

EHS CASE MANAGEMENT WORKSHEET

Child _____ Parent(s) _____

EHS Educator _____ Primary Care Giver _____

Center / HB _____ Enrollment Date _____ Birth Date _____

Child/family information update and follow-up – who, what, when (E-EHS E.; P-Primary Care Giver; S-Site Director/Supervisor; O-other)

Date	
Initials of Attendees	
Date	
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