

## **COMPLETING HEALTH INFORMATION FOR THE JFS 1443 (CHILD'S EDUCATION AND HEALTH INFORMATION REPORT)**

The child's Health information pulls into the Health Section for the Child's JFS 1433 Child's Education and Health Information Report as described below.

1. Navigate to the Case Overview page. Click the View Case Information Link (There is more than one way to access the child's medical tab. For this document we will be accessing the child's medical tab through the child's case)

**Case Overview**

Case ID: 2646016      Case Status: Open ( 04/07/2014 )  
Case Name: Bob, Sponge      Case Category: Ongoing  
Case Address:      Agency: IHS Training  
Geo Codes:

**Case Actions**

[View Case Information](#) (circled in red)  
[Linked Cases](#)  
[ProtectOhio Category](#)

**Case Ticklers**

No Ticklers Found [Manually Dispose of Tickler](#)

[View Case Status History](#) | [View Assignment History](#)

**Assignment Information**

Worker Name	Role	Agency of Worker
Training01, User	Screening Decision Maker	IHS Training

**Eligibility Assignment Information**

Person Name	Eligibility Specialist(s)
No Assignment Information Found	

[Close](#)

## 2. Click the Members Tab

Case > Workload > Case Information

Case ID: 2646016  
Case Name: Bob, Sponge  
Case Address: /

Case Status: Open ( 04/07/2014 )  
Case Category: Ongoing  
Agency: IHS Training  
Geo Code:

Assignment Information

[View Case Status History](#) | [View Assignment History](#)

Worker Name	Role	Agency of Worker
Training01, User	Screening Decision Maker	IHS Training

Primary Caretaker:   
Secondary Caretaker:

Reference List

Reference Type	Reference Number	Description
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[Add Case Reference](#)

[Apply](#) [Save](#) [Cancel](#)

## 3. Click the Name hyperlink of the child you wish to add health information for

Case > Workload > Case Information

Case ID: 2646016  
Case Name: Bob, Sponge

Case Status: Open ( 04/07/2014 )  
Case Category: Ongoing

Case Members

Active Member List

**Warning:** Changing the Case Reference Person will change the Case Name and Case Address

[View Member History](#)

CRP	Person ID	Name	DOB	Age	Gender	Race	Hispanic/Latino	Begin Date	
<a href="#">edit</a>	9064067	<a href="#">Bob, Sponge</a>	10/26/1969	45	Male	Other Pacific Islander	No	04/07/2014	<a href="#">delete</a>
<a href="#">edit</a>	9064068	<a href="#">Squirmel, Smitz</a>	10/22/2003	11	Female	Other Pacific Islander	No	04/07/2014	<a href="#">delete</a>

Inactive Member List

Person ID	Name	DOB	Age	Gender	Race	Hispanic/Latino	Begin Date
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[Add Member](#)

[Apply](#) [Save](#) [Cancel](#)

4. Diagnoses for the child are recorded as Characteristics of the following types: Medical, Mental Health/Substance Abuse, Prenatal/Birth, and Developmental/Intellectual.

These Characteristics may be recorded through a Medical Treatment Details Record (this will be discussed later in this article).

The Diagnoses for the child may also be recorded directly through the Characteristics tab.

The screenshot shows a web application interface for a child's profile. The top navigation bar includes links for Profile, Education, Medical, Employment, Military, Background, Delinquency, and SACWIS History. The 'Characteristics' tab is highlighted with a red circle. The profile information for 'Squirrel, Sandy' is displayed, including a Person ID of 9064068 and a Date of Birth of 10/22/2003. The 'Hazard/Alert Information' section contains checkboxes for Safety Hazard Exists, Safety Plan Exists, Environmental Hazard Exists, Protective Service Alert, Pregnant, Pregnant/Parenting Minor, Pregnant/Parenting Youth in Custody, and AWOL. The 'Person Information' section includes fields for Prefix, First Name (Sandy), Middle Name, Last Name (Squirrel), Suffix, Gender (Female), SSN, Age (11), and Date of Birth (10/22/2003). There are also fields for Deceased status, Deceased Date, Age At Time Of Death, Driver's License #, Issue State, and Expiration. The 'AKA Names' section has a table with columns for Prefix, First Name, Middle Name, Last Name, Suffix, and AKA Type, and an 'Add AKA' button. At the bottom, there are 'Apply', 'Save', and 'Cancel' buttons.

