

Villa Montessori School

Illness Reference Guide

This guide is based on the policies of the Illinois Health Department and Illinois Department of Children and Family Services.

Signs of possible severe illness: unusual lethargy, irritability, persistent crying, difficulty breathing, high fever, and other signs of possible severe illness.

Fever. Exclude child until medical evaluation indicates inclusion, or fever is gone for 24 hours. Generally a child's fever must be at least 100° F to be significant.

Uncontrolled diarrhea. An increased number of stools compared with the child's normal pattern, with increased stool water and/or decreased form. Exclude child for one day after symptoms end.

Vomiting. Two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration. Exclude child for one day after symptoms end.

Mouth sores with drooling. Exclude until the child's physician or the local health department determines the child is non-infectious.

Asthma. Students with asthma may attend school. Symptoms will be treated as needed, with instructions provided by the child's parent and/or physician. If child's symptoms are severe, the parents are contacted.

Coxsackievirus (Hand, Foot & Mouth Disease). Exclude child with fever and blisters in the mouth, drooling, or who has weeping lesions on his/her hands.

Rash with fever or behavior change. Exclude until a physician has determined the condition to be non-communicable.

Ear infections. Child should be seen by a physician for accurate diagnosis and treatment. Exclude child if fever is present and/or if child is in pain.

Conjunctivitis (pink eye). Exclude child with a pink or red eye area with white or yellow eye discharge, often with matted eyelids after sleep. Also exclude a child with eye pain or redness of the eyelids until diagnosed by a physician. Child should not return to school until 24 hours after treatment has been initiated.

Scabies and head lice. Exclude child until 24 hours after treatment was begun.

Tuberculosis. Exclude child until physician or local health department authorizes the child to return.

Impetigo. Exclude child until 24 hours after treatment was begun.

Strep. Exclude the child until 24 hours after treatment has been initiated. If in doubt, exclude the child until a positive diagnosis has been made and the child's physician authorizes return to a group situation.

Pinworm. Exclude child until 24 hours after treatment was begun.

Ringworm. Exclude child until 24 hours after treatment was begun.

Chicken pox. Exclude child until all lesions have dried and crusted, generally six days after onset of the rash.

Pertussis (whooping cough). Exclude the child until the child's physician has made a diagnosis. If diagnosed as pertussis, exclude until five days of appropriate chemoprophylaxis has been completed.

Bronchitis. Exclude child if breathing is labored and/or if fever is present.

Mumps. Exclude the child until nine days after the onset of parotid gland swelling.

Hepatitis A virus. Exclude the child until one week after the onset of illness or until after immune globulin has been given to appropriate children and staff in the program, as directed by the Rock Island County Health Department.

Measles. Exclude the child until the fifth day after the rash appears.

Rubella. Exclude the child until the seventh day after the rash appears.

Fifth disease (erythema infectiosum). Exclude child until rash disappears and fever is gone. Child should avoid contact with pregnant women.

Outpatient medical/surgical procedures. Exclude child from school for the day after having an outpatient medical/surgical procedure, particularly any procedure involving anesthesia.

When in doubt, please ask yourself these questions:

1. Does my child feel physically able to participate in all normal school activities today, such as going outdoors or playing vigorously?
2. Does my child feel emotionally able to participate in his/her normal school environment?
3. Will my child's illness call for greater care than staff can provide without compromising the health and safety of the other children?
4. Do I have any other option available for my family which will better meet my child's needs, and my comfort level in leaving the child?
5. How would I feel if I knew another parent left his/her child at Villa Montessori and allowed the child to be in contact with mine, if the child felt the same way my child feels today?
6. Is my child's resistance lowered to such an extent that he/she is at risk for more problems by attending today?