**Section 407.310 Health Requirements for Children**

a) A medical report on forms prescribed by the Department shall be on file for each child.

1) The initial medical report shall be dated less than 6 months prior to enrollment of infants, toddlers and preschool children. For school-age children, a copy of the most recent regularly scheduled school physical may be submitted (even if more than 6 months old) or the day care center may require a more recent medical report by its own enrollment policy. If a health problem is suspected, the day care center may require additional documentation of the child's health status.

2) If a child transfers from one day care center to another, the medical report may be used at the new center if it is less than one year old. In such a case, the center the child is leaving shall maintain a copy of the child's medical form and return the original to the parent.

3) The medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center.

4) The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophilus influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules (http://www.idph.state. il.us).

5) If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high-risk group begin elementary and secondary school.

6) The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

7) In accordance with the Child Care Act of 1969, a parent may request that immunizations, physical examinations and/or medical treatment be waived on religious grounds. A request for waiver shall be in writing, signed by the parent or parents, and kept in the child's record.

8) Exceptions made for children who should not be subject to immunizations or tuberculin tests for medical reasons shall be indicated by the physician on the child's medical form.

9) Day care centers shall maintain an accurate list of all children enrolled in the center who are not immunized, as required by Illinois Department of Public Health rules (77 Ill. Adm. Code 695.40, List of Non-Immunized Child Care Facility Attendees or Students). The number of non-immunized children on the list shall be available to parents who request it.

10) Medical records shall be dated and signed by the examining physician, advance practice nurse (APN) who has a written collaborative agreement with a collaborating physician authorizing the APN to perform health examinations, or physician assistants who have been delegated the performance of health examinations by their supervising physician, and include the name, address and telephone number of the physician responsible for the child's health care.

b) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690) shall be excluded from the center.

c) Children shall be screened upon arrival daily for any obvious signs of illness. If symptoms of illness are present, the child care staff shall determine whether they are able to care for the child safely, based on the apparent degree of illness, other children present and facilities available to care for the ill child.

1) Children with diarrhea and those with a rash combined with fever (oral temperature of 101º F or higher or under the arm temperature of 100º F or higher) shall not be admitted to the day care center while those symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.

2) Children need not be excluded for a minor illness unless any of the following exists, in which case exclusion from the day care center is required:

A) Illness that prevents the child from participating comfortably in program activities;

B) Illness that calls for greater care than the staff can provide without compromising the health and safety of other children;

C) Fever with behavior change or symptoms of illness;

D) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;

E) Diarrhea;

F) Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration;

G) Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;

H) Rash with fever or behavior change, unless a physician has determined the illness to be noncommunicable;

I) Purulent conjunctivitis, until 24 hours after treatment has been initiated;

J) Impetigo, until 24 hours after treatment has been initiated;

K) Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;

L) Head lice, until the morning after the first treatment;

M) Scabies, until the morning after the first treatment;

N) Chicken pox (varicella), until at least 6 days after onset of rash;

O) Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;

P) Mumps, until 9 days after onset of parotid gland swelling;

Q) Measles, until 4 days after disappearance of the rash; or

R) Symptoms that may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

d) The center shall ensure that hearing and vision screening services are provided annually in accordance with Illinois Department of Public Health's Hearing and Vision Screening Codes (77 Ill. Adm. Code 675 and 685) and the Illinois Child Vision and Hearing Test Act [410 ILCS 205].

e) Space shall be provided for a child who becomes ill at the center. The space shall be ventilated and heated, within sight and hearing of an adult and equipped with a cot and materials that can be easily cleaned and sanitized.

f) The center shall report any known or suspected case or carrier of communicable disease to local health authorities and comply with the Illinois Department of Public Health's Control of Communicable Diseases Code (77 Ill. Adm. Code 690). The center shall maintain a file of reported illnesses that may indicate possible infectious disease.

g) If a child needs emergency care because of an accident or illness that occurs while the child is in care, the day care center shall attempt to contact the child's parents at the phone numbers provided for that purpose. If unable to locate the parents, the day care center's attempts to do so shall be documented in the child's file.

h) Major and minor accidents or illnesses that happen to a child at the day care center shall be recorded in the file, and parents shall be notified.

i) Reports of all incidents and injuries involving children shall be prepared by the person responsible for the child at the time of the occurrence and shall include:

1) The time and place of the incident or injury and details about how it occurred;

2) When medical care is necessary, a statement signed by the physician attending the child, describing the nature and the extent of injury.

j) Employees shall wear disposable latex gloves when treating a wound. Employees shall wash their hands, as prescribed by Section 407.320, after removing the disposable gloves.

k) When a child's medical needs require special care or accommodation, the care shall be administered as required by a physician, subject to receipt of appropriate releases from the parent or parents. Medical consultation shall be available to the staff as needed for the health and medical needs of the children served.

l) The facility shall make potable drinking water freely available to all children by providing drinking fountains and/or disposable cups for individual use. Water shall be offered to children at frequent intervals and during meals and snacks.

m) A child's wet or soiled clothing shall be changed immediately. Universal precautions shall be followed when handling soiled clothing. During outdoor play, children shall be dressed appropriately for the weather and temperature.

n) Children shall have a shower, tub or sponge bath when necessary to ensure bodily cleanliness. Parents shall be notified when a child has received a shower or bath. Children under the age of 5 shall not be left alone when bathing.

o) When used by children at the child care center, toilet articles such as combs, brushes, toothbrushes, towels and washcloths shall be individually provided by the parent or the center. They shall be plainly marked with the child's name and stored individually in a sanitary manner in areas that promote drying. Single-use and disposable articles are permitted. Toothbrushes, if used, shall be replaced when they have lost their tone.

p) If toothpaste is used, care shall be taken to avoid cross-contamination when dispensing.

1) Each child shall be given a separate tube of toothpaste labeled with his or her name; or

2) If a single tube is used, the toothpaste shall be dispensed by placing a small amount on the rim of each child's rinsing cup or on a piece of waxed paper.

q) All new linens shall be laundered prior to use.

r) Staff and children shall wash hands as required by Section 407.320.

(Source: Amended at 38 Ill. Reg. 17293, effective August 1, 2014)