**Children with the following symptoms should not come to child care**

**or if they are found to have these symptoms while in care they will be sent home**

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| **SYMPTOMS** | **CAN CHILD ATTEND CARE** |
| **ACCIDENT/INJURY/EMERGENCY VISIT**  if your child has had an accident, injury or emergency visit to practitioner’s office, clinic or emergency room and it has been less than 24 hours the child must not be in care | Many times, after an emergency visit, accident or injury the child needs more care than we can offer in a childcare setting. Most times the practitioners suggest “watching” the child carefully for 24-48 hours which does mean 1:1 care which we cannot do. If you have a question, please call the center before bringing your child to care.  This will require a note from your child’s practitioner to return to care. |
| **BED BUGS & BUG BITES:**  A small puffy reddish and itchy bump may form.  Bed bugs do not transmit disease so they are more of a nuisance although sometimes people can have an allergic reaction.  Mosquitos inject saliva into your skin which can cause a reaction which can be mild to them or you may develop a large area of swelling, redness and soreness. Children can develop allergic reactions to mosquito and fire ant bites and bee and wasp stings | Young children, because their immune systems are still developing may have more of a severe uncomfortable reaction. They may develop a fever, hives and swollen lymph nodes. It is really important that parent’s must be aware of this and protect your child from coming in contact with these pests. Have them wear long pants, long sleeve shirts Treat their clothing with a spray that contains permethrin but don’t spray near the child or near their face. Don’t be outside during the time of day that mosquitos are present. If you child has a bite cover it with a waterproof bandaid. If the bite starts to look red, swollen and feels warm to the touch we will ask you to bring your child to their practitioner. |
| **CHICKEN POX:**  Chickenpox is a very contagious disease caused  by a varicella zoster virus. Chickenpox usually begins with a mild fever and an itchy rash. The rash appears with small red bumps on the stomach or back and spreads to the face and limbs.  These bumps rapidly become blistered and oozy, then crust over. People may have only a few bumps or may be totally covered. | **Children/staff with chickenpox should be excluded for six-ten days after the rash first appears or until all blisters are crusted over and dry.** The child must not meet any additional exclusion criteria to return to care. (Persons who receive the chickenpox vaccine can come down with a mild case of the disease, and are also contagious.)  Watch closely for early symptoms in others for three weeks following the most recent case. If a child or staff member develops a suspicious rash, he/she should call his/her health care provider so the rash can be diagnosed |
| **COMMON COLD / MILD RESPIRATORY ILLNESS**  Stuffy nose with clear drainage, sneezing, mild intermittent cough, watery eyes | The common cold is very common in children attending childcare. Child may attend with mild symptoms only if the child does not have any symptoms that would exclude him/her from care and is able to fully participate in all aspects of the day. The child must be fever free to remain in care. They must not require 1:1 care. |
| **CHRONIC GREEN YELLOW RUNNY NOSE** | The green coloring means that lots of white blood cells have been working overtime to fight the infection. The infection will eventually go away, but if the discharge is still showing up green after 10-12 days, talk to your health care provider.  Child does not need to be excluded from care unless these symptoms are accompanied by a fever or if the child is lethargic and unable to participate in the daily activities. |
| **CONJUNCTIVITS (PINK EYE)-**white of the eye can appear pink to red and a child may have drainage, thick mucus or pus draining from the eye or clear to yellow and crusty | If the white of the eye is clear and the child has allergies, and this is the cause the child may stay at care as long as he meets the other criteria for remaining in care. If the child’s eye is pink or if constantly rubbing the eye and appears uncomfortable you will be asked to have the child seen by a practitioner. **Child can return after a full 24 hours of treatment.** |
| **Difficult or Noisy Breathing:**  **SIGNS OF RESPIRATORY DISTRESS:**  Severe uncontrolled coughing.  Wheezing, shortness of breath, rapid or difficult breathing. Tummy or muscles between the ribs sucking in with each breath. Blueish hue to lips, nostrils flaring. Even for a child with Asthma or RAD, they may not come to school when constantly coughing or wheezing without a current prescriber’s order. (They must be seen within three days of start of this exacerbation, orders good for 10-14 days only. | **Child cannot attend care with these symptoms**. Exceptions will be made for a child who is wheezing if they have a diagnosis of Asthma or Reactive Airway disease and have been seen by their physician for this exacerbation of their illness. Child must be well enough to attend without 1:1 attention. They must not meet any additional requirement for exclusion. If no previous diagnosis has been made then this will require a note from your child’s practitioner to return to care. No child may come to care if they are wheezing after a breathing treatment. This may mean that the child’s condition is not in good control. Wheezing after a breathing treatment will require a practitioner’s note to return to care although the center may still make the decision as to not have the child in care. |
| **CROUP**-  deep barking cough that may sound like a seal | See coughing above. May return to care when they can participate in all aspects of the day.  This will require a note from your child’s practitioner to return to care. |
| **COVID:** | **Child must stay home for at least 24 hours and/or until fever is gone without the use of medicine that reduces the fever for a minimum of 24 hours.** Your child must be well enough to participate in all parts of the program day to return. No additional isolation required. |
| **DIARRHEA**  **F**requent loose or watery stools as compared to the child’s normal stools.2 instances of loose stools or 1 instance that cannot be contained in a diaper or the child in unable to get to the toilet in time. Diarrhea can be infectious or noninfectious. | If a child looks or acts sick. If a child has diarrhea with a fever and is not acting normally. If a child also has vomiting. There are some infectious diseases that cause diarrhea. **The child may not return until they have been cleared by their practitioner.**  *Please note that even if the child has seen a practitioner and there is a reason for the diarrhea, the center reserves the right to make the final decision for the child’s care if the stool is too frequent or cannot be contained in a diaper or the toilet or if the child exhibits any additional exclusion criteria.* |
