DUE\_\_\_\_\_\_\_\_\_ Prenatal \_\_\_\_ Entered into Child plus

DUE\_\_\_\_\_\_\_\_\_ Newborn \_\_\_\_ Entered into Child plus \_\_\_ Hearing (Objective) \_\_\_\_ Entered into Child plus.

DUE\_\_\_\_\_\_\_\_\_ 2-4day (only if discharged in less than 48 hours after delivery) \_\_\_\_ Entered into Child plus.

DUE\_\_\_\_\_\_\_\_\_ by 1 month \_\_\_ Entered into Child plus

DUE\_\_\_\_\_\_\_\_\_ 2 month \_\_\_\_ Entered into Child plus

DUE\_\_\_\_\_\_\_\_\_ 4 month \_\_\_\_\_Entered into Child plus

DUE\_\_\_\_\_\_\_\_ 6 month \_\_\_\_\_\_ Entered into Child plus

DUE\_\_\_\_\_\_\_\_\_9 month \_\_\_\_ Entered into Child plus DUE \_\_\_\_\_\_\_\_\_Hemoglobin \_\_\_\_Entered into Child plus.

DUE\_\_\_\_\_\_\_\_\_12 month \_\_\_\_\_ Entered into Child plus DUE \_\_\_\_\_\_\_\_\_ Lead \_\_\_\_ Entered into Child plus.

DUE \_\_\_\_\_\_\_12 month Dental Exam \_\_\_\_\_\_cleaning/prophy follow-up needed yes or no IP/C \_\_\_\_ Entered into Child plus

DUE\_\_\_\_\_\_\_\_\_\_15 month \_\_\_\_ Entered into Child plus

DUE\_\_\_\_\_\_\_\_\_ 18 month \_\_\_\_\_ Entered into Child plus

DUE\_\_\_\_\_\_\_\_24 month \_\_\_\_ Entered into Child plus DUE \_\_\_\_\_\_\_\_ Lead \_\_\_\_\_Entered into Child plus

DUE\_\_\_\_\_\_\_\_30 month \_\_\_\_ Entered into Child plus

Due\_\_\_\_\_\_\_\_\_ 30 month Transition HS App.\_\_\_\_\_\_\_ PTTF\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_Hearing \_\_\_\_\_ Entered into Child plus staff or wc/physical (within 45 calendar days of child’s entry into the program)

\_\_\_\_\_\_\_\_\_ each well child results must be entered into cp

\_\_\_\_\_\_\_ Vision \_\_\_\_\_ Entered into Child plus staff or wc/physical (within 45 calendar days of child’s entry into the program)

\_\_\_\_\_\_\_ each well child results must be entered into cp

\_\_\_\_\_\_\_\_DH3040 (Good For 2 years and a must for center based) (within 30 calendar days of child’s entry into the program)

\_\_\_\_\_ Entered into Child plus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for third year \_\_\_\_\_ Entered into Child plus

\_\_\_\_\_\_\_\_\_\_\_ Immunizations (Must be current always and must be on Florida shot record. \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial the second line once information has been entered into Child plus.