

Health History Tool (0-12 months)

Procedure

Use this tool as a resource to help you as you review the Health History form with parents and obtain health and nutrition information **prior to child attending class**. It will prompt you with information and questions to ask parents so that you can gather the most complete information possible.

Health Concerns

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? 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? Contact your Health/Nutrition/Safety Coach. **Contact your Nurse Consultant and/or School Nurse.**
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? **CHP 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? **CHP 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). Ask if accommodations are needed, ex; soaps, waterplay, etc. **If yes, do a CHP.**
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. **Vision/Glasses:** 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? Does your child wear glasses? When was the last time your child had an eye exam or got new glasses?
13. **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.
14. **Cerebral Palsy:** Are accommodations needed at the center? Does the child use a wheelchair? Braces?

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15. **Colic:** Have you discussed this with your provider? What are some things you do to calm your baby?
16. **Reflux:** Have you spoken with your child's doctor about this? Is your child on medication or are accommodations needed?
17. **Lead Exposure:** Check yes or no. Refer to provider for concerns.
18. **Lead Testing:** If not, give lead information. Refer parent to provider for testing. If yes or unsure, obtain HIPPA and fax lead letter and results sheet to provider.
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.)**
- 20-23. **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.
24. **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.
25. **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.
26. **Safety:** Car seat are items to follow up on if the parent reports they are not in use. Local hospitals provide low cost helmets and seats.
27. **Non-Food Allergies:** For Insects and bee stings - **CHP may be required.** For Animals: Consult the Animals in the Environment policy/procedure. CHP will be written for severe reactions and/or any child that has medications prescribed for the allergy.
28. **Medications:** If a child is on medication, be sure parent fills out everything in this section. **CHP required** for ANY medications taken at school, or long-term medications taken at home. Contact your Nurse Consultant, when applicable, if medications will be administered at school; refer to the *Medication Administration Procedure*
29. **Dental:** Provide information and resources on oral health care and cleansing baby's gums, when to see a dentist, fluoride and dental coverage. Advise parent that children will brush daily with toothpaste containing fluoride (when they get their first tooth). Determine whether the child has a dentist. Determine if the family wants information/resources on transitioning to use of a cup.

Nutritional Information

There is a section of the Health History 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.

30. **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.
31. **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.
- 32-35. **Breast feeding/bottle to cup transitions:** 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.
36. **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.
37. **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.
- 38-39. **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.
40. **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.
41. **Does your child currently use any nutritional supplements (PediaSure, Ensure, multivitamins, herbs, etc.)?:** Ask why the child uses a nutritional supplement. Has it been prescribed by a medical professional?
42. **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. 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.

43. **Questions 43 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.
- Has a medical provider ever told you that your child had a food allergy or intolerance?** We strongly encourage parents to talk to their 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 classroom. **Is this a life-threatening allergy?** If yes, a CHP is required.
 - Are there foods your child cannot eat for cultural/religious reasons?** If the parent responds yes-ask them what foods. All cultural/religious preferences must be accommodated. Contact your HNS Coach if you have questions.
 - Are there any other foods your child cannot eat?** If a parent responds yes-ask them what foods and why. **Does your child eat the foods listed above at home?** If a child is eating a food listed, ask what happens when they eat the food. Explain to the parent that if a child is eating a food at home, it is reasonable to expect the same food could be consumed at school.
44. **How do you put your child to sleep?** This is an opportunity to talk about safe sleep and provide resources. Ask questions regarding their sleep routine. What do they do before they put their child to sleep. Examples; They feed them, rock them and lay them in their crib.