



# DAVINCI CHILD CENTER



## Health Care Policy

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GCC AND SACC HEALTH CARE POLICY

The health care policies and procedures established and carried out in childcare programs play an important role in promoting the health and safety of children and staff. The following outline can be used to assist in developing the center's Health Care policy required by 102 CMR 7.00: Standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs. There are some suggestions included in the outline that are not required by the regulations. For further assistance, refer to the "Health in Day Care" manual published by the Massachusetts Department of Public Health.

Each staff member must receive a copy of the policy and must be trained in the implementation of the policy during staff orientation.

Components of the health care policy 102 CMR 7.05(1) (a) 1 - 11 lists the components of the health care policy.

1. Emergency telephone numbers

Health Care Consultant

**Name:** Shanyn Toulouse  
**Address:** 43 Irving Ave., Haverhill, MA 01832  
**Telephone Number:** (978) 761 - 2307

Emergency Telephone Numbers (to be posted by all telephones)

**Fire Department** (978) 794 - 1204  
**Police Department** (978) 794 - 5900  
**Poison Control** (800) 222 - 1222  
**Ambulance** 911  
**DSS/Child Abuse** (978) 557 - 2500  
**Public Health Dept.** (978) 620 - 3260  
**Designated Adult** Cesar Perez, (978) 420 - 8674

Hospital(s) Utilized for Emergencies

<b>Name:</b>	Holy Family	<b>Name:</b>	Lawrence General
	70 East Street,		1 General Street,
<b>Address:</b>	Methuen, MA	<b>Address:</b>	Lawrence, MA
<b>Telephone Number:</b>	(978) 687 - 0151	<b>Telephone Number:</b>	(978) 683 - 4000

Information to Give in an Emergency

**Your Name**  
**The Nature for the Emergency**  
**The Center's Telephone Number** (978) 725 - 2517  
**The Center's Address** 55 Avon Street, Lawrence, MA  
**The Center's Location in the Building**

2. Procedures for emergencies and illness

All staff holds a current certificate in basic first aid by the American Red Cross or the American Heart Association. In addition, there is a staff person trained in CPR on the premises at all times. All staff members at our center have yearly training that includes annual evaluation for the ability of staff authorized to administer medication. This is accomplished by completing EEC's Medication Training.

Should a child be injured while being transported or attending the center, these procedures are followed:

**Minor or Non-Life Threatening:** Parents called at numbers listed on cover sheet and informed of the injury. A qualified staff will apply appropriated first aid and a written report will be sent home within 24 hours.

**Major or Life Threatening:** 911 will be called **immediately** for an ambulance. The child will be stabilized by a staff member and will not be moved from the site of the injury. A qualified staff and the child's record are transported with the child to the nearest hospital. Parents are called using the numbers listed on the enrollment forms.

3. Procedures for using and maintaining first aid equipment

First Aid Kits are accessible to all teachers and are located in labeled storage spaces. They are refilled on an as needed basis. Supplies include: accident reports, adhesive tape, Band-Aids, gauze roller bandage, disposable non-latex gloves, 4x4 and 2x2 gauze pads, instant cold packs, scissors, tweezers, non-glass and non-mercury thermometers, eye patches, and hand sanitizer.

4. Plan for evacuation of center in emergency

**Plan for Evacuation in case of Fire**

Posted at each classroom exit is a diagram of the emergency procedure for that particular exit. The Director conducts fire drills every month, with date/time recorded. In addition to an attendance book, the Center keeps a sign out log, which records the daily times of

arrival/departure for each child. The teacher during the fire drill carries this and the teacher once out of the building takes attendance. The information carried out by the teacher will be used to contact the parents via cellular telephone. It is the responsibility of the Director and Associate Director to check the building for stragglers.

**INFANT-TODDLER ROOMS**

All educators will place infants in the evacuation crib which are labeled in the room and gather toddler children together and walk them out of the infant-toddler room. Proceed to roll cribs out of the infant room. Turn left and proceed to the main entrance door and out of the building. Lead Teacher will take attendance sheet and emergency forms and will take roll call at the emergency location.

*Alternate Plan:* All educators will place infants in the evacuation crib which are labeled in the room. Proceed to roll cribs out of the infant room. Turn right and proceed to the back entrance/exit door and out of the building.

**PRESCHOOL ROOMS**

Preschool children will walk out independently with staff to the main entrance door and out of the building. Continue away from the building to the emergency location. Lead Teacher will take attendance sheet and emergency forms and will take roll call at the emergency location.

*Alternate Plan:* Proceed to the back entrance/exit door and out of the building. Continue away from the building to the emergency location.

