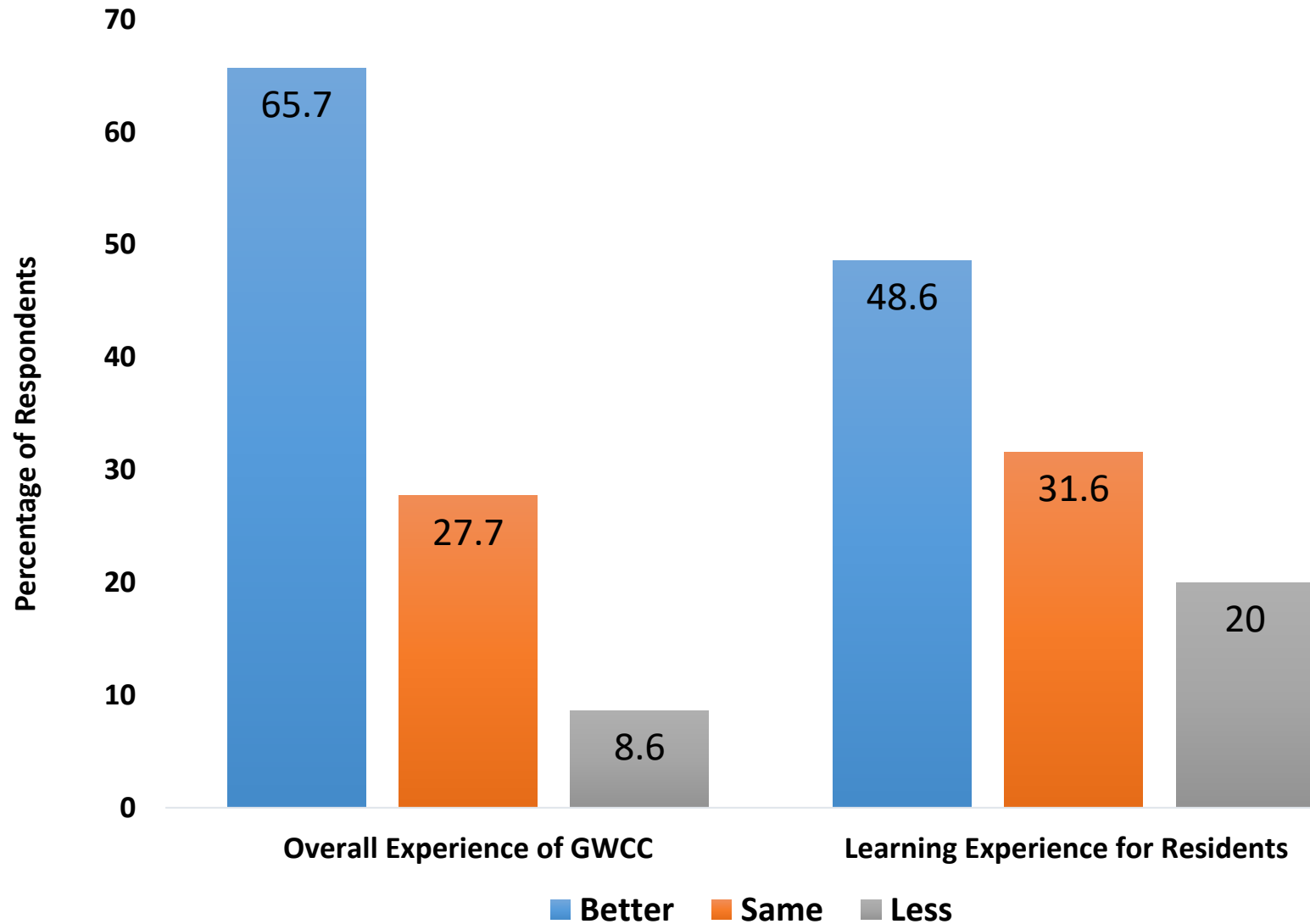
