

**Newton Community Child Care Center, Inc.**



207 E. 8th  
Newton, KS 67114  
316-284-6525

Illness	Exclusion	Inclusion
<b>Behavioral Indicators</b>	~ Any condition preventing a child from participating comfortably in usual program activities. ~ Crankiness, listlessness, loss of appetite, crying more than usual, obvious discomfort or child care provider feels child needs individualized care.	~ Child is able to participate comfortably in all program activities, including activities outdoors.
<b>Eye, Ears, Throat, and Nose</b>	~Eye: Red and matted with discharge. ~Ear: Drainage or obvious discomfort by ears. ~Throat: Strep Throat ~Nasal Drainage: Persistent thick yellow or green drainage.	~Eye & Throat: 24 hours after the start of an antibiotic or a signed doctors note that they have been seen and are not contagious. ~Ear & Nose: A doctor is consulted or symptoms are resolved.
<b>Fever Temperature will be taken auxiliary (under arm)</b>	Temp of Ax. 99 (add one degree 100)	<b>Fever free without the aid of fever reducing medication for 24 hours.</b> Actual return will depend on severity of symptoms.
<b>Gastro-Intestinal</b>	~Diarrhea: Unexplained, increased number of stools, increased stool water, decreased form that is not contained by the diaper or child unable to reach the toilet in time. ~Nausea & Vomiting: Excluding the usual infant "spit up".	Return of normal appetite and <b>24 hours symptom free</b> with out the aid of medication.
<b>Skin</b>	~ Unexplained bumps, blisters, or rash. ~ Scabies and Lice	~ 24 hours symptom free or ~ Doctors note that they have been seen and are not contagious or ~ 24 hours after the start of an antibiotic and doctors release.

I understand it is against state regulations for children meeting the exclusion guidelines to remain at the Child Care Center. I will pick up my child with in 2 hours. I have read and understand the above exclusion/inclusion guidelines. I understand the list is not all-inclusive and illnesses will be evaluated on a case-by-case basis.

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Parent Signature

\_\_\_\_\_  
Date