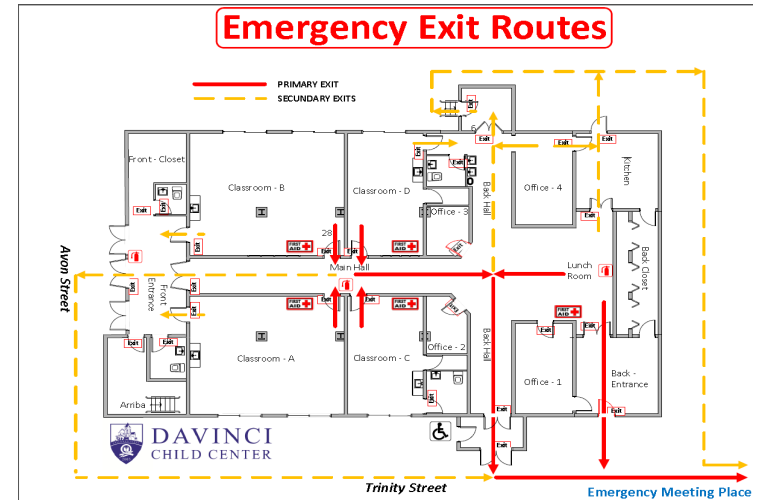
**Plan for Natural Disasters**

In the case of tornado, earthquake, hurricane, flood, blizzard or volcano that affects the power, heat, or water to a degree that our center cannot offer complete or comparable childcare services, families will be notified of the closing or alternative plan. In case of a natural disaster the Director of the center will contact the local police and fire departments to determine whether to evacuate or shelter in place.

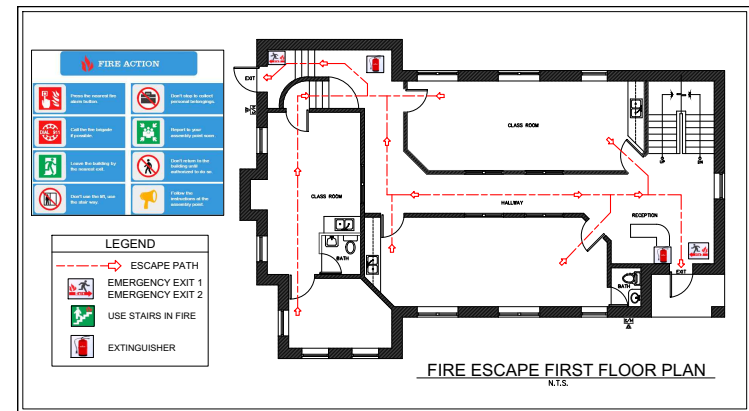
**Emergency Evacuation**

If at any time, the children's safety is in question inside the building the children would be evacuated immediately. The decision to re-enter the building would be made based on the Director's discretion as to whether the children are safe to re-enter the facility. Please refer to the following diagram for gathering areas. These evacuations may include the following examples:

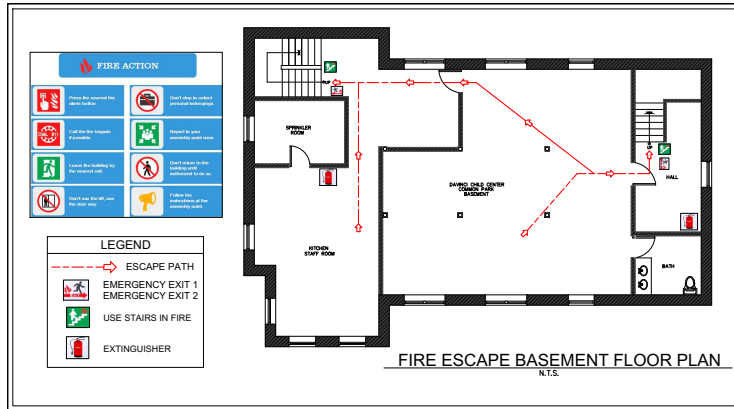
- ✓ Smell of gas
- ✓ Smoke detector sounding an alarm.



55 Avon Street, Lawrence, MA 01841



65 Jackson Street, Lawrence, MA 01840 – 2<sup>nd</sup> Floor



65 Jackson Street, Lawrence, MA 01840 – 1st Floor

**5. Plan for meeting the individual needs of mildly ill children while in care**

**Please keep your child at home if these symptoms or conditions occur:**

1. Temperature of over 100 degrees in the past 24 hours. Exceptions may be an elevated temperature after immunization or prolonged physical activity.
2. Severe cold with a temperature elevation, sneezing, or green or yellow nose drainage.
3. Diarrhea – liquid stool in the last 12 hours.
4. Vomiting.
5. Rashes you cannot identify or a physician has not diagnosed.
6. Ear or throat infections diagnosed by a physician with in first 24 hours of taking antibiotics or if fever persists.
7. If the child is being given an antibiotic, he or she should not return to school until the medication has been given for at least 24 hours.