**Section B: “Child’s Known Medical Problems”** This information is pulled from the child’s Characteristics tab. All characteristics effective during the reporting period will display other than Traits/Behaviors/Family History. If no Medical/Mental Health/Substance Abuse/Prenatal/Birth, or Developmental/Intellectual Characteristics have been entered, the report will display None recorded.

**Section C: “Child’s Known Allergies”** This information pulls from the child’s Characteristics tab. Allergy Type and Additional Information narrative also displays on the report.

**Details of each Allergy Type will display on the report. If a child has more than one allergy it is best to record them separately.**

**If no Allergy information has been entered, the report will display None recorded.**

5. Click the Medical Tab

The screenshot shows a web application interface for a child's profile. At the top, a navigation bar contains links for Profile, Education, Medical (highlighted with a red circle), Employment, Military, Background, Delinquency, and SACWIS History. Below the navigation bar is a tabbed interface with tabs for Basic, Demographics, Address, Additional, Characteristics, Safety Hazard, and Confidential Information. The Basic tab is active, displaying a form for Sandy Squirrel. The form includes sections for Hazard/Alert Information, Person Information, and AKA Names. The Person Information section contains fields for Prefix, First Name, Last Name, Middle Name, Suffix, Gender, SSN, DOB, Age, and Driver's License. The AKA Names section is a table with columns for Prefix, First Name, Middle Name, Last Name, Suffix, and AKA Type. At the bottom of the form are buttons for Apply, Save, and Cancel.

Prefix	First Name	Middle Name	Last Name	Suffix	AKA Type

6. Click the Add Provider Button

The screenshot shows a software interface with a top navigation bar containing tabs: Provider, Treatment, Medication, Immunization, Pregnancy/Parenting, Health Insurance, and Birth. The 'Provider' tab is active. Below the tabs, the following information is displayed: Name: Squirrel, Sandy; Person ID: 9064068; DOB: 10/22/2003. A section titled 'Health Care Provider History' contains a sub-section 'Created in Error' with radio buttons for 'Exclude' and 'Include'. Below this is a table with columns: First Visit, Provider End Date, Provided Treatment Types, and Provider Name / ID. An 'Add Provider' button is located to the left of the table and is circled in red. At the bottom of the form are buttons for 'Apply', 'Save', and 'Cancel'.

**Section D: “Child’s Medical Provider” All ACTIVE Providers records within the reporting period will display on the report**

7. Click the Search Provider button to add the child’s provder(s)

The screenshot shows a software interface with a top navigation bar containing tabs: Profile, Education, Medical, Employment, Military, Background, Delinquency, and SACWIS History. The 'Medical' tab is active. Below the tabs, the following information is displayed: Name: Squirrel, Sandy; Person ID: 9064068; DOB: 10/22/2003. A section titled 'Health Care Provider Information' contains the following fields: Provider ID, Provider Name (with a red asterisk), Address, and Contact. A 'Search Provider' button is located to the right of the 'Provider Name' field and is circled in red. Below these fields are two date pickers: 'First Visit' (with a red asterisk) and 'Provider End Date'. At the bottom of the form are buttons for 'Save' and 'Cancel'.

