**Delaware Opportunities Inc. Head Start**

**Temporary Exclusion Guidelines**

**Children or adults with these symptoms will be temporarily excluded from Head Start.**

1. **If illness prevents the child from participating comfortably in activities as determined by the staff of the program.**
2. **If illness results in a greater need of care than the staff**

**of the program feel they can handle without compromising their ability to care for the other children of the program.**

1. **If the child has any of the following conditions, unless a health professional determines the child’s condition does not require exclusion:**

**1. Child appears to be severely ill.**

**2. FEVER: Forehead or Oral temperature of 101 F, axillary (armpit) temp. of 100 F or higher accompanied by any sign or symptom of illness. (Ex. Cough, headache, ear pain, vomiting, congestion, rash, lethargy, general achiness, diarrhea, sore throat) Temperature to be taken twice, fifteen minutes apart and documented. Must be fever-free without medication for 24 hours.**

**3. SIGNS OF POSSIBLE SEVERE INFECTION: Including lethargy, irritability, persistent crying, difficultly breathing, uncontrolled coughing, and inability to participate in the normal activities of Head Start.)**

**4. DIARRHEA: watery, less formed, more frequent stools not associated with diet change or medication. May include stool that cannot be contained by toilet use. Diarrhea free for 24 hours.**

**5. BLOOD IN THE STOOLS: If not caused by medication or hard stools.**

**6.VOMITING: Two or more times in the previous 24 hours.**

**7.ABDOMINAL PAIN: Continuous or intermittent pain that does not alleviate with comfort measures. May be accompanied by fever of other signs and symptoms of illness.**

**8.MOUTH SORES: With drooling unless physicians note acquired.**

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**9.RASH: With fever or behavior change until physician has determined the illness not to be contagious. (If child cannot control itching or touching rash, rash cannot be covered by clothing, or rash is of unknown origin and is not a common pattern, a physician’s note will be required prior to return.)**

**10.SKIN INFECTIONS: With open areas and or drainage until physician has determined its cause and allows the child to return to Head Start. A note from the physician is required.**

**11.PURULENT CONJUNCTIVITIS: (Pink eye) Defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep. Your Physician may or may not treat the infection. A physician’s note will be required for child to return whether symptoms have resolved or not.**

**12. HEAD LICE AND NITS: A child may stay until the end of the day if nits are found ensuring that the child is not segregated but head to head contact is avoided. A child will be sent home immediately if live lice are found. The child may not return until nit free.**

**13. SCABIES: Exclusion until 1 to 3 days after treatment has been given depending on type of medication used. Receipt, Proof of purchase label from box of medication used, or note from your physician is required upon return to Head Start.**

**14. PINWORMS: Until 24 hours after child has seen physician and received first treatment. Child may be excluded if he/she is actively scratching affected area after treatment is started and may return when scratching has subsided.**

**15. IMPETIGO: Exclusion until 48 hours after treatment and a physician’s note is required upon return to Head Start. Your child may be excluded after treatment has begun if he/she continually touches or scratches the affected area. Child may return once he/she is able to control urge to scratch/touch affected area.**

**16. STREP THROAT: Until 24 hours after antibiotics have been started and fever is no longer present.**

**17.CHICKENPOX: (varicella) Until all lesions have dried and crusted (usually takes approximately 6 days after onset of rash) If child is unable to control picking or scratching lesions after return to Head Start he/she may continue to be excluded until child is able to control the urge to touch affected areas.**

**18. SHINGLES: Until sores have crusted and/or sores can be covered by clothing. If child cannot control touching or itching the affected area he/she may be excluded until child is able to control the urge to touch affected areas.**

**19. HEPATITIS A, MEASLES, MUMPS, OR PURTUSSIS: To be reported IMMEDIATELY to the Head Start center. Exclusion will be based on the judgment of the Department of Health and your child’s physician.**

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**20. ASTHMA: If child’s symptoms are more serious than his/her normal symptoms (EX. Persistent coughing with or without excrement, wheezing, trouble breathing, chest tightness, pain) and require increase in medication use such as recurrent nebulizer use or inhaler use without alleviation of symptoms.**

**PROCEDURE FOR A CHILD WHO REQUIRES EXCLUSION**

**The teaching staff will:**

1. **Provide care for the child in a place where the child will be comfortable and supervised by someone who knows the child and will continue to observe the child for new or worsening symptoms until family member or emergency contact arrives to pick up child.**
2. **Ask the family to relay the advice received from the physician if medical visit is necessary.**
3. **Follow the direction of your child’s physician. If Head Start center is not capable of following your physician’s direction, exclusion may be necessary. This will be evaluated on a case by case basis.**
4. **Contact the Health Services Manager if there is a question of a reportable communicable disease.**
5. **Document actions in the child’s file with time, symptoms, and action taken (and by whom) sign and date the document on the symptoms record.**
6. **Sanitize toys and other items the child may have been in contact with, practice good hand washing technique, and disinfect affected areas at the center.**

**3/4 Revised 5/2017**

**PREPARING FAMILIES FOR MANAGING ILLNESS**

**Head Start staff should:**

1. **Prepare families for inevitable illness ahead of time at orientation and home visits.**

1. **Review with families the exclusion criteria and that the program (not the families) make the final decision about whether ill children whose families want them to participate may stay based on the exclusion policy.**
2. **Ask for information (Ex. Receipt, proof of purchase, physician’s note) if child was excluded due to a condition listed in the Exclusion Policy or any other condition that a child may have at the discretion of the Head Start staff.**
3. **Rely on family’s description of the child’s behavior and symptoms to determine whether the child is well enough to return, unless the child’s status is unclear from the family’s report.**

**PARENT’S RESPONSIBILITY**

**1. It is the family’s responsibility to keep the Head Start staff**

**informed about the health of your child.**

**2. Call or write when your child is ill.**

1. **Call or write if a Health Care Provider makes a specific**

**diagnosis.**

1. **Tell us immediately if a reportable illness has been diagnosed (Ex. Meningitis, Giardiasis, Shigellosis, Cryptosporidiosis, Pertussis, etc.**
2. **Keep children home if he/she has an excusable disease.**
3. **Call and discuss with the Head Start staff whether or not their child should attend school if she or he has mild diarrhea or an infectious disease and if it has been treated.**
4. **Inform staff of any change in emergency numbers and where they can be reached each day.**

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