               |
| <input type="checkbox"/> Korean or Korean-American          | <input type="checkbox"/> Native American or Alaskan Native  |
| <input type="checkbox"/> Pacific Islander or P.I.- American | <input type="checkbox"/> White/Caucasian (non-Hispanic)     |
| <input type="checkbox"/> Vietnamese or Vietnamese-American  | <input type="checkbox"/> Other                              |
- Specific group identity: \_\_\_\_\_

Clinical Notes: \_\_\_\_\_

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To use this scale for research or clinical practice requires training. For more information write or call:

NCAST Programs  
University of Washington  
Box 357920  
Seattle, WA 98195-7920  
Phone (206) 543-8528 FAX (206) 685-3284

Date of Observation \_\_\_\_\_

Recorder's Signature \_\_\_\_\_

**HAWAII DEPARTMENT OF HEALTH  
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HAWAII HOME VISITING NETWORK  
POLICIES & PROCEDURES**

<b>IV: Service Delivery E: Prenatal Use of Tobacco Survey</b>	
<b>REFERENCE</b> HRSA MIECHV Benchmark Outcomes	<b>EFFECTIVE DATE</b> 11-16-11 revised 12-19-13

**IV-E: Prenatal Use of Tobacco Survey**

**POLICY**

- A. HHVN providers shall monitor prenatal use of tobacco of participating parents.
- B. Providers shall monitor tobacco use minimally at enrollment and annually based on enrollment date.
- C. Staff shall review the results with the participating parents and provide intervention options to the families to decrease the number of household members who use tobacco.

**PROCEDURES**

- A. The HHVN program shall have written policy and procedures for assessing the use of tobacco.
- B. The HHVN program shall have written policy and procedures regarding monitoring criteria and documentation of intervention options and/or case note narratives that cover all areas assessment and intervention.
- C. If the program uses a tool or survey, the program shall have policy and procedures for training home visitors to monitor the use of the tool to ensure that the worker has adequate understanding and knowledge of how to assess appropriately. The training shall include the theoretical background (e.g., its purpose, what it measures, etc.) on the tool, hands-on practice in using the tool and occur prior to administering it.
- D. 5. The HHVN program shall provide interventions to families based on the referral guidelines and the HHVN program's clinical judgment.
- E. The program shall monitor at enrollment and annually based on enrollment date.

**ATTACHMENT**

- 1. Recommended [Prenatal Use of Tobacco Survey](#)

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**Attachment: Prenatal Use of Tobacco Survey**

The following questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

1. Have you smoked any cigarettes in the *past 2 years*?
  - a. No **If you answer No, this ends the survey**
  - b. Yes
  
2. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
  - a. 41 cigarettes or more
  - b. 21 to 40 cigarettes
  - c. 11 to 20 cigarettes
  - d. 6 to 10 cigarettes
  - e. 1 to 5 cigarettes
  - f. Less than 1 cigarette
  - g. I didn't smoke then
  
3. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
  - a. 41 cigarettes or more
  - b. 21 to 40 cigarettes
  - c. 11 to 20 cigarettes
  - d. 6 to 10 cigarettes
  - e. 1 to 5 cigarettes
  - f. Less than 1 cigarette
  - g. I didn't smoke then
  
4. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker advise you to quit smoking?
  - a. No
  - b. Yes
  - c. I had quit smoking before my first prenatal care visit
  - d. I didn't go for prenatal care
  
5. How many cigarettes did you smoke on an average day *now*? (A pack has 20 cigarettes.)
  - a. 41 cigarettes or more
  - b. 21 to 40 cigarettes
  - c. 11 to 20 cigarettes
  - d. 6 to 10 cigarettes
  - e. 1 to 5 cigarettes
  - f. Less than 1 cigarette
  - g. I didn't smoke then

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6. Which of the following statements best describes the rules about smoking *inside* your home *now*?
- a. No one is allowed to smoke anywhere inside my home.
  - b. Smoking is allowed in some rooms or at some times.
  - c. Smoking is permitted anywhere inside my home.

7. Listed below are some things about quitting smoking. For each thing, circle **Y** (Yes) if it applied to you *during your most recent* pregnancy or circle **N** (No) if it did not.

**During your most recent pregnancy, did you-**

- |    |   |   |   |
|----|---|---|---|
| A  | Set a specific date to stop smoking .....   | N | Y |
| b. | Use booklets, videos, or other materials to help you quit.....  | N | Y |
| c. | Call a national or state quit line or go to a website .....   | N | Y |
| d. | Attend a class or program to stop smoking.....  | N | Y |
| e. | Go to counseling for help with quitting .....   | N | Y |
| f. | Use a nicotine patch, gum, lozenge, nasal spray or inhaler .....  | N | Y |
| g. | Prescribe a pill like Zyban (also known as Wellbutrin or Bupropion) or Chantix (also known as Varenicline) to help you quit ..... | N | Y |
| h. | Try to quit on your own (e.g., cold turkey) .....   | N | Y |
| i. | Other.....  | N | Y |

Please tell us:

Thanks for answering our questions!

