**Tracking Illness PY 09-10 \*\*\*Complete and call Carol daily when a classroom is experiencing 4 or more absences in a day**

**\*\*\*\*Fax or send this form to Carol daily while classes/centers are experiencing high rates of absenteeism**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff out ill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Code: \_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **If out ill****Child’s name:** | **Flu symptoms:****Circle all symptoms present****Put temperature if known/shared** | **Seen Dr?****(x) if yes** | **H1N1****Diagnosis**  | **List other diagnosis (pink eye, ear infection, strep etc.)** | **Potential date will be back****If known** |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting Cough |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Child’s name** | **Flu symptoms:****Circle all symptoms present****Put temperature if known/shared** | **Seen Dr?****(x) if yes** | **H1N1****Diagnosis**  | **List other diagnosis (pink eye, ear infection, strep etc.)** | **Date will be back** |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |
|  | Sore throat Body achesFever \_\_\_\_\_\_\_ Head achesChills FatigueDiarrhea/vomiting |  | Yes No |  |  |

**Guidance for tracking illness PY 09-10**

1. Call/ contact each classroom session as close to start-up time as able and ask: Do you have 4 or more children absent from your classroom due to illness?
2. If they do not – do nothing more
3. If they do - then complete the Tracking Illness form for each class that has four or more children absence due to illness

**Note:** If you need support with this – please recruit help from FRWs/FAs or site liaisons – Primarily, I am trying to determine when we are close to or will be at 30% or more absenteeism in a class or center