

# Inquiring Little Minds

## ILLNESS POLICY (2026–2027)

At ILM Child Care Center, the health and well-being of our children, families, and staff are our top priorities. To maintain a safe and nurturing environment, we have established a comprehensive illness policy that outlines procedures for managing illnesses, preventing the spread of communicable diseases, and ensuring a smooth process for all involved. Children may not attend the center if they exhibit symptoms of illness that could pose a risk to others or hinder their ability to participate fully in daily activities. Symptoms that require exclusion include, but are not limited to, a fever of 38°C (100.4°F) or higher (taken by under the armpit or by ear), vomiting (two or more times in a forty-eight [48] hour period), diarrhea (three [3] or more loose stools in a forty-eight (48) hour period or stools that cannot be contained by a diaper or clothing), persistent coughing that disrupts normal activity, difficulty breathing, unexplained rash with fever or behavior changes, or any signs of contagious conditions such as conjunctivitis (pink eye), strep throat, head lice, or chickenpox. Parents or guardians are required to notify the center immediately if their child is diagnosed with a communicable disease so that we may inform other families and take appropriate precautions as recommended by local health authorities. Confidentiality will be maintained, and the names of affected individuals will not be disclosed.

If a child becomes ill while at ILM, staff will promptly isolate the child in a designated area, away from other children, while ensuring they are comfortable and supervised. Parents or an authorized emergency contact will be notified immediately and must pick up the child within one (1) hour of notification, however communication is expected within thirty (30) minutes or next steps will be taken to reach the family. Emergency contacts will be phoned when a child has not been picked up within one (1) hour. Parents and Guardians are required to keep their contact information and that of any authorized pick up persons updated to ensure prompt and effective communication between the center and the families. We understand that illnesses can be unpredictable, and our goal is to minimize disruption while prioritizing health. Children may return to the center only after they have been symptom-free for at least forty-eight (48) hours without the use of fever-reducing medications (such as acetaminophen or ibuprofen), unless a doctor's note specifies otherwise.

If a child is teething, medication may be given by the parent prior to arrival, but this must be disclosed to staff at drop-off so we are aware and can monitor the child appropriately throughout the day.

Please note: Teething symptoms do not override illness-related exclusion policies. If a child is exhibiting symptoms such as fever, vomiting, diarrhea, significant irritability, or lethargy - even if teething is suspected - they will not be permitted to attend care, and may result in the child being sent home. This is to ensure the health and safety of all children and staff.

Additionally, staff are not permitted to administer any medication unless:

- The medication is prescribed by a healthcare provider, and
- A Permission to Administer Medication form has been fully completed and submitted in advance.

For certain contagious conditions, such as strep throat or conjunctivitis, a medical professional's clearance stating the child is no longer contagious may be required before attendance can continue. This forty-eight (48) hours symptom-free period applies to fever, vomiting, diarrhea, and other acute symptoms, ensuring that children are fully recovered and not at risk of spreading illness to others.

To prevent the spread of illness, ILM enforces strict hygiene practices, including frequent handwashing for staff and children, regular disinfection of toys, surfaces, and high-touch areas, and proper disposal of tissues and other potentially contaminated items. Staff members are trained to recognize early signs of illness and will monitor children throughout the day for any changes in behavior or physical condition. We also encourage families to support these efforts by keeping sick children at home and reinforcing good hygiene habits, such as covering coughs and sneezes. In the event of an outbreak of a serious illness (e.g., measles, whooping cough, or a pandemic-level disease), ILM will follow guidance from the Centers for Disease Control and Prevention (CDC), the adjoining health authority, and local authorities, which may include temporary closure, enhanced sanitation measures, or modified drop-off and pick-up procedures. Parents will be notified promptly of any such measures via email, phone, or the Brightwheel app.

