

# Health & Nutrition History (1-5 Years) Procedure

## Purpose

This document tells the site team how to complete and review the form to obtain health and nutrition information **prior to child attending class**.

## Procedure

All health information is confidential. Certain health information has very strict requirements for confidentiality (HIV/AIDS, sexually transmitted diseases, hepatitis B) and written permission must be obtained before it can be shared with anyone. Health records must be kept secure at all times and shredded when discarded.

At health enrollment, site teams complete and review the form with the family, clarifying information as needed. When an interpreter is used, complete the form in English and have the interpreter sign on the last page. Site staff is responsible for reviewing the form with parents prior to signing and dating the form. Potentially life threatening conditions should be addressed immediately, and other health concerns should be documented in the family file. Each year the form must be updated and signed. After two years, a new form must be completed. If a child enrolls between birth and 11 months, staff completes the *Health & Developmental History* (0-12 months) at enrollment and the *Health & Nutrition History (1-5 years)* at 13 months.

## Health Information

- **Health Care Provider (HCP):** Does the child have a HCP? If so write the name in the space provided. If not write "N/A" and provide referral information. Follow-up with the family to ensure the child receives on going health services.
- **Prenatal and Birth Information:** Understanding the child's birth history is a good indicator of developmental and physical health.
- **Birth Weight:** Below 5 pounds 8 ounces is low birth weight. Was the child premature? Are there any concerns that the child's development has been affected?
- **Drugs, alcohol or cigarettes during pregnancy:** If the parent states that drugs, alcohol or cigarettes were a part of family life during pregnancy, is there anything we should know about, or if they have concerns regarding their child's development.

## Health Conditions

A *Child Health Plan* (CHP) is written when there is a need for accommodations in the classroom. A CHP helps staff prepare to meet the child's needs and recognize when treatment is needed. If the family marks "Yes" in any of these boxes, ask for more information using open-ended questions. Refer to Child Health Plan Procedure.

Here are some examples:

1. **Anemia:** Is this a recent concern? Is your child taking iron? Is your child still being treated?
2. **Breathing Problems:** Is this an ongoing problem? Is your child on medication? Will medication be needed at school? Is your doctor following this? **Child Health Plan Required.**
3. **Bowel/Bladder:** Is this a recent concern? Are accommodations needed at school? Have you discussed this with the doctor?
4. **Diabetes:** When was your child diagnosed? Do they need insulin? Must contact your Health/Nutrition Coach.

## Health & Nutrition History (1-5 Years) Procedure

---

5. **Ear aches/infections:** How often does your child have ear aches? What symptoms does your child get? Does your child receive medication when this happens? Do you see the doctor for this?
6. **Hearing:** Have you spoken with your child's doctor about this? Does your child have a hearing device? What accommodations are needed in the classroom?
7. **Heart:** Tell me about your child's condition. What does the doctor say about it? (Some heart conditions are 'innocent murmurs' that require no special care.) Are medications needed? Will they be needed at school? **Child Health Plan required.**
8. **Nosebleeds:** How often do they occur? Is there anything that makes it happen? How do you handle it?
9. **Seizures:** Describe what happens. What medications are used? How often do the seizures occur? When was the last time? **Child Health Plan required.**
10. **Skin:** Describe how the area affected looks? What makes it worse? How do you treat it? How is your doctor following this? Ask and document any Mongolian spots or birthmarks; they sometime resemble bruises (this is not a skin problem).
11. **Tuberculosis Exposure:** Has your child had a TB test? Is your child currently receiving medication for TB? Are there family members being treated? Contact your Health/Nutrition Coach.
12. **Walking/climbing:** Describe the concerns? Have you discussed them with your child's doctor? What accommodations will be needed at school?
13. **Vision:** Has your child had a vision exam? Were you told your child needed further treatment? Will your child need special vision help in the classroom? **Glasses:** Does your child wear glasses? When was the last time your child had an eye exam or got new glasses?
14. **Secondhand Smoke Exposure:** Has your child been exposed to cigarette, pipe, or cigar smoke? Have you discussed this with the doctor? If applicable, staff will discuss risks of child's exposure to second and third hand smoke, encourage parent(s) to quit (e.g.: one of the best things to do for you and your child's health is to quit), and refer to appropriate resources.
15. **Lead Exposure:** Check all that apply. Refer to provider for concerns?
16. **Lead Testing:** If not, give lead information. Refer parent to provider for testing. If yes or unsure, obtain HIPAA and fax lead letter and results sheet to provider.
17. **Other:** Do you have any other concerns about your child's health that we should know about? Are there any special things we should do to help? Can we contact your child's health care provider to get further information? **(Completion of the HIPAA consent form required.)**
- 18.-22. **Serious Illness/Injury/Surgery/Drugs/Alcohol/Tobacco and Violence:** This is an opportunity to determine if a family member needs to be connected to cessation or treatment resources.
23. **Activity:** The amount of time and the type of activities the child engages in will provide an opportunity for a variety of conversations to follow up on with the family.
24. **TV/Video/Computer:** There is a strong correlation between obesity and the amount of time a child watches TV/videos. Regardless of the child's weight, encourage parents to monitor what their child watches and limit these activities to less than two hours a day. Document this as an issue in the partnership summary and follow up. For children under 2, they should not be having any TV/video or screen time.
25. **Safety** Car seat/booster seat and bike helmet are items to follow up on if the parent reports they are not in use. Local hospitals provide low cost helmets and seats.
26. **Non-Food Allergies:** Insects and Bee stings **Child Health Plan Required**  
**Animals:** Consult the Animals in the Environment policy/procedure.  
Child health plans will be written for severe reactions and/or any child that has medications prescribed for the allergy.
27. **Medications:** If a child is on medication, be sure parent fills out everything in this section. Complete a *Child Health Plan* for ANY medications taken at home or school. Contact your nurse consultant if medications will be administered at school; refer to the *Medication Administration Procedure*.
28. **Dental:** Is water fluoridated? If the child does not live in an area with fluoridated water, refer to the health care provider/dentist. Advise parent that children will brush daily with toothpaste containing fluoride (if over 1 year old). Determine whether the child has received an exam in last 6 months.

