

# Faith Child Care and Nursery School

## Cleaning and Sanitizing

**Equipment, toys and objects used or touched by children will be cleaned and sanitized as follows:**

1. Equipment that is frequently used or touched by children will be cleaned and disinfected when soiled and at least once weekly.
2. Carpets contaminated with body fluids must be spot cleaned.
3. Diapering surfaces must be disinfected after each child.
4. Countertops, tables and food preparation surfaces (including cutting boards) must be cleaned and disinfected before and after food preparation and eating.
5. Potty chairs will not be used. Toilet training children will use the child size toilets.
6. Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap, and disposable towels accessible to the children.
7. Any surface which comes in contact with body fluids must be disinfected immediately.
8. Thermometers and toys mouthed by children must be disinfected before use by another child.

**Staff will use the following procedures for cleaning and sanitizing non-porous hard surfaces such as tables, countertops and diapering surfaces:**

1. Wash the surface with soap and water.
2. Rinse until clear.
3. Spray the surface with the EPA registered spray. Enviro Care #47371-131-527.
4. Let it sit for 1 minute.
5. Wipe with a paper towel or let air-dry.

**Staff will use the following procedure to clean and disinfect toys that have been mouthed by children:**

1. Wash the toys in warm soapy water, using a scrub brush if necessary to reach crevices.
2. Rinse in running water until water runs clear.
3. Place toys in soaking solution of hospital-grade germicide or spray thoroughly with hospital-grade germicidal spray.
4. Soak or let sit for at least 5 minutes.
5. Rinse with cool water.
6. Let toys air-dry.

**OR**

1. Wash toys in sanitizing dishwahr.
2. Let toys air-dry.

## Stock (non-child specific) Medication Protocol

The program will not stock prescription medication

Stock medication will be kept in a clean area that is inaccessible to children. In addition, all stock medication will be stored separately from child specific medication.

*Stock medications will be stored in a bin labeled "Stock Medications" that will be stored next to the child specific medications.*

Stock medication will be kept in the original container and have the following information on the label or in the package insert:

- Name of the medication
- Reasons for use
- Directions for use including route of administration
- Dosage instructions
- Possible side effects and/or adverse reactions
- Warnings or conditions under which it is inadvisable to administer the medication (contraindications)
- Expiration date

Stock medication that is not in single dose packaging will have a mechanism in place to provide a separate device to administer the medication for each child that may need the medication. Once the device has been used for the child (for example: a medicine cup, dosing spoon, oral syringe, etc) it may be disposed of or reused only for that specific child and will be labeled with the child's first and last name.

In addition, the program will include the procedure for dispensing the stock medication from the container to the device or directly administering to the child without contaminating the stock medication.

Staff will follow best practice procedures taught in the MAT program and administer stock medication using best practice techniques in accordance with the directions for use on the medication package. Additionally, the program will limit stocked medication to OTC oral liquids, pills/capsules, and creams/ointments.

There will be a supply of individually wrapped medicine cups, dosing spoons, and oral syringes for oral liquids & drops so that children do not share administration devices. The Program will follow all regulations related to parent or guardian permissions and health care provider instructions.



## FAITH CHILD CARE & NURSERY SCHOOL HEALTH STATUS REPORT

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Printed name of preparer: \_\_\_\_\_

Dear Parent:

We have observed the following signs of illness:

_____ Looks sick	_____ Sore throat	_____ Vomiting
_____ Not eating	_____ Rash	_____ Diarrhea
_____ Change in activity level	_____ Red eyes	_____ Stomach ache
_____ Sleeping/very tired	_____ Runny/stuffy nose	_____ Pain
_____ Fever of _____	_____ Severe cough	_____ Bloody nose
_____ Swollen glands	_____ Trouble breathing	_____ Headache
	_____ Eye discharge	_____ Other _____

Comments: \_\_\_\_\_

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

\_\_\_\_\_ We are sending your child home today because he/she is ill and needs more care than we can safely provide. He/she can return to FCCNS when he/she no longer needs as much care.

\_\_\_\_\_ Please take your child to the doctor before returning to FCCNS and have the back of this form completed and signed by your physician.

\_\_\_\_\_ Consult your child's doctor for advice.

