

# So How Do I Fix It?

Common Missing Data Problems with  
the COPA PIR and Their Solutions

The following issues have been identified as areas in which many Agencies have not been able to update COPA records with accurate information for the PIR. This is not by any means an exhaustive list. If you have questions about other areas, please contact Jennifer Santana at (312) 743-1575 or [jennifer.santana@cityofchicago.org](mailto:jennifer.santana@cityofchicago.org).

### Immunization

Some Agencies may find that the numbers of children determined to be up to date on immunizations, or to have completed all immunizations possible at this time, are not accurate.

C 11-12. Immunization Services		At Enrollment	At End of Enrollment Year
C11	Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age.	30	40
C12	Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age.	26	17

While Immunization status at enrollment is taken from the child's Health History at Enrollment page, Immunization status at the end of the enrollment year is taken from the Immunization page. Be sure to set the Waiver/Compliance pull down menu to In Compliance where appropriate, and select the appropriate Immunization Status for each child.

Child Immunization							
General Information							
Child Name: <a href="#">Kim Bond</a>		Child ID: <a href="#">118882</a>		DOB: 09-04-1999		Age: 7 yr / 8 mo / 15 day	
Gender: Female							
Immunizations							
	First mm-dd-yyyy	Second mm-dd-yyyy	Third mm-dd-yyyy	Fourth mm-dd-yyyy	Fifth mm-dd-yyyy	Next Shot Due	Waiver/Compl.
Polio	01-02-2006	03-05-2007				05-04-2007	In-compliance
DTAP	11-07-2005	01-05-2006				03-06-2006	Please Select
MMR	11-07-2005	01-02-2006	03-05-2006			05-04-2006	Please Select
HIB						11-07-2005	Please Select
HepatitisB						11-07-2005	Please Select
Varicella		Had Disease <input type="checkbox"/>	Description			11-07-2005	Please Select
HepatitisA						11-07-2005	Please Select
Pneumocal						10-28-2005	Please Select
Immunization Status							
<input type="radio"/> Child is up-to-date on all immunizations appropriate for his/her age <input checked="" type="radio"/> Child has received all immunizations possible at this time <input type="radio"/> None of the above							
<a href="#">Recommended Immunization Schedule</a>							
Comments							
Comments							Next Certif.Date


## Preventative Dental Care

In some cases the response to PIR question C17, the number of children who have received preventative dental care appears low in COPA.

C17. Dental Services (these questions apply to preschool programs only)		
C17	Number of all children, including those enrolled in Medicaid or SCHIP, who have completed a Professional Dental Examination during the current operating period or within the last 12 months.	47
a.	Of the children examined (C17), the number of children who received preventive care. Preventive care includes fluoride application, cleaning, sealant application, etc.	25
b.	Of the children examined (C17), the number of children diagnosed within the current operating period or within the last 12 months as needing treatment. Treatment includes restoration, pulp therapy, or extraction. It does not include fluoride application or cleaning	21
c.	Of the children diagnosed within the current operating period or within the last 12 months (C17b), the number of children who have received or are receiving treatment. Treatment does not include fluoride application or cleaning	5
(i.)	If C17c is less than 90% of children diagnosed as needing treatment(C17b), please specify the primary reason below. Check one primary reason: (specify any additional reasons in the general "Comments" section)	
a.	Health insurance for children doesn't cover dental treatment	<input type="checkbox"/>
b.	No dental care available in local area	<input type="checkbox"/>
c.	Medicaid not accepted by dentist	<input type="checkbox"/>
d.	Dentist does not treat 3-5 years old children	<input type="checkbox"/>
e.	Parents did not keep appointment	<input type="checkbox"/>
f.	Child dropped out before appointment date	<input type="checkbox"/>

Preventive dental treatment and other dental services can be recorded in COPA by filling out the Dental section of each child's Medical Record. Accurately filling in this section for each child will ensure appropriate information will be included on the PIR.

Child Medical Record	
Dental	
Performed By	Please Specify <input type="text"/>
Child receives an ongoing source of Continuous Dental Care	<input type="checkbox"/> Exam Date <input type="text"/> Next Exam Due <input type="text"/>
<b>Dental Needs Identified</b>	
<input type="checkbox"/> Treatment(restoration, pulp therapy, extraction, etc.)	<input type="checkbox"/> Harmful Oral Habits
<input checked="" type="checkbox"/> Preventive Cleaning and Fluoride	<input type="checkbox"/> Fluoride Prescribed
<input type="checkbox"/> Dietary Problems	<input type="checkbox"/> Special Home Emphasis: Oral Hygiene
<input type="checkbox"/> Developmental Problems	<input type="checkbox"/> Other <input type="text"/>
Treatment Status	Please Select <input type="text"/> Date Completed <input type="text"/>
If treatment needed but was not received, please specify the primary reason below	Please Select <input type="text"/>
Is the exam part of the Well-Baby check?	<input type="checkbox"/>
Dental Follow-Up (if not complete - please explain)	<input type="text"/>
Add Record	

Previous Results 

## Medical Screening

Some Agencies may find that the number given by the PIR for children who are up to date on their medical screenings is inaccurate. Note that in most cases, all children in the program should be receiving these services.

