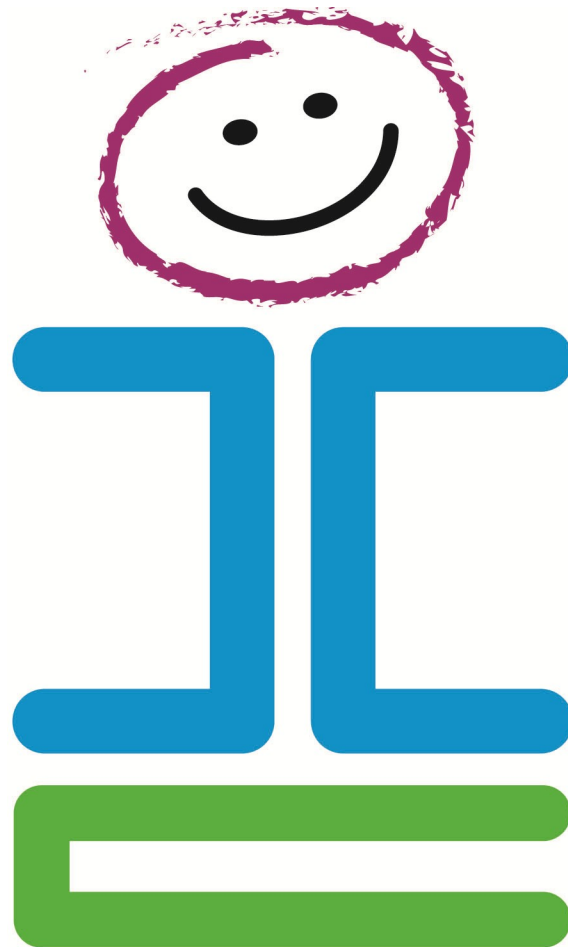


# ITHACA COMMUNITY CHILDCARE CENTER, INC.

## HEALTH POLICY



**Review/Revision Date:** January 2019, Approved by NYS Office of Children and Family Services **Resources:** Caring For Our Children by The American Academy of Pediatrics, American Public Health Assoc, Health Resources and Services Administration; 2002  
Managing Infectious Diseases in Child Care and Schools, A Quick Reference Guide, 2nd Edition American Academy of Pediatrics; 2009  
**On-Site Health Contact:** Administrator on Site

### **ABOUT IC3'S HEALTH POLICY**

Our health policy is designed to provide a healthy environment for the children in our care as well as for our employees. We recognize the work responsibilities of parents and the conflicts which arise when an ill child must stay home. IC3 does serve mildly ill children. However, IC3 strives to control the spread of illness to the extent possible by ensuring that neither children nor employees are needlessly exposed to illness. To ensure a healthy group care environment, a partnership between parents and staff is necessary. Staff practice proper hand washing and equipment disinfectant procedures to minimize the spread of illness in the classrooms and are alert to the symptoms of illness. Parents play a key role in minimizing illness and maintaining a healthy environment for all of the children by keeping their child out of the Center when the child's health is questionable or when the teachers believe it is necessary due to health concerns in the room.

### **RESOURCES**

IC3's health policy is based primarily on Caring for Our Children, 2nd edition published by the American Academy of Pediatrics (AAP), American Public Health Association (APHA), Health Resources and Services Administration (HRSA) and Maternal and Child Health Bureau. Another resource referred to is Managing Infectious Diseases in Child Care and Schools published by the American Academy of Pediatrics. These are available to parents for review.

**IMMUNIZATIONS:** A current copy of the child's immunization record must be in the child's file by their start date. Children not yet immunized may be admitted provided immunizations are in process and parents give the specific appointment dates for immunization. Also, a current medical form signed by a physician stating that your child is free from communicable diseases and is able to attend child care must be in the child's file by their start date. An updated medical form containing current immunizations should be submitted after each well child exam.

If a child in our care is under immunized and there is potential exposure to the child or that shows symptoms of a disease that is vaccine preventable the child will be excluded for the recommended amount of time from the Tompkins County Health Department or The American Academy of Pediatrics.

### **WHEN WILL CHILDREN BE SENT HOME?**

The decision to send a child home is based on the symptoms a child is showing (see the following) and especially on how the child is acting. Behavior is the key indicator of a child's health. **A child who is unable to participate in normal group activities will be sent home.** Although a mildly ill child may seem well at home, that same child may be unable to handle the stimulation of the group care setting and will be sent home.

**Refer to the SIGNS and SYMPTOMS CHART (pages 5-9) for exclusion and return to care criteria**

During the course of an identified outbreak of any communicable illness (such as Rotavirus, for example) at the Center, a child may be sent (or kept) home if s/he is determined to be contributing to the transmission of the illness at the program. The child may be readmitted when the risk of transmission is no longer present.

