

## Daily Health Check

Week of \_\_\_\_\_ Center/Room# \_\_\_\_\_ Staff Names \_\_\_\_\_ / \_\_\_\_\_  
 B=bruises CD=Communicable Disease C=Cough CT=Cuts D=Diarrhea DE=Draining Ears ERD=Eyes Red/Draining **F=Fever** H=Hygiene L=Lice LP=Limping N=Nose Bleeds  
 ND=Nose Draining R=Rash RN=Runny Nose S=Sores V=Vomiting W=Wheezing NC=No Concerns

Child's Name	Monday *	Tuesday *	Wednesday *	Thursday *	Friday *	Comments *
Ex: Alyssa Stevens	F, RN, C gev	F,RN gev	H, ERD, gev	B, H gev	NC gev	
1. John Doe	<b>NO F</b> gev	No F gev	No F gev	No F gv	No F gev	Tempts checked on all children
2. Mary Doe	No F gev	No F gev	No F gev	No F gev	<b>F 100.1</b> gev	Parent notified; child to be picked up
3. Joe Doe	No F B Dime size Rt. hand gev	No F gev	No F <b>F at 10:00 am 100.1</b> bev	Not at school gev	Not at school gev	Parent notified; child to be picked up
4.						

\*Staff who conducts daily health check must input initials for that day. Do not leave blanks; if there are no concerns please input NC.

### Daily Health Check Form and Instructions Performance Standard: 1302.42(c)(2)

**Purpose:**

To demonstrate safety practices and safety awareness in the classroom setting and to model health and safety for the benefits of the children and their own safety.

**Due to the current pandemic, health checks will be conducted as indicated in the established Birth-to-Five Re-Opening Procedures for Children returning 2020. VOID August 9, 2021**

**Procedure:**

- During the *Daily Health Check* and/or throughout events of the day, children are observed for any indicators of abuse or neglect. The Daily Health Check includes the following information:
  1. Date: Week of
  2. Center and Room number
  3. Staff Names: staff assigned to the classroom during the Daily Check
  4. When the child arrives at school, ask the child in parent/primary caregiver's presence:
    - If they have any concerns, problems, issues, or injuries that they want to share with you, such as

- Bruises / Cough /Cuts / Fever / Or any other concern
  - Ask if they feel alright
  - Ask parent/primary caregiver if the child has
    - any communicable disease (especially if the child has been out due to illness)
    - had diarrhea/Vomiting/Wheezing/Draining ears/fever
  - Check to see if you observe
    - Poor hygiene/Head lice/a Rash/Runny Nose/Sores/Eyes red/draining/Limping/Nose Bleed
    - Eyes red/draining/Nose draining
5. Utilizing the legend printed on the top of the *Daily Health Check* form, indicate the code for any of the symptoms shared with you or that were observed. Codes are as follows:
- **B** for bruises/**CD** for Communicable Disease/**C** for /cough/**CT** for cuts/**Diarrhea/DE** for draining ears/**ERD** for eyes red/draining
  - **F** for fever/**H** for hygiene/**L** for lice/**LP** for limping/**N** for nose bleed/**ND** for nose draining/**R** for rash/**RN** for runny nose
  - **S** for sores/**V** for vomiting/**W** for wheezing/**NC** for No concerns
6. Completed forms are submitted to the Site Base Manager (SBM) at the end of the week.
7. If a child is in need for additional medical care, the parent/guardian will be required to pick up the child within 30 minutes unless other arrangements are communicated to the required staff.
- 8. Effective August 17, 2021, as part of the Daily Health Check, the temperature of every child must be checked. Record on the form whether the child had a temperature or not. Notify the parent if the child has a temperature of 100.1 or higher and request for the child to be picked up. The child will not be allowed to return to school for 10 days or with a Negative COVID-19 test three days after the child was sent home with a fever.**

UPDATED-MAY 2019

UPDATED: January 25, 2021

UPDATED: March 2, 2021

**UPDATED: August 16, 2021**