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.

# Health Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Complaint(s)</th>
<th>Action(s)</th>
<th>Comments</th>
<th>Outcome</th>
<th>Time &amp; Pick up Person</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__ Illness:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ rash</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ stomach illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ respiratory symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>__ Injury:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Illness:**
- ___ rash
- ___ stomach illness
- ___ fever
- ___ respiratory symptoms
- ___ other

**Injury:** ____________

**Action:**
- ___ Cleaned w/ soap/water
- ___ Bandaged
- ___ Ice
- ___ Rest
- ___ Comfort

**Comments:**
- Temperature ____  Pulse ____  Breathing Rate ____

**Outcome:**
- ___ Returned to Class
- ___ Called Home
- ___ Spoke to Parent
- ___ Sent Home
- ___ Referred to HCP*
- ___ Other

**Time & Pick up Person:**

**Initials:**

---

**Special Notes:**

**Signature**

**Title**

**Initials**

---

Health Action Plan On File? Yes or No

HCP is Health Care Provider

Child: ___________________________  Rm: ___________

---

*The Children’s Hospital School Health Program, Denver, CO 2005*
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

__________________________________________________________
Parent/Guardian Signature

*original to parent/guardian
*copy is made for center files

☐ 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