For Secondary Infections (such as Ear Infections): a child may return to group care ONLY if the child has been diagnosed by a physician as safe (for the child and the other children in the classroom) to return to group care AND:

- There is no fever present without the use of a fever reducer (acetaminophen, ibuprofen), no 24-hour waiting period required AND
- Child is well enough to participate in group care

Pre-Existing Conditions: If a child is showing symptoms of illness, it will be assumed the symptoms are caused by illness unless we have written documentation in the child's file that suggests another reason for the symptoms (such as gastro esophageal reflux (vomiting due to a physical problem with the esophagus and stomach) or diarrhea associated with lactose (milk) intolerance).

### **WHEN A CHILD IS SENT HOME**

Teachers will notify the parents immediately when a child is ill. A child should be picked up within one hour of receiving a call from the Center. While the child is waiting to be picked up they will remain in a quiet area of the classroom under supervision. If a parent cannot be reached or has not arrived within an hour, the emergency contacts will be notified to pick up the child. In cases where parents and teachers are in disagreement regarding the child's health, either the Executive Director or Program Director will clarify the Center health policies and assist in making the decision.

Each time a child is sent home, the parents will receive a Quick Reference Sheet that contains information about common signs and symptoms, incubation and contagious periods, spread, infection control, the role of the parent or caregiver, exclusion and return to care criteria.

Whenever a child's health is questionable, the parents will be notified and asked to be "on call" in case the child needs to be sent home.

Parents will be informed of the different levels of illness by reading through the Health care policy at the time of enrollment, as well as through annual parent lectures (evening trainings on health care policies) and through MAT certified staff.

### **IC3'S POLICY ON THE ADMINISTRATION OF MEDICATION**

IC3 will administer prescription and over the counter medication to children after obtaining the proper permissions and instructions. IC3 will comply with New York State's Medication Administration regulations. The Center will use New York State Medication Administration form –Written Medication Consent form- in order to be able to administer prescription and over the counter medication. These forms are located at the front desk.

### **SERVING CHILDREN TAKING MEDICATION**

The Center has Teachers and Administrators certified to give medication to the children in our care. Only trained and certified persons may administer medication to children.

### **PERMISSIONS AND INSTRUCTIONS NECESSARY TO DISPENSE MEDICATION**

Written permission from the parent and written instructions from the child's health care provider must be attained in order to give any medication. The permission and instruction must be written in English, parents and health care providers must renew the written permission and instructions at least once every six months, all written permission and instructions must be on the OCFS Written Medication Consent Form, faxed consents for written permission and instructions are acceptable.

### **PERMISSION AND INSTRUCTIONS EXCEPTIONS**

There are three (3) exceptions when you do not need written parental permission and written health care provider instructions:

### **OVER THE COUNTER TOPICAL OINTMENT, SUNSCREEN AND TOPICAL INSECT REPELLENT**

Only written permission from the parent is needed. If unable to attain written permission from the parent, application of the ointment, sunscreen or repellent can occur for one day only with verbal permission from the parent. Written permission will be necessary to continue the application of the ointment, sunscreen or repellent on subsequent days. If the instructions written on the package state to consult a doctor or if the package directions do not match what the parent is asking, written instruction from the health care provider are necessary.

### **PRESCRIPTION MEDICATION FOR ONE DAY ONLY**

Medication can be given with verbal permission from the parent and verbal instructions from the health care provider if written permissions and instructions are not obtained. The medication can only be given on the day the verbal permission and instructions were received. Written permission and instructions must be attained in order to continue giving the medication on subsequent days.

### **OVER THE COUNTER MEDICATION TO A CHILD WHO IS 18 MONTHS OR OLDER FOR ONE DAY ONLY**

Medication can be administered with verbal permission from the parent. Instructions from the health care provider are not needed. If the package states to consult a doctor or if the package directions do not match the parent's request, then verbal instructions from the health care provider are needed. The medication can only be given on the day the verbal permission was received. Written permission from the parent and written instruction from the health care provider must be obtained in order to give the medication on subsequent days.

### **MAINTAINING RECORDS ON THE ADMINISTRATION OF MEDICATION**

Each child will have a log of medication administration kept on file with the medication consent form. The MAT certified person will fill out the log of medication administration when administering medicine. The MAT certified person will note on the log of medication administration if side effects are noticed, what side effect is noticed, and will check yes that the parents were notified. Parents will be notified by a teacher immediately by phone of the side effects and the information will be discussed again at the end of the day when the parent picks the child up.

### **REPORTING MEDICATION ERRORS**

Any medication errors will be immediately reported to the child's parent/guardian, by the MAT certified person. The parent will be encouraged to share this information with your health care provider. Also, a medication error report form will be filled out by the MAT certified person and the Office of Children and Family Services will be notified within one business day by the Executive Director or Program Director.

