

WCMCA Head Start Daily Health Check

FES: _____ Week of: _____

Key:

- 1** – Odor (smell): foul, fruity, other
- 2** – Physical Appearance (look): skin, watery eyes, respiratory sickness
- 3** – Temperament/Mood (listen): mood, behavior

If there is a concern in one of these areas, use comment area to note the observation you made.
 If no concerns with child’s health (including passing temp), write OK. Enter code above line, initials of person completing check below.

Child’s Name	Mon	Tues	Wed	Thu	Comments
<i>Jane Doe (example)</i>	P, 3 AR	2,F TZ			<i>9.7 Cried at arrival, 9.8 Fever 100.8, sent home</i>

Guidance for determining if a child's illness warrants exclusion:

Exclusion guidance states *but is not limited to a child*

- Who has vomited two or more times since admission that day
- Who has had three or more abnormally loose stools since admission that day;
- Who has a 100° degree Fahrenheit auxiliary or higher temperature of undiagnosed origin before fever-reducing medication is given;
- Who has an undiagnosed rash or a rash attributable to a contagious illness or condition.
- Who is not able to participate in childcare program activities with reasonable comfort; or
- Who requires more care than the program staff can provide without compromising the health and safety of other children in care.

For further guidance, please see the Parent Policy Handbook- Illness Exclusion Policies.