| **ABNORMAL STOOLS**  Blood noted in stool or stool very light, pale in color | This will require a note from your child’s practitioner to return to care. |
| **EARACHE**- Complaints of ear pain, irritable, fever, tugging at ear, drainage from ear, swelling redness around ear | If the child is complaining of constant ear pain. If the child meets criteria for exclusion and is too uncomfortable to participate in the program. If the ear is draining. The child may return after he/she has been evaluated by a health practitioner. **If the child is prescribed an antibiotic the child may not return for 24 hours after the medication has been started and they have no other symptoms that would require exclusion.** |
| **FEVER**  A fever is defined as a temperature over 100.4° F. | If your child has a low- grade fever (under 100.4°F) and is still acting OK the child can stay in care. We will notify you about it but will require that the child is picked up if the temperature is higher than 100.4°F or if the child has additional concerning symptoms even with a lower temp, **The child must be fever free without the use of fever reducing medicine for a minimum of 24 hours before they can return to care.** |
| **FLU LIKE SYMPTOMS-** Fever with cough, sore throat, headache, tiredness, body aches, vomiting or diarrhea. | **Child must stay home for at least 24 hours and/or until fever is gone without the use of medicine that reduces the fever for a minimum of 24 hours.** Your child must be well enough to participate in all parts of the program day to return. |
| **HAND, FOOT AND MOUTH DISEASE:**  Hand-foot-and-mouth disease is a common  and mild childhood illness caused by a virus  (coxsackievirus A16). | After a confirmed diagnosis from your child health care practitioner, child must remain out for a full 24 hours, fever free, w/o fever reducing medications, no new blisters and all existing blisters must be drying up. |
| **HEADACHE**-c/o pain in head, irritability. Possible vomiting, May be sudden and severe with stiff neck which requires immediate evaluation. | If sudden and severe must be evaluated. If child can participate with all parts of program day and meets no other exclusion criteria. |
| **HEAD LICE/NITS**-small crawling bugs on the scalp and egg casings on the scalp. Lice may also be observed on eye lashes and eyebrows | Our childcare center follows the advice of the national pediculosis society. Children with lice or nits may not attend care. Although this contradicts the AAP statement for public schools, in younger children lice can be spread much more readily. We recommend that you contact the child’s health care practitioner. |
| **IMPETIGO:** | **The child must remain home for a minimum of 24 hours after treatment has begun, and they meet no other criteria for exclusion.** This will require a note from the child’s health care practitioner for the child to return. |
| **ITCHING**  Excessive scratching which is causing bleeding or oozing must be evaluated unless symptoms coincide with IHCP & diagnosis | If child cannot participate due to discomfort. If area is raw, bleeding, oozing and cannot be kept covered the child will need an evaluation. |
| **MOLLUSCUM CONTAGIOSM:**  Skin disease common in children similar to warts | Child may attend care with Molluscum. |
| **MOUTH SORES:** | If the child is drooling excessively or seems very uncomfortable. The parent will be asked to pick up the child. |
| **PERSISTANT PAIN:** | If your child is complaining of pain persistently. We will ask you to come pick up your child. |
| **RASH**  An undiagnosed rash with or without fever is cause for concern and should be seen by a health practitioner. | The child may return to care if the diagnosis is a non-contagious rash, as long as the child meets the additional criteria of being able to participate in all aspects of the program day and if the rash can be covered without the need for dressing changes while the child is in care. A medical note will be required to return to care. |
| **RINGWORM:** | Must be evaluated by healthcare practitioner, be treated for 24 hours and area must be covered to return. |
| **RSV:** | This will require a note from your child’s health care practitioner to return, however the child may not have any additional criteria for exclusion. Child must be fever free and able to participate in all aspects of the program day. |
| **SCABIES:**  Scabies is caused by a mite and manifests as an intensely itchy, red rash triggered by the burrowing of female mites into the skin. These burrows appear as gray or white threadlike crooked lines. Most often in the webs between fingers. | **Child must remain out of care until 24 hours after the treatment has been completed.** This will require a note from your child’s health practitioner for them to return to care. Although treated, the rash may last for up to 2 weeks after treatment. This does not suggest it is still contagious. |
| **SORE THROAT:**  Complaints of sore throat, complaints of itchy scratchy throat, clearing ofthroat, hoarse cry in infant | A child complaining of a mild sore throat may be kept in care if there are no additional symptoms present that would require exclusion and the child can participate in all parts of the program day including eating and drinking without problems. |
| **STREPT INFECTION:**  Strept infections can exhibit as a sore throat, usually with fever or a fine pinpoint sand-paper like rash on the lower belly, groin area. May also have a headache. | **Child cannot be in care until 24 hours after treatment has begun.**  This will require a note from your child’s health care practitioner for return to care. |
| **SEVERE STOMACH PAIN:** | Sudden severe complaint of stomach pain, or stomach pain that has gotten progressively worse. Child appears extremely uncomfortable and cannot participate in all aspects of care. |
| **UNUSUAL and / or EXTREME TIREDNESS:** | Unusual tiredness can be a sign of something going on, perhaps the early signs of an impending illness. If your child cannot participate in all aspects of the program day then we will ask you to come pick them up. |
| **URINATION:**  Child has not urinated in several hours, skin appears dry, lips and tongue appears dry, no tears noted, Unusual strong odor to urine or unusual color to urine. Or pain when urinating. | We will ask you to come pick them up and have them evaluated. This will require a practitioner’s note to return. |
| **VOMITTING**  Throwing up two or more times in the past 24 hours or 1 time in care | **Until child has gone without vomiting for 24 hours and diet has resumed to normal.** Child must be fever free and meet no additional criteria for exclusion. |