

Daily Health Check and Documentation

Staff will observe each child's health by observation (general appearance, mood, activity level) upon arrival and throughout the day. Refer to "*Instructions for Daily Health Check*".

Staff should document concerns noted on the "*Health Log*" (e.g., coughing and runny nose; parents reports skinned knees due to fall on the sidewalk at home)

The "*Child Symptom Record*" is completed by staff, if the child shows significant signs of illness and is being monitored regularly until the parent arrives. This information will be beneficial for the parent and health care provider.

The "*Child Symptom Record*" should be completed when the child is being sent home from child care due to illness and is being referred for "medical advice". There is a section at the bottom of the form for the health care provider to complete indicating when the child may return to child care and individual care instructions.

Classroom staff should discuss concerns with the Center director and the RN consultant, as appropriate. The RN consultant is available via pager.

The decision to keep a child in the center should be made in collaboration with the family. Refer to the "*Illness Policy*" for specific symptoms and illnesses.

Handwashing

Staff, children, parents and visitors are expected to practice disease prevention by thorough and proper handwashing using soap and water.

All persons entering classrooms must wash their hands. Refer to "*Handwashing*" for additional information.



INSTRUCTIONS FOR DAILY HEALTH CHECKS

A center should not deny admission to or send home a child because of illness unless one or more of the following conditions exists. The parent, legal guardian, or other person authorized by the parent will be notified immediately when a child has a sign or symptom requiring exclusion from the facility, as described below:

1. The illness prevents the child from participating comfortably in program activities.
2. The illness results in greater care than the child care/school staff can provide without compromising the health and safety of the other children
3. Please refer to the *Illness Policy, When To Keep Your Child at Home*

If a child becomes ill during the day, the child should remain under the supervision of caregivers. Provide a quiet comfortable area for the child.

Everyday, upon entry or as soon as possible after each child arrives and during observation of the child at play, a health check of each child is performed by a trained staff member.

1. Be at the child's level so you can interact with the child, even if talking with the parent.

2. Check:

Behavior typical or atypical for time of day and circumstances

Appearance



Skin: pale, flushed, rash

Eyes, nose, mouth; note color; are they dry or is there a discharge?
Is child rubbing eyes, nose or mouth?

Breathing: Normal or different; cough

Report of parent on how the child seemed to feel or act at home.

Sleeping normally?

Eating/drinking normally?



When was the last time child ate or drank?

Any unusual events?

Bowels and urine normal?



When was the last time child used toilet or had a diaper change?

If the child is on medication, ask parent when the last dose was given.
Be sure to have all of the proper forms on hand so that you can give the child his/her medication during the day.

Child's Name: _____

Year: _____

Health Log

Date	Time	Complaint(s)	Action(s)	Comments	Outcome	Time & Pick up Person	Initials
		Illness: <input type="checkbox"/> rash <input type="checkbox"/> stomach illness <input type="checkbox"/> fever <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> other Injury: _____	<input type="checkbox"/> Cleaned w/ soap/water <input type="checkbox"/> Bandaged <input type="checkbox"/> Ice <input type="checkbox"/> Rest <input type="checkbox"/> Comfort	Temperature ____ Pulse ____ Breathing Rate ____	<input type="checkbox"/> Returned to Class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to Parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP* <input type="checkbox"/> Other		
		Illness: <input type="checkbox"/> rash <input type="checkbox"/> stomach illness <input type="checkbox"/> fever <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> other Injury: _____	<input type="checkbox"/> Cleaned w/ soap/water <input type="checkbox"/> Bandaged <input type="checkbox"/> Ice <input type="checkbox"/> Rest <input type="checkbox"/> Comfort	Temperature ____ Pulse ____ Breathing Rate ____	<input type="checkbox"/> Returned to Class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to Parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP* <input type="checkbox"/> Other		
		Illness: <input type="checkbox"/> rash <input type="checkbox"/> stomach illness <input type="checkbox"/> fever <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> other Injury: _____	<input type="checkbox"/> Cleaned w/ soap/water <input type="checkbox"/> Bandaged <input type="checkbox"/> Ice <input type="checkbox"/> Rest <input type="checkbox"/> Comfort	Temperature ____ Pulse ____ Breathing Rate ____	<input type="checkbox"/> Returned to Class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to Parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP* <input type="checkbox"/> Other		
		Illness: <input type="checkbox"/> rash <input type="checkbox"/> stomach illness <input type="checkbox"/> fever <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> other Injury: _____	<input type="checkbox"/> Cleaned w/ soap/water <input type="checkbox"/> Bandaged <input type="checkbox"/> Ice <input type="checkbox"/> Rest <input type="checkbox"/> Comfort	Temperature ____ Pulse ____ Breathing Rate ____	<input type="checkbox"/> Returned to Class <input type="checkbox"/> Called Home <input type="checkbox"/> Spoke to Parent <input type="checkbox"/> Sent Home <input type="checkbox"/> Referred to HCP* <input type="checkbox"/> Other		

Special Notes:

Signature	Title	Initials

Health Action Plan On File? Yes or No
 HCP is Health Care Provider

Child: _____ Rm: _____

CHILD SYMPTOM RECORD WHILE IN CHILD CARE

Child's name: _____ **Date:** _____ **Time** _____

MAIN SYMPTOM _____

When it began _____ How long it lasted _____

OTHER SYMPTOMS: Complaints _____

General appearance (e.g., comfort, mood, behavior, activity level, appetite)

CIRCLE THE SYMPTOMS:

Breathing: cough wheezing breathing fast difficulty breathing other

Skin: pale flushed rash sores swelling bruises itchiness other _____

Vomiting: (# times) _____ Diarrhea (# times) _____

Eyes: pink/red watery discharge(yellow/green) crusty swollen other _____

Mouth: sores drooling difficulty swallowing other _____

Temperature: _____ **Breaths per minute** _____

Liquids (name, amount, time) _____ Food _____

Sleep _____

Medications (name, amount, time) _____

Emergency measures _____

Comments: _____

Center Director

Staff Person Completing the Record

**original to parent/guardian*

**copy is made for center files*

Parent/Guardian Signature

Please follow-up with your health care provider regarding the symptoms listed above. A written note from your health care provider is necessary before your child may return to care. Specific instructions from the health care provider are needed in order for your child to return to child care. Please refer to the program illness policy. (visit to health care provider only required by center if the box is checked)

To the Health Care Provider: Please complete the following information

Name of Health Care Provider _____ Phone number _____

Please indicate when the child may return to child care _____

Information and Special Care Instructions for child care: _____

Health Care Provider Signature: _____ Date _____

Note: Medication authorization form is on the back of this form