**A picture containing drawing

Description automatically generatedDaily Health Check Sheet**

**Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Procedure: Complete the Daily Health Check Questionnaire for each child. Visitors (ISD Consultants/ Licensing/Public School Personnel/etc) will not use this sheet. Instead, they will sign in using the Classroom Sign In/Out Log and complete the survey link  <https://www.surveymonkey.com/r/CFGJFQ8>. It is recommended that checks are conducted before entering the center. Email the completed Daily Health Check Sheet to Kristin Ruckle and Site Supervisor at the end of each week.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Daily Health Check Questionnaire completed**  **Y or N** | **Temperature**  **Taken**  **Y or N** | **Notes:** Examples: Was the temperature above 100.4? Was the child sent home? Were families referred to contact their primary care physician/medical provider and/or the health department? | **Initial of Staff Completing the Daily Health Check** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Distribution: Original remains on site in a locked filing cabinet. Email to [kruckle@nmcaa.net](mailto:kruckle@nmcaa.net) and Site Supervisor at the end of each week.

6/2021 Pdrive: Head Start/Admin/Procedure Manual/Health/Daily Health Sheet