**Important:** In order to contain the spread of illness and to protect all children, our health policy states that **children cannot return to FCCNS until they have gone at least 24 hours without fever or fever-reducing medicine, and no diarrhea or vomiting for 24 hours without a special diet.**

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ was examined in our office today. He/she has the following  
(Child's name)

diagnosis: \_\_\_\_\_  
\_\_\_\_\_

He/she will be free of contagion and safe to return to group care on \_\_\_\_\_  
(Date child may return)

Does this diagnosis require medication? Yes    No

If yes, please provide type of medication: \_\_\_\_\_

If medication is to be given during the time that he/she is at Faith Child Care & Nursery School please complete the appropriate forms.

Signed: \_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Physician's printed name)



## FCCNS ILLNESS REPORT

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Printed name of preparer: \_\_\_\_\_

Dear Parent:

We are sending your child home today because he/she is ill. We have observed the following signs of illness:

_____ Looks sick	_____ Sore throat	_____ Vomiting
_____ Not eating	_____ Rash	_____ Diarrhea
_____ Change in activity level	_____ Red eyes	_____ Stomach ache
_____ Sleeping/very tired	_____ Runny nose	_____ Pain
_____ Fever of _____	_____ Severe cough	_____ Other _____
_____ Swollen glands	_____ Trouble breathing	

Comments: \_\_\_\_\_

\_\_\_\_\_ Your child needs more care today than we can safely provide. He/she can return to FCCNS when he/she no longer needs as much care.

\_\_\_\_\_ Please take your child to the doctor before returning to FCCNS and have the back of this form completed and signed by your physician.

\_\_\_\_\_ Consult your child's doctor for advice.

**Important:** In order to contain the spread of illness and to protect all children, **our health policy states that children cannot return to FCCNS until they have gone at least 24 hours without fever or fever-reducing medicine, and no diarrhea or vomiting for 24 hours without a special diet.**

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FAITH CHILD CARE & NURSERY SCHOOL

## INCIDENT REPORT

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Printed name of preparer: \_\_\_\_\_

Staff members present when incident occurred: \_\_\_\_\_

Injury Location			Injury Details	Treatment
Head	L	R	Bee sting _____	Washed w/soap and water _____
Ear	L	R	Bite _____	Flush with water _____
Forehead	L	R	Blister _____	Ice pack _____
Eye	L	R	Bloody nose _____	Band-aid _____
Cheek	L	R	Bump _____	Tweezers used _____
Nose	L	R	Cut _____	TLC _____
Mouth	L	R	Bruise _____	Other _____
Lip	Top/Bottom	L R	Head injury _____	
Chin	L	R	(include head injury guidelines)	
Neck	L	R	Pinch _____	
Shoulder	L	R	Scrape _____	
Stomach/Abdomen	L	R	Scratch _____	
Back	L	R	Sliver _____	
Arm	L	R	Sunburn _____	
Elbow	L	R	Twist/turn _____	
Wrist	L	R	Other _____	
Hand	L	R		
Finger			No visible mark _____	
Leg	L	R		
Knee	L	R		
Ankle	L	R		
Foot	L	R		
Toe				
Other	L	R		

**Other**

How/when was parent told?

By phone \_\_\_\_\_ Time \_\_\_\_\_

This form \_\_\_\_\_ Time \_\_\_\_\_

Other \_\_\_\_\_

Where did accident happen?

Playscape \_\_\_\_\_

Blacktop/Bikes \_\_\_\_\_

Field \_\_\_\_\_

Classroom \_\_\_\_\_

Big Room \_\_\_\_\_

Other \_\_\_\_\_

Comments/follow-up suggestions:

---



---



---



---



---

Staff signature: \_\_\_\_\_

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

Parent signature: \_\_\_\_\_

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

*August*

x = hasn't started yet

Printed: 8/21/2023  
Tab: LL LB CT BF FF

End Date:

Class: Butterflies

# LOTION/CREAM LOG

[illegible]





Child's Name \_\_\_\_\_

## FAITH CHILD CARE & NURSERY SCHOOL

2576 Browncroft Blvd., Rochester, NY 14625

### PARENT PERMISSIONS AND AGREEMENT

#### Parent Handbook

I agree to abide by the policies and procedures as stated in the FCCNS Parent Handbook which is distributed via email. I understand that there are hard copies of the Parent Handbook available in the FCCNS office should I choose to receive the handbook that way.

