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)

This form was adapted from Pennsylvania Chapter, American Academy of Pediatrics. 2002. *Model child care health policies*. 4th ed. Washington, DC: National Association for the Education of Young Children.