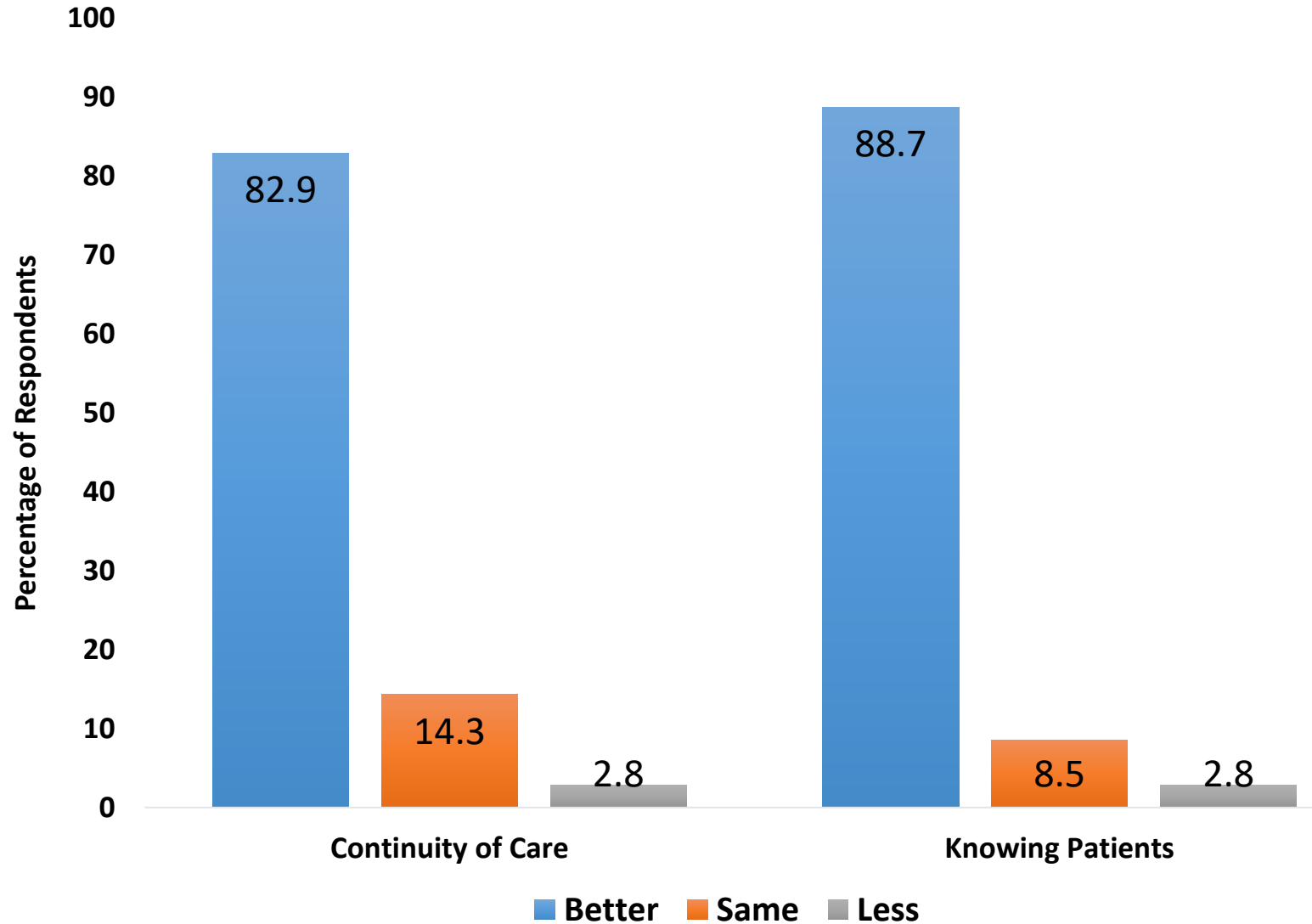


