



**Open Arms Christian Preschool**  
**River Road United Methodist Church**  
**8800 River Road**  
**Richmond, VA 23229**

## **Notice to Parents**

### **Infection Control Policy**

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. However, we do want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken. For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful handwashing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the accompanying chart, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return.

The symptoms include:

- ♥ fever greater than 101°F.
- ♥ severe coughing - child gets red or blue in the face
- ♥ high-pitched croupy or whooping sounds after coughing
- ♥ difficult or rapid breathing - especially in infants
- ♥ yellowish skin or eyes
- ♥ pinkeye - tears, redness of eyelid lining, followed by swelling and
- ♥ discharge of pus
- ♥ unusual spots or rashes
- ♥ sore throat or trouble swallowing
- ♥ infected skin patches
- ♥ crusty, bright yellow, dry, or gummy areas of skin - possibly accompanied by fever
- ♥ unusually dark, tea colored urine - especially with a fever
- ♥ grey or white stool
- ♥ headache and stiff neck
- ♥ vomiting
- ♥ severe itching of body or scalp or scratching of scalp

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

*It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation*

## Parent Agreement - Infection Policy

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

Teacher: \_\_\_\_\_

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at Open Arms Christian Preschool.

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

The infection control policies and procedures have been presented and explained to

Parent/Guardian \_\_\_\_\_

by \_\_\_\_\_ on \_\_\_\_\_  
(Staff Member) ( Date)

\_\_\_\_\_  
(Signature of Staff Member)