C9. Medical Services		
C9	Number of children who are up-to-date on a schedule of age-appropriate preventive and primary health care, including all appropriate tests and physical examinations, during the operating period or within the last 12 months. Include dropouts, re-enrolled children and late enrollees if they completed all required tests. Do not include children who are missing any of the required test. This cannot be greater than Total Actual Enrollment of Children.	44
	Of the children reported in C9, the number of children diagnosed within the current operating period or within the last 12 months as needing medical treatment.	14
a.	Medical treatment is defined as any service that is required to improve the physical condition of the child, including all forms of medical follow up.	14
b.	Of the children diagnosed within the current operating period or within the last 12 months, the number of children who have received, or are receiving medical treatment.	14
C10. Number of children who received medical treatment for the following conditions		
a.	Anemia	1
b.	Asthma	2
c.	Hearing Difficulties	25
d.	Overweight	6
e.	Vision Problems	18

Medical screenings should be recorded in COPA in the first section of each child's Medical Record page. Accurately filling in this section for each child will ensure appropriate information will be included on the PIR. Note that this information should be entered in the same area as the child's Doctor, Dentist, and Insurance information. Mental Health Professionals should also be entered through the Add Doctor link on this screen.

Child Medical Record			
Child Name:	<a href="#">Kim Bond</a>	Child ID:	<a href="#">118882</a>
DOB:	09-04-1999	Age:	7 yr / 8 mo / 15 day
Gender:	Female		
Doctor Information			
Family Doctor/Clinic Name:	Please Select <a href="#">Add Doctor, Dentist, or Mental Health Professional Here</a>	Phone#	<input type="text"/>
Clinic Name:	<a href="#">Add Doctor</a>	Fax#	<input type="text"/>
Doctor Address	<input type="text"/>		
Dentist Information			
Family Dentist/Clinic Name:	Please Select <a href="#">Add Dentist</a>	Phone#	<input type="text"/>
Dentist Address	<input type="text"/>		
Fax#	<input type="text"/>		
Insurance Information			
Insurance	Please Select <a href="#">Add Insurance Group#</a>	Policy#	<input type="text"/>
Comments	<input type="text"/>		
Dental Coverage	No <input type="text"/>	WIC	<input checked="" type="checkbox"/>
		Food Stamps	<input checked="" type="checkbox"/>
		Surplus Food	<input type="checkbox"/>
Medical Home			
Child Receives Medical Services Through			
<input checked="" type="checkbox"/> Ongoing source of Continuous, Accessible Medical Care			
<input type="checkbox"/> Indian Health Services			
<input checked="" type="checkbox"/> Migrant Community Health Center			
Is the child up-to-date on a schedule of age-appropriate Preventive and Primary Health Care including all appropriate tests and physical exams?			<input type="text"/>
Critical Notes			
Health History Notes:	<input type="text"/>		

## Disability

Another area in which Agencies will wish to check to ensure accuracy is Disability. PIR Disability Determination information is taken directly from the Disability screen in COPA.

C26-28. Disability Determination		
C26	The number of children enrolled in your program who were determined by a multi-disciplinary team to have a disability(ies) during the following time periods:	
	a. Prior to enrollment into the Head Start or Early Head Start program for this enrollment year:	5
	b. Between the time of enrollment and the end of the enrollment year:	0
C27	Total number of children determined to have a disability(ies). (sum of C26a and C26b):	5
	a. Of the total number of children determined to have a disability, the number of children with an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)	0
	b. Of the total number of children determined to have a disability, the number determined eligible by the LEA or Part C Agency to receive special education and related services or Part C services under an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).	0
C28	The number of children determined to have a disability who have not received special education and related services	4

Some users may be uncomfortable with the language of disability and prefer to refer to children with special needs. While this is entirely appropriate, COPA needs to use language taken directly from the PIR. All children who are referred to the LEA to be evaluated for the development of an IEP need to have this information recorded on the Disability page, whether for physical disability, developmental delay or medical/health issues.

