

Child Illness Policy

On the average, babies experience eight to ten illnesses a year; preschoolers experience almost as many. We know that managing the demands of work can be challenging when your child is ill. 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.

Bright Horizons 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 Bright Horizons 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
- Fever of 100 degrees or above (axillary); 101 or above (orally) or an equivalent measure accompanied by behavior change or other signs and symptoms.
- Unexplained fever in a child younger than 4 months
- Fever of 100 degrees or above (axillary) or 101 or above (orally) in an infant younger than two months; such circumstances should be medically evaluated within an hour
- 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 health care professional.
- Blood or mucus in the stools not explained by dietary change, medication, or hard stools.
- Vomiting more than 2 times 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.
- Re-admission 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. A note written and signed by the child's parent/guardian who is also a physician is **not** acceptable.