New Beginnings Preschool

Sick Policy

This policy is for the health, safety and protection for all children, families and staff.

If your child will be absent for the day, call the center by 9:00 am.

Under no circumstances will we accept a child who is ill.

If your child should become ill while at the center, you will be contacted immediately. Please arrive within 1 hour to pick up your child. If you are not able to do so, be sure you make provisions for your child to be picked up in the event of such illness occurring.

According to the Pinellas County Licensing Board, a child must be sent home and may not return without medical authorization or until 24 hours with the sign and symptoms no longer present ***WITHOUT*** the aid of medication before readmitted.

A child’s condition shall be reported to the parent/guardian. Any children identified with signs and symptoms of a suspected communicable disease will need to be picked up.

***Signs and symptoms of a suspected communicable disease include the following:***

* a. Sever coughing, causing the child to become red or blue in the face or make a whooping sound;
* b. Difficult or rapid breathing;
* c. Stiff neck;
* d. Diarrhea (more than one abnormally loose stool within a 24-hour period);
* e. Temperature of 101  degrees Fahrenheit or higher ***OR*** Temperature of 100  degrees Fahrenheit in conjunction with another sign of illness;
* f. Conjunctivitis (pink eye);
* g. Exposed, open skin lesions;
* h. Unusually dark urine and/or gray or white stool;
* i. Yellowish skin or eyes;
* j. Untreated infected skin patches, unusual spots or rashes;
* k. Evidence of untreated lice, scabies, or other parasitic infestations;
* l. Sore throat or difficulty in swallowing;
* m. Vomiting (two or more times within a 24-hour period) ***OR*** (one time in conjunction with another sign of illness)
* n. Any other unusual sign or symptom of illness.

The child may return to school within 24 hours only if they have a doctor’s note stating child is not contagious may return to school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature Date