

The Bay Kids, LLC

12990 Monticello Dr
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MSDE-OCC License No. 250638



Basic Sick Child Policy

Adapted *verbatim* from *Illness and Reportable Diseases in Child Care*
Maryland State Department of Education Division of Early Childhood Development Office of Child Care
Resource Guide, May 9, 2016

Adopted at The Bay Kids, LLC Childcare and Early Learning Center

January 2023

David C Houghton



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Illness and Reportable Diseases in Child Care

Maryland State Department of Education Division of Early Childhood Development Office of Child Care Resource Guide

This section text is adapted *verbatim* from the Illness and Reportable Diseases in Child Care, Maryland State Department of Education Division of Early Childhood Development Office of Child Care (MSDE-OCC) Resource Guide, May 9, 2016.

The Bay Kids, LLC adopted this policy at the time of initial licensing and has maintained this policy to date. In addition to this policy are appendices stating the intentions and the rights for our Center to effectively enforce this mandated policy.

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Illness and Reportable Diseases

According to the AAP Managing Infectious Diseases in Child Care and Schools: “Staff and child care providers must decide whether children are too ill to participate in care or require more care than can be reasonably be provided without compromising care of the others in the group.” An exclusion decision by a responsible adult is always required when a decision to exclude would apply to children in care and the adults responsible for that care.

Requirements for exclusion related to “an acute illness” should be based on the requirements of The Maryland State Department of Education Office of Child Care (OCC) COMAR regulations 13.16-18.08.01 Individualized Attention to Care, and COMAR 13A.15.11.02 (Family) Health and 13A.16-18.11.01 Center (Health) Exclusion for Acute illness regulations.

An additional resource is the Department of Health and Mental Hygiene (DHMH) Communicable Disease Guideline information related to acute illness (fever, vomiting, and diarrhea) exclusion and required reporting to the local or state health department.

These resources provide helpful information to inform the child care provider, the parent/guardian, and/or the health care provider when making the final determination about an acutely ill child or reporting a potential infectious disease exposure in a child or staff to the local health department.

A partial list of Signs of Illness in Children may be found at Appendix A of this document and will assist in making critical observations about the status of a child receiving care.

Caring for Our Children Standard 3.6.1.1

Inclusion/Exclusion Due to Illness recommends that caregivers /teachers should:

1. Develop written exclusions policies and criteria that “promote consistency and aid to diffuse disagreements between parents/legal guardians and program/school staff members about the handling of children who are ill.
2. Encourage all families to have a backup plan for child care in the event of short- or long-term exclusion;
3. Review with families the inclusion/exclusion criteria and clarify that the program staff (not families) will make the final decision about whether children who are ill may stay based on the program’s inclusion/exclusion criteria and their ability to care for the child who is ill without compromising the care of other children in the program;
4. Develop policies and procedures for handling children’s illnesses, medication/treatment authorizations (including care plans and inclusion/exclusion policies).
5. Request a primary health care provider’s note to readmit a child if the primary care provider’s advice is needed to determine whether the child is a health risk to others, or if the primary care provider’s guidance is needed about any special care the child requires;
6. Rely on the family’s description of the child’s behavior to determine whether the child is well enough to return, unless the child’s status is unclear from the parent’s report.
7. Notify the parent/guardian when a child develops new signs or symptoms of illness. Parent/guardian notification should be immediate for emergency or urgent issues. Staff should notify parents/guardians of children who have symptoms that require exclusion and



parents/guardians should remove the child from the child care setting as soon as possible. Most conditions that require exclusion do not require a primary care provider visit before reentering care.

8. For children whose symptoms do not require exclusion, a verbal or written notification to the parent/guardian at the end of the day is acceptable.

When it is Necessary to Exclude Sick Children from Care

A child may be excluded from care if:

