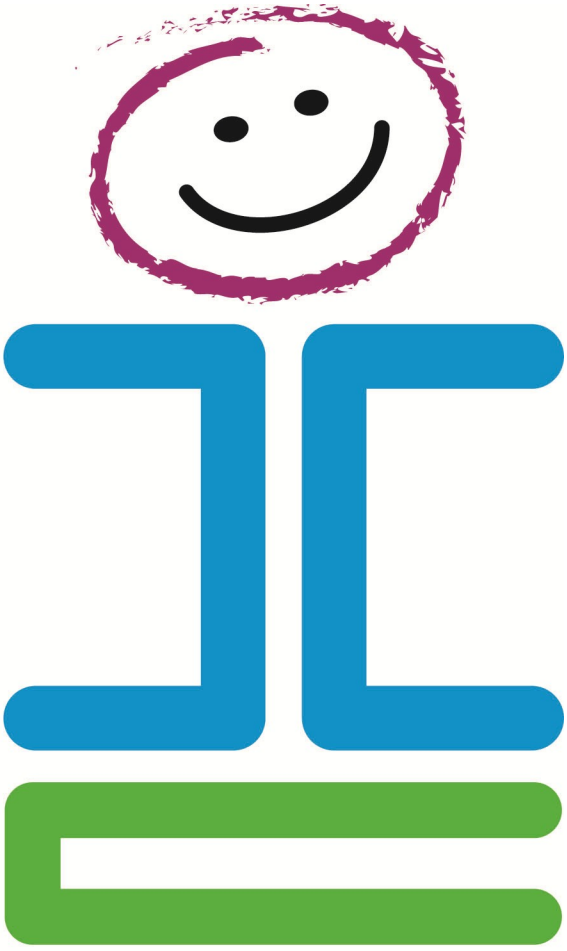
ITHACA COMMUNITY CHILDCARE CENTER, INC.

HEALTH POLICY



Review/Revision Date: August 2014, 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 Serviced Administration (HRSA) and Maternal and Child Health Bureau . Another resources 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.

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 (acetominophin, 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 of 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