8. Add the Provider Name and click the Search button

Provider Profile Search Criteria

Provider Name:	<input type="text" value="Dr Doolittle"/>	<input type="checkbox"/> AKA	Provider Category:	<input type="text"/>	
Agency Type:	<input type="text"/>	Agency:	<input type="text"/>		
Provider Type:	<input type="text"/>	<input checked="" type="checkbox"/> Include "Closed" Provider Type status			
Prefix:	<input type="text"/>	Member Last Name:	<input type="text"/>	Member First Name:	<input type="text"/>
Suffix:	<input type="text"/>	Member Middle Name:	<input type="text"/>	<input type="checkbox"/> Sounds Like	
Provider Reference Type:	<input type="text"/>	Provider Reference Number:	<input type="text"/>	[HINT: Applies to last/first/middle name only. Wildcard (%) search & 'Sounds Like' cannot be used together.]	
			Provider Status:	<input type="text"/>	

OR

Provider ID:

☒ Advanced Search Criteria

9. Click select beside the Provider Name (If the provider cannot be found, the provider may need to be added to SACWIS)

Provider Profile Search Criteria

Provider Name:  AKA  Provider Category:

Agency Type:  Agency:

Provider Type:  ☒ Include "Closed" Provider Type status

Prefix:  Member Last Name:  Member First Name:

Suffix:  Member Middle Name:  ☐ Sounds Like  
[HINT: Applies to last/first/middle name only. Wildcard (%) search & 'Sounds Like' cannot be used together.]

Provider Reference Type:  Provider Reference Number:  Provider Status:

OR

Provider ID:

☒ [Advanced Search Criteria](#)

Provider Profile Search Results

Result(s) 1 - 1 of 1 Page 1 of 1

	Provider Name/ ID	Provider Status	Provider Category	Address
<input checked="" type="button" value="Select"/>	Dr. Doolittle / 10061010	ACTIVE	NONODJFS	239 W Main St, Lancaster, OH 43130-3739

- 10 Add the First Visit date and click the Save button

[Profile](#) | [Education](#) | [Medical](#) | [Employment](#) | [Military](#) | [Background](#) | [Delinquency](#) | [SACWIS History](#) [help](#)

Name: Squirrel, Sandy Person ID: 9064068 DOB: 10/22/2003

Health Care Provider Information

Provider ID: 10061010

Provider Name:

Address: 239 W MAIN ST LANCASTER, OH 43130-3739 Contact: Work 1231231234

Provider End Date:

Created Date: Created By:  
Modified Date: Modified By:

- 11 The Provider has now been added. Next select the Treatment tab

Profile | Education | Medical | Employment | Military | Background | Delinquency | SACWIS History

Your data has been saved [close confirmation](#)

**Provider** **Treatment** Medication Immunization Pregnancy/Parenting Health Insurance Birth

Name: Squirrel, Sandy Person ID: 9064068 DOB: 10/22/2003

Health Care Provider History

Created in Error: ☒ Exclude ☐ Include

	First Visit	Provider End Date	Provided Treatment Types	Provider Name / ID
<a href="#">edit</a>	03/01/2015			Dr. Doolittle / 10061010

[Add Provider](#)

[Apply](#) [Save](#) [Cancel](#)

- 12 Answer the “Availability of Medical and Immunization Records” question. Select a response from each drop down for Childhood Illnesses.

**Section F: “Record of Childhood Illnesses”** Each response selected will display on the report.

**Section J: “Unavailable Health Records”** This information pulls from the Treatment tab when “Unavailable” is selected from the dropdown. A narrative record is required for this selection.



### 13. Click the Add Treatment button

Name: Squirrel, Sandy Person ID: 9064068 DOB: 10/22/2003

-Medical Records-

Availability of Medical and Immunization Records:

Reason(s) for Unavailability:

Spell Check Clear 1000

Created Date: 03/27/2015 11:53:02 AM Created By: Training01, User  
Modified Date: 03/27/2015 11:53:02 AM Modified By: Training01, User

-Childhood Illnesses-

Rubella:  Rubella:  Chicken Pox:  Whooping Cough:   
Mumps:  Hepatitis:  Other:

-Treatment History-

Sort By: Service Start Date (Descending) Created in Error ☐ Exclude ☐ Include

Service Start Date	Service End Date	Primary Service Type	Treatment Type	Provider Name/ID	Hospitalization
<b>Add Treatment</b>					

Apply Save Cancel

14. Complete the Treatment Details, Medical/Specialist Treatment Information and Hospitalization Details. (Treatment Details are required). In addition, Diagnoses for the child are recorded as Characteristics of the following types: Medical, Mental Health/Substance Abuse, Prenatal/Birth and Development/Intellectual and may be added through a Medical Treatment Details record. To add a Characteristics through the Medical Treatment Details record, select the Characteristic from the drop down and then click the Add Characteristics button.

