

EXHIBIT A

HEALTH POLICY (REVISED APRIL 2004 FROM CARING FOR OUR CHILDREN AND MODEL CHILD CARE HEALTH POLICIES AAP)

At St. Mark's Christian School (hereinafter referred to as "our School") we strive to provide a healthy and safe environment for children and staff. Our health practices include:

- Exclusion of children and staff with infectious diseases.
- Notification of families of infectious diseases contracted by children or staff.
- Use of public health agencies and other resources needed.
- Good hygiene practices regarding toileting and eating.
- Frequent hand washing of staff and children.
- Daily cleaning of the classrooms.
- Daily removal of trash and diapers.
- Annual health appraisal required of all children and staff.

PARENT'S RESPONSIBILITIES

- Reporting promptly any infectious illness of your child or family members and any injuries that have happened at home.
- Planning for alternative care and transportation when your child is sick.
- Bringing medication directly to a staff person and completing the authorization form.
- Informing the School staff of any changes in your child's medical status (i.e., sleep apnea, allergies, asthma, reflux, seizures, and any other medical issues or procedures or behavioral issues that effect health).
- Your child must have a physical examination and be up to date on immunizations no later than 30 days following enrollment and annually thereafter.

POLICY

You may not bring your child to our School if he/she shows signs of illness as outlined below. We do not have facilities to care for sick children. IF YOUR CHILD IS TOO ILL TO GO OUTSIDE OR ACTIVELY PARTICIPATE IN CLASSROOM ACTIVITIES, SHE/HE SHOULD NOT COME TO OUR SCHOOL. Before returning to our School, a note from your physician may be requested when your child has been ill with an infectious disease. (These guidelines are designed to protect both children and staff from contagious illness.) It is imperative that all parents adhere to our Health Policy. Our policy reflects a common respect and responsibility to provide a healthy environment for all staff and children in our care.

INCLUSION/EXCLUSION/DISMISSAL OF CHILDREN

The parent, legal guardian, or other person the parent authorizes, shall be notified immediately when a child has any sign or symptom that requires exclusion from our School. Our School shall:

- Ask the parents to consult with the child's health care provider,
- Ask the parents to inform them of the advice received from the health care provider.
- Follow the advice of the child's health care provider.

With the exception of head lice, for which exclusion at the end of the day is appropriate, our School shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exists:

- I. The illness prevents the child from participating comfortably in activities determined by our school.
- II. The illness results in a greater need for care than our School staff can provide without compromising the health and safety of the other children as determined by our School.
- III. You will be notified to come pick up your child for the following conditions numbered A through X:
 - A. Fever (is defined as an elevation of body temperature above normal. Oral temperatures above 101 degrees or auxiliary (armpit) temperatures above 100 degrees usually are considered to be above normal in children accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child above to be included at our School. A child with a fever above 101 degrees orally or 100 degrees auxiliary must stay or be sent home until he/she has been fever free for 24 hours WITHOUT using a fever reducing medication. If a fever develops during the day, we will notify that you that you WILL NEED TO PICK UP YOUR CHILD.
 - B. Symptoms and signs of possible severe illness until medical professional evaluation finds the child able to be included at our school. Symptoms and signs of possible severe illness shall include:
 1. Lethargy that is more than expected tiredness,
 2. Uncontrolled coughing,
 3. Inexplicable irritability or persistent crying,
 4. Difficulty breathing, wheezing,
 5. Or other unusual signs for the child.
 - C. DIARRHEA - Defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrhea illness of infectious origin generally may be allowed to return to our School once the diarrhea resolves, except for children with diarrhea caused by Salmonella typhi, Shingella or E. Coli 0157:H7. For Salmonella typhi, three negative stool cultures are required. For Shigella or E. Coli 0157:H7, two negative stool cultures are required. Children whose stools remain loose but who otherwise seem well and whose stool cultures are negative, will require a doctor's note.
 - D. Blood in stools not explainable by dietary change, medication, or hard stools.
 - E. Vomiting illness (two or more episodes in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration.
 - F. Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms.
 - G. Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious.

