3.1 HEALTH PROMOTION IN CHILD CARE

DAILY HEALTH CHECK

STANDARD 3.001 CONDUCT OF DAILY HEALTH CHECK

Every day, a trained staff member shall conduct a health check of each child. This health check shall be conducted as soon as possible after the child enters the child care facility and whenever a change occurs while that child is in care. The health check shall address:

a) Changes in behavior (such as lethargy or drowsiness) or appearance from behaviors observed during the previous day's attendance;
b) Skin rashes, itchy skin, itchy scalp, or (during a lice outbreak) nits;
c) If there is a change in the child's behavior or appearance, elevated body temperature, determined by taking the child's temperature;
d) Complaints of pain or of not feeling well;
e) Other signs or symptoms of illness (such as drainage from eyes, vomiting, diarrhea, and so on);
f) Reported illness or injury in child or family members since last date of attendance.

The facility shall gain information necessary to complete the daily health check by direct observation of the child, by querying the parent or legal guardian, and, where applicable, by conversation with the child.

RATIONALE: Daily intake procedures to appraise each child's health and to ascertain recent illness or injury in the child and family reduce the transmission of communicable diseases in child care settings and enable the caregivers to plan for necessary care while the child is in care at the facility.

COMMENTS: This assessment should be performed in a relaxed and comfortable manner that respects the family's culture as well as the child's body and feelings. The health consultant (see Health Consultants, STANDARD 1.040 through STANDARD 1.043) should train the caregiver(s) in conducting a health check, using a checklist. See Appendix F, for a sample symptom record. See Appendix G, for American Academy of Pediatrics' *Recommended Childhood Immunization Schedule*. Contact information is located in Appendix BB.

Assessment by querying the parent should be at the time of transfer of care from the parent to the facility. If this happens outside the facility (when the child is put on a bus or in a car pool, for example), the facility should use some means of communication, such as written notes, checklists, conversations between bus drivers and parents, and daily log books.

See STANDARD 3.068, regarding exclusion from child care.

TYPE OF FACILITY: *Center; Large Family Child Care Home; Small Family Child Care Home*

STANDARD 3.002 DOCUMENTATION OF THE DAILY HEALTH CHECK

The facility shall keep, for at least 3 months, a written record of concerns it identifies for each child during the daily health checks.

RATIONALE: Although the vast majority of communicable diseases of concern in child care have incubation periods of less than 21 days, lags in reporting, non-apparent infections, and the slow-to-develop nature of some outbreaks suggest keeping data for 3 months.

COMMENTS: For additional information on daily health assessment, see also Incidence Logs of Illness, Injury, and Other Problems, STANDARD 8.061 through STANDARD 8.064 and Child Records, STANDARD 8.046 through STANDARD 8.052.

TYPE OF FACILITY: *Center; Large Family Child Care Home*

Child Care Staff Health Assessment

********** Employer should complete this section. ********

Name of person to be examined: _____

Employer for whom examination is being done: _____

Employer's Location: _____ Phone number: _____

Purpose of examination: ☐pre-employment (with conditional offer of employment) ☐annual re-examination

Type of activity on the job: ☐lifting, carrying children ☐close contact with children ☐food preparation ☐desk work ☐driver of vehicles ☐facility maintenance

---

**** Part I and Part II below must be completed and signed by a licensed physician or CRNP. ****

Based on a review of the medical record, health history, and examination, does this person have any of the following conditions or problems that might affect job performance or require accommodation?

Date of exam: _____

Part I: Health Problems (circle)

Visual acuity less than 20/40 (combined, obtained with lenses if needed)? ..... yes ..... no
Decreased hearing or difficulty functioning in a noisy environment (less than 20 db at 500, 1000, 2000, 4000 Hz)? ..... yes ..... no
Respiratory problems (asthma, emphysema, airway allergies, current smoker, other)? ..... yes ..... no
Heart, blood pressure, or other cardiovascular problems? ..... yes ..... no
Gastrointestinal problems (ulcer, colitis, special dietary requirements, obesity, other)? ..... yes ..... no
Endocrine problems (diabetes, thyroid, other)? ..... yes ..... no
Emotional disorders or addiction (depression, substance dependency, difficulty handling stress, other)? ..... yes ..... no
Neurologic problems (epilepsy, Parkinsonism, other)? ..... yes ..... no
Musculoskeletal problems (low back pain or susceptibility to back injury, neck problems, arthritis, limitations on activity)? ..... yes ..... no
Skin problems (eczema, rashes, conditions incompatible with frequent handwashing, other)? ..... yes ..... no
Immune system problems (from medication, inherent susceptibility to infection, illness, allergies)? ..... yes ..... no
Need for more frequent health visits or sick days than the average person? ..... yes ..... no
Other special medical problem or chronic disease that requires work restrictions or accommodation? ..... yes ..... no

Part II: Infectious Disease Status

Immunizations now due/overdue for:

dT (every 10 years) ..... yes ..... no
MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957) ..... yes ..... no
polio (OPV or IPV in childhood) ..... yes ..... no
hepatitis B (3 dose series) ..... yes ..... no
varicella (2 doses or had the disease) ..... yes ..... no
influenza ..... yes ..... no
pneumococcal vaccine ..... yes ..... no

Female of childbearing age susceptible to CMV or parvovirus? ..... yes ..... no
Evaluation of tuberculosis status shows a risk for communicable TB? ..... yes ..... no
Mantoux test date_____ Result_____

Tuberculosis transmission shall be controlled by requiring regular and substitute staff members and volunteers to have their tuberculosis status assessed with a one-step or two-step Mantoux intradermal skin test prior to beginning employment unless they produce documentation of the following:
a) A positive Mantoux intradermal skin test result in the past, or
b) Tuberculosis disease that has been treated appropriately in the past.
The one-step Mantoux intradermal tuberculin test shall suffice except that for individuals over 60 years of age or those who have a medical condition that reduces their immune response, the use of the two-step method is required. Individuals with a positive Mantoux intradermal skin test or tuberculosis disease in the past shall be evaluated with chest radiographs and shall be cleared for work by their physician or a health department official.

