Critical Health and Safety List
(Related to Standard 6-4)

Ideally, the majority of these topics will be discussed prenatally. However, because families enter the program at different times, we have prioritized them according to urgency. These time frames are when the topic will first be introduced by the home visitor through information sharing. Information may need to be reinforced and additional support may be necessary at subsequent visits based on the family's situation. When information is shared on any of these topics, the home visitor will document it in the Home Visit Narrative.

	Within 1 month of first content visit	Within 2 months of first content visit	Within 4 months of first content visit
Required Topics	**MIS Tab:** "Health of TC"**/ Section:** "Health Care Activities of Home Visitor" ▪ SIDS and Safer Sleep (Checkbox name: "Provide SIDS and Safe Sleep information") ▪ Pre and Postnatal Health Care (Checkbox name: "Provide education/information regarding prenatal care, pregnancy, or postnatal care") ▪ Infant/Child Feeding (Checkbox name: "Provide infant/child feeding information/support") ▪ Nutrition (Checkbox name: "Provide nutrition/food preparation information") ▪ Breastfeeding (Checkbox name: "Provide breast feeding information/support") ▪ Smoking Cessation (Checkbox name: "Provide information on smoking cessation") **MIS Tab: "Parent-Child Interaction"/Section: "Parent-Child Interaction Activities of Home Visitor"**	**MIS Tab:** "Health of TC"**/ Section:** "Health Care Activities of Home Visitor" ▪ Well-Child Care/Child Health (Checkbox name: "Provide child health information") ▪ Immunizations (Checkbox name: "Provide information about immunizations")	**MIS Tab: "Family Functioning"/Section: "Self-Sufficiency Activities of Home Visitor"** ▪ Lead Exposure (Checkbox name: "Discuss home environmental concerns/issues (lead, bugs, no beds, substandard housing, etc.)" Check FAQ for everyday practice for lead: https://healthyfamiliesnewyork.org/Staff/Documents/QA%20to%20Everyday%20Practice-02-2023.pdf **MIS Tab:** "Health of TC"**/ Section:** "Health Care Activities of Home Visitor" ▪ Dental and Oral Health (Checkbox name: "Provide dental health information")

	▪ Shaken Baby Syndrome (Checkbox name: "Discuss Shaken Baby Syndrome") **MIS Tab: "Family Functioning"/ Section: "Family Functioning Activities of Home Visitor"** ▪ Perinatal/Postpartum Depression (Checkbox name: "Discuss depression or other mental health issues") ▪ Any Culturally Based Safety Issues (Checkbox name: "Discuss family roles, relationships (fatherhood, grandparents) and/or cultural influences (beliefs and traditions related to child-rearing)". **MIS Tab: "Family Functioning"/Section: "Self-Sufficiency Activities of Home Visitor"** ▪ Selection of Childcare Providers/Caretakers (Checkbox name: "Address needs for baby-sitting or day care") **If prenatal, families will also receive information on** (These items are only evaluated if the TC was still prenatal as of the first content visit): **MIS Tab: "Health of TC"/ Section: "Health Care Activities of Home Visitor"** ▪ Prenatal Care and Pregnancy (Checkbox name: "Provide education/information regarding prenatal care & pregnancy") ▪ Fetal Alcohol Spectrum Disorder (FASD) (Checkbox name: "Provide FASD information")		

	▪ Prenatal Smoking, Alcohol/Substance Use (Checkbox name: "Provide information on prenatal smoking/alcohol/substance use")		
Recommended Topics	**Age-Appropriate Child Safety/Baby Proofing including:** **MIS Tab:** "Health of TC"**/ Section:** "Health Care Activities of Home Visitor" ▪ Water Temperature (Checkbox name: "Provide water temperature safety information") ▪ Pool and Tub Safety (Checkbox name: "Provide pool and tub safety information") ▪ Car Seat Safety (Checkbox name: "Provide car seat information/equipment") ▪ When to Call the Doctor (Checkbox name: "Provide information about when to call the doctor")	**Age-Appropriate Child Safety/Baby Proofing including:** **MIS Tab:** "Health of TC"**/ Section:** "Health Care Activities of Home Visitor" ▪ Fire Safety (Checkbox name: "Provide information about fire safety") ▪ Firearm Safety (Checkbox name: "Provide information about firearm safety")	**Age-Appropriate Child Safety/Baby Proofing including:** **MIS Tab:** "Health of TC"**/ Section:** "Health Care Activities of Home Visitor" ▪ Medications (Checkbox name: "Provide information about medication safety") ▪ Cleaning Products (Checkbox name: "Provide information about cleaning product safety") ▪ Pets and Pet Food (Checkbox name: "Provide information about child safety related to pets and pet food") ▪ Choking Hazards (Checkbox name: "Provide information about choking hazards") ▪ Emerging Ability to Roll Over (Checkbox name: "Provide information about emerging ability to roll over")