

SECTION FOUR--HEALTH POLICIES AND PROCEDURES

Revised 11/2013

Physical Examination

Except for school age children, each child must have a physical examination by a licensed physician, conducted not more than six months prior to enrollment at our center. A copy of the State of Wisconsin CFS-60 Child Health Report – Child Care Centers form must be completed and signed by an MD, PA, or Health Check Provider. These forms are available in the office. Children under 24 months are required to have a physical exam by a licensed physician every 6 months after the initial physical exam. Children over 24 months of age are required to have a physical exam every 2 years after the initial physical exam.

Immunizations

Wisconsin law requires all children in child care centers to be current on their immunizations or on a schedule to complete them. A copy of the State of Wisconsin DHFS DPH 4192 Day Care Immunization Record must be on file at the center prior to enrollment. This form needs to be updated each time new immunizations have been administered to your child.

These immunization requirements may be waived if a properly signed health, religious, or personal conviction waiver is filed with the Center in accordance with our licensing requirements.

Medical Information

Prior to enrollment the parent/guardian must provide the center with necessary information to be used in case of emergency or if medical treatment is necessary. The State of Wisconsin requires all enrolled children have a health history form on file (HFS 45.03). Information included is the name, address, and telephone number of the child's physician and medical facility and parental consent for treatment. It is important to list allergies and medications. This information will be kept on file.

Medications

Prescriptive and non-prescriptive medications can only be administered to children if they are in the original, labeled container. Parents will need to fill out a medication authorization form and teachers will document the administration of the medication on the form and in the medical log book. Medications should be given to the teaching staff each day and will be kept out of children's reach. Teaching staff will not give the first dose of a new medication to a child. Medication authorizations can only be kept for one week's use. We are unable to store medications long term or have "blanket" authorizations. For example, the practice of keeping pain reliever at the center for "just in case we need it" would be unacceptable. Please be certain that medications of any kind are NOT kept in diaper bags or backpacks while at the center. For the safety of all children, ALL medications at the center must be kept out of reach of children.

Failure to follow this procedure could jeopardize your child care privileges with our organization.

Illness Policy

Our program cannot support actively sick children, but we hope with the use of the following questions and guidelines for particular illnesses we can maintain, protect, and improve the health of all children in our care.

Our approach to the care of children who may be mildly ill begins with 3 questions:

- 1. Can the child participate in our programming?***
- 2. Can the child be accommodated while providing adequate care for the other children in the group?***
- 3. Does the child's illness pose a risk for the other children in the group?***

It is the center's judgment that determines if your child cannot participate in our program due to illness. If a child becomes ill while in care, staff will contact parents, or other emergency contacts if parents cannot be reached, to have the child picked up. During the time of waiting for a parent to pick up an ill child, we will make every effort to keep them comfortable by offering to lay on their sleep stuff or, if available, waiting with a support staff person. If we do recognize any symptoms from previous illnesses, we may call you just to make you aware but not to require picking up your child. Parents have found this helpful in deciding if an appointment with their physician is needed, and the earlier you have the information, the easier it is to schedule appointments.

Posting all Communicable Diseases reported to us is one of our State Licensing Requirements and a responsibility we have to our families. If your child sees a health care provider and is diagnosed, please call the Center to inform us that this absence is due to illness, and the actual diagnosis so we can inform other families of the exposure and what symptoms to watch for.

We will contact you when we notice a fever or other signs and symptoms which include, but are not limited to, any of the following: diarrhea, rash, pink eye, skin infection, hepatitis A, salmonella (food poisoning), shigella, measles, mumps, chicken pox, rubella, pertussis, polio, hemophilus, influenza type B, and meningococcal meningitis require that we remove your child from our Center.

The following list are the guidelines we will follow in determining if we will need to contact you to pick your child up from our Child Care Center. These guidelines are:

Fever of 101° +

We use a hospital grade thermometer to check fevers. We will call you after we check a temperature and it reads greater than 101°. Your child cannot return to the Center until their temperature is relieved and reading normal for 24 hours. We will not give a pain reliever to suppress a fever without a completed Authorization to Administer Medication Form, and we ask that you not mask a fever with a suppressant while your child is in our care.

