

POLICY AND PROCEDURE MANUAL

[AGENCY NAME]

Version: 1.0

[Month, Year]



WWW





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INTRODUCTION

[AGENCY NAME] is a 24-hour live in child care facility that is committed to providing children with the highest quality of service and the best living environment. Committed to providing a caring, safe and nurturing environment where children can experience unconditional love. [AGENCY NAME] understands that each child is unique and requires a structured, caring and nurturing environment, fit to meet his/her individual needs. Committed to keeping records and documenting the children's daily activities, behaviors, needs, and accomplishments.

STATEMENT OF PURPOSE

The purpose of this policy is to define organization-wide processes and activities that maximize the coordination of quality and safe services to children at [AGENCY NAME]. The goal of this plan is to coordinate children's care in a manner that is seamless from their perspective. This policy shall be made available for review, upon request, to clients and their designated representatives and shall be readily available for staff use at all times within [AGENCY NAME].

STATEMENT OF POLICY

[AGENCY NAME] prohibits discrimination in all its activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, genetic information, and any political beliefs.

[AGENCY NAME] is consistent with the:

- Federal and State Law of Texas
- Needs of our staff and the community we serve;
- Agency policies and procedures;

We strongly adhere to compliance requirements stated by Texas State Law, Department of Health and follow the best practices implemented in terms of policies and procedures within [AGENCY NAME].



DOCUMENT CONTROL & APPROVALS

Document Revisions shall be recorded in the table below;

Ver. No.	Rev. No.	Page No.	Description of Amendment	Approved By	Date

Document review and approvals shall be recorded in the table below;

Description	Title	Signature	Date
Prepared By			
Reviewed By			
Approved By			

Note: All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval, as necessary.



ADMISSION AND RELEASE POLICIES

Policy:

[AGENCY NAME] will be serving children. All staff will be aware that the child might come with Social Behaviors. [AGENCY NAME] will make sure that each individual child's needs, problems and issues are met. During admission we will evaluate each child and assign them living unit accordingly. We shall not refuse admission to any child on the grounds of race, religion, or ethnic origin.

[AGENCY NAME] is designed to treat, including emotional disorders, intellectual disability, autism spectrum disorder, primary medical needs, or trafficking victim service. [AGENCY NAME] goal at the time of intake is to make the child feels as comfortable as possible.

The administrator, director or RN can review admission information and make admissions

Procedure:

We will do the following and place in child file:

1. Completely fill out Child Intake Form/File and include:
 - First Name, Last Name, Date of Birth, Date of Intake
 - Fill out Child assessment form
 - Take Child Picture (write Name, DOB, intake Date on picture)
 - Any runaway history
 - Any upcoming appointment (Court, Medical, Counseling)

(Please refer Annexure 26 Child Intake Form)

2. Fill out Medication Form:
 - Reason for medication
 - Dosage, strength, Times to be given, Prescription Date
 - Physician Name, phone number and address

(Please refer Annexure 27 Child Medication Form)

3. Child Inventory
 - clothing
 - electronics
 - jewelry
 - personal belongings



(Please refer Annexure 28 Child Inventory Form)

4. Add Child to the following
 - Phone log, progress notes
 - Binder located in Transportation vehicle

5. Orientation procedures
 - Orientate child to House Rules, room expectations of cleanliness, hygiene lock up rules, Dress Code, Child's Rights.
 - Have child sign off on reviewing the House Rules, Dress Code, Child's rights, Intake Procedure, use of electronics.

(Please refer Annexure 29 Child Acknowledgement Form)

Admission Criteria

[AGENCY NAME] who admits a child into services must maintain written policies, procedures and criteria for accepting members referred by the care coordinator/ Veterans Administration care coordinator or Private Pay Child's Rep.

The child must meet eligibility criteria, which is based on the level of care (LOC).

The criteria of admission shall include the following:

- Population to be served, including age range, gender, physical development, social behavior, and custody
- Guardianship status
- When the child has limitations, which make it difficult to perform normal daily living activities and live independently
- Qualify for the level of care provided by a child care
- Have health needs that can be met in the community with services offered by the program and established individual cost guidelines. The individual cost is estimated based on projected care plan

Admission can be granted as long as health and safety needs can be met by **[AGENCY NAME]**.

The criteria for child's admitted to service may not discriminate or permit discrimination against any person or group of persons on the grounds of age, race, sex, color, religion, national origin, or handicap, in accordance with the Civil Rights Acts.

- **[AGENCY NAME]** shall obtain any available medical information about the child before or at the time of the child's admission, which may include:
 - A court order; or



- The written consent of the child’s custodial parent or guardian
- The **[AGENCY NAME]** shall obtain any available medical information about the child before or at the time of the child’s admission, which may include:
 - Report of a medical examination performed within 45 days prior to admission:
 - Report of a dental examination performed within 6 months prior to admission; and
 - The Child’s and Family’s medical history:
- At the time of or prior to admission, the **[AGENCY NAME]** shall obtain written consent from the child’s placing agency or person for the **[AGENCY NAME]** to authorize routine medical and dental procedures for the child.

