Better Beginnings Form J
Child Health Information Shared with Families

Name of Facility:_____

License/Registration #_____

List examples of information on children's health that you have shared with families in the past 12 months. Indicate the way(s) in which it was shared with families.

Description of Information	**Date**	**Bulletin Board**	**Handout**	**Newsletter**	**Handbook**	**Other (describe)**

_____ _____

Administrator Date

Optional Form