### Nutritional Information

There is a section of the HNH devoted to questions about nutrition. We need to find out if there are certain foods a child cannot eat and the reason for not eating them. Gathering as much information as possible will help your team get children ready for their first day of school. Below is information that will help you discuss questions with parents.

29. **Is your child on WIC?** : If the child is not on WIC determine why. Encourage participation and refer to the nearest WIC office. Parents may report they do not want WIC services. Simply note on the HDH that parent is not interested in WIC. If a child is on WIC find out which clinic they attend.
30. **Do you have questions about feeding your child?** : If a parent answers yes, ask them to tell you more and document their concerns. Possible follow up questions include: is there enough food in your home to feed your family? Are you familiar with the food available in your community? (People who have recently immigrated to the United States may have questions about foods they are not familiar with.) This can also be a time to share community resources such as location of food bank.
31. **Are you satisfied with what your child eats?** : If the parent responds “no”, ask the parent to tell you more. Reassure the parent that it is normal for a child’s appetite to vary day to day and many children like to eat the same foods every day. Determine if resources and/or Nutrition Consultation is needed.
32. **Do you share meals together as a family?** : This is an opportunity to discuss our Early Learning philosophy of the family style meal. Research shows that children who eat regular meals with their families do better in school. They are less likely to get involved with drugs and alcohol and are more likely to graduate from high school. The time spent enjoying a meal together is often a time when children and parents connect about homework, upcoming school events and what is happening at school in general. As an Early Learning program we model family style meals to reinforce to families the importance and how it is related to school readiness. Families may have their own customs of sharing meals together. What is important is them coming together on a daily basis to eat and spend time together free from distractions.
33. **Does your child drink from a cup?** : Determine if the family wants information/resources on transitioning to use of a cup. Most children make the transition from breast or baby bottle to a cup by age 15 months. Sippy cups are used as a transition for the needs of the child and not for concern over spilling from open cups. Children who drink from baby bottles or sippy cups past 15 months may be at risk for dental caries and other dental problems. For concerns, encourage the parent to consult the health care provider/dentist.
34. **Does your child drink from a baby bottle?** : Please refer to question 33. If a parent responds yes ask what they drink from the baby bottle?
35. and 36.: **Do you have any concerns about your child’s growth/weight?** : If a parent responds yes, refer them to their health care provider for a discussion about their concerns. This is a time to let all parents know that in our Early Learning program, we measure a child’s height and weight twice a year and will share that information with them.
37. **Does your child take a vitamin?** : Use of vitamin/mineral supplements may indicate a health concern. Ask the parent if a health care provider has prescribed the use. If yes, ask for permission to get more information and obtain a HIPPA form for the prescribing provider.
38. **Does your child take a prescribed iron supplement?** : When a child is taking a prescribed iron supplement it is an indication the child may have iron deficiency anemia. Talk to the parent about the importance of giving the supplement to the child, as prescribed, and to not discontinue use until the provider says to do so. You can also reassure the parent that this is the most common nutrition related deficiency in the US and the iron supplementation is a proven way to alleviate the condition.
39. **Does your child currently use any nutritional supplements (PediaSure, Ensure, herbs, etc.)?** : Ask why the child uses a nutritional supplement. Has it been prescribed by a medical professional? Most nutrition supplements are expensive and unless there is a medical reason to take one children who consume a varied, healthy diet do not need one.
40. **Does your child eat any non-food items?** : If a parent says yes, ask what nonfood items the child eats and how often. Many young children put nonfood items in their mouths at one time or another. They

## Health & Nutrition History (1-5 Years) Procedure

---

are naturally curious about their environment and might, for example, eat some dirt out of the sandbox. Children who go beyond an exploration of their surroundings may have an eating disorder called pica. It can result in serious health problems and the parent should be encouraged to discuss it with their child's health care provider.

41. **Questions 41 A-C center around foods a child cannot eat.** Information you gather with these questions will help determine if the child will need a Child Health Plan for a PLT condition and what paperwork is necessary to prepare them for their first day of school.
- A. Are there any foods your child cannot eat? If a parent responds yes-- ask them what foods the child cannot eat and why. Also asks them what happens if your child eats the food(s) listed above. Document carefully symptoms the parent reports.
  - B. Does your child eat the foods listed above (question 42A) at home? If a child is eating a food listed in question 42A at home ask what happens when he/she eats the food. Explain to the parent that if a child is eating a food at home it is reasonable to expect that the same food could be consumed at school.
  - C. Has a medical provider ever told you that your child has a food allergy or intolerance? We strongly encourage parents to talk to their child's health care provider if they suspect there is a food allergy or intolerance. Diagnosis from a medical professional is required for dietary accommodations to be made in the school setting.

### Signatures

- After reviewing, Parent/Guardian, staff and interpreter sign and date the form.
- Staff document any resources/referrals given to the family.

### Related Documents

Health and Developmental History (1-5 Years)

### Resources

WIC flyer

Family Health Handbook

H-N-S Resources: <http://earlylearningwa.org/index.php/for-staff/health-nutrition-safety-hub/h-n-s-resources>