**LLL Preschool**

**Health Care Policy 7.11 (19a)**

Revised 7/24

**Emergency Numbers**

Health Care Consultant: Kara Voss 978 314-6900

Fire 911 or 978 475-1281

Police 911 or 978 475-0411

Ambulance 911 or 978 475-1281

Poison Control Center 800 222-1222

Lead Poisoning 800 532-9571

Lawrence General Hospital 978 683-4000

Department of Children and Families - Lawrence 978 557-2500

Department of Children and Families Hotline 508 760-0200

Child Abuse Hotline 978 689-2688

Child at Risk Hotline 24 hours 800 792-5200

Parental Stress Hotline 800 632-8188

National Drug Abuse Hotline 800 289-0879

National Alliance on Mental Illness Helpline 800 950-6264

Department of Public Health 978 623-8295

Department of Early Education & Care 978 681-9684

Licensor: Yesenia Ramos 978 609-0309

Yesenia.Ramos@mass.gov 978 826-1323

CORI Unit 617 988-7801

West Parish Office 978 475-3528

Larisa Henderson cell 978 886-9091

Director: Laine Gordon 508 633-8649

Assistant Director: Jacqueline Lachance 978 208-9369

**Information to Give in an Emergency**

* Name of Caller
* The Nature of the Emergency
* LLL Preschool’s Telephone Number: 978 475-7722
* LLL Preschool’s Address: 129 Reservation Road

 Andover, MA 01810

* LLL Preschool is located on the Shawsheen Road side of West Parish.

A copy of this policy can be found in each classroom and the parent information board in the hallway.

**Procedures for Illness and Emergencies**

**Emergency Procedures 7.11 (7)**

In case of an emergency at LLL Preschool, the procedure is:

1) The nearest available teacher will stay with the child. The teacher will keep the child calm while administering the appropriate first aid. The second teacher will get the Director.

2) The Director will call for emergency assistance.

3) The Director will contact the parent(s). Emergency numbers for each child are in the Emergency Information Binder in the office and in the first aid bags in each classroom.

4) The Teacher will accompany the child to the hospital. The child's file will be taken to the hospital with the child. The Teacher will check the file for permission to treat and any special instructions or conditions. Parents will meet the child immediately at the hospital.

In case of an emergency while on a field trip away from LLL Preschool (including walks around the West Parish property):

1) A Teacher will stay with the child and administer the appropriate first aid.

2) A Teacher will contact the police for emergency assistance.

3) A Teacher will contact the Director, and then continue to care for the other children.

4) The Director will contact the parent(s).

The Teachers are responsible for bringing the travel first aid kit with the emergency information and emergency medications on the playground and on all field trips.

**First Aid Supplies 7.11 (7)**

First aid kits are located in the office and in each set of classrooms. There is a first aid image on the cabinets where the first aid kits are located. Extra first aid supplies are located in the Director’s office. The main first aid kit in the Director’s office is complete with a supply of latex-free gloves and a first aid manual. The Director will maintain the first aid kits. Whenever possible, the Director will administer first aid.

**Plan for Managing Infectious Disease 7.11 (10)**

Any child who exhibits signs of being mildly ill will be separated from the rest of the class in the Director’s office until they can be picked up from school by their parent or someone on their authorized dismissal list. Children who develop unexplained rashes, fevers, vomiting, diarrhea or conjunctivitis, an illness that seriously prevents participation in group activities or head lice will be sent home. The child will rest quietly with the Director until the parent arrives.

Your child's health is very important to us. The following guidelines are necessary to ensure the health of all children and staff at LLL Preschool.

*Keep your child home if he or she:*

• has a fever (higher than 100.0 oral) or has had one within a 24 hour period before school.

• has vomited within a 24 hour period before school.

• has had diarrhea within a 24 hour period before school.

• has a contagious illness or condition.

• has a chronic cough and/or runny nose with yellow nasal discharge.

• has thick mucous or pus draining from the eyes or nose.

• has a sore throat and/or swollen glands.

• has an undiagnosed or contagious skin rash.

• is unusually tired, pale, irritable - does not seem to feel well.

* has been diagnosed with head lice.

Children should also be kept at home if they have received an *initial* dose of anti-allergy medicine such as Benadryl to relieve symptoms of an allergic reaction (including a rash or hives), regardless of its severity.

*Your Child may return to school when:*

• symptom free for 24 hours (fever free without medication).

• free of diarrhea for 24 hours.

• free of vomiting for 24 hours.

 -or-

• a physician has certified in writing that the symptoms are not associated with an infectious agent or they are no longer a health threat to others.

* has been on antibiotics for 24 hours.

