**Section 406.14 Health, Medical Care** **and Safety**

a) The caregiver shall conduct a daily, pre-admissions screening to determine if the child has obvious symptoms of illness. If symptoms of illness are present, the caregiver shall determine whether to provide care for the child, depending upon the apparent degree of illness, other children present, and facilities available to provide care for the ill child.

b) Children with diarrhea and those with a rash combined with fever (oral temperature of 101 degrees Fahrenheit or higher or under the arm temperature of 100 degrees Fahrenheit or higher) shall not be admitted to the day care home while these symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.

c) A medical report, on forms prescribed by the Department, shall be on file for each child, on the first day of care, and shall be dated no earlier than 6 months prior to enrollment.

1) The medical report shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] provided copies of the exam are on file at the facility.

2) If the child is in a high risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when the children in high-risk groups begin elementary and secondary school.

3) The initial examination shall show that children from 6 months through 6 years of age have been screened for lead poisoning for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845) or that a lead risk assessment has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health.

4) The report shall indicate that the child has been immunized as required by the rules of the Illinois Department of Public Health for immunizations (77 Ill. Adm. Code 695). These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, tetanus, hepatitis B, haemophilus influenza B, and varicella (chickenpox) or provide proof of immunity according to requirements in Part 695.50 of the Department of Public Health.

5) In accordance with the Child Care Act of 1969, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent, and kept in the child's record.

6) Exceptions made for children who for medical reasons should not be subjected to immunizations or tuberculin tests shall be so indicated by the physician on the child's medical form.

d) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690.1000) shall be excluded from the home until the Illinois Department of Public Health or local health department authorized by it states, in writing, that the communicable, contagious or infectious stage of the disease has passed and that the child may be re-admitted to the day care home.

e) Necessary medications shall be administered according to specific written instructions provided by the child's parents or guardians.

1) Prescription medicine labels must bear the child's name, the physician's name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering.

2) Non-prescription medication may be administered upon written parental permission that specifies the duration and frequency of medication. Such medication shall be administered in accordance with package instructions, and, except for aspirin and aspirin substitutes, shall be labeled with the child's name and dated.

3) There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child.

4) The caregiver shall maintain a record of the dates, hours and dosages that are given.

5) Medication shall be returned to the parents when it is no longer required. Additionally, medication provided for a child no longer cared for in the facility and medication that has reached its expiration date shall be destroyed.

6) Medical services, such as direct medical care to the child, shall be administered as required by a physician, subject to the receipt of appropriate releases from parents.

f) In order to reduce the risk of infection or contagion to others, space must be provided in the day care home for the isolation and observation of a child who becomes ill. An ill child shall be provided a bed or cot away from other children and a caregiver or assistant shall supervise the child at all times he/she is in the home.

g) When a day care home admits ill or injured children, a plan for the care of such children must be agreed upon with the parents to assure that the needs of the children for rest, attention, personal care and administration of prescribed medication are met. No child requiring exclusion from the home in accordance with 77 Ill. Adm. Code 690 may be admitted.

h) Personal hygiene standards, such as the following, shall be observed:

1) Each child shall be provided with an individual towel, washcloth, and drinking cup. Single-use, disposable articles are acceptable.

2) A separate sleeping arrangement, such as a bed, cot, crib, or playpen, with individual bedding, shall be provided for each child who naps or sleeps while in care. A twin size bed may be used for 2 children under age 4, provided each child shall have individual sheets.

A) The bed shall be kept in a clean and sanitary condition at all times, and bedding shall be suitable for the season.

B) Family beds may be used for children if separate linens are used.

C) Rubber sheets shall be used when necessary.

3) The caregiver shall require parents to supply clothing suitable to weather conditions, as well as a complete change of clothing in case of need.

4) Caregivers and children shall use soap and running water to wash their hands before meals, after toileting, after diaper changing, and after contact with respiratory secretions. Hand sanitizers or diaper wipes are not an acceptable substitute for soap and running water. Caregivers shall always supervise children's handwashing to ensure that children are not scalded by hot water.

5) Open cuts, sores or lesions on caregivers or children shall be covered.

6) Caregivers shall wash their hands with soap and water prior to food preparation and after any physical contact with a child during food preparation. Hands shall be dried using single-use towels.

7) Sheets shall be changed when soiled and at least weekly.

8) Clothing soiled due to toilet accidents shall be changed immediately.

i) Caregivers shall take reasonable measures to reduce the spread of communicable disease among children in the facility by observing such procedures as:

1) Using only washable toys with diapered children;

2) Washing washable toys at least once per day;

3) Cleaning facility-provided stuffed toys;

4) Washing toys mouthed by one child before they are used by another child; and

5) Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.

j) There shall be an emergency plan for each child in case of accident or sudden illness.

1) The caregiver shall have available at all times the name, address, and telephone number where the child's parents or guardian, relative, friend, or physician, and the Department can be reached.

2) There shall be a planned source of readily available emergency medical care: a hospital emergency medical room, clinic, or the child's physician.

3) When the caregiver accompanies a child to the source of emergency care, an adult who meets the standards prescribed by Section 406.11 must assume supervision of other children in the home.

4) In case of illness or accident, the parent, guardian, or supervising agency responsible for the child shall be notified immediately, and the child shall be removed from the home as soon as possible.

k) Children shall be supervised at all times. All children in the home shall be protected from exploitation, neglect, and abuse.

(Source: Amended at 30 Ill. Reg. 18280, effective November 13, 2006)