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude? (See also "When to Call Emergency Medical Services [and Also Notify Parents]" on page 39.)	If Excluded, Readmit When
Cold Symptoms	*Viruses* (early stage of many viruses) • Adenovirus • Coxsackievirus • Enterovirus • Parainfluenza virus • Respiratory syncytial virus • Rhinovirus • Coronavirus • Influenza *Bacteria* • Mycoplasma	• Runny or stuffy nose • Scratchy throat • Coughing • Sneezing • Watery eyes • Fever	Not necessary	**Yes**	**No, unless** • Fever accompanied by behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Child has blood red or purple rash not associated with injury. • Child meets other exclusion criteria (see "Conditions Requiring Temporary Exclusion" on page 41).	• Exclusion criteria are resolved.
Cough (May come from congestion anywhere from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.)	• Common cold • Lower respiratory infection (eg, pneumonia, bronchiolitis) • Croup • Asthma • Sinus infection • Bronchitis	• Dry or wet cough • Runny nose (clear, white, or yellow-green) • Sore throat • Throat irritation • Hoarse voice, barking cough	Not necessary	**Yes**	**No, unless** • Severe cough • Rapid and/or difficult breathing • Wheezing if not already evaluated and treated • Cyanosis (ie, blue color of skin and mucous membranes)	• Exclusion criteria are resolved.
Diaper Rash	• Irritation by rubbing of diaper material against skin wet with urine or stool • Infection with yeast or bacteria	• Redness • Scaling • Red bumps • Sores • Cracking of skin in diaper region	Not necessary	**Yes**	**No, unless** • Oozing sores that leak body fluids outside the diaper	• Exclusion criteria are resolved.
Diarrhea	Usually viral, less commonly bacterial or parasitic	• Frequent loose or watery stools compared to 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.) • Abdominal cramps. • Fever. • Generally not feeling well. • Sometimes accompanied by vomiting.	For one or more cases of bloody diarrhea or 2 or more children with diarrhea in group within a week	**Yes**	**Yes, if** • Stool is not contained in the diaper for diapered children. • Diarrhea is causing "accidents" for toilet-trained children. • Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation. • Blood/mucus in stool. • Abnormal color of stool for child (eg, all black or very pale). • No urine output in 8 hours. • Jaundice (ie, yellow skin or eyes). • Fever with behavior change. • Looks or acts very ill.	• Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by *Shigella, Salmonella,* or *Giardia.* • Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents. • Able to participate.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude? (See also "When to Call Emergency Medical Services [and Also Notify Parents]" on page 39.)	If Excluded, Readmit When
Difficult or Noisy Breathing	1. Common cold 2. Croup 3. Epiglottitis 4. Bronchiolitis 5. Asthma 6. Pneumonia 7. Object stuck in airway	1. Common cold: Stuffy nose, sore throat, cough, and/or mild fever. 2. Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in. 3. Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. 4 and 5. 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. 6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). 7. Object stuck in airway: Symptoms similar to croup (2 above).	Not necessary	**Yes**	**Yes, if** • Fever accompanied by behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Child has blood red or purple rash not associated with injury. • The child meets other exclusion criteria (see "Conditions Requiring Temporary Exclusion" on page 41).	• Exclusion criteria are resolved.
Earache	• Bacteria or viruses • Often occurs in context of common cold	• Fever • Pain or irritability • Difficulty hearing • "Blocked ears" • Drainage • Swelling around ear	Not necessary	**Yes**	**No, unless** • Unable to participate. • Care would compromise staff's ability to care for other children. • Fever with behavior change.	• Exclusion criteria are resolved.
Eye Irritation, Pinkeye	1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) 2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) 3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)	1. Bacterial infection: Pink color instead of whites of eyes *and* thick yellow/green discharge. May be irritated, swollen, or crusted in the morning. 2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection. 3 and 4. Allergic and chemical irritation: Red, tearing, itchy eyes; runny nose, sneezing; watery discharge.	**Yes, if** 2 or more children have red eyes with watery discharge	**Yes**	*For bacterial conjunctivitis* **No.** Exclusion is no longer 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. *For other forms* **No, unless** • The child meets other exclusion criteria (see "Conditions Requiring Temporary Exclusion" on page 41). Note: 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.	• *For bacterial conjunctivitis,* once parent has discussed with health professional. Antibiotics may or may not be prescribed. • Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude? (See also "When to Call Emergency Medical Services (and Also Notify Parents)" on page 39.)	If Excluded, Readmit When
Fever	• Any viral, bacterial, or parasitic infection • Overheating • Reaction to medication (eg, vaccine, oral) • Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy)	Flushing, tired, irritable, decreased activity Notes • Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks. • 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 evaluation. These seizures are frightening, but 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. **Warning:** *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).	Not necessary	**Yes**	**No, unless** • Behavior change. • Unable to participate. • Care would compromise staff's ability to care for other children. Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for children older than 4 months are • 100°F (37.8°C) axillary (armpit) • 101°F (38.3°C) orally • 102°F (38.9°C) rectally • Aural (ear) temperature equal to oral or rectal temperature **Get immediate medical attention when** infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour.	• Able to participate • Exclusion criteria are resolved.
Headache	• Any bacterial/viral infection • Other noninfectious causes	• Tired and irritable • Can occur with or without other symptoms	Not necessary	**Yes**	**No, unless** • Child is unable to participate Note: **Notify health professional** in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her "belly button" (putting chin to chest)—different from soreness in the side of the neck.	• Able to participate