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<b>IV: Service Delivery</b> <b>F: Breastfeeding Survey</b>	
<b>REFERENCE</b> HRSA MIECHV Benchmark Outcomes	<b>EFFECTIVE DATE</b> 11-16-11 revised 12-19-13 revised 7-22-14

**IV-F: Service Delivery – Breastfeeding Survey**

**POLICY**

- A. HHVN providers shall monitor breastfeeding of participating mothers who enroll prenatally.
- B. Provider shall monitor breastfeeding minimally at enrollment and every six (6) months postnatal until mother stop breastfeeding. Enrolled mothers with a subsequent pregnancy shall be surveyed two (2) weeks following the subsequent birth and every six (6) months postnatal until mother stops breastfeeding.
- C. Staff shall discuss and provide breastfeeding options to increase the number of prenatally enrolled women that breastfeed for a minimum of six (6) months.

**PROCEDURES**

- A. The HHVN program shall have written policy and procedures for monitoring breastfeeding that specifies how and when a tool is to be used with all parents participating in the program.
- B. The HHVN program shall have written policy and procedures regarding monitoring criteria and documentation of breastfeeding options and/or case note narratives that cover all areas of assessment and intervention.
- C. If the program uses a tool, the HHVN program shall have policy and procedures for training home visitors who will use the tool to ensure that the worker has adequate understanding and knowledge of how to use the tool appropriately. The training shall include the theoretical background (e.g., its purpose, what it measures, etc.) on the tool, hands-on practice in using the tool and occur prior to administering it.
- D. The HHVN program shall provide breastfeeding options to families based on the referral guidelines and the HHVN program's clinical judgment.
- E. The HHVN provider shall monitor breastfeeding at enrollment and six (6) months postnatal.
- F. The HHVN provider shall monitor breastfeeding for mothers with subsequent pregnancies two (2) weeks following the subsequent birth and six (6) months postnatal.

**ATTACHMENT**

**HAWAII DEPARTMENT OF HEALTH  
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1. Recommended [Breastfeeding Survey](#)

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**Attachment: Breastfeeding Survey**

The following questions are about breastfeeding since your new baby was born.

1. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?
  - a. No → **Go to question 6**
  - b. Yes ↓
2. Are you currently breastfeeding or feeding pumped milk to your new baby?
  - a. No ↓
  - b. Yes → **Go to question 5**
3. How many weeks or months did you breastfeed or pump milk to feed your baby?
  - a. Less than 1 week
  - b. \_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months
4. What were your reasons for stopping breastfeeding? Check all that apply
  - a. My baby had difficulty latching or nursing
  - b. Breast milk alone did not satisfy my baby
  - c. I thought my baby was not gaining enough weight
  - d. My nipples were sore, cracked, or bleeding
  - e. It was too hard, painful, or too time consuming
  - f. I thought I was not producing enough milk
  - g. I had too many other household duties
  - h. I felt it was the right time to stop breastfeeding
  - i. I got sick and was not able to breastfeed
  - j. I went back to work or school
  - k. My baby was jaundice (yellowing of the skin or whites of the eyes)
  - l. Other

Please tell us:

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5. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?
- a. My baby was less than 1 week
  - b. \_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months
  - c. My baby has not had any liquids other than breast milk
6. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?
- a. My baby was less than 1 week
  - b. \_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months
  - c. My baby has not eaten any foods

Thanks for answering our questions!

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**V  
HEALTH AND SAFETY**

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<b>V: Health and Safety</b>	
<b>A: Preventive Health Services</b>	
	<b>EFFECTIVE DATE</b> 05-18-11 revised 12-19-13

**V-A: Health and Safety – Preventive Health Services**

**POLICY**

- A. HHVN providers ensure children’s good health by promoting the utilization of preventive health services such as prenatal care, well-baby check-ups, dental care, and immunizations, and links families with a “medical home.” Medical homes lead to decreases in expensive and avoidable visits to emergency rooms and include timely immunizations and well-baby care. HHVN providers educate families about the value of preventive health services.
- B. Home visitors shall assist families in providing for the health of their children by demonstrating knowledge and practice of child health in the following areas:
  - 1) Medical Home;
  - 2) Oral Health;
  - 3) Medical Insurance;
  - 4) Well Baby Check-ups;
  - 5) Immunization;
  - 6) Prenatal Care; and
  - 7) WIC eligibility.

