



Health Care Policy

11/20/2020

For the health and safety of all children and staff, and to provide comfort to your child, if your child has any of the following symptoms or conditions, we will contact you to pick up your child from FKS. Children must be picked up within 1 hour of notification.

- ❖ Fever of 100.0 degrees or higher
- ❖ Shortness of breath or labored breathing
- ❖ Cough with or without fever
- ❖ Any rash that is suspicious of a contagious childhood disease
- ❖ Any skin rash, lesion, or wound with bleeding or oozing of clear fluid or pus
- ❖ Vomiting
- ❖ Diarrhea
- ❖ Conjunctivitis also called, "pink eye" with white or yellow discharge
- ❖ Mouth sores with drooling
- ❖ Scabies, head lice or other infestations
- ❖ Consistent, uncontrolled nasal discharge or constant productive cough (raising phlegm)
- ❖ Any conditions preventing the child from participating comfortably in usual program activities
- ❖ Any illness or condition that requires one on one care
- ❖ Any of the following contagious illnesses which are reportable to the Department of Public Health as cited in the Manual of Requirements for Licensing: German Measles, Haemophilus Influenza, Measles, Meningococcal, Mumps, Tuberculosis, Whooping Cough, Giardia Lamblia, Hepatitis A, Salmonella, Shigella, COVID-19

After a child has been excluded for any reason, in order to return to the program, the following conditions must be met:

- ❖ If your child was sent home with COVID-19 symptoms, we are required to report this to the Livingston County Health Department and licensing. They will direct our next steps.
- ❖ A child must stay home until they are fever, cough, vomiting, and/or diarrhea, symptom free for a full 48 hours without medication, other symptoms must be improved.
- ❖ Any child prescribed an antibiotic for a current bacterial infection must take the prescribed medication for a full 24 hour course & be symptom free for 48 hours before returning to FKS for care.
- ❖ The child must be able to participate comfortably in all usual program activities, including outdoor time.
- ❖ The child must be free of open, oozing skin conditions unless
 - A healthcare provider signs a note stating that the condition is not contagious
 - In some cases the involved area(s) may be covered by a bandage without seeping of drainage through the bandage.
- ❖ A child excluded because of lice, scabies or other infestation may return 24 hours after treatment begins with a note from a doctor stating the child is larva or nit free.
- ❖ A note from a doctor stating that the child is cleared to return to care must be on file after each Dr visit for any reason. If the illness is COVID-19 a negative test result and quarantine may be required.

- ❖ A new health appraisal form is required with each well child check up.
- ❖ If a child is excluded because of a reportable illness, a doctor's note stating the child is no longer contagious is required prior to re-admission. If the child's parent is a doctor, the note must come from another physician who is not the child's parent.

My signature below indicates that I have read & understand the following questions will be asked and my child's temperature will be checked at every drop off. If the answer to either question is yes, my child may be excluded from care and further direction will come from the Livingston County Health Department.

Daily Health Check:

✦ *HAS YOUR CHILD BEEN IN CLOSE CONTACT WITH A PERSON WHO HAS COVID-19?*
 (WITHIN 6 FT. OF A PERSON WHO TESTED POSITIVE FOR COVID FOR 15 MIN WITHIN A 24 HR. PERIOD)

-IF YES, THE FAMILY SHOULD SELF-QUARANTINE FOR 14 DAYS. SOMEONE THAT HAS IN DIRECT CONTACT WITH A PERSON WHO HAS BEEN POSITIVELY DIAGNOSED WITH COVID MUST STAY QUARANTINED FOR 14 DAYS AND CANNOT TEST NEGATIVE OUT OF QUARANTINE.

✦ *HAS YOUR CHILD FELT UNWELL IN THE LAST 3 DAYS?* (COUGH, TEMP OF 100.0 OR HIGHER, SORE THROAT, COLD SYMPTOMS, HEADACHE, FATIGUE, DIARRHEA AND/OR VOMITING).

✦ *IF YOU, YOURSELF HAVE BEEN RECENTLY TESTED AND ARE AWAITING RESULTS TO A COVID TEST, PLEASE ARRANGE A BACK UP PERSON TO PICK UP YOUR CHILD UNTIL YOU HAVE RECEIVED A NEGATIVE TEST RESULT.*

While every effort has been made to ensure the completeness of this policy, please note: the final decision whether to exclude a child from the program is made by FKS.

Parent Signature _____ Date _____

