

# 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

# Illness checklist

**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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