



Daycare at Dayspring Health Care Policy

Individual Health Care Policy

Any child who has a chronic health condition or allergy must have an individual health care plan authorized by their medical practitioner. It must include a description of the chronic condition, a description of the symptoms of the condition, an outline of any medical treatment that may be necessary while the child is in care, and the potential side effects of the treatment with an outline of the potential consequences to the child's health if the treatment is not administered. The director can supply you with a form for your physician to fill out.

Accidents and Injuries

In the event of a medical emergency, care will be sought immediately for the child. The director, staff member, or school nurse will stay with and care for the injured/sick child as they are transported to a medical facility. The child's medical records and permission form will accompany the child to the nearest facility. A second staff member will be responsible for contacting an ambulance and the child's parents immediately. Staff will continue attempts to notify parents until contact is made. If parents cannot be reached alternative contacts will be notified.

In the event of non-emergency injuries or illness requiring medical attention, the Director or staff member will notify parents or the emergency contact person. The responsible adult will be asked to transport the child for treatment. The Director or staff member will care for the child until the parent's arrival. If a responsible adult cannot be reached and treatment is required, the child will be transported by ambulance to the nearest medical facility.

Minor injuries not requiring medical intervention will be treated at the school by a staff member. An accident report will be completed for parental review and the incident noted in the accident log. A copy of the accident report will be sent home detailing what happened and the resulting treatment that was administered.

Preferred Facilities

The closest medical facility will be used during field trips; otherwise, medical attention will be sought at the Hasbro Children's Hospital or Sturdy Memorial Hospital.

Hasbro Children's Hospital
593 Eddy Street
Providence, RI
401-444-4000

Sturdy Memorial Hospital
211 Park Street
Attleboro, MA
508-222-5200

Required Records

Current medical and immunization records are required prior to enrollment. Records should include a complete physical examination, lead screening, HIB immunization, chicken pox vaccination, tuberculin test and any others required by the Commonwealth of Massachusetts at enrollment time.

These records must be updated each physical and an official copy be supplied to the school. Any time a child has an updated medical record, such as a physical parents should submit a copy to the school nurse or director.

The school will keep a confidential health report on file for each child that includes:

- contact information for parents/guardians
- contact information for two alternate adults to be contacted in the event of an emergency
- a complete immunization record
- a list of any allergies
- an Authorized Adult form specifying which adults may pick up the child from school
- a signed permission slip for emergency treatment in the event a parent or guardian cannot be reached.
- teacher observations
- early intervention referral records
- medication authorization slips

Contact Information

It is imperative that the school is notified of any changes to emergency contact information for parents, guardians and alternate emergency contacts. Notification should be made in writing.

Illness

To curtail the spread of illness and hasten recovery, it is imperative that sick children remain at home. A child showing the following symptoms should be kept home for rest:

- excessive lethargy
- fevers of 100 or higher
- severe cold symptoms or nose drainage
- sore throat or swollen glands
- undiagnosed rash or skin eruption
- vomiting
- diarrhea
- untreated head lice
- inflammation or oozing from the eyes

Parents will be asked to pick up their child early should any of the above symptoms appear during school hours. To minimize our student's exposure to possible illness, un-well children will be supervised in an isolation area until a parent arrives. Parents are expected to have an alternative child care arrangement in place when children are ill. Parents are also expected to promptly (within one hour) pick up their children from the center when any of the conditions above exist.

When a child becomes ill during the school day, we make every effort to reach parents. If after 30 minutes we have not been able to make contact with a parent, we will call the emergency contact listed in the child's file.

Should your child require antibiotics, we ask that they not return to school for twenty-four hours after treatment begins. A note from the child's pediatrician stating the date upon which the child is no longer at risk for spreading communicable illness is required.

If your child has a fever over 100, a phone call will be made indicating that you need to come pick your child up. We ask that before your child return to school, they must be fever-free for twenty four hours.

Please inform the school by 9:00 am if your child will be out sick. The school must be notified if your child has contracted any contagious diseases so that we may take the necessary steps to curtail an outbreak of the illness. In the even that children are exposed to a contagious disease, a notice will be sent home indicating symptoms of such illness.

Illness

Our goal is to provide childcare for well children. Having ill children at the center presents the very real possibility that others can be infected. While we understand that parents need to be at work or in class, we need to enforce this policy to protect all children and staff from unnecessary exposure to **communicable** disease. Parents who repeatedly fail to follow policies related to keeping children at home when they are ill may be required to withdraw their child from the center.

Infection Control and Personal Hygiene

Children are encouraged to develop desirable habits of personal hygiene, including washing hands after toileting, diapering, and before and after meals. Eating a variety of nutritious foods is also encouraged. In addition to instructing children in these habits, teachers model the behaviors.

