



Angel C.A.R.E.
Our Lady of Grace
666 Albin Avenue
W. Babylon, NY 11704
(631) 893-6564

HEALTH CARE INFORMATION AND PRECAUTIONS FOR PARENTS

All children are required to have yearly medical examinations completed and a statement from child's health care provider verifying the child to be in good health, immunizations up to date and child free from communicable disease (must be done prior to acceptance into program). Our Angel C.A.R.E. medical form includes lead-screening results for children under 6 years of age.

All children, upon enrollment, must have their immunizations up to date according to the State guidelines and those of the Department of Health. If our findings report that a child is missing any of the necessary immunizations, the parent will be notified and required to follow up with their child's primary care physician. The parent must then report back to us whatever measures were taken.

In addition to our Health Care Plan and Procedures here at Angel C.A.R.E., we observe your child's daily physical health. If your child becomes ill or displays symptoms of illness during the day, we will immediately isolate your child from contact with other children until you pick up your child. Therefore, immediate pick up is mandatory. For the safety and health of your child and the other children, please do not send your child back to the facility if they:

- Have a Significant Fever, as defined below:
 - Have a fever or has had a fever during the previous 48 hours. Especially if fever is accompanied by behavior change, stiff neck, a rash, unusual irritability, poor feeding, vomiting or excessive crying. Fever means:
 - Oral Temperature above 101 degrees Fahrenheit
 - Rectal Temperature above 102 degrees Fahrenheit
 - Axillary (Armpit or ear) temperature above 100 degrees Fahrenheit.
 - *Are still in the first 24 hours of antibiotic treatment.
 - *Have signs of heavy nasal discharge that is any color other than clear.
 - *Have a persistent cough.
 - *Have symptoms of a possible communicable disease (RED, ITCHY EYES, SNIFFLES, SORE THROAT, PAINFUL EARS, STOMACH PAIN, HEADACHE, OR DIARRHEA).
 - *Persistent Diarrhea, defined as three or more stools in a 24 your period, when that pattern represents:
 - An increased number of stools compared to the child's normal pattern
 - Increased stool water
 - Diarrhea accompanied with symptoms of dehydration, such as sunken eyes, dry skin, concentrated urine of small amounts of urine, or no urine in four hours; or
 - Diarrhea accompanied with blood in the stool.
- *Lice
- *Chicken Pox
- *Strep Throat
- *Pink Eye
- *Undiagnosed Skin Rash and/or infected skin patches.