Sample Letter to Families about Exposure to Communicable Disease

Name of Child Care Program: ________________________________________________________________

Address of Child Care Program: __________________________________________________________________________________

Telephone Number of Child Care Program: _________________________________________________________________________

Date: _________________________________________________________________________________________________

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having: _______________________________________________________

Information about this disease:

The disease is spread by: _________________________________________________________________________________

The symptoms are: ______________________________________________________________________________________

The disease can be prevented by: __________________________________________________________________________

What the program is doing: ________________________________________________________________________________

What you can do at home:

________________________________________________________________________________ If your child has any

symptoms of this disease, call your doctor to find out what to do. Be sure to tell your doctor about this notice. If you
do not have a regular doctor to care for your child, contact your local health department for instructions on how to find

a doctor, or ask other parents for names of their children’s doctors. If you have any questions, please contact:

________________________________________________________________________________________ at

(Caregiver’s name)

(____________)______________________________________________

(Telephone number)

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