

Health Care Plan

HEALTH CARE PLAN OBJECTIVE

Koala Kare Childcare Center & Pre-School Program will strive to provide the best possible environment for the care of the children enrolled in the center. The following guidelines have been put in place to achieve this plan.

- I. Child Health Policies
- II. Daily Health Checks
- III. Child Considered Too Ill to be in Childcare
- IV. Caring for a Child Who Becomes Ill
- V. Mildly Ill Child
- VI. Serving Children with Special Healthcare Needs
- VII. Emergency Procedures
- VIII. Staff Health Policy
- IX. Staff Training
- X. Medication
- XI. Infection Control Procedures
- XII. First Aid Kit
- XIII. Retention of a Health Care Consultant

Koala Kare Childcare Center & Pre-School Program will serve the following populations: infants, toddlers and children through 12 years of age, well children, mildly ill children, children with special needs and children needing medication.

I. Child Health Policies

- A. Every child must have a written physical form on file stating the child is able to participate in daycare, is free of contagious or communicable disease, and is receiving healthcare including appropriate health examinations and age appropriate immunizations. **(Form I)**
- B. A child may receive an exemption to an immunization if a physician submits documentation stating that the immunization may be detrimental to the child's health.
- C. A child may receive an exemption to immunizations due to parent's sincere and genuine religious beliefs. A parent must submit a statement to this effect.
- D. All children must remain current with all immunizations. Koala Kare will notify a parent if they are behind at which time parents will have 60 days to update the immunizations.
- E. Koala Kare will conduct an immunization notification once a quarter, totaling four per year. Also, at these times parents will be able to update any information. **(Form G)**

II. Daily Health Checks

- A. Upon arrival to childcare each morning the head teacher in each room will conduct a daily health assessment of each child. This is done by questions to parent, and observing the child's color, demeanor, and basic energy level.
- B. Each head teacher will receive training in daily health checks and child abuse and maltreatment.
- C. It is the parent's responsibility to inform the head teacher of any medication given to the child, if they are mildly ill and if medication is needed. Parents must put this in writing on the parent to teacher note pad and tell the head teacher.
- D. At the end of the day, the child's basic health is recorded on the child's daily sheet. **(Form J)** A child who has become ill and may or may not have been sent home is recorded on the Head Teacher Report **(Form E)** for that room.

III. A Child Considered Too Ill to be in Childcare

- A. A child will be considered ill and must go home with any of the following symptoms:
 1. Fever higher than 101 degrees (Auxiliary)
 2. Vomiting
 3. Diarrhea
 4. Difficulty breathing or severe congestion
 5. Unable to stay awake and alert
 6. A known communicable disease (i.e. Chicken Pox)
 7. A rash or skin ailment which is extremely uncomfortable (i.e. hives) or is believed to be contagious or believed to be a result from a contagious disease.
 8. Coughing, which cause excessive pain to the child or will not stop.
 9. Uncontrollable crying which a cause cannot be found.

IV. Caring For a Child Who Becomes Ill

- A. Upon realizing a child is not feeling well the head teacher will question the child on how they feel (if old enough), take their under the arm temperature, check color of skin and basic disposition of the child.
- B. After this check is complete a parent will be called and notified of the situation
- C. If a child is too sick to stay at daycare, parents will have 90 minutes to pick up their child.
- D. While waiting to be picked up the child will:
 - rest quietly in the director's office with supervision
 - rest quietly on their mat
 - play quietly away from other children in the classroom to avoid contaminating them
- E. If a child was considered mildly ill and is able to stay in childcare, see next section.
- F. A parent who does not pick up his/her child may risk the child's enrollment in Koala Kare.
- G. If a child is seen by a physician due to illness, parents must give a written note from the physician stating the diagnosis, when the child can return to childcare and any special instructions. **(Form L)**

V. Mildly Ill Child

- A. Symptoms
 1. Congestion and mild cough
 2. A low grade fever, max 101 degrees.
 3. A mild headache or stomach ache not attributed to diarrhea or vomiting
 4. A rash which is deemed non contagious but is tolerable for the child
 5. Slightly irritable with poor appetite
- B. Plan
 1. When a child arrives who is mildly ill a plan for the day will be discussed with the parent and the head staff on duty at the time of drop off. Any requests by parent will be noted and passed along to the head teacher. We will try to keep the child as comfortable as possible.
 2. Any child who is considered mildly ill will be able to rest quietly in their room as needed. They will be given a quiet area.
 3. A child will be considered mildly ill for a period of time no longer than five days. After which a physician's note may be required to continue care.
 4. Koala Kare reserves the right at any time to determine a child has become too ill to stay at childcare.
 5. Koala Kare reserves the right at anytime to require a note from a physician for a child to return to care.