### **INTERRUPTION (DELAY OR STOPPAGE) IN THE ADMINISTRATION OF MEDICATION**

An interruption in the administration of medication will be documented on the back side of the log of medication administration by the MAT certified person. Parents will be verbally notified by phone at the time of interruption from a teacher as to the circumstances causing the stoppage or delay in medication administration. Any child who refuses medication, is unable to take the medication or is ill will not be forced to take the medication. The MAT certified person will verbally assist, assure, and/or persuade the child into accepting administration of the medication. If a parent requests the stoppage of a medication, the MAT certified teacher will document this request on the back side of the log of medication administration. A full description of the reason for the stoppage request by the parent will be noted.

### **STORAGE OF MEDICATION**

All medication (over the counter and prescription) will be stored at the Front Desk unless a medication needs refrigeration. If medication requires refrigeration, the medication will be stored in a leak tight container, in the infant kitchen refrigerator. Epi pens are stored in classrooms out of the reach of children. All medication must be labeled with the child's first and last name and must be in its original container. Parents should drop off medication at the front desk. Medications will be placed in a medication storage drawer located behind the front desk, out of the reach of children. The Administrative Assistant will check all medications for expiration date and follow appropriate disposal guidelines.

### **DISPOSAL OF MEDICATION**

Day Care programs must comply with all Federal and State requirements for the storage and disposal of all types of medication, including controlled substances. Day care programs must comply with the following guidelines for the proper storage and safe disposal of medications; including controlled substances:

- \*All medication (prescription and over the counter) must always be kept in the original, labeled container.
- \*If medication has expired or is left over, the Center will return the medication to the parent/guardian.
- \*If parent(s) do not respond, the provider will dispose of the medication according to prescribed methods. Medication should never be thrown into a container that can be found by others.

### **GIVING MEDICATIONS AT THE CENTER**

All medicines should be dispensed at the front desk by a designated MAT certified person. The only exception is for infants who can have medicines stored and dispensed in the Infant Kitchen. **All medicines will be kept out of reach of children.** No medicines should be stored in the classroom at any time, the exception being epi pens. Non-Prescription topical ointments such as sunscreen, and Desitin may be kept in the classroom and should always be labeled with the appropriate child's first and last name. Always note any allergies other children may have for these items, such as to lanolin.

### **PRESCRIPTION MEDICATION**

Once a doctor diagnoses a child as safe to return to group care, IC3 staff will dispense the child's prescription medication only if:

- The Written Medication Consent Form is completed and signed by the child's doctor and the parent/guardian.
- The medication is in its original container.
- The label contains the following information:
  - Child's name

- Authorized prescriber's name
- Pharmacy name and telephone number
- Date prescription was filled
- Name of the medication
- Dosage
- How often to give the medication
- Date the medication shall be discontinued or length of time, in days, the medication is to be given.
- The Written Medication Consent Form and prescription label instructions must match in order for medication to be dispensed.
- All instructions and medication label must be in English.

### **OVER THE COUNTER MEDICATIONS**

At the parent's request, the staff of IC3 will administer certain over-the-counter medications for one-day-only if all of the following conditions are met:

- Child has been given the medication on a prior occasion;
- All permissions and written instructions have been received by the appropriate parties;
- Medicine is in its original container and clearly labeled with the child's name;
- Dosage conforms to the American Academy of Pediatrics' guidelines for the child's age/weight.

Dosage will be verified by the trained, designated administrator on site. The teacher or administrator who administered the medication will then document on the MAT log of administration that it was given and all other information the form requests.

***IC3 Reserves the right to refuse to dispense any medication.***

## **Symptom, Exclusion and Return to Care Chart**

Pages 5-9

## Signs and Symptoms Chart

### Routine Exclusion Criteria Applicable to All Signs and Symptoms

- Child is unable to participate in program activities.
- Care would compromise staff's ability to care for other children.
- Child meets other exclusion criteria (see Chapter 4, Conditions Requiring Temporary Exclusion, "Call Emergency Medical Services [EMS] [911] Immediately IF" and "Get Medical Attention Within 1 Hour" boxes).

