



2138 Lincoln Street, Williamsport, PA 17701
 (800) 346-3020 (570) 327-6949

**Central Regional Key
 Health Consultation
 Application**

Received _____ Referred _____

For Office Use Only MPI# _____

Health Consultation Application

Provider must be a STAR 1 or higher. Preference will be given to STAR 3 and STAR 4 /ACC sites

Name of Program _____

Legal Entity _____

Program Address _____ Phone _____

Email Address _____ County _____

Contact Person _____ STAR Level _____

Is this on-site consultation in conjunction with your NAEYC accreditation? Yes _____ No _____

Do you have particular areas that you would like addressed?

- | | |
|--|---|
| <input type="checkbox"/> Exclusion of Ill Children | <input type="checkbox"/> Food Preparation/Eating/Sanitation |
| <input type="checkbox"/> Care of Mildly Ill Children | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Administration of Medications | <input type="checkbox"/> Indoor Environment |
| <input type="checkbox"/> Daily Health Check | <input type="checkbox"/> Transportation Safety |
| <input type="checkbox"/> Hand Washing | <input type="checkbox"/> Staff Health |

When would you like a visit? _____ Within next month _____ 3 months _____ 6 months

Do you have specific areas or children's conditions that you would like the Health Consultant to address?

Any other relevant information? _____ No _____ Yes Please explain.

 Authorized Signature

 Date