



ILLNESS POLICY FOR CHILDREN

We know that managing the demands of work can be challenging when your child is ill. We strive to limit the spread of communicable disease in our centers and are committed to implementing policies that balance and respect the needs of children, families, and staff in these circumstances.

Although some illnesses do not require exclusion, sometimes illness requires a child or staff member to be excluded from care to prevent the spread of infection to other children and staff and to allow the child time to rest, recover and be treated for the illness. This policy outlines illnesses and situations that require exclusion and those that do not.

Madame Curie School understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary either to reduce the transmission of illness or because the center is not able to adequately meet the needs of the child. Mild illnesses are common among children, and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day.

Temporary Exclusion is recommended when:

- The illness prevents the child from participating comfortably in activities as determined by staff.
- The ill child requires more care than the staff can give, which may result in compromising care for other children. Illness poses a risk of spreading harmful disease to others.
- The child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:
 - Appears to be severely ill.
 - Fever AND behavior change or one or more of the following symptoms:
 - Axillary temperature of 100° Fahrenheit or higher
 - Diarrhea: defined by more watery stools - decreased form of stool that is not associated with changes in diet, and increased frequency of passing stool that is not contained in diaper or use of toilet. Children may return once the reason for change in bowel has been resolved and if the change is not due to Salmonella, Shigellosis or E. coli infections. Cases of bloody diarrhea and diarrhea caused by Shigella salmonella, Shiga toxin producing E coli, Cryptosporidium or G intestinalis must be cleared for readmission by a healthcare professional.
 - Blood in stool: not explained by dietary changes, medication, or hard stools.
 - Vomiting: There are many reasons children vomit, from eating something that does not agree with them to any number of illnesses. Exclude if the child has vomited two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-infectious condition and the child is not in danger of dehydration.
 - Abdominal pain (persistent): that pain continues for more than 2 hours, or intermittent pain associated with fever or other signs or symptoms.
 - Conjunctivitis (Pink Eye): A child should be excluded only for bacterial conjunctivitis (red eyes, green or yellow discharge). They may return after treatment has started and are able to participate in activities. Other forms do not need to be excluded (allergy or viral cause).
 - Hepatitis A: Exclude until 1 week after onset of viral illness or until after immune serum globulin has been given to children and staff in the program, as directed by the local health department.
 - Impetigo: Exclude until 24 hours after treatment has begun.
 - Measles: Exclude until 5th day after the rash disappears or the local health department states the patient is noninfectious.
 - Mouth sores: Exclude if mouth sores are coupled with drooling or the child is not able to participate.
 - Mumps: Exclude until 9 days after onset of parotid gland swelling.

- Pediculosis (Head Lice): A child with live lice should not be accepted for the day, until treated. An additional treatment may be needed 7 to 10 days later to kill the eggs that survived the first treatment. The presence of nits (egg cases) is not an exclusion criterion, only live lice. Using a nit comb is the most effective way to remove lice and the sticky nits.
- Pertussis: (Whooping Cough) Children should be excluded until five days of appropriate antibiotic has been completed or until the local health department states the patient is noninfectious.
- Rash: with fever and/or behavior change.
- Scabies: Children should be excluded until after treatment is begun (overnight suffices).
- Streptococcal pharyngitis (Strep Throat), excluded until 24 hours after treatment has begun and the child is able to participate.
- Tuberculosis: Tuberculosis (TB) Exclude until the child's physician or local health department authority states the child is non-infectious.
- Varicella-zoster (Chicken pox): Exclude until all the lesions have dried and formed scabs, usually within six days of onset of rash.
- Skin Sores: Exclude weeping fluid and on an exposed area that cannot be covered.
- Impetigo: Exclude until 24 hours after treatment has been started.
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.
- For your child's comfort and to reduce the risk of contagion, we ask that children be picked up within 1.5 hours of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms.

Children need to remain home for 24 hours without symptoms before returning to the program, unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before the child can return. Children who have been excluded may return when:

- They are free of fever, vomiting, and diarrhea for a full 24 hours.
- Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if stools remain loose) and when toilet-trained children do not have toileting accidents.
They have been treated with an antibiotic for a full 24 hours. They are able to participate comfortably in all usual program activities, including outdoor time.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless the child's medical provider signs a note stating that the child's condition is not contagious, and the involved areas can be covered by a bandage without seepage or drainage through the bandage.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, have begun appropriate treatment and/or no longer have significant discomfort and feel well enough to participate with a note from the child's medical provider stating that the child is no longer contagious and may return is required.

The final decision on whether to exclude a child from the program due to illness will be made by the childcare center.

Note: Notes allowing for a child's return to the center after exclusion due to illness must originate from the child's medical provider. A note written and signed by the child's parent/guardian who is also a physician is NOT acceptable.

Parent / Guardian(s) Signature

Date

Print Name