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Program's Health Consultant, If Program Has One	Notify Parent/Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
<b>Cold Symptoms</b>	<b>Viruses</b> <ul style="list-style-type: none"> <li>• Adenovirus</li> <li>• Coronavirus</li> <li>• Enterovirus</li> <li>• Influenza virus</li> <li>• Parainfluenza virus</li> <li>• Respiratory syncytial virus (RSV)</li> <li>• Rhinovirus</li> </ul> <b>Bacteria</b> <ul style="list-style-type: none"> <li>• Mycoplasma</li> <li>• Pertussis</li> </ul>	<ul style="list-style-type: none"> <li>• Coughing</li> <li>• Hoarse voice, barking cough</li> <li>• Runny or stuffy nose</li> <li>• Scratchy throat</li> <li>• Sneezing</li> <li>• Fever</li> <li>• Watery and pink eyes</li> </ul>	Not necessary unless epidemics occur (ie, RSV or vaccine-preventable disease like measles or varicella [chickenpox])	Yes	<b>No, unless</b> <ul style="list-style-type: none"> <li>• Fever accompanied by behavior change.</li> <li>• Child looks or acts very ill.</li> <li>• Child has difficulty breathing.</li> <li>• Child has blood-red or purple rash not associated with injury.</li> <li>• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul>	Exclusion criteria are resolved.
<b>Cough</b>	<ul style="list-style-type: none"> <li>• Common cold</li> <li>• Lower respiratory infection (eg, pneumonia, bronchiolitis)</li> <li>• Croup</li> <li>• Asthma</li> <li>• Sinus infection</li> <li>• Bronchitis</li> <li>• Pertussis</li> <li>• Noninfectious causes like allergies</li> </ul>	<ul style="list-style-type: none"> <li>• Dry or wet cough.</li> <li>• Runny nose (clear, white, or yellow-green).</li> <li>• Sore throat.</li> <li>• Throat irritation.</li> <li>• Hoarse voice, barking cough.</li> <li>• Coughing fits.</li> <li>• Irritation in any part of the respiratory tract, from nose and mouth to lung tissue, can cause coughing.</li> </ul>	Not necessary unless the cough is due to a vaccine-preventable disease, such as pertussis	Yes	<b>No, unless</b> <ul style="list-style-type: none"> <li>• Severe cough.</li> <li>• Rapid or difficult breathing.</li> <li>• Wheezing and not already evaluated and symptoms controlled by treatment.</li> <li>• Cyanosis (ie, blue color of skin or mucous membranes).</li> <li>• Pertussis is diagnosed and not yet treated.</li> <li>• Fever with behavior change.</li> <li>• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul>	Exclusion criteria are resolved.
<b>Diaper Rash</b>	<ul style="list-style-type: none"> <li>• Irritation by rubbing of diaper material against skin wet with urine or stool</li> <li>• Infection with yeast or bacteria</li> </ul>	<ul style="list-style-type: none"> <li>• Redness</li> <li>• Scaling</li> <li>• Red bumps</li> <li>• Sores</li> <li>• Cracking of skin in diaper region</li> </ul>	Not necessary	Yes	<b>No, unless</b> <ul style="list-style-type: none"> <li>• Oozing sores that leak body fluids outside the diaper.</li> <li>• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul>	Exclusion criteria are resolved.

► continued

Signs and Symptoms Chart (continued)

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Program's Health Consultant, if Program Has One	Notify Parent/Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Diarrhea	<ul style="list-style-type: none"> <li>Usually viral, less commonly bacterial or parasitic</li> <li>Noninfectious causes such as dietary (drinking too much juice), medications, inflammatory bowel disease, or cystic fibrosis</li> </ul>	<ul style="list-style-type: none"> <li>Frequent loose or watery stools compared with child's normal pattern (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools or may have several days with no stools.)</li> <li>Abdominal cramps</li> <li>Fever</li> <li>Generally not feeling well</li> <li>Vomiting occasionally present</li> </ul>	Yes, if 1 or more cases of bloody diarrhea or 2 or more children in same group with diarrhea within a week	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> <li>Directed by the local health department as part of outbreak management.</li> <li>Stool is not contained in the diaper for diapered children.</li> <li>Diarrhea is causing "accidents" for toilet-trained children.</li> <li>Stool frequency exceeds 2 stools above normal for that child during the time the child is in the program because this may cause too much work for teachers/caregivers and make it difficult to maintain good sanitation.</li> <li>Blood/mucus in stool.</li> <li>Black stools.</li> <li>No urine output in 8 hours.</li> <li>Jaundice (ie, yellow skin or eyes).</li> <li>Fever with behavior change.</li> <li>Looks or acts very ill.</li> <li>Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul>	<ul style="list-style-type: none"> <li>Cleared to return by health care professional for all cases of bloody diarrhea and diarrhea caused by Shiga toxin-producing <i>Escherichia coli</i>, <i>Shigella</i>, or <i>Salmonella</i> serotype Typhi until negative stool culture requirement has been met.</li> <li>Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents.</li> <li>Stool frequency is no more than 2 stools above normal for that child during the time the child is in the program, or what has become normal for that child when the child seems otherwise well.</li> <li>Exclusion criteria are resolved.</li> </ul>
Difficult or Noisy Breathing	<ul style="list-style-type: none"> <li>Common cold</li> <li>Croup</li> <li>Epiglottitis</li> <li>Bronchiolitis</li> <li>Asthma</li> <li>Pneumonia</li> <li>Object stuck in airway</li> <li>Exposed to a known trigger of asthma symptoms (eg, animal dander, pollen)</li> </ul>	<ul style="list-style-type: none"> <li>Common cold: stuffy/runny nose, sore throat, cough, or mild fever.</li> <li>Croup: barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), or very noisy breathing, especially when breathing in.</li> <li>Epiglottitis: gasping noisily for breath with mouth wide open, chin pulled down, high fever, or bluish (cyanotic) nails and skin; drooling, unwilling to lie down.</li> <li>Bronchiolitis and asthma: child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in.</li> </ul>	Not necessary except for epiglottitis	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> <li>Fever with behavior change.</li> <li>Child looks or acts very ill.</li> <li>Child has difficulty breathing.</li> <li>Rapid breathing.</li> <li>Wheezing if not already evaluated and symptoms controlled by treatment.</li> <li>Cyanosis (ie, blue color of skin or mucous membranes).</li> <li>Cough interferes with activities.</li> <li>Breath sounds can be heard when the child is at rest.</li> <li>Child has blood-red or purple rash not associated with injury.</li> <li>Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul>	Exclusion criteria are resolved.

