

# Family Support, Health, and Nutrition Training March 3 & 17, 2016



# Purpose

To provide a base understanding of the 2016-2017 application and scoring, to highlight changes to health and nutrition enrollment procedures, and to provide direction around general file order, eligibility, and selection under ERSEA.

# Agenda

- |               |  |
|---------------|--|
| 8:30 – 8:40   | Welcome & Introduction   |
| 8:40—9:25     | Learning Labs:<br>A) Health/Nutrition: Tools for Enrollment<br>B) File Orders, Waitlist, Selection, & Enrollment |
| 9:25– 9:30    | Switch Labs  |
| 9:30– 10:15   | Learning Labs  |
| 10:15 – 10:25 | Break  |
| 10:25– 11:45  | Application Pointing & Eligibility   |
| 11:45 – 12:00 | Return to large group—Q/A with PSESD   |

Family Support  
Health and Nutrition  
Training March 3 &  
17, 2016

Healthy Children  
Do Better in  
School!



# 2016 Application

- Change to Health and Nutrition Section
- Goal to expedite completion of Child Health Plans which means children are in the classroom sooner!



# 2016-2017 Application

## Section C: Health and Development Information

Child's Information	Has your child been <b>DIAGNOSED</b> by a Health Care Provider with any of the conditions listed below? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
	If yes, check all that apply: <input type="checkbox"/> Respiratory (Asthma, RSV, RAD, other) <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Condition
	<input type="checkbox"/> Food Allergies (list): _____ <input type="checkbox"/> Swallowing <input type="checkbox"/> Non-Food Allergies (list): _____ <input type="checkbox"/> Other (list): _____
	Do you have any other concerns about your child's health? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
	If yes, check all that apply: <input type="checkbox"/> Feeding and/or special diet <input type="checkbox"/> Low birth weight (5.5lbs or less) <input type="checkbox"/> Hearing <input type="checkbox"/> Tooth Pain/Decay/Bleeding Gums <input type="checkbox"/> Vision <input type="checkbox"/> Mental Health <input type="checkbox"/> Drug/Alcohol Affected
	<input type="checkbox"/> Food Intolerance (list): _____ <input type="checkbox"/> Other health concerns(list): _____
	Does your child have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have dental insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, what type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Indian Health <input type="checkbox"/> Other: _____
	Has your child experienced (Check all that apply): <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Former Foster Care <input type="checkbox"/> Asked to leave a childcare center because of behavior
	Does your child have a special need? (Check all that apply): <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Individualized Family Service Plan (IFSP) <input type="checkbox"/> A diagnosed disability <input type="checkbox"/> Enrollment in an Early Intervention Birth to 3 program in the last 6 months
Do you have concerns about your child's development? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, check all that apply: <input type="checkbox"/> Speech/Talking (making sounds, delayed talking, hard to understand and/or difficulties understanding others) <input type="checkbox"/> Fine Motor (grasping, drawing, writing and/or dressing) <input type="checkbox"/> Behavior (hitting, biting, having tantrums and/or not cooperating) <input type="checkbox"/> Gross Motor (walking, climbing, throwing, spinning, lack of eye contact, loss of skills) <input type="checkbox"/> Other concerns: _____	

# Table Talk

- How do you review the form with the family to get more information if a parent marks a health/nutrition concern on the application?
- What questions do you ask?
- Share back

# HIPAA Release Form

## **Procedure**

### **Use this form when a child -**

- has had a medical exam within the last 12 months or dental exam within the last 6 months from the date of the child's first day of attendance
- has a medical or dental exam scheduled within the next 90 days of the completion of this form
- needs a child health plan and medication

### **Use this form when a staff needs -**

- to get immunization records
- to follow up on medical and dental treatments
- to obtain health information such as occupational or speech therapy information
- to discuss health information with a provider or agency

A provider's name must be on the form before the parent/guardian signs the form. Separate forms are needed for each provider (medical, dental, specialists).



# Health and Developmental History—New This Year

- Format changes have been made to help gather important data around both health and nutrition needs of each child.
- Non-food allergies and food allergies are now separated.
- Specific questions about foods children can not eat have been added.