1. The child's illness prevents the child from participating comfortably in activities that the facility routinely offers for well children or mildly ill children.
2. The child is displaying any of the signs and symptoms that require an evaluation from a health care provider as indicated by the child's age and condition. In this situation the parent is notified of the need for immediate emergent or urgent issues.
3. The illness requires more care than the child care staff can provide care without compromising the needs of the other children in the group.
4. The child exhibits an acute change in behavior, and examples include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash
5. The child with fever:
 - a. Temperature at or above 100.0° F orally, 101° F rectally or temporally (Temporal Artery Forehead scan), or 99.5° F axillary (armpit).
 - b. Exclusion due to fever should be based on disease-specific guidelines or other clinical guidance from the child's health care provider.
6. The child with Diarrhea: Loose or watery stools of increased frequency that is not associated with change in diet. Stools that is not able to be contained by a diaper or be controlled /contained by usual toileting practices. Exclude until diarrhea has resolved and child is diarrhea-free for at least 24 hours; or until cleared by medical provider.
7. The child with Vomiting: Two or more episodes of vomiting in a 24-hour period. The child should be excluded until vomiting resolves or until a health care provider clears for return.
8. The child mouth sores with drooling unless the child's primary care provider or local health department authority states that the child is noninfectious.
9. The child with rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease.
10. The child with Impetigo/Scabies, until treatment has been started.
11. The Child with Hand, Foot and Mouth Disease: Fever, uncontrollable "hand to mouth" behavior, not able to contain their secretions, such as ulcers in the mouth and the child is drooling, or draining sores that cannot be covered.

If child care staff is uncertain about whether the child's illness poses an increased risk to others, exclude the child until a health care provider notifies the child care program that the child may attend. If a child's illness does not meet any of the above criteria or infectious disease criteria for exclusion as listed in the DHMH Communicable Disease Summary, the child should not be excluded.



Follow These Procedures for a Child Who Requires Exclusion

The caregiver/teacher must:

1. Provide care in a place where the child will be comfortable and supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms. A potentially contagious child should be separated from other children by at least three feet.
2. Ask the parent/guardian to pick up the child as soon as possible
3. Discuss the signs and symptoms of illness with the parent/guardian or primary care provider
4. Follow the advice of the primary care provider
5. Contact the local health department if there is a question of a reportable (harmful) infectious disease in a child or staff member in the facility. The Health Department has the legal authority to make a final determination
6. Document actions in the child's file with date, time, symptoms actions taken (and by whom); sign and date the document.
7. Develop a procedure for parent/staff information and share it with your assigned licensing specialist. Update it as needed.
8. Follow general cleaning and sanitation procedure

Conditions/Symptoms That Do Not Require Exclusion

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. Fever: Temperature up-to 100.0°F orally, 101°F rectally or temporally or (99.5°F axillary) without any signs or symptoms of illness in children older than six months *regardless* of whether acetaminophen or Ibuprofen was given;

***Remember children, younger than 6 months of age, with a fever requires a parent to contact a health care provider for an evaluation and recommendations for treatment.

4. Rash without fever and behavioral changes;
5. Lice or nits (exclusion for treatment may be delayed until the end of the day);
6. Ringworm (exclusion may be delayed until the end of the day. Lesions must be covered. If there is a possibility of high contact sports or other skin to skin activity the child should be excluded from the activity).

References:

- Caring for Our Children (2013)
National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs,3rd(ed).
- Communicable Disease Summary:
http://phpa.dhmm.maryland.gov/IDEHASsharedDocuments/guidelines/CDSummmary_FINAL_2011_Nov.pdf



Communicable Disease Fact Sheets:

<http://phpa.dhmh.maryland.gov/SitePages/fact-sheets.aspx>

Signs of Illness in Children

If a child in your care exhibits any of the following common signs of acute illness, contact the child's parent immediately and try to keep the child separated from the other children until the parent arrives.

General Appearance

1. Excessive crying, clinginess, fussiness
2. Doubled over in pain, unable to move
3. Listless, lethargic, unresponsive
4. Vomiting, diarrhea
5. Feverish
6. Seizure (although child has no history of seizure disorder)

Breathing

1. Fast, shallow, gasping breaths
2. Difficulty breathing, wheezing
3. Sucking in around ribs
4. Flaring nostrils
5. Persistent or uncontrollable coughing

Skin

1. Pale, grayish, flushed, yellowish skin
2. Hot or cold and clammy skin
3. Skin rashes, sores, swelling, or bruising
4. Scratching at skin or scalp
5. Skin doesn't spring back when pinched

Eyes, Nose, Ears, and Mouth

1. Eyes swollen, red, crusty, watery, yellowish, or sunken
2. Nose congested or runny
3. Ears draining pus or blood
4. Pulling at ears
5. Mouth or lips with sores
6. Sore throat, difficulty swallowing
7. Excessive drooling

Appearance of Urine/Stool

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1. Gray or white stool
2. Black or blood-flecked stool
3. Unusually dark or tea-colored urine

Excerpts from COMAR 10.06.01

(For Informational Purposes Only)

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 06 DISEASES

Chapter 01 Communicable Diseases and Related Conditions of Public Health Importance

Authority: Health-General Article, §§2-104(b), 18-102, 18-105, 18-202, 18-307, and 24-101—24-110, Annotated Code of Maryland

Definitions and Terms Defined.

