

Daily Health Check and Exclusions for Ill Children Policy

Policy No. 213

Introduction

Classroom staff and or Family Advocate will check all children when children first arrive at the center for signs of illness and also throughout the day.

Center Manager may refer to The Signs and Symptoms Inclusion vs. Exclusion Reference Guide to aid in decision making.

Consult with the Early Learning Nurse or Health/Nutrition Content Specialist with any questions or concerns regarding any acute illness, injury, any suspected disease, or any other health related question or concern.

Exclusion Symptoms

Children and staff with the following symptoms will be excluded:

- A. Fever of at least 100^o F under arm (axillary) or 101^o F orally AND who also have one or more of the following: Headache, Earache, Sore Throat, Rash, Vomiting, Diarrhea or Fatigue.
- B. Vomiting: A child that has vomited two or more times in the previous 24 hours. Exclude for 24 hours after last episode of vomiting, unless it is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.
- C. Diarrhea: 2 stools that are not normal in a 24 hour period or 1 bloody stool. Diarrhea is defined as an increased number of stools compared with a child's normal pattern, along with decreased stool uniform and/or stools that are watery, bloody, or contain mucus. Exclude until 24 hours after diarrhea stops or follow specific disease exclusion if the pathogen is known; or until a medical exam indicates that it is not due to a contagious disease.
- D. Skin sores, that are open or oozing, unless properly covered with waterproof dressing or bandages.
- E. Skin infections such as impetigo and scabies: The child may return twenty-four hours after starting (antibiotic) treatment; a note from the doctor is required.
- F. Fatigue, irritability due to illness that prevents participation in regular activities.
- G. Mouth Sores with Drooling: Exclude until a medical exam indicates the child may return or until sores have healed.
- H. Rash with Fever or Behavior Change: Exclude until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion.
- I. Eye Drainage: Purulent (pus) drainage with fever and/or eye pain (eye redness, inflamed/swollen eyelids). Exclude until examined by a health care provider and approved for readmission.
- J. Unusual Color of Skin, Eyes, Stool, or Urine: Yellow eyes or skin (jaundice), gray or white stools, or dark (tea or cola-colored) urine. Exclude until a medical exam is completed and primary health provider approves readmission.
- K. Signs/Symptoms of Possible Severe Illness: Child is unusually tired, has uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs for the child. Exclude until a health care provider has done an evaluation to rule out illness. (follow Health Care Plan if one is in place).

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Obtaining a Temperature

- Infants 2 months or younger with a fever should get medical attention immediately.

Temperatures will be obtained by:

- 1) Use a digital thermometer with a single use disposable thermometer probe cover.
- 2) Oral temperature may be taken on preschool age to school age children only.
- 3) Axillary (under armpit) temperatures will be taken on all other children.
- 4) NO rectal NOR ear temperatures will be taken.

Child Needs To Be Sent Home

- 1) When a child has a health concern and cannot be at school, the Center Manager/Designee must be contacted for approval.
- 2) Once the Center Manager/Designee has been contacted and has approved the child to be sent home, the Center Manager will then send an email to the Early Learning Nurse and Health Nutrition Content Specialist within 24 hours stating who the child was and why they were sent home with any additional information needed.
- 3) The Early Learning Nurse or Health/Nutrition Content Specialist will then input the notes into ChildPlus in the Correspondence tab under the health section.

Once it is determined by the Center Manager/Designee, Early Learning Nurse or Health/Nutrition Content Specialist the child needs to be excluded due to illness exclusion criteria:

1. The Family Advocate or Teacher, if Family Advocate is not available, will contact the parent to pick up the child as soon as possible.
 - A. If parent is not available; other listed contacts will be called.
2. If the child is suspected of being contagious:
 - A. The child will wait in a separate, supervised place with an educational activity until picked up.
 - B. The Center Manager/Designee will decide the appropriate place for the child to wait until picked up

Head Lice

Exclusion for treatment of an active lice infestation will be delayed until the end of the day.

The Family Advocate will work closely with the family, Teacher and Early Learning Nurse to avoid child being absent due to Head Lice.