Infectious Diseases

When a communicable disease has been introduced into the center, parents will be notified. The center also will report these occurrences to the state and local health departments when required. Parents are urged to notify the center when their child is known to have been exposed to a communicable disease outside the center.

The director may determine that a child who does not appear to be fully recovered from an illness cannot be readmitted to the center without a statement from a physician stating that the child is able to return and participate in the activities of the center, or is no longer infectious.

We reserve the right to refuse care due to illness.

In the case of impetigo, lice, ringworm, pinworms, rashes, chicken pox, thrush, etc. your child must be **NON-CONTAGIOUS** before returning to the center.

When a Child Needs to Stay at Home

- A child's temperature should be normal without medication for 24-hours before the child is brought to the center. If your child has a fever in the evening, he/she should not be brought to the center in the morning, even if his/her temperature is normal. Fever is defined as 100° F or higher.
- If your child vomits during the night, he/she should not be brought into the center the next day, unless it is certain that the vomiting was not due to an infectious condition.
- Diarrhea, as defined by the CDC, consists of more than one abnormally loose stool. A child should not return to the center until his/her bowel movements have returned to a normal consistency.

- Conjunctivitis (Pinkeye): a child with pinkeye must be on medication before returning to the center.
- Rash: body rash, not associated with diapering, heat or allergic reactions, especially with fever or itching.
- Sore throat coupled with a fever or swollen neck glands.
- Lice, Scabies: Children must not return to childcare until they are free of lice and nits (eggs). Children with scabies can be admitted after treatment.
- If your child is unusually tired, pale, shows a lack of appetite, is difficult to wake, confused, or irritable. This is sufficient reason to exclude a child from preschool.

Should your child come to school with any of the above symptoms, you will be contacted, upon pick up you will be asked to sign a 24 hour exclusionary notice indicating that your child cannot return to school the next day.

Returning after illness

It is imperative that children feel well enough to return to school. **Even if they are no longer contagious, please do not send your child to the school if additional rest and recuperation time at home is to their benefit.**

Children may return to the school **with** a physician's release if they are feeling well and meet the following criteria:

- complete clearing of contagious rashes or parasitic diseases
- passing of an illness' contagious stage (confer with your doctor for unlisted conditions) :
 - chicken pox – after spots have crusted
 - measles – five days after rash begins
 - German measles – after rash disappears
 - mumps – nine days
 - lice and scabies – after treatment completion

Children may return without a physician's release if they feel well enough and meet the following criteria (confer with your doctor for unlisted conditions):

- fever – no fever for 24-hours during which no fever-reducing medication is administered
- diarrhea –24- hours or more- when solid stools have returned
- vomiting –24 hours or more-when vomiting stops completely and child is able to digest food
- pink eye/conjunctivitis – 24 hours after treatment is first administered
- strep and other bacterial illnesses – when child is no longer contagious
- Cocksakie virus and other viral illnesses – when child is no longer contagious
- cuts & sores – bandages must cover all open cuts or sores until they have scabbed over.

Medication Administration

Parents must supply written authorization permitting school staff to administer medication to their child. ALL medication including Tylenol must be accompanied by a doctor's prescription before it can be administered. A record of medication administration is made in the child's file specifying the time and date of medication as well as the name and signature of the administering staff member.

Remaining medication will be returned to parents at the day's end. A second prescription may be advisable for prolonged treatments to avoid the risk of medication mistakenly left behind at

the school. Medication that is expired or prescriptions that are expired will not be administered to children. A new prescription must be ordered with the current date and given to the school.

Should your child need emergency medication in order to prevent a high fever, or febrile seizures a decision will be made by the director or nurse to administer Tylenol. A consent form must be signed in order for Tylenol to be administered. In all other non-emergency events, Tylenol will not be given unless a current doctor's note is on file.

The staff will administer only dated, labeled, prescribed medication in its original, child-proof bottle. It must be handed directly to a teacher, not placed in your child's bag. Prescription containers must include the child's name, fill and expiration date, contents and dosage, directions for administration, physician's name and pharmacy name.

Non-prescription medication will be administered when accompanied by an authorization note from the child's parent, guardian **and physician**. The note must state the child's name, name of non-prescription drug, strength, dosage and duration of use as well as directions for administration.

CPR/First Aid

All staff members are certified in first aid and CPR and instructed on usage of supplies maintained at the school. First aid supplies are stored out of the children's reach and checked monthly to ensure adequate inventories. Our first aid inventory is based upon a list supplied by a medical consultant.