**PROCEDURES**

- A. The HHVN program shall document that Parent/Caregivers have secured a "medical home" for their infants or children. When Parent/Caregivers have not secured a medical home for their infants or children the HHVN program shall assist them in locating and securing a medical home. The HHVN program shall encourage Parent/Caregivers to secure a medical home for themselves and shall assist them in locating and securing a medical home.
- B. The HHVN program shall document that Parent/Caregivers have received oral health information for their infants or children. The HHVN program shall encourage Parent/Caregivers to secure a “dental home” for themselves and shall assist them in locating and securing a dental home.
- C. The HHVN program shall document that Parent/Caregivers have secured medical insurance or have applied for medical insurance for their child. When Parent/Caregivers have not secured medical insurance for their infants or children, the HHVN program shall assist client in adding their infant to their employer’s health insurance coverage by contacting the employer if parent(s) is employed, or by completing and submitting the Hawaii Children’s Health Insurance Program, application and all necessary documentation with QUEST, for children who are neither blind nor disabled, and QUEST Expanded Access for children who are blind or disabled. The HHVN program shall

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encourage Parent/Caregivers to secure medical insurance for themselves and shall assist them in locating and securing medical insurance.

- D. The HHVN program shall document that Parent/Caregivers have scheduled and attended routine well baby check-ups for their child. When Parent/Caregivers have not scheduled and attended routine well baby check-ups for their child, the HHVN program shall assist them in scheduling and attending routine well baby check-ups. This may include attending the routine well baby check-ups and/or providing transportation. The HHVN program shall encourage Parent/Caregivers to scheduled and attended routine medical examinations for themselves and shall assist them in scheduling and attending routine medical examinations for themselves.
- E. The HHVN program shall document that Parent/Caregivers have ensured their children receive immunizations according to the Center for Disease Control ("CDC") guidelines. When Parent/Caregivers have not ensured their children receive immunizations according to CDC guidelines, the HHVN program shall assist them in scheduling and completing immunizations according to CDC guidelines. This may include attending the immunization visits and/or providing transportation.
- F. The HHVN program shall document that Parent/Caregivers attend routine prenatal medical visits. When Parent/Caregivers have not attended routine prenatal medical visits the HHVN program shall assist them in scheduling and completing routine prenatal medical visits. This may include attending prenatal visits and/or providing transportation.
- G. The HHVN program shall document any evidence or suspicion of prenatal drug or alcohol use. The HHVN program shall provide interventions to client based on the team's clinical judgment. As necessary, the team shall make a referral to Department of Human Service, Child Protective Services.
- H. The HHVN program shall provide information on the adverse effects of drugs/alcohol use during pregnancy. The team shall provide "treatment readiness" counseling and assist the Parent/Caregivers in locating a treatment facility. The team shall support the Parent/Caregiver in the transition to drug/alcohol treatment.
- I. The HHVN program shall document the Parent/Caregivers need for food and nutritional assistance. When Parent/Caregivers need access to WIC, food stamps, food banks, and other nutrition programs, the HHVN program shall assist the Parent/Caregivers in obtaining, completing and submitting all applications and all necessary documentation.

**ATTACHMENT**

[CDC immunization schedule](#)

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**Attachment: CDC immunization schedule**

For the most recent recommendations, see

<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>

**Recommended Immunization Schedules  
for Persons Aged 0 Through 18 Years**

**UNITED STATES, 2013**

This schedule includes recommendations in effect as of January 1, 2013. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

The Recommended Immunization Schedules for  
Persons Aged 0 Through 18 Years are approved by the

**Advisory Committee on Immunization Practices**  
([www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip))

**American Academy of Pediatrics**  
(<http://www.aap.org>)

**American Academy of Family Physicians**  
(<http://www.aafp.org>)

**American College of Obstetricians and Gynecologists**  
(<http://www.acog.org>)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

# HAWAII DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH BRANCH HAWAII HOME VISITING NETWORK POLICIES & PROCEDURES

**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – 2013.**

**(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).**

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccines	Birth	1 mo	2 mos	4 mos	6 mos	9mos	12 mos	15 mos	18mos	19–23 mos	2–3 yrs	4–6 yrs	7–10yrs	11–12 yrs	13–15 yrs	16–18yrs
Hepatitis B <sup>1</sup> (HepB)	← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →														
Rotavirus <sup>2</sup> (RV) RV-1 (2-dose series); RV-5 (3-dose series)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	See footnote 2											
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP; <7 yrs)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	← 3 <sup>rd</sup> dose →				← 4 <sup>th</sup> dose →			← 5 <sup>th</sup> dose →				
Tetanus, diphtheria, & acellular pertussis <sup>4</sup> (Tdap; ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b <sup>5</sup> (Hib)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	See footnote 5				← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, see footnote 5 →							
Pneumococcal conjugate <sup>6a</sup> (PCV13)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →	← 3 <sup>rd</sup> dose →				← 4 <sup>th</sup> dose →							
Pneumococcal polysaccharide <sup>6b</sup> (PPSV23)																
Inactivated Poliovirus <sup>7</sup> (IPV) (<18 years)			← 1 <sup>st</sup> dose →	← 2 <sup>nd</sup> dose →										← 4 <sup>th</sup> dose →		
Influenza <sup>8</sup> (IV; LAIV) 2 doses for some; see footnote 8						Annual vaccination (IV only)					Annual vaccination (IV or LAIV)					
Measles, mumps, rubella <sup>9</sup> (MMR)									← 1 <sup>st</sup> dose →					← 2 <sup>nd</sup> dose →		
Varicella <sup>10</sup> (VAR)									← 1 <sup>st</sup> dose →					← 2 <sup>nd</sup> dose →		
Hepatitis A <sup>11</sup> (HepA)																
Human papillomavirus <sup>12</sup> (HPV2: females only; HPV4: males and females)																(3-dose series)
Meningococcal <sup>13</sup> (Hib-MenCY ≥ 6 weeks; MCV4-D ≥ 9 mos; MCV4-CRM ≥ 2 yrs)						see footnote 13								← 1 <sup>st</sup> dose →		booster

