



# Growing Kids Learning Centers

## Student Health and Illness Policy for Parents

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### Introduction

Growing Kids Learning Centers’ first priority is the health and safety of the children and adults at the center. These guidelines address the steps that the center is taking to protect and promote the overall health of the children and adults at the center. This policy addresses all illnesses.

*Because a licensed child care center setting is different than a K-12 school setting, the guidance from the CDC, Departments of Health, and FSSA are different, which may cause differences in policy and procedure.*

### Management Team at the Center

Each center has a Management Team, which oversees the implementation of the health and illness policy. The team consists of the Center Director, the Assistant Director, and the Area Director assigned to that center; other front desk staff may assist as well. The Growing Kids Chief Operating Officer is available as needed. The majority of student illness is readily handled

by the Center Director or the Assistant Director. When a staff member believes a child may not be feeling well or is displaying symptoms of illness, the staff member should contact the front office to coordinate the response.

- The Center Management Team is also a resource for all center staff members for any questions or assistance.

## Staff Training

A significant component of keeping children and adults healthy is the training all center staff receive. At initial orientation and on-going, center staff are trained in the following:

- CPR
- First Aid
- Universal Precautions
- SIDS precautions for teachers of infants
- Basic Health and Hygiene Practices
- Proper Handwashing
- Cleaning, Sanitation, and Disinfection Procedures, and
- Recognizing Signs and Symptoms of Illness

## Vaccines and Immunizations

Vaccines and immunizations are a critical component to preventing many childhood illnesses. Per licensed child care center regulations, Growing Kids requires each enrolled child to have the immunizations and vaccines listed by the Indiana State Department of Health. Exemptions are permitted for religious or health reasons, with acceptable documentation. A child's healthcare provider is the best source of information as to which vaccines are appropriate for the individual child. Growing Kids tracks vaccinations and immunizations as part of each student's health record at the center.

## Staying Home when Ill.

It is not always clear when a child is ill and should stay at home. We rely on cooperation between parents and the center to have ill children remain at home, for the benefit of the ill child and the health of the other children attending school. The Indiana Office of Early Childhood and Out of School Learning (State Child Care Licensing) provides guidelines on when children should not attend care:

### **Exclude the Child When...**

*These guidelines are supported by the American Academy of Pediatrics*

- The child does not feel well enough to participate comfortably.
- Staff cannot care for the sick child without interfering with the health or care of others.
- The child has a confirmed communicable disease (Chart attached).
- The child is experiencing fever of 101 and has other symptoms/behavior changes.
- The child has a rash accompanied by fever or behavior changes.

- The child has diarrhea at more than one diaper changing, restroom visit, or that causes accidents.
- The child is vomiting (generally twice or more in 24 hours).
- The child is experiencing uncontrolled coughing.
- The child has difficulty swallowing due to throat pain.
- Eye drainage (without fever or behavior changes) unless attendance cleared by a medical provider note.

**Conditions that do not require exclusion:**

- Common colds, runny noses (regardless of color or amount of discharge), and coughs.
- Fever without any other symptoms or behavior change. Fever is an indication of the body's response to something; it is neither a disease nor a serious problem by itself. If a child is behaving normally but has a fever, the cause of the fever should be sought but the child does not require exclusion for fever alone.

**When a child becomes ill at school:**

When a child becomes ill at school, the front desk will contact the child's parents or other adults on the child's contact list in the order they are listed. It is important that an ill child be picked up right away so the child receives the care they need and to reduce the chance of exposing other people to the illness. Generally, the child will be at the front desk waiting for pick up, away from the other children.

A child who appears to be ill when arriving at school will not be allowed to stay.

## When to Return to School

If a child is diagnosed with a specific illness, the child's return is determined by the guidelines for that illness as described by a health care provider's note. For general or undiagnosed illness, a child can return when:

- Symptom free for 24 hours
- Fever free for 24 hours without the use of fever-reducing medicine.

Depending on circumstances, the Center Director may require a note from your child's health care provider stating the child is able to return to school.

## Ventilation

Proper ventilation/fresh air is an important prevention strategy for illness, especially airborne communicable diseases.

