

April 2015

Dear Families:

As you know, we have several policies in place to help protect children with allergies and we appreciate your cooperation with these policies as we work to provide the safest possible environment for children. We continue to work toward the most effective policies and beginning July 1, 2015, the center will officially become a "Nut Safe" center.

Most families are probably familiar with what it means to be a nut safe environment but for those who are not, please be advised that this means that families, teachers and staff must refrain from bringing any products that contain nuts into the center. This includes all foods, lotions and ointments including almond products like milk and butter.

We ask that families and staff check to screen-out products that contain nuts or are prepared in a factory where nuts are present. Additionally, all food for special events like birthday celebrations should be store-bought and have all ingredients listed. Food for pot luck events can be made at home but should have a list of ingredients provided with the item.

For families impacted by allergies (food, material or environmental):

- As always, families are responsible for notifying the center of any allergies affecting their child, that have been documented by a physician or if there is an allergy suspected by the family.
- Allergies which are documented/managed by a physician require an allergy health care plan completed and updated annually (or if there is any change in the child's allergy or medication) by the child's medical provider.
- If medication has been prescribed by the child's medical provider and is documented on the health care plan, it must be provided to the center.
- The child may not attend the center if the medication has expired or is not on site.
- If an allergy is suspected by the family, a Bright Horizons Suspected Allergy Form must be completed. For suspected allergies, over-the-counter medication may be administered consistent with the Medication Policy.
- Children w/documented medical allergies will be listed on an Allergy Chart which will be posted in the classroom and kitchen. Children with documented medical allergies will be highlighted in red; children w/suspected allergies will be highlighted in yellow.
- All children will have a colored placemat w/the child's picture and allergy listed to be used for all meals/snacks:
 - Red: life-threatening and suspected allergies
 - Green: vegetarian or cultural/religious food preferences

Allergies can be very serious, in some cases life-threatening, and we appreciate your understanding of why these precautions are necessary. We are grateful for your cooperation and support and if you have any questions at all, please speak with me.

Director Judie Stevens

Regional Manager Jennifer Aguilar

This form is required for any child who has mild to severe allergies and must be completed by the child's parent/guardian and the child's physician.

Bright Horizons Allergy Health Care Plan

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

| Allergen | Treatment/Substitution |
|----------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Type of allergy transmission: Ingestion Contact Inhalation

Note: Do Not Depend on Antihistamines or Inhalers to treat a severe reaction. USE EPINEPHRINE.

Extremely Reactive to the Following Foods _____; therefore:

If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

For the following signs of a *mild* allergic reaction administer: _____

- Skin: Hives: Mild Itch
- Nose: Itchy, Runny, Sneezing
- Stomach: Mild Nausea/Discomfort
- Mouth: Itchy
- Other: _____

For any of the following signs of a *severe* allergic reaction or a combination of symptoms from different body areas, give Epinephrine and call 911. If prescribed and directed, give other medications (antihistamine/inhaler). Lay person flat. *If breathing is difficult or vomiting, place on side, or sit up.*

- Mouth: Significant Swelling of Tongue and/or Lips
- Heart: Pale, blue, faint, weak pulse, dizzy
- Throat: Tight, hoarse, trouble breathing/swallowing
- Lungs: Short of Breath
- Skin: Many hives over body, widespread redness
- Stomach: Repetitive vomiting, severe diarrhea
- Other: Feeling something bad is about to happen; anxiety, confusion

Other Medication Instructions: _____

This form is required for any child who has mild to severe allergies and must be completed by the child's parent/guardian and the child's physician.

Prescribed Medications/Dosage:

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Potential Side Effects of Medication: _____

Potential Consequences to Child if Treatment is Not Administered: _____

For MA centers only:

Staff may be trained by: _____

The following staff have been trained on the child's medical condition:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Physician Signature: _____ Date: _____

Director/Principal: _____ Date: _____

Parent/Guardian Acknowledgement Statement

To ensure the safety of your child we cannot delete an allergy which has previously been documented unless we have a signed note from the child's physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s); nor can we add an item(s) or change a medication without a signed note from the child's physician.

I understand that Bright Horizons requires the most up to date information regarding my child's allergy. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen on the Allergy Awareness Chart.

Parent/Guardian Signature: _____ Date: _____

*For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the *Authorization for Administration of Medication* form.

This plan must be updated annually or whenever there is any change in treatment or the child's condition changes.



