

Child Care Facility \_\_\_\_\_



# UNDER THE WEATHER REPORT

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

**I FEEL YUKKY.** Child Complaints & Symptoms Observed: Time:



_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MOOD**

Sunny \_\_\_\_ (Content/Happy)

Rainy \_\_\_\_ (Crying: Occasional \_\_\_\_ Constant \_\_\_\_)

Stormy \_\_\_\_ (Irritable)

Parent/Guardian Notified: Yes \_\_\_\_ No \_\_\_\_ Time: \_\_\_\_\_

May stay today: Yes \_\_\_\_ No \_\_\_\_

Staff helped \_\_\_\_\_ feel better today by:  
Name of child

**PLAN OF ACTION**

Forecast: Staff  the actions that were taken today.

Medication: Name of medicine \_\_\_\_\_  
Time: \_\_\_\_\_ Dose: \_\_\_\_\_ Given by: \_\_\_\_\_  
staff title/name

Medicine log complete

- Indoor play only
- Quiet play (No gross motor play)
- Drinks given \_\_\_\_\_
- Hugs/backrubs
- Snacks given \_\_\_\_\_
- Extra rest, laying on cot \_\_\_\_ /crib \_\_\_\_
- Other: \_\_\_\_\_

Continued

# UNDER THE WEATHER REPORT



# UNDER THE WEATHER REPORT continued

## APPETITE



Small \_\_\_\_\_

Normal \_\_\_\_\_

Big \_\_\_\_\_

## NAP



Time(s): \_\_\_\_\_ to \_\_\_\_\_



\_\_\_\_\_ to \_\_\_\_\_



\_\_\_\_\_ to \_\_\_\_\_



## TOILETING/ DIAPERING

Time:

Stools/Diarrhea:

Urine:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Five diarrheas today, see *Child Exclusion Policy*.



## LIQUIDS

Time:

Amount:

What:

_____	_____	_____
_____	_____	_____
_____	_____	_____



## TEMPERATURE

Time:

Axillary Reading:  
(under the arm)

Ear Reading:

_____	_____	_____ Left/Right Ear
_____	_____	_____ Left/Right Ear
_____	_____	_____ Left/Right Ear

\_\_\_\_ "UNDER THE WEATHER REPORT" given to Parent/Guardian.

\_\_\_\_ Copy of the report placed in child's file.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date