



POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Sever coughing
- Yellow eyes or jaundice skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider’s note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center.

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases may not return to the center without a health care provider’s note stating that the child presents no risk to himself/herself or others:

| <u>Respiratory Illnesses</u> | <u>Gastrointestinal Illnesses</u> | <u>Contact Illnesses</u> |
|------------------------------|-----------------------------------|--------------------------|
| Chicken Pox** | Campylobacter* | Impetigo |
| German Measles* | Escherichia coli* | Lice |
| Hemophilus Influenzae* | Giardia Lamblia* | Scabies |
| Measles* | Hepatitis A* | Shingles |
| Meningococcus* | Salmonella* | |
| Step Throat | Shigella* | |
| Tuberculosis* | | |
| Whooping Cough* | | |

*Reportable diseases that must be reported to the health department by the center.

** Note: If a child has chicken pox, a health care provider’s note is not required for re-admitting the child to the center. The note from the parent is required, stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

Please read and return to the office

Parents name _____ Date _____