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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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