

Illness Report

Updated: Jan 2019

Dear _____ Date: _____

_____ had the following indications of not feeling well today. Highlight the illness below:

- A) Illness that prevents the child from participating comfortably in program activities;
- B) Illness that calls for greater care than the staff can provide without compromising the health and safety of other children;
- C) Fever with behavior change or symptoms of illness; Under the arm temperature of **100 F** or higher. **Siblings policy is that your child may return when they are fever free for 24 hours without fever-reducing medication.**

D) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;

E) Diarrhea;

F) Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration;

G) Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;

H) Rash with fever or behavior change, unless a physician has determined the illness to be non-communicable;

I) Purulent conjunctivitis, until 24 hours after treatment has been initiated;

J) Impetigo, until 24 hours after treatment has been initiated;

K) Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;

L) Head lice, until the morning after the first treatment;

M) Scabies, until the morning after the first treatment;

N) Chicken pox (varicella), until at least 6 days after onset of rash;

O) Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;

P) Mumps, until 9 days after onset of parotid gland swelling;

Q) Measles, until 4 days after disappearance of the rash;

Other that is not listed: _____

Temp Record		
	Time	Underarm Temp (do not add a degree)
Teacher		
Teacher		
Director		
The arm thermometer must read 100. Ear must read 101.		

Please keep in mind that this policy is in place to keep everyone as healthy as possible. We know sickness is inevitable, but when sick children are brought to the center, all children and staff are placed at risk of exposure. The staff and children truly appreciate your cooperation in this matter.

Your child may return on _____ @ _____ am/pm if symptoms no longer persist. Thank you for taking the proper steps in keeping everyone healthy as possible!

Director _____ Date _____