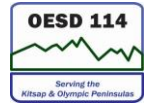




# Infant/Toddler Nurse Consultant Monthly Report



Child Care Center: \_\_\_\_\_ Nurse Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Present: \_\_\_\_\_

## Health Management Issues

- Communicable Disease Prevention
- Children with Special Health Care Needs
- Oral Health
- First Aid Kit
- Health Alert
- Pick Up Alert
- Health History Review
- Immunization Review
- Health Policy Review & Development
- Infection Control Policy & Review
  - Infection Control Observation
  - Diaper Changing
  - Food preparation, handling and storage

## Meal Observation

- Breakfast
- Lunch
- Snack

## Injury Prevention

- Baby Carriers, Cribs/Bassinets
- Medicine & Toxic Substance Storage
- Playground Safety
- Safe Sleep Practices

Referrals Made: \_\_\_\_\_

Family/Staff Resources Provided: \_\_\_\_\_

Areas of Concerns & Next Steps: \_\_\_\_\_

Observations Noted/Comments: \_\_\_\_\_

Nurse Consultant Signature \_\_\_\_\_ Date: \_\_\_\_\_