Adding Child Health Information



1 Thi	is tutorial wil	l cover the Child	Health I	nformation			
2 Clie	ck "Children"						
Main Adr	Setup	Families Guardians	Children	Home Visitor	Calendar	Reports	Support
:0-80004-	Program Name	e: Training / Scribe Acc	ount				
e Contacts Time	Location	Family		Ρ	hone H	lome Visito	pr
	Home	Potter (Harry Potter))		F	lome Visito	r
10:00 AM							
10:00 AM 2:00 PM	Home	Jones (Jenny Jones)			lome Visito	r
10:00 AM 2:00 PM 3:00 PM	Home Home	Jones (Jenny Jones Everdeen (Katniss E) verdeen)		F	Iome Visito Iome Visito	r

Select the Child from the dropdown menu.

	Setup	Families	Guardians	Children	Home Visitor	Calendar	Reports	Support
			\uparrow	↓ Pot	er, James		~	Q 😤
Quality Aler	t Poview alerts	boro						
	1632078							
' Name	Lily		Mic	ldle Name		Potter		
ardians						* Caregiver	relation	
	<u>Harry Potter</u>					Father		~
	<u>Gennie Potter (</u>	<u>Primary)</u>				Mother		~

4 Look for the Child specific menu option on the left navigation. Anything under Child Data will be menu options for this child.

» Family Home	* Name	James	Midd
>> Family Contacts	Guardians		
» Reminders		Harry Potter	
➢ Family DQ Alerts		<u>Hurry Potter</u>	
» File Upload		<u>Gennie Potter (Primary)</u>	
	Due Date	06/30/2024	AND
Child Data			
Information Record	* Birth Date	06/04/2024	
» Prenatal/Postpartum	Age	4 months (4 months 0 days)	
> Contacts	Birth Weight	0 Lbs 0 Oz	
» Screenings			
>> Assessments	Immunizations Current As of		?
>> Health Info	Home Maiter		
» Milestones	Home Visitor	Keanu Reeves	~

Click on "Health Info".

A MARK			/2024	06/30	Due Date	
						> Child Data
			/2024	06/04	* Birth Date	Information Record
	0 days)	onths (s (4 m	4 month	Age	» Prenatal/Postpartum
	Oz	0	Lbs	0	Birth Weight	>> Contacts
?					Immunizations Current As of	» Screenings » Assessments
~		es	Reev	Keanu	Home Visitor	» Health Info » Milestones
* Curre	~			N/A	* Current Child Care	
с	~		h	Englis	* Child Primary Lang	Delete Child
			ID	State	State ID	
~	ino	ic/Lati	lispan	Non-H	* Ethnic Category	

6 The first table you will see is in regards to "Delays, disabilities, conditions".This is filled out when you first enter the child.

I Iome Fage	Health	Info		
>> Non-Actives				
≫ Data Quality Alerts	Ме	dicaid #		
» Data Cleanup		Medicald #		
	Save	Cancel		
Family Home	Save	Currect		
> Family Contacts	Delays d	isabilities conditions		
Reminders	Delays, u			
Family DQ Alerts	Date	Diagnosed delay, disability, med	Developmental	Rece
File Upload	6/4/2024	N	N	N
		···		
 Child Data Information Record 	Insurance	e History		

If you need to edit the current entry, because it was entered incorrectly, you can click the pencil icon to the right.

Vedicaid #					
aditiona					
luitions					Add Item
lay, disability, med	Developmental delay?	Receiving services?	ECI services	Services being received	Edit
	Ν	Ν	Ν		
					Add Item
					Add Item

8 Make your changes and click Save.

	↑ ↓ Potter, James	
Delays, disabilities, conditions		×
Date Does this child have a diagnosed delay, disability, or	06/04/2024	
medical condition? Is the child receiving Early Childhood Intervention (ECI) services due to a developmental delay?	○ Yes [®] No	
Services being received	Select all that apply	being
	Save	Cancel
Insurance History		

9 If a delay or diagnosis came after the initial entry, you can add a new entry by clicking the Add Item button.

Vedicaid #	
Add Item	
nditions Add Iten	
lay, disability, med Developmental Receiving ECI Services being delay? services? services received	
N N N	Ū

Fill in the fields.