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Allergy Acknowledgement Form-Parent/Guardian Allergy Posting and Deletion

Allergy Posting

I understand that Bright Horizons requires the most up to date information regarding my child's allergy. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen on the Allergy Awareness Chart.

Allergy Deletion

I understand that to ensure the safety of my child Bright Horizons cannot delete an allergy which has previously been documented unless a signed note from the child's physician is received stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s); nor can Bright Horizons add an item(s) or change a medication without a signed note from the child's physician.

Parent/Guardian Signature

Date



Suspected Allergy/Food Intolerance Form

This form is to be completed by the parent/guardian when the parent/guardian suspects their child may be allergic to a product or has a food intolerance; however, has not received a medical diagnosis or a health care plan from the child's medical provider.

Note: If the suspect allergy or food intolerance is medically diagnosed, a Health Care Plan completed and signed by the child's medical provider is required (provided by the center).

Child's Name: _____ Child's Date of Birth _____

My child has a suspected allergy food intolerance to:

I suspect /am concerned my child may be allergic for the following reasons:

- No previous exposure Family history
- Previous reaction (please explain/date of reaction): _____

- Other: _____

Parent/Guardian Signature _____ Date _____

This form must be updated annually or whenever there is any change in treatment or the child's condition changes.

To eliminate the suspected allergy or food intolerance and allow your child to eat the suspected item(s) while at Bright Horizons, please complete the following.

I _____, acknowledge that my child no longer has a suspected allergy to _____ and may now be served this item(s) while at Bright Horizons.

Parent/Guardian Signature _____ Date _____

BRIGHT HORIZONS
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

MEDICATION TYPE:

PRESCRIPTION **NON-PRESCRIPTION** **TOPICAL OINTMENT**

I have read the *Policy on Administering Medications and Ointments* and I hereby authorize Bright Horizons agents to administer the following medication to my child: _____

Bright Horizons Employee Receiving Medication: _____ Date: _____

- **Prescription Medications:** must have a current pharmacist's label that includes the child's full name, dosage, current date, times to be administered, and the name and telephone number of the physician.
- **Non-prescription Children's Medication:** can be administered for up to **three consecutive days** according to the manufacturer's instructions with written authorization from the parent/guardian. Written authorization from the child's medical provider is required to continue use beyond the three consecutive days.
- **Non-prescription Topical Children's Ointments:** can be applied with authorization from the parent/guardian according to the manufacturer's instructions for a period not to exceed **one year**. This includes diaper cream, sunscreen and insect repellent and other non-medicated (free from antibiotic, antifungal or steroidal components) topical ointments designated for use for children.
 - Can be applied to **open, oozing sores** for up to **three consecutive days** according to the manufacturer's instructions with written authorization from the parent/guardian. Written authorization from the child's medical provider is required to continue use beyond the three consecutive days or if the condition worsens.
- **As Needed Children's Medications:** require written authorization from the child's medical provider for a period not to exceed **six months**. Authorization must list the reason, dosage, start date and end date.
- **Medications for Chronic Illnesses:** require a written order from the child's medical provider for a period not to exceed **one year**. (See Prescription and Non-prescription medication above for details)

Note: Products containing Benzocaine, the main ingredient in over-the-counter (OTC) gels and liquids applied to the gums or mouth to reduce pain, may only be applied with authorization from the child's medical provider for a period not to exceed **seven consecutive days**.

Note: All medications must be provided in the original container, labeled with the child's full name and any medication spoon/device to administer the medication must be provided. Non-prescription medications must be designated for use for children.

I further agree to indemnify and hold harmless Bright Horizons Children's Centers LLC, and their agents and servants, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

Seven Rights of Medication

1. **Verification that the *right* child receives**
2. **The *right* medication in original container**
3. **In the *right* dose**
4. **At the *right* time**
5. **By the *right* method**
6. **The *right* documentation is completed**
7. **And the medication is not expired**

Medication: _____

Administration Route: _____

Reason for Medication: _____

Medication Storage: _____

Side Effects: _____

Dosage: _____

Times of Administration: _____

Start Date: _____ End Date: _____

Physician's Name: _____ Physician's License Number: _____

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Bright Horizons Employee receiving medication; verified 7 rights of medication: _____
Signature

**BRIGHT HORIZONS
ADMINISTRATION OF MEDICATION LOG**

Child: _____ Classroom: _____

Medication: _____ Dose: _____ Administration Route: _____

Frequency: _____ Start Date: _____ End Date: _____

MEDICATION TYPE:

PRESCRIPTION

NON-PRESCRIPTION

TOPICAL OINTMENT

Six Rights of Medication

1. Verification the *right* child receives
2. The *right* medication
3. In the *right* dose
4. At the *right* time
5. By the *right* method
6. *Right* documentation is completed

MEDICATION LOG (Completed by Medication Administrator; the Administrator will first verify the medication is the correct one for the child and put a \checkmark in the Initial \checkmark column. The Administrator then receives verification from a coworker that it is the correct medication and dosage for the child. Coworker then signs his/her full name in the Coworker Verification column. Upon completion of administering the medication, the Medication Administrator signs the Signature column using full name.)

