**1CAPE /Head Start/ Early Head Start Section 3. Forms**

**Procedure for completing form:**

Sick Child Report

|  |  |  |  |
| --- | --- | --- | --- |
|  | **STEPS** | **PERSON RESPONSIBLE** | **TIME LINE** |
| 1 | Form is to be downloaded from Intranet. | Teachers, Caregivers, AT/FA, Home Visitor | As needed |
| 2 | Form is to be completed when a child has any type of illness | Teachers, Caregivers, AT/FA, Home Visitor | As needed |
| 3 | The form is to be signed by the parent, guardian or receiving person of the sick child. | Teachers, Caregivers, AT/FA, Home Visitor | As needed |
| 4 | The forms are to be distributed to parent, guardian or receiving person  | Teachers, Caregivers, AT/FA, Home Visitor | As needed |
| 5 | A copy is to be placed in child’s education file and one given to Family Advocate to be placed in master file. | Teachers, Caregivers, AT/FA, Home Visitor, Family Advocate | Upon receiving |

MH 7/22/15