	↑↓	Potter, James		~ Q ≊	
, conditions			\times		
Date					
nosed delay, disability, or medical condition?	○ Yes No				
y Childhood Intervention o a developmental delay?	○ Yes No				
Services being received	Select all that apply	•		Add Item being	
		Create	Cancel	1	
				Add Item	

	↑ ↓ P	otter, James	
Delays, disabilities, conditions			×
Date Does this child have a diagnosed delay, disability, or medical condition?	10/04/2024 Ves No		
(ECI) services due to a developmental delay? Services being received	Select all that apply	•	being
		Create	ncel
Insurance History			

this child have a diagnosed delay, disability, or medical condition?	● Yes ○ No	
Is this a developmental delay?	● Yes ○ No	
s the child already receiving services related to the delay or disability?	● Yes ○ No	Add Item
the child receiving Early Childhood Intervention (ECI) services due to a developmental delay?	● Yes ○ No	being
Services being received	Select all that apply	
	Create Cancel	Add Item
Immunizations		Add Item
Child Medical Visite		

e child receiving Early Childhood Intervention (ECI) services due to a developmental delay?	● Yes ○ No		being	9
Services being received	Select all that apply			1
	Regular Health Care		_	
	Physical Therapy	ate Ca	ancel	Add I
	Behavioral Health Therapy			
Immunizations	Speech Therapy			Add I
	Vision Therapy			
	Hearing Therapy			
Child Medical Visits	Occupational Therapy			Add I
BreastFeeding Survey				Add

14 Click "Crea	ite".		
ing services related to the delay or disability?	● Yes ○ No		Add Item
Childhood Intervention developmental delay?	● Yes ○ No		being
ervices being received	Speech Therapy	•	
		Create Cancel	Add Item
			Add Item
			Add Item

Next fill in the "Insurance History".

// File Opload				
	Date	Diagnosed delay, disability, med condition?	Developmental delay?	Recei servio
Child Data	10/4/2024	Υ	Y	Y
formation Record	6/4/2024	Ν	N	Ν
Prenatal/Postpartum				
> Contacts		History		
Screenings		inistory		
Assessments				
Health Info	Immuniza	tions		
lilestones				
Milestones				
ilestones	Child Mod	licel Visito		

Click "Add Item" on the right.

attions					dd Item
lay, disability, med	Developmental delay?	Receiving services?	ECI services	Services being received	
	Y	Y	Y	Speech Therapy	1
	Ν	Ν	Ν		
					add Item

Select Insurance.

Insurance History		×
Date History Status	10/04/2024 Private	being Therapy
		Create Cancel
Immunizations		
Child Medical Visits		

18 Click "Create".

		× Add Item	
ate	10/04/2024 Private	being herapy 💉 🛅	
		Create Cancel Add Item	
		Add Item	
		Add Item	

19 Click the Add Item button to fill in the Immunizations table.

		N	Ν	Ν			
						Add Item	
atus							
vate						1	
						Add Item	
						Add Item	
						Add Item	
							-
						Add Item	
atus	numwks	Date Weaned / Stop	oped	Exclusively I	Breastfed		
							1

20 The "As of" date, is the date you were made aware that the immunizations were or were not up to date. Check off Yes or No for Immunizations up to date?

Child Data	10/4/2024 V	V V V
Information Record	Immunizations	
Prenatal/Postpartum		
Contacts	As of date	
Screenings	As of date	10/04/2024
Assessments		
> Health Info	Age of child	0 years 4 months
Milestones	Immunizations up to date?	Yes ○ No
	Last Vaccine Information	ı
	Date of vaccine	
	Vaccines received	
		□ DTaP (tetanus)
		🗆 Flu (Influenza)

21 You have the option to enter the date of vaccine and the vaccine received. This is optional. Visit Tracker will use the "as of date" for reporting.

» Prenatal/Postpartum				
» Contacts	As of data			
» Screenings	As of date		24	
» Assessments				
» Health Info	Age of child	0	years	4
» Milestones	Immunizations up to date?	● Yes ○ No	O Did not report	
	Last Vaccine Information	n		
	Date of vaccine			
	Vaccines received			
		🗆 DTaP (teta	nus)	
		🗆 Flu (Influe	nza)	
		🗆 Нер В		
		🗆 Hep A		
		🗆 Hib		

22 Enter the date of vaccine and check off the vaccines the child received.

Assessments		4
> Health Info	Immunizations up to date?	Yes ○ No ○ Did not report
Milestones	Last Vaccine Information	ı
	Date of vaccine	09/30/2024
	Vaccines received	
		DTaP (tetanus)
		Flu (Influenza)
		🗆 Нер В
		🗆 Нер А
		□ Hib
		IPV (Polio)
		□ MMR (Measles, Mumps, Rubella)
		Pneumococcal (PCV)
		Rotavirus (RV)

23 Click "Create".

	🗆 DTaP (tetanus)		Add Item	
	Flu (Influenza)			
	🗆 Нер В			
	🗆 Нер А		Add Item	
	□ Hib			
	IPV (Polio)			
	🗆 MMR (Measles, Mumps, Rubella)		₩	
	Pneumococcal (PCV)			
	Rotavirus (RV)		Add Item	
	□ VAR (Chicken pox)			
nts				
			Add Itom	
		<i>ii</i>	Auditein	
		Create Cancel	Add Itom	
			Add item	

