|  |
| --- |
| Site:      Home Visitor Name:       Month:       |
|   | **Date:** |       |       |  |
|   | **Child's Name (Last, First)** | **M T W Th F**  | **M T W Th F** | **Notes/Follow-up/Action Taken:** |
| 1 |        |       |       |       |
| 2 |        |       |       |       |
| 3 |        |       |       |       |
| 4 |        |       |       |       |
| 5 |        |       |       |       |
| 6 |        |       |       |       |
| 7 |        |       |       |       |
| 8 |        |       |       |       |
| 9 |        |       |       |       |
| 10 |        |       |       |       |
| 11 |        |       |       |       |
| 12 |        |       |       |       |

**Documenting Absences:**

**Note:** Absent Codes will all be NUMBERS

|  |  |  |
| --- | --- | --- |
| **Codes** | **Present= use the letter code for Health check** | **Absent Codes** |
| **0 = Not Scheduled** | 1= Approved Leave Of Absence | 2= Bereavement | 3. Doctor/Dentist Appointment |
| **11= Unexcused Absence** | 4= Family Situation | 5= Illness | 6= Hospital |
| **12= Canceled (snow, power outage, water outage, fire, etc.)** | 7= Injury | 8= Parent Appointment | 9= No Transportation |
| 10= No one available for pick-up or drop-off | 15 = Socialization Time Conflict (**Other than work)** |
|  | 16= Work Conflict | 17= Personal Reason, would not like to attend | 18= unable to attend due to weather conditions  |

**Procedures for Completing Classroom Attendance and Daily Health Check**

**Daily Health Check:**

If Child is present for the day, you will perform a Daily Health Check upon arrival. Use the Signs & Symptoms Code below to document the results of your Daily Health Check. You will also notify parents/center personnel/ Center Management as necessary per the *Daily Health Check and Exclusion for Ill Children / Illnesss and Accidents Protocols*. If there are concerns or questions, contact the Early Learning Nurse.

**Note:** Daily Health Checks will all be LETTERS

**A =** Asthma/Wheezing

**BC =** Behavior Change (with no other symptom)

**BR =** Bruise

**D =** Diarrhea

**E =** Ear Ache

**F =** Fever

**H =** Headache

**OP =** Optical (Eye Drainage/redness)

**RE =** Respiratory (Cold, Cough)

**S =** Skin other (Rash, Cut, Abrasion)

**SA =** Stomachache

**ST =** Sore Throat

**U** = Urine

**V =** Vomiting

**X =** In Class with no Symptoms