

Delaware Opportunities Inc. Head Start Exclusion Policy

Temporary Exclusion Guidelines

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

1. The child is too ill to participate in program activities.
 2. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children
 3. An acute change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing or having a quickly spreading rash;
 4. Showing signs of possible severe infection including lethargy, irritability, persistent crying, difficulty breathing, uncontrolled coughing, and if illness prevents the child from participating comfortably in activities as determined by the staff of the program.
 5. If child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:
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1. Fever:

Temperature above 101°F [38.3°C] orally, or 100°F [37.8°C] or higher taken axillary (armpit) or measured by an equivalent method, AND accompanied by behavior change or other signs and symptoms (*e.g., sore throat, rash, vomiting, diarrhea, breathing difficulty or cough*).

Temperature to be taken twice, fifteen minutes apart and documented. Must be fever-free without medication for 24 hours. (Areas of the OCHS HCP must be listed but not applicable to the Delaware Opportunities Inc Head Start program due to not servicing children under the age of 6 months old Under 6 months of age: Unexplained temperature above 100°F [37.8°C] axillary (armpit) or 101°F [38.3°C] rectally (*caregivers are prohibited from taking a child's temperature rectally*) should be medically evaluated. Under 2 months of age: Any fever should get urgent medical attention.)

2. Diarrhea:

- Diapered children whose stool is not contained in the diaper or if the stool frequency exceeds two or more stools above normal for the child.
- Toilet-trained children if the diarrhea is causing soiled pants or clothing.
- Blood or mucous in the stools not explained by dietary change, medication, or hard stools.
- Confirmed medical diagnosis of salmonella, E. coli, or Shigella infection, until cleared by the child's health care provider to return to the program.
- 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.

3. Vomiting: More than two times in the previous 24 hours unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated. Emesis free for 24 hours.

4. Abdominal pain: That continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness.

5. Mouth sores: With drooling unless the child's health care provider states that the child is not infectious.

6. Active tuberculosis: Until the child's primary care provider or local health department states child is on appropriate treatment and can return.

7. Streptococcal pharyngitis (*strep throat or other streptococcal infection*), Until 24 hours after treatment have been started and fever is no longer present.

8. 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.

9. Scabies: until the day following the first application of appropriate treatment.

10. Chickenpox (varicella), until all lesions have dried or crusted (*usually six 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.

11. RUBELLA, PERTUSSIS, MUMPS, MEASLES, HEPATITIS A: To be reported **IMMEDIATELY** to the Head Start center. Exclusion will be as written or based on the judgment of the Department of Health and your child's physician.

-Rubella, until six days after rash appears.

-Pertussis, until five days of appropriate antibiotic treatment.

-Mumps, until five days after onset of parotid gland swelling.

-Measles, until four days after onset of rash.

-Hepatitis A virus infection, until the child is approved by the health care provider to return to the program.

12. Any child determined by local health department to be contributing to the transmission of illness during an outbreak.

13. 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.

15. Rash: With or without 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.)

16. 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.

17. 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.

18. 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.

19. 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.

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:

- 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.
- Ask the family to relay the advice received from the physician if medical visit is necessary.
- 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.
- Contact the Health Services Manager if there is a question of a reportable communicable disease.
- 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.
- 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.

PREPARING FAMILIES FOR MANAGING ILLNESS

Head Start staff should:

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

- It is the family's responsibility to keep the Head Start staff informed about the health of your child.
- Call or write when your child is ill.
- Call or write if a Health Care Provider makes a specific diagnosis.
- Tell us immediately if a reportable illness has been diagnosed (Ex. Meningitis, Giardiasis, Shigellosis, Cryptosporidiosis, Pertussis, etc.)
- Keep children home if he/she has an excusable disease.
- 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.
- Inform staff of any change in emergency numbers and where they can be reached each day.

Adapted from Caring for Our Children: *National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition, *Head Start Performance Standards*, American Academy of Pediatrics, Head Start Policy Council, NYS Department of Public Health, Health Care Consultant