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| Admissions and Exclusions | | HS-02-103 | |
| Butler County Children's Center, Inc. | | | |
| Effective Date: | 09/01/2016 | Revised Date: | 10/26/2018 |
| Approved By: | | Date: | |
| Board of Directors | | 09/01/2016 | |
| Policy Council | | 09/01/2016 | |

ADMISSION AND EXCLUSION

Children will be excluded from Center Based Early Learning programs if:

A. The child exhibits signs of an illness listed below. (According to the Academy of Pediatrics)

1. FEVER: 100.4 degrees F. for all children
2. UNUSUAL LETHARGY, irritability, persistent crying, and difficult breathing.
3. UNCONTROLLED DIARRHEA: Three episodes with increased stool water that is not contained by the diaper or toilet use.
4. VOMITING: two or more times
5. MOUTH SORES: with drooling
6. UNIDENTIFIABLE RASH accompanied with a fever or change in behavior.

Parents/Guardians will be given a courtesy call if their child exhibits signs of illness that could lead up to the child being sent home. The call will serve as a way to communicate our concerns for the child and prepare the adults for a possible pick up.

In Child Care the Program Manager must be notified before a child is sent home. In other Early Learning Programs the Head Teacher has the authority to send a child home if the child meets the signs of illness criteria.

If a child is sent home with a high fever, excessive vomiting or uncontrollable diarrhea he/she must be symptom free in order to return. If the child returns and symptoms re-occur the child will be excluded. Staff must contact the parent or emergency contact to pick up the child.

B. The child displays signs of a communicable disease.

When a child is diagnosed with a communicable disease a notice will be sent to all parents of children that would/could be exposed IN THAT CLASSROOM. These notices will be on GREEN paper informing the parents/guardians that their child has been exposed to a specific disease and a listing of the symptoms that they should look for. Each site will have a plan to distribute the notices in a way that ALL parents receive the notice upon picking up their child. No exposure notice will be sent home without preapproval of program Manager/Director. No children's names will be disclosed or discussed with any other parents. If more than one child in a classroom contracts the same disease, notices will only be sent out when first child is diagnosed and again in two weeks if cases are still appearing. Notices will be effective for two weeks and parents, staff, and children should take all precautions related to the specific communicable disease.

Please refer to the following list of communicable disease as to when the child may return:

| Communicable Disease | When The Child Can Return |
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| Chicken Pox | When all blisters have scabbed (usually 6 – 10 days) |
| Diphtheria | 48 hours from the time the child is taking antibiotics, or until there are two negative culture tests. |
| Fifth Disease | No exclusions unless the child is unable to participate in daily activities. |
| Flu | Must be fever free without the use of fever reducing medications. |
| Giardiasis | Once diarrhea has stopped |
| Haemophilus Influenza Type B (HIB) | Child must have written clearance from a health professional or local health department. |
| Hand, Foot, and Mouth | When child is able to contain drool, and all draining sores are covered. |
| Hepatitis A | One week after onset of illness and after immune globulin has been given to all contacts. Documentation of immune globulin must be given to the staff. |
| Infectious Diarrhea | Until negative stool sample is obtained |
| Impetigo | 24 hours after doctor prescribed treatment has begun and all sores are scabbed over without drainage |
| Measles | 4 days after the rash began |
| Meningitis | Must have written clearance from a health professional |
| Mononucleosis | Child will need a doctor's written permission to be re-admitted |

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| MRSA | Child must have a doctor's written clearance to return and sores must not have drainage or pus. Sores must be covered. |
| Mumps | 9 days after the onset of swelling |
| Pertussis (Whooping Cough) | 5 days from the time the child begins taking antibiotics |
| Pink Eye (acute bacterial contagious conjunctivitis) | 24 hours after doctor prescribed treatment is begun |
| Pinworms | 24 hours after doctor prescribed treatment has begun |
| Ringworm | 24 hours after beginning medication |
| Respiratory Streptococcal Infections | (Scarlet Fever, Bronchitis, Strep Throat, etc.) After 24 hours of antibiotic treatment |
| Roseola | No treatment necessary – child may return after rash is gone. |
| Rotavirus | When all signs of illness are gone |
| Rubella | 6 days from the time the rash begins |
| Salmonella | Must have written clearance from a health care professional |
| Scabies | Twenty-four (24) hours after treatment. Child will need a doctor's written clearance to be re-admitted. |
| Shigella | After treatment complete and two stool cultures taken 24 hours apart are negative |
| Tonsillitis | 24 hours from the time the child begins taking antibiotics |
| Tuberculosis (TB) | As soon as effective therapy has been started and adherence to medication is documented |
| Whooping Cough (Pertussis) | 5 days from the time the child begins taking antibiotics |

Re-Admission After Medical Treatment

If any child has been to a hospital, urgent care, emergency room, or has had any surgeries/treatments, the parent must provide written documentation allowing the child to attend the program, with or without restrictions. Documentation must be provided from a health professional.

Admission and Permitted Attendance

Specific conditions that do not require exclusion are:

1. Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves.
2. Children with a rash, which has been diagnosed as non-contagious.
3. Children with cytomegalovirus infection, HIV or carriers of hepatitis b.

Procedure for Management of Short-Term Illness

A child whose illness is contagious or keeps a child from participating in activities will not be admitted into care.

If a child becomes ill or shows signs of contagious/ communicable disease during the time the child is in care the staff will notify the parents or emergency release contact to come and pick up the child.

If the child care staff are not certain about whether the child's illness poses an increased risk to others, the child will be excluded until a parent/guardian provides documentation from a medical professional that the child may attend.

Reporting Requirements/Parent Notification

Some communicable diseases must be reported to public health authorities so that control measures can be used. The Health/Nutrition/Disability Director will obtain an updated list of reportable diseases from the local or state health authorities annually. Staff will notify the Program Manager if a child or staff person has developed a known or suspected communicable disease who will then notify the Health/Nutrition/Disability Director. The Health/Nutrition/Disability Director will notify the appropriate health department authority about any suspected or confirmed reportable disease among the children or staff. Parents of children who may have been exposed to a child or staff person with a reportable condition will be informed through written notification about the exposure.

Obtaining Immediate Medical Help

For the following conditions, the parent or guardian must be contacted immediately and encouraged to seek medical help. If the parent cannot be reached the emergency contacts will be called. If neither the parent nor the emergency contact can be reached and the condition worsens and becomes life threatening, 9-1-1 will be called.

Specific symptoms:

- A baby less than 4 months of age has a temperature of 101 degrees F. rectally or 100 degrees F. axillary (armpit)
- A temperature of 105 degrees F. or higher in a child of any age.
- For infants under 4 months, forceful vomiting more than once
- Looking or acting very ill or getting worse quickly
- Neck pain when the child's head is moved or touched
- A stiff neck or severe headache and looking very sick
- A seizure for the first time
- Acting unusually confused
- Unequal pupils (black centers of the eyes)
- A Blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with injury
- A rash or hives or welts that appears and spread quickly.
- Breathing so fast or so hard that the child cannot play, talk, cry, or drink
- A severe stomachache that causes the child to double up and scream
- A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall
- Stools that are black or have blood mixed through them
- Not urinating at least once in 8 hours, a dry mouth, no tears or sunken eyes
- Continuous clear drainage from the nose after a hard blow to the head