Vomiting

If a child in care vomits but does not show signs of dehydration and has no behavior changes, we may call you to discuss your desires to have them continue to participate or to pick them up. If the child who vomits clearly continues to not feel well and cannot participate in the daily programming, we will call to insist the child be picked up.

Diarrhea

If a child in care has multiple bouts of diarrhea in a given day of care but is not showing signs of dehydration and shows no behavior changes, we may call you to discuss your desires to have them continue to participate or to pick them up. If the child who has had multiple bouts of diarrhea in a given day of care clearly is not feeling well, or fever, chills, vomiting accompany the diarrhea; we will call to insist the child be picked up.

Ear Infections

Your child can return to the center after being diagnosed with an ear infection when their fever is below 101°, and they can participate in our program.

Colds

If your child has a runny nose, mucus from their nose, a cough, or other symptoms that might be relieved, we may request medication and a signed Authorization to Administer Medication. If excessive coughing or green/yellowish drainage is present, we may call to suggest the child seek medical attention and be picked up. If your child cannot participate in our activities, we will call you to pick them up.

Rashes

If your child develops a rash and the cause is unknown, we will ask that the doctor check out the rash and verify in writing or through a phone call that it is not contagious. We may request lotion or salve to treat poison ivy, poison oak, or bad chigger, flea or mosquito bites, and will expect that the child can participate in the activities of our program, or we will call you to pick them up.

Allergies

All allergies need to be recorded in each child's file and available to all staff caring for that child. Food allergies will be posted for all staff in the kitchen areas and on each teacher's clipboard, and special diets will be noted to accommodate the allergies.

Lice, Scabies

Current evidence based practice does not support exclusion of students for head lice, nor the efficacy and cost-effectiveness of classroom or center-wide screening for decreasing the incidence of head lice among children. Teachers and administration are encouraged to help educate parents and staff about the diagnosis, treatment, and prevention of head lice.

"No-nits" policies that require a child to be free of nits before they can return to the center are also not recommended. Students diagnosed with live head lice should not be sent home early from the center. Such students may go home at the end of the center day in the manner they are accustomed to and should be permitted to return to school after appropriate treatment is started. Head lice can be a nuisance but they have not been shown to spread disease. Exclusion from the center is generally not warranted.

In accordance with recommendations of the Center for Disease Control (CDC), the National Association of School Nurses, and the American Academy of Pediatrics, the following guidelines and procedures shall be used to respond to the presence of head lice in the center setting.

Head lice shall be treated as a medical issue deserving the same level of confidentiality as any other medical concern.

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Measures to avoid isolating or stigmatizing students with suspected or known/confirmed head lice shall be utilized.

The teacher &/or administrator shall determine the appropriate course of action for each presentation of head lice on a case-by-case basis. This includes, but is not limited to, communication to parents and classroom head lice checks if warranted.

Community Care personnel involved in the detection of head lice infestation shall be appropriately trained. All adult assistance with any classroom head lice checks shall be conducted under the guidance and direction of the administrator.

Administrative staff will assist in the proper education of parents and staff members about the diagnosis, treatment, and prevention of head lice.

IF SUSPECTED:

1. If suspected of having head lice, the student shall be removed from the classroom as unobtrusively as possible for further inspection.
2. A student may be suspected of having head lice if the following are noted:
 - a. The student complains of an “itchy scalp” or is observed scratching his/her scalp.
 - b. The student has nits and/or live lice.
 - c. The student has open sores/lesions on the scalp.
3. The student may be inspected privately by the staff.