VI. Serving Children with Special Healthcare Needs

- A. Definition
 1. Any child which has a physical disability which would require assistance from staff.
 2. Any child with a chronic condition which may affect them. (I.e. Asthma)
 3. Any child with an IEP or developmental disability.

B. Plan and Documentation Needed

1. Each child's doctor and parent must submit detailed instructions in writing for the care of the child. **(Form H)** An IEP, if in effect, will be placed in the child's file.
2. If regular medication is needed the appropriate medication forms must be submitted.
3. If equipment is needed, it must be at the center or the child will not be able to stay. (i.e. braces or nebulizers)
4. Each parent is responsible to leave daily instructions.
5. Koala Kare will allow any therapist in to see a child.(i.e. speech)

6. Any materials, which were contaminated with blood, will be placed into a clean plastic bag then thrown away.

F. Required Glove Use

1. When rendering first aid
2. When preparing or serving food
3. Not required but can be used for diaper changes at staff member's preference

G. Using Gloves Properly

1. Gloves shall be put on by touching only the top part of the glove so as not to soil it.
2. Gloves should be replaced immediately if they are soiled or punctured in anyway.
3. When gloves have blood on them, they are to be placed into a plastic bag and then discarded.
4. When gloves are removed, grasp the wrist edge of the glove, peeling glove off so that the glove is inside out.
5. After gloves are removed, then hands must be washed.

H. Sanitation of Equipment

1. As per the schedule below all washable toys will be cleaned with a disinfectant and then rinsed with water and air dried.
2. All equipment will be cleaned as follows:
 - a. Daily Cleaning
 1. Any toys mouthed by a child will be cleaned prior to another child using it.
 2. All toys used daily will be cleaned at least once per week and left to air dry overnight. (i.e. manipulative sets)
 3. All large motor toys will be cleaned. (i.e. trucks, balls)
 4. All feeding and sitting equipment will be cleaned after each use (i.e. highchairs, changing tables)
 5. All counters and bottle warmers, whenever they are soiled
 6. Floors will be mopped daily
 7. Any bodily fluid, which contacts the floor or carpet, will be cleaned with the spot cleaner and disinfected.
 8. All surfaces are sprayed each night with Lysol
 9. All Nursery food serving implements are cleaned and disinfected with bleach then air dried after each use. All other rooms send dishes to the kitchen.
 10. All bathrooms are cleaned twice per day and whenever soiled.
 - b. Periodic Cleaning
 1. Dusting at least once a month
 2. Wall washing at least once every two weeks
 3. Garbage cans weekly
 4. Window washing once per month
 5. Chairs, mats & cots once per week
 6. Floors stripped & waxed and carpet shampooed four times per year

VII. Emergency Procedures

- A. All children at Koala Kare must complete the NYS Emergency Blue Card upon enrollment into the center. **(Form F)** This enables Koala Kare to obtain emergency medical treatment for their child.
- B. If a child is in need of emergency services, 911 will be called.
- C. The person who calls 911 will wait for the ambulance and escort them to the child.
- D. All children will be transported via an ambulance in case of emergencies.
- E. The childcare Director or Assistant Director will go with the child to the hospital.
- F. A part time staff will be put in a room to cover, if needed.
- G. Parents are notified and kept informed of which hospital the child is being taken to and, if possible, which hospital the parent would prefer.
- H. A complete accident report will be completed. **(Form K)**

VIII. Staff Health Policy

- A. All staff must submit prior to the first day of employment a written medical statement from a physician stating he/she is in good health to work in childcare. Also, included must be proof that the employee is free of infectious disease. (I.e. TB)
- B. The health record must be updated yearly and the TB test every two years.
- C. Staff is considered too ill to work when:
 - 1. A fever over 102 degrees
 - 2. Vomiting or having severe diarrhea
 - 3. A physician diagnoses with a communicable disease (i.e. Flu)
 - 4. Severe headache or pain
 - 5. Cannot stay awake and alert due to illness
- D. Staff is given 5 paid sick days each year.
- E. If a staff member develops these symptoms while at work, they will be sent home as soon as a substitute is found.