Initial \_\_\_\_\_

#### Student information sharing

Occasionally parents ask for information about their child's classmates. This helps parents connect with other families at FCCNS and arrange play dates or birthday celebrations. However, we understand that there may be families who prefer that some information not be included for distribution.

#### Please indicate what information we may share.

\_\_\_\_\_ all (parent name, address, and phone)  
\_\_\_\_\_ parent name only  
\_\_\_\_\_ address only  
\_\_\_\_\_ phone only

\_\_\_\_\_ include no information other than my child's name and birthdate  
\_\_\_\_\_ email only

#### Sunscreen/Lotions Permission

New York State does not allow child care centers to supply sunscreen, lotions, creams, etc. for children in their programs without parental permission. Parents who wish to have a sunscreen, non-prescription lotion, cream or chap stick or lip balm applied to their child must provide said sunscreen, lotion, cream, etc. with their child's name clearly labeled on the original container along with written permission for its application. By checking below, you give FCCNS staff permission to apply to your child the sunscreen, lotion, cream, etc. **you have provided. If sunscreen is not provided by the parents, NYS recommends protective sunscreen clothing be provided by the parents. FCCNS cannot apply sunscreen or lotions not provided by parents.**

\_\_\_\_\_ non-medicated, PABA-free sunscreen  
\_\_\_\_\_ non-medicated hand lotion  
\_\_\_\_\_ Vaseline or generic equivalent  
\_\_\_\_\_ Desitin ointment or generic equivalent

\_\_\_\_\_ A&D ointment or generic equivalent  
\_\_\_\_\_ Chap stick or lip balm  
\_\_\_\_\_ other non-medicated lotions or ointments supplied by parents

#### Marketing/Advertising

We take pictures of the children periodically throughout the year and use them for our class journals, projects, on our website and in our monthly newsletter. Sometimes we use pictures in our brochures and flyers as well. We NEVER use a child's name with a photo in any of our uses. Please check below, stating for what you are okay with us using your child's picture. Thank you for helping us show the wonderful things that we do at our center!

I give permission for possible use my child's photo for:

\_\_\_\_\_ The monthly newsletter  
\_\_\_\_\_ The FCCNS website  
\_\_\_\_\_ The FCCNS Facebook page  
\_\_\_\_\_ Electronic System Communication

\_\_\_\_\_ Flyers for marketing purposes  
\_\_\_\_\_ Slideshows at the center  
\_\_\_\_\_ Brochures or advertisements (Remember, children's names are never used with any photo)

Child's Name \_\_\_\_\_

**Permission For School-Age Child To Use Wheeled Toys Requiring A Helmet**

I give permission for my child to ride any wheeled toys that we send from home for use during child care hours, such as razor scooters, roller blades, skateboards and bikes while attending Faith Child Care and Nursery School. I understand that I am responsible for providing appropriate protective equipment for my child. If we send toys from home, we will also provide the protective equipment. If this protective equipment is not sent, your child will not be allowed to ride their wheeled toy. I understand that if FCCNS deems the protective equipment brought by a child to be inadequate for the activity, he/she will not be permitted to participate. I further understand that any protective equipment that is left on site is done so at my own risk and FCCNS assumes no liability for lost or damaged equipment or for injury to my child resulting from the condition of wheeled toys that are not the property of FCCNS.

**Email**

In order to save paper we will be distributing many of our important papers via email. It is important that we have a valid email address listed on your emergency card, and that you check that email address weekly.

**Signature**

My signature below indicates that I have read and understand the above and have marked each item as appropriate. Furthermore, I understand that this information is effective for the period of my child's enrollment at Faith Child Care & Nursery School.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

FOR OFFICE USE ONLY					
PM SNACK	N	N	N	N	N
LUNCH	N	N	N	N	N
BREAKFAST	N	N	N	N	N
~DEPARTURE					
~ARRIVAL					
	M	T	W	Th	F

Child's Full Name: \_\_\_\_\_ ☐ Male ☐ Female

Child's Home Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Name of Person Applying for Child: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ☐ Other