Name: Squirrel, Sandy Person ID: 9064068 DOB: 10/22/2003

**Treatment Details**

Provider Name/ID: \* Dr. Doolittle / 10061010  
Provider Address: 239 W MAIN ST LANCASTER, OH 43130-3739 Contact: Work 1231231234  
Treatment Type: \* Medical  
Primary Service Type: \* Illness  
Secondary Service Type:   
Service Start Date: \* 03/01/2015  
OR Other:   
OR Other:   
Service End Date:

**Currently Diagnosed Characteristics**

Characteristics	Category	Method	Begin Date	End Date	Linked Characteristics
Add Characteristics: Medical					

**Medical/Specialist Treatment Information**

Height: Weight:   
Additional Details: [expand full screen](#)

Spell Check Clear 10000

Describe any other pertinent medical information or events the child has had or currently has. Include any condition that is preventing the child from attending school on a full-time basis:

Spell Check Clear 10000

<b>Hospitalization Details</b>			
Hospitalization:	<input type="text"/>	Hospital Name:	<input type="text"/>
Date Admitted:	<input type="text"/>	Date Discharged:	<input type="text"/>
Treated By:	<input type="text"/>	Surgery:	<input type="text"/>
Hospitalization Details:			
<input type="text"/>			
<input type="button" value="Spell Check"/> <input type="button" value="Clear"/> <input type="button" value="3000"/>			
<b>Medication Summary</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Immunization Summary</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Created Date:	<input type="text"/>	Created By:	<input type="text"/>
Modified Date:	<input type="text"/>	Modified By:	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>			

**Section H: “Dates of Child’s Last Exams”** This information pulls from the most recent Medical Treatment Services Start Date for each treatment/service when the Primary Service Type is one of the following: Physical (Medical): 30 day Healthcheck, 60 day Healthcheck, Annual Healthcheck, Non-annual Physical, Well Child. Dental: 30 day Healthcheck, 60 day Healthcheck, Annual Healthcheck, Exam/Cleaning. Vision: 30 day Healthcheck, 60 day Healthcheck, Annual Healthcheck

**Section I: “Other Pertinent Medical Information of Events.** This is an optional field on the screen when a Treatment Record is entered for the type Medical or Specialist. If no Treatment Records fall within the report parameter dates, then “Not Applicable” will display at the beginning of this section. If Treatment Records exist within the report parameter dates and data has been entered into this field, the report will display “Please see medical treatment records listed below”.

- 15 Based on the Characteristic selected from the drop down, Available Characteristics will display. Select the appropriate Characteristics and then click the Add button. When entering Characteristics through the Treatment Tab, the Method, Diagnosed by and Diagnosed Date will populate with the information from the Treatment Details page. Click the Save button.

Name: Squirrel, Sandy Person ID: 9064068 DOB: 10/22/2003

Characteristics Details

Characteristic Group: Medical

Available Characteristics:

- AIDS
- Allergies - Drug
- Allergies - Environmental
- Allergies - Food
- Asthma-No Treatment Required
- Asthma-Treatment Required
- Blind
- Blood Disorder
- Brain Disorder
- Brittle Bones/Osteogenesis Imperfectus
- Cancer - In Remission
- Cancer - Requires Treatment

Selected Characteristics:

Add >  
Add All >>  
< Remove  
<< Remove All

Method: ☐ Unknown ☐ Self Reported ☐ Observed ☒ Clinically Diagnosed

Diagnosed By: Dr. Doolittle

Diagnosis Date: 03/01/2015

End Date:

Additional Information:

40000

Created Date: Created By: Modified Date: Modified By:

Save Cancel

- 16 The Currently Diagnosed Characteristics display.

