

# Child Care Health Consultant On-Site Report

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

**Early learning provider must keep a copy of this report onsite.**

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## Early Learning Provider: Fill Out This Section

Notes, follow up, action steps taken:

**Early learning provider must keep a copy of this report onsite.**