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Program's Health Consultant, If Program Has One	Notify Parent/Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
<b>Difficult or Noisy Breathing</b> (continued)		<ul style="list-style-type: none"> <li>• Pneumonia: deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions).</li> <li>• Object stuck in airway: symptoms similar to croup (listed previously).</li> <li>• Exposed to a known trigger of asthma symptoms and the child is experiencing breathing that sounds or looks different from normal for that child.</li> </ul>			Note: Emergency care may be needed for some of the conditions herein (see Situations That Require Medical Attention Right Away in Chapter 4).	
<b>Earache</b>	<ul style="list-style-type: none"> <li>• Bacteria</li> <li>• Often occurs in context of common cold virus</li> </ul>	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Pain or irritability</li> <li>• Difficulty hearing</li> <li>• "Blocked ears"</li> <li>• Drainage</li> <li>• Ear tugging or pulling in young children</li> </ul>	Not necessary	Yes	No, unless child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)	Exclusion criteria are resolved.
<b>Eye Irritation, Pinkeye</b>	<ul style="list-style-type: none"> <li>• Bacterial infection of the membrane covering 1 or both eyes and eyelids (bacterial conjunctivitis)</li> <li>• Viral infection of the membrane covering 1 or both eyes and eyelids (viral conjunctivitis)</li> <li>• Allergic irritation of the membrane covering 1 or both eyes and eyelids (allergic conjunctivitis)</li> <li>• Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution, smoke exposure)</li> </ul>	<ul style="list-style-type: none"> <li>• Bacterial infection: pink color of the "whites" of eyes and thick yellow/green discharge. Eyelid may be irritated, swollen, or crusted.</li> <li>• Viral infection: pinkish/red color of the whites of the eye; irritated, swollen eyelids; watery discharge with or without some crusting around the eyelids; may have associated cold symptoms.</li> <li>• Allergic and chemical irritation: red, painful, tearing, itchy, puffy eyelids; runny nose, sneezing; watery/stringy discharge with or without some crusting around the eyelids.</li> </ul>	Yes, if 2 or more children have red eyes with watery discharge	Yes	<p><i>For bacterial conjunctivitis</i> No. Exclusion is not required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics.</p> <p><i>For red eyes with intense pain</i> Refer to health professional.</p> <p><i>For other eye problems</i> No, unless child meets other exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)</p> <p><i>Note:</i> One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified to determine if the situation involves the uncommon epidemic conjunctivitis caused by a specific type of adenovirus. Herpes simplex conjunctivitis (red eyes with blistering/vesicles on eyelid) occurs rarely and would also require exclusion if there is eye watering.</p>	<ul style="list-style-type: none"> <li>• <i>For bacterial conjunctivitis</i>, once parent has discussed with health professional. Antibiotics may or may not be prescribed.</li> <li>• Exclusion criteria are resolved.</li> </ul>

►continued



Signs and Symptoms Chart (continued)

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Program's Health Consultant, If Program Has One	Notify Parent/Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Fever	<ul style="list-style-type: none"> <li>Any viral, bacterial, or parasitic infection</li> <li>Vigorous exercise</li> <li>Reaction to medication or vaccine</li> <li>Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy)</li> </ul>	<p>Flushing, tired, irritable, decreased activity</p> <p><b>Notes</b></p> <ul style="list-style-type: none"> <li>Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against germs.</li> <li>Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires medical evaluation. These seizures are frightening but are usually brief (less than 15 minutes) and do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures.</li> </ul> <p><b>Warning:</b> Do not give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).</p>	Not necessary	Yes	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>Behavior change or other signs of illness in addition to fever or child meets other routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> <li>Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul> <p><b>Note:</b> A temperature considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem for infants and children older than 2 months that is above 101°F (38.3°C) from any site (axillary, oral, or rectal).</p> <p><b>Get medical attention</b> when infants younger than 4 months have unexplained fever. In any infant younger than 2 months, a temperature above 100.4°F (38.0°C) is considered meaningfully elevated and requires that the child get medical attention immediately, within an hour if possible. The fever is not harmful; however, the illness causing it may be serious in this age group.</p>	Exclusion criteria are resolved.
Headache, Stiff or Painful Neck	<ul style="list-style-type: none"> <li>Any bacterial/viral infection</li> <li>Other noninfectious causes</li> </ul>	<ul style="list-style-type: none"> <li>Tired and irritable</li> <li>Can occur with or without other symptoms</li> </ul>	Not necessary	Yes	<p><b>No, unless child meets routine exclusion criteria</b> (See Conditions Requiring Temporary Exclusion in Chapter 4.)</p> <p><b>Note:</b> Notify health professional in the case of sudden, severe headache with fever, vomiting, or stiff neck that might signal meningitis. A stiff neck would be concerning if the back of the neck is painful or the child can't look at his or her belly button (putting chin to chest)—different from soreness in the side of the neck.</p>	Exclusion criteria are resolved.