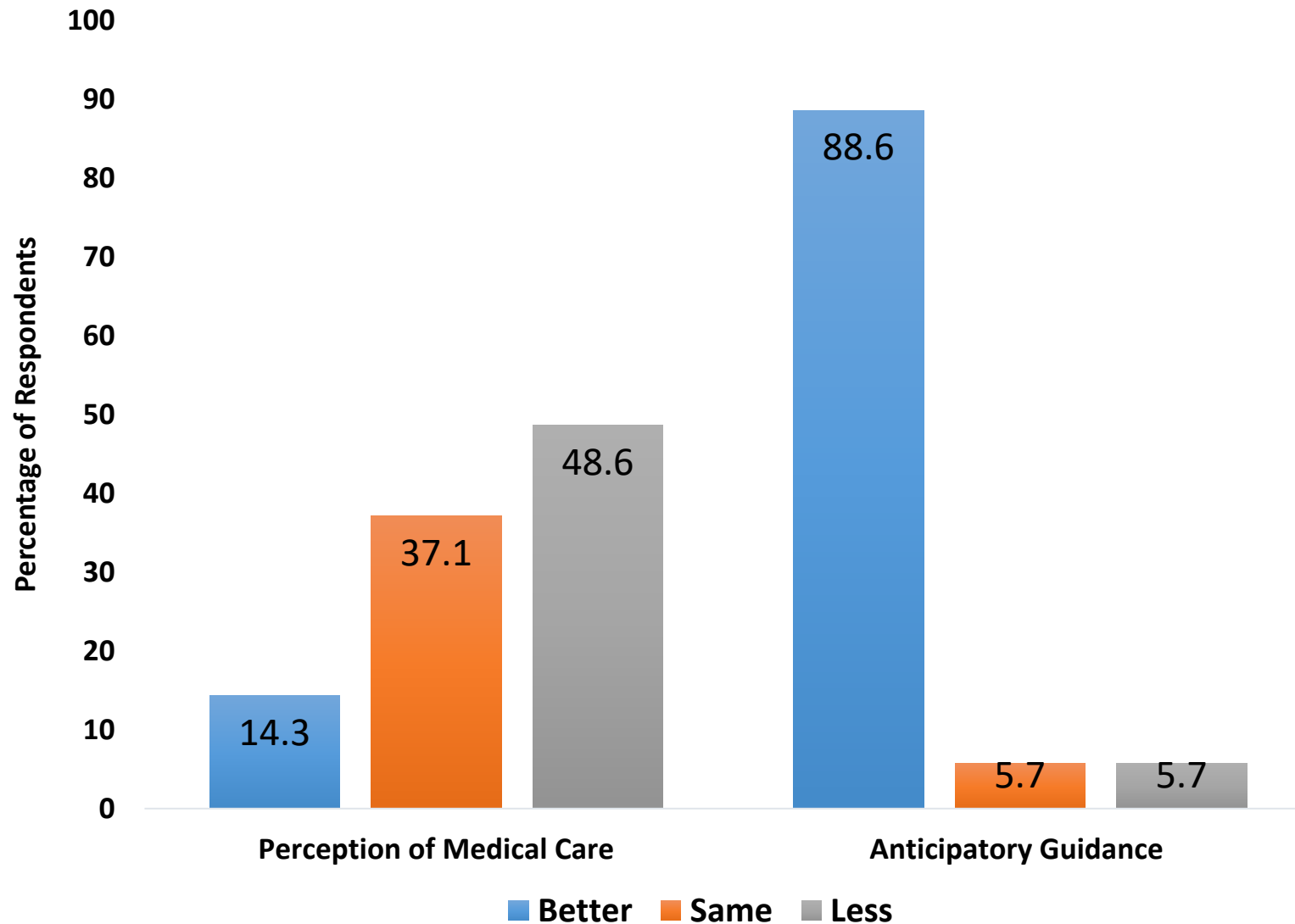
Resident and Faculty Perspectives on Group vs Individual Well Baby Visits



