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| Daily Health Checks |  |

**Intent Statement**

This policy outlines practice and procedures to ensure the health and safety of all of the children in child care settings. This policy sets forth the need for and description of a daily health care check upon the arrival of each child at the center and whenever a change in health status occurs while at the center. By following the policy of doing a daily health care check on each child, the parents/guardians of the children in our care can be assured of quality child care.

**Procedure**

The daily health check is a quick way for the child care provider to check a child’s well-being or a change in the child’s health status while at the center. The daily health check will be performed by a trained staff member upon the arrival of each child at the center. It will be determined by the center’s staff, not the parent/guardian, upon completion of the daily health check whether or not the child remains in care for that day. The daily health check is to be performed before the parent/guardian leaves the child at the center.

The exclusion of an ill child from care is determined by:

* Whether or not the child can participate in the activities planned for the day in his/her classroom/age group
* Whether or not the child requires more care than the staff can provide without compromising the care needs of the other children at the center
* Whether keeping the child in care will pose an increased risk to other children and adults at the center

The daily health check will be performed each day that the child is in care. If needed, due to a change in the health status of the child, the trained staff will perform additional health checks that will be recorded on the Symptom Record Form.

1. Greet the child and parent/guardian. Ask the parent/guardian of a nonverbal child, “How is (name of the child)?” “How are you doing (to be asked to the parent/guardian)?” “Was there anything different last night?” “How did he/she sleep last night?” “Are there any changes at home that may cause him/her to act differently today (death of a pet, illness or death of a relative, change in family structure, etc.)?” Listen to what the parent/guardian says. Also ask these questions to the parent/ guardian of a verbal child. Additionally, if the child is verbal, ask the child, “How are you today?” Listen to the child talk. Is the child complaining of anything? Is the child hoarse, wheezing or making other unusual sounds?
2. Look for signs of health or illness.

a. Breathing:

1. Is the child coughing?
2. Is the child breathing fast, or having difficulty breathing?
3. Is the child making any unusual sounds?

b. Skin:

1. Does the child look pale or flushed?
2. Do you see a rash, sores, swelling, or bruising?
3. Is the child scratching his/her skin or scalp?

c. Eyes, Nose, Ears, Mouth:

1. Do the child’s eyes look red, crusty, watery, or other than normal?
2. Is there a runny nose?
3. Is the child pulling at his/her ears?
4. The child’s parent/guardian will be notified as soon as possible if the child requires minor first aid, has a head injury, has a facial injury, or requires transport to an emergency room. In the case of a situation requiring transport of a child to an emergency room, an ambulance (911) will be called first, and then the parent/guardian will be notified.
5. If it is determined that there is a change in the child’s health status while the child is in care, this will be documented on the Daily Health Check Symptom Record (see Attachment B). This form will be retained by the center for three months after the last date on the form and it will be destroyed three months after the last date on the form. A verbal report and a copy of the Daily Health Symptom Record (Attachment B) will be given to the parent/guardian.
6. The center will arrange staff and space to temporarily care for an ill child without compromising the care for the other children in the center’s care while waiting for the parent/guardian to pick up the ill child.
7. As a courtesy and to maintain communication, call the parent/guardian on any newly recognized signs or symptoms that do not require immediate action. This action will enable the parent/guardian to take any health measures that they deem appropriate.

**Applicable**

This policy applies to all staff, substitute staff, and parents/guardians and volunteers in the child care setting.

**Communication**

Parents/Guardians will review a copy of this policy upon enrollment of their child. A copy of this policy is stated in the parent handbook. This policy will be available for review by parents/guardians on the center’s premises during regular business hours. Staff will also review and be given this policy in the staff handbook. Any changes to this policy will be shared with staff and parents/guardians.

**References**

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**Reviewed by:**

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| Director/Owner |
| Board member |
| CCHC/Health professional |
| Staff member |
| Parent/Guardian |

**Daily Health Check**

Do the daily health check when you greet each child and parent as they arrive. It usually takes less than a minute. Also, observe the child throughout the day.

**LISTEN:** Greet the child and parent. Ask the child, “How are you today?” Ask the parent, “How are you doing? How’s (name of child)? Was there anything different from last night? How did he/she sleep? How was his/her appetite this morning?”

* Listen to what the child and parent tell you about how the child is feeling.
* If the child can talk, is he/she complaining of anything? Is he/she hoarse or wheezing?

**LOOK:** Get down to the child’s level to see him/her clearly. Observe signs of health or illness.

* **General appearance** *(e.g., comfort, mood, behavior, and activity level)*
	+ Is the child’s behavior unusual for this time of day?
	+ Is the child clinging to the parent, acting cranky, crying, or fussing?
	+ Does he/she appear listless, in pain or have difficulty moving?
* **Breathing**
	+ Is the child coughing, breathing fast, or having difficulty
	breathing?
* **Skin**
	+ Does the child look pale or frustrated?
	+ Do you see a rash, sores, swelling, or bruising?
	+ Is the child scratching his/her skin or scalp?
* **Eyes, Nose, Ears, Mouth**
	+ Do the child’s eyes look red, crusty, goopy, or watery?
	+ Is there a runny nose?
	+ Is he pulling at his ears?
	+ Are there mouth sores, excessive drooling, or difficulty swallowing?

**FEEL:** Gently run the back of your hand over the child’s cheek, forehead, or neck.

* Does the child feel unusually warm or cold and clammy?
* Does the skin feel bumpy?

**SMELL:** Be aware of unusual odors.

* Does the child’s breath smell four or fruity?
* Is there an unusual or foul smell to the child’s stool?