- Outside time is a routine part of each classroom's lesson planning, weather permitting.
- The center's heating/cooling system (HVAC) is designed into zones to limit air sharing between classrooms. Each HVAC unit is set to continuously bring in fresh air when the fans are running. The fans are generally set to run 24/7. Air filters are replaced per manufacturer recommendations.

## Handwashing

The children are taught proper handwashing with soap and water and prompted to wash their hands throughout the day, consistent with developmentally appropriate practice.

- Hand Sanitizer is typically not used at the center. (Licensing regulations do allow hand sanitizer in place of hand washing in specific circumstances.)
- Wearing gloves is not necessary for protection from illness in most situations. Proper handwashing is sufficient.

## Notification of Illness or Communicable Disease

When a child or adult within the center tests positive for a communicable disease, the Center Management Team will notify staff and families of children who were in close contact as soon as possible, consistent with applicable privacy laws. Communicable Diseases are specifically listed by the Indiana Department of Health.

## Cleaning and Disinfecting

While some diseases can be spread due to surface contact, it is important to note that surface transmission of illnesses spread by respiratory droplets is rare.

- The center is cleaned each evening by cleaning staff and spot-cleaned throughout the day by center staff members.
- Toys that children have placed in their mouths or that are otherwise contaminated by bodily secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize.
- Children's books and other paper-based materials are not considered a high risk of transmission of germs and do not need additional cleaning or disinfection.
- Transmission of germs from cloth/clothing is rare. Washing with soap and water is effective in reducing the number of germs on clothing.
- Infants, Toddlers, and their teachers should have multiple changes of clothing on hand, available for changing if the clothing becomes soiled.
- Contaminated clothing should be placed in a plastic bag, labeled, and sent home to be washed.
- Bedding (ex. blankets, pillows) should be washable. Keep each child's bedding separate. Bedding that touches a child's skin should be cleaned weekly or before use by another child.

## Confidentiality

Medical information is confidential. Parents or Staff members may become aware of another person's medical information while at the center or through the normal course of business. Regardless, that information should not be shared or discussed with others. The Center Management Team is available for any questions or concerns.

## Medication Administration

For those students who are able to attend and require medication while at the center, Growing Kids is able to administer certain medication throughout the day. There is a separate Medication Administration policy to address this.

Licensed Child Care Center regulations require:

- Prescriptions need to have the child's name.
- Prescription items need to be in the original packaging including the pharmacy label (dosage, when to be given, frequency, etc.).
- With parent's written approval, centers may use nonmedicated preventive products, such as sunscreens, insect repellents, nonmedicated powder, petroleum jelly, and A & D ointment, without a physician's order, (*Licensed Child Care Regulation Sec 88 (l)*)
  - o Medicated cream/ointments or items need a doctor's note.
- Prior to administering medication or medicated products, a doctor's order/note with the name of the medication, dosage to be given, how often the medication may be given, and conditions for use is required.
- All medication must stored in the original container and will be stored at the front desk in a locked cabinet or locked refrigerator.

## Nebulizer Use Not Supported/Alternatives

Children who require medication using a nebulizer are encouraged to discuss with their doctors switching to single dose inhalers or other alternatives. Nebulizer use at Growing Kids is not supported. If no other option is available, the child's parent, doctor and the Center Director can discuss options to try to meet the child's medical needs.

- Regulations do not prohibit the use of nebulizers in child care settings. Growing Kids cannot consistently and fully meet the requirements to safely administer aerosolized medication.

## When to Seek Emergency Medical Care

While rare, it is important to identify the conditions where the center would call for Emergency Medical Services (EMS). If EMS is necessary, the Center Management Team will contact the child's parents immediately. While difficult to anticipate every situation where EMS may be necessary, potential conditions include: *(Source – OECOSL publication)*

- We believe the child's life is at risk or there is a risk of permanent injury.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and loss of consciousness (symptoms of a seizure).
- The child is unconscious.
- The child becomes progressively less responsive.
- The child has any of the following after a head injury: decrease in alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increased or severe pain anywhere.