IX. Staff Training

- A. All staff will complete training in the following areas:
 - 1. First Aid & CPR
 - 2. Complete 30 hours, as required by NYS
 - 3. Recognition of signs and symptoms of illness
 - 4. Head teachers – classifying of the type of illness and whether the child must go home
 - 5. Infection control and how and when to clean toys
 - 6. How to serve food
 - 7. Emotional and physical care of a child who is ill
- B. The director will keep a running tally of all training to ensure training in all areas.

X. Medication

- A. Who can administer medication?
 - 1. Only staff certified by NYS Social Services MAT training. A list is posted by the front door.
 - 2. Parents
 - 3. A relative within the 3rd degree of consanguinity. (I.e. Grandmother or Aunt)
 - 4. A registered nurse
 - 5. A licensed physician
- B. How medication is given
 - 1. Medication will only be given between 7am and 6pm daily.
 - 2. Parents will fill out a Medication Authorization Form **(Form C)** daily with attached documentation as needed.
 - 3. Parents will confer with the MAT staff if needed.
 - 4. A schedule of needed medications will be drawn up for the day according to times given by the physician.
 - 5. All medication will then be recorded. (See documentation)

C. Documentation needed to give medication

Parents must supply all measuring devices and equipment Koala Kare cannot provide any.

1. Over the counter topical ointments, sunscreen lotion, diaper ointments and insect repellent parents permission is required. Approval is given on the Topical Ointment Permission Form. **(Form M)**
2. Over the counter medication parents must have a physician's Written Consent Form **(Form A)** Information which must be included is child's name, medication name, dosage, frequency, route and side effects. No dosage can exceed the instructions on the bottle. The medication **MUST** come in the original bottle and properly labeled with the child's first and last name. If the medication is "as needed," the parent must note either the times to be given or the time limits (i.e. every 4 hours). If the physician approves more she must write a separate note stating this. This form must be updated every 6 months.
3. Prescription medication must have a physician's Written Consent Form. **(Form A)** Information which must be included is child's name, medication name, dosage, frequency, route and side effects. No dosage can exceed the instructions on the bottle. Medication **MUST** come in the original prescription bottle with your child's information on it. Family members cannot share medication.
4. In addition, parents must fill out a Medication Authorization Form **(Form C)** for everyday a medication is to be given. Parents are responsible to train staff on the proper guidelines and procedures when giving a medication. Make sure you complete this properly.
5. If a parent needs to speak with a MAT staff, please ask who is in the center and discuss any related information with them. We may need to call a parent with a question, please leave a number to be reached, if different from your Emergency Blue Card. **(Form F)**

6. MAT staff can take a verbal Permission for over the counter medication (Form B) over the phone from the parent. This is a one time permission form and is not accepted for infants under 18 months old. If parents want this medication given the following day, a Written Consent Form (Form A) must be completed by the physician. All information for the medication **MUST** be on file.

7. MAT staff can take a Verbal Permission for prescription medication **(Form B)** over the phone from both the parent and the physician's office. This is a one time permission form and is not accepted for infants under 18 months old. If the parents want this medication given the following day, a Written Consent Form **(Form A)** must be completed by the physician. A faxed permission is acceptable, as long as, all necessary information is sent.

D. Staffing pattern for Medication Administration

1. At the start of each day, the director or an assistant director will go over the medication requests and create a schedule of medication to be administered for each MAT staff.
2. If (in the unlikely event) there is not a MAT staff available, the parents will be notified by the phone.
3. At the middle and end of the day, the Director or an Assistant Director will check on the progress of medication administration.

E Record Keeping for medication and Illness

1. MAT staff must record medication on the Medication Logs (Form D), the Head Teacher Reports (Form E) and the child's Daily Sheet (Form J). All forms will have their signature.