Child Care Facility.

"Child care facility" means a licensed, registered, or unlicensed facility, institution, establishment, or home where children receive care or supervision for which money is paid when the child's parent has given the child's care over to another on a regular basis for some portion of a 24-hour day as a supplement to the parent's primary care of the child.

"Child care facility" includes child care center, day care center, nursery, family day care home, and babysitter.

Diseases, Conditions, Outbreaks, & Unusual Manifestations Reportable by Maryland Health Care Providers

The regulations governing reporting were last updated effective October 1, 2008. Table 1, below, copied from the Code of Maryland Regulations (COMAR) 10.06.01.03 C, details the diseases, conditions, outbreaks, and unusual manifestations that are reportable in Maryland. The table has been altered from the exact COMAR version by the addition of information about the reporting of AIDS, arboviral infections and HIV. This document is intended to provide guidance about reporting to physicians and other health care providers, hospitals and other health care institutions, and certain other groups specified below. For simplicity, the use of "health care providers" in this document refers to all those groups that are required to report, except laboratories, which have a separate guidance document for their use. In addition to the list of reportable conditions, Table 1 also indicates the timeframe for reporting. Several footnotes to the table elaborate on specific details, as do the following sections of this document: Legal Authority, Who Should Report, What to Report, How to Report, When to Report, and Where to Report. The full text of the regulations can be found in COMAR (online at www.dsd.state.md.us/comar/).

Who Should Report

The following persons and establishments shall report:



1. Health care providers (for example, physician, physician's assistant, dentist, chiropractor, nurse practitioner, nurse, medical examiner, administrator of a hospital, clinic, nursing home, or any other licensed health care provider)
2. Public, private, or parochial school and child care facility personnel (teacher, principal, school nurse, superintendent, assistant superintendent or designee).
3. Masters or person in charge of vessels or aircraft within the territory of Maryland.
4. Owners or operators of food establishments.
5. Any individual having knowledge of an animal bite.

What to Report - Diseases, Conditions, etc.

Health care providers must report those diseases and conditions as indicated in Table 1. Reporting by laboratories does not nullify the health care provider's or institution's obligation to report these diseases and conditions, nor does reporting by health care providers nullify the laboratory's obligation to report.

When to Report

Health care providers should report according to the "Timeframe for Reporting" shown in Table 1. There are two timeframe categories: "immediate" and "within one working day." When an immediate report is required, the person making the report should communicate directly with an individual and not leave a message on an answering device.

Where to Report

Each jurisdiction in Maryland has its own health department. Health care providers must submit a report in writing of diagnosed or suspected cases of the specified diseases and conditions to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person. See Table 3 for addresses and telephone numbers for local health departments, including numbers for after hours or weekend reporting.

Instructions for Maryland Infectious Disease Morbidity Reporting (DHMH 1140) MSDE OCC Modified April 27, 2016

REVISED: April 19, 2016

Additional Information

Should the health department need to contact the patient, the advice and assistance of the reporting health care provider will ordinarily be sought first. Health departments offer medical and epidemiological consultation and laboratory assistance to physicians and other health care providers.

HIPAA

The HIPAA Privacy Rule permits physicians and other covered entities to disclose protected health information, without a patient's written authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease. This includes conducting public health surveillance, investigations, or interventions.

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For more about the privacy rule and public health see:
<http://dhmh.maryland.gov/hipaa/SitePages/Home.aspx> and
<http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm>

Getting Up-to-Date Information

Requirements for reporting diseases and other important information will change with time. Please call your local health department or the Maryland Department of Health and Mental Hygiene - Division of Infectious Disease Surveillance (410-767-6709), or visit one of the following Internet sites to obtain the most current information.

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Instructions for Maryland Infectious Disease Morbidity Reporting (DHMH 1140)

MSDE OCC Modified April 27, 2016
 REVISED: April 19, 2016

Health Care Providers, Institutions, & Others - Reporting Time Period

Diseases and Conditions	Immediate	Within One Working Day
Arboviral infections including, but not limited to:		
Chikungunya virus infection		
Dengue fever		
Eastern equine encephalitis		
LaCrosse virus infection		
St. Louis encephalitis		
Western equine encephalitis		
West Nile virus infection		
Yellow fever		
Zika virus disease	X	
Babesiosis		X
Botulism	X	
Brucellosis	X	
Campylobacteriosis		X
Chancroid		X
Chlamydia trachomatis, including		
lymphogranuloma venereum (LGV) Cholera	X	X
Coccidioidomycosis		X
COVID-19 (CoronaVirus -19) – Reference Current Coronavirus mandate		
Creutzfeldt-Jakob disease		X
Cryptosporidiosis		X
Cyclosporiasis		X
Diphtheria	X	

