

Child Illness Pick Up Policy

Following Texas Health and Human Services aligned with CDC guidelines, if your child becomes ill and shows any of the following symptoms, you will be contacted to pick up your child as soon as possible. We will keep your child separated from the other children and give them the appropriate attention and additional health and safety measures to ensure no close contact with others. Supervision until a parent or guardian arrives. If the parents do not answer, we will contact the authorized emergency contact person to pick up the child.

Due to possible new or worsen communicable conditions parents will be notified immediately for pickup if the child displays the following symptoms:

- Cough
- Sore throat
- Shortness of breath or difficulty breathing
- Loss of taste and smell
- Diarrhea
- Chills
- Repeating shaking with chills
- Headache
- Muscle pain
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Known close contact with a person who is lab- confirmed to have COVID-19

Upon returning following CDC guidelines, your child must remain in self-isolation for a minimum of 14 days with 10 days of fever free symptoms. If parents detect that they have a child/ child that has come in contact with a person experiencing communicable conditions, but shows no symptoms. Parents must monitor the health and safety of that child for 14 days in self-isolation.

Your child may only return to the center after:

- Obtaining written verification from a doctor confirming symptom free for 10 days out of the 14 days of self- isolation.
- In the case of persistent cough, the child has gone 24 hours without the aid of cough suppressants or allergy medication following a doctor's note or verification that your child is free of any new communicable conditions.



If questions arise regarding the appropriateness of a child's return to the center, the final decision will be made by the center director or assistant director. All management decisions are final.

Parent Signature: _____

Date: _____