It is important that you let us know if your child has been exposed to a contagious disease. Some of these are:

Measles	Conjunctivitis	Chicken Pox
Bronchitis	Mumps	Impetigo

**Head Lice**

- Conjunctivitis – an eye infection commonly referred to as “pink eye.” The eye is red, burning, and may have some drainage.
- Bronchitis – this can begin with hoarseness, barking cough, or a slight temperature elevation.
- Impetigo – skin lesions start in a small delicate blister containing yellowish fluid or white pus and surrounded by reddened skin.

You know your child. If he/she is acting differently, check him/her carefully before coming to school. If you have any doubt, call your doctor for advice. Children exhibiting symptoms of illness will be sent home.

By helping us to observe good health standards, you will be protecting your child and the others in the program.

**5.1. Healthcare Consultant**

We do have a healthcare consultant that is available, and in the absence of a director, our healthcare consultant will have final say if a child needs to be sent home. The center’s health care policy are reviewed and approved by a certified Registered Nurse in the state of Massachusetts. It is the director’s responsibility that the healthcare policy is reviewed once per year by the healthcare consultant.

**6. Plan for administering medication**

**OUR STAFF WILL NOT ADMINISTER ANY KIND OF MEDICATION TO YOUR CHILD UNLESS YOU PROVIDE US WITH THE FOLLOWING.**

Medication must have your child’s name on the prescription label. A consent form must be signed by you and your physician. If your child is on an over-the-counter drug, there must be a physician’s order stating amount and times to be given. We cannot administer any medication, prescription or over-the-counter, without a prescription label on the bottle. Over-the-counter medication will only be given after we have attempted to notify the parents.

This statement shall be valid for no more than one year from the date signed. Prior to administering a non-prescription medication to a child, the teacher will contact the parent. If the parent is not available, the teacher will document the time of the phone call.

Parents will sign a statement authorizing the teacher to administer non-prescription topical such as sunscreen, diaper ointment, etc. Parents will provide all medication necessary. All medication shall be labeled in its original container, with the child’s name, the name of the

drug and the directions for its administration and storage. Medication is kept on the top shelf of the teacher's closet in a locked cabinet or in the refrigerator in the kitchen in a locked box.

#### **Plan for Administering Medication**

Prescription or non-prescription medication will be administered to a child only with the family's authorization and written order of a physician that indicates the medication is for the specific child. The official prescription label on the container may be counted as the physician's written order. The original label must carry the following basic information:

1. The name of the child who will be getting the medication.
2. The name of the child's doctor.
3. The name of the medicine.
4. The issue date of the medicine.
5. The dosage.
6. How often to give the dosage.
7. The route of administration (i.e. Oral).
8. Storage requirements (i.e. refrigerator).

For non-prescription medicines, the following must be adhered to:

1. The family must provide ALL non-prescription medication, including but not limited to Tylenol. NO medication may be administered to a child if the family does not provide it.
2. An attempt must be made to notify the family before administering any medication.
3. The name of the child who will be getting the medicine.
4. Directions for safe use must be in writing on the container.
5. A list of active ingredients.

NOTE: The first dose of a medication cannot be administered at the program

All administered medications will be logged on the EEC Medical Consent Form. The form must be completed, signed and dated by the family member, listing the name of child, name of medication, date of medication, dosage and time for the medication. Upon completion of the medication, the consent form is kept in the child's file. Any unused medication is returned to the family.

#### **7. Plan for meeting specific health care needs**

During the initial intake and the reassessment procedures, the family is asked to list known allergies on the developmental history form, the medical consent form, and on each individual field trip form. Information is recorded on an allergy list, which is posted in each classroom and office. Teachers are aware of children with allergies assigned to their classrooms and they request alternate foods from the family when the need arises.

#### **8. Procedure for identifying and reporting suspected child abuse or neglect to the Department of Social Services and to the Department of Early Education and Care**

All center's staff are mandated reporters. They are required by law to report suspected abuse and neglect to the Department of Social Services or to the licensee's program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

Any staff member suspecting physical and sexual abuse is to report the incident to the Director or Assistant Director. Immediate action will be taken against the staff person. The staff person must be suspended until further action is rendered by the Department of Social Services and Office Child Care Services.

If, for any reason, the staff cannot reach the Director or Assistant Director, the staff should go directly to the Department of Social Services by telephone (617) 331-6600 or after 5:00p.m. At 1-800-792-5200 and file a verbal report.

The licensee's program administrator or Designee shall notify the Office for Children immediately after filing a 51A report, or learning that a 51A report has been filed, alleging abuse or neglect of a child while in the care of the program or during a program related activity.

A written report will be forwarded to DSS within 48 hours and a copy kept with the child's records. The case will be investigated by DSS. If there are any questions, the center will give full cooperation to all involved agencies.

Indicators of Neglect may be:

- \* Lack of supervision.
- \* Lack of adequate clothing or hygiene.
- \* Lack of medical or dental care.
- \* Lack of adequate nutrition.
- \* Lack of adequate shelter.