Return medication to the parent; however, if it remains at the center, indicate below how it has been disposed of and have management sign. If not returned to the parent, it should be disposed of according to DPH Drug Control Program Guidelines. Also note any medication completed while at the center.

| DATE | TIME | INITIAL \checkmark | COWORKER VERIFICATION | SIGNATURE | DOSE | MISSED DOSE* | ADVERSE REACTION/ ERRORS/ACTION TAKEN |
|------|------|----------------------|-----------------------|-----------|------|--------------|--|
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| <p>Method of Medication Disposal</p> <p><input type="checkbox"/> Returned to Parent <input type="checkbox"/> Medication Completed <input type="checkbox"/> Destroyed According to DPH and Medication Instructions</p> <p>Signature: _____ Date: _____</p> |
|--|

*All required dosages must be accounted for on the **Administration of Medication Log**. If a dosage is missed while at the center/school, if a child is absent or has left early, or if a parent/guardian has come to the center/school and administered the medication, this must be noted in the area designated for that dosage and the Administrator must sign and date. **Keep completed Administration of Medication Log forms in the child's file attached to the Authorization for Administration of Medication forms.**

Bright Horizons Food From Home



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Packing a Safe Lunch for Your Child

Bright Horizons believes meal times should be a happy and enjoyable time for children. We offer the following peanut and nut free suggestions in the hope of developing healthy eating habits for the children in our care. Lunch can be fun, nutritional, and easy for you to prepare.

Please note we are not able to heat or prepare meals for children as this not only keeps the children waiting for their lunch but also takes the staff away from their time with the children. Additionally, microwaves often heat food unevenly. Due to limited spaced, refrigerators are not available to keep your child's lunch cold. We suggest that you use insulated lunch bags and ice packs to keep food cool and thermoses to keep food warm.

However, there is a wide variety of healthy, enjoyable lunches that can be made for your child. To assist you in preparing your child's lunch, we have prepared the following tips to help ensure that your child has a safe and healthy lunch.

Additionally, we strongly recommend avoiding foods that are high in fat or sugar in your child's lunch and using the USDA's MyPlate recommendations to assure your child's meal is well-balanced. Providing a healthy lunch will assure your child has the energy and stamina to get the most out of their day and fully participate in all of the fun learning experiences.

- Always wash your hands in warm, soapy water before handling any food. If your child is helping you, make sure that he/she has done the same.
- Use an insulated lunch box or bag.
- Refrigerate over night any perishable food items such as sandwiches prepared for the next day. Add non-perishable food items the following morning.
- Use a gel-pack, frozen drink (such as a bottle of water), a commercial ice pack or fill a plastic refrigerator container with water and freeze for a homemade freeze pack to keep food cold. Place foods that must be kept cold, closest to the ice pack. If sending dairy products, extra ice packs may be required to keep food at the proper temperature.
- Use a thermos to keep drinks cold until lunchtime. Also use a thermos to keep soups or other hot liquids hot. Fill a thermos with hot water and let it stand for approximately 10 minutes before putting the hot food in. Do not pack soups with a cream or milk base.
- Plastic food containers or recyclable butter tubs work well for packing fruits and vegetables, cheese, or pieces of meat or chicken and homemade leftovers from the night before.
- Cut all food into bite-sized, easy-to-swallow pieces.
- Children often like finger foods as an alternative to the traditional lunch box meal
- Avoid using mayonnaise or eggs on sandwiches, especially if the sandwich or item isn't refrigerated or properly cooled.
- Wrap sandwiches in separate plastic bags or aluminum foil.
- All lunch boxes/ bags should be labeled with the child's full name.
- Wash out reusable lunchboxes every night, including the ice packs. Use a baking soda and water solution once a week to eliminate odors.
- Use only new, clean brown bags. Don't reuse bags that have carried groceries. Never use a bag that is wet or stained.

Food Suggestions

Commercially prepared and ready-to-eat meats, such as ham and turkey are good lunchbox choices because they last well. Leftovers from dinner the night before are always a good choice.