(Please refer Annexure 30 Medical and Dental Consent Form)

Intake Assessment

[AGENCY NAME] is designed to treat, including emotional disorders, intellectual disability, autism spectrum disorder, primary medical needs, or trafficking victim service.

1. **[AGENCY NAME]** shall not accept a child into care unless:
 - a) The child has a current intake assessment covering the child’s social, health, educational, legal, family, behavioral, psychological, and developmental history; or
 - b) **[AGENCY NAME]** completes such an assessment within seven days following the child’s admission.
2. In this subsection, “current” means within the six months prior to admission.

Program for Children in Care

[AGENCY NAME] programs should involve planning for all areas of children’s learning and development, including their:

- physical skills (large and small muscles)
- language and literacy skills
- personal and interpersonal skills
- creativity and skills in expressive arts
- problem solving, thinking and mathematical abilities

The activities and experiences to build these understandings and skills will look different, depending upon the age or the developmental level of the child. The programs include:



School age children

The programs that are planned for school age children need to recognize and be responsive to the fact that children are already attending a formal school program. Staff ensure that planned experiences cater for children's extracurricular recreational and social activities, as well as give them time to relax before and after the school day and during school holidays.

Children are encouraged to participate in decision making about the experiences that are planned. While all areas of children's development are catered for, there is often an emphasis on recreation, leisure and the further development of social and life skills.

Release Procedures

All clients have the right to refuse treatment. If a client makes known to staff their desire to end treatment, this will be communicated to all members of the treatment team assigned to the client. The Program Manager and/or the Therapist and/or the Site Director will discuss with the nature of their reasons for wishing to end treatment. If a suitable resolution cannot be achieved (e.g., by replacing a staff member), then the client will be allowed to terminate treatment, and alternative treatment options will be offered. (If a client is deemed to be at serious imminent risk of harm to self or others, then involuntary hospitalization criteria may be pursued by **[AGENCY NAME]** staff.) If the client chooses to terminate treatment against the advice of **[AGENCY NAME]** treatment team, then this will be documented in the client's treatment record by the Program Director and/or the Therapist and/or the Site Director. The lead clinician will complete a Release Summary.

An Aftercare Plan will also be completed, which will include alternative treatment recommendations, and which will be given to the client within 7 days of the request to leave treatment. The recommended aftercare plan will be explained to the patient, and their signature will be requested to affirm that the suggested aftercare plan has been explained to them. The clinical management staff of the appropriate managed care corporation will be consulted prior to any client leaving against facility advice.

If Therapist/ Program Manager choose to discontinue treatment to a client, the appropriate managed care corporation will be informed. **[AGENCY NAME]** may choose to terminate a client if minimal standards of treatment are not maintained by the client. This could include a consistent and willful disregard on the basic provision of treatment.



ILLNESS AND EXCLUSION CRITERIA

Preparing for Managing Illness

Caregivers should:

- a. Develop protocols and procedures for handling children's illnesses, including care plans and an inclusion/exclusion policy.
 - b. Review with all families the inclusion/exclusion criteria. Clarify that the program staff (not the families) will make the final decision about whether children who are ill may attend. The decision will be based on the program's inclusion/exclusion criteria and the staff's ability to care for the child who is ill without compromising the care of other children in the program.
 - c. Encourage all families to have a backup plan for child care in the event of short- or long-term exclusion.
 - d. Consider the family's description of the child's behavior to determine whether the child is well enough to return, unless the child's status is unclear from the family's report.
 - e. Require, if necessary, a primary health care provider's note to readmit a child to determine whether the child is a health risk to others or if guidance is needed about any special care the child requires.
- Daily health checks should be performed on arrival of each child each day. Staff should objectively determine if the child is ill or well. Staff should determine which children with mild illnesses can remain in care and which need to be excluded.
 - Staff should notify the parent/guardian when a child develops new signs or symptoms of illness. Parent/guardian notification should be immediate for emergency or urgent issues.
 - Staff should notify parents/guardians of children who have symptoms that require exclusion, and parents/guardians should remove the child from the child care setting as soon as possible.
 - For children whose symptoms do not require exclusion, verbal or written notification of the parent/guardian at the end of the day is acceptable.
 - Most conditions that require exclusion do not require a primary health care provider visit before reentering care.

Conditions/Symptoms That Do Not Require Exclusion

- a. Common colds, runny noses (regardless of color or consistency of nasal discharge).
- b. A cough not associated with fever, rapid or difficult breathing, wheezing, or cyanosis (blueness of skin or mucous membranes).
- c. Pinkeye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep. This may be thought of as a cold in the eye. Exclusion is no longer required for this condition. Health care professionals may vary on whether or not to treat pinkeye with antibiotic drops. The role of antibiotics in treatment and preventing spread of conjunctivitis is unclear. Parents/guardians should discuss care of this condition with their child's primary health care provider and follow the primary health care provider's advice. Some primary health care providers do not think it is necessary to examine the child if the



discussion with the parents/guardians suggests that the condition is likely to be self-limited. If no treatment is provided, the child should be allowed to remain in care. If the child's eye is painful, a health care professional should examine the child. If 2 or more children in a group develop pinkeye in the same period, the program should seek advice from the program's health consultant or a public health agency.

