



Child Health Status Report & Alert

Creative Kids Club Early Childhood Education Center & Private Academic School

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Child's Name:	Date:	Time Report Initiated:
Child's Program Area:	Initiating Team Member:	Administrative Review:

Temperature

Your child has an axillary temperature (under the arm) greater than 100 degrees. Your child's temperature was taken and read at the following times and by team member indicated: (28 PA Code § 27.76. Exclusion and readmission of children, and staff having contact with children, in child care group settings. (a) Sections 27.71—27.75 apply to child care group settings, with the exception that readmission of excluded persons as provided in those sections, as well as provided in this subsection, shall be contingent upon a physician verifying that the criteria for readmission have been satisfied. The following conditions and circumstances also govern exclusion from and readmission to a child care group setting of a child, or a staff person, including a volunteer, who has contact with children attending the child care group setting: (4) *Fever in children younger than 4 months of greater than 101° F. rectally or 100° F. axillary; in children 4-24 months of greater than 102° F. rectally or 101° F. axillary.* Until resolved or judged to be noninfective.

Time Read	Degree Reading	Team member who read the temperature:	Parent Contacted		Name of Parent Contacted	Telephone Number of Parent Contacted	Time Contacted
			Yes	No			

Vomiting

Your child has had several episodes of vomiting. Episodes occurred as follows:

Episode Number	Episode Time	Team member who cared for the child:	Parent Contacted		Name of Parent Contacted	Telephone Number of Parent Contacted	Time Contacted
			Yes	No			
1							
2							
3							

Diarrhea

Your child has had several episodes of diarrhea type bowel movements. Episodes occurred as follows:

Episode Number	Episode Time	Team member who cared for the child:	Parent Contacted		Name of Parent Contacted	Telephone Number of Parent Contacted	Time Contacted
			Yes	No			
1							
2							
3							

Eye Inflammation

Your child appears to have an eye inflammation. The inflammation was first noticed:

Episode Number	Observed Time	Team member who cared for the child:	Parent Contacted		Name of Parent Contacted	Telephone Number of Parent Contacted	Time Contacted
			Yes	No			
1							

Appearance of an Unexplained Rash

Your child appears to have an unexplained rash. The rash was first noticed:

Episode Number	Observed Time	Team member who cared for the child:	Parent Contacted		Name of Parent Contacted	Telephone Number of Parent Contacted	Time Contacted
			Yes	No			
1							

YOUR CHILD MAY NOT RETURN TO THE CENTER UNTIL:

- ___ The child's temperature is normal for 24 hours without the use of medication.
- ___ The child's vomiting has stopped for 24 hours without the use of medication.
- ___ The child's diarrhea has stopped for 24 hours without the use of medication.
- ___ A physician's note explaining the nature and treatment of the eye inflammation.
- ___ A physician's note explaining the nature and treatment of the rash.

Team Member's Signature:	Parent/Guardian Signature:
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