

Health & Developmental History (0-12 Months) Procedure

Purpose

This document tells the site team how to complete and review the form to obtain health, nutrition and developmental 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 interpreter sign on the last page. Site Staff are 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 & Developmental History (1-5 years)* at 13 months.

Health Coverage

- **When was the last exam and when is the next exam scheduled?** If no exam is scheduled, work with family to get an appointment and find a pediatrician if needed.
- **Health Coverage:** Does the child have medical coverage and what type of coverage do they have? If child does not have health coverage, work with family to access medical coverage.

Birth Information

- **Was child born vaginally or by C-section?**
- **Birth Weight:** Below five pounds and eight ounces is low birth weight. Was the child premature? Are there any concerns that the child's development has been affected?
- **If delivery was other than hospital did mom have assistance of midwife or doula?** Were there any complications? How long was hospital stay, or did mom need to be hospitalized after delivery?
- **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 Information

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.

Note

Potentially Life Threatening (PLT) *Child Health Plans* are completed by a PSESD Nurse or Nurse Consultant in partnership with the family and primary care provider.

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Here are some examples:

1. **Allergy* other than food:** 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.
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. **Cerebral Palsy:** Are accommodations needed at center? Does the child use a wheelchair, braces?
4. **Colic:** Have you discussed with provider? What are some things you do to calm your baby?
5. **Constipation:** Is this a recent concern? Are accommodations needed at school? Have you discussed this with the doctor?
6. **Diabetes*:** When was your child diagnosed? Do they need insulin? Must contact nurse consultant immediately. ***Child Health Plan Required.***
7. **Diarrhea:** How often? What does it look like? What do you do for it?
8. **Downs Syndrome:** What questions do you have about your child's development? Children with Downs Syndrome may have some cognitive delays.
9. **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?
10. **Eczema/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. **Exposure to lead:** Was your child treated? Is your child currently in treatment?
12. **Tuberculosis Exposure:** Has your child had a TB test? Is your child currently receiving medication for TB? Are there family members being treated? **Call health coordinator for guidance.**
13. **Fetal Alcohol:** May have developmental concerns. Make sure parent completes developmental section.
14. **Heart Condition:** 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.***
15. **Low Birth Weight:** Babies with low birth weight may have developmental or other health issues.
16. **Seizures:** Describe what happens. What medications are used? How often do the seizures occur? When was the last time? ***Child Health Plan required.***
17. **Sickle Cell:** How is provider treating this? Does child show any symptom? Babies with sickle cell may feed poorly and be sluggish.
18. **Yellow Jaundice:** If still present, is it improving? Refer to provider for follow up.
19. **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.)**
- 20-25. **Surgery/Drugs/Alcohol/Tobacco/Safety and Violence:** This is an opportunity to determine if a family member needs to be connected to cessation or treatment resources. Car seats are items to follow up on if the parent reports they are not in use. Local hospitals may provide low cost car seats
26. **Medications:** 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*. If a child is on medication, be sure parent fills out everything in this section.
27. **Dental:** Provide resources for cleansing baby's gums, when to see a dentist, fluoride, dental coverage.
28. **Feeding/Nutrition: Infants should be receiving either breast milk or formula in the first 12 months of life. Below are a few guidelines you can use when completing the required**

information on the HDH form. Be sure to document the frequency of feedings and if the child is taking formula the amount of formula they take during a feeding.

If mom is breastfeeding, ask if it is going well and if she has any questions about breastfeeding. This is a time you can remind mom about the benefits of breastfeeding and to provide encouragement to continue for at least the child's first six months.

If mom is not breastfeeding, ask what formula is being used and document on HDH form.

Infants may have a diagnosis of reflux and this may interfere with a child receiving adequate nutrition. When a child has been diagnosed with reflux, ask what the provider recommended and if they are following the provider's recommendations.

- **Iron/Vitamin/Nutritional Supplements:** The use of any of these may indicate a health concern. Ask the parent if the health care provider has prescribed iron supplements or made dietary recommendations. If the answer is 'yes', ask for permission to get more information and obtain a HIPAA form.
 - 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.
- **Food Allergies: Finding out about diagnosed food allergies and food intolerances will help determine if the child will need a Child Health Plan for a PLT condition and what paperwork is necessary to prepare for their first day of school. Below is a series of questions you can ask to gain insight about foods a child cannot eat.**
 - 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 their child eats the food(s) listed above. Document carefully symptoms the parent reports.

Does your child eat the foods listed above at home? If a child is eating a food listed 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.
 - 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.
- **Questions about feeding:** Provide nutrition info as needed. Refer to the ELPM Resource Section for resources. Offer Nutrition Consult with PSESD Senior Regional Nutrition Coordinator.
- **Growth/Weight:** Refer to the child's height and weight growth information from each well child exam. For concerns, suggest the parent talk with their child's doctor or contact the PSESD Senior Regional Nutrition Coordinator
- **WIC:** If the child is not on WIC determine why. Encourage participation and refer to the nearest WIC office.

Developmental History

- The questions in the developmental history section are designed to find out whether there are concerns about specific behaviors they have observed in their child.
- Each item that the parent indicates should have follow up. (See DECA screening procedures).

Signatures

- Parent/Guardian, staff and interpreter sign and date the form.
- After reviewing, the nurse consultant will also sign the form.
- Staff documents any resources/referrals given to the family.

Related Documents

Health and Developmental History (0-12 months)

Resources

WIC flyer

Lead flyer

5210 Info