Name: Squirrel, Sandy Person ID: 9064068 DOB: 10/22/2003

Treatment Details

Provider Name/ID: Dr. Doolittle / 10061010

Provider Address: 239 W MAIN ST LANCASTER, OH 43130-3739 Contact: Work 1231231234

Treatment Type: Medical

Primary Service Type: Illness OR Other:

Secondary Service Type: OR Other:

Service Start Date: 03/01/2015 Service End Date:

Currently Diagnosed Characteristics

Characteristics	Category	Method	Begin Date	End Date	Linked Characteristics
Allergies - Food	Medical	Clinically Diagnosed	03/01/2015		
Asthma-Treatment Required	Medical	Clinically Diagnosed	03/01/2015		
Cow's Syndrome	Medical	Clinically Diagnosed	03/01/2015		

17. Click the Save button at the bottom of the page.

Hospitalization Details

Hospitalization:  Hospital Name:

Date Admitted:  Date Discharged:

Treated By:  Surgery:

Hospitalization Details:

☐ Created In Error

Medication Summary

Date Prescribed	Discontinue Date	Name/Dosage/Frequency	Psychotropic Medication
-----------------	------------------	-----------------------	-------------------------

Immunization Summary

Type	Immunization Group
------	--------------------

Created Date: 03/27/2015 12:29:12 PM Created By: Training01, User  
Modified Date: 03/27/2015 12:29:12 PM Modified By: Training01, User

18. Select the Medication Tab (only select this tab if the child is taking medication)

Your data has been saved

Provider Treatment **Medication** Immunization Pregnancy/Parenting Health Insurance Birth

Name: Squirrel, Sandy Person ID: 9064060 DOB: 10/22/2003

Medical Records

Availability of Medical and Immunization Records:

Reason(s) for Unavailability:

Created Date: 03/27/2015 12:29:12 PM Created By: Training01, User  
Modified Date: 03/27/2015 12:29:12 PM Modified By: Training01, User

Childhood Illnesses

Rubella:  Rubella:  Chicken Pox:  Whooping Cough:   
Mumps:  Hepatitis:  Other:

Treatment History

Sort By:  Created in Error ☐ Exclude ☐ Include

Service Start Date	Service End Date	Primary Service Type	Treatment Type	Provider Name/ID	Hospitalization
03/01/2015		Illness	Medical	Dr. Doolittle / 10061010	

19 If the child is taking medication, click the Add Medication button

The screenshot shows the 'Medication Information' section of a software interface. At the top, there are fields for 'Name: Squirrel, Sandy', 'Person ID: 9064068', and 'DOB: 10/22/2003'. Below these is a 'Created in Error' section with 'Exclude' and 'Include' radio buttons. A table with four columns is visible: 'Date Prescribed', 'Discontinue Date', 'Name/Dosage/Frequency', and 'Psychotropic Medication'. Below the table is an 'Add Medication' button, which is circled in red. At the bottom of the section are 'Apply', 'Save', and 'Cancel' buttons.

**Section G: “Child’s Current Medications and Dosages for Each” All medications, including those with end dates, that fall within the reporting period display.**

20. Complete the Medication Information, Pharmacy Information and click the Save button (Medication Information is required) Complete the Medication Information for each medication the child is taking. Click the Save button

The screenshot shows the 'Medication Information' and 'Pharmacy Information' sections of a software interface. The 'Medication Information' section includes fields for 'Name' (a dropdown menu), 'If Other, Medication Name', 'Psychotropic Medication' (a checkbox), 'Dosage', 'Medication Required Daily' (a dropdown menu), 'Frequency', 'Prescribed By', 'Refills Prescribed', 'Date Prescribed', 'Discontinue Date', and 'Notes'. There are 'Spell Check', 'Clear', and 'GO' buttons below the 'Notes' field. The 'Pharmacy Information' section includes fields for 'Pharmacy Name', 'Location Details', 'Phone', 'Ext.', and 'Fax'. There are 'Spell Check', 'Clear', and 'GO' buttons below the 'Location Details' field. At the bottom of the page are 'Created Date', 'Modified Date', 'Created By', and 'Modified By' fields. The 'Save' button is circled in red.

