

# Illness checklist

**DATE:** \_\_\_\_\_

**CENTRE NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Number of teachers:** \_\_\_\_\_ **Number of children on the roll (each room):** \_\_\_\_\_

**What is the illness?**

- Have you visited our website to download the illness fact sheet? You may find all the information you need there: [www.healthyecc.org.nz](http://www.healthyecc.org.nz)

\_\_\_\_\_

**What are the symptoms?**

\_\_\_\_\_

\_\_\_\_\_

**Is your illness register up to date?** Y / N

**When did the first child get sick?** \_\_\_\_\_

**How many children are away sick with the same symptoms?** \_\_\_\_\_

**How many staff are away sick with the same symptoms?** \_\_\_\_\_

**How many parents & siblings (not at centre) are sick with the same symptoms?**

\_\_\_\_\_

**Has anyone been given a diagnosis from their family Doctor?** Y / N

**Have any children been hospitalised?** Y / N

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\_\_\_\_\_

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**Are any children on antibiotics or other medication?**

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**Do you serve food?**

Y / N

- Do you have shared food?

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**What have you done so far to control the outbreak?**

- Extra cleaning: bathrooms, surfaces, toys, linen and soft furnishings.
- What products are you using?
- Removed shared play – play dough, water play, art materials.

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**Have you increased hand washing?**

- Before and after meal times.
- Teachers, children and parents on arrival to the centre.

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**What exclusion period are you applying?**

*(Gastroenteritis illness- the exclusion period is 48hrs after last symptom)*

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**What information have you given to parents?**

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**What else have you done to reduce the impact of this illness on your centre?**

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