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Ehrlichiosis		X
Encephalitis, infectious		X
Epsilon toxin of Clostridium perfringens	X	
Escherichia coli O157:H7 infection	X	
Giardiasis		X
Glanders	X	
Gonococcal infection		X
Haemophilus influenzae invasive disease	X	
Hantavirus infection	X	
Harmful algal bloom related illness		X
Hemolytic uremic syndrome, post- diarrheal		X
Hepatitis A acute infection	X	
Hepatitis, viral (B, C, D, E, G, all other types and undetermined)		X
Human immunodeficiency virus (HIV) infection - Within 48hours for institutions		
Human immunodeficiency virus (HIV) perinatal exposure (<i>infant whose mother has tested positive for HIV</i>) - Within 48 hours of birth, for physicians		
Influenza-associated pediatric mortality		
Influenza: novel influenza A, virus infection	X	
Isosporiasis		X
Kawasaki syndrome		X
Legionellosis	X	
Leprosy		X
Leptospirosis		X
Listeriosis		X
Lyme disease	X	X
Malaria		X
Measles (rubeola)		
Melioidosis	X	
Meningitis, infectious		X
Meningococcal invasive disease	X	
Microsporidiosis		X

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Mumps (infectious parotitis)		X
Mycobacteriosis, (<i>not tuberculosis or leprosy</i>)	X	
Pertussis	X	
Pertussis vaccine adverse reactions		X
Pesticide related illness		X
Plague	X	
Pneumonia in a health care worker resulting in hospitalization	X	X
Poliomyelitis		
Psittacosis		X
Q fever	X	
Rabies (human)	X	
Ricin toxin poisoning	X	
Rocky Mountain spotted fever		X
Rubella (German measles) and congenital rubella syndrome	X	X
Salmonellosis (nontyphoidal)		
Severe acute respiratory syndrome (SARS)	X	
Shiga-like toxin producing enteric bacterial infections		X
Shigellosis		X
Smallpox and other orthopoxvirus infections	X	
Staphylococcal enterotoxin B poisoning	X	
Streptococcal invasive disease, Group A		X
Streptococcal invasive disease, Group B		X
Streptococcus pneumoniae invasive disease		X
Syphilis		X
Tetanus		X
Trichinosis	X	X
Tuberculosis and suspected tuberculosis ⁶		
Tularemia	X	
Typhoid fever (case, carrier, or both, of <i>Salmonella Typhi</i>)	X	

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Vancomycin-intermediate Staphylococcus aureus (VISA) infection or colonization	X
Vancomycin-resistant Staphylococcus aureus (VRSA) infection or colonization	X
Varicella (chickenpox), fatal cases only	X
Vibriosis, non-cholera	X
Viral hemorrhagic fevers (all types)	X
Yersiniosis	X

Outbreak Reporting

Outbreak means:

A foodborne disease outbreak, defined as two or more epidemiologically related cases of illness following consumption of a common food item or items, or one case of the following:

1. Botulism
2. Fish poisoning such as Ciguatera poisoning
3. Cholera
4. Scombroid poisoning
5. Mushroom poisoning
6. Paralytic shellfish poisoning
7. Trichinosis
8. Any other neurotoxic shellfish poisoning
9. Three or more cases of a disease or illness that is not a foodborne outbreak and that occurs in individuals who are not living in the same household, but who are epidemiologically linked;
10. An increase in the number of infections in a facility, such as a hospital, long-term care facility, assisted living facility, school, or child care center, over the baseline rate usually found in that facility
11. A situation designated by the Secretary (you know, like the COVID Lie) as an outbreak; or

One case of:

1. Anthrax
2. Rabies (human)
3. Plague
4. Smallpox
5. Any of the single cases defined as a foodborne disease outbreak above

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An outbreak of a disease of known or unknown etiology that may be a danger to the public health should be reported to your local health department immediately.

