

Mt. Olive Preschool Illness/Exclusion Policy

Mt. Olive Preschool is required by law (Texas Dept. of Family and Protective Services, Minimum Standards for Child-Care Centers §746.3601) to observe and enforce the following sick-day illness policies. A child will be excluded from care in the following circumstances:

1. The illness prevents the child from participating comfortably in the classroom activities (e.g., the child wants to lie down or be held for long periods).
2. The illness results in a greater need for care than the staff can provide without compromising the health, safety, and supervision of the other children.
3. The child has any of the following:
 - a. Oral temperature of 101 or greater, armpit temperature of 100 or greater;
 - b. Uncontrollable diarrhea or 2 or more episodes of vomiting in 24 hours;
 - c. Any other symptoms of serious illness such as lethargy, abnormal breathing, rash with fever, mouth sores with drooling, or behavior changes;
 - d. A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is not contagious.

In the event a child becomes ill at school, the child will be excluded from the classroom. The parent will be contacted and should come immediately to pick up the child. **The student is not permitted to return to school until he/she is free of fever, diarrhea, or vomiting for 24 hours WITHOUT medications.**

The best way to prevent the spread of illness at the Preschool is for sick children to stay home until they are completely well. Full cooperation of all parents is required for the Preschool to maintain a healthy environment.

When called to pick up a child due to illness that occurs during the school day, parents must pick up their sick child within 1 ½ hours of notification or be subject to late pick-up policy and fees.

I have read and agree to comply with the Illness/Exclusion Policy stated above. I understand that failure to comply with this policy may result in the loss of enrollment of my child at Mt. Olive Preschool.

Name of Child

Parent Signature

Date _____