

ILLNESS POLICY

COVID-19

A child or family member who has a fever of 100.4° F (38.0° C) or above or other signs of illness should not be admitted to the facility. Parents should be on the alert for signs of illness in their child(ren) and to keep them home when they are sick. Children will be screened upon arrival, temperature checks will be taken, and families will need to complete a health questionnaire each day when Covid-19 protocols are in place. The most protective method is to incorporate social distancing (maintaining a distance of 6 feet from others.) To Minimize the risk of disease introduction or transmission, we require every person (including staff) entering the facility to be screened for any signs or symptoms of viral infection for as long as this pandemic is active.

These signs and symptoms according to the US CDC include:

- **Cough**
- **Shortness of breath or difficulty breathing**
- **Fever (body temperature above 100.4°F)**
- **Chills**
- **Repeated shaking with chills**
- **Muscle or body aches**
- **Runny nose (in conjunction with other symptoms)**
- **Headache**
- **Sore throat**
- **New loss of taste or smell**
- **Congestion**
- **Nausea or vomiting**
- **Diarrhea**

Symptoms may appear 2-14 days after exposure. Most patients experience relatively mild symptoms and can recuperate at home, but others, particularly those with underlying medical conditions, may experience more severe respiratory illness. If your child has Asthma or any other underlying medical condition we will require a note from your child's pediatrician indicating it's safe for them to be in a childcare setting. Establish routine daily health checks including taking your child's temperature before your child and family arrives each day.

If your child has any active symptoms listed above, they are excluded until a doctor's note is provided for your child to safely return, or a negative rapid COVID test has been provided, or your child and family quarantine for 10 days.

Stay home if you, your child, or anyone in your household feels sick or has come in close contact with anyone who has tested positive for Covid-19. If your child or anyone in your family household has come in close contact with someone who has tested positive for Covid-19 then your family will can participate in the “test to stay” option.

What is “Test to Stay”?

“Test to Stay” is a practice comprising contact tracing and serial testing to allow close contacts of confirmed cases who are not fully vaccinated to continue attending early care and education programs without quarantining. Effective March 16, 2022, Maine early care and education settings implemented the Test to Stay outlined below.

A child exposed to COVID-19 can continue to attend the early care and education program provided all of the following conditions are met:

- The child is asymptomatic.
- The child has a negative at-home rapid antigen test result on days 1, 3, 5 after exposure (exposure is day 0). These tests should be administered by the parent or guardian before the child goes to the early care and education program.
- Children who have tested positive for Covid-19 will need to quarantine for the 10 day quarantine period.

***** THIS IS SUBJECT TO CHANGE BASED ON UPDATED GUIDANCE FROM THE CDC AND DHHS.**

It is recommended that a child be kept home or should be sent home if he/she displays any of the following symptoms:

Fever accompanied by behavioral changes or other symptoms: Any child with an elevated temperature of 100.4°F (by any route) is excluded until fever-free without acetaminophen or ibuprofen for 24 hours and can comfortably participate in all program activities.

Vomiting: Child is excluded until there is no vomiting for 24 hours.

Diarrhea: Child is excluded until symptoms have disappeared.

Conjunctivitis (pinkeye): If the physician has determined the cause of the conjunctivitis to be infectious and requires treatment, child is excluded until medication has been administered for 24 hours.

Coxsackie virus (hand, foot, & mouth disease): Child is excluded until fever-free without acetaminophen or ibuprofen for 24 hours and can comfortably participate in the program.

Fifth disease: Child is excluded until fever-free without acetaminophen or ibuprofen for 24 hours and can comfortably participate in the program.

Impetigo: Child is excluded until blisters are gone, rash is dry, and he/she has been on medication for at least 24 hours.

Chickenpox: Child is excluded until blisters have formed scabs, child is fever-free without acetaminophen or ibuprofen for 24 hours and can comfortably participate in the program.

RSV (respiratory syncytial virus): Child is excluded until fever-free without acetaminophen or ibuprofen for 24 hours, is free of any breathing difficulties, and can comfortably participate in the program.

Strep throat/scarlet fever: Child is excluded until he/she has received at least 24 hours of antibiotics, has been fever-free without acetaminophen or ibuprofen for 24 hours, and can comfortably

Head lice: Child is excluded until he/she has been treated with lice-specific medicated shampoo, rinse, or lotion as directed. Child will be checked daily for up to 2 weeks for evidence of new infection. participate in the program.



Please keep in mind that this is only a guideline. If we feel that your child cannot fully participate in the program and requires a level of care that could jeopardize the health and safety of others in the classroom, you will be notified to pick up your child. We ask that you do so within one hour of our request. Also, if your child is not vaccinated, your child may be excluded for up to three weeks or longer in the event of the presence of any communicable disease.

Parents will be notified for any unexplained rashes, complaints, or ailments. Parents are asked to report any known exposure to a contagious disease for the protection of others, especially pregnant mothers. Please see management for detailed descriptions of the above-named illnesses. These guidelines have been reviewed by our Health Consultant.

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: ____/____/____

