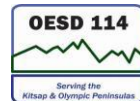




Infant/Toddler Nurse Consultant Monthly Report



Child Care Center: _____ Nurse Consultant: _____ Date: _____

Staff Present: _____

CHECK TOPICS ADDRESSED TODAY

HEALTH MANAGEMENT ISSUES
<input type="checkbox"/> Communicable Disease Prevention
<input type="checkbox"/> Children with Special Healthcare Needs
<input type="checkbox"/> Oral Health
<input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Health Alert
<input type="checkbox"/> Pick Up Alert
<input type="checkbox"/> Medication Management

MEAL OBSERVATION
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
Notes:

INFECTION CONTROL OBSERVATIONS
<input type="checkbox"/> Handwashing
<input type="checkbox"/> Diaper Changing/Toileting
<input type="checkbox"/> Food Preparation, Handling, and Storage

INJURY PREVENTION
<input type="checkbox"/> Baby Carriers, Cribs/Bassinets
<input type="checkbox"/> Medicine and Toxic Substances Storage
<input type="checkbox"/> Playground Safety
<input type="checkbox"/> Safe Sleep Practices
<input type="checkbox"/> Healthy and Safe Environments

HEALTH ENGAGEMENT TOPICS
<input type="checkbox"/> Physical Activity/Outdoor Time
<input type="checkbox"/> Behavioral Health, Social Emotional Development
<input type="checkbox"/> Early Brain Development and Milestones
<input type="checkbox"/> Child/Caregiver Relationships
<input type="checkbox"/> Nutrition/Feeding

REFERRALS
Where/To Whom and Follow Up Plan:

Family/Staff Resources Provided: _____

Areas of Concern and Next Steps: _____

Observations Notes/Comments: _____

Nurse Consultant Signature: _____ Date: _____