

Health Policy Guide

The health and well-being of your child is important to us. Out of concern for all the children and staff at The Neighborhood Preschool we ask you to please read and follow our Health Policy carefully:

Every child attending The Neighborhood Preschool must have a complete medical health form signed by a physician dated within the past year, including an immunization record and results of a tuberculin tine test. The Connecticut Department of Health requires children to be immunized against measles, polio, rubella (German measles), diphtheria, pertussis (whooping cough), tetanus, Hepatitis A, Influenza, and HIB. Flu vaccines are required for all children enrolled in CT childcare centers. Documentation must be provided to the school no later than December 31st.

Please remember that infections spread easily in group environments. Please think of the health of the other children, staff, and parents, and do not send a child who is ill to the school. Notify staff immediately if your child has been diagnosed as having any communicable or infectious disease. If you are unsure whether an illness is contagious - notify the staff anyway.

If your child becomes ill at The Neighborhood Preschool, you will be called to pick him or her up, or to send an authorized alternate. Your child will be isolated from the group and someone will stay with him or her until you arrive. The staff will make the final decision as to whether your child is well enough to participate in the group's activities on any given day.

If your child is unable to keep up with the group, shows unusual crankiness, demands one-on-one care because of illness, shows signs of continuing listlessness, or loss of appetite, you will be asked to pick up your child.

After an illness, a child returning to school must be feeling well enough to participate in all activities and daily routines including outdoor play. A child who is too sick to go outside is considered too sick to be in school. We consider outdoor play to be an important part of every day. Children benefit from fresh air, sunshine, and the freedom to play outside in every season of the year.

Illness that prevents the child from participating comfortably in the program activities.
Illness that results in a greater need for care than the staff can provide without compromising the health and safety of other children.

We encourage families to monitor their child's temperature and well-being daily at home as well, to avoid the inconvenience of a child having to be sent home.

Sick space: A dedicated sick space (outside of the classroom) will be set-up where teachers will care for sick children until families can arrive.

MEDICATION: NPS staff are not allowed to administer any medications except epi-pens and inhalers. All other medications will need to be administered by a parent or legal guardian. Due to state regulations, any medications (excluding epi-pens and inhalers) must remain with the child's parent(s) or legal guardian(s) and may not be left at school.

The following lists some of the most common, illnesses and provides guidelines for when the child may return to school:

- CHICKEN POX: The child may return to school when all lesions are completely crusted over, usually 10-14 days after onset.
- COLD SORE: Child may return when the sore is healed.
- CONJUNCTIVITIS: Child must be free of ANY eye discharge. If a bacterial infection occurs, the child must be treated for a minimum of 24 hours of antibiotic treatment.
- COVID-19: Child may return on day 11 after a 10 day quarantine or earlier with a negative antigen test and after a minimum of 5 day isolation with improved symptoms and at least 24 hours fever free with no fever reducing medication. Onset of symptoms or positive test = day 0.
- CROUP: A child may return with a cleared doctor's note and fever free for 24 hours without fever reducing medication.
- DIARRHEA: No diarrhea within the previous 24 hours.
- EAR INFECTION: Children with a diagnosed ear infection may return to school after afebrile, are pain free and able to fully participate in normal program activities.
- FEVER: Temperature should be normal for 24 hours without fever reducing products for all children. (Temperature should not be above 100 (oral), 100 (rectal) or 99 (axillary)
- FLU: Child may return after a minimum of 5 day isolation and after symptoms improved and at least 24 hours fever free with no fever reducing medication
- HAND, FOOT & MOUTH: Child may return with a cleared doctor's note, fever free for 24 hours without fever reducing medication and no open sores.
- HEAD LICE –After the first treatment. Personal clothing and toys in Child must be removed and laundered as recommended.
- IMPETIGO: The child may return after 24 hours of antibiotic therapy.
- NASAL DISCHARGE AND COUGH: If a child has discolored and/or uncontrolled nasal discharge or productive cough, the child must be seen by a physician before he or she returns to school.
- PARASITES: Scabies –After treatment is completed.
- Pinworms –After treatment and cleared by a physician.
- RASHES: If the rash occurs with fever or other symptoms of illness, a physician must determine if the rash is non-communicable or the child needs to be excluded until the rash resolves.
- STREP THROAT: Children with diagnosed strep may return to school when afebrile (without fever) and after a minimum of 24 hours with antibiotic treatment.
- VOMITING: Must not vomit within the 24 hour period prior to returning.