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2013. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/index.html>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

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**FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2013**

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus <sup>2</sup>	6 weeks	4 weeks	4 weeks <sup>2</sup>		
Diphtheria, tetanus, pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
<i>Haemophilus influenzae</i> type b <sup>5</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>5</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>5</sup> if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months	
Pneumococcal <sup>6</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus <sup>7</sup>	6 weeks	4 weeks	4 weeks	6 months <sup>7</sup> minimum age 4 years for final dose	
Meningococcal <sup>13</sup>	6 weeks	8 weeks <sup>13</sup>	see footnote 13	see footnote 13	
Measles, mumps, rubella <sup>9</sup>	12 months	4 weeks			
Varicella <sup>10</sup>	12 months	3 months			
Hepatitis A <sup>11</sup>	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria, tetanus, diphtheria, pertussis <sup>4</sup>	7 years <sup>4</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human papillomavirus <sup>12</sup>	9 years	Routine dosing intervals are recommended <sup>12</sup>			
Hepatitis A <sup>11</sup>	12 months	6 months			
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus <sup>7</sup>	6 weeks	4 weeks	4 weeks <sup>7</sup>	6 months <sup>7</sup>	
Meningococcal <sup>13</sup>	6 weeks	8 weeks <sup>13</sup>			
Measles, mumps, rubella <sup>9</sup>	12 months	4 weeks			
Varicella <sup>10</sup>	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

**NOTE:** The above recommendations must be read along with the footnotes on pages 4–5 of this schedule.

# HAWAII DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH BRANCH HAWAII HOME VISITING NETWORK POLICIES & PROCEDURES

## Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2013

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

1. **Hepatitis B (HepB) vaccine. (Minimum age: birth)**  
**Routine vaccination:**  
**At birth**
  - Administer monovalent HepB vaccine to all newborns before hospital discharge.
  - For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
  - If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine to all infants regardless of birth weight. For infants weighing <2,000 grams, administer HBIG in addition to HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if she is HBsAg-positive, also administer HBIG for infants weighing ≥2,000 grams (no later than age 1 week).**Doses following the birth dose**
  - The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
  - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
  - The minimum interval between dose 1 and dose 2 is 4 weeks and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks, and at least 16 weeks after the first dose.
  - Administration of a total of 4 doses of HepB vaccine is recommended when a combination vaccine containing HepB is administered after the birth dose.**Catch-up vaccination:**
  - Unvaccinated persons should complete a 3-dose series.
  - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
  - For other catch-up issues, see Figure 2.
2. **Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [RotaTeq]).**  
**Routine vaccination:**
  - Administer a series of RV vaccine to all infants as follows:
    1. If RV-1 is used, administer a 2-dose series at 2 and 4 months of age.
    2. If RV-5 is used, administer a 3-dose series at ages 2, 4, and 6 months.
    3. If any dose in series was RV-5 or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.**Catch-up vaccination:**
  - The maximum age for the first dose in the series is 14 weeks, 6 days.
  - Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
  - The maximum age for the final dose in the series is 8 months, 0 days.
  - If RV-1 (Rotarix) is administered for the first and second doses, a third dose is not indicated.
  - For other catch-up issues, see Figure 2.
3. **Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)**  
**Routine vaccination:**
  - Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15–18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.**Catch-up vaccination:**
  - The fifth (booster) dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
  - For other catch-up issues, see Figure 2.
4. **Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel).**  
**Routine vaccination:**
  - Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
  - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
  - Administer one dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of number of years from prior Td or Tdap vaccination.**Catch-up vaccination:**
  - Persons aged 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series, should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. For these children, an adolescent Tdap vaccine should not be given.
  - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
  - An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.
  - For other catch-up issues, see Figure 2.
5. **Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)**  
**Routine vaccination:**
  - Administer a Hib vaccine primary series and a booster dose to all infants. The primary series doses should be administered at 2, 4, and 6 months of age; however, if PRP-OMP (PedvaxHib or Comvax) is administered at 2 and 4 months of age, a dose at age 6 months is not indicated. One booster dose should be administered at age 12 through 15 months.
  - Hiberix (PRP-T) should only be used for the booster (final) dose in children aged 12 months through 4 years, who have received at least 1 dose of Hib.**Catch-up vaccination:**
  - If dose 1 was administered at ages 12–14 months, administer booster (as final dose) at least 8 weeks after dose 1.
  - If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
  - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months, regardless of Hib vaccine (PRP-T or PRP-OMP) used for first dose.
  - For unvaccinated children aged 15 months or older, administer only 1 dose.
  - For other catch-up issues, see Figure 2.**Vaccination of persons with high-risk conditions:**
  - Hib vaccine is not routinely recommended for patients older than 5 years of age. However one dose of Hib vaccine should be administered to unvaccinated or partially vaccinated persons aged 5 years or older who have leukemia, malignant neoplasms, anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, or other immunocompromising conditions.
- 6a. **Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)**  
**Routine vaccination:**
  - Administer a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12 through 15 months.
  - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).**Catch-up vaccination:**
  - Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
  - For other catch-up issues, see Figure 2.**Vaccination of persons with high-risk conditions:**
  - For children aged 24 through 71 months with certain underlying medical conditions (see footnote 6c), administer 1 dose of PCV13 if 3 doses of PCV were received previously, or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
  - A single dose of PCV13 may be administered to previously unvaccinated children aged 6 through 18 years who have anatomic or functional asplenia (including sickle cell disease), HIV infection or an immunocompromising condition, cochlear implant or cerebrospinal fluid leak. See MMWR 2010;59 (No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.
  - Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnotes 6b and 6c).
- 6b. **Pneumococcal polysaccharide vaccine (PPSV23). (Minimum age: 2 years)**  
**Vaccination of persons with high-risk conditions:**
  - Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnote 6c). A single revaccination with PPSV should be administered after 5 years to children with anatomic or functional asplenia (including sickle cell disease) or an immunocompromising condition.
- 6c. **Medical conditions for which PPSV23 is indicated in children aged 2 years and older and for which use of PCV13 is indicated in children aged 24 through 71 months:**
  - Immunocompetent children with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus; cerebrospinal fluid leaks; or cochlear implant.
  - Children with anatomic or functional asplenia (including sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction);
  - Children with immunocompromising conditions: HIV infection, chronic renal failure and nephrotic syndrome, diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas and Hodgkin disease; or solid organ transplantation, congenital immunodeficiency.

