Lower Columbia College Early Head Start
New Baby Announcement

Date: _____ EHS Staff/Loc ID: _____

Baby's Name: _____

Date of Birth: _____

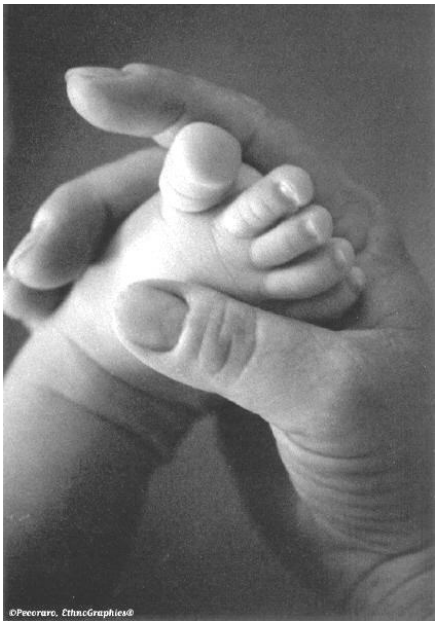
Baby's Parents/Caregiver: _____

Date of visit after the birth of the baby: _____

Date Health Consultant, Health Specialist, Mental Health Specialist and EHS Area Manager were notified by email of birth: _____

Copy and send to each member below:

- Health Specialist
- EHS Area Manager
- Program Coordinator
- Health Consultant
- Mental Health Specialist



Follow up and refer to Newborn Checklist Form (EDUC 14h)

Original placed in case management. Copies to staff listed above. *(C: 08/10; R: 07/21)*