24 Move to Medical visits. To add a new medical visit, click the "Add Item" button.

Note - the admin can add Child Medical visits to the Visit Record. You can then fill out this question on the visit record, and it will show up here in this section.

te?	Age of child	ł	Date of vaccine	Vaccines received	If not, why?	Comments	
	4 months (4 days)	months 0	9/30/2024	Flu (Influenza)			× 1
						Ad	d Item
						Ad	d Item
							a resin
						Ad	d Item
atus	numwks	Date Wea	aned / Stopped	Exclus	ively Breast	Ad	d Item

Select the Type.

partum	Child Medical Visit	s	×
	Date	10/04/2024	-
	Туре	Primary care physician	~
	Reason		~
	Comments		Co
			Create

26 Select the Reason.

Note - Well Child will need to be selected if you are wanting to report on Well Child visits. The date of the visit and the child age will need to line up for Well Child visits to count correctly on reports.

/Postpartum				
5	Child Medical Visit	S		×
igs				
nents nfo	Date	10/04/2024		
es	Туре	Primary care physician	~	
	Reason	well child	~	
	Age Range	4-5 months old	~	
	Comments			
			1	
			Create	Cancel

27	Click "Cre	ate".		
Fiiliaiy	care priysicia	111	•	_
well chil	d		~	Add It
4-5 mor	nths old		~	Comments
				1
			li	
			Create	Cancel Add It
y				Add It
Status	numwks	Date Weaned / Stopped	Exclu	isively Breastfed
	0		Yes	

28 Enter the Dental Coverage next. Click the "Add Item" button. This table will need to be filled out once the child is 12 months (one year) or older to be counted correctly on reports. If you fill this out prior to the child turning one year old, create another entry after the child's first birthday.

ysician	chi	ld		old				
								dd Item
itus	numwks	Date weane	a / Stopped		Exclusive	y Breastre	a	
;	0				Yes			1
							A	dd Item
							A	dd Item
							_	
							Α	dd Item
							A	dd Item

29 Check Yes or No for the child having a usual source of dental care.

Dental Care / Coverage	
Date Does child have a usual source of dental care?	10/04/2024
Dental Coverage	Select Dental Coverage
	Create
Medical Care	

And select the dental coverage.

Dental Care / Coverage		×	Comment
Date Does child have a usual source of dental care? Dental Coverage	10/04/2024 <pre></pre>	·	ľ
Medical Care	Create	Cancel	

31 Click "Create".

		× 0
)ate	10/04/2024	
e of are?	®Υ ◯N ◯Unknown	Add Item
age	Private ~	/ W
	Create Cancel	Add Item
		Add Item
		Add Item

32	Fill in the Medical Care survey next. Click the "Add Item" button.
52	This in the Medical Care Survey flext. Click the Add Item Button.

	0		Vac			m
S	U		 res		A	W
					Add Ite	m
ental Ca	re			Coverage		
s: Has a	usual source of	f dental care		Private		Ū
					Add Ite	m
					Add Ite	m
					Add Ite	m
					Add Ite	m
					Add ite	
days pe	r week					

Select the usual source of medical care.

	Date	туре	Reason VISIT	Age Range	Referred? Co
Med	lical Care Surv	/ey		····	×
Ind	icate child's usual so medio	Date ource of cal care	10/04/2024 Doctor's/Nurse Practitioner's office	Create	Cancel
	Date	Dental C	Care		Coverage
	10/4/2024	Yes: Has	a usual source of dental care		Private
	Medical Care				

Click "Create".

rate 10/04/2024 ■ Add Item e of Doctor's/Nurse Practitioner's office ~ Item Create Cancel Add Item Intal Care Coverage	Add Item ate 10/04/2024 e of Doctor's/Nurse Practitioner's office are Create Cancel Add Item Add Item Add Item Add Item Add Item Madd		
Inate 10/04/2024 e of Doctor's/Nurse Practitioner's office iare Create Create Cancel Add Item	iate 10/04/2024 e of Doctor's/Nurse Practitioner's office		×
e of Doctor's/Nurse Practitioner's office V	e of Doctor's/Nurse Practitioner's office V are Create Cancel Add Item ental Care Coverage s: Has a usual source of dental care Private V 10	10/04/2024	Add item
Create Cancel Add Item	Create Cancel ental Care Coverage s: Has a usual source of dental care Private	e of Doctor's/Nurse Practitioner's office ~	× w
ental Care Coverage	ental Care Coverage s: Has a usual source of dental care Private I T		Create Cancel Add Item
er Hag e vervel egyree of dentel egyre	s: Has a usual source of dental care Private 💉 🗂	ental Care	Coverage
s. has a usual source of dental care Private Z		s: Has a usual source of dental care	Private 💉 🛅
Add Item			
Add Item			Add Item

35 For children under one year of age, fill out the Safe Sleep Survey. Click the "Add Item" button.

Note - the admin can add the Safe Sleep Survey to the Visit Record. You can then fill out this question on the visit record, and it will show up here in this section.