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For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

## 7. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

### Routine vaccination:

- Administer a series of IPV at ages 2, 4, 6–18 months, with a booster at age 4–6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

### Catch-up vaccination:

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- IPV is not routinely recommended for U.S. residents aged 18 years or older.
- For other catch-up issues, see Figure 2.

## 8. Influenza vaccines. (Minimum age: 6 months for Inactivated Influenza vaccine [IIV]; 2 years for live, attenuated Influenza vaccine [LAIV])

### Routine vaccination:

- Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV see MMWR 2010;59 (No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.
  - Administer 1 dose to persons aged 9 years and older.
- For children aged 6 months through 8 years:**
- For the 2012–13 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. For additional guidance, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations, MMWR 2012; 61: 613–618, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6132.pdf>.
  - For the 2013–14 season, follow dosing guidelines in the 2013 ACIP influenza vaccine recommendations.

## 9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)

### Routine vaccination:

- Administer the first dose of MMR vaccine at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older, before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

### Catch-up vaccination:

- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

## 10. Varicella (VAR) vaccine. (Minimum age: 12 months)

### Routine vaccination:

- Administer the first dose of VAR vaccine at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

### Catch-up vaccination:

- Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56 [No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf>) have 2 doses of varicella vaccine. For children aged 7 through 12 years the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

## 11. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

### Routine vaccination:

- Initiate the 2-dose HepA vaccine series for children aged 12 through 23 months; separate the 2 doses by 6 to 18 months.
- Children who have received 1 dose of HepA vaccine before age 24 months, should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

### Catch-up vaccination:

- The minimum interval between the two doses is 6 months.

### Special populations:

- Administer 2 doses of Hep A vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection.

## 12. Human papillomavirus (HPV) vaccines. (HPV4 [Gardasil] and HPV2 [Cervarix]). (Minimum age: 9 years)

### Routine vaccination:

- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11-12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
- The vaccine series can be started beginning at age 9 years.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).

### Catch-up vaccination:

- Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see above) for vaccine series catch-up.

## 13. Meningococcal conjugate vaccines (MCV). (Minimum age: 6 weeks for Hib-MenCY, 9 months for Menactra [MCV4-D], 2 years for Menveo [MCV4-CRM]).

### Routine vaccination:

- Administer MCV4 vaccine at age 11–12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of MCV4, with at least 8 weeks between doses. See MMWR 2011; 60:1018–1019 available at: <http://www.cdc.gov/mmwr/pdf/wk/mm6030.pdf>.
- For children aged 2 months through 10 years with high-risk conditions, see below.

### Catch-up vaccination:

- Administer MCV4 vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up issues, see Figure 2.