IF THE STUDENT IS FOUND TO HAVE LIVE HEAD LICE OR NITS:

1. The parent/guardian or the designated emergency contact person will be notified. The student shall be allowed to return to the classroom for the remainder of the day if practical to do so.
2. While there is no medical reason to remove a child from school due to head lice, the student’s parent/guardian or emergency contact may choose to take the student home before the end of the center day.
3. The student shall be readmitted once treatment has been completed. Teacher &/or Administrator may assist parents in determining choice of treatment. Students may be re-inspected by staff, upon return to the center. The goal of reinfestation shall be to assist the family in breaking the cycle of reinfestation.
4. Parent conferences may be appropriate when a student is frequently absent due to head lice infestations. Referrals to community agencies may be appropriate.

CONFIDENTIALITY:

All information shall be treated according to communicable disease “circles of confidentiality.”

REPORTING:

1. Parents/guardians are requested to report to the center cases of head lice infestation that they discover at home. The Lead Teacher, Administrator or other designee will determine what interventions are appropriate in the school setting.

LIMITING OUTBREAKS:

1. Community Care reserves the right to inspect other known household contacts (e. g., siblings) and close personal contacts attending the center an effort to stem outbreaks in other classes. However, seldom is inspecting an entire classroom or student body necessary or effective.
2. The staff including Administrator shall monitor environmental conditions and be responsible for making recommendations to decrease transmission of head lice.

EDUCATION:

1. Parents/guardians of center children shall receive head lice information each school year.
2. Head lice information shall be available upon request from the Administrator &/or Assistant
3. While no center can be entirely risk free from communicable disease, it is felt that efforts directed toward awareness and prevention will result in fewer infestations and be cost and time effective.

Revised:

Cross Reference: 453.2 Communicable Diseases

453.2 Rule Guidelines for Dealing With Communicable Diseases

453.2 Exhibit (1) – Reporting of Communicable Diseases

453.2 Exhibit (2) – Circle of Confidentiality – Communicable Diseases

Center for Disease Control www.cdc.gov

American Academy of Pediatrics Clinical Report-Head Lice August 2010

National Association of School Nurses Position Paper www.nasn.org

Special Diets

For any children over 2 years old, any request for diets differing from our DPI approved menus must be in writing from your child's physician. You will need to provide foods to meet the DPI requirements if they differ from our menu.

Observation

Each child, upon arrival, shall be observed by a staff person for symptoms of illness. Any evidence of unusual bruises, contusions, lacerations, and burns shall be noted on the child's record and reported immediately to the Executive Director.

Nutrition

Community Care is proud to participate in the USDA food program which enhances our program with financial reimbursement for the meals we serve and guidance for meeting nutritional guidelines. In your enrollment packet you will find special forms related to this program.

Our meals come to us from the Beaver Dam Community Hospital each day. A registered dietician reviews the menus regularly to ensure they meet the needs of our children. Our staff also makes it a priority to educate themselves on nutritional topics related to children.

Children at Community Care participate in meal times and snack times "family style". This means that we treat meal time much as it would be at a table with family. Dishes are passed and children serve themselves. Other skills taught during meal time are pouring milk into a cup, learning manners, and proper meal time conversations.

From Diapers to Toilet Training

Children in diapers are checked and changed every 2 hours. Parents are responsible to provide an adequate supply of disposable diapers & wipes. Diapering procedures always include disinfecting of the changing area and proper hand washing.

The toilet training process is a partnership between the child, the parents, and the teachers. Close communication really helps make this a celebration of successes for the child, as well as the parents and teachers.

It is important that children want to use the bathroom themselves as part of their movement toward independence and autonomy. Therefore, we will not interfere with this intrinsic motivation by offering children rewards. We believe that the toilet training process should be an empowering experience to each child individually. It is our goal that children master toileting with the highest sense of self worth.

Between the ages of 18 months and 40 months, most children show signs of readiness for potty training. Some signs include:

- The child stays dry for longer than two hours.
- The child is interested in "poop" and "pee" at diaper changing.
- The child is interested in dressing and undressing themselves.
- The child shows discomfort in soiled diapers.
- The child has language skills to ask to use the bathroom.