For children with chronic conditions (e.g., asthma or allergies) that may mimic infectious symptoms, we request that parents provide a written explanation from a healthcare provider detailing the condition and its typical presentation to have on file for the child's well being. This will be presented as a medical care plan, along with a permission to administer form for any medication that is required to be given while at the center. This documentation helps staff distinguish between chronic symptoms and new illnesses, reducing unnecessary exclusions. Medications, including over-the-counter options, will only be administered with a doctor's prescription, in accordance with licensing regulations. All medications must be provided in their original containers, clearly labeled with the child's name, dosage instructions, and expiration date, and stored securely by staff. ILM staff are not permitted to administer medication to mask symptoms that would otherwise require exclusion, such as fever reducers, unless part of a documented medical treatment plan.

We recognize that illnesses can impact families' schedules, and we strive to balance compassion with the need to protect our community. If a child is excluded due to illness, tuition or fees will not be refunded or prorated, as our operational costs remain consistent.

However, we encourage open communication—if a family faces repeated exclusions or has concerns about this policy, we invite them to discuss their situation with our administrative team to explore possible solutions. ILM reserves the right to refuse care to any child whose symptoms or condition, in the judgment of our staff and leadership, pose a significant health risk to others, even if not explicitly listed in this policy. By adhering to these guidelines, we aim to foster a healthy, safe, and supportive environment where every child can thrive. Parents are encouraged to review this policy regularly and contact us with any questions or clarification needed.

### **Emergency Procedures for Common Aliments**

ILM's will always have First Aid bags that are well-stocked and in good order. All ILM staff are reachable by phone. To ensure the health and welfare of all children in our care, ILM staff practice the following steps:

#### **In an Emergency:**

1. **Take control of the scene** and assess the situation. Ensure the area is safe before addressing the casualty.
2. **Contact the on-site ILM Manager** and instruct a staff member to call 911.
3. **Follow First-Aid and CPR protocol** and attend to the child until relieved by paramedics.
4. **Notify the child's parents or guardians** after 911 has been contacted.
5. **Send a staff member outside** to meet the arriving paramedics.
6. **Provide any relevant details/documents** to the medical team upon request (e.g. The child's emergency contact information, health care number, doctor on file)

#### **Bite Marks:**

1. Assess the child and locate the area of the bite.
2. Apply an ice pack to the injured area.
3. Contact parents of both parties involved.
4. Bite marks penetrating the skin of another child will result in a send home for the day and may require a licensing report.

**Broken Bones:**

1. If a broken bone is suspected, assess the area for swelling or abnormal bone structure. Do not force movement.
2. Apply an ice pack to the injured area.
3. If a broken bone is suspected, contact the child's parents or guardians.
4. Phone 911 and proceed to the hospital.

**Contagious Diseases:**

1. Parents must notify the centre when a child contracts a contagious disease, including, but not limited to, chickenpox, conjunctivitis, fifth disease, impetigo, measles, ringworm, scarlet fever, et cetera. This helps us to be proactive to avoid further spread of the contagious disease.
2. If three or more children have a confirmed diagnosis of a contagious disease, ILM will alert parents and notify Licensing
3. Parents will be informed with a description of the disease, the date of notification, and the alert posting. We will not release any personal information about the children who have been diagnosed due to confidentiality.
4. A judgement call may be made for potential center/program closures for disinfecting and deep cleaning. This call may come as a result of continuous spread of communicable diseases to support limiting the spread of the illness ensuring the health, safety and well being of all persons in care. This may be decided in collaboration with the CEO and possibly at the request of your licensing officer.
5. A child may return once they meet the guidelines for the specific illness, and no doctor's note is required for return unless the child is returning with symptoms.

**Head Lice:**

1. Confirm the presence of nits or lice with your manager and quarantine the child immediately.
2. Follow procedures for sending the child home and notify the pickup person of the required treatment before re-entry.
3. Wash all sheets, blankets, and sleep toys in the affected room.

4. Complete a head lice check in the affected room and any rooms of siblings.
5. The child may return after treatment, and once they are free of nits and must be verified by a head check upon returning to the center.

**Injury With or Without Blood:**

1. Apply a protective barrier (e.g., gloves.) to avoid direct contact with blood, even if not visible.
2. Assess the area to determine if an ice pack, cold compress, bandage, or further action is needed.
3. If it is suspected that stitches may be required, notify your manager and the child's parents or guardians. Clean the area around the wound only.
4. Dispose of contaminated materials by sealing them in a plastic bag and placing them in the diaper waste container.