• in the case of strep - has been on antibiotics for 36 hours.

• in the case of chicken pox - it has been 1 week after the blisters have appeared or when all the lesions are crusted over and very dry.

• in the case of conjunctivitis - has been on antibiotic (ointment) for 24 hours.

* when medication for communicable diseases is required, the child must have been on the medication for 24-48 hours after the first dosage.
* in the case of head lice children may return to school 24 hours after treatment and with verification by their physician that she/he is nit free.
* Please note that an unvaccinated child may need to stay home when there is a communiable disease in the classroom or school, depending on advice from the Board of Health.
* In the case of Coronavirus-contact the Director immediately. We will follow the recommendations from the Board of Health.

Please notify us by calling 978 475-7722 or emailing lllpreschooldirector@gmail.com if your child will be absent. This helps us identify similar symptoms. Notification of your child’s exposure to an infectious disease is very important to us since we post this information for the parents.

**Parents are asked to notify the Director within 24 hours if their child has contracted a communicable disease or condition. In the case of certain highly contagious or serious illness, a doctor's note may be requested stating that the child is free of symptoms and the date that the child may return to school.**

If a communicable disease or condition is reported, families will be notified designating the group and the illness (while protecting the individual’s privacy). When warranted, notes will be sent home notifying the families of contagious conditions.

Please Note: LLL Preschool will follow the Andover Public School policies in regard to any public health care concerns.

LLL uses non-latex gloves when handling bodily fluids, and follows proper hand washing techniques.

Per the Department of Early Education and Care, we are not allowed to remove splinters. We will wash the area and provide a bandage.

**Immunizations And Medical Forms 7.04 (13)**

**Prior to admission, each child must have a physical and be up to date on all immunizations (or a written statement documenting that the immunizations conflict with religious beliefs) and the results from a lead test. A Massachusetts School Health Form must be completed and signed by the child's physician and renewed each year. A child will not be able to attend LLL Preschool without a current health form.**

**Mildly Ill Children 7.11 (8)**

All children who come to the preschool are expected to be ready to participate in the full program. It is the policy of LLL Preschool that all children will be well enough to go outside when they return to school.

If your child develops any signs or symptoms of illness during the school day, we will call you. We will isolate and keep your child comfortable in either the classroom or office; we expect that you will make arrangements for your child to be taken home by a parent of someone on the authorized dismissal list.

**Medications 7.11 (2)**

LLL Preschool encourages parents to administer all medications themselves with the exception of emergency medications for allergic reactions and/or a chronic medical condition that is prescribed by the child’s pediatrician. All medication will be stored in the Director’s office except for emergency medication, which will be kept wherever the child is (in the classroom first aid backpack) and out of reach of the children.

In addition to written parental authorization, the medicine must indicate that it is for the specific child and specific instructions for its administration must be included. Any use is documented in the child’s file and immediately reported to the parent. In the event that an EPI Pen is administered, 911 will be called and the procedures for emergencies and illnesses will be carried out.

All prescription medications may be administered **only with written parental authorization *and* a written order from a physician.** These shall be valid for one year from the date on which they are signed. All medications must be kept in the original containers, labeled with the child’s name, the name of the drug and directions for its use and storage. Non-prescription medication including, but not limited to medications such as Tylenol, Motrin, and cough syrups must have a written parent authorization, be in the original container and should be reauthorized **weekly**.

The Director and all teachers are trained in Strongstart and The 5 Rights of Medication Administrationrequired by EEC. There will always be two staff members present to administer medication and they will verify dosage. Children must be on the medication for 24 hours before it will be administered at school. The initial dose of a medication ***WILL NOT*** be given at LLL Preschool.

LLL Preschool will maintain a written record in the child’s file of all medications (prescription or non-prescription) administered. All non-emergency medications will be stored in the Director’s office. Emergency allergy medications will be stored wherever the child is located and out of reach of the children. All unused medication will be returned to the parent by the Director or designated teacher, when no longer needed, or in regard to emergency allergy medications, at the end of the school year.

Please inform teachers at drop off if your child has been given any medication within the last 12 hours. This includes prescription medication and over the counter medications for pain, fever or coughs. Children may not come to school if they have taken a fever reducing medication prior to arrival, as it could potentially mask the onset of a fever. If your child is diagnosed with a condition that requires antibiotics, they may return the next day if they meet the following criteria: they should have received one dose of antibiotics, be fever free and have the energy level to be at school.

Topical non-prescription medication for open wounds or broken skin will not be applied at LLL Preschool. In order for it to be applied, we require a prescription medication with a medication authorization form signed by the parent and the physician.

