

## Record Keeping Health Monitor

Center: \_\_\_\_\_ CFA/FA: \_\_\_\_\_

Date: \_\_\_\_\_ HRS: \_\_\_\_\_ Reviewer: \_\_\_\_\_

	Child/Family				
Family's Health Insurance Status Documented?					
If on OHP, is recertification date noted?					
If no health insurance, follow-up has occurred?					
Fluoride Varnish Consent completed and filed in enrollment section?					
Immunization review form completed?					
Are immunizations up to date?					
Developmental and Health History completed within the 1 <sup>st</sup> 45 days?					
Is a medical protocol needed? If yes, protocol in place?					
Vision and Hearing Screen completed within 1 <sup>st</sup> 45 days?					
If re-screens were needed, have they been completed?					
If a referral was made, has it been followed through on?					
Casey Eye Form complete and filed in the health section?					
Nutrition Assessment up to date?					
Well Child Exam up to date?					
Dental Exam up to date?					
Incomplete Health Exams have a plan for completion?					
For Health Exams and Dental Screen, follow-up, needed treatment, or referrals are completed or plan for completion is documented?					
Nutrition Assessments followed up on (BMI >95) with the family and incorporated into child's individualized goals?					
Lead screen is complete and necessary follow-up is documented?					
Health Tracking Form is up to date?					

Strengths:

Areas for improvement:

Follow-up plan: (Include possible training needs, knowledge and skills that need to be developed as well as how any specific case specific issues with health will be addressed)