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.healthyec.org.nz](http://www.healthyec.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

__________________________________________________________________________
Early childhood centre illness checklist

April 2016

Public health advisors for early childhood centres provide support and advice on a range of illnesses. We can be contacted at Hutt Valley/Wellington/Kapiti region: 04 570 9002; Wairarapa region: 06 377 9111; or visit www.rph.org.nz

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Are any children on antibiotics or other medication?

_________________________________________________

Do you serve food? Y / N

- Do you have shared food?

_________________________________________________

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.

_________________________________________________

Have you increased hand washing?

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

_________________________________________________

What exclusion period are you applying?

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

_________________________________________________

What information have you given to parents?

_________________________________________________

_________________________________________________

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

_________________________________________________

_________________________________________________