

DAILY CAMPER HYGIENE RECORD						
CAMPer name: _____		Tribe: _____				
Couns. FULL name: _____		CCC first name: _____				
Session # _____		Mon	Tue	Wed	Thu	Fri
<i>Eating well</i>	(scale 1 - 5)					
<i>Drinking fluids</i>	(# of cups)					
<i>Resting well</i>	(scale 1 - 5)					
<i>Bath/Shower</i>	(Y/N)					
<i>Shampoo</i>	(Y/N)					
<i>Brushed teeth</i>	(Y/N)					
<i>Clothing changed</i>	(Y/N)					
<i>Bowel Movement</i>	(# of times)					
<i>Urination</i>	(# of times)					
<i>Taken to Infirmary</i>	(Y/N)					
<i>Body Surface Review*</i>						
<i>CCC's Initials</i>						
<i>*note any bruises, red marks, abrasions, or other abnormal areas of the skin:</i>						

### Tips on Filling Out Front of Hygiene Card

Use 1-5 Scale (1= poor; 3= average; 5= wonderful)

- Eating Well: 1-5 Scale
- Drinking Well: # of cups of fluid
- Resting Well: 1-5 Scale
- Bath/Shower: Y/N
- Shampoo: Y/N
- Brushed Teeth: Y/N
- Clothing Changed: Y/N
- Bowel Movement: # of times
- Urination: # of times
- Taken to Infirmary\*: Y/N
- CCC's Initial: Turn in this card each evening to CCC for initialing.
- If you mark a "Y" on "Taken to the Infirmary," you must explain why at the bottom of the card.

### CAMPer Evaluation

Mobility: \_\_\_ Fast \_\_\_ Average \_\_\_ Slow \_\_\_ Wanders

Medical Needs: \_\_\_ Seizures \_\_\_ G-Tube \_\_\_ Cath \_\_\_ Meds \_\_\_ None  
 Medical Concerns: \_\_\_\_\_

Direct Care Assistance: \_\_\_ Total \_\_\_ Some \_\_\_ Verbal Cues \_\_\_ None  
 Direct Care Hints: \_\_\_\_\_

Behavioral Assistance: \_\_\_ Severe \_\_\_ Moderate \_\_\_ Mild \_\_\_ None  
 Effective Behavior Management Techniques: \_\_\_\_\_

Other Comments or Hints: \_\_\_\_\_

Suggest Pump Room for needs: \_\_\_ Medical \_\_\_ Behavior \_\_\_ No

Suggest Camper to Counselor Ratio: \_\_\_ 1:2 \_\_\_ 1:1 \_\_\_ 2:1 \_\_\_ 3:1 \_\_\_ 4:1

### Tips on Filling Out Back of Hygiene Card

This evaluation is important when assessing camper for next year's session. Please fill out **all** areas that relate to your camper.

- Note camper mobility
- Note any Direct Care need/hints
- Note Effective Behavior Management Techniques
- Note any other important information
- Note camper: counselor ratio

*Return Hygiene Card to CCC on Friday.  
 Do not give this card to the parents!  
 This is a document that must be kept on file.*