MARYLAND LOCAL HEALTH DEPARTMENTS

Addresses & Telephone Numbers for Infectious Disease Reporting

Telephone (T) or Pager (P) Number for After Hours and Weekend Reporting

Calvert County

Ph. 410-535-5400
Fax 410-414-2057
P 443-532-5973
PO Box 980
975 Solomon's Island Road Prince Frederick MD 20678

Prince George's County

Ph. 301-583-3750
Fax 301-583-3794
T 240-508-5774
3003 Hospital Drive
Suite 1066
Cheverly MD 20785-1194

St. Mary's County

Ph. 301-475-4316
Fax 301-475-4308
T 301-475-8016
PO Box 316
21580 Peabody Street
Leonardtown MD 20650

Charles County

Ph. 301-609-6810
Fax 301-934-7048
T 301-932-2222
PO Box 1050
White Plains MD 20695

Required Postings and Documentation

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Sample Emergency Numbers Form - Post this information by each telephone or accessible to staff

Center and Other Emergency Numbers

Center Name

License /Registration Number

Center Address

Center Phone Number

Available Staff Name/Names

Emergency Number

Poison Control

Law enforcement

DSS-Child Protective Service

Health Department Communicable Diseases Division Number

Licensing Office Number

Licensing Specialist Number

Health/Nurse Consultant Number

Other Useful Information-

Emergency Exit :

Recommendations adapted from

1. Aronson, S.S., T.R. Shope, eds. 2013 the American Academy of Pediatrics (AAP) Managing Infectious Diseases in Child Care and Schools Managing Infectious Diseases in Child Care and Schools 3rd Edition© 2013
2. Instructions for Maryland Infectious Disease Morbidity Reporting (DHMH 1140)
3. The AAP Model Health Care Policies 5th Edition & Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education 3rd Edition.

The Bay Kids, LLC Specifics

Staff does not perform any physical temperature checks, ONLY contactless. Parent must be present when evaluating child for dismissal to verify cause of exclusion from center.

The Bay Kids, LLC will exclude children with fever and behavior as described above unless a health professional says the child may be in child care, and the child appears well enough to participate in our



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program. A doctor's note is required. We realize the level of inconvenience, but you'd want the same consideration if your child were put at risk from another sick child or staff member.

Please keep your sick child at home whenever possible and help us stop the cycling of illness and re-infection.

Reminder: Fees are still due for your child when they are home sick because the space is still reserved for you child with your payment per our contract with you.

We Take Child and Staff Safety Very Seriously

For parents or guardians that knowingly drop off their sick child, The Bay Kids may take legal action to recover lost wages, revenues, and general loss of community trust should your child's condition be contagious, and other children or staff are affected.

This penalty could include lost wages for each family and staff affected, that make them unable to attend our Center.

We take the safety of our kids and staff very seriously.

Please do not "Drop and Run", please do the right thing here.

The Bay Kids staff makes a point to take the time to greet you at drop off and pick up. It is there you have the chance to let us know of any conditions which may require attention. If we know we might be able to accommodate.

If your child appears ill, has a temperature as described above, or exhibits other forms of discomfort, we have the right to refuse drop-off at that moment.



PLEASE COMPLETE THE FOLLOWING SIGNATURE PAGE
INDICATING YOU HAVE READ THIS ADDENDUM

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Signature Page – Parent/Center Acknowledgement

(YEP, WE READ IT...)

I/We have read the Parent Handbook, AND this addendum, provided to me by The Bay Kids, LLC, Childcare and Early Learning Center Director, in its entirety.

Please Initial

_____ I agree it is my responsibility to know the policies, understand how they may or may not affect me, or my child’s enrollment, environment, staff requirements, progress, fees, safety, and welfare.

_____ I understand that if I have issues or disagree with any of these policies that I am fully within my rights to terminate enrollment at any time given proper notice as stated in this Parent Handbook.

_____ I understand that The Bay Kids, LLC, has the right to update and revise these policies for any reason, and at any time; and that The Bay Kids, LLC, is required to provide me with notification of changes and a set of those changes printed for inclusion with my copy of this Parent Handbook.

_____ I understand that this Parent Handbook must be signed in tandem with my Full or Part Time Enrollment Contract, by the Parent AND the Director, as part of this Complete Enrollment Package. The Parent and the Director should witness all signatures.

All these policies are open to suggestions for improvement by our staff, parents, and children alike. We want to work WITH you on policies we all can live with, fair and simple. You can expect The Bay Kids, LLC, will continue to ALWAYS strive for excellence by adhering to the policies within this Parent Handbook, and by working with you, our families, to improve our Center - your child’s Center.

The Bay Kids, LLC Basic Sick Policy January 2023.

SIGNATURE PAGE ORIGINAL - TO BE FILED IN FAMILY FOLDER

COPY - TO CUSTOMER (PARENT)

Parent

(Please print) _____

Date of Signature _____

Signature _____

Parent of: _____

Thank you,

Shannon N. O’Steen, Director

David C Houghton, Owner

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