- d. Watery, yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness.
- e. Yellow or white eye drainage that is not associated with pink or red conjunctiva (ie, the whites of the eyes).
- f. Fever without any signs or symptoms of illness in infants and children who are older than 4 months regardless of whether acetaminophen or ibuprofen was given. For this purpose, *fever* is defined as temperature above 101°F (38.3°C) by any method. These temperature readings do not require adjustment for the location where they are made. They are simply reported with the temperature and the location, as in "101°F in the armpit/axilla."

Fever is an indication of the body's response to something but is neither a disease nor a serious problem by itself. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, and response to infection. If the child is behaving normally but has a fever, the child should be monitored but does not need to be excluded for fever alone. For example, an infant with a fever after an immunization who is behaving normally does not require exclusion.

- a. Rash without fever and behavioral changes. **Exception:** Call EMS (911) for rapidly spreading bruising or small blood spots under the skin.
- b. Impetigo lesions should be covered, but treatment may be delayed until the end of the day. As long as treatment is started before return the next day, no exclusion is needed.
- c. Lice or nits treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed.
- d. Ringworm treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed.
- e. Scabies treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed.
- f. Molluscum contagiosum (does not require covering of lesions).
- g. Thrush (ie, white spots or patches in the mouth or on the cheeks or gums).
- h. Fifth disease (slapped cheek disease, parvovirus B19) once the rash has appeared.
- i. Cytomegalovirus infection.
- j. Chronic hepatitis B infection.
- k. HIV infection.
- l. Asymptomatic children who have been previously evaluated and found to be shedding potentially infectious organisms in the stool. Children who are continent of stool or who are diapered with formed stools that can be contained in the diaper may return to care. For some infectious organisms, exclusion is required until certain guidelines have been met.
- m. Children with chronic infectious conditions that can be accommodated in the program according to the legal requirement of federal law in the Americans With Disabilities Act. The act requires that child care programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.



Key Criteria for Exclusion of Children

When a child becomes ill but does not require immediate medical help, a determination should be made regarding whether the child should be sent home (ie, should be temporarily excluded from child care). Most illnesses do not require exclusion. The caregiver/teacher should determine if the illness

- a. Prevents the child from participating comfortably in activities
- b. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children
- c. Poses a risk of spread of harmful diseases to others

If any of these criteria are met, the child should be excluded, regardless of the type of illness. Decisions about providing care that is comfortable for the child while awaiting parent/guardian pickup should be made on a case-by-case basis, considering factors such as the child's age, surroundings, potential risk to others, and type and severity of symptoms the child is exhibiting. The child should be supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms. If symptoms allow the child to remain in his or her usual care setting while awaiting pickup, the child should be separated from other children by at least 3 feet until the child leaves to help minimize exposure of staff and children who were not previously in close contact with the child. All who have been in contact with the ill child should wash their hands. Toys, equipment, and surfaces used by the ill child should be cleaned and disinfected after the child leaves.

Temporary exclusion is recommended when the child has any of the following conditions:

- a. The illness prevents the child from participating comfortably in activities.
- b. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
- c. A severely ill appearance—this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.
- d. Fever (temperature $>101^{\circ}\text{F}$ [38.3°C] by any method) with a behavior change in infants older than 2 months. For infants younger than 2 months, a fever (temperature $>100.4^{\circ}\text{F}$ [38°C] by any method) with or without a behavior change or other signs and symptoms (eg, sore throat, rash, vomiting, diarrhea) requires exclusion and immediate medical attention. When taking temperatures remember that:
 - o The amount of temperature elevation varies at different body sites.
 - o The height of the temperature does not indicate a more- or less-severe illness. The child's activity level and sense of well-being are far more important than the temperature reading.
 - o If a child has been in a very hot environment and heatstroke is suspected, a higher temperature is more serious.
 - o The method chosen to take a child's temperature depends on the need for accuracy, available equipment, the skill of the person taking the temperature, and the ability of the child to assist in the procedure.
 - o Oral temperatures are difficult to take for children younger than 4 years.
- e. Diarrhea is defined by stools that are more frequent or less formed than usual for that child and not associated with changes in diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing "accidents." In addition, diapered children with diarrhea should be excluded if stool frequency exceeds 2 stools



more than typical for that child during the time in the program day, because this may cause too much work for the caregivers/teachers, or if stools contain blood or mucus. Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children are not having “accidents,” and when stool frequency is no more than 2 stools more than typical for that child during the time in the program day.

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