F. Documenting and Reviewing Patterns of Illness

1. All side effects noted by the head teacher would be recorded on the child's Daily Sheet (Form J) and the head Teacher Report (Form E). All side effects will be reported to the Director and parents.
2. Each Head Teacher will document any illness to the Head Teacher Report (Form E). After reviewing the reports the Director can see if there are any patterns of illness.

G. Medication Errors

1. Any error will be reported immediately to parents and appropriate staff. An incident report will be completed. Parents will be asked to contact the child's doctor.
2. If a child has a reaction to the overdose, emergency procedures will go into effect.
3. A copy of the report will be sent to OFCS within one day.

H. Medication Stoppage or Interruptions

1. If medication cannot be given due to, no available MAT staff, parents will be notified.
2. If medication cannot be given due to an uncooperative child, then parents will be notified.
3. If a child cannot take their medication, then parents will be notified.

4. Parents must notify staff in writing if medication is to be stopped.

I. Storage and Disposal of Medication

1. All medication will be stored in a locked cabinet and in a clean area that is inaccessible to children. All refrigerated medication will be kept in a refrigerator away from children and other food in a leak proof container.
2. When medication expires, it will be sent home with the child's parents. The caregiver at the end of the day will hand medicine directly to the parent.
3. Medication expiration will be checked monthly

XI. Infection Control Procedure

A. Koala Kare will strive to follow sound practices to stop the spread of disease and to provide a clean and sanitary center for the care of the children enrolled in the center.

B. Hand Washing Procedure for Staff

1. All staff must wash their hands
 - A. Upon arrival to work
 - b. Whenever they use the bathroom
 - c. Whenever they enter a different classroom to work
 - d. Before serving food/ feeding a child
 - e. after a diaper change or toileting a child
 - f. Whenever they are soiled
 - g. Whenever giving medication
 - h. After handling pets or other animals

C. Hand Washing Procedures for Children

1. All children must wash their hands
 - a. Before & after any meal or snack
 - b. After using the bathroom
 - c. After outdoor play
 - d. Whenever they are soiled

D Diapering procedures

1. No child is ever left unattended on the changing table.
2. Prior to placing a child on the changing table, place clean diaper and clean wipes on the table first.
3. Clean child thoroughly
4. Fit new diaper snugly
5. Place child in appropriate play area
6. Clean changing table with disinfectant
7. Wash hands before going onto the next child
8. Record diaper change on appropriate forms
9. Dispose of soiled diapers in a closed container with leak proof liner. It will be sanitized daily.

E. .Safety precautions Related to blood

1. Gloves are worn whenever a child is bleeding.
2. If a caregiver or another child should come into contact with blood the area of contact should be washed thoroughly with an antibacterial soap.
3. Clothing contaminated with blood must be removed and bagged and washed at home.

XII. First Aid Kit

A. Contents:

Band-Aids	2x2 and 3x3 gauze pads	Safety pins
Tweezers	CPR/ rescue breather	Cotton balls
Ice pack	Blanket	Eye pad
Antiseptic wipes	Backtracking	Charcoaid
Non porous gloves	Emergency phone numbers	Small scissors
Sling	Thermometer, non glass	Liquid soap
Flexible roll gauze, 1” & 2” widths		Pencil & notepad
Small splints	Zip lock bags	Clean cloth
Plastic cup	Flashlight	First Aid guide
Bottle water	Triangular bandage	Epi Pen
Bacitracin ointment	Alcohol wipes	Asthma inhaler

- B. First Aid Kit will be restocked as needed.
- C. It will be checked weekly by the Director.
- D. Additional supplies are kept on hand.

*Our First Aid Kit will be stored in the office

*Staff will check MONTHLY to make sure the first aid kit is stocked with the items listed above and items that are not expired

XIII. Retention of a Health Care Consultant

- A. A healthcare consultant will be retained to oversee health plan.
- B. This consultant will be a Registered Nurse.
- C. The Healthcare Consultant will make yearly visits to see that the healthcare plan is being implemented properly.
- D. The healthcare consultant will provide training on the healthcare plan once per year for childcare staff.