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Program's Health Consultant, If Program Has One	Notify Parent/Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Itching	<ul style="list-style-type: none"> <li>• Ringworm</li> <li>• Chickenpox</li> <li>• Pinworm</li> <li>• Head lice</li> <li>• Scabies</li> <li>• Allergic or irritant reaction (eg, poison ivy)</li> <li>• Dry skin or eczema</li> <li>• Impetigo</li> </ul>	<ul style="list-style-type: none"> <li>• Ringworm: itchy ring-shaped patches on skin or bald patches on scalp.</li> <li>• Chickenpox: blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable.</li> <li>• Pinworm: anal itching.</li> <li>• Head lice: small insects or white egg sheaths that look like grains of sand (nits) in hair.</li> <li>• Scabies: severely itchy red bumps on warm areas of body, especially between fingers or toes.</li> <li>• Allergic or irritant reaction: raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction).</li> <li>• Dry skin or eczema: dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on face and anywhere on body but not usually in diaper area. If swollen, red, or oozing, think about infection.</li> <li>• Impetigo: areas of crusted yellow, oozing sores. Often around mouth or nasal openings or areas of broken skin (insect bites, scrapes).</li> </ul>	Yes, for infestations such as lice and scabies; if more than 1 child in group has impetigo or ringworm; for chickenpox	Yes	<p><i>For chickenpox</i> Yes, until lesions are fully crusted</p> <p><i>For ringworm, impetigo, scabies, and head lice</i> At the end of the day, the child should see a health professional and, if any of these conditions are confirmed, the child should start treatment before returning. If treatment is started before the next day, no exclusion is necessary. However, the child may be excluded until treatment has started.</p> <p><i>For pinworm, allergic or irritant reactions like hives, and eczema</i> No, unless appears infected as a weeping or crusty sore</p> <p><i>Note:</i> Although exclusion for these conditions is not necessary, families should seek advice from the child's health professional for how to care for these health problems.</p> <p><i>For any other itching</i> No, unless the child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)</p>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> <li>• On medication or treated as recommended by a health professional if treatment is indicated for the condition.</li> </ul>
Mouth Sores	<ul style="list-style-type: none"> <li>• Oral thrush (yeast infection)</li> <li>• Herpes or coxsackievirus infection</li> <li>• Canker sores</li> </ul>	<ul style="list-style-type: none"> <li>• Oral thrush: white patches on tongue, gums, and along inner cheeks</li> <li>• Herpes or coxsackievirus infection: pain on swallowing; fever; painful, white/red spots in mouth; swollen lymph nodes (neck glands); fever blister, cold sore; reddened, swollen, painful lips</li> <li>• Canker sores: painful ulcers inside cheeks or on gums</li> </ul>	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> <li>• Drooling steadily related to mouth sores.</li> <li>• Fever with behavior change.</li> <li>• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul>	Exclusion criteria are resolved.

►continued

Signs and Symptoms Chart (continued)

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Program's Health Consultant. If Program Has One	Notify Parent/Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Rash	<p>Many causes</p> <ul style="list-style-type: none"> <li>• Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others</li> <li>• Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria)</li> <li>• Scarlet fever (strep infection)</li> <li>• Severe bacterial infections: meningococcus, pneumococcus, <i>Staphylococcus</i> (methicillin-susceptible <i>S aureus</i>; methicillin-resistant <i>S aureus</i>), <i>Streptococcus</i></li> <li>• Noninfectious causes: allergy (hives), eczema, contact (irritant) dermatitis, medication related, poison ivy, vasculitis</li> </ul>	<ul style="list-style-type: none"> <li>• Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks. <i>However, if the child appears well other than the rash, a health professional visit is not necessary.</i></li> <li>• Viral: usually signs of general illness such as runny nose, cough, and fever (except not for warts or molluscum). Some viral rashes have a distinctive appearance.</li> <li>• Minor skin infections and infestations: see Itching.</li> <li>• More serious skin infections: redness, pain, fever, pus.</li> <li>• Severe bacterial infections: rare. These children usually have fever with a rapidly spreading blood-red rash and may be very ill.</li> <li>• Allergy may be associated with a raised, itchy, pink rash with bumps that can be as small as a pinpoint or large welts known as hives. See also Itching for what might be seen for allergy or contact (irritant) dermatitis or eczema.</li> <li>• Vasculitis rash can be itchy, with small or large red or purple spots that resemble bruises, sometimes with red puffy hands or feet.</li> </ul>	For outbreaks, such as multiple children with impetigo within a group	Yes	<p>No, unless</p> <ul style="list-style-type: none"> <li>• Rash with behavior change or fever.</li> <li>• Has oozing/open wound that can't be covered.</li> <li>• Has bruising not associated with injury.</li> <li>• Has joint pain and rash.</li> <li>• Rapidly spreading blood-red rash.</li> <li>• Tender, red area of skin, especially if it is increasing in size or tenderness.</li> <li>• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> <li>• Diagnosed with a vaccine-preventable condition, such as chickenpox.</li> </ul>	<ul style="list-style-type: none"> <li>• On antibiotic medication for required period (if indicated).</li> <li>• Infestations (lice and scabies) and ringworm can be treated at the end of the day with immediate return the following day.</li> <li>• Exclusion criteria are resolved.</li> </ul>