Email address: \_\_\_\_\_

Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell #1 \_\_\_\_\_  
Cell #2 \_\_\_\_\_

Address of Person Listed Above (if different from child's): \_\_\_\_\_

**AGREEMENTS**

I consent to the enrollment of the child listed above in this facility and have read the policies regarding administration of medications, fees, transportation and the services provided by the facility, which are found in the Parent Handbook and the Office of Children and Family Services regulations under which it operates. I authorize this facility to release my child to any of the emergency contacts listed on the other side of this document. I agree to review/update this information whenever a change occurs and at least once every six months. I authorize this facility to release medical/health information to the Health Consultant Nurses for the purpose of addressing any health concerns. \_\_\_\_ Yes \_\_\_\_ No

I give consent for my child to take part in field trips away from the facility with prior notice and under proper supervision and understand that additional permissions regarding transportation, medication and release of information may be needed. \_\_\_\_ Yes \_\_\_\_ No

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. \_\_\_\_ Yes \_\_\_\_ No

I have provided information on my child's special needs (allergies, diet, disabilities and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. \_\_\_\_ Yes \_\_\_\_ No

Signature of Parent or Person(s) Legally Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

**FAITH CHILD CARE & NURSERY SCHOOL**  
 2576 Browncroft Blvd., Rochester, NY 14625  
 (585)385-2360

CC \_\_\_\_ SA \_\_\_\_

Child's Full Name: \_\_\_\_\_

Does your child have any allergies? ☐ Yes ☐ No  
 If yes, what is your child allergic to? \_\_\_\_\_

Does your child have any special needs/services?  
 Early Intervention/Special Ed ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy ☐

Child's Source of Medical Care/Primary Care Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Would you like information on Child Health Plus? ☐ Yes ☐ No

EMERGENCY CONTACTS AND PERMISSION TO PICK UP CHILD	RELATIONSHIP	EMERGENCY CONTACT NAME (Please provide four names)	TELEPHONE DURING CHILD CARE	OTHER TELEPHONE
EMERGENCY CONTACTS AND PERMISSION TO PICK UP CHILD	Parent/Guardian 1		Work <input type="checkbox"/> Cell <input type="checkbox"/>	Work <input type="checkbox"/> Cell <input type="checkbox"/>
	Parent/Guardian 2		Work <input type="checkbox"/> Cell <input type="checkbox"/>	Work <input type="checkbox"/> Cell <input type="checkbox"/>
			Work <input type="checkbox"/> Cell <input type="checkbox"/>	Work <input type="checkbox"/> Cell <input type="checkbox"/>
			Work <input type="checkbox"/> Cell <input type="checkbox"/>	Work <input type="checkbox"/> Cell <input type="checkbox"/>

## Immunization Policy

### **POLICY:**

The Daycare Administrative Staff will be knowledgeable regarding the immunization requirements of Public Health Law (PHL) Section 2164

### **PURPOSE:**

- To uphold and enforce the provisions of PHL Section 2164
- Each day care/preschool will maintain a current and complete list of students who are susceptible to vaccine preventable disease(s) so they may be rapidly identified in the event of an outbreak.

### **REFERENCES:**

Public Health Law Title VI Poliomyelitis and Other Disease  
School Immunization Requirement Public Health Law Section 2164 Rules and Regulations  
Subpart 66-1  
New York Daycare Center Licensing Requirements Part 418-1  
<http://www.daycare.com/newyork/new-york-daycare-center-licensing-requirements.html#s11>

### **DEFINITIONS:**

**Susceptible Children** are those that:

- Have not submitted an immunization record
- Have been granted a religious or medical exemption
- Are "in process" of being immunized
- Have not received adequate or valid doses of the required vaccines
- Have not provided an "acceptable proof of immunity"

**In process Children** are those that:

- Have received initial doses of required vaccine(s) and has an appointment for subsequent dose(s) OR
- Have an appointment to receive initial dose(s) of vaccines within an applicable 14 or 30 day grace period.

**Acceptable proof of Immunity** is defined as:

- A valid immunization record of all age appropriate vaccines OR
- Results of valid and acceptable serologic tests (measles, mumps, rubella, varicella, hepatitis B and polio) OR
- A valid medical diagnosis by a physician, physician assistant or nurse practitioner as having had a history of varicella disease.