### Vaccination of persons with high-risk conditions:

- For children younger than 19 months of age with anatomic or functional asplenia (including sickle cell disease), administer an infant series of Hib-MenCY at 2, 4, 6, and 12–15 months.
- For children aged 2 through 18 months with persistent complement component deficiency, administer either an infant series of Hib-MenCY at 2, 4, 6, and 12 through 15 months or a 2-dose primary series of MCV4-D starting at 9 months, with at least 8 weeks between doses. For children aged 19 through 23 months with persistent complement component deficiency who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of MCV4-D at least 8 weeks apart.
- For children aged 24 months and older with persistent complement component deficiency or anatomic or functional asplenia (including sickle cell disease), who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of either MCV4-D or MCV4-CRM. If MCV4-D (Menactra) is administered to a child with asplenia (including sickle cell disease), do not administer MCV4-D until 2 years of age and at least 4 weeks after the completion of all PCV13 doses. See MMWR 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>.
- For children aged 9 months and older who are residents of or travelers to countries in the African meningitis belt or to the Hajj, administer an age appropriate formulation and series of MCV4 for protection against serogroups A and W-135. Prior receipt of Hib-MenCY is not sufficient for children traveling to the meningitis belt or the Hajj. See MMWR 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>.
- For children who are present during outbreaks caused by a vaccine serogroup, administer or complete an age and formulation-appropriate series of Hib-MenCY or MCV4.
- For booster doses among persons with high-risk conditions refer to <http://www.cdc.gov/vaccines/pubs/acip-list.htm#mening>.

## Additional Information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.
- For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Information on travel vaccine requirements and recommendations is available at <http://wwwnc.cdc.gov/travel/page/vaccinations.htm>.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in General Recommendations on Immunization (ACIP), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. Red book: 2012 report of the Committee on Infectious Diseases. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics.

**HAWAII DEPARTMENT OF HEALTH  
MATERNAL AND CHILD HEALTH BRANCH  
HAWAII HOME VISITING NETWORK  
POLICIES & PROCEDURES**

<b>V: Health and Safety</b>	
<b>B: Child Safety</b>	
	<b>EFFECTIVE DATE</b> 5-18-11 revised 12-19-13 revised 5-12-14 revised 7-22-14

**V-B: Health and Safety – Child Safety**

**POLICY**

- A. HHVN providers ensure children’s safety by focusing on safety issues, including both the removal of safety hazards in the home and the prevention of child maltreatment. Providers promote child safety in several ways, such as a home visitor helping parents childproof their homes to eliminate household hazards through simple education, by providing financial assistance to cover the cost of simple childproofing, or by distributing safety items such as covers for the electrical outlets.
- B. Home visitors also teach parents the importance of safety practices outside the home and shall assist families in providing a safe living environment for their children by demonstrating knowledge and practice of child safety in the following nine (9) areas:
  - 1) Prevention of Suffocation and Choking;
  - 2) Prevention of Shaking and Rough Handling;
  - 3) Water Safety;
  - 4) Fall Prevention;
  - 5) Car Safety;
  - 6) Fire and Burn Prevention;
  - 7) Prevention of Poisoning;
  - 8) Street Safety; and
  - 9) Firearm Safety.
- C. The MCHB requires all home visiting programs provide education and support to families following the American Academy of Pediatrics guidelines for Infant Sleep Safety and SIDS Risk Reduction<sup>1</sup>. Additional resources are located at <http://safesleephawaii.org>

**PROCEDURES**

- A. The HHVN program shall document that Parent/Caregivers received information and practice to “Prevent Suffocation and Choking” of their infant and/or toddler. When Parent/Caregivers have received information and practice to “Prevent Suffocation and Choking,” the date shall be recorded on the appropriate (Infant or Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice to “Prevent Suffocation and Choking” as appropriate to each child’s developmental state and accomplishments.
- B. The HHVN program shall document that Parent/Caregivers received information and practice to “Prevent Shaking and Rough Handling” of their infant and/or toddler. When Parent/Caregivers have received information and practice to “Prevent Shaking and Rough Handling,” the date shall be recorded on the appropriate (Infant or

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Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice to "Prevent Shaking and Rough Handling" as appropriate to each child's developmental state and accomplishments.