- The child has a cut or burn that is large, deep, and/or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated – sunken eyes, lethargic, not making tears, not urinating.
- A child needs medical attention and the child's parents (or emergency contacts) are unavailable.

We will contact a child's parents (or emergency contacts) when:

- A child of any age has a fever and looks more than mildly ill.
- A child less than 2 months (8 weeks) of age has a temperature of 101° or higher.
- A child develops a quickly spreading purple or red rash.
- A child's stool contains a large amount of blood.
- A child gets a cut that may require stitches.
- A child experiences any medical condition specifically outlined in his/her individualized care plan.

## Individual Questions

If a child has a specific health issue not addressed by this policy, a specific plan of care is required. Parents should meet with the Center Director to discuss the child's individual care needs and if/how the center will be able to meet those needs. The goal is to ensure that the center is able to consistently provide a safe and healthy environment for the child and all children in the classroom.

Communicable disease guideline chart for child care providers 2023 (page 1)

<b>Disease &amp; Incubation</b>	<b>Signs/ Symptoms</b>	<b>How Transmitted</b>	<b>When Communicable</b>	<b>Restrictions</b>	<b>Control Measures</b>
<b>Cytomegalovirus</b>	Fever, sore throat	Fecal-oral, contact with urine, oral and nasal secretions. Up to 70% of children are infected between ages 1-3.	3 to 8 weeks after exposure	None	Strict hand washing procedures after diapering and toileting. Female employees of child bearing age should be referred to their primary care provider or health department for counseling about their risk of CMV infection.
<b>Chicken Pox (Varicella)</b>	Fever, skin eruption with blister like lesions	Airborne or direct contact w/vesicle fluid. Contact with shingles lesion (direct or indirect)	1-2 days before outbreak, till blisters dry	Until all the blisters have dried.	Vaccination and isolation of sick individuals. Shingles vaccine for staff as recommended by their health care provider.
<b>Diarrheal Diseases: (Varies) Salmellosis Shigellosis Giardiasis Rotaviral Enteritis E Coli 0157:H7 Cryptosporidiosis Campylobacteriosis</b> Varies from 6-14 hrs	Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific cause.	Fecal-oral route, through contaminated articles, food/beverages and hands.	Throughout acute infection and as long as organisms are in stool.	Exclude until diarrhea is gone for 24 hours and 2 negative stool cultures or as advised by local health department and physicians.	Proper handwashing, sanitize all contaminated articles and equipment. Keep diapering and food service tasks and items <u>separate</u> . Notify parents. Check with health consultant for specifics. Notify local health department when clusters of cases occur.
<b>Head Lice (Pediculosis)</b> Eggs hatch in 7 days/1 week (can multiply in 8-10 days, lives 20-30 days).	Severe itching; small lice eggs closer than ¼” to nits on hair. Bumpy rash on nape of neck, behind ears and/or crown of head may appear after persistent infestation.	Direct contact with live lice infested individual or their clothing, article to article contact, i.e. coats, blankets and hats.	As long as live lice remain on an infested person, or until eggs are ¼” away from scalp.	Until after child is treated and others in the household evaluated. Until no live lice or nits are visible.	Vacuum to get rid of lice in environment. Wash all clothing and bedding in hot soapy water for 20 minutes. Notify parents. Keep all children’s personal items and clothing separate.
<b>Scabies</b> 2-6 weeks-initial exposure 1-4 days-Re-exposure	Mite burrows under skin. Red, itchy rash tends to be in lines or burrows usually on wrists, elbow creases or between fingers.	Skin to skin contact. Shared clothing.	Until mites are destroyed	Exclude for 24 hours after initial treatment completed.	Notify parents. Wash all clothing and bedding in hot soapy water for 20 minutes. Keep all children’s personal items and clothing separate.
<b>Impetigo</b> 4-10 days Staphylococcus Streptococcus 1-3 days	Blisters, crusts, scabs on skin which are flat and yellow may be weeping.	Direct contact with infected area or with nasal discharges from infected child.	When weeping, crusted lesions are present.	Exclude until on antibiotic Rx for 24 hrs. and lesion can be covered.	Child and staff wash hands frequently throughout day. Notify parent. Wear disposable gloves when treating. Cover draining lesions with dressing.
<b>Measles (Rubeola)</b>	Fever, cough, red eyes, photosensitivity, spots on tongue and mouth, blotchy rash 3 <sup>rd</sup> and 7 <sup>th</sup> day, lasting 4 to 7 days	Droplet and direct contact with nasal or throat secretions.	7-18 days from exposure	From time of initial fever till 4 days after rash appears.	Hand washing after contact with secretions and vaccination Exclude exposed, unvaccinated children until local health depart. approves return.
<b>Pertussis</b>	Irritating cough can last 1-2 months-Often has a typical “whoop”	Direct contact with oral or nasal secretions	6-20 days	5 Full days after antibiotics	Hand washing after handling secretions. Covering mouth during coughing; then hand washing. Staff vaccination.
<b>Pinkeye (Conjunctivitis)</b> <i>Bacterial:</i> 24-72 hrs. <i>Viral:</i> Usually 12-72 hrs. (3 days) <i>Irritant:</i> immediate watering	Tearing, swollen eyelids, redness of eyes, purulent discharge from eyes.	Contact with discharges from eye, nose or mouth. Contaminated fingers and shared articles.	During active symptoms and while drainage persists. Dependent upon cause of the infection.	May attend care with a medical provider note.	Notify parents. Diligent handwashing by staff and children. Contact health consultant/health department if more than two cases at once. Children with prolonged symptoms should be evaluated by their medical provider.
<b>Rubella (3 day measles or German measles)</b>	Low grade fever, headache, mild redness of eyes, fine rash	Contact with nasal and throat secretions.	14-23 days	7 days from onset.	Vaccination and strict hand washing procedures. Exclude exposed, unvaccinated children until local health department approves return.

