

WAC 110-302-0205 Child and staff illness. (1) ONB providers must observe all children for signs of illness when they arrive at the ONB program and throughout the day. Parents or guardians of a child should be notified, as soon as possible, if the child develops signs or symptoms of illness. When appropriate, ONB programs must also check for the presence of ticks.

(2) If ONB providers become ill, a director, program director, assistant director, site director, or program supervisor must determine whether they should be required to leave the licensed ONB program space.

(3) When children become ill, ONB providers, or school nurses when applicable, must determine whether children should be sent home or separated from others. An ONB provider must supervise the child to reasonably prevent contact between the ill child and healthy children.

(4) Ill children must be sent home or reasonably separated from other children if:

(a) The illness or condition prevents the child from participating in normal activities;

(b) The illness or condition requires more care and attention than ONB providers can give;

(c) The required amount of care for the ill child compromises or places at risk the health and safety of other children in care; or

(d) There is a risk that the child's illness or condition will spread to other children or individuals.

(5) Unless covered by an individual care plan or protected by the ADA, ill children, staff members, or other individuals must be sent home or isolated from children in care if the ill individuals have:

(a) A fever 101 degrees Fahrenheit by any method and behavior change or other signs and symptoms of illness, including sore throat, earache, headache, rash, vomiting, diarrhea;

(b) Vomited two or more times in the previous 24 hours;

(c) Diarrhea where stool frequency exceeds two stools above normal per 24 hours for that individual or whose stool contains more than a drop of blood or mucus;

(d) A rash not associated with heat, diapering, or an allergic reaction;

(e) Open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sores with drooling;

(f) Lice, ringworm, or scabies. Individuals with head lice, ringworm, or scabies must be excluded from ONB program premises beginning from the end of the day the head lice, ringworm, or scabies was discovered. ONB providers may allow an individual with head lice, ringworm, or scabies to return to the premises after receiving the first treatment; or

(g) A child who appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness.

(6) At the first opportunity, but in no case longer than 24 hours of learning that an enrolled child, staff member, or volunteer has been diagnosed by a health care professional with a contagious disease pursuant to WAC 246-110-010(3), ONB providers must provide written notice to the parents or guardians of the enrolled children, and notify the department and the local health jurisdiction pursuant to WAC 110-302-0475.

(7) ONB providers must not take ear or rectal temperatures to determine a child's body temperature.

(a) Oral temperatures may be taken for children if single-use covers are used to prevent cross contamination; and

(b) Glass thermometers containing mercury must not be used.

(8) ONB providers may readmit a child, staff member, or volunteer into the ONB program area with written permission of a health care provider or health jurisdiction stating the individual may safely return after being diagnosed with a contagious disease pursuant to WAC 246-110-010(3).

[Statutory Authority: RCW 43.216.742. WSR 23-10-059, § 110-302-0205, filed 5/1/23, effective 6/1/23.]