

**FORWARDHEALTH  
CHILD CARE COORDINATION CARE COORDINATOR VISIT CHECKLIST**

**INSTRUCTIONS:** Type or print clearly. This is an optional form that child care coordination (CCC) care coordinators can use to prepare for member visits. The care coordinator checklist can be used as a guide for conversations during the visit. Use the provided checkboxes to indicate topics that will be discussed with the member and their family. Refer to the ForwardHealth Online Handbook An Overview topic #767 of the Child Care Coordination service area at [forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx](http://forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) for a complete list of CCC forms.

**SECTION I – MEMBER AND PROVIDER INFORMATION**

Name – Member (Last, First, Middle Initial)

Name – Parent, Guardian, or Caregiver (Last, First, Middle Initial)

Name and Title – CCC Care Coordinator

Name – CCC Provider Agency

Member Medicaid ID Number

**SECTION II – CARE COORDINATOR CHECKLIST**

Check the boxes for the activities or items related to the provider visit.

<b>Date:</b>							
<b>Location of Contact:</b>							
Office Visit							
Home Visit							
Telehealth Visit							
Other (Specify): _____							
<b>Infant or Child Age:</b>							
<b>Member or Family's Needs Discussion:</b>							
Continue discussing concerns and strengths of the member and their family							
Continue discussing concerns about the member's physical health or development, as well as any needs for related services							
Continue discussing concerns about the parent or caregiver's parenting capacity and any needs for related services							
Continue discussing concerns about any social determinants of health, including safety, employment, housing, transportation, or child care, and any needs for related services							
Continue to focus on prioritized member and family's care needs and action steps in care plan							
Continue discussing any other needs identified in the assessment or follow-up visits							

<b>Child Health and Development:</b>							
Discuss child's diet and if there are breastfeeding, nutrition, or food resource needs							
Discuss member's physical health and/or refer to a primary care provider							
Discuss member's health care, including Well-Child Visits and immunizations							
Discuss member's dental health and/or refer to a dentistry provider							
Discuss member's developmental milestone achievements and concerns, or refer to an appropriate screening provider, resources, or supports							
<b>Parenting Capacity:</b>							
Discuss parent or caregiver's stress levels and mental health, and provide referrals if necessary							
Discuss parent or caregiver's social support(s)							
Discuss parent or caregiver's substance use, and/or refer to appropriate screening							
Discuss parenting approaches and strategies, including attachment and discipline, and/or refer to parenting education							
Discuss Shaken Baby Syndrome and provide referrals if necessary (requirement per Wis. Stat. § 49.45)							
Discuss parent or caregiver's plans for the member's education, and/or refer to appropriate educational service							
Discuss child safety, including child safety equipment, vehicle seatbelt or car seat safety, and driving safety, or refer to appropriate resources or supports							
<b>Social Determinants of Health:</b>							
Discuss parent or caregiver's employment or education, and provide referrals if necessary							
Discuss household financial situation, and/or refer to appropriate services or supports							
Discuss security of household weapons (such as guns), and refer to appropriate resources if necessary							
Discuss family's means of transportation, and/or refer to appropriate services or supports							
Discuss child's personal safety, including safety from physical or mental abuse, and refer to appropriate screening provider, services, or resources if necessary							

Discuss parent or caregiver's personal safety, including safety from physical or mental abuse, and refer to appropriate screening provider, services, or resources if necessary							
<b>Referrals for Resources:</b>							
<b>Basic Needs (Food, Clothing, Housing)</b>							
Make sure member and their family has access to appropriate food, clothing, and housing, and provide referrals if necessary							
<b>Transportation Assistance</b>							
Make sure member and their family have access to suitable transportation (for example, public transportation, Medicaid non-emergency medical transportation, or personal vehicle)							
<b>Child Care Assistance</b>							
Contact or refer to child care assistance							
Other, specify:							
<b>Other Communications:</b>							
Communicate with primary care provider							
Determine if member or family needs extra appointment reminders and follow up							
Communicate with referral providers							
Communicate with collateral contacts							
<b>Submit New Referrals:</b>							
<b>Other:</b>							