- H. Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease.
- I. PURULENT CONJUNCTIVITIS - Defined as Pink or Red conjunctiva with white or yellow eye discharge, until after treatment has been initiated. Children may not return to our School until drops have been administered every four hours for the first 24 hours. In epidemics of nonpurulent pink eye, exclusion shall be required only if the health authority recommends it.
- J. PEDICULOSIS (head lice) - From the end of the day until after the first treatment.
- K. SCABIES - A skin disease that causes intense itching and is caused by a tiny parasite that burrows into the skin, particularly on the front of the wrist, the webs and sides of the fingers, the buttocks, the genitals and the feet.
- L. TUBERCULOSIS - A disease caused by the bacterium Mycobacterium tuberculosis that usually causes an infection of the lungs. Until a health care provider or health official states that the child is on appropriate therapy, she/he cannot return to our School.
- M. IMPETIGO - This is a very contagious condition and must be treated with antibiotics before a child may attend our School. If your child has red, runny eyes or scabby sores, we will notify you. The child must be taken out of our School until he/she has been seen by a physician and treated.
- N. STREP THROAT or other STREPTOCOCCAL infection - Until 24 hours after initial antibiotic treatment and cessation of fever. A child should be checked for strep throat if a sore throat accompanied by fever or rash is present.
- O. VARICELLA ZOSTER (CHICKEN POX) - Children who develop chickenpox shall be excluded until all sores have dried and crusted (usually 6 days).
- P. PERTUSSIS - A highly contagious bacterial respiratory infection, which begins with cold-like symptoms and cough and becomes progressively more severe, so that the person may experience vomiting, sweating and exhaustion with the cough. The cough and apnea may persist for 1 to 2 months. This infection has been almost entirely eliminated in areas where standard infant immunizations and boosters are performed. A child may not return to school until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed.
- Q. MUMPS - Until 9 days after onset of parotid gland swelling.
- R. HEPATITIS A VIRUS - Until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members.
- S. MEASLES - Until 4 days after onset of rash.
- T. RUBELLA - Until 6 days after onset of rash.
- U. SHINGLES (herpes zoster) - Shall be excluded until all sores have dried and crusted (usually 6 days).
- V. HERPES SIMPLEX VIRUS - Children with herpetic gingivostomatitis, an infection of the mouth caused by the herpes simplex virus, who do not have control of oral secretions shall be excluded from school and child care. In selected situations, children with mild disease who are in control of their mouth secretions may not have to be excluded. Our School's health consultant or health department officials shall be consulted.

- W. COXSACKIEVIRUS (Hand, Foot and Mouth Disease)- The coxsackieviruses are a family of viruses that can infect many parts of the body. They are very common viruses. One type, type A16, causes a characteristic rash on the hand and feet and in the mouth. This infection is called hand, foot and mouth disease. Symptoms include fever, common cold type congestion, sore throat, sores in the mouth, cough, vomiting, diarrhea, pain in the abdomen, conjunctivitis, skin rash or red spots or blisters on the palms of the hands and soles of the feet that lasts a week or so, and headache. The virus spreads by the fecal-oral and possibly the respiratory route. If a child has a fever, or is having difficulty eating, he or she will be excluded from our School until able to participate in usual school activities. If the sores are visible, a doctor's note is required in order to return to our School.
- X. RUNNY NOSE - Generally a clear discharge is okay and a thick yellow and greenish discharge is a sign of a more serious infection. When a yellow or green discharge occurs, you will be asked to pick up your child until it is gone and/or treated by a physician. A doctor's note is required to return to our school.

ANTIBIOTICS

A child with a contagious condition for which antibiotics have been prescribed may not attend our School until she/he has been taking the antibiotics for 24 hours.

MEDICATION

All medication must be prescribed by a physician and accompanied by a written note from a doctor. All medication must be supplied in its original container. Please do not send medicine pre-mixed in bottles or food. Over-the-counter medication will not be administered without a physician's written note, which is to be updated quarterly and includes specific instructions for dosage, time and duration of medication. A medication log will be maintained by the staff to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log.

EMERGENCY PICK-UP

Should your child become ill at our School, you will be notified to pick up your child. If we are unable to reach you, your designated emergency contact person(s) on the registration form will be called. These designees are expected to act as your substitute in the event of illness or emergency. Therefore, these emergency contacts must have transportation and be available to pick up and care for your child in your absence. In the event of a MEDICAL EMERGENCY, we will call 911 and notify you immediately. Your child will be taken to the NEAREST hospital. Staff will accompany your child and remain until you arrive.