## WCMCA Head Start Daily Health Check

FES:	Week of:					
Key:						
1 – Odor (smell): foul, fruity, other 3 – Temperament/Mood (listen): mood, behavior			2 – Physical Appearance (look): skin, watery eyes, respiratory sickness, <b>P/F</b> – Temperature: Pass 100.0°F or lower/Fail 100.0° or higher			
If there is a concern in one of thes If no concerns with child's health (	se areas, use co (including passi	mment a	rea to not write OK	e the obs . Enter co	ervation you made. Ide above line, initials of person completing check below.	
Child's Name	Mon	Tues	Wed	Thu	Comments	
Jane Doe (example)	Р, 3 <i>Л</i> Н	2,F <i>1</i> <u>7</u>			9.7 Cried at arrival, 9.8 Fever 100.8, sent home	

<sup>\*</sup>Submit this form with monthly paperwork to Supervisor

## Guidance for determining if a child's illness warrants exclusion MN Rule 3

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Exclusion guidance states but is not limited to a child:					
<ul> <li>Who has vomited two or more times since admission that day</li> </ul>					
<ul> <li>Who has had three or more abnormally loose stools since admission that day;</li> </ul>					
<ul> <li>Who has a 100° degree Fahrenheit auxiliary or higher temperature of undiagnosed origin before fever- reducing medication is given;</li> </ul>					
<ul> <li>Who has an undiagnosed rash or a rash attributable to a contagious illness or condition.</li> </ul>					
<ul> <li>Who is not able to participate in childcare program activities with reasonable comfort; or</li> </ul>					
<ul> <li>Who requires more care than the program staff can provide without compromising the health and safety of other children in care.</li> </ul>					
For further guidance, please see the Parent Policy Handbook- Illness Exclusion Policies.					
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