**Valid Immunization Record** must be signed or stamped by a health care provider and is defined as:

- A certificate from a health care provider
- Immunization registry record
- Cumulative health record from a previous school
- Migrant health record
- Immunization transfer record
- Military immunization record
- Immunization portion of a passport
- An immunization record card signed by a health care provider
- An immunization record may also show health care provider diagnosis of disease or laboratory evidence of immunity.

## **PROCEDURE**

### **Obtaining Documentation:**

- The agency will maintain a record of disease immunity and/or valid exemptions for diseases in accordance to PHL 2164 New York State Immunization Requirements for School Entrance/Attendance for each enrollee (see attached sample).
- The agency will request a valid immunization record of all children upon entry to the center within 14 days. Children coming from out of state or out of country who show a good faith effort to comply with immunization requirements may be granted 30 days to supply such proof.
- The agency may accept valid medical and / or religious exemptions documentation in lieu of proof of immunization. These documents will be reviewed to determine if they meet the requirements of PHL. It is the right and responsibility of the day care/preschool to accept or reject a medical or religious exemption (see attached samples and NYSDOH guidance letter).
  - **Medical exemptions** will at a minimum note the vaccine for which the exemption was written, the child's precaution/contraindication to vaccination, and the expiration date of the exemption. The medical exemption should be signed and dated by a New York State licensed physician.
  - **Religious exemptions** are a statement or form signed by the parent or guardian of a child that indicates the child has not received any or all immunizations due to their genuine and sincere religious beliefs is proof of a religious exemption. Personal religious beliefs may be separate from religious affiliations.

### **Tracking "In-Process" Children:**

- At minimum monthly, the agency will track all children who are "in-process" of receiving immunizations.
- The agency will create a paper or electronic tracking system that includes the child's name, date of birth, and if the child is in process of receiving immunizations, has a valid medical exemption, or has a valid religious exemption (see attached sample).

- The agency will provide a reminder to parents of upcoming immunization requirements.
- Insert your agency specific process for tracking "in-process" children

#### **List of Susceptible Children**

- The agency will develop a list of children who are susceptible to vaccine preventable disease(s) so they may be rapidly identified in the event of an outbreak (see attached sample).
- The list will be updated as "in-process" children become fully vaccinated against each vaccine preventable disease.
- Religious and / or medically exempt children may remain on the susceptible list indefinitely.
- The list will be accessible to agency administrative staff and will be shared with the local health department in the event of an outbreak.

#### **Enforcement of Immunization Requirements:**

- Public Health Law requires day cares/preschools to exclude children who are not in compliance with required immunizations by age.
- Children who are noncompliant are those for whom the day care/preschool has not received:
  - A valid immunization record,
  - Other acceptable proof of immunity (diagnosis of disease or serological evidence of immunity to the diseases specified in the NYCRR 66-1),
  - A valid religious or medical exemption,
  - A child/children being "in process" of receiving their immunizations.
- For children who are non-compliant the agency will:  
(Insert Agency Specific Process, see sample below)

Agency staff will consult with the local health department as needed for assistance in obtaining immunization records

MEAGHER CHRISTINE A

LICENSEE INFO ENFORCEMENT ACTIONS

**Address**

SPENCERPORT NY

**Profession**

Registered Professional Nursing (022)

**License Number**

370954

**Date of Licensure**

September 24, 1984

**Status**

Registered

**Registered through Date**

February 29, 2024

**Additional Qualifications**

- None



August 1, 2023 02:47 PM (ET)

<https://www.op.nysed.gov/verification-search?licenseNumber=370954&professionCode=022>

**Anaphylaxis Policy**

In compliance with NYS Day Care Centers (DCC) regulations, sections 418-1.11 (c) (2)(x), (e)(4), (h)(5), (h)(6), and (h)(8)(i), and NY Public Health Law Section 2500, Health Care Plans, and staff training, FCCNS is required to and has at least one trained staff member in the prevention, recognition and response to food and other allergic reactions and anaphylaxis. This includes but is not limited to the use of epinephrine auto-injectors, Diphenhydramine, when prescribed in combination with the auto-injector, asthma inhalers and asthma nebulizers when necessary to prevent anaphylaxis or breathing difficulty.