**Injury With or Without Blood, Head Injury:**

1. Assess the head for any abnormal bumps or bruises.
2. Apply an ice pack or cold compress to the injured area.
3. If the head injury seems severe, call 911 and notify the child's parent and watch for fixed, glossy, or dilated pupils for thirty (30) minutes.
4. Document any relevant information that may need to be passed onto the paramedics, and give the parents or guardians updates.

**Pandemic:**

1. ILM staff will follow procedures outlined by the Health Authority, then will advise parents/guardians accordingly.
2. If one person at the centre is infected, the centre will close as instructed by the Health Authority. To be clear, ILM shall adhere to the Health Authority's pandemic procedures.

## **Sending a Child Home:**

A child will be sent home if they exhibit any of the following symptoms:

- Lethargy or excessive sleep (three [3] or more hours)
- Conjunctivitis (pink eye)
- Diarrhea:
  - Five (5) years of age and younger: three [3] or more times in one day.
  - Five-plus (5+) years: one per day
- Fever
- **Green or Yellow Nasal Discharge (Mucus/Snot)**
  - **During cold and flu season (October to April)**, green or yellow nasal discharge must be accompanied by at least one other symptom (such as a persistent cough, chest congestion, or noticeable lethargy) in order for a send home to be considered.
  - **During allergy season (April to September)**, the same criteria apply. Nasal discharge alone is not a reason for a child to be sent home, but it must be accompanied by another symptom (e.g., consistent cough, chest congestion, lethargy).
  - **Staff will be aware of any documented seasonal allergies** in the child's file or a family history of allergies, as this may help distinguish between illness and allergy-related symptoms.
  - **Accordingly, a child with a runny nose (mucus/snot) may attend a child care program if they:**
    - (a) are not accompanied by any other symptoms (listed in Illness Policy);
    - (b) return from a cold or flu not accompanied by any other symptoms (listed in Illness Policy); or
    - (c) have an allergy waiver on file during allergy season.

- Infestations (e.g., head lice, scabies)
- Three (3) or more symptoms of a cold, flu, or undetermined illness
- Unexplained rash or allergic reaction
- Vomiting

**Once it is determined a child will need to go home:**

1. Educators will keep the child comfortable and isolated from other children trying to prevent the spread of illness.
2. The educator contacts the parent or guardians and will fill out the relevant paperwork.
3. The same educator will meet the parents/guardians at the door.
4. The child will be transferred to the parent/guardian, with all information retained.
5. Emergency contacts will be phoned when a child has not been picked up within one (1) hour.

**Sick Child:**

1. Assess the child and inquire about their symptoms.
2. Measure the child's temperature.
3. If the temperature is 38°C (100.4°F) or higher, the child must be sent home.
4. A judgment call on behalf of ILM management will be made for symptoms not accompanied by fever.

**Notes from Doctors:**

1. It must be noted that educators do not have the ability to medically diagnose and therefore do not know the severity of any ailment that presents itself. ILM staff may make a judgment call for a child to be sent home if the child is excessively lethargic, unable to participate, even when not accompanied by a fever or other obvious symptoms.
2. Parents/guardians who disagree with a specific wellness assessment made by an ILM staff member may seek out medical advice at their own discretion

3. ILM requires a note from a doctor or other health care professional citing that the child can return to care, if the forty-eight (48) hours to return is not required.
4. In accordance with licensing regulations, medications, including over-the-counter options, will only be administered with a doctor's prescription.
5. As per licensing requirements, when a child has a diagnosis, or ongoing long-term illness, a doctor's note may be required to have on file for the health, safety, and well-being of the child.

### **Medication:**

#### **Receiving and Storing Medication:**

1. All medication must have an "Authorization to Give Medication" form, filled out completely.
2. All medication must be in its original container. Only send the amount needed for the day.
3. Medication mixed with formula or in other containers will not be accepted.
4. Long-term prescriptions require an updated "Authorization to Give Medication" form every thirty (30) days.
5. Non-prescribed medications (e.g., Tylenol for teething, benadryl for allergies, Advil) **are strictly prohibited** and will **not be administered by ILM staff** under any circumstances unless otherwise prescribed.
6. Prescription antibiotics must be given for at least forty-eight (48) hours before the child returns to the centre.

