**Documenting Plans of Action (POAs) for Mental Health/Disabilities in ChildPlus**

**(Articulations, ASQ:SEs, MHD concerns- parents/recruitment, and MHD concerns- physical)**

**NOTE: Classroom behavior concerns and POAs will be documented elsewhere.**



**2**

**1**

**3**

1. Under the **Health tab**, select the ASQ:SE, articulation, or MHD concern event.

2. Scroll down to where you can see section 2.

**Putting ICOPAs for ASQ:SEs and Articulations in Child Plus (Continued)**



**3**

**14**

**13**

**12**

**11**

**10**

**9**

**4**

**5**

**6**

**7**

**8**

3. Click on “**Add Action**”

4. Under **Action Type**, select “Follow Up”

5. Enter the **Scheduled Date**. This is typically the date of the POA, unless you had to reschedule.

6. Enter the **Action Date**- the date the POA was completed.

7. Enter “POA” as the **Description**.

8. Enter the **Status**. There are **3 options** for the **Status**:

 a) If team decides to **rescreen** or **refer**, Status will be “Obtain Additional Information”

 b) If parent **declines** rescreening and/or referral, Status will be ”Parent Refused Treatment”

 c) If child is already **in services** for the concerns noted on this questionnaire and parent does not want any additional referral or evaluation, Status will be “In Treatment Process”

9. Put your name under **Agency Worke**r.

10. Select “HS/EHS Staff” for **Provider**.

11. Select “Head Start Staff” for **Provider Type**.

12. Select “Free-NoCost” under **Funding**.

13. Click on the time clock button and enter your notes. **Include all of the following**:

**a) the people attending the POA meeting**

**b) the concerns that were discussed**

**c) the plan of action (i.e., refer, rescreen, declined services, or already in services)**.

14. Click “**Save Changes”**

15. **IMPORTANT:** Scroll back up to the original event and uncheck any of the boxes that are checked.



**15. These should never be checked!**

16. Copy your POA note to a new contact note under Family Services with the **Event Type** set as “ICOPA Contact”. Print your contact note and file it under Flap 3 with the POA.