



## **INCLUSION/EXCLUSION/DISMISSAL OF CHILDREN**

The parent/guardian or other person parent authorizes shall be notified immediately when a child has any sign or symptom that requires exclusion from the center. Staff shall ask the parents to consult with the child's health care provider. The staff shall ask the parents to inform them of the advice received from the health care provider. The staff shall follow the advice of the child's health care provider.

If an illness prevents the child from participating comfortably in activities as determined by the childcare provider; the illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the staff;

The child has any of the following conditions:

- 1) Lethargy that prevents the child from participating in normal classroom activities
- 2) Uncontrolled Coughing
- 3) Inexplicable irritability or persistent crying
- 4) Difficulty breathing
- 5) Wheezing, or other unusual signs for the child
- 6) Head Lice/Nits
- 7) Diarrhea, defined by more watery stools, stool that is not associated with changes of diet and increased frequency of passing stool. (Two or more episodes of diarrhea within 24 hrs.)
- 8) Vomiting illness ( two or more episodes of vomiting in 24 hours)
- 9) Persistent Abdominal pain
- 10) Mouth sores with drooling, unless health care provider determines that child is not infectious.
- 11) Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease;
- 12) Purulent Conjunctivitis (pink eye with white or yellow discharge), until after treatment has been initiated. In epidemics of non-purulent pink eye, exclusion shall be required only if the health care provider recommends.
- 13) Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and attend child care.
- 14) Impetigo, until 24 hours after treatment has been initiated
- 15) Strep Throat or other streptococcal infection, 24 hours after initial antibiotic treatment and cessation of fever
- 16) Varicella (Chickenpox) until all sores have dried and crusted (usually 6 days)
- 17) Pertussis, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed
- 18) Mumps, until 9 days after onset of parotid gland swelling

- 19) Hepatitis A Virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently immune serum globulin) has been administered to appropriate children and staff members
- 20) Rubella, until 6 days after onset of rash.
- 21) Measles, until 4 days after onset of rash.
- 22) Illness that results in a greater need for care than what the staff can provide without compromising the health and safety of other children.
- 23) Illness that prevents the child from comfortably participating in program activities.
- 24) Fever of 100 degrees or higher. Children may not attend class if they have had a fever within the past 24 hours. Children must be fever free for at least 24 hours without medication before returning to class.
- 25) Symptoms of a cold (runny nose/sneezing/coughing) for 10 or more days without having seen a physician. A visit to a physician is required at this point before a child can return to class.