#### **Administering Medications:**

The five "rights" must be followed when administering medication:

1. **Right Patient:** Verify with the teacher and child to confirm the correct child.
2. **Right Drug and Right Dosage:** Compare the medication bottle with the form to ensure correct medication and dosage.
3. **Right Time:** Administer within thirty (30) minutes before or after the stated time.

4. **Right Route:** Administer the medication in the correct manner (e.g., eye drops to the eye, ear drops to the ear).

#### **Disposing of Medication:**

1. The empty medication container will be returned to the parents or guardians for appropriate disposal.
2. Any remaining medication will be sent home with the parent/guardian for disposal.

#### **Recording Information:**

1. All incidents must be recorded on the correct forms, such as “Authorization to Give Medication” or an “Incident Report.” on brightwheel.
2. Include specific details about the injury, such as the type, location, and cause.
3. Any injury resulting in a mark will require an incident report.

#### **Long-Term Illnesses:**

1. If a child has a long-term or ongoing medical condition, **a medical care plan** must be established.
2. **If medication is required, permission to administer medication** must be provided in the form of a signed document by the child’s parents or guardians.
3. For the safety of all children, ILM requires the appropriate documentation and procedures for children with long-term illnesses that may impact their care.

#### **Guidelines: When a Child Can Return**

These guidelines are inspired by the Canadian Pediatrics Society and the Canadian Public Health Association. Children may return to the centre once the following conditions are met:

**Conjunctivitis (Pink Eye):** Forty-eight (48) hours after treatment begins.

**Diarrhea:** Forty-eight (48) hours symptom free of the diarrhea with the child exhibiting regular bowel movements.

**Ear Infections:** After forty-eight (48) hours of treatment, provided the child can participate fully.

**Fever-Free:** The child must be fever-free for forty-eight (48) hours.

**Hand, Foot, and Mouth Disease:** Once all blisters have dried and the child is fever-free for forty-eight (48) hours.

**Hepatitis A:** One week after the onset of illness, or after immune serum globulin has been given to the appropriate individuals.

**Impetigo:** Forty-eight (48) hours after treatment begins.

**Infestations (e.g., head lice, scabies):** Forty-eight (48) hours after treatment begins.

**Lethargy:** Exhibiting no other symptoms the child can return to care the following day as long as the child can actively participate.

**Measles:** Six (6) days after the rash appears.

**Mouth Sores:** Must be non-infectious, as determined by a doctor.

**Mumps:** Nine (9) days after the swelling begins.

**Rash:** Unexplained/unknown rash must be completely cleared and the child must not exhibit any other symptoms (e.g. fever, lethargy) before the child can return to care

**Ringworm:** Forty-eight (48) hours after treatment begins.

**Rubella:** Six (6) days after the rash appears.

**Shingles:** The child must stay home until no longer contagious or cleared by a doctor to return to care.

**Strep Throat:** Forty-eight (48) hours after treatment begins.

**Tuberculosis:** Must result in the child having a doctor's note stating they are non-infectious.

**Varicella (Chicken Pox):** Seven (7) days after the rash begins or when lesions are dry and crusted.

**Vomit-Free:** The child must be vomit-free for forty-eight (48) hours before returning to care.

**Whooping Cough:** After five (5) days of treatment.

**Yellow/Green Mucus/Snot:** The child must be forty-eight (48) hours mucus/snot free before returning to care. However, a child with a runny nose (mucus/snot) may attend a child care program if they: (a) are not accompanied by any other symptoms (listed in Illness Policy); (b) return from a cold or flu not accompanied by any other symptoms (listed in Illness Policy); or (c) have an allergy waiver on file during allergy season.

**Children must be symptom free and follow the guided timelines above before returning.**

### **Policy Review**

This policy is reviewed annually or whenever there are significant changes in licensing standards, organizational practices, or child care legislation. Any updates are shared with staff and families, and all educators are retrained on procedures as necessary to ensure consistent application and understanding.