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Program's Health Consultant, If Program Has One	Notify Parent/Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
<b>Sore Throat (pharyngitis)</b>	<ul style="list-style-type: none"> <li>• Viral—common cold viruses that cause upper respiratory infections</li> <li>• Strep throat</li> </ul>	<ul style="list-style-type: none"> <li>• Viral: verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). Often see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion.</li> <li>• Strep throat: red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Unlike viral pharyngitis, strep throat infections are <i>not</i> typically accompanied by cough or runny nose and usually occur in children older than 3 years.</li> <li>• Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes called "swollen glands") occur as body fights off the infection.</li> </ul>	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> <li>• Inability to swallow.</li> <li>• Excessive drooling with breathing difficulty.</li> <li>• Fever with behavior change.</li> <li>• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul> <p><i>Note:</i> Most children with red back of throat or tonsils, pus on tonsils, or swollen lymph nodes have viral infections. If strep is present, 12 hours of antibiotics is required before return to care. Tests for strep infection are not usually necessary for children younger than 3 years because children younger than 3 years do not develop rheumatic heart disease—the primary reason for treatment of strep throat.</p>	<ul style="list-style-type: none"> <li>• Able to swallow.</li> <li>• If strep, on medication at least 12 hours.</li> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Stomachache</b>	<ul style="list-style-type: none"> <li>• Viral gastroenteritis or strep throat</li> <li>• Problems with internal organs of the abdomen such as stomach, intestine, colon, liver, spleen, bladder</li> <li>• Nonspecific, behavioral, and dietary causes</li> <li>• If combined with hives, may be associated with a severe allergic reaction</li> </ul>	<ul style="list-style-type: none"> <li>• Viral gastroenteritis or strep throat: vomiting and diarrhea or cramping are signs of a viral infection of the stomach or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever (see Sore Throat).</li> <li>• Problems with internal organs of the abdomen: persistent severe pain in abdomen.</li> <li>• Nonspecific stomachache: vague complaints without vomiting/diarrhea or much change in activity.</li> </ul>	If multiple cases in same group within 1 week	Yes	<p>No, unless</p> <ul style="list-style-type: none"> <li>• Severe pain causing child to double over or scream.</li> <li>• Abdominal pain after injury.</li> <li>• Bloody/black stools.</li> <li>• No urine output for 8 hours.</li> <li>• Diarrhea (see Diarrhea).</li> <li>• Vomiting (see Vomiting).</li> <li>• Yellow skin/eyes.</li> <li>• Fever with behavior change.</li> <li>• Looks or acts very ill.</li> <li>• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul>	<ul style="list-style-type: none"> <li>• Pain resolves.</li> <li>• Exclusion criteria are resolved.</li> </ul>

➤continued



Signs and Symptoms Chart (continued)

