Daily Health Checklist

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date/Staff | Time | BehaviorEx. How is child’s mood? | FaceEx. Is face overall clean? Please circle eyes, nose, or both | BodyEx. Is overall body clean?  | Comment Examples:Where is bruise located? Left cheek. How is it healing? Fading/goneAre 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 \_\_\_\_ |  |
|   / /\_\_ 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