

HEALTH CONSULTATION LOG

(Sample Form)

Group or Center's Name _____ Date ____/____/____ Time in: ____ Time out: ____

License # _____

Activities Conducted During The Visit:

- ☐ Review of health records and immunization records of staff
- ☐ Review of health and immunization records of children
- ☐ Review of contents, storage and plan for maintenance of the first aid kits
- ☐ Observation of the indoor and outdoor environments for health and safety
- ☐ Observation of children's general health and development
- ☐ Observation of diaper changing and toileting areas
- ☐ Observation of diaper changing, toileting and hand washing procedures
- ☐ Review of policies and procedures and required documentation for the administration of medications, including petitions for special medication authorization
- ☐ Assist in the review of individual care plans for children with special health care needs/disabilities
- ☐ Quarterly review of all injury, illness, incident and accident reports

☐ Individual child(ren)/classrooms observed: (LIST)

☐ Supplementary/Reference materials shared: (LIST)

☐ Communication with staff about specific problems (LIST)

☐ Other consultation provided or recommended: (LIST)

☐ Annual Review of Policies, Plans and Procedures

Adequate	Inadequate	Follow-up Needed	Not-applicable

Signature of Health Consultant

Title

Date