



The ASSET Program Brilliant Minds Early Intervention Center Child Illness Policy

On average, preschoolers experience eight to ten illnesses a year. We strive to limit the spread of communicable disease in our centers and are committed to implementing policies that balance and respect the needs of children, families, and staff in these circumstances. Our Child Illness Policy is based on the Model Health Care Policies developed by the American Academy of Pediatrics.

Brilliant Minds understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary either to reduce the transmission of illness or because the center is not able to adequately meet the needs of the child. Mild illnesses are common among children, and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day.

Reasons for Brilliant Minds to exclude children include (but are not limited to) the following:

- Illness that prevents the child from participating comfortably in program activities, such as going outdoors.
- Illness that results in a greater need for care than our staff can provide without compromising the health and safety of other children.
- Illness that poses a risk of spread of harmful disease to others
- Severely ill appearance (persistent runny nose, persistent cough, red/wet/itchy eyes)
- Fever of 100 degrees or above (axillary); 101 or above (orally) or an equivalent measure accompanied by behavior change or other signs and symptoms.
- Fever of 104°F or greater in a child of any age (requires immediate medical attention)
- Diarrhea; watery stools or decreased form of stool not associated with change of diet; stool not contained in the diaper; child unable to reach the toilet; or stool frequency that exceeds 2 or more stools above normal for that child.
 - Cases of bloody diarrhea and diarrhea caused by Shigella, salmonella, Shiga toxin producing E coli, Cryptosporidium or G intestinalis must be cleared for readmission by a healthcare professional.
 - Blood or mucus in the stools not explained by dietary change, medication, or hard stools.

- Vomiting 1 time in the previous 24 hours (unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration).
- Mouth sores with drooling (unless the child's medical provider or local health department authority states that the child is noninfectious).
- Abdominal pain that continues for more than 2 hours; intermittent abdominal pain associated with fever, dehydration, or other signs of illness.
- Rash with fever or behavioral changes (unless a physician has determined it is not a communicable disease).
- Skin sores weeping fluid and on an exposed area that cannot be covered
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge) until on antibiotics for 24 hours.
- Impetigo until 24 hours after treatment has been started.
- Strep throat (or other streptococcal infection) until 24 hours after treatment has been started.
- Head lice or nits until after first treatment.
- Rubella, until 7 days after the rash appears.
- Scabies until 24 hours after treatment has been started.
- Chickenpox, until all lesions have dried or crusted (usually 6 days after onset of rash).
- Pertussis (whooping cough) until 5 days of antibiotics.
- Mumps, until 5 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis A virus until 1 week after onset of illness or jaundice or as directed by the health department (if the child's symptoms are mild).
- Tuberculosis, until the child's medical provider or local health department states the child is on appropriate treatment and can return.
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

For your child's comfort, and to reduce the risk of contagion, we ask that children be picked up within 1.5 hours of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms.

Children need to remain home for 24 hours without symptoms before returning to the program, unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before the child can return. Children who have been excluded may return when:

- They are free of fever, vomiting, and diarrhea for a full 24 hours.
- Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if stools remain loose) and when toilet-trained children do not have toileting accidents.
- They have been treated with an antibiotic for a full 24 hours.
- They are able to participate comfortably in all usual program activities, including outdoor time.

- They are free of open, oozing skin conditions and drooling (not related to teething)
 - Unless the child's medical provider signs a note stating that the child's condition is not contagious, and
 - The involved areas can be covered by a bandage without seepage or drainage through the bandage.

If a child is excluded because of a reportable communicable disease, a note from the child's medical provider stating that the child is no longer contagious and may return is required.

The final decision on whether to exclude a child from the program due to illness will be made by the child care center.

Note: Notes allowing for a child's return to the center after exclusion due to illness must originate from the child's medical provider.

How to Handle School Sick Days

Parents do their best to keep kids healthy during flu season, but sometimes even the most vigilant preventive measures can't ward off the flu. When your child gets sick with the flu, keeping them home from school can help them recover faster. It also helps prevent the virus from spreading to other children in the school, which is critical to keeping everyone as healthy as possible. Healthcare professionals recommend that sick children stay home until they're well enough to go back to school. This is typically about 24 hours after symptoms begin to improve. In some cases, however, it can be difficult to determine whether your child is well enough to return to school. Consider the following signs as you make your decision.

Fever -It's best to keep your child at home if they have a temperature at or above 100.4°F. A fever indicates that the body is fighting off infection, which means that your child is vulnerable and likely contagious. Wait at least 24 hours after the fever has come down and stabilized without medication to consider sending your child back to school.

Vomiting and Diarrhea -Vomiting and diarrhea are good reasons for your child to stay home. These symptoms are difficult to deal with at school and show that the child is still capable of spreading the infection to others. Additionally, in younger children, frequent episodes of diarrhea and vomiting may make appropriate hygiene difficult, increasing the risk of spreading the infection. Wait at least 24 hours after the last episode before considering a return to school.

Fatigue -If your little one is falling asleep at the table or acting particularly fatigued, they are unlikely to benefit from sitting in class all day. Make sure your child stays hydrated and let them rest in bed. If your child is exhibiting a level of fatigue that is beyond what you would expect from a typical mild illness, they may be lethargic. Lethargy is a serious sign and should be evaluated by your child's pediatrician immediately.

Persistent Cough or Sore Throat -A persistent cough is likely to be disruptive in class. It is also one of the primary ways of spreading a viral infection. If your child has a severe sore throat and a lasting cough, keep them home until the cough is nearly gone or easily controlled. They may also require testing by your child's doctor for illnesses such as strep throat, which are highly contagious but easily treated with antibiotics

Irritated Eyes or Rashes -Red, itchy, and watery eyes can be difficult to manage in class and can distract your child from learning. In some cases, a rash may be a symptom of another infection, so it's a good idea to take your child to the doctor. Keeping your child home is usually the best thing to do until these symptoms clear up or until you've spoken with the doctor. If your child has conjunctivitis, or pink eye, he or she needs to be diagnosed promptly, as this condition is highly contagious and can spread quickly through schools and day care centers.

Appearance and Attitude -Does your child look pale or tired? Do they seem irritable or disinterested in doing normal daily activities? Are you having a hard time getting your child to eat anything? These are all signs that more recovery time is needed at home.

Pain -Ear Aches, stomach aches, headaches, and body aches often indicate that your child is still fighting the flu. This means that they can easily spread the virus to other children, so it's best to keep them home until any pain or discomfort has disappeared.

How to Know When It's Safe to Send Your Child Back to School

No Fever-Once the fever has been controlled for over 24 hours without medication, the child is usually safe to return to school. However, your child may still need to stay home if they are continuing to experience other symptoms, such as diarrhea, vomiting, or a persistent cough

Only Mild Symptoms Present -Your child can also go back to school if they're only experiencing a runny nose and other mild symptoms. Make sure to provide tissues for them and to give them an over-the-counter medicine that can help control the remaining symptoms.