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| Early Learning Program:       |
| Child Care Health Consultant:       |
| Date of On-Site Visit:       |
| **Health Consultant: Fill Out This Section** |
| Check topics addressed today:[ ]  Immunization and Well Child Schedules[ ]  Program health and safety assessment[ ]  Healthy and safe environments[ ]  Communicable disease prevention[ ]  Medication management[ ]  Handwashing, diapering, toileting[ ]  Safe sleep[ ]  Health and emergency policies[ ]  Toxics[ ]  Community resources and referrals[ ]  Other:       | [ ]  Physical activity and outdoor time[ ]  Child-caregiver relationships[ ]  Mental/behavioral health and social-emotional development[ ]  Working with children with special healthcare needs[ ]  Early brain development and milestones[ ]  Developmental screening, early identification, and referrals[ ]  Nutrition (meal planning, menu review, food safety, allergies, breastfeeding/infant feeding) |
| Written summary of today’s visit, including any action steps recommended: |

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| Child Care Health Consultant Signature Date  |
| **Early Learning Provider: Fill Out This Section** |
| Notes, follow up, action steps taken: |

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