Application of chapstick and sunscreen at school require written parental consent. Forms are available from the Director.

**Individual Health Care Plans**

Individual Health Care Plans will be maintained for children with chronic medical conditions that have been diagnosed by a licensed healthcare provider. LLL Preschool will follow the EEC Regulations in regard to such medical conditions. The policy is as follows:

The individual health care plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child’s health if the treatment is not administered.

(a) The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization. 7.11 19(a)

1. Notwithstanding the provisions of 606 CMR 7.11(1)(b) 2, above, the educator must have successfully completed training, given by the child’s health care practitioner, or, with his/her written consent, given by the child’s parent or the program’s health consultant, that specifically addresses the child’s medical condition, medication and other treatment needs.

2. In addition to the requirements for the routine, scheduled administration of medication or treatment, any unanticipated administration of medication or unanticipated treatment for a non-life-threatening condition requires that the educator must make a reasonable attempt to contact the parent(s) prior to administering such unanticipated medication or beginning such unanticipated treatment, or, if the parent(s) cannot be reached in advance, as soon as possible after such medication or treatment is given.

3. The educator must document all medication or treatment administration, whether scheduled or unanticipated, in the child’s medication and treatment log.

4. The written parental consent and the licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner.

a) Such consent and authorization must be renewed annually for administration of medication and/or treatment to continue.

b) Educators may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual healthcare plan that permits older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of the contents and requirements of the child’s individual healthcare plan (specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program).

c) Whenever an individual healthcare plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

**Specific Health Care Needs 7.11 19 (a) (6)**

All allergies are posted in the office and in each of the classrooms in a visible area (while protecting the identity of the child). All records are reviewed and parents of children with allergies will conference with the Director/teachers concerning allergies. To the best of the school’s ability the substance that the child is allergic to will be removed from the school environment. If the substance cannot be removed, the child will be kept away from that substance by constant monitoring of both the child and the substance by the staff.

**Evacuation Plan 7.11 (7)**

Evacuation plans are posted by the doors to both classrooms and by both bathrooms. The teacher closest to the exit will lead the children out into the parking lot away from the building. The lead teacher or Director will check for stragglers and will bring the daily attendance, the first aid backpack (which contains all emergency medication), the emergency school information book and a cell phone out with them. They will verify the number of children present to the number of children safely evacuated. Parents will be contacted in the event that dismissal is necessary. Evacuation drills are practiced every month with each class. An evacuation log is kept in the Director’s office notating the date, time, and effectiveness of the drill. The Andover Fire Department also conducts drills throughout the year.

**Injury Prevention Plan**

All staff members monitor the classrooms and playground daily for safety hazards before the children arrive. All toxic or hazardous substances, sharp objects, and medications are kept out of reach of children on the top shelf of the cabinets or in the Director’s office. Poisonous plants are not allowed in the classrooms.

A central log of first aid and injuries is maintained in the Director’s office. Parents will be informed in writing of any incident that requires first aid. A copy of the written report will be kept in the child’s file.

A first aid kit, cell phone and emergency information containing parent’s information, insurance information, health information, and emergency contact information will accompany the children wherever they are and will be brought on the playground and on all field trips by a teacher.

**Plan for Infection Control 7.11 (10)**

All children and staff are required to wash their hands with liquid soap and running water using friction before cooking activities, snack time, after toileting or diapering, after coming into contact with bodily fluids and discharges, after handling animals, and after cleaning. Hands are dried with disposable paper towels. The children’s hand washing is monitored by the teachers. The facilities for hand washing after diapering or toileting are separate from the areas used for food preparation or food service.

The Director, staff, and cleaning service are responsible for washing and disinfecting equipment and surfaces to maintain a sanitary environment. Mops and materials used for cleaning bodily fluids and diapering surfaces will be washed and disinfected immediately after each use. Tables will be washed before and after snack times and disinfected daily. Toilets, sinks and floors will be cleaned and disinfected daily by a nightly cleaning service. Sleeping mats and fabric toys are disinfected as needed to maintain cleanliness, or when wet or soiled. LLL Preschool uses disinfectants that are approved by the EPA as a sanitizing solution. Disposable non-latex gloves will be used for the cleanup of blood spills and bodily fluids. The affected area will be disinfected. Used gloves will be thrown away in a lined covered container. Staff members will 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 members have been trained during orientation in first aid, CPR and infection control procedures.*

**Meeting Healthcare Requirements of Children with Disabilities**

LLL Preschool accepts the application of any child with a disability. Upon written consent of the parents, LLL Preschool will request information from either the Local Education Agency, Early Intervention, or health service providers.

