

Child Record Review
Child Health Status Worksheet

Name of Business _____ CCNC Name: _____ Date: _____

Service Site ID#: _____ County# _____ Center or Home _____ NACCRRAware# _____

Number of Children by Age in Months	# Enrolled	# Records Reviewed	Emergency Contact Info in file*	Medical Home name in file	Health Insurance name in file ¹	Dental Home name in file	Dental Exam in last year	Physical Exam/Parent Statement in last yr.*	Blood Lead Screen (per age)	Vision Screen in last year	Hearing Screen in last year	Developmental Screen	Child with Special Needs	Special Needs Care Plan	Medication OTC/Prescribed (last 6 months)	# of Illness Days (last 6 months)	Medically Attended Injury (last 6 months)	Immunization/child care rules*	Immunization/AAP	Referral/Follow Up Needed
0-23 mo.																				
24-35 mo.																				
36-47 mo.																				
48-59 mo.																				
60+ mo.																				
Total																				
1					PMHO															
2																				
3																				
4																				
5																				
6																				
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work copy

Send the Regional Child Care Health Consultant the original form. The CCHC shall keep a photocopy of the document.

Legend: Checkmark = Yes, the item meets criteria. 0 = No, the items does not meet criteria. NA = Item does not apply to a specific child

* These items are contained in the Department of Human Services child care regulations.

1. P=private insurance. M=Medicaid. H= Hawki. O=None.

FORM #: HCCI-CRR2006