

# Child Care Health Policies

## Infant/Toddler and Preschool

These updated child care health policies are designed to work in concert with the guidelines set by the State of North Carolina and by the SAS Health Care Center. While helpful, these guidelines cannot replace the teachers' judgment of your child's ability to participate within the routine child care environment. For everyone's protection, parents are expected to pick up their child within thirty minutes of being notified of illness symptoms.

## Symptoms of Illness

### Fever\*

For purposes of child care, a fever is

- 100 degrees axillary (armpit)
- 101 degrees orally
- 102 degrees rectally

Reasons for taking a temperature

- Child exhibits outward signs of illness
- Child is flushed, has chills, or feels warmer than usual
- Child is irritable or lethargic for a length of time

Because a fever may indicate other health concerns a child must be fever-free, without the use of fever-reducing medicine, for twenty-four hours before returning to child care. Upon return, child must be able to participate in all classroom activities including outdoor play. Twenty-four hour policy is based on fever as described above.

**\*The child care teacher will determine if a child has a fever and must leave child care.**

### Vomiting

Child will be sent home if he vomits. Child may return to child care the following morning if he has not vomited in the previous eight hours.

If there appears to be blood present in the vomited content, immediate medical attention is necessary.

### Cough

Child should be referred for evaluation if he/she has a frequent cough which prevents eating, sleeping, playing or which is accompanied by other illness symptoms.

### Rash

Child with an undiagnosed rash will be sent home for any of the following reasons:

- Rash is spreading over a period of time
- Rash is widespread

- Rash appears to cause discomfort and/or is accompanied by fever
- Rash persists for more than two days
- Rash contains or consists of blisters
- Rash looks like bleeding under the skin
- If symptoms do not improve or worsen, re-valuation may be required

Child will be excluded from child care until a note is received from his/her healthcare provider stating the diagnosis or that he/she is not contagious.

### **Mouth Sores**

A child unable to control his/her saliva or unable to eat or drink due to mouth sores may be excluded from child care unless a healthcare provider states that the child does not have coxsackie virus or some other contagious illness. (See coxsackie virus under Contagious Illnesses.)

## **Contagious Illnesses**

### **Diarrhea\***

Child will be sent home for diarrhea that occurs three or more times per day for infants that is not contained by diapers and two or more times per day for toddlers and preschool children that is not contained by diapers or toilet use.

Child may return to child care when diarrhea (as described above) has not occurred in the previous eight ours. On the day the child returns, if one such stool occurs, he/she will be excluded from child care.

If there appears to be blood present in the stool, immediate medical attention is necessary.

Diarrhea of two weeks' duration is an indication for medical evaluation, and a note from a healthcare provider will be required for continued attendance.

**\*All diarrhea is a health concern in the classroom.**

### **Cold**

Child may be sent home with any of the following symptoms or complaints:

- Nasal congestion/runny nose
- Chills
- Postnasal drip/sore throat
- Red, watery eyes
- Neck, head, muscle aches
- Sneezing
- Cough/hoarseness
- Breathing difficulty
- Listlessness/loss of appetite
- Fever
- Profuse or yellow-green nasal discharge
- Ear drainage

### **Coxsackie Virus**

Although there is debate surrounding this issue, a diagnosis of coxsackie virus by the child's healthcare provider requires exclusion from child care until mouth lesions are resolved, child can eat and drink, and has been fever free for twenty-four hours without the use of fever reducing medication. Lesions on the hands and feet are not reasons for exclusion, but lesions which are not dried up must be kept covered.

### **Herpes Virus**

A diagnosis of herpes requires exclusion from child care until lesions appear dried and no longer active (indicating they are non-contagious) or can be covered by a bandage. The recurrent nature of herpes makes it necessary for the child care centers to follow these guidelines with each successive episode.

### **Impetigo**

Child may return following twenty-four hours of treatment (may include topical or oral). Draining lesions should be covered with a bandage (i.e., Band-Aid).

### **Pink Eye (Conjunctivitis)**

Child will be sent home if either eye is draining cloudy or has colored discharge.

Child may return to child care when:

- He/she has been on antibiotics for twenty-four hours, or
- He/she is accompanied by a doctor's note stating that the drainage is caused by a non-contagious condition (such as a blocked tear duct).

If the child returns to child care and symptoms do not improve or should worsen, re-evaluation may be required.

### **Ringworm/Tinea**

Child may return to child care after one treatment as long as lesions can be kept covered by clothing or bandage for one day.

### **Roseola**

Child may return to child care when fever is gone and child has a doctor's note stating that he/she has resolving roseola and is not contagious.

### **Strep Throat**

Child must be on an antibiotic for twenty-four hours before returning to child care. Child must feel well enough to eat, drink, and participate in all classroom activities.

### **Thrush**

Child may return to child care after one treatment, as long as the child is able to eat, drink, and participate in all classroom activities.

### **Chicken Pox**

Child may return to child care after seven days from the onset of the rash or when all lesions are crusted over.

### **Lice**

Child may return to child care when nits (eggs) can no longer be found on the child by the child care staff.

## **Additional Information**

### **"Out-of-Sorts" Children**

Child will be sent home for a change in behavior that severely limits the attention that other children could and should be receiving, i.e., requires constant holding and attention, inconsolable crying for a long period of time, etc. Child should feel well enough to participate in all classroom activities, including outdoor play.

### **Administration of Medicine**

- Fever-reducing and anti-diarrhea medicines will not be administered by parents or teachers while children are in child care.
- All over-the-counter medicines will be administered by parents ONLY.
- Teachers can administer prescription drugs.
- Prescription drugs must remain in their original container and be accompanied by a permission note from the parent.
- Teachers must administer the medication as stated on the container unless the medication is accompanied by a physician's note.
- Parents will be required to send a proper measuring utensil with the child's medicine.