

Illness Exclusion Guidelines

Young children build up their natural immunity by getting many virus infections, so minor illnesses are a part of child care settings. However, we must minimize exposures and make individual family plans in advance for when you child is ill and cannot come to school.

Containing illness is a goal for our school for three reasons – children, parents and our teachers. The entire classroom suffers when children come to school sick.

Illnesses in the preschool years are inevitable. Children can be sick one moment and just fine the next. They can vomit at the beginning of an illness or it can be the finale. We support your responsibilities to your employment but the health of the entire classroom community is also our responsibility.

- 1) Although we deliver lots of tender loving care we are not staffed for continuous care of sick children.

If your child becomes ill at school, we will notify you immediately and ask that you come and pick them up within the hour.

Certain symptoms in children may suggest the presence of a communicable disease. Children who have the symptoms listed in section A should be excluded from the child care setting until:

- 1) a physician or nurse practitioner has certified the symptoms are not associated with an infectious agent and/or they are no longer a threat to the health of the other children at MacDonald Montessori School or
- 2) the symptoms have subsided
- 3) For the mildly ill child, exclusion should be based on whether there are adequate facilities and staff available to meet the needs of both the child and the other children in the group.

SECTION A: GUIDELINES FOR EXCLUDING CHILDREN FROM SCHOOL

Parents will be notified when:

Fever – auxiliary or oral temperature: 100 degrees F. or higher or Rectal temperature 101 F. or higher; especially accompanied by the other symptoms such as vomiting, sore throat, diarrhea, headache and stiff neck or undiagnosed rash.

Respiratory Symptoms – difficulty or rapid breathing, wheezing or severe cough – child makes high-pitched croupy or whooping sounds after he coughs. Child is unable to lie comfortably due to continuous cough.

Diarrhea – an increased number of abnormally loose stools in the previous 24 hours –more than twice at school. Observe the child for symptoms such as fever, abdominal pain or vomiting.

Vomiting – two or more episodes of vomiting within the previous 24 hours.

Eye/Nose Drainage – thick mucus or pus draining from the eye or nose

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Nasal drainage at the end of a cold becomes thick and may be yellow or greenish. This does not indicate infection unless the child is acting sick.

Sore Throat – sore throat, especially when fever or swollen glands in the neck are present.

Skin Problems – rash, undiagnosed or contagious. Infected sores, sores with crusty, yellow or green drainage which cannot be covered by clothing or bandages

Itching – persistent itching of body or scalp undiagnosed

Appearance/Behavior – Child looks or acts differently; usually tired, pale, lacking appetite, confused, irritable, difficult to waken

Unusual Color :

Eyes or skin – yellow

Stool – gray or white

Urine – dark, tea colored

These symptoms can be found in hepatitis and should be evaluated by a physician.

SPECIFIC DISEASE EXCLUSION GUIDELINES:

AIDS – exclude infected child if he/she exhibits biting behavior, is not in control of his/her body fluids, or has open sores which cannot be covered.

Chicken Pox – Until all the blisters have dried into scabs; about six days after the first rash (pox).

Conjunctivitis(Pink eye) – Not all children are sent home from school because their eyes appear red, red eyes can be the result of a common cold, allergies, irritants, and viral or bacterial infection. Whether they are sent home depends on the cause of the redness, the age of the child, if they have a fever, pus, or behavioral changes.

Fifth Disease – No exclusion necessary

Giardiasis – For those with diarrhea only; until the child has started treatment and stool cultures are negative. Diarrhea may continue for a while until bowel recolonizes with bacteria.

Hand, Foot & Mouth – Until the fever is gone and the child is well enough to participate in normal daily activities (sores may be present.)

Hepatitis B – No exclusion necessary unless infected child exhibits biting behavior, or has open sores that cannot be covered.

Impetigo – Until sores are healed or can be covered with bandages, or until the child has been treated with antibiotics for at least a full 24 hours.

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Lice(head) – Until the first treatment is completed and no live lice are seen and the nits removed.

Measles – Until four days after the rash appears.

Mumps – Until swelling subsides, usually five days but may be as long as nine days after the swelling begins.

Oral Herpes (cold sores) – No exclusion necessary

Pertussis(whooping cough) – Until five to seven days after antibiotic treatment begins.

Pinworms – Until after treatment has started.

Strep Throat

Scarlet Fever – Until at least a full 24 hours after antibiotic treatment begins.

PLEASE HELP US IN OUR EFFORT TO MAINTAIN A HEALTHY ENVIRONMENT.

Caring for sick children:

- 1) If a child becomes ill while in our care, every attempt will be made to keep him/her comfortable until the parent arrives.
- 2) Until the parent arrives:
 - a) The ill child must be separated from the other children; he/she will be within sight and hearing distance of an adult- children + their cot and blanket can be brought to the office while they wait for their parent.
 - b) A parent needs to be notified and informed to make arrangements to have the child picked up from the school within the hour.

Likewise, we shall post notices informing parents of exposed children the same day a child develops any of the listed conditions. Before we can re-admit a child who had a reportable disease it is necessary for the parent to obtain a physician's statement stating that the child's condition no longer threatens the health of the other children at the school.

ADMINISTERING MEDICATION AT SCHOOL:

As a childcare center, which is regulated by both state and county agencies, there are certain procedures that need to be followed in order for us to administer medication to children during the day.

- 1) No medication can be administered without completing a medication form. Please make sure when completing your form that you fill in ALL the requested information. We are

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not allowed to administer any medication unless these forms are completed in detail. Blank medication forms are located in each classroom.

- 2) All prescription and non-prescription medication must come to school in its original container. If it is a non-prescription drug such as Tylenol, it must come labeled with your child's first and last name on the bottle.
- 3) Completed medication forms need to be given directly to the teachers of your child's classroom.
- 4) Medication needs to be placed in the refrigerator inside the Tupperware container on each floor or in each infant room refrigerator. Under no circumstances is any medication to be placed in a child's lunch box or backpack where it would be accessible to children.
- 5) When your child is done with the medication it is necessary that the medication container be taken home. Please leave the medication form with us, it need to be kept on file.

Your cooperation in this matter is very important, without proper authorization we cannot administer medicine to your child.