# 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<br>CODE BOTTOM BOX "O" = WELL or " " SYMPTOM CODE FROM BOTTOM OF PAGE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | 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 |
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| 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.