Daily Health Checklist

Child’s First and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date/Staff | Time | Behavior  Ex. How is child’s mood? | Face  Ex. Is face overall clean? Please circle eyes, nose, or both | Body  Ex. Is overall body clean? | Comment Examples:  Where is bruise located? Left cheek. How is it healing? Fading/gone  Are clothes dirty? |
| / /\_\_  **Staff Initials**  **\_\_\_\_\_\_\_\_\_** | \_\_\_\_:\_\_\_\_a.m./p.m.  A-\_\_\_\_\_ | Crying\_\_\_  Tired \_\_\_  Anxious \_\_\_  Smiling \_\_\_ | Scratches\_\_  Sores \_\_\_ Bites\_\_\_\_  Rash \_\_\_  Discharge from eyes, nose \_\_\_  Clean \_\_\_ | Rash \_\_\_  Sores \_\_\_ Bites\_\_\_\_  Bruises \_\_\_  Scratches \_\_\_  Clean \_\_\_\_ |  |
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A-absent, if child arrives late cross through the “A” with one line and initial. Must be documented within 1 hour of arrival time of child.

To be completed by 9:30 a.m. for children who arrived on time. 7/21 rk