



Aspen Child Development Center has the responsibility to keep the spreading of illness to a minimum. We take the following steps to ensure this:

- *We require staff and children to wash hands upon entering the Center.*
- *Staff and children wash hands regularly throughout the day.*
- *We disinfect toys and equipment regularly.*
- *We require documentation of immunizations prior to a child's enrollment, with annual up-dates.*
- *We post notes for parents if any communicable disease occurs at Aspen Child Development Center on the illness board by the front desk.*

We strictly and consistently enforce our Health Policy

We feel these precautions will assist in the safe guarding your child from illness. We also require your help by keeping ill children at home and immediately picking your child up should he/she become ill. The criteria for illness were selected with the contagion of illness and comfort of children in mind.

Any child found to be ill cannot be given care that day:

Aspen Child Development Center requires you make arrangements to keep your child home when he/she has any of the following:

- *Fever of 100 degrees or more (auxiliary reading/under the arm).*
- *Vomiting*
- *Undiagnosed rash*
- *Draining of ears or open sores.*
- *Any symptoms of possible infections disease (such as red mattery eyes).*
- *Two (2) watery stools in a 24 hour period or one (1) uncontained bout.*
- *A chesty, croupy, or constant cough or wheezing.*
- *Mouth sores with drooling.*
- *Misery with a cold. Including mattery, watery eyes, running nose, sore throat or other physical symptoms.*
- *In ability to cope in group situation because of not feeling well or feeling "under the weather."*

If a child should experience any of these symptoms throughout the day they will be sent home. You will be given a form to sign that has the date they can return to care on it.

- (1) **Definition of fever:** Any child who has a fever of 100 degrees (auxiliary) or more will be sent home and should remain home until he/she has been **fever free for 24 hours without medication.** If you child has a fever which has been **recurring** more than 48 hours (goes down with medicine then back up again when medicine wears off) child will be sent home and we'll recommend consultation with a physician. We are **NOT** able to administer medicine to regulate a child's temperature. If acetaminophen or ibuprofen is prescribed for pain, the container must have a prescription label on it and must say the child's name and dosage amount and how often it should be given.

- (2) **Definition of Diarrhea:** Loose, watery, or uncontained bowel movement. Uncontained meaning leaks out of diaper or child is not able to control enough to use the toilet. Should the following occur two (2) per day or one (1) uncontained, the child will be sent home and we ask he/she not be brought back until having a solid bowel movement at home. **Bowel movements must continue to be solid when returning.**

- (3) **Head Lice:** If a case of head lice is discovered the child will be sent home immediately and can return after a successful treatment, meaning when there are no live nits. Our office has helpful detailed information regarding treatment and infestation prevention. It's crucial to report any case of an enrolled child's head lice to our Center so we can take immediate steps to prevent infestation. We respect your right to privacy and will ensure your family and child will remain anonymous.

There may be cases when it will be necessary to present a doctor's note to indicate an illness is no longer infectious. Staff may recommend you consult with your child's physician. **The final decision whether to exclude a child from care is made by Aspen's management team.**

I have read the illness criteria and agree to follow it in determining when to keep my child home. I understand that it is important that children be removed from the Center if ill to limit the spreading of germs to other children and staff.

I agree to pick up my child when he/she becomes ill at the Center within one hour after I am contacted and agree to keep my child home until he or she has been symptom free without medication for 24 hours.

Child's Name: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

