



Keeping Health Records

It is required that child care centers obtain a medical record and a detailed developmental health history for each child in the program. Maintain the file for each child in one central location within the setting. It is recommended that family child care providers also do this, but it is not required in California.

All child care providers should become familiar with this information. In addition to obtaining health data for individual children, child care staff must learn how to deal with their specific needs. For instance, asthma is very common in early childhood. If you have a child with asthma in your program, review the history of treatment and current medications. It is important that each provider and staff member know the child's physical history, including allergies. Obtain permission (both oral and written) before any medication is given to a child.

In California, a new law (AB 221 Blood Glucose Monitoring - Finger Stick) authorizes blood glucose testing for the purpose of monitoring a child with diabetes. Required documents include written instructions from the child's medical provider on how to conduct the test, how to determine if results are in the acceptable range, any restrictions in activities or diet, how to recognize the signs of low/high glucose level and any actions to be taken.

The medical record on file for each child should include a medical report completed and signed by the child's health care provider, preferably prior to enrollment or no later than six weeks after admission. The medical report shall include the following medical and developmental information:

- (1) Records of the child's immunizations
- (2) A description of any disability, sensory impairment, developmental variation, seizure disorder, or emotional or behavioral disturbance that may affect adaptation to child care
- (3) An assessment of the child's growth
- (4) A description of health problems or findings from an examination or screening that need follow-up
- (5) Results of screenings—vision, hearing, dental, nutrition, developmental, tuberculosis, hemoglobin, urine, lead, etc.
- (6) Dates of significant communicable diseases (e.g., chickenpox)
- (7) Prescribed medication(s), including information on recognizing, documenting and reporting potential side effects
- (8) A description of current acute or chronic health problems under or needing treatment
- (9) A description of past serious injuries that required medical attention or hospitalization
- (10) Special instructions for the caregiver

In California a new TB Skin Policy has been introduced. Effective August 22, 1997 the skin test for tuberculosis (Mantoux) is not required for children in family child care programs unless the child's medical provider concludes that s/he is at risk for TB.