Babysitting by Center Staff

In an effort to maintain the professional status of Bright Horizons staff, and to prevent any potential conflict of interest,

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Excerpt from Bright Horizons Family Guide, pages 32-33

babysit ngements is is in no d by the

center, by the corporate sponsor, or by Bright Horizons. Babysitting should not interfere with the staff member's center schedule. If a babysitting arrangement is made between a staff member and a family, the family is required to complete a Babysitting Release Form, which can be supplied by center management.

Child Illness Policy

On the average, babies experience eight to ten illnesses a year; preschoolers experience almost as many. We know that managing the demands of work can be challenging when your child is ill. We strive to limit the spread of communicable disease in our centers and are committed to implementing policies that balance and respect the needs of children, families, and staff in these circumstances. If your child is diagnosed with an infectious illness, please notify center management. When we are notified that a child or staff member has an infectious illness, notification of the illness will be posted for families. The name of the child/staff person with the illness will remain confidential.

Our Child Illness Policy is based on the Model Health Care Policies developed by the American Academy of Pediatrics.

Bright Horizons understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary either to reduce the transmission of illness or because the center is not able to adequately meet the needs of the child. Mild illnesses are common among children, and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day.



Reasons for Bright Horizons to exclude children include, but are not limited to, the following:

- Illness that prevents the child from participating comfortably in program activities, such as going outdoors
- Illness that results in a greater need for care than our staff can provide without compromising the health and safety of other children
- Illness that poses a risk of spread of harmful disease to others
- Severely ill appearance
- Fever of 101 degrees or above regardless of method used, accompanied by behavior change or other symptoms
- Unexplained fever in a child younger than four months
- Fever of 100.4 degrees in an an infant younger than two months, regardless of method used; such circumstances should be medically evaluated within an hour
- Fever of 104 degrees or greater in a child of any age (requires immediate medical attention)
- Diarrhea; watery stools or decreased form of stool not associated with change of diet; stool not contained in the diaper; child unable to reach the toilet; or stool frequency that exceeds two or more stools above normal for that child
 - Cases of bloody diarrhea and diarrhea caused by shigella, salmonella, shiga toxinproducing E. coli, cryptosporidium, or G. intestinalis must be cleared for readmission by a healthcare professional
- Blood or mucus in the stools not explained by dietary change, medication, or hard stools
- Vomiting more than two times in the previous 24 hours (unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration)
- Mouth sores with drooling (unless the child's medical provider or local health department authority states that the child is not infectious)
- Abdominal pain that continues for more than two hours; intermittent abdominal pain associated with fever, dehydration, or other signs of illness
- Rash with fever or behavioral changes (unless a medical provider has determined it is not a communicable disease)



- Skin sores weeping fluid and on an exposed area that cannot be covered
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge) until on antibiotics for 24 hours
- Impetigo until antibiotic treatment has been started
- Strep throat (or other streptococcal infection) until 24 hours after treatment has been started
- Head lice or nits until after first treatment
- Rubella until seven days after the rash appears
- Scabies until treatment has been started
- Chicken pox until all lesions have dried or crusted (usually six days after onset of rash)
- Pertussis (whooping cough) until five days after start of antibiotics
- Mumps until five days after onset of parotid gland swelling
- Measles until four days after onset of rash
- Hepatitis A virus until one week after onset of illness or jaundice or as directed by the health department (if the child's symptoms are mild)
- Tuberculosis until the child's medical provider or local health department states the child is on appropriate treatment and can return
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak