

Record Keeping Health Monitor

Center: _____

CFA/FA: _____

Date: _____

Reviewer: _____

	Child/Family				
Immunization review form completed?					
Are immunizations up to date?					
Developmental History completed within the 1 st 45 days? (2 nd yr, too!)					
Health History completed within the 1 st 45 days? (2 nd year, too!)					
Is a medical protocol needed?					
If yes, appropriate protocol forms in place and medication log maintained?					
Vision Screen completed within 1 st 45 days?					
If a vision re-screen was needed, has it been completed?					
If a referral was made, has it been followed through on?					
Hearing Screen completed within 1 st 45 days?					
If a hearing re-screen was needed, has it been completed?					
If a referral was made, has it been followed through on?					
Nutrition Assessment up to date?					
Well Child exam up to date?					
Dental Exam up to date?					
Incomplete Health Exams and Nutrition Assessment have a plan for completion?					
For Health Exams and Nutrition Assessments follow-up, needed treatment, or referrals are completed or plan for completion is documented?					
Family's Health Insurance Status Documented?					
If on OHP, is recertification date noted?					
If no health insurance, has there been follow-up?					
Lead Screen Complete with 45 days and follow-up has occurred?					

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)