Please attach additional sheets to explain all "yes" answers above. Include the plan for follow up.

_____	_____	_____	MD DO CRNP
(Date)	(Signature)	(Printed last name)	(Title)

Phone number of physician or CRNP: _____

I have read and understand the above information.

_____ _____
(Date) (Patient's Signature)

Reference: Pennsylvania Chapter, American Academy of Pediatrics. *Model Child Care Health Policies*. 3rd ed. Washington D.C: National Association for the Education of Young Children, 1997.

This form was adapted from *Model Child Care Health Policies*, June 1997, by the Early Childhood Education Linkage System (ECELS), a program funded by the Pennsylvania Depts. of Health & Public Welfare and contractually administered by the PA Chapter, American Academy of Pediatrics.

Enrollment / Attendance / Symptom Record

Classroom _____

MONTH _____ 20

NAME	AGE IN MONTHS	DAILY HOURS IN CARE	FOR EACH CHILD, EACH DAY CODE TOP BOX "+" = PRESENT or "O" = ABSENT, N = NOT SCHEDULED CODE BOTTOM BOX "O" = WELL or " " SYMPTOM CODE FROM BOTTOM OF PAGE.																														
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TOTAL PLACED ON REGISTER			NUMBER OF DAYS FACILITY WAS OPEN																														

Symptom Codes: 1 = ASTHMA, WHEEZING, 2 = BEHAVIOR CHANGE WITH NO OTHER SYMPTOM, 3 = DIARRHEA, 4 = FEVER, 5 = HEADACHE, 6 = RASH, 7 = RESPIRATORY (COLD, COUGH, RUNNY NOSE, EARACHE, SORE THROAT, PINK EYE), 8 = STOMACHACHE, 9 = URINE PROBLEM, 10 = VOMITING, 11 = OTHER (SPECIFY ON BACK OF FORM)

Reference: Pennsylvania Chapter, American Academy of Pediatrics. *Model Child Care Health Policies*. 3rd ed. Washington D.C: National Association for the Education of Young Children, 1997.
This form was adapted and updated from *Model Child Care Health Policies*, June 1997, by the Early Childhood Education Linkage System (ECELS), a program funded by the Pennsylvania Depts. of Health & Public Welfare and contractually administered by the PA Chapter, American Academy of Pediatrics.

Recommended Childhood Immunization Schedule United States, January - December 2001

Vaccines[1] are listed under routinely recommended ages. [Bars] indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. (Ovals) indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

AGE ➢ VACCINE ⮟	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-18 yrs
Hepatitis B[2]	Hep B #1	Hep B #2			Hep B #3						Hep B[2]	
Diptheria, Tetanus, Pertussis[3]			DTap	DTap	DTap		DTap[3]			DTap	Td	
***H. influenzae* type b**[4]			Hib	Hib	Hib	Hib						
Inactivated Polio[5]			IPV	IPV	IPV[5]					IPV[5]		
Pneumococcal Conjugate[6]			PCV	PCV	PCV	PCV						
Measles, Mumps, Rubella[7]						MMR				MMR[7]	MMR[7]	
Varicella[8]						Var					Var[8]	
Hepatitis A[9]									Hep A-in selected areas[9]			

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

[1] This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of 11/1/00, for children through 18 years of age. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

[2] **Infants born to HBsAg-negative mothers** should receive the 1st dose of hepatitis B (Hep B) vaccine by age 2 months. The 2nd dose should be at least one month (4 weeks) after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants.
Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose is recommended at 1-2 months of age and the 3rd dose at 6 months of age.
Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).
All children and adolescents who have not been immunized against hepatitis B should begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.

[3] The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) maybe administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15-18 months. Td (tetanus and diphtheria toxoids) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP or DT. Subsequent routine Td boosters are recommended every 10 years.

[4] Three *Haemophilus influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2,4 or 6 months of age, unless FDA-approved for these ages.

[5] An all-IPV schedule is recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2 months, 4 months, 6-18 months, and 4-6 years of age. Oral polio vaccine (OPV) should be used only in selected circumstances. (See MMWR *Morb Mortal Wkly Rep* May 19, 2000/49 (RR-5);1-22).

[6] The heptavalent conjugate pneumococcal vaccine (PCV) is recommended for all children 2-23 months of age. It is also recommended for certain children 24-59 months of age. (See MMWR *Morb Mortal Wkly Rep* Oct. 6, 2000 /49 (RR-9);1-35).

[7] The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4-6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11-12 year old visit.

[8] Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, i.e. those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons 13 years of age or older should receive 2 doses, given at least 4 weeks apart.

[9] Hepatitis A (Hep A) is shaded to indicate its recommended use in selected states and/or regions, and for certain high risk groups; consult your local public health authority. (See MMWR *Morb Mortal Wkly Rep Oct.1,1999/48(RR-12);1-37).*

For additional information about the vaccines listed above, please visit the National Immunization Program Home Page at www.cdc.gov/nip or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish). The Immunization Schedule is updated annually. Please access the current schedule at http://www.aap.org/family/parents/immunize.htm

Reference: American Academy of Pediatrics, Committee on Infectious Disease. Recommended childhood immunization schedule - United States, January - December 2001. *Pediatrics*: 2001; 107: 202-204. Used with permission of the American Academy of Pediatrics, 2001.