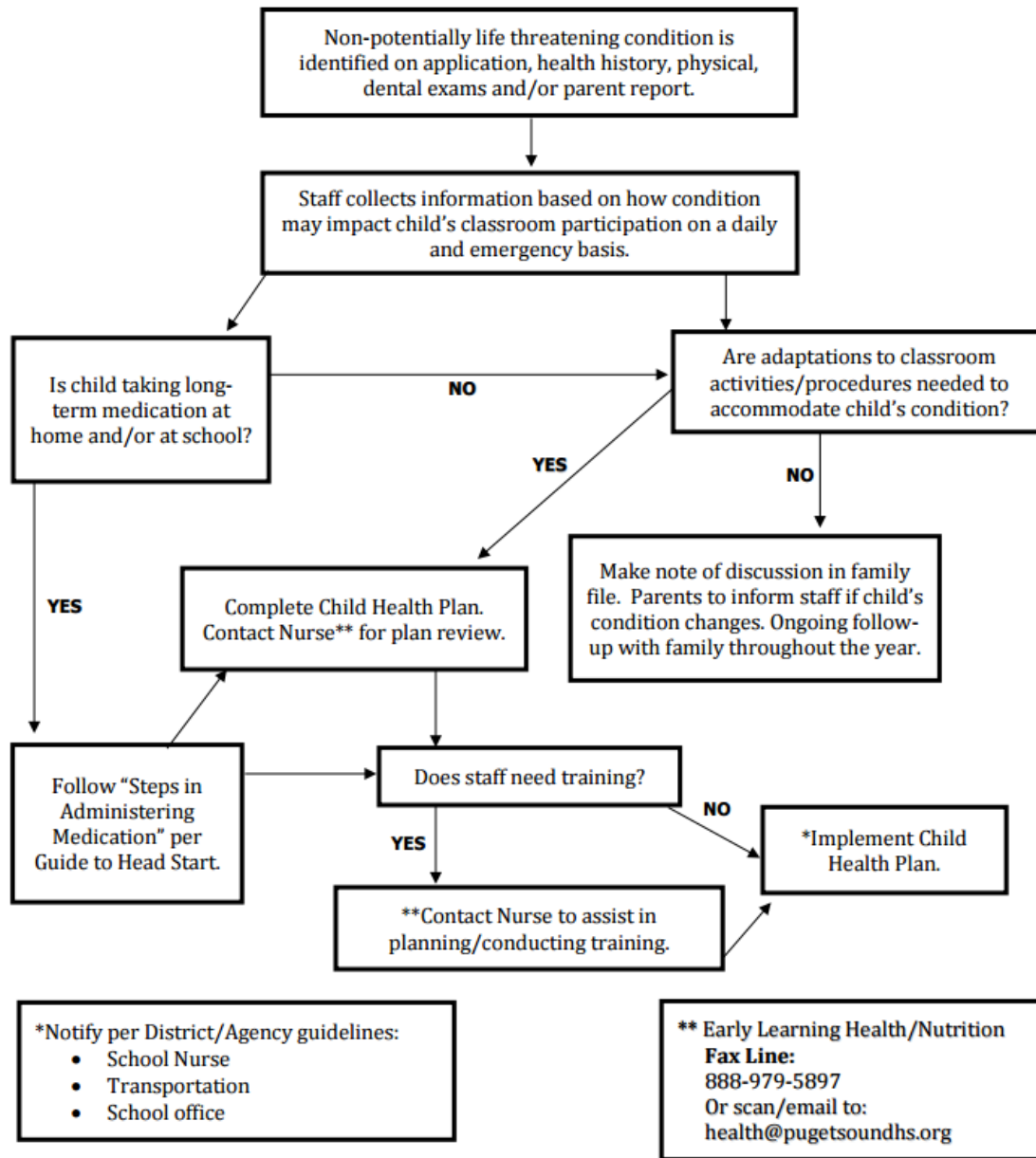
## Health & Developmental History 1 - 5 Year Olds



Child's Name (Last, First, Middle)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (mm/dd/yy)	Country of Birth
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### Health Information

Name of child's health care provider: _____
Name of child's dentist: _____



## Nutritional Information

Yes	No	Please answer the following
<input type="checkbox"/>	<input type="checkbox"/>	Is your child on WIC?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have questions about feeding your child? If yes, please explain
<input type="checkbox"/>	<input type="checkbox"/>	Are you satisfied with what your child eats? How many meals ____ and snacks ____ are offered? If no, please explain.
<input type="checkbox"/>	<input type="checkbox"/>	Do you share meals together as a family?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child drink from a cup?
<input type="checkbox"/>	<input type="checkbox"/>	Is your child currently breast feeding?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child drink from a bottle?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any concerns about your child's growth? Please explain.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any concerns about your child's weight? Please explain.
<input type="checkbox"/>	<input type="checkbox"/>	Does your child take a vitamin? Why? How often?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child take a prescribed iron supplement? Why? How often?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child currently use any nutritional supplements (Pediasure, Ensure, herbs, etc.)? If yes, what, how often, for what reason?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child eat non-food item? Please list _____

# New This Year-Questions About Foods a Child Can Not Eat

## Food Allergies, Intolerances, and Preferences

Yes	No	Please answer the following
<input type="checkbox"/>	<input type="checkbox"/>	<p>Are there any foods your child can not eat? If yes, what foods and why?</p> <p><input type="checkbox"/> <b>Food Allergy*</b>   <input type="checkbox"/> Food Intolerance   <input type="checkbox"/> Cultural/Religious Preference   <input type="checkbox"/> Child Refuses to Eat</p> <p><input type="checkbox"/> Other: _____</p> <p>What happens if your child eats the food listed above?</p>
<input type="checkbox"/>	<input type="checkbox"/>	Does your child eat the food listed above at home?
<input type="checkbox"/>	<input type="checkbox"/>	Has a medical provider ever told you that your child has a food allergy or intolerance? If yes, please explain:

