

## Caring for you at PARK PLACE ADULT DAY SERVICES 220 3<sup>RD</sup> Ave South Wisconsin Rapids, WI 54495 715-422-2795

## **Park Place Adult Day Services**

|                            | 220 3 <sup>rd</sup> Avenue South  | Phone: (715) 422-2795   |
|----------------------------|---|---|
|                            | Wisconsin Rapids, WI 54495  | Fax: (715) 422-2782   |
|                            |   |   |
| To:                        | Participants, Family Members, and Caregivers of Park Place Adult Day Services   |   |
| From:                      | Karen Renner-Valley, RN, Director Signature:  | Date:   |
| RE:                        | Illness Policy  |   |
| This po                    | olicy was created to help insure that our clients, stafted.   | f and visitor's health and safety are                         |
| appare                     | ient arrives at Park Place Adult Day Services with a<br>ent illness the caregiver will be notified and they w<br>ent to be picked up in a timely manner."   |   |
| Clients                    | who have signs or symptoms of the following should  | d not attend our program:                                     |
| •                          | Vomiting or diarrhea Sore throat or fever Productive cough or drainage related to a cold or fl Eye irritations or infections Skin rashes  | u   |
| going t<br>amour<br>possib | derstand that family members and caregivers need to work or meeting other obligations. It is vital we and of illness that is brought to Park Place Adult Day Solility of having the individual attend a different day, or you time off. | Il work together to minimize the ervices. We will look at the |
| to atte                    | help us to protect our clients, staff and visitors. No<br>nd by noon so their meal may be cancelled. We also<br>coming on their scheduled day.  |   |
|                            | ank you for the opportunity to work with your loved<br>ny questions or concerns that you may have.  | one. Please feel free to contact me                           |
| Signati                    | ure: Participant and/or Caregiver   | Date:   |