

Control Sheet

Child's Name	# of Home Visits				# of CB or CT days				# of Socializations				ICSR/ FE Plan	Monthly Nutrition activity	Monthly Health activity	Transition Plan
	offered for month	actual for month	offered for year	actual for year	Offered for month	attendance for month	offered for year	attendance for year	offered for month	offered for year	attendance for month	attendance for year				

To be turned in at the end of each month to the supervising area manager

Unit _____

Control Sheet

Month _____

Child's Name	First HV/CB/CT date	Drop date	Height/Weight date	Height inches	Weight pounds

PL (#of hrs & date)
SL (# of hrs & date)
Snow (# of hrs & date)
of Inservice days
of Prep days (Date)