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude? (See also "When to Call Emergency Medical Services [and Also Notify Parents]" on page 39.)	If Excluded, Readmit When
Itching	1. Ringworm 2. Chickenpox 3. Pinworm 4. Head lice 5. Scabies 6. Allergic or irritant reaction (eg, poison ivy) 7. Dry skin or eczema 8. Impetigo	1. Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp. 2. Chickenpox: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. 3. Pinworm: Anal itching. 4. Head lice: Small insects or white egg sheaths (nits) in hair. 5. Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes. 6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). 7. 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 fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection. 8. Impetigo: Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.	For infestations such as lice and scabies; if more than one child in group has impetigo or ringworm; for chickenpox	**Yes**	*For chickenpox, scabies, and impetigo* **Yes** *For ringworm and head lice* **Yes, at the end of the day** • Children should be referred to a health professional at the end of the day for treatment. *For pinworm, allergic or irritant reactions, and eczema* **No, unless** • Appears infected as a weeping or crusty sore Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.	• Exclusion criteria are resolved. • On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.
Mouth Sores	1. Oral thrush (yeast infection) 2. Herpes or coxsackievirus infection 3. Canker sores	1. Oral thrush: White patches on tongue and along cheeks 2. Herpes or coxsackievirus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips 3. Canker sores: Painful ulcers on cheeks or gums	Not necessary	**Yes**	**No, unless** • Drooling steadily related to mouth sores. • Unable to participate. • Care would compromise staff's ability to care for other children.	• Able to participate. • Exclusion criteria are resolved.
Rash	Many causes 1. Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 2. Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) 3. Severe bacterial infections: meningococcus, pneumococcus, *Staphylococcus aureus* (MSSA, MRSA).	• 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. 1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance. 2. Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, pus. 3. Severe bacterial infections: Rare. These children have fever with rash and may be very ill.	For outbreaks	**Yes**	**No, unless** • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Unable to participate • Tender, red area of skin, especially if it is increasing in size or tenderness	• Able to participate in daily activities. • On antibiotic medication at least 24 hours (if indicated). • Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude? (See also "When to Call Emergency Medical Services [and Also Notify Parents]" on page 39.)	If Excluded, Readmit When
Sore Throat (pharyngitis)	1. Viral—common cold viruses that cause upper respiratory infections 2. Strep throat	1. Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion. 2. Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection.	Not necessary	**Yes**	**No, unless** • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • The child meets other exclusion criteria (see "Conditions Requiring Temporary Exclusion" on page 41).	• Able to swallow. • Able to participate. • On medication at least 24 hours (if strep). • Exclusion criteria are resolved.
Stomachache	1. Viral gastroenteritis or strep throat 2. Problems with internal organs of the abdomen such as intestine, colon, liver, bladder	1. Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely. 2. Problems with internal organs of the abdomen: Persistent severe pain in abdomen.	Not unless multiple cases in same group within 1 week.	**Yes**	**No, unless** • Severe pain causing child to double over or scream • Abdominal pain after injury • Bloody/black stools • No urine output for 8 hours • Diarrhea • Vomiting • Yellow skin/eyes • Fever with behavior change • Looks or acts very ill	• Pain resolves. • Able to participate. • Exclusion criteria are resolved.
Swollen Glands (properly called swollen lymph nodes)	1. Normal body defense response to viral or bacterial infection in the area where lymph nodes are located (ie, in the neck for any upper respiratory infection) 2. Bacterial infection of lymph nodes that become overcome and infected by bacteria they are responding to as part of the body's defense system	1. 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. 2. Bacterial infection of lymph nodes: Swollen, warm lymph nodes with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected.	Not necessary	**Yes**	**No, unless** • Difficulty breathing or swallowing • Red, tender, warm glands • Fever with behavior change	• Child is on antibiotics (if indicated). • Able to participate. • Exclusion criteria are resolved.
Vomiting	• Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever	Diarrhea, vomiting, and/or cramping for viral gastroenteritis	For outbreak	**Yes**	**Yes, if** • Vomited more than 2 times in 24 hours • Vomiting and fever • Vomit that appears green/bloody • No urine output in 8 hours • Recent history of head injury • Looks or acts very ill • Vomit that appears green/bloody	• Vomiting ends.

(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

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 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 who is hired by the Ithaca Day Care Council. **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.