*If your child has a food or milk allergy that has been diagnosed by a doctor, we will ask for documentation from your medical provider that includes a list of foods that can be substituted.*

**\*Child Health Plan Required/Potentially life-threatening condition**

# Table Talk

- How do you review the form with the family to get more information if a parent marks a health/nutrition concern on the Health History?
- What questions do you ask?
- Share back

# Health and Nutrition Resources for Your Families

## List Health and Nutrition Education resources shared with parents

<input type="checkbox"/> Lead Information _____ _____
<input type="checkbox"/> Nutritional Information _____ _____
<input type="checkbox"/> Fluoride Information _____ _____
<input type="checkbox"/> Other (please list) _____ _____
<i>(i.e., tobacco cessation, helmet, car seat, safety, other information shared)</i>

# Enrollment Review

### Enrollment Review

Parent Signature	Date
Staff Signature(s)	Date Reviewed with Parent
Staff Signature(s)	Date Reviewed
Staff Signature(s)	Date Reviewed
Interpreter	Date
Health Coordinator or Nurse Consultant	Date

### 2nd Year Review

Parent Signature	Date
Staff Signature(s)	Date Reviewed with Parent
Staff Signature(s)	Date Reviewed
Staff Signature(s)	Date Reviewed
Interpreter	Date
Health Coordinator or Nurse Consultant	Date

**If this is child's 3rd year in EHS/HS/ECEAP program, complete a new Health & Developmental History.**



# Health & Nutrition Section Contents

- File Order
- Develop communication system with site team
  - SeaMar, health screenings, medication paperwork

## Section Contents Health and Nutrition

- Emergency Treatment and Parent/Guardian Consent*

### Immunizations:

- Certificate of Immunization Status (CIS) Form*

### Health and Developmental History:

- Health & Developmental History (0-12 months ) Form*
- Health & Developmental History (1-5 years old) Form*

- Authorization to Release and Exchange Confidential Health Information Form (if needed)*

### Child Health Plans and Supporting Paperwork (if needed):

#### Health Related:

- Child Health Plan and Provider Orders Form — Respiratory Disorder*
- Child Health Plan and Provider Orders Form — Seizure Disorder*
- Child Health Plan and Provider Orders Form — Skin Condition*
- Child Health Plan and Provider Orders Form — Non-Food Allergies*
- Child Health Plan and Provider Orders Form — Other Health Conditions*
- Child Health Plan and Provider Orders Form — Reflux Infants and Toddlers*

#### Nutrition Related:

- Child Health Plan and Provider Orders Form — Dietary Accommodations – Food Allergies/Intolerances*
- Child Supplemental Food Plan Form*
- Parent/Guardian Request for Milk Substitute Form*

### Medication Authorization and Supporting Paperwork (if needed):

- Parent/Guardian Authorization for Medication Administration at School and Medication Administration Record Form*

### Over The Counter Medication Forms:

- Provider Orders for Medication at School Form - Supplemental*
- Parent/Guardian Authorization for Medication Administration at School and Medication Administration Record Form*
- Sunscreen Authorization Form – Bulk OR Sunscreen Authorization Form – Individual Container*
- Sunscreen Application Record Form - Individual Container*

### Health Screening Results:

- Vision and Hearing Parent Interview Questions (0-3 Years) Part 1 of 3 (EHS only)*
- Vision and Hearing Checklist (0-3 Years) Part 2 of 3 (EHS only)*
- Vision and Hearing Screening Summary (0-3 Years) Part 3 of 3 (EHS only)*
- OAE Hearing Screening Form (if applicable)*

## Section Contents - Health and Nutrition

### Growth:

- Health Screening Results Form*
- Growth Grid(s)*
- Spring Growth Result Form*

### Vision Referral (if needed):

- Vision Screening Referral Letter (3-5 years)*

### Hearing Referral (if needed):

- Hearing Screening Referral Letter*

### OAE Referral (if applicable)

- OAE Parent/Guardian Information Letter*

### Dental:

- Dental Examination Reports (most recent on top)*
- Sea Mar or Community Health Consent Form*
- Sea Mar or Community Health Evaluation Form*

### Well Child Exams:

- Physical/Well Child Exam Forms (most recent one on top)*
- Lead Results (Fax Cover Sheet)*
- Hematocrit/Hemoglobin Results (Fax Cover Sheet)*

### Nutrition:

- USDA-CACFP Enrollment Form*
- Food Introduction Record Form--Infants/Toddlers (up to 24 months only)*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Main Points Review

- Determining a child's health status begins with the application
- Document directly on the Health History
- Make sure nothing on the Health History is left blank
- Nutrition questions revised to get more information
- Document resources given
- Section Contents will assist with organization

Thank You for Your Dedication  
to Helping Children Be Healthy  
and Ready for School!