- C. The HHVN program shall document that Parent/Caregivers received information and practice on "Water Safety" for their infant and/or toddler. When Parent/Caregivers have received information and practice on "Water Safety," the date shall be recorded on the appropriate (Infant or Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice on "Water Safety" as appropriate to each child's developmental state and accomplishments.
- D. The HHVN program shall document that Parent/Caregivers received information and practice on "Fall Prevention" for their infant and/or toddler. When Parent/Caregivers have received information and practice on "Fall Prevention," the date shall be recorded on the appropriate (Infant or Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice on "Fall Prevention" as appropriate to each child's developmental state and accomplishments.
- E. The HHVN program shall document that Parent/Caregivers received information and practice on "Car Safety" for their infant and/or toddler. When Parent/Caregivers have received information and practice on "Car Safety," the date shall be recorded on the appropriate (Infant or Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice on "Car Safety" as appropriate to each child's developmental state and accomplishments.
- F. The HHVN program shall document that Parent/Caregivers received information and practice on "Fire and Burn Prevention" for their infant and/or toddler. When Parent/Caregivers have received information and practice on "Fire and Burn Prevention," the date shall be recorded on the appropriate (Infant or Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice on "Fire and Burn Prevention" as appropriate to each child's developmental state and accomplishments.
- G. The HHVN program shall document that Parent/Caregivers received information and practice to "Prevent Poisoning" of their infant and/or toddler. When Parent/Caregivers have received information and practice to "Prevent Poisoning," the date shall be recorded on the appropriate (Infant or Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice to "Prevent Poisoning" as appropriate to each child's developmental state and accomplishments.
- H. The HHVN program shall document that Parent/Caregivers received information and practice on "Street Safety" for their infant and/or toddler. When Parent/Caregivers have received information and practice on "Street Safety," the date shall be recorded on the appropriate (Infant or Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice on "Street Safety" as appropriate to each child's developmental state and accomplishments.

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1. The HHVN program shall document that Parent/Caregivers received information and practice on "Firearm Safety" for their infant and/or toddler. When Parent/Caregivers have received information and practice on "Firearm Safety," the date shall be recorded on the appropriate (Infant or Toddler/Preschool) safety checklist that shall be maintained in the client file. The HHVN program shall provide new information and practice on "Firearm Safety" as appropriate to each child's developmental state and accomplishments.

**RESOURCES**

1. American Academy of Pediatrics Policy: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment:  
<http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284>

**ATTACHMENT**

1. [Infant Safety Checklist](#)
2. [Toddler/Preschool Safety Checklist](#)
3. [Keep Me Safe While I Sleep](#)

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**Attachment: Infant Safety Checklist**

<b>Infant</b> Birth to 1 Year Developmental Stages & Accomplishments	<b>Child's Name:</b>	
	<b>MIS ID #:</b>	
	<b>Intake Date:</b>	
	<b>Discharge Date:</b>	
<b>Prevent Suffocation and Choking</b>		<b>Date:</b>
	Practice Safe Sleep for the Baby:	
	<ul style="list-style-type: none"> <li>• Put baby on back to sleep</li> </ul>	
	<ul style="list-style-type: none"> <li>• Remove soft bedding and pillow-like items and toys from the sleep area</li> </ul>	
	<ul style="list-style-type: none"> <li>• Make sure play pen and crib meet safety standards</li> </ul>	
	Keep your home smoke-free	
	Keep balloons, plastic bags and small objects out of baby's reach	
	Buckle baby into bouncy seat, swing or high chair	
	Learn Infant CPR and First Aid	
<b>Prevent Shaking and Rough Handling</b>		
	Baby should be handled gently	
	Never shake a keiki: shaking or throwing a baby can cause permanent damage	
<b>Water Safety</b>		
	Never leave baby unsupervised near any water such as a bathtub, swimming pool, or ocean.	
	Empty buckets and containers after use	
	Keep toilet lids shut; use toilet locks	
	Install isolation fencing around swimming pool and lock gate	
	Obey water safety warning signs	
<b>Fall Prevention</b>		
	Never leave baby alone on a raised surface	
	Put baby in a safe place such as a playpen or crib when you cannot give your full attention	
	Use safety gates on stairways, lock lanais, and close doors	
	Install window guards that adults can open in the event of a fire	

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<b>Car Safety</b>		
	Place infant in the backseat	
	Never place baby in front of an airbag	
	Never leave baby alone in, or around, a car	
<b>Fire and Burn Prevention</b>		
	Install smoke alarms on every floor and near bedrooms, Test alarms monthly and replace batteries yearly	
	Practice a family fire escape plan	
	Never carry hot liquid or food when holding baby	
	Cover electrical outlets and keep cords out of reach	
	Protect baby from direct sunlight and talk with your doctor about sunscreen	
	Lower water heater temperature to 120°F	
<b>Prevent Poisoning</b>		
	Keep medicine, cleaning agents, paints, insecticides and chemicals in a locked cabinet	
	Use safety latches on drawers and cupboards	
	Do not give baby medications unless directed by a medical practitioner	
	Clean up peeling paint and paint chips that may contain lead and be hazardous	
	<ul style="list-style-type: none"> <li>• Talk to your doctor about lead testing when baby is 9-12 months old</li> </ul>	
	Post number for Hawai'i Poison Hotline near phone: 800-222-1222	

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**Attachment: Toddler/Preschool Safety Checklist**