Communicable disease guideline chart for child care providers 2023 (page 2)

<b>Strep Throat/Scarlet Fever</b> 1-3 days (rarely longer)	Red, painful throat, fever. May develop rash (Scarlet Fever).	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.	2 days before symptoms until on antibiotic Rx for 24-48 hrs. Untreated cases 10-21 days.	Exclude until on antibiotic Rx for 24 hr. (Must be treated for 10 days).	Notify parents. Sanitize all articles use by child. Proper handwashing. Notify local health department when cluster of cases of the symptoms, sore throat and fever occur.
<b>Ringworm</b> (Varies by site) <b>Mainly: 4-10 days</b>	Red Scaling, itchy, circular lesions and broken hairs from skin/head	Direct contact with infected humans or animals, skin to skin contact or with contaminated articles	As long as lesions/infection is active. Some lesions may not be seen with the human eye.	If on Rx, may return; otherwise exclude unless lesions can be covered, clothing is acceptable.	Wash all items used by infected child, cover lesions, proper handwashing; notify parents
<b>Fifth Disease</b> 4-20 days <b>4-14 days; up to 21 days</b>	Mild or no fever, "slapped cheek" rash spreading throughout body, lacy rash on arms on legs; rash may recur with sunlight, warm bath or exercise.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles	Prior to onset of rash; Not communicable after onset of rash. During the week prior to the rash appearance	No need to exclude unless condition interferes with participation or care of others	Wash hands frequently; sanitize all articles used by children. Pregnant women should tell health care provider if they have been in contact with an infected person.
<b>Meningitis</b> Bacterial: 1-10 days (usually less than 4 days) <b>Viral: Varies</b>	Fever, headache, vomiting, chills, neck pain or stiffness, muscle spasm, irritability.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles, or fecal-oral route- depending upon organism involved	. Bacterial-Non-communicable 24 hrs. after starting antibiotic Rx.  Viral-Prolonged period	Exclude, return with Dr.'s permission and condition does not interfere with participation or care of others.	Notify parents and local health department. Clean and sanitize all articles; proper handwashing

See <https://nrckids.org/CFOC> section 3.6.1.1: Inclusion/Exclusion/Dismissal of Children for information on when to exclude children for illness and section 3.6.1.2: for Staff Exclusion for Illness.

See <https://nrckids.org/CFOC> section 7.6.3.1: Attendance of Children with HIV (same information applies to children with Hepatitis B or C).