Child Disability		
Child Name: <a href="#">Kim Bond</a>	Child ID: <a href="#">118882</a> DOB: 09-04-1999    Age: 7 yr / 8 mo / 15 day    Gender: Female	
<b>Primary Disability</b>		
Professional Diag Prior to Program Year	Diagnosis Date	
Primary Condition - Broad Category		
Specific Problem	Disability Status: Suspected	
Child receive Special Education Services with LEA/Public School:	Please Select	
Child receive Part C Services of IDEA:	Please Select	
<b>Secondary Disability</b>		
<input type="checkbox"/> Autism	<input type="checkbox"/> Developmental Impairment	<input type="checkbox"/> Emotional/Behavioral
<input type="checkbox"/> Health	<input type="checkbox"/> Hearing Impairment/Deaf	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Traumatic Brain Disorder	<input type="checkbox"/> Visual Impairment/Blindness	<input type="checkbox"/> Other Impairments
<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Non-Categorical/developmental delay	
<b>Special Education/Related or Part C Services Received</b>		
IEP - School District/Public School:	Please Select	
IFSP - School District/Regional Center or CFC:	Please Select	
Head Start/Early Head Start attended IEP/IFSP Meeting:		

## Referrals

In cases where a child has been referred to the LEA for evaluation, or to any other outside service provider, a Referral must be filled out in COPA.

Child Referral			
<b>Child Name:</b> <a href="#">Kim Bond</a>	<b>Child ID:</b> <a href="#">118882</a>	<b>DOB:</b> 09-04-1999	<b>Age:</b> 7 yr / 8 mo / 15 day
<b>Gender:</b> Female			
Referral Information			
Date:	05-19-2007	Submitted By:	Craig Zemke
Requested By:	Please Select	Status:	New
Referral Reason			
Please Select			
Referred To			
Please Select			
Service Areas			
<input type="checkbox"/> Attendance	<input type="checkbox"/> Health and Safety		
<input type="checkbox"/> Disabilities	<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Education	<input type="checkbox"/> Nutrition		
<input type="checkbox"/> Food Services	<input type="checkbox"/> Social Services	<input type="checkbox"/> Other	
Notifications			
Parents Consent For Release of Information	N/A	Date	mm-dd-yyyy
Parents Rights	N/A	Date	mm-dd-yyyy
School District Invitation to IEP	N/A	Date	mm-dd-yyyy
Parent Invitation to IEP	N/A	Date	mm-dd-yyyy
Notice to Parent, Not Qualified for Services	N/A	Date	mm-dd-yyyy
Notice to Parent, Records Sent	N/A	Date	mm-dd-yyyy
E-Mail Notification			
E-Mail Notification to:			
Observation / Comments			

If parents were given a referral that they chose not to follow up on, that information should be recorded in COPA as well.

## Mental Health

Mental Health Services are another area of concern in which Agencies will want to examine their PIR closely.

C22. Mental Health Services		
C22	The number of Enrolled Children who were served by the mental health professional (MHP) in the following ways during the operating period.	
a.	number of children for whom the MHP consulted with program staff about the child's behavior and/or mental health	0
(1)	Of the children in C22a, the number for whom the MHP provided 3 or more consultations with program staff during the operating period	0
b.	Number of children for whom the MHP consulted with the parent(s) or guardian(s) about their child's behavior and/or mental health	0
(1)	Of the children in C22b, the number for whom the MHP provided 3 or more consultations with the parent(s) or guardian(s) during the operating period.	0
c.	Number of children for whom the MHP provided an individual mental health assessment.	0
d.	Number of children for whom the MHP facilitated a referral for mental health services.	0
C23. Mental Health Referrals		
C23	Number of children who were referred for mental health services outside of the Head Start or Early Head Start Program during the programs operating period	0
a.	Of the children referred, the number who received mental health services during the operating period.	0

COPA is generating the PIR data for Mental Health from the Mental Health screen. Note that Mental Health Providers must be added from the Add Doctor link on the child's Medical Record page in order for the provider to be available for use on the Mental Health page. A Mental Health record should be added for each incidence of service provided to a child by a mental health professional.

Add Mental Health			
Child Name: <a href="#">Kim Bond</a>		Child ID: <a href="#">118882</a>	DOB: 09-04-1999
Age: 7 yr / 8 mo / 16 day		Gender: Female	
Does this child receive services provided by a Mental Health Professional?			<input type="checkbox"/>
Does this child receive services provided outside of HS program?			<input type="checkbox"/>
Date	Services provided by MHP	Time Spent (Hrs)	
<input type="text"/>	Please Specify <input type="text"/>	<input type="text"/>	
Mental Health Professional (MHP)	<input type="text" value="Guedes, Carilyn"/>	Concerns	<input type="text"/>
Mental Health Professional Address	6334 N. Sheridan Rd., Chicago, IL, 60660, Cook		
Mental Health Professional Phone	(773)-728-8981	Mental Health Professional Fax	<input type="text"/>
Mental Health Provider Agency	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
Fax	<input type="text"/>	Email	<input type="text"/>
<input checked="" type="radio"/> Individual Observation <input type="radio"/> General Classroom Observation <input type="radio"/> No Observation			
Comments (You may enter up to 900 characters) You have <input type="text" value="900"/> characters left	<input type="text"/>		
<input type="button" value="Submit"/>			