

DAILY CHILD CARE HEALTH CHECK

INSTRUCTIONS:

Complete the daily health check when you greet each child and parent upon arrival. It usually takes less than a minute.
Observe the child throughout the day and upon the child's departure.

Greet the child and parent. Interact with both. Be on the child's level.

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| <p>➤ Check and observe the child's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Behavior <input type="checkbox"/> Physical Condition <ul style="list-style-type: none"> ○ Breathing ○ Skin ○ Eyes, nose, ears, and mouth | <p>➤ Talk with the parent about the child's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sleeping <input type="checkbox"/> Eating and drinking <input type="checkbox"/> Bowels and urinating <input type="checkbox"/> Mood and behavior at home <input type="checkbox"/> Unusual events |
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CHART FOR DAILY HEALTH CHECKS:

| Child's Name _____ | | BEHAVIOR CHECK | PHYSICAL CONDITION CHECK | TALK WITH PARENT | COMMENTS |
|-----------------------------|------|-------------------|--------------------------------|------------------------|----------|
| Week of _____ date | | | | | |
| Monday | AM | | | | |
| | NOON | | | | |
| | PM | | | | |
| Tuesday | AM | | | | |
| | NOON | | | | |
| | PM | | | | |
| Wednesday | AM | | | | |
| | NOON | | | | |
| | PM | | | | |
| Thursday | AM | | | | |
| | NOON | | | | |
| | PM | | | | |
| Friday | AM | | | | |
| | NOON | | | | |
| | PM | | | | |
| Additional Comments: | | | | | |