

Date _____

Health Care Plan

1. Children and Staff hand washing:
 - a. Must wash hand before eating, cooking and after bathroom use
 - i. Use soap and warm running water
 - ii. Lather hands with soap and rub for 15 seconds
 - iii. Wash backs of hands, wrists, between fingers
 - iv. Rinse hands under warm running water for 10 seconds
 - v. Dry hands with paper towel or air dryer
 - vi. Turn off faucet using the paper towel

2. Handling children's bodily fluids:
 - a. Adult must wear protective gloves when dealing with children's bodily fluids. Dispose of gloves (using the proper way taught during first aid training) in garbage and then wash hands, using the above method.

3. Cleaning and Sanitizing:
 - a. All toys, equipment and other surfaces will be washed at least once a week, or more often if needed, using the approved disinfectant.

4. Controlling infection and universal precautions:
 - a. Any child with a 99 degrees or more fever or presents signs of a contagious disease, they will be sent home from Kids Care.
 - b. Children who have had a fever over 99 degrees must remain home until they have been fever free for 24 hours.
 - c. If a child has vomited while in the program they will be sent home and can not return for 24 hours.
 - d. If a child has diarrhea they should stay home until it is resolved.
 - e. If a child stays home from school due to an illness, they cannot attend Kids Care on that day.
 - f. We will control infection by cleaning and sanitizing all materials once a week, and more if needed.
 - g. We will enforce hand washing before meals and after bathroom use.

5. Health Related Resources
 - a. St. Mary Mercy Hospital 734-655-4800
 - b. Garden City Osteopathic Hospital 313-421-3300
 - c. Children's Protective Services 313-396-0300
 - d. National Youth Crisis Hotline 800-448-4663
 - e. Public Health Department 734-727-7086
 - f. Poison Control Center 800-764-7661

I have been given a copy of the Health Care Plan for Kids' Care and I have read and understand what the health procedures are.

Print _____

Sign _____

Child's Name _____

School Attends _____