Indicators of Abuse may be:

- \* Bruises and welts.
- \* Burns.
- \* Cuts, tears, scrape.
- \* Bone Injuries.
- \* Injuries to stomach area.

Behavioral Indicators of Child Abuse: (Note: Many of these behaviors are common to all children at one time or another, but when they are present often enough and/or strongly to describe a child's overall manner, they may indicate child abuse.)

- \* Overly compliant, passive, undemanding, shy, withdrawn, affectionless, listless, detached.
- \* Nervous, hyperactive, aggressive, disruptive, destructive, irritable.
- \* Unusually fearful of adults.
- \* Fearful of going home or being left in someone else's care.

- \* Repeated nightmares.
- \* Phobias, fear of darkness or bathroom.
- \* Chronic complaints (stomachaches).

#### **Indicators of Sexual Abuse:**

- \* Difficulty in walking or sitting.
- \* Torn, stained, bloody underclothing.
- \* Complaints of pain, itching or swelling in genital areas.
- \* Pain when urinating.
- \* Bruises/bleeding in external genital, vaginal or anal areas.
- \* Infections/discharge of mouth or throat.

#### **Behavioral indicators of Sexual Abuse:**

- \* Unwilling to have clothes changed or to be assisted in using the toilet.
- \* Holds self.
- \* Wants to be changed although not wet.
- \* Loss of appetite.
- \* Withdrawn or infantile behaviors (may go back to thumb sucking, bed wetting).
- \* Extremely aggressive or disruptive behavior.
- \* Unusual interest in or knowledge of sexual matters.
- \* Expressing affection in an inappropriate way for age of that child.
- \* Poor peer relationships.
- \* Fear of a person or strong dislike of being left somewhere or with someone.
- \* Child reports sexual assault.

### **9. Injury prevention plan**

One staff person is responsible for monitoring the Center daily for safety hazards/issues using a weekly Health and Safety checklist. Immediate concerns are reported to the Director. The Director reviews the checklist and corrective action is immediately taken on hazardous conditions.

### **10. Plan for managing infectious disease**

All children entering the Center are required to have a recent physical and must have shots up to date, including HIB and Lead Screening, and recorded on the school health form that has been signed and dated by the doctor. Health forms must be updated yearly for children and every two years for staff.

A mildly ill child is one who has a fever below 100 or he/she may not have a fever, but is crying, uncomfortable, lethargic and unable to participate in the program. Usually this child does not need to go home, yet the family is notified that the child is experiencing discomfort. Quiet activities are provided for this child as well as food and drinks as needed. At other times, this child will continually cry to go home. It is in this situation, in the best interest of the child, that the family is requested to pick up the child or to send an emergency person for the child.

**It is the policy of the center that families call in when a child is to be out due to illness and to report the type of illness.** A child is to be kept home or may be sent home if he/she has a fever, diarrhea, earache, red or sore throat, eye infection, questionable rash, chicken pox, or is vomiting. In the case of conjunctivitis, the child may not return even after he/she has been on medicine for 24 hours until oozing discharge has subsided from the eye. Please do not give your child Tylenol or Motrin before leaving for the center and do not give the child medicine to carry into the center. If a communicable disease has been introduced into the Center families will be notified in writing.

### **11. Plan for infection control and Monitoring**

Staff and children will wash their hands with liquid soap and running water-using friction. Hands will be dried with disposable towels or electronic hand dryer. Staff and children will wash their hands at least at the following times:

- Before eating or handling food
- After toileting or diapering
- After coming in contact with bodily fluids and discharges, and
- After cleaning

Each classroom will have a checklist of items, equipment and surfaces to be disinfected. The Lead Teacher will be responsible for designating the completion of each task. The Directors will informally observe that the procedure is followed.

Disposable gloves are available and will be used for the cleanup of blood spills and bodily fluids. The affected areas will be disinfected. Used gloves and materials used to clean up affected area shall be thrown away in a lined covered container. Staff shall wash their hands with soap and water after cleaning up the bloodied area. Bloody clothing shall be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.

All staff will be trained in infection control procedures during the staff orientation and during the year at EEC required staff meetings. Infection control and cleanliness procedures will be part of each teacher's yearly evaluation and training.

#### *Disinfectant Solution*

The disinfectant solution shall be either a self made bleach solution or a commercially prepared disinfectant that has been registered by the Environmental Protection Agency (EPA) as a sanitizing solution. A self made bleach solution shall be labeled and stored in either a spray bottle or a bottle that is sealed with a cap. The solution must be prepared daily or tested daily in accordance with the Department of Public Health's guidelines. All such disinfectants will be stored in a secure place and out of the reach of children. The staff person arriving at 7:15 AM is responsible for the preparation of the disinfectant solution.