

To the Parents of: _____

The Family & Children's Services Division of the Human Services Agency wants to work with you to help your child have the smoothest transition into care that we can possibly offer.

You know your child better than anyone else. If you could share with us your child's health information (e.g. allergies, medications, etc), and simple tips (e.g. what your baby likes to eat, what items they like to play with), etc., it will help us understand your child's needs better, and how best to meet your child's needs until he or she can safely return to your home and your care.

Please take a few minutes and complete the Baby Health checklist attached. It will be given to the temporary caretaker of your child to help them help your child.

Making sure your child is safe, healthy, and happy is a goal we all share. Please give this checklist to the Social Worker in person, or in the enclosed envelope as soon as possible.

Thank you again for your help.

Protective Services Worker's Name

Worker Number

P.O. Box 7988
S.F. CA 94120

Phone Number

Date:



BABY HEALTH CHECKLIST (0-24 MONTHS)

Child's Name: _____ Date of Birth: _____ - _____ - _____

MEDICAL

1. Does your baby have any medical conditions? Yes No

If "Yes," please describe:

2. Does your baby have any allergies, including any food allergies? Yes No

If "Yes," please describe:

3. Does your baby take any medications, vitamins, other supplements, use any medical devices or supplies? Yes No

If "Yes," please list as much as possible. (Type of medication, dosage, etc.) **PLEASE GIVE MEDICATIONS TO SOCIAL WORKER**

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

a) If "Yes," when was the last time your baby took medications, used supplies or supplements? Please describe briefly.

4. Where do you take your baby for medical care? List as much information as possible.

5. What city and hospital was your baby born at?

City: _____ Name of Hospital: _____

6. Is mom taking any medications? (prescribed or street) Please list.

FEEDING

1. Is mom breastfeeding? Yes No **If "Yes," PLEASE GIVE THE SOCIAL WORKER THE EXPRESSED MILK.**

2. Baby drinks ____ formula ____ whole milk

(a) Brand of formula and any special kind ____ high calorie ____ lactose free ____ allergy ____ Brand _____

(b) PLEASE GIVE THE SOCIAL WORKER THE FORMULA CAN.

(c) How do you mix the formula? _____

3. How often and how much does your baby drink? _____

4. Type of bottle/nipple/cup used? _____

(a) PLEASE GIVE SOCIAL WORKER THE BOTTLE/NIPPLE/CUP

BABY HEALTH CHECKLIST (0-24 MONTHS)

FEEDING (cont'd)

5. Does your baby eat solid foods including baby foods? Yes No

What types of baby foods? _____

What types of finger foods? _____

6. Any food allergies? Yes No (a) If "Yes," does your baby have any allergy medication or device like an epi-pen?

List info _____

(b) PLEASE GIVE SOCIAL WORKER THE ALLERGY MEDS AND/OR EPI-PEN

7. When was your baby's last feeding and what was it? _____

TOILETING

1. Is your baby potty trained? Yes No

2. Does your baby have any allergies/sensitivities to products (cream, powder, wipes, gloves, etc.)? Yes No

If "Yes," describe:

What? _____

3. When was the last time your baby went pee and poo? Pee: _____ Poo: _____

SLEEP

1. What is your baby's typical sleep schedule?

(a) Typical length and time of daytime nap: _____

(b) What is your baby's bedtime? _____

2. Does your baby sleep through the night? Yes No

(a) If no, length of time at night between feedings: _____

3. What conditions or special things does your child need to sleep (night light, blanket, dark room, swaddling?)

4. Does your baby sleep alone or with parents/siblings? Alone Parent(s) Siblings

FEARS

1. What is your baby scared of?

2. Any calming routines? (e.g. keeping light on, etc.)

LANGUAGE/COMFORT

1. What do you call your baby (if not birth name)? _____

2. What language do you use with your child? _____

3. Does your baby use a pacifier? Yes No **IF "YES," PLEASE GIVE THE SOCIAL WORKER THE PACIFIER**

4. To reduce stress for your baby, could you please give the social worker:

(a) Item that smells like parent

(b) any comfort item or any item your baby needs (favorite stuffed animal/blankie, etc)

