



# RELIEF NURSERY TRACKING FORM

# CHILD DATA

This form is to be completed, for all children ages 0-6 served in program, within the first 60 days of Program Intake, updated at 6-month intervals, and at Program Exit.

INTERVENTIONIST: \_\_\_\_\_ DATE: \_\_\_\_\_ DOB \_\_\_\_\_ FAM# \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ RACE/ETHNICITY \_\_\_\_\_ IND# \_\_\_\_\_

During this assessment period, this child was in:

- Home-based services    Center-based services    Both

### Assessment Type (Check one only.)

<input type="checkbox"/> Intake	<input type="checkbox"/> 6-month	<input type="checkbox"/> 18-month	<input type="checkbox"/> 30-month	<input type="checkbox"/> 42-month	<input type="checkbox"/> 54-month	<input type="checkbox"/> 60-month
	<input type="checkbox"/> 12-month	<input type="checkbox"/> 24-month	<input type="checkbox"/> 36-month	<input type="checkbox"/> 48-month	<input type="checkbox"/> Exit _____	<i># of months since last update</i>

Complete items 1-14 for all children. Items 15-31 are optional.

### CHILD WELFARE HISTORY [Completed at Program Intake ONLY, if available]

1. Was this child in out of home foster care at or within 30 days of program intake? <input type="radio"/> Yes <input type="radio"/> No (skip to question 7)
2. At or within the first 30 days of program intake did a Relief Nursery staff member make a report to DHS (child protective services) on this child? <input type="radio"/> Yes <input type="radio"/> No                      Date of report: ____/____/____
3. Please list the start and end dates for each foster care placement for this child prior to and at intake: Episode 1: Start date ____/____/____ End date: ____/____/____ Episode 2: Start date ____/____/____ End date: ____/____/____ Episode 3: Start date ____/____/____ End date: ____/____/____ Episode 4: Start date ____/____/____ End date: ____/____/____

### CHILD WELFARE STATUS [Completed at Program Intake and at EACH 6-month follow-up interval]

4. Since program intake, or during the past 6 months, has a Relief Nursery staff member made a report to DHS (child protective services)? <input type="radio"/> Yes <input type="radio"/> No                      Date of report: ____/____/____
5. Has this child been removed from their parent's care since program intake, or during the past 6 months? <input type="radio"/> Yes <input type="radio"/> No (skip to question 7)
6. Please list the start and end dates for each foster care placement for this child since program intake: Episode 1: Start date ____/____/____ End date: ____/____/____ Episode 2: Start date ____/____/____ End date: ____/____/____ Episode 3: Start date ____/____/____ End date: ____/____/____ Episode 4: Start date ____/____/____ End date: ____/____/____

## PARENT-CHILD INTERACTION

Think about the observations you have made of parent-child interactions during this time period (since the last family update or intake). At this time, how frequently does the primary care giver interact with child in the following ways?

	Not at this time	Seldom	Sometimes	Most of the time	Almost always
7. Enjoys the child and expresses warmth and love	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Shows sensitivity to the child's feelings, needs and/or interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Uses effective, firm, but loving guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Responds appropriately to the child's behaviors/needs (doesn't ignore or overreact)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Adjusts environment and responses to child's temperament and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Engages in reciprocal interactions, conversations, or play involving turn-taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Provides encouragement (both verbal and nonverbal support) for developmental advances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Creates a developmentally appropriate learning environment for child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CHILD'S HEALTH

<p>15. Does the child have a diagnosed disability?</p> <p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> DK</p> <p>a. If "Yes," does the child receive early intervention services?</p> <p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> DK</p>
<p>16. Indicate most recent ASQ development screening (child's age in months):</p> <p><input type="radio"/> 4   <input type="radio"/> 6   <input type="radio"/> 8   <input type="radio"/> 10   <input type="radio"/> 12   <input type="radio"/> 14   <input type="radio"/> 16   <input type="radio"/> 18   <input type="radio"/> 20   <input type="radio"/> 22   <input type="radio"/> 24   <input type="radio"/> 27   <input type="radio"/> 30   <input type="radio"/> 33   <input type="radio"/> 36   <input type="radio"/> 42   <input type="radio"/> 48   <input type="radio"/> 54   <input type="radio"/> 60</p>
<p>17. Indicate the child's developmental status on this screening:</p> <p><input type="radio"/> Normal    <input type="radio"/> Delays Indicated    <input type="radio"/> Other _____</p>
<p>18. Indicate most recent ASQ Social/Emotional development screening (child's age in months): Score: _____</p> <p><input type="radio"/> 6   <input type="radio"/> 12   <input type="radio"/> 18   <input type="radio"/> 24   <input type="radio"/> 30   <input type="radio"/> 36   <input type="radio"/> 42   <input type="radio"/> 48   <input type="radio"/> 54   <input type="radio"/> 60</p>
<p>19. Indicate the child's developmental status on the ASQ Social/Emotional screening:</p> <p><input type="radio"/> Normal    <input type="radio"/> Delays Indicated    <input type="radio"/> Other _____</p>
<p>20. Was or will the child be referred for further evaluation (based on screening results or other criteria)?</p> <p><input type="radio"/> Yes    <input type="radio"/> No</p>
<p>21. Are the child's immunizations up to date?</p> <p><input type="radio"/> Yes    <input type="radio"/> Some but not all    <input type="radio"/> No immunizations, parent declines</p> <p><input type="radio"/> No immunizations due to lack of parent follow-through</p>
<p>22. The child's height is:</p> <p><input type="radio"/> 25<sup>th</sup> percentile or less    <input type="radio"/> 26<sup>th</sup> percentile or above</p>

<p>23. The child's weight is:</p> <p><input type="radio"/> 5<sup>th</sup> percentile or less      <input type="radio"/> 6<sup>th</sup> to 25<sup>th</sup> percentile or less      <input type="radio"/> 26<sup>th</sup> to 95<sup>th</sup> percentile or above</p> <p><input type="radio"/> 96<sup>th</sup> percentile or above — if checked, is obesity a concern?</p>
<p>24. How would you rate the child's health overall (muscle tone, frequency of illnesses, and energy level)?</p> <p><input type="radio"/> Poor      <input type="radio"/> Fair      <input type="radio"/> Good      <input type="radio"/> Very Good</p>
<p>25. Does the child have any special health needs?</p> <p><input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> DK</p> <p>If yes, specify special health needs: _____</p>
<p>26. Is the child linked to a primary health care provider?</p> <p><input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> DK</p>
<p>Items 27-31 are completed once at Program Intake</p>
<p>27. Did mother smoke during pregnancy?</p> <p><input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> DK</p>
<p>28. Was the child born premature (36 weeks or less gestation)?</p> <p><input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> DK</p>
<p>29. Did the child weigh less than 5 ½ lbs?</p> <p><input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> DK</p>
<p>30. Is or did mother breast-feed (either totally or part-time)?</p> <p><input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> DK</p>
<p>31. What prenatal care did the mother receive?</p> <p><input type="radio"/> Early comprehensive prenatal care [criteria (a) five or more total checkups and (b) care beginning at or before 3<sup>rd</sup> month/12 weeks gestation]</p> <p><input type="radio"/> Inadequate prenatal care [criteria (a) less than five checkups and (b) care beginning at or after 3<sup>rd</sup> month/12 weeks gestation]</p> <p><input type="radio"/> No prenatal care</p> <p><input type="radio"/> Unknown</p>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_