Corporate Headquarters
1300 West Fourth Street
Los Angeles, CA 90017
(213) 240-5900
(213) 240-5945 Fax
www.chs-ca.org

For Child Care and Development Services, call (888) CHS-4KIDS or one of the following CHS offices:

Camarillo
730 Paseo Camarillo,
Suite 130
Camarillo, CA 93010
(805) 437-1910

Long Beach
249 East Ocean Boulevard,
Suite 300
Long Beach, CA 90802
(562) 256-7400

Orange
333 South Anita Drive,
Suite 350
Orange, CA 92868
(714) 456-9800

San Diego
2650 Camino del Rio North,
Suite 1 04
San Diego, CA 92108
(619) 293-3411

Yuba City
1650 Sierra Avenue,
Suite 102
Yuba City, CA 95993
(530) 673-7503

To receive additional CHS Family Education Program materials, please call (714) 712-7888.

Although we seek to provide current and correct information, some of the information may have changed since the printing of this brochure. Please consult a healthcare professional for the most current information, especially if your child has symptoms of flu-like illness.

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CHILDREN'S HOME SOCIETY OF CALIFORNIA

WHEN IS YOUR CHILD TOO ILL TO GO TO CHILD CARE?

HOW SICK IS TOO SICK? RECOGNIZING THE SIGNS



Deciding when to keep a sick child out of child care can be difficult. The following questions can help guide your decision: Will the child be able to comfortably participate in the program's normal activities? Will the child's illness require more attention than the staff can give? Will the sick child affect the health and safety of other children? Remember that if sick children are kept at home, everyone will stay healthier.





If your child has any of the following symptoms and an oral fever of 100° or above, he or she should be excluded from child care:

- Unusual spots, rashes, or bruises not associated with injury
- Sore throat or difficulty swallowing
- Infected skin patches
- Unusually dark, tea-colored urine
- Grey or white bowel movement
- Headache and stiff neck
- Vomiting (2 or more episodes in 24 hours)
- Unusual behavior — Child is cranky; child feels general discomfort or seems unwell; child cries more than usual
- Child does not feel well enough to participate in the normal activities of the program
- Loss of appetite
- Earache



Consult a physician if your child's symptoms persist or worsen. Child care providers are encouraged to follow their individual program's exclusion policies. It is helpful if parents are familiar with their employer's policy on time off and prepare a back-up plan for other child care options on those unexpected days.

TO LEARN MORE

BOOKS FOR CHILDREN

MR. PUTTER AND TABBY CATCH THE COLD
Cynthia Rylant, illustrated by Arthur Howard

WHEN VERA WAS SICK
Vera Rosenberry

BOOKS FOR ADULTS

TAKING CARE OF YOUR CHILD
Robert H. Pantell, M.D., James F. Fries, M.D., & Donald M.Vickery, M.D.

CARING FOR YOUR BABY AND YOUNG CHILD
American Academy of Pediatrics/Steven P. Shelov, M.D., M.S., F.A.A.P.

ORGANIZATIONS

CENTERS FOR DISEASE CONTROL AND PREVENTION
(800) 232-4636 or www.cdc.gov

NATIONAL RESOURCE CENTER FOR HEALTH AND SAFETY IN CHILD CARE AND EARLY EDUCATION
(800) 598-5437 or www.nrckids.org

COMMON CHILDHOOD ILLNESSES	POSSIBLE SYMPTOMS	CAUSES	ACTION
CONJUNCTIVITIS (pink eye)	Itchy eyes, painful eyes, or eyelid redness	Viruses, bacteria, blocked tear ducts. Watery conjunctivitis is common with allergies or the common cold.	Exclude if child is too uncomfortable to participate, the discharge is thick and white or yellow, or the eyelid is very swollen or discolored. Readmit 24 hours after antibiotic eye drops have been applied.
OTITIS MEDIA (middle ear infection)	Earache, slightly above normal or high temperature, or draining from the ear. Infant may indicate pain by rolling his head, pulling his ear, or becoming irritable.	Bacteria, viruses	Exclude if child has fever, looks or acts very ill, there is drainage from ear, or pain lasts more than 3 days.
COMMON COLD	Runny or stuffy nose, sneezing, watery eyes, sore throat, cough, muscle aches, headaches, vomiting, or diarrhea	Viruses	Exclude if child is too ill to participate, has fever, has difficulty breathing, or symptoms include blood-red or purple rash not associated with injury.
STREPTOCOCCAL PHARYNGITIS (strep throat)	Severe sore throat, fever, enlarged lymph nodes, or rash	Streptococcus bacteria, spread through direct contact with saliva or by sneezing or coughing	Exclude until 24 hours after antibiotic treatment has begun and fever has passed.
COUGH		Viral infections, spread through airborne particles and direct contact; or may be caused by allergies that are not contagious	Exclude if too ill to participate or has fever.
DIARRHEA	Excess of liquid in stools, five or more stools in an 8-hour period or an increased number of stools compared to the child's normal pattern	Viruses, bacteria or parasites, food intolerance, medications, diseases of the bowel. Contagious types spread by direct contact, especially with feces. Wash hands thoroughly after diapering or toileting!	Exclude if stools are bloody or black, there is abdominal pain, no urine output for 8 hours, fever, mucus in stools, child appears ill, eyes or skin appear yellow, or stools are not contained in diaper or toilet. Child may need stool culture to determine cause. Beware of dehydration (no urination, dry mouth, no tears, skin loses elasticity).
PINWORM	Local irritation and itching in anal area; small, white worms in anal area	Parasites, the child scratches area, contaminates his fingers, and reinfects himself and others	Exclude until treated.
IMPETIGO	Red, cracking, oozing, blister-like pimples; circular scaling rash (often on face, but may be anywhere)	Bacteria, spread by contact with infected people or contaminated surfaces	Exclude until 24 hours after treatment has begun.
RINGWORM	On skin: red or dark scaling circular patches with raised edges and central clearing; on scalp: red, scaling of scalp with broken hairs or patches of hair loss	Fungus infection, spread by contact with infected person, animals, or contaminated surfaces	Exclude until 24 hours after treatment has begun.
LICE	Itching, small sores at base of hair, visible lice (very small insect) on scalp or hair, visible nits (eggs) on the hair shaft near scalp	Head louse, spread by direct contact with infected person or by sharing infected person's combs, brushes, clothing, or bedding	Exclude until treated; may need second treatment. Thorough removal of nits is important to determine successful treatment.
SCABIES	Intense itching, red bumps or blisters, often in a line and often between fingers and toes	Mites, spread by direct contact with infected person or with infected person's clothing or bedding	Exclude until 24 hours after treatment has begun.
CHICKEN POX	Fever, chills, headache, rash starting on torso and spreading outward, that develops blisters with the appearance of dew drops	Virus, spread by direct contact with infected person or by airborne droplets, especially 2 days before rash appears until pox have dried	Exclude until blisters have dried and no new ones have appeared within 48 hours.
ROSEOLA	Usually occurs in children under 24 months; fever for 3 or 4 days, followed by rash for 1 to 2 days	Human herpes virus 6, spread through contact with infected secretions	Exclude until fever has passed and rash has subsided.
MENINGITIS	Severe headache, high fever, poor feeding, vomiting, delirium, stiff neck and back, coma	Viruses and bacteria, spread by contact with infected person, animal, insect, or with contaminated surfaces	Exclude until physician or health department indicates child may return.