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Program's Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
<b>Swollen Glands</b> (properly called swollen lymph nodes)	<ul style="list-style-type: none"> <li>Viruses: normal body defense response to viral infection in the area where lymph nodes are located (ie, in the neck for any upper respiratory infection).</li> <li>Bacteria: lymph nodes may be enlarging, one-sided, and painful.</li> </ul>	<ul style="list-style-type: none"> <li>Normal lymph node response: swelling at front, sides, and back of the neck and ear; in the armpit or groin; or anywhere else near an area of an infection. Usually, these nodes are less than 1" across.</li> <li>Bacterial infection of lymph nodes: swollen, warm lumps under the skin with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected. Usually these nodes are larger than 1" across.</li> </ul>	Not necessary	Yes	<b>No, unless</b> <ul style="list-style-type: none"> <li>Difficulty breathing or swallowing.</li> <li>Red, tender, warm glands.</li> <li>Fever with behavior change.</li> <li>Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</li> </ul>	<ul style="list-style-type: none"> <li>Child is on antibiotics (if indicated).</li> <li>Exclusion criteria are resolved.</li> </ul>
<b>Urinating Frequently, Unusually Having Urine Accidents</b>	<ul style="list-style-type: none"> <li>Urinary infection</li> <li>Irritation of urogenital tissues by chemicals such as bubble bath</li> </ul>	Wet underclothing, uncomfortable while sitting, pulling at underclothing	Not necessary	Yes	No	Exclusion criteria are resolved.
<b>Vomiting</b>	<ul style="list-style-type: none"> <li>Viral infection of the stomach or intestine (gastroenteritis)</li> <li>Coughing strongly</li> <li>Other viral illness with fever</li> <li>Noninfectious causes: food allergy (vomiting, sometimes with hives), trauma, ingestion of toxic substance, dietary and medication related, headache</li> </ul>	Diarrhea, vomiting, or cramping for viral gastroenteritis	For outbreak	Yes	<b>Yes, if</b> <ul style="list-style-type: none"> <li>Vomited more than 2 times in 24 hours</li> <li>Vomiting and fever</li> <li>Vomiting with hives</li> <li>Vomit that appears green/bloody</li> <li>No urine output in 8 hours</li> <li>Recent history of head injury</li> <li>Looks or acts very ill</li> <li>Child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)</li> </ul>	<ul style="list-style-type: none"> <li>Vomiting ends.</li> <li>Exclusion criteria are resolved.</li> </ul>

- (1) A child's behavior is a key factor in determining whether the child may return to group care. If a child is unable to participate in normal group activities or prevents the caregivers from providing appropriate care for the other children in the classroom, IC3 reserves the right to require a child to remain out of the group environment, regardless of a doctor's diagnosis.

### **STAFF HEALTH POLICIES**

Staff must adhere to the same policies that apply to children who attend the center. These policies are outlined in this Health Policy handbook.

### **INFECTION CONTROL PROCEDURES**

The following procedures are used at the Center for infection control. For detailed information on these procedures, please refer to the OCFS Regulation booklet at the front desk or go to [www.ocfs.state.ny.us](http://www.ocfs.state.ny.us)

Hand Washing Procedures

Medical Glove Application and Use

Diapering Procedures:

Safety Precautions Related to Blood:

Sanitation of equipment and toys:

### **DAILY HEALTH CHECKS**

Each child in our program will be evaluated daily for signs of illness, injury and/or abuse by a teacher.

-This health check will be conducted when the child first arrives in the program and, again whenever their behavior or appearance warrants another evaluation. This health check will be conducted by one of the teachers in the classroom. The health check should include, but is not limited to:

- signs of illness or complaints of not feeling well;
- the child's behavior and activity level;
- skin rashes, itchy skin and itchy scalp

Also, in order for us to provide safe, adequate care for your child we ask that when you drop off your child please notify the teacher of any health concerns and any administration of medication at home in the past 24 hours.

### **MEDICAL EMERGENCY PROCEDURES**

If an emergency occurs at the Center requiring medical attention, the Center will inform the parents of the emergency and will determine the most appropriate mode of transportation for the child. The child will be transported to the Convenient Care Center or emergency room or an ambulance will be called to transport the child.

### **FIRST AID KIT**

First aid kits are stocked to treat a broad range of injuries and situations. There is a first Aid Kit in every classroom as well as in the Pre-K bathroom, the Large and Small gyms. There are also first aid kits stocked to take on field trips.

### **SERVING A CHILD WITH SPECIAL HEALTH CARE NEEDS**

The Center will work in collaboration with the child's parent/guardian, and the child's health care professional to meet the individual needs of the child and create an Individual Health Care Plan. The Individual Health Care Plan will be kept in a notebook at the front desk labeled Medication Consent Binder. There will be a MAT certified person available to work with children who have special health care needs. These health care plans need to be updated every 6 months. The Center will ensure that an adult trained in specialized procedures is onsite whenever a child is present that requires special attention in compliance with ADA.

The minimum documentation to be kept on a child's individual health care plan is:

- Child's Name
- Parent(s) or Guardian(s) Name
- Emergency phone numbers
- Primary health care providers name & phone number

Description of health care needs  
Symptoms to be aware of  
Symptoms that would require emergency care  
Medical equipment needed to provide care  
Program Staff who will provide care to the child with special health care needs  
Special training needed to carry out the health care plan

### **HEALTH CARE CONSULTANT**

IC3 works with a Health Care Consultant. **The health care consultant will minimally provide the following services:**

- Review the entire health care plan and other documents related to the program's medication administration policy.
- Verify that all staff authorized to administer medication have the necessary professional license or have completed the required training, including but not limited to a valid cardio-pulmonary resuscitation (CPR) and first aid certification that covers the ages of children being cared for and a valid medication administration training certificate. In addition, any staff person identified to administer medication must be at least 18 years of age and be literate in the language or language(s) in which instructions and permissions are written.
- Health care consultants are required to visit the program site once every licensing period.

If you have questions concerning IC3's Health Policy or feel it is not being followed to your satisfaction, please speak to the Executive or Program Director.
--