



The Red House Learning Hub

Precious Smiles

License Number: CF 502028

Policies & Procedures – Sickness Policy

It is common for children who begin group childcare to experience more frequent minor illnesses. Exposure in early years often helps build stronger immune systems for later school years.

The Red House Learning Hub - Precious Smiles operates as a “**Well Child**” program. Children must be well enough to comfortably participate in all regular activities. Do not bring your child if they are ill or you suspect illness is developing. Admission is at the discretion of the provider.

If a child becomes ill during care, they will be separated from the group and supervised until pickup. Parents/guardians must arrange pickup within 30 minutes of notification. Children excluded due to illness may not return the following day. Children with fever must be fever-free for at least 24 hours without the use of fever-reducing medication before returning.

Oregon Health & Child Care Licensing Requirements

In accordance with Oregon Administrative Rules (OAR 414-300) and the Oregon Health Authority: Children must be excluded from care if they show signs of communicable disease, are unable to participate comfortably, or require more care than staff can safely provide without compromising supervision of other children. Medication may only be administered with written parental authorization and, when required, written instructions from a licensed healthcare provider. The provider may require a healthcare provider’s written clearance for return to care. All illness exclusions and incidents are documented and maintained in the child’s file.

Vaccination Policy

Children must remain home for 24 hours following any vaccinations. This allows time to monitor for possible side effects such as fever, soreness, or irritability. Please schedule immunization appointments at times that allow your child to remain home the following day if needed. This policy helps ensure your child’s comfort and protects the health of the group.

Oregon Health & Child Care Licensing Requirements

Symptoms Requiring Exclusion (including but not limited to):

- Fever of 100.4°F or higher
- Vomiting within the past 24 hours
- Diarrhea (two or more loose stools in 24 hours)
- Severe coughing, wheezing, or difficulty breathing
- Lethargy or inability to participate in activities
- Unexplained rash, especially with fever or behavioral change
- Thick yellow/green eye discharge (possible conjunctivitis)
- Blood or mucus in stool
- Mouth sores with drooling
- Impetigo (until 24–48 hours after treatment begins)
- Strep throat (until 24–48 hours after antibiotics begin)
- Persistent pain or complaint of illness
- Any condition that prevents participation in normal daily activities

COVID-19 & Respiratory Illness Addendum

Children exhibiting symptoms of COVID-19 or other respiratory illnesses (including fever, new cough, shortness of breath, loss of taste or smell, sore throat, congestion, or fatigue) must remain home. Return to care may require: • Completion of recommended isolation period per Oregon Health Authority guidance, OR • A negative COVID test with symptom improvement, AND • Being fever-free for 24 hours without medication. The daycare will follow current Oregon Health Authority and Early Learning Division guidance regarding outbreak reporting, exposure notification, and sanitation procedures. Enhanced cleaning, handwashing practices, and ventilation protocols are maintained to reduce illness transmission.

Young children may not be able to clearly communicate symptoms. If symptoms arise, parents will be notified promptly. Parents are responsible for arranging alternate care for sick children. Knowingly masking a fever or illness with medication in order to bring a child to daycare will result in immediate termination of the childcare contract. Please communicate this policy to anyone responsible for transporting or caring for your child.

I/We agree to abide by The Red House Learning Hub - Precious Smiles Sickness Policy.

Child/Children's name: _____

Parent/Guardian Signature: _____

Date: _____