* + The Director and parents of the child will identify in writing any changes needed to accommodate the child such as:
		- Change and modification in child’s participation
		- Size of the group to which the child is assigned and the staff to child ratio
		- Any specific equipment, materials, ramp, and aids

Within thirty (30) days of receipt of the above information, the parents will be notified in writing if the accommodations cause undue burden to the school. The notification shall include the reason for the decision, parent’s right to contact the office for determination of compliance, and the schools need to maintain a copy of the parent notification in its records.

**Reporting Child Abuse and Neglect 7.11 (4)**

All staff are mandated to report to the Department of Children and Families by phone within 24 hours and in writing within 48 hours any suspected child abuse or neglect. The child abuse numbers are 978 689-2688, 978 927-4600 or 800 792-5200, they are located at 11 Lawrence Street, Lawrence, MA. The staff will use the Massachusetts Health and Daycare Manual’s description of the signs and symptoms of abuse and neglect to determine whether a report should be filed. Upon notification of suspected abuse or neglect that involves a staff person at the school, the Director will report to the Department of Children and Families pursuant to M.G.L. C. 119, 51A. After filing or learning that a 51A report has been filed, the Director will notify the Department of Early Education and Care (EEC). The staff person suspected of abuse or neglect would be suspended immediately pending the result of the investigation as conducted the EEC and the Department of Children and Families.

**Prevention of Abuse and Neglect 7.11 (4)**

A . The Licensee shall protect all children from abuse and neglect while in the center's care and custody.

B. The Licensee shall develop and follow written procedures for the reporting of any suspected incidents of child abuse and neglect as required by M.G.L.C. 119 & 51A. The procedures shall include:

1. All staff shall report suspected child abuse or neglect. The report shall be made to the Department of Children and Famlies pursuant to M.G.L.C. 119 & 51A, or to the licensee's program administrator or designee.

2. The licensee's program administrator or designee shall immediately report suspected abuse or neglect to the Department of Children and Families, pursuant to M.G.L.C. 119 & 51A.

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

C. The licensee shall cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the center, providing consent for disclosure information to any person and/or agency the office may specify as necessary to the prompt investigation of allegations and the protection of children. Failure to cooperate may be grounds for suspension, revocation, or refusal to issue or renew a license.

D. The licensee shall develop and maintain written procedures for handling any suspected incident of abuse or neglect, which includes but is not limited to ensuring that an allegedly abusive or neglectful staff member does not work directly with children until the Department or Children and Families investigation is completed and for such further time as the office requires.

**The Department of Children and Families Child Abuse Hot Line is:**

**1-978-927-4600 (daytime, weekdays) 1-800-792-5200 (nights and weekends)**

**Observation List for Recognizing Abused and Neglected Children**

**Physical Abuse**

• repeated unexplained injuries, i.e. burns, fractures, bruises, bites, eye or head injuries

• frequent complaints of pain

• wears clothing to hide injuries; may be inappropriate for weather conditions

• reports harsh treatments

• frequently late or absent; arrives too early or stays after dismissal from school

• unusually fearful of adults, especially parents

• appears malnourished or dehydrated

• avoids logical explanations for injuries

• withdrawn, anxious or uncommunicative or may be outspoken and disruptive

• lacks affection, both giving and seeking

• may be given inappropriate food, beverages or drugs

**Emotional Abuse**

• generally unhappy; seldom laughs or smiles

• aggressive and disruptive or unusually shy and withdrawn

• reacts without emotion to unpleasant statements and actions

• displays behaviors that are unusually adult or childlike

• delayed growth and/or emotional intellectual development

**Sexual Abuse**

• underclothing torn, stained or bloody

• complains of pain or itching in genital area

• has venereal disease

• has difficulty getting along with other children, i.e. withdrawn, babylike, anxious

• rapid weight gain or loss

• sudden failure in school performance

• fascination with body parts; talks about sexual activities

**Physical Neglect**

• repeatedly arrives unclean; may have bad odor from dirty clothing or hair

• is in need of medical or dental care; may have untreated illnesses or injury

• frequently hungry; begs or steals food while at school

• dresses inappropriately for the weather conditions; shoes and clothing often sized too small or too large

• is chronically tired; falls asleep at school, lacks energy to play with other children

• has difficulty getting along with other children; spends much time alone

**Emotional Neglect**

• poor academic performance

• appears apathetic, withdrawn and inattentive

• frequently absent or late to school

• uses any means to get the teachers attention or approval

• seldom participates in extracurricular activities

Source: *New Light on an Old Problem,*  U.S. Department of Health & Welfare, (DHEW Publication No. 70-1108), Washington, DC, 1978