



MEMPHIS SHELBY COUNTY SCHOOLS DIVISION OF EARLY CHILDHOOD POLICIES & PROCEDURES

Procedure No.	<u>HPS10</u>	Revised Date:	<u>07/6/2022</u>
Area:	<u>Subpart D-Health Program Services</u>	Effective Date:	<u>11/08/2016</u>
Title:	<u>Safety Practices: Daily Child Health Checks</u>	No. of Pages:	<u>2</u>
Regulatory Reference:	<u>45 CFR 1302.47(4)(K)</u>		

Purpose Assess each child’s individual health status daily, ensure wellness status for participation in the classroom that day, and develop a systematic approach for identification of ongoing health needs. Rapidly detect issues in the child’s physical, emotional, social and cognitive development, as well as his or her overall health.

Summary of Regulation

1302.47(4): All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, and tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in (K) recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph 1302.47(b)(5).

Procedures

1. Teaching staff performs health checks on each child daily upon his or her entrance into the classroom and observe children during the day for signs of communicable disease and illness.
2. Teaching staff should use the health check box on the uniformed sign-in and out form as documentation and proof that a daily health check was conducted.
 - a. These policies & procedures and the Daily Health Check form should be posted in the classroom as a guide for teaching staff to know what to check every day with the children. If the child presents with an issue, teaching staff document the issue and follow up on the Daily Health Check form, which is then filed in the child’s individual classroom file or notebook.
3. If the health check reveals obvious signs that the child is ill or if the child presents with symptoms later in the day, further *non-intrusive* examinations will be conducted to determine if the following conditions are detected: fever (axillary temperature over 100 degrees F), rashes, discharge from the nose or eyes, breathing difficulties, severe coughing, and changes in general behavior or mood.
4. Signs of impetigo, strep, scabies and lice are noted and the appropriate treatment is mandated. Readmission is allowed with appropriate documentation. See MSCS Division of Early Childhood health procedures HPS23, Short Term Exclusion and Admittance.
5. Teaching staff consults with health staff/school nurses to determine if the child may remain in the classroom. School-based sites comply with SCS policy #3007 – Student Wellness.
6. Any child who displays any of the following conditions during the day is removed from the classroom and sent to the nurse’s or principal’s office in schools or to a designated area in centers until the parent is contacted and the health issue is resolved:
 - a. Fever (axillary 100 degrees F or higher)
 - b. Difficult breathing

- c. Three incidents of loose stool in a day or blood in stool
 - d. Two incidents of vomiting
 - e. Discharge of colored drainage from eye, ear or nose or in combination with any of the other listed symptoms a through h
 - f. Unexplained rash and burns
 - g. Child is unusually tired, lacks appetite, unusually difficult to waken, has a change in color of skin, eyes, stool or urine
 - h. Obvious severe pain
7. If a child is sent home during the day due to an illness, the family service staff in centers and the school nurse or designee in schools will inform the parents when their child is eligible to return and under what conditions, i.e., if a doctor's clearance is required. Staff documents this information in the child's classroom file.
 8. Staff and parents coordinate follow-up activities, as needed.
 9. All parents in center-based centers are notified if a child has been diagnosed with or identified as a carrier of one of the following communicable diseases. Children identified with any of these communicable diseases are excluded from center-based centers in accordance with Memphis/Shelby County Health Department recommended guidelines.
 - a. Hepatitis A
 - b. Food borne outbreaks (food poisoning)
 - c. Salmonella
 - d. Shigella
 - e. Chicken pox
 - f. Measles, mumps, and/or rubella
 - g. Pertussis
 - h. Polio
 - i. Haemophilus influenza type B
 - j. Meningococcal meningitis
 10. Supervisors (principals, site managers and center directors) report the occurrence of any of the above diseases or any other illnesses identified by the state or local department of health to the local department of health as soon as possible, but no later than the end of the day in which it occurred.
 11. School-based classroom personnel follow their schools' and MSCS district policy for notification.
 12. Teaching staff assesses children daily to rapidly detect health or developmental issues. Daily checks and observations are documented and ongoing referrals are made as needed and according to Division procedures to address any observed and/or recurring medical, dental or behavioral concerns.
 13. Parents are informed of these procedures at parent orientation and via the Parent Handbook.