

MCELC ILLNESS POLICY

The following is a list of exclusions and when they can return to the childcare setting.

CHILD IS TOO ILL

Your child is too ill to come to the Center if he or she has any of these signs:

Seems **very** tired and needs bed rest (this is common with flu symptoms)

Unusual behavior: cranky, listlessness, crying more than usual, obvious general discomfort, loss of appetite

Temp. of 101°F or above

Cough that disrupts normal activity

Has **vomiting** or **diarrhea**

Breathing: labored, rapid, and/or wheezing

Yellowish tint to **skin** or **eyes** and/or unusually dark, tea colored **urine**

Red watery or draining **eyes:** if you suspect **pink eye** contact your Ophthalmologist (there is a simple diagnostic test)

Infected areas of the **skin:** rash, sores, crusty, drainage

Fainting or seizures (other than pre-existing conditions)

Severe itching to the body or scalp

Signs of weakness, drowsiness, flushed face, headache or stiff neck

Strep throat and/or severe **red** or sore throat

Greenish nasal or eye drainage

CHILD MAY RETURN TO the Center

Fever: no fever for 24 hours without the use of fever-reducing medication

Cough: symptom free or physician's written approval to return

Breathing: symptom free or physician's written approval to return

Diarrhea: no diarrhea (watery stools) for 24 hours

Vomiting: no vomiting or upset stomach for 24 hours and able to take food

Skin-Eyes-Urine discoloration: symptom free or physician's written approval to return

Eyes: all discharge from eyes has stopped or physician's written approval to return

Skin Sores: healed or 24 hours after treatment or physician's written approval to return

Itching of body/scalp: if caused by lice or scabies—after use of at home treatment—staff will check child's hair before re-admittance

Fainting or seizures: symptom free or physician's written approval to return

Strep throat: 24 hours after treatment

Green nasal or eye drainage/Severe Red throat: Symptom free

Antibiotic: if prescribed be sure your child has taken the medicine for 24 hours before returning. **Take till gone**

**Guidelines for Exclusion of Children (or Staff Working With Children) Who Are Ill
As Recommended in *Caring for Our Children: National Health and Safety
Standards: Guidelines for Out-of-Home Child Care Programs (Third Edition)***

When formulating exclusion policies, it is reasonable to focus on the needs and behavior of the ill child and the ability of staff in the out-of-home child care setting to meet those needs without compromising the care of other children in the group.

Children with fever are managed differently in child care. The presence of fever alone has little relevance to the spread of disease and may not preclude a child's participation in child care. A small proportion of childhood illness with fever is caused by life-threatening diseases, such as meningitis. It is unreasonable and inappropriate for child care staff to attempt to determine which illnesses with fevers may be serious. The child's parents or legal guardians, with the help of their child's health care provider, are responsible for these decisions. Parents should be notified anytime a child has a fever.

A facility should not deny admission to or send home a child because of illness unless one or more of the following conditions exists. The parent, legal guardian, or other person authorized by the parent should be notified immediately when a child has a sign or symptom requiring exclusion from the facility, as described below:

- 1) The illness prevents the child from participating comfortably in facility activities;**
- 2) The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children; or**

3) The child has any of the following conditions and poses a risk of spread of harmful diseases to others:

- A. An acute change in behavior including lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, uncontrolled coughing, noticeable (spreading) rash, or other signs or symptoms of illness until medical evaluation indicates inclusion in the facility.
- B. Fever (temperature above 101 degrees Fahrenheit orally, above 102 degrees Fahrenheit rectally, or 100 degrees or higher taken auxiliary (armpit)) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea). Oral temperature should not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature should be taken only by persons with specific health training.
- C. Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper until diarrhea stops; blood or mucus in the stools not explained by dietary change, medication, or hard stools.
- D. Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration.
- E. Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness.
- F. Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious.
- G. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease.
- H. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated.
- I. Untreated scabies, head lice, or other infestation.
- J. Untreated Tuberculosis, until a health care provider or health official states that the child can attend child care.
- K. Known contagious diseases while still in the communicable stage (chicken pox, streptococcal pharyngitis, rubella, pertussis, mumps, measles, hepatitis A).