	Private	💉 Ш
		Add Item
atus	Comments	
ctor's/Nurse Practitioner's office		1
		Add Item
		Add Item
		Add Item
Jays per week		
		A 10
		× W

36 FIll in the Survey.

Safe Sleep Survey		×	Ade
Date	10/04/2024		
How often is your baby placed to sleep on his or her back?	Never	~	
How often does your baby bed- share with you or anyone else?		~	Ade
How often does your baby sleep with soft bedding?		~	
Comments			Ade
		h	
		Create Cancel	

			1
re Sleep Survey		X	Add Ite
Date	10/04/2024		1
w often is your baby placed to sleep on his or her back?	Never	~	
ow often does your baby bed- hare with you or anyone else?	Sometimes	~	Add Ite
w often does your baby sleep with soft bedding?		~	1
Comments			Add Ite
		6	
		Create Cancel	

38		
		Add Item
Date	10/04/2024	× 10
ten is your baby placed to sleep on his or her back?	Never ~	
often does your baby bed- with you or anyone else?	Sometimes ~	Add Item
ften does your baby sleep with soft bedding?	Always ~	× 10
Comments		Add Item
	Create	Cancel
afe Sleep		Add Item

39	Click "Create".				
ed- se?	Sometimes	~		Additem	
eep ng?	Always	~		1	
ents				Add Item	
		Create	Cancel	1	
				Add Item	
days pe	er week			Add Item	
				× 1	

0 You can fill in the Literacy Survey.

Note - the admin can add the Literacy Survey to the Visit Record. You can then fill out this question on the visit record, and it will show up here in this section.

tor's/Nurse	Practitioner's office				1	
					Add Itom	
					Add Item	
ld's age	Placed on back	Bed sharing	Soft bedding	Comments		
onths	Never	Sometimes	Always		💉 🛅	
					Add Item	
					Add Item	
ys per wee	ek				× m	
# Lice	nse Agreement		Training Vide	eos		🛔 Main Admi
rtions © Pa	rents as Teachers Natio v4.0.2024093022592	onal Center, Inc. 0				

41 Fill in the number of days per week a family member reads with child.

BreastFeeding Sur	urvey	
Literacy Activities	es Survey	
	Date 10/04/2024	
In a typical week, how many sing songs with the child? # of days p	per week	ries and/or
		Create
Date	Status	Com
10/4/2024	Doctor's/Nurse Practitioner's office	
Safe Sleep		



42 Click "Create".

				1
a te s does t	10/04/2024 ne primary caregiver, or a fa	amily member, read, te	Il stories and/or	Add Item
eek	7			×* 10
			Create	el Add Item
atus			Comm	ents
octor's/N	lurse Practitioner's office			Jan 10
				Add Item
ild's ag	e Placed on back	Bed sharing	Soft bedding	Comments
months	Never	Sometimes	Always	1

43 Review all tables in the Health Info.

	5410			
	10/4/2024	Doctor's/Nurse F	Practitioner's office	
	Safe Sleep			
	Date	Child's age	Placed on back	Bed sharir
	10/4/2024	4 months	Never	Sometimes
	Literacy Activities	# days per weel	k	
	10/4/2024	7		
	6/4/2024	7		
Copyright © 2024 DataKeeper Technologies, LLC		# Licen	se Agreement	

/ate						1
					Ad	d Item
to te?	Age of child	Date of vaccine	Vaccines received	lf not, why?	Comments	Edit
s 4 months (4 months 0 days)		ths 0 9/30/2024	Flu (Influenza)		(
					1	
					Ad	d Item
ре	Reason	Age of Child (month visit	s) on Age Range	e Referred?	Comments	

44 You can edit any entry by clicking the pencil icon to the right of each entry.

45 You can delete the entry by clicking the trash can.

atus									
vate									1
								Ad	d Item
to te?	Age of c	hild		Date of vaccine	Vac rec	cines eived	lf not, why?	Comments	
s 4 months (4 months 0 days)		hs 0	9/30/2024	Flu (Influenza)					
								Ad	d Item
pe Reason visit		Age o visit	f Child (months)	on	Age Range	Referred?	Comments		
mary ca vsician	ire	well child		4		4-5 months old			1