Many foods like baby-cut carrots, cheese and crackers, string cheese and other nutritious foods now come packaged in child-sized portions. These are also good lunch options.

Fresh fruits and vegetables are not only nutritious; they also travel well, making them perfect for lunch. Remember to wash fruits and vegetables before packing. The center may serve milk at lunch and 100 % fruit juice, milk or water at snack time depending on the snack and space availability.

| | | | |
|---|--|---|---|
| <p>Cold Sandwiches Chicken Salad Egg Ham and Cheese Tuna Turkey or Chicken Turkey Salad</p> | <p>Canned Fruit (in light syrup or its own juice) Applesauce Fruit Cocktail Mandarin Oranges Peaches Pears Pineapple</p> | <p>Fresh/Dried Fruit Apples Bananas Blueberries Cantaloupe Fruit Salad Honeydew Oranges Peaches Pears Pineapple Plums Raisins Raspberries Strawberries</p> <p>Note: Grapes should not be given to children under four years old, unless they are seedless and cut in bite size pieces lengthwise.</p> | <p>Vegetables Carrot Sticks Celery Sticks Cucumber Sticks Other Raw Veggies</p> <p>Note: Do not give children under four years old celery or carrot sticks.</p> |
| <p>Miscellaneous Chicken Drumstick Cottage Cheese Hard Boiled Egg Hummus Salad Salsa Yogurt</p> | <p>Breads Banana* Carrot* Oatmeal Pita Raisin Rye Whole Wheat Zucchini *without nuts</p> | <p>Additions Bread Sticks Cheese Sticks Whole Wheat Crackers</p> | <p>Foods To Avoid Nuts Soda Sweets (Candy, Cookies, Donuts, Cakes, and Sugary Cereal)</p> |

Note: Honey should not be given to children under one year of age due to bacterial spores; however, it is harmless for older children.

The American Academy of Pediatrics recommends that foods that are round, hard, small, thick, sticky, smooth, or slippery, should not be given to children less than 4 years of age due to their potential choking hazard. Examples of such foods are:

- Banana rounds
- Celery
- Chips
- Chunks of meat larger than can be swallowed whole
- Grape/Cherry tomatoes
- Green beans (whole)
- Gum
- Hard candy
- Hard pretzels
- Hotdogs (whole or sliced into rounds)
- Lollipops
- Marshmallows
- Nuts
- Peanuts
- Popcorn
- Raw carrot rounds
- Raw peas
- Seeds
- Spoonfuls of peanut butter
- Whole grapes

If feeding hotdogs or grapes, they should be cut into bite-sized lengthwise pieces. Bananas should be cut lengthwise into small pieces and raw carrots chopped or cut into thin strips will be safe for your child. Carefully remove bones from any fish or meat and cut into small pieces.

Our center is a **peanut and nut safe facility**. Please carefully review labels of any foods you send in with your child to the center to ensure they are "nut safe" and have no warning labels of potential peanut or tree nut traces or manufactured on equipment that processes peanuts or tree nuts to help eliminate any potential risk to children with severe nut allergies. Any food that is brought in for *sharing* among the children must be either whole fruits or commercially prepared packaged foods in pre-sealed containers. Only sealed products with ingredient labels verifying there are no nuts, no nut products and no potential traces of nuts from the equipment used for processing will be served to the children.

Food Temperatures

When packing your child's lunch, you want to make certain that you pack the foods safely, keeping foods at the correct temperature. Below is a list of foods and what temperature they should be kept at to ensure the lunch you pack will be safe for your child. Please keep in mind that these foods should be free of peanuts, other nuts and nut products.

| Foods to be kept Cold | Room Temperature Foods | Hot or Cold Foods |
|--|---|--------------------------|
| Meats, Fish, Poultry, Processed Meats | Breads, Crackers, Cereal | Soups |
| Eggs | Jelly | Chili |
| Milk, Soft Cheese, Yogurt, Custards and Puddings | Whole Uncut Fruit, Dried Fruit, Unopened Canned Fruit | Casseroles (lasagna) |
| Peeled and Cut Vegetables | Unopened Juice Boxes | Refried or Baked Beans |
| Opened Fruit Juice | Hard Cheese | |
| Pasta Salad, Chicken and Tuna Salad, Salad | Unopened cans of Tuna, Meats, Poultry | |
| Cooked Pasta, Rice and other Cooked Grains | Raw Vegetables | |
| | Ketchup, Mustard, Margarine | |