

## INSTRUCTIONS for the DHS 908

### **PURPOSE**

The DHS 908 Early Childhood Pre-K Health Record Supplement (EC Pre-K HRS) form was created with the assistance of the Healthy Child Care Hawaii, a collaborative project of the University of Hawaii/School of Medicine - Department of Pediatrics, American Academy of Pediatrics - Hawaii Chapter, Department of Health/Children with Special Health Needs Branch. The purpose of the DHS 908 is to provide developmentally appropriate information on the child's health, growth and developmental status for entrance into a Pre-Kindergarten (Pre-K) program which includes an Infant and Toddler Child Care Center (IT), Group Child Care Center (GCC), and Group Child Care Home (GCH). The child's physician is requested to complete the DHS 908 in conjunction with the Department of Education (DOE) Form 14.

### **INSTRUCTIONS FOR THE CHILD CARE FACILITY:**

1. A health record shall be required and obtained from the parent or guardian of each child entering a licensed child care facility such as a Family Child Care Home (FCC), GCC, GCH, or an IT and be kept on file at the facility in accordance with the applicable Hawaii Administrative Rules (HAR) §§17-891.1-20, 17-892.1-20, and 17-895-20.
2. The Department of Education (DOE) Student Health Record "Form 14" (F14) shall be used to comply with this requirement listed in #1, or a comparable writing (documentation) of a child's current immunizations, evidence of child's good health/physical examination results, and TB test/clearance results. The F14 (rev. 2010) is available and may be downloaded from the DOE website, <http://doe.k12.hi.us/forms/index.htm>.
3. In addition, the records of each child in a GCC, GCH, and IT shall include pertinent information about the health status, developmental progress, and any special needs and efforts necessary to meet these needs in accordance with HAR §§17-892.1-20(c) and 17-895-20(c). The DHS 908 or comparable writing (document) shall be used to comply with the requirement listed in #2. The DHS 908 may be downloaded from the DHS Child Care Connection Hawaii website, <http://hawaii.gov/dhs/self-sufficiency/childcare/licensing/forms/>.
4. At the time of a facility's initial licensing visit, each child shall have a F14 and a DHS 908 on file.
5. At the time of a facility's annual licensing visit, new students enrolled for the school year who do not have a F14 on file shall, also, be required to have a DHS 908 on file.
6. The facility's director shall document at least 2 attempts to obtain the DHS 908 from the parent. If after 2 attempts the DHS 908 is not returned, the child's health requirement shall be met as long as the F14 is on file.

7. If a child has a medical condition noted on the F14 or the physician has marked "Yes" in Box 6 of the DHS 908 that a Special Care Plan should be developed, the child care facility should develop a Special Care Plan for the child and kept on file at the facility. Please refer to the Sample Special Care Plan on Page 2 of the DHS 908A.
8. The DHS 908 is only recommended for entry into a FCC.
9. A FCC and GCH provider's own children who are enrolled in school and school-aged children enrolled in the FCC or GCH for before and after school care who satisfy health requirements for enrollment in school are not required to furnish evidence of the child's health.
10. Children enrolled in licensed before and after school child care facilities (BAS) are not required to furnish evidence of the child's health per HAR §17-896-19(a).

## SPECIAL CARE PLAN FOR A CHILD WITH ALLERGY

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Emergency Phone Numbers: Mother \_\_\_\_\_ Father \_\_\_\_\_

Primary Health Provider Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Specialist's Name (if any): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Description of Allergy:

\_\_\_\_\_

Describe what signs/or symptom look like: \_\_\_\_\_

\_\_\_\_\_

Describe known triggers: \_\_\_\_\_

\_\_\_\_\_

Describe treatment:

\_\_\_\_\_

Possible side effects: \_\_\_\_\_

Program modification: i.e.: no peanut products allowed \_\_\_\_\_

When to call parent/health provider regarding symptoms or failure to respond to treatment:

\_\_\_\_\_

When to consider what condition requires urgent care or reassessment: \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_