**

**Child Care Health Log**

*This form is designed to track child and staff illness symptoms and exclusion. Keep information in a confidential location.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Age/Classroom** | **Symptoms** (e.g., diarrhea, vomiting, fever, rash, respiratory) | **If symptoms require exclusion:** | |
| **Date excluded** | **Date returned** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**L.M.C. 8.14.100 Communicable Diseases Reporting and Illness Exclusion.** The operator shall report within 24 hours to the Health Director when three or more children and/or staff in a classroom or group are ill with a reportable communicable disease, diarrhea, or vomiting; orone child or staff has bloody diarrhea.The operator shall have a written policy that identifies the circumstances under whichchildren and staff would be excluded from child care due to illness. The operator shall enforcethe exclusion policy and make it available to the Health Director, staff, and parents of enrolled children.

*Tracking absences due to illness is important in controlling the spread of disease. Report illnesses per L.M.C. 8.14 to: 402-441-7227 or* [*childcare@lincoln.ne.gov*](mailto:childcare@lincoln.ne.gov)*. For information on health exclusion policies and procedures: 402-441-6220.*

**

**Child Care Health Log**

*This form is designed to track child and staff illness symptoms and exclusion. Keep information in a confidential location.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Age/Classroom** | **Symptoms** (e.g., diarrhea, vomiting, fever, rash, respiratory) | **If symptoms require exclusion:** | |
| **Date excluded** | **Date returned** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**L.M.C. 8.14.100 Communicable Diseases Reporting and Illness Exclusion.** The operator shall report within 24 hours to the Health Director when three or more children and/or staff in a classroom or group are ill with a reportable communicable disease, diarrhea, or vomiting; orone child or staff has bloody diarrhea.The operator shall have a written policy that identifies the circumstances under whichchildren and staff would be excluded from child care due to illness. The operator shall enforcethe exclusion policy and make it available to the Health Director, staff, and parents of enrolled children.

*Tracking absences due to illness is important in controlling the spread of disease. Report illnesses per L.M.C. 8.14 to: 402-441-7227 or* [*childcare@lincoln.ne.gov*](mailto:childcare@lincoln.ne.gov)*. For information on health exclusion policies and procedures: 402-441-6220.*