21. Select the Immunization Tab to add Immunization records for the child

Your data has been saved [close confirmation](#)

Provider	Treatment	Medication	<b>Immunization</b>	Pregnancy/Parenting	Health Insurance	Birth
Name: Squirrel, Sandy		Person ID: 9064068			DOB: 10/22/2003	
Medication Information						
Created in Error: <input type="radio"/> Exclude <input type="radio"/> Include						
	Date Prescribed	Discontinue Date	Name/Dosage/Frequency	Psychotropic Medication		
<a href="#">edit</a>	03/01/2015		Albuterol (Salbutamol)			
<a href="#">Add Medication</a>						

[Apply](#) [Save](#) [Cancel](#)

22. If the child will not be immunized, check the box and enter the reason in the narrative text box. If the child is immunized, select a value from the drop down for "Immunizations are up-to date". To add immunizations, click the Add Immunization button

Profile | [Education](#) | [Medical](#) | [Employment](#) | [Military](#) | [Background](#) | [Delinquency](#) | [SACWIS History](#) | [help](#)

Provider	Treatment	Medication	<b>Immunization</b>	Pregnancy/Parenting	Health Insurance	Birth		
Name: Squirrel, Sandy		Person ID: 9064068			DOB: 10/22/2003			
Immunization Information								
<input checked="" type="checkbox"/> Child will not be immunized								
Reason:								
<a href="#">Spell Check</a> <a href="#">Clear</a> <a href="#">X</a>								
Immunizations Are Up-To-Date: <input type="text"/>								
Created Date: Created By:								
Modified Date: Modified By:								
Immunization Summary								
<table border="1"><thead><tr><th>Type</th><th>Immunization Group</th></tr></thead><tbody></tbody></table>							Type	Immunization Group
Type	Immunization Group							
Immunization History								
Created in Error: <input type="radio"/> Exclude <input type="radio"/> Include								
<table border="1"><thead><tr><th>Date of Immunization</th><th>Immunization Type</th></tr></thead><tbody></tbody></table>							Date of Immunization	Immunization Type
Date of Immunization	Immunization Type							
<a href="#">Add Immunization</a>								

[Apply](#) [Save](#) [Cancel](#)

23 Enter the Immunization Information and click the Save button.

The screenshot shows a web form for entering immunization information for a child named Sandy Squirrel. The form includes fields for Name, Person ID, and DOB. The 'Immunization Information' section contains a dropdown for 'Immunization Type' (set to 'Diphtheria/Tetanus/Pertussis'), a text field for 'Other Immunization Type', and five date pickers for 'Date of Immunization' (1 through 5). At the bottom, there are 'Created Date', 'Modified Date', 'Created By', and 'Modified By' fields. A red circle highlights the 'Save' button at the bottom left.

**Section E: “Record of Child’s Immunizations” All Immunization Records and Dates are listed, regardless of the report parameter dates. “Child will not be Immunized. Reason” will only display if the corresponding checkbox was marked.**

24 If the child is or was pregnant, click the Pregnancy/Parenting Tab to add or information.

The screenshot shows the 'Pregnancy/Parenting' tab selected in the immunization record for Sandy Squirrel. The 'Immunization Information' section has a checkbox for 'Child will not be immunized' and a text area for 'Reason'. Below this are 'Immunizations Are Up-To-Date' and date pickers. The 'Immunization Summary' table shows one record for 'DTP' with 'Diphtheria/Tetanus/Pertussis' as the group and '03/01/2015' as the dose date. The 'Immunization History' section includes radio buttons for 'Created in' (selected) and 'Error', and a table with columns for 'Date of Immunization' and 'Immunization Type'. A red circle highlights the 'Pregnancy/Parenting' tab at the top.

