**Daily 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.

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| **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** |
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Distribution: Original remains on site in a locked filing cabinet. Email to kruckle@nmcaa.net and Site Supervisor at the end of each week.

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