

### 33. Health Policies

#### Prevention

Our center will take every measure possible to control the spread of germs. Hand washing is our best defense against spreading germs. Parents are to help their children wash hands when they arrive at the center. Teachers and children will wash hands often: before and after meals and snacks, after toileting and diapering, when completing messy projects, and after outdoor activities.

The center uses sanitation. The teachers sanitize after each diaper change, before and after tables are used, and after dishes are hand washed. Most toys are also sanitized daily. Any toy that a child puts in his or her mouth is washed and sanitized before available for play again. Meadville Children's Center uses gloves during diaper changing of children.

The teachers are responsible for keeping their classrooms clean. Our kitchen and bathrooms are also cleaned daily. It is MCC's expectation that all staff help contribute to a healthy place for children to be.

Teachers are expected to help parents comply with the rules of the center. If a teacher has addressed handwashing with a parent and a parent is refusing to wash their child's hands, teachers must inform the Director so that the Director can speak with the parent.

Children who become ill during our care will be assessed by the classroom teacher. If the child has a temperature of 101°F or higher, parents will be called and expected to arrange pick up for the child. The teachers will make sure the classroom is cleaned and sanitized above and beyond the usual to help prevent the spread of germs.

#### Health Assessment & Immunizations

Children must submit a health assessment within 30 days of admission. These assessment forms are available in the office. Children under the age of 2, must submit a health assessment every 6 months. Children over the age of 2 must submit a health assessment each year. All immunizations must be reported as received. **If a health assessment expires and a note from the Doctor that provides proof of an upcoming appointment cannot be provided, the child with the expired health assessment will be asked to leave the program.**

#### Immunization Exemption

Exemptions from immunizations must be documented as follows: A written, signed and dated statement from: the child's parent or guardian stating religious or strong personal objection equated to a religious belief; or a child's physician, Physician Assistant, or CRNP stating medical need for exemption. **In the event of an infectious outbreak, children without proper immunization may be asked to stay home from the program.**

*See Also: Admission and Exclusion of Children, Permitted Attendance & Care for Mild Illness, and Conditions for Exclusions from Care (on the following pages).*

## **Admission & Exclusion of Children**

**Sharing Information** – All families are expected to openly share information about their child’s behavior, symptoms, or exposure to illness. Families must have a backup plan for care of their children when the child is unable to be in the facility due to illness or injury. MCC requests that children be fever-free without the administration of fever reducing medications for 24 hours before coming or returning to care.

### **1. Situations That Require a Note From a Health Care Professional –**

A note from the child’s primary health care professional will be necessary when staff members need advice about any medical condition and/or when a medical condition poses a health risk to others. (Please see conditions for exclusion)

### **2. Authority for Decision to Admit or Exclude for Acute Illness –**

The Center Director, the next assigned person in charge, or the child’s teacher may make decisions about inclusion/exclusion, taking into account the current staffing situation and what is known about the illness or injury. The decision is informed by what the family and the child’s teachers/caregivers share about the child’s condition, current references, and daily health checks performed by staff.

### **3. Criteria to Exclude Children Who Are Acutely Ill or Injured –**

The following is considered when deciding to admit or exclude a child:

- **What is the child’s ability to participate?** Is the child able to comfortably participate in activities that the facility routinely offers for well children?
- **Does the child need more care?** Does the child’s condition require more than the teacher/caregiver can provide without compromising the needs of other children in the group?
- **What risk does the child pose to other children?** Does keeping the child in childcare pose an increased risk to other children or adults within the center?
- **Did the Doctor approve of your child being in a child care setting?** If MCC requested that you take your child to the doctor, a note of release to care is required upon return.

## **Permitted Attendance and Care for Mild Illness –**

While a note from the child or staff person's primary care physician may be required, **the following are reasonable permissible conditions unless any of the aforementioned questions apply:**

1. Common colds, runny noses (regardless of color or consistency of nasal discharge).
2. A cough not associated with an infectious disease or fever
3. Watery yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness. (See exclusions on next page – Bacterial Pink Eye: Children must be excluded if they are unable to control touching and rubbing their eye – a note from the Doctor is advised)
4. Fevers less than 101<sup>o</sup>F without any signs or symptoms of illness in children who are older than 4 months regardless of whether acetaminophen or ibuprofen was given
5. Rash without fever and behavior changes
6. Children who had diarrhea and are now able to confine their stool to the toilet or diaper may return to care. For some infectious organisms, exclusion is required until certain guidelines have been met.
7. Children who were vomiting and are free of vomiting and who are without signs or symptoms of illness.
8. Thrush
9. Fifth Disease (slapped cheek disease, parvovirus B19) once the rash has appeared
10. Methicillin-resistant *Staphylococcus aureus* (MRSA) without an infection or illness that would otherwise require exclusion. Known MRSA carriers or colonized individuals should not be excluded
11. Cytomegalovirus infection
12. Chronic hepatitis B infection
13. HIV Infection
14. Children with chronic infectious conditions that can be accommodated in the program according to the legal requirement of federal law in the Americans with Disabilities Act. The act requires that childcare programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

## Conditions for Exclusions from Care –

Any child or staff may be excluded from care if any of the aforementioned questions apply and/or at the discretion of the Director based on the current health status of the center and/or by referencing Caring for Our Children Standards in special circumstances.

While a note from the child's primary care physician may be required, **the following are conditions to prohibit care:**

1. Mouth sores associated with an inability to control saliva
2. Rash with a fever or a behavioral change
3. Purulent discharge from the eyes (yellow pus)
4. Productive cough with fever
5. Oral or axillary (armpit) temperature greater than 101°F
6. Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of severe illness
7. Persistent vomiting
8. Persistent diarrhea
9. Pinkeye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep
10. Lice or Nits (Must be nit and lice free)
11. Ringworm
12. Other conditions as made known and/or as recommended for exclusion by a child's/staff's primary physician, such as:

Strep Throat

Hepatitis A

Impetigo

Mumps

Scabies

Whooping Cough (Pertussis)

Pinworms

Bacterial Pink Eye

Rubella

Stitches

Measles

Chicken Pox

Tuberculosis

\*MCC reserves the right to request additional documentation and/or medical excuses in the event of: an epidemic outbreak, situations where additional medical explanation is indicated, and/or for special care plans related to the child's health.