As children strive towards autonomy, they want to do more and more things for themselves. The toilet training process begins with the diaper changing process. While changing diapers, we encourage the children to help as much as they are able to. Each child will help get out the items needed for their diaper change, help pull down their pants, remove their diaper, wipe themselves, put on a new diaper, and then dress again. Children are encouraged to have fun and feel good about helping themselves in this process. Gradually, they can do more and more until ultimately they go to the bathroom, pulling down their pants, using the toilet, flushing, redressing, and washing their hands on their own. We allow as much time as the child needs to use the toilet, and may encourage them to stay on track. We encourage the children with smiles, encouraging words, hugs, and praise. It is important that children associate happy, fun and proud feelings with the toilet training process. Smiling, singing, and talking about things we see and hear while on the toilet are good bathroom activities. We will use the words penis and vagina in talking children through their bathroom time as individual conversations require.

Children feel they own their own body and what it produces, as well they do. And so in order to protect the child's sense of self worth, we will not use statements like, ". . . ooh, this poop is yucky, stinky, or gross. . ." Although we may describe the poop in a more objective manner, as brown, big or smelly, the child may want to see poop or pee before the diaper is discarded or toilet flushed. Children will be encouraged to flush after using the toilet, and required to wash their hands with soap and water. Every child masters toileting skills on their own timeline. Children should want to feel good about growing more independent. They want to decide for themselves when they want to use the bathroom and when they don't. We empower children by letting them make these decisions and encouraging them to feel good about learning from their decision. As children progress in their toileting process, they will decide to use a diaper or sit on the toilet.

It takes consistency, time and patience on the part of caregivers and parents to ensure that children master toilet training with a high sense of self worth. We want children to feel happy with themselves as they master new skills for their own satisfaction with a healthy and happy bathroom experience.

Personal Cleanliness

Children's hands shall be washed with soap and water before eating and after toileting. Children's hands and faces will be washed after meals. Infants and toddlers will have their hands washed or wiped with each diaper change and following all meals and snacks.

All persons working with the children shall wash their hands with soap and water before handling food and after assisting with toileting.

Nap/Rest Period

Naps and rest periods are provided to infants & young toddlers according to their individual schedules. Older children have designated times in their daily routine for nap and rest. Children over age five are offered quiet or rest time, however may not necessarily need sleep. Any child who does not fall asleep after ½ hour will be given an opportunity for quiet play while others in the age group sleep. Any questions or concerns on your child's individual needs can be brought to the teacher's attention.

Each child will bring from home a labeled pillow & blanket or sleeping bag that is stored in a pillow case. This "sleep stuff" will go home with children each week to be laundered and returned on their next scheduled day. "Sleep stuff" that is not brought in will result in a reminder note to parents. Should "sleep stuff" continue to not come back to the center or it is failed to be laundered, a \$10 penalty fee will be assessed to your child care account.

Accident and Injury

In the event of an accident or injury, parents will be notified immediately. If the parent cannot be reached, the designated responsible person will be contacted.

Parents must supply written permission to the center to call the family physician or to obtain medical care in cases of serious accident or injury. In a 911 emergency, Beaver Dam Hospital will be used.

A record of the accident or injury shall be kept in the child's permanent file and in the center's medical log as specified in the Department of Children and Families Wisconsin Administrative Code 251.

Simple first aid will be provided for minor injuries such as:

- Superficial wounds will be cleansed with soap and water and protected with a bandage or band-aid.
- An emergency kit containing bandages, sterile water, soap, and clean towels will be available at all times.
- Emergency cards and an emergency kit will be carried when staff and children are away from the center on field trips.
- If you seek medical attention for your child following any injury or accident occurring while in care, please be sure to notify the center. This will allow us to comply with licensing requirements to report all accidents or injury resulting in medical care being sought to our regional licenser.

Environmental Safety

Community Care strives to maintain the environment so that it is free from any hazards including recalled toys or other items. A recalled products listing is maintained for your information in the front entryway near the parent information area.

Emergency Evacuation Procedures

All emergency evacuation procedures will be visibly posted in every room at Community Care. Community Care will conduct monthly evacuation procedures with the children in case of an actual event. Community Care staff are in-serviced on existing and new procedures and how to properly account for every child who has been evacuated.