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March 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 #107 Bhullar 2w	4	5 #106 Snijder 1m PM	6	
8 Daylight Saving Begins	9	10 #76 Leib 18M AM	11 #101 Jamison 4m AM	12	13	
15	16 #102 Baksh 4M AM #108 Kharayat 2w	17 St. Patrick's Day #81 Leib 15M AM #107 Bhullar 1m	18 #104 Zaroff 2m am #67 Diaz-F 24M PM	19	20 #105 Bonner 2m AM	
22	23 #97 Baisch 6M AM #92 Da Silva 9M PM	24 #93 Green 9M PM	25 #86 Periasamy 12M PM	26	27 #77 Quenzer 18M AM	
29	30 #108 Kharayat 1M PM	31 #98 Leib 6M AM #68 Yuth 24M PM				

Group #	Facilitators	Day	Child Age (Sessions 1-5)	Dates (Sessions 1-5)	Child Age (Sessions 6-10)	Dates (Sessions 6-10)
80	Dean Recruit 10/18 – 11/10 (youngest baby DOB: 11/10/18)	Thursday AM	2 week	11/15/18	9 month	8/8/19
			1 month	11/29/18	12 month	11/14/19
			2 month	1/3/19	15 month	2/20/20
			4 month	3/7/19	18 month	5/21/20
			6 month	5/16/19	24 month	11/12/20
81	Leib Recruit 11/10 – 11/30 (youngest baby DOB: 11/30/18)	Tuesday AM	2 week	12/4/18	9 month	9/3/19
			1 month	12/18/18	12 month	12/10/19
			2 month	1/22/19	15 month	3/17/20
			4 month	4/2/19	18 month	6/16/20
			6 month	6/11/19	24 month	12/8/20
82	Quenzer Recruit 12/1 – 1/2 (youngest baby DOB: 1/2/19)	Monday AM	2 week	1/7/19	9 month	9/30/19
			1 month	1/21/19	12 month	1/6/20
			2 month	2/18/19	15 month	4/6/20
			4 month	4/15/19	18 month	6/29/20
			6 month	7/1/19	24 month	1/4/21
83	Bradley-Dodds Recruit 1/2 – 1/25 (youngest baby DOB: 1/25/19)	Wednesday AM	2 week	1/30/19	9 month	10/30/19
			1 month	2/20/19	12 month	1/29/20
			2 month	3/27/19	15 month	4/29/20
			4 month	5/22/19	18 month	7/29/20
			6 month	7/31/19	24 month	1/27/21
84	Dean Recruit 1/26 – 2/10 (youngest baby DOB: 2/10/19)	Thursday AM	2 week	2/14/19	9 month	11/7/19
			1 month	2/28/19	12 month	2/13/20
			2 month	4/11/19	15 month	5/7/20
			4 month	6/13/19	18 month	8/13/20
			6 month	8/15/19	24 month	2/11/21

Einstein PAAC Infant and Family Health Update - 2 Month Visit

1. Since the last check-up, have you taken your baby to the Emergency Room? No Yes → number of times? _____
2. Since the last check-up, has your baby been hospitalized? No Yes → number of times? _____
3. Did the baby's mother have a check-up with her healthcare provider after the baby was born (postpartum visit)?
 No Yes **If No** → Do you need help making an appointment? No Yes
4. Does the baby's mother have health insurance? No Yes → **Type of Insurance:** _____
5. Is your baby on WIC? No Yes
6. Is the baby's mother on WIC? No Yes
7. Is your baby taking vitamins? No Yes
8. Did you ever breastfeed (or pump milk for) your baby? No Yes
9. How do you feed your baby now? All Breast All Bottle/Formula Breast and Bottle/Formula
Number of minutes for each feeding: _____ Number of feedings per day: _____
If bottle feeding, number of ounces for each feeding: _____
10. Does your baby use a pacifier? No Yes
11. Do you have any problems feeding your baby? No Yes (explain: _____)
12. How many times a day does your baby poop? _____ Are the poops Soft or Hard
13. How many times a day does your baby pee? _____
14. How long does your baby sleep at one time? _____
15. Does your baby sleep on his/her back? Never Sometimes Usually Always
16. Does your baby sleep on his/her tummy? Never Sometimes Usually Always
17. Does your baby sleep in his/her own crib/bassinet? Never Sometimes Usually Always
18. Does your baby sleeps on a firm sleep surface with no toys, blankets or loose bedding?
 Never Sometimes Usually Always
19. Does anyone that you live with smoke? No Yes
20. Does anyone smoke inside your house? Never Sometimes Usually Always
21. Does your baby look at your face? No Yes
22. Does your baby smile at you? No Yes
23. Has your baby started to coo and make noises? No Yes
24. Does your baby lift his/her head up when on their belly? No Yes
25. Are there any pets in your home? No Yes (Dog Cat Turtle Bird Other)
26. Are there any guns in your home? No Yes
27. Is your baby in daycare? No Yes
28. Who helps take care of your baby? _____
29. Do you have any concerns about your baby? _____

Centering Parenting - What to Have for Each Session

Session Number	1	2	3	4	5	6	7	8	9	10
Age of Child	1-2 Weeks	1 Month	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months
Procedures/Supplies										
Centering books/bags	X	If not done at first visit								
Registration forms	X	If not done at first visit								
HIPAA forms	X	If not done at first visit								
Vaccine schedule			X							
List of appointments	X	If not done at first visit					X			
Photo permission form & Confidentiality forms	X	If not done at first visit					X	15 mo if 12 mo was not done		
Family/Social History form	X	If not done at first visit								
Infant family health update	X	X	X	X	X	X	X	X	X	X
Reproductive Life Plan		X				X			X	
EPDS	X	X	X	X	X					
SEEK			X		X		X	X		X
Initial Needs Questionnaire			X							
ASQ						X	12 mo if 9mo was not done		X	24 mo if 18 mo was not done
MCHAT									X	X
Photoscreener							X			X
Baby books				X	X and library card	X	X	X	X	X
Group Eval (Parent)					X	If not done at 6 months	X	If not done at 12 mo	X	X
Focus on Parent Health						X	If not done at 9 mo visit	X	If not done at 15 mo	
Educational Reinforcement Items	Bags	Condoms		Tooth brush for mom		Latches Blocks Tooth brush				