(SAMPLE FORM)

HEALTH CONSULTATION LOG

Program Name _____License #_____ Date____/____/____ Time in: _____ Time out: _____

Activities conducted during the visit:

☐ Review health and immunization records of staff

☐ Review health and immunizations records of children

☐ Review contents, storage and plan for maintenance of first aid kits

☐ Observe indoor and outdoor environments for health and safety

☐ Observe children's general health and development

☐ Observe diaper changing and toileting areas

☐ Observe diaper changing, toileting and hand washing procedures

☐ Review policies, 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

☐ Individual child(ren)/classroom(s) observed: (list)

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☐ Supplementary/Reference materials shared: (list)

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☐ Communication with staff about specific problems: (list)

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☐ Other consultation provided or recommended: (list)

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_____

Adequate	Inadequate	Follow-up needed	Not applicable

Annual Review	Date Reviewed	Recommendations
Policies, Plans and Procedures		
Education Program		

_____ _____

Signature of Health Consultant Date

_____

Title