<b>Toddler/Preschool</b> 1 to 4 Years Developmental Stages & Accomplishments	Child's Name:	
	MIS ID #:	
	Intake Date:	
	Discharge Date:	
<b>Water Safety</b>		<b>Date:</b>
<input type="checkbox"/>	Never leave baby unsupervised near any water such as a bathtub, swimming pool, and ocean.	
<input type="checkbox"/>	Empty buckets and containers after use.	
<input type="checkbox"/>	Keep toilet lids shut; use toilet locks.	
<input type="checkbox"/>	Install isolation fencing around swimming pool and lock gate.	
<input type="checkbox"/>	Put child in a U.S. Coast Guard approved life jacket when around open water or on a kayak, canoe or boat.	
<input type="checkbox"/>	Obey water safety warning signs.	
<input type="checkbox"/>	Learn child CPR and First Aid	
<b>Street Safety</b>		
<input type="checkbox"/>	Do not allow child to play near the street or behind a parked car.	
<input type="checkbox"/>	Teach child to always stop at the curb and never cross the street without an adult.	
<input type="checkbox"/>	Teach child to wear a bike helmet correctly. Model the behavior by wearing your own.	
<b>Prevent Shaking and Rough Handling</b>		
<input type="checkbox"/>	Child should be handled gently. Rough play can cause serious injuries.	
<input type="checkbox"/>	Never shake a keiki: shaking or throwing a toddler can cause permanent damage.	
<b>Car Safety</b>		
<input type="checkbox"/>	Always buckle child into a car safety seat that is properly secured in the backseat.	
<input type="checkbox"/>	Never position child in front of an airbag.	
<input type="checkbox"/>	Never leave child alone in, or around, a car.	
<b>Fall Prevention</b>		
<input type="checkbox"/>	Use gates on stairways, lock lanais, and close doors.	
<input type="checkbox"/>	Avoid putting furniture next to windows or railings. Child can climb up and fall out. Install window guards that only adults can open.	
<input type="checkbox"/>	Supervise children on playgrounds. Make sure equipment is in good condition and	

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	surfacing is soft enough to absorb a fall.	
<b>Prevent Choking</b>		
	Keep balloons, plastic bags, and small objects out of toddler's reach.	
	Be aware of dangerous foods that are too hard or too soft for baby, such as carrots, apples, hotdogs, grapes, nuts, popcorn, hard candy, soft bread, peanut butter or gelatin.	
<b>Prevent Poisoning</b>		
	Use safety caps on all medicines and toxic household products and keep them out of reach.	
	Teach child about poisonous plants and bugs.	
	At age 2, ask your doctor about lead testing.	
	Post the number for the <b>Hawai'i Poison Hotline</b> near the phone: <b>800-222-1222</b>	
<b>Fire &amp; Burn Prevention</b>		
	Never allow the child to light or play with fireworks.	
	Do not smoke in the home or around the child.	
	Keep matches, lighters and other heat sources out of the child's reach.	
	Test smoke alarms monthly and replace the batteries yearly. Practice your family fire escape plan every six (6) months.	
	Teach your child how to get out and stay out of there is a fire and to call 911 from a neighbor's.	
	Keep hot liquid or food out of the child's reach and turn pot handles away from stove's edge.	
	Never carry hot liquid or food when holding the child.	
	Allow sunscreen with SPF 15 or higher to child.	
	Lower water heater temperature to 120°F	
<b>Firearm Safety</b>		
	Keep guns out of the home or unloaded and locked in a place separate from ammunition.	
	Ask if the home where the child visits has a gun.	

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Attachment: Keep Me Safe While I Sleep



**Keep Me Safe While I Sleep**

**Did you know that babies can die because of unsafe sleeping conditions?**

**Please follow these tips to keep me safe:**

-  **Put me on my back to sleep, even for naps.**
  -  *When I'm awake, put me on my stomach for "Tummy Time" (exercise, sing, talk, read and play with me). Do not let me fall asleep on my tummy.*
-  **Keep my home and car smoke-free.**
  -  *Babies who breathe smoke or who sleep with those who smoke have a greater risk of unexpected death.*
-  **Be sure my crib is safety-approved, and my play yard has not been recalled. Be sure they have firm, tight fitting mattresses with sheets that fit tightly.**
  -  *Do not let me sleep on surfaces like adult beds, water beds, couches, and recliners. These have spaces that can trap my face and block my breathing.*
-  **Pillows, stuffed toys, futons and comforters are a danger in my sleep area.**
  -  *Do not let me sleep on soft bedding. I need a firm sleeping surface that is free from soft items that could block my breathing.*
-  **Sleep in the same room with me, but not in the same bed. You can breastfeed me in your bed, but when I'm ready to sleep, put me back in my crib.**
  -  *Sleeping with other people, even parents, sisters and brothers, puts me at risk for being rolled on and smothered.*
-  **Put me in clothes that will not make me feel too warm when I sleep.**
  -  *Getting too warm puts me at greater risk of unexpected death.*

**Share these tips with all who care for me.**

For more information: Call the Maternal and Child Health Branch at (808) 733-9044 or visit the Safe Sleep website at [www.safesleephawaii.org](http://www.safesleephawaii.org)



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