

**Medical Removal and Readmission Policy 5.A.04**

1. A child will be excluded from the GHP if one or more of the following condition exist:
  - a. Illness prevents the child from participating comfortably in the program.
  - b. Illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children.
  - c. **The child must be picked up within 45 minutes of the call for medical removal.**
  - d. The child has any of the following conditions:

Illness	Symptoms for Removal	Requirement for Re-admission
Chicken Pox	Break out of blisters	6 days or when all blisters have scabbed over.
Fevers	When temperature exceeds 101 Degrees orally and child exhibits behavior changes or other signs of symptoms of illness	When medical staff indicate inclusion or when fever is free for 24 hours.
Strep Throat	Symptoms of infection	After 24 hours of initial antibiotic treatment and cessation of fever
Conjunctivitis	Red eyes and/or continuous oozing from eye(s)	After 24 hours of initial treatment & medication.
Vomiting	After 2 or more episodes	Once Vomiting has stopped
Impetigo	Appearance of lesions	24 hours after treatment begins if under clothing and inaccessible. <b>Lesions from impetigo are no longer weeping.</b>
Loose stools Scabies	The passage of fluid or unformed stools. Two episodes.	When symptoms have ceased for 24 hours and or treatment for 24 hours..
Lice	Appearance of lice/eggs (nits). Parents must provide for the return: Product Box top. A doctor's note will be required after two re infestations and/or 30 days of treatments.	After 1 completed treatment of medication and attempt at removal of all nits. Upon inspection a child under treatment will be sent home if live bugs reinfest.
Rash w/ fever or behavior change	When symptoms occur.	Once a health care provider has determined that the symptoms are not contagious.
Runny nose	Child with a runny nose looks more than mildly ill, has a rash, fever, difficulty breathing or seems to be in pain or runny nose constantly for 8 hours* (amended due to COVID-19 trends)	Once medical evaluation has been completed and symptoms allow for inclusion.
Appearance of any	Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled persistent coughing, irritability, difficulty breathing, wheezing or other unusual signs)	Once medical evaluation has been completed and symptoms allow for inclusion.

2. This list includes most common childhood illnesses but it does not cover all possibilities. Other circumstances will be governed by Caring for our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, which is a collaborative project of the American Public Health Association and the American Academy of Pediatrics.

It is our purpose to have consistent policies that are understood by both parents and hospital staff in order to keep children and staff in our program healthy. We appreciate your support as we work together to meet our goal and continue to provide you with the highest quality child care. A child, who continues to receive medication for a condition such as an ear infection, strep throat, etc., will not be excluded from the program providing that the child feels well enough to participate in GHP activities. This form must be signed by a licensed healthcare provider. A note on the doctor's form will not suffice.

A child sent home for any known COVID-19 symptoms may only return with a completed form.

**Date:** \_\_\_\_\_ **TO THE PARENTS OF** \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_

1. Your child was released from GHP on \_\_\_\_\_ (date) for the following health reasons:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• <b>Rash</b></li> <li>• <b>Fever</b></li> <li>• <b>Loose Stools</b></li> <li>• <b>Sore Throat</b></li> <li>• <b>Vomiting</b></li> <li>• <b>Lice</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Inability to participate in Program Activities</b></li> <li>• <b>Possible Pink Eye</b></li> <li>• <b>Head Injury</b></li> <li>• <b>Cough – Congestion</b></li> <li>• <b>Runny nose</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>(Other)</b></li> </ul> <p>_____</p> <p>_____</p> |
|--|---|--|

2. Your child may return to the GHP when the following requirements are met. These requirements are based on Public Health guidelines governing group childcare settings and guidelines contained in Caring for Our Children, a joint project of the American Public Health Association & the Academy of Pediatric

**MEDICATION POLICY**

**5.A.04, 5.A.07,5.A.11,10.D.10**

1. The GHP staff will only administer medication that has been logged onto the medicine form and authorized by the parent with a signature. **Refrigerated and regular medication should be clearly labeled and placed in the infant room refrigerator.**
2. All medication must be listed on the medicine form, separately, each day. We will not give medicine if the information on the log is unclear or incomplete.
3. We will not administer Tylenol or fever relief products at the GHP unless the medicine states a dosage for the age of your child. If the original container states "consult a physician" a request in writing must be submitted by a doctor. The doctor's note must state the reason that the Tylenol is to be given, how long the Tylenol is to be given, and that the child is not contagious.
4. Parents may provide age appropriate over-the-counter medications to be given on an as needed basis to children over the age of one or as medication instructs. A written authorization shall be updated by the parents as changes occur and must include the child's name, date of authorization, name of the medication and dosage.
5. Over the counter and prescription medication sent to the GHP should be in its original container and clearly labeled with the child's name and complete directions for giving the drug.
6. We will not give medicine to the sibling of the child listed on the bottle. We will not give medicine from a bottle whose name, dosage and expiration date was on the outer box, unless we have the box.
7. **Medicine forms must be completed for bug spray, diaper cream, powders and sunscreen.**
8. Another person must verify the amount and initial the form. All sections must be complete as needed.
9. If a child's teacher is not present at their departure they can check their child's Portfolio to see if they have received their medicine or the daily sheet.

**A child may be readmitted to the center without a doctor's statement if the child has been absent for the period of time designated by the GHP medical advisor for the specific condition that the child has had.**

\_\_\_\_\_ **Re-Admission** \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

CLINIC Phone Number: \_\_\_\_\_

The child's first day of absence was on \_\_\_\_\_

This child may return to GHP on \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication/Treatment Plan

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any dietary/physical restrictions?

\_\_\_\_\_  
\_\_\_\_\_

Any child who has or is at an increased risk for a chronic physical, developmental, behavioral or emotional condition and requires additional services must have a current Emergency Care Plan, prepared by the parent/guardian or physician, included in the child's file and readily accessible for those caring for the child. Child care personnel caring for a child with an Emergency Care Plan will be trained to recognize and respond appropriately to a medical emergency.

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Physician

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent Signature (LICE TREATMENT VERIFICATION I verify that I treated all areas, equipment, toys and furnishings with which the child has been in contact.