Type	Immunization Group	Dose 01
DTP	Diphtheria/Tetanus/Pertussis	03/01/2015

Date of Immunization	Immunization Type
03/01/2015	Diphtheria/Tetanus/Pertussis



25. Add Pregnancy/Parenting Information and then click the Add Pregnancy button

The screenshot shows the 'Pregnancy/Parenting' tab selected. At the top, patient information is displayed: Name: Squirrel, Sandy; Person ID: 9064068; DOB: 10/22/2003. Below this is the 'Pregnancy/Parenting Information' section with four input fields: 'Number of Living Biological/Adopted Children', 'Number of Pregnancies', 'Number of live births', and 'Number of Miscarriages'. Underneath is the 'Pregnancy History' section, which includes a 'Created in' dropdown with 'Exclude' and 'Include' options, and a table with columns: 'Date Reported', 'Estimated Due Date', 'End Date', and 'Outcome'. The 'Add Pregnancy' button is circled in red. At the bottom are 'Apply', 'Save', and 'Cancel' buttons.

26. Add the Pregnancy/Parenting Details and click the Save button

The screenshot shows the 'Pregnancy/Parenting Details' form. It contains fields for 'Date Reported', 'Estimated Due Date', and 'End Date', each with a calendar icon. There is also an 'Outcome' dropdown menu and a large text area for 'If Other, Explain:'. At the bottom left, there are 'Spell Check', 'Clear', and '250' characters indicators. The 'Save' button is circled in red. At the bottom right are 'Save' and 'Cancel' buttons.

**If there is a non-end-dated Pregnancy record, then the report will display the information as Pregnant with an Expected Due Date on the report under Section I: “Other Pertinent Medical Information or Events. Note: if there is no Pregnancy data, nothing will display.**

27. If the child is covered under Health Insurance, select the Health Insurance Tab to view the Health Insurance information.

Profile | Education | Medical | Employment | Military | Background | Delinquency | SACWIS History

Provider    Treatment    Medication    Immunization    Pregnancy/Parenting    **Health Insurance**    Birth

Name: Squirrel, Sandy    Person ID: 9064068    DOB: 10/22/2003

-Health Care Provider History-

Created in Error : ☒ Exclude ☐ Include

	First Visit	Provider End Date	Provided Treatment Types	Provider Name / ID
edit	03/01/2015		Medical	Dr. Doolittle / 10059002

[Add Provider](#)

[Apply](#) [Save](#) [Cancel](#)

28. Select the Birth Tab to add Birth Information for the child

Profile | Education | Medical | Employment | Military | Background | Delinquency | SACWIS History

Provider    Treatment    Medication    Immunization    Pregnancy/Parenting    Health Insurance    **Birth**

Name: Squirrel, Sandy    Person ID: 9064068    DOB: 10/22/2003

-Health Care Provider History-

Created in Error : ☒ Exclude ☐ Include

	First Visit	Provider End Date	Provided Treatment Types	Provider Name / ID
edit	03/01/2015		Medical	Dr. Doolittle / 10059002

[Add Provider](#)

[Apply](#) [Save](#) [Cancel](#)

## 29. Add Birth Information and click Save

Name:		Squirrel, Sandy		Person ID:		9064068		DOB:		10/22/2003	
Birth Location											
Hospital of Birth:				County:				OR		Other:	
Location Details:											
Spell Check				Clear		300					
Delivery and Birth Information											
Birth Weight:				lbs.		oz.		AND/OR		kg. gm.	
Birth Length:				in.							
APGAR Score at 1 minute:						APGAR Score at 5 minutes:					
Gestational Term:				weeks							
Mother's First Prenatal Visit:											
Duration of Labor:						Multiple Births:					
Delivery Type:											
If Cesarean, Explain:											
Spell Check				Clear		300					
Position:											
Heart Murmur at Birth:											
If Yes, Explain:											
Spell Check				Clear		300					
Complications at Birth:											
Spell Check				Clear		300					
Complications after Birth:											
Spell Check				Clear		300					

Results of Newborn Screening Tests											
Blood Type:						RH Factor:					
PKU:						Sickle Cell Disease:					
Galactosemia:						Other:				Results:	
Hypothyroidism:						Other:				Results:	
Created Date:						Created By:					
Modified Date:						Modified By:					
Apply Save Cancel											