

DEPARTMENT OF HEALTH SERVICES

Division of Public Health
F-44771B (Rev 09/2019)

STATE OF WISCONSIN

Wis. Stat. § 254.15
Phone: 608-266-5817
FAX: 608-267-0402

NURSING CASE CLOSURE REPORT**Case Management of Children with Elevated Blood Lead Levels***

*Elevated Blood Lead Level (EBLL) = 1 venous Blood Lead Level (BLL) \geq 20 mcg/dL **OR**
2 venous BLLs of \geq 15 mcg/dL drawn at least 90 days apart.

Completion of this form is mandatory for agencies contracting with the Division of Public Health for program funding. Personal identifiable information collected on this form will be used to document case closure, developmental status and services needed. Data will be used in the aggregate to assist research and project future service needs. Nursing case management should follow the Case Management Protocol in the Wisconsin Childhood Lead Poisoning Prevention Program Handbook. The case manager should discuss provisions for appropriate long-term developmental follow-up with the primary health care provider and caregiver.

CHILD INFORMATION

Name of Child – Last	First	MI	Date of Birth (mm/dd/yy)	
Current Street Address	Apt. No.	City	County	Zip Code

Indicate how it was determined that the child is in a lead safe environment:

Lead hazard remediation work complete, property met final visual clearance investigation, and dust wipe samples met clearance standards

Child moved to a new property identified as lead safe

The source of lead poisoning was not lead-based paint and the child is no longer exposed

CASE CLOSURE

Date Case Closed (mm/dd/yy)	Name of Case Manager	Telephone No. (include area code)
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Reason(s) for Closure:

Minimum Closure Criteria Met: 2 BLLs $<$ 15mcg/dL at least 6 months apart **and** the child is in a lead-safe environment

Moved, referral forwarded (if known, indicate new address below in comments)

Unable to locate

Family refuses further intervention

FOLLOW-UP OF DEVELOPMENTAL SCREENING TEST

When the screening test indicates 2 or more delays, the standards of practice call for the test to be repeated in 2-4 weeks or a referral to a provider for a comprehensive developmental assessment. The results of these follow-up actions are:	<input type="checkbox"/> No follow-up needed; screening test within normal limits <input type="checkbox"/> The results of a second screening test were normal <input type="checkbox"/> The results of a second screening test or referral indicated delays in: <input type="checkbox"/> Language <input type="checkbox"/> Gross Motor Skills <input type="checkbox"/> Fine Motor Skills <input type="checkbox"/> Personal - Social <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (describe):
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REFERRALS OR OTHER SERVICES

The child or family is enrolled in:

Head Start Birth to 3/Early Intervention Early Childhood Parenting

4-Year Kindergarten Children with Special Health Care Needs (Regional CSHCN Center)

Refused referral Other (describe):

Comments:

Send completed form to: DEPARTMENT OF HEALTH SERVICES
Division of Public Health
Childhood Lead Poisoning Prevention Program
P. O. Box 2659, Room 145
Madison, WI 53701-2659