Informing the parents by having a piece of tape showing head lice or nits is strictly not allowed.

If during the school day lice is seen, the staff member will discreetly pull the child to an area where no children are at and check the child for head lice. Tape will not be used to gain samples of the head lice. If lice is present the parent/guardian will be notified of head lice concerns by Family Advocate or teacher, if Family Advocate is not available, as soon as possible.

Exclusion for treatment will be delayed until the end of the day.

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- 1) At the end of the day information on head lice treatment will be sent home to the family, with the child or parent. The parent/guardian will be instructed to initiate the treatment process prior to sending the student back to the center. Treatment will be encouraged to be initiated the same day, to avoid any absent.
- 2) The family will be given time to fully complete the treatment process. The treatment process is normally for 7 days. Refer to Treatment Instructions Checklist Health #41 HL
- 3) No child will be excluded for having nits. Nits may persist until treatment is complete. Parent will be instructed to continue to comb out the nits daily in the evening until completely removed.
- 4) With the goal being to avoid absenteeism, to support the family in their effort to control and eliminate head lice and maintain student privacy. The Early Learning Nurse will work with the Family Advocate to provide family education, assistance and if necessary a referral to Primary Care Provider. In suspected chronic neglect CPS may be called.
- 5) Transportation will not be denied to the child suspected of having head lice. If transportation staff suspects head lice on a child, it will be reported to the teacher or family advocate who will then follow the procedure listed above. (Transportation may only be temporarily stopped as part of an action plan but will be instructed by transportation management and Early Learning Nurse and/or Health/Nutrition Content Specialist).

Parent Notification of Exposure to Illness

Parents will be notified in writing when their child/children have been or potentially exposed to infectious diseases or parasites in the classroom or on the bus such as head lice. The notification will consist of both:

- a) A letter to the parents and
- b) A posting in the classroom bulletin board.

Parent Notification and Documentation of Illness or Injury While Under Our Care

- 1) Documentation of illness will occur in the following:
 - a) An Accident/Injury Report will be completed when the Health Care Plan or Medical Alert has been initiated and 911 is called.
 - b) An Accident Report will be completed for all child injuries.
 - 2) All illness will be emailed within 24 hours after the incident to the Early Learning Nurse and Health/Nutrition Content Specialist.
 - 3) The Early Learning Nurse or Health/ Nutrition Content Specialist will then input the accident in the Correspondence tab under the Health section.
 - 4) Documentation will consist of the following:
 - a) Date of illness or injury;
 - b) Treatment provided while in care; and
 - c) Names of the staff providing the treatment or care.
 - d) Provide a copy of the Accident/Injury report to the parent; and keep the original Accident/Injury report listing date of illness or injury, the child's name, names of staff involved, and a brief description of the accident for tracking and analysis.
 - e) Copy of Accident Injury Report will be placed in the child's file
 - f) The original Accident/Injury Report will be given to the Center Manager for filing.
 - g) A copy of the Accident/Injury Report will be sent to the Executive Director by the Center Manager.
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Re-admittance Following An Illness or Injury

Following an illness or injury, children will be re-admitted to the program when:

- 1) Child no longer has the symptoms for which they were sent home for.
- 2) Child has been without fever for 24 hours without being treated by an antipyretic such as acetaminophen (Tylenol) or ibuprofen
- 3) 24 hours have passed since starting appropriate treatment as prescribed by doctor such as antibiotics.
- 4) Child is able to fully participate in class activities.
- 5) The center has been advised by a Public Health Nurse on communicable disease guidelines for child care.
- 6) Head lice: treatment and comb out has been started.
- 7) After prescribed treatment has been completed. Such as treatment for scabies

Following surgery or injury requiring medical care,

- 1) A note from the physician stating that the child may return to class will be required. Medical alert may be created by the Early Learning Nurse or Health Nutrition Content Specialist and may also determine if a Health Care Plan will need to be established with the provider.

Approved by Policy Council: 4/11/19

Approved by Board of Directors: 5/28/19

ECEAP Performance Standards

Head Start Act:

Head Start Performance Standards: