Child Care Manual

A Guide for Child Care Professionals in Idaho

www.idahoSTARS.org

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Introduction

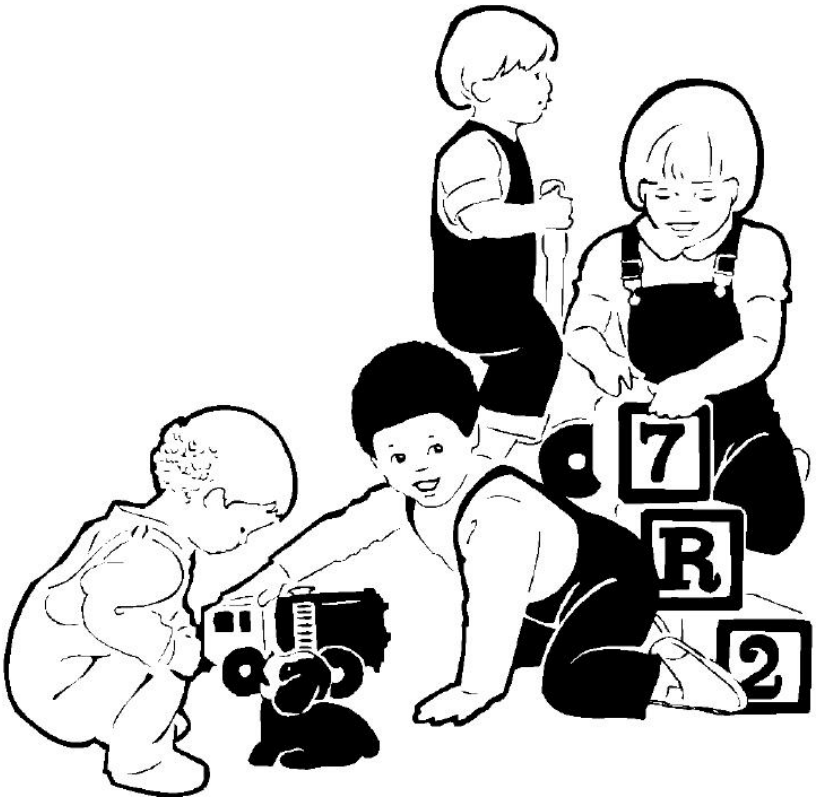
This manual has been developed by the staff at the public health district as a reference tool for many different situations and covers basic information needed to operate a childcare operation in a manner that will protect the health and safety of the children being cared for and help control illnesses within the childcare facility.

Being chosen to care for a family's children is a big responsibility for any childcare facility, from the smallest of family home settings to the largest childcare centers in the area. The public health districts conduct health and safety inspections for all childcare facilities in Idaho. The Department of Health and Welfare, some cities, and the Idaho Child Care Program require health and safety inspections as part of the licensing/registration process. The role of the health district is an outreach and educational approach to obtain childcare provider compliance with t he health and safety regulations governing the childcare programs.

Topics such as food safety; communicable disease guidelines; immunization requirements and record reviews; poison prevention and toxic storage; hand-washing; diaper changing procedures; hygienic practices; sanitizer usage and formulation; fire code requirements; play/nap areas; first aid/CPR requirements; child-staff ratios; and some diseases are all covered in this handbook.

Complaint inspections/investigations are also conducted by the health district and may be done by any one of the health district's Environmental Health Specialist/Nurses.

If you have received this manual, you more than likely received it during a visit from the Districts Childcare Inspection Program staff.



Child Care Guidelines

Age & Health of Provider

Provider must be 18 years old or older. Persons 16 or 17 may provide care if directly supervised by a provider. A caregiver must not work when ill as per Rules and Regulations Governing Idaho Reportable Diseases.

CPR/First Aid Training

Must have at least ONE adult on premises at all times who has a current certification in pediatric rescue breathing and first aid treatment from a certified instructor.

Staff/Children Excluded When Ill

Provide a written procedure that outlines what will be done if a child becomes ill while in your care. This procedure must address:

a. Keeping the child separated from the rest of the children to prevent spreading disease.
b. The care provided for the child.
c. Notification of parent or guardian.

A caregiver must not work when ill as per Rules and Regulations Governing Idaho Reportable Diseases.

Immunization Records

Idaho Code 39-1118 requires that each child's immunization record or reason for exemption is provided to the operator within fourteen (14) days of initial attendance. Provide information about immunizations to parents if asked.

Emergency Communication

A functional telephone is required.

Smoke Detectors, Fire Extinguishers, and Fire Exits

Adequate smoke alarms, functional telephone, fire extinguishers and exits are required. Centers, Group, and Family Day Cares must be certified by the Fire Marshal.

- Fire Extinguisher – A minimum of one fire extinguisher (type 2-A:10-BC) or (3-A:10-BC) for in-home child care.
- Smoke Detector – One for each sleeping area, hall-way, and on each floor level. Each one must have a test button. It is recommended that one should be wired to an electrical current.
- Emergency Exits – Adequate emergency exits are determined by the local Fire Marshal.
- Centers must meet staff-child ratios:
  1:6 for less than 18 months old.
  1:12 for 18 months to 5 years old.
  1:18 for over 5 years old.

Food Source/Food Thawing

- Pasteurized milk only.
- No home canned foods, except jams or jellies.
- No wild game, USDA approved meat only.

- Do not thaw foods at room temperature.
- Thawing Options:
  - In refrigerator (best option).
  - In cold running water.
  - As part of cooking process.
  - In microwave, then immediately complete cooking.

Food Handling/Personal Hygiene

- Food preparation includes cooking meat to proper temperatures, avoiding cross-contamination, minimizing bare hand contact, proper hand washing.
- Clean clothes or apron during food prep, no smoking.
- Unwrapped foods may not be re-served once plate is on the table.
- Minimize direct hand contact with food.
- Use serving utensils or gloves whenever possible to prevent hand contact with ready to eat foods.

Wash Hands Often:

- Before touching or preparing food
- After wiping nose
- After coughing into your hand
- After smoking
- After changing each diaper
- After using the toilet

Food Contact Surfaces/Sanitizing

Food contact surfaces must be kept clean (counters, tables, high chairs, cutting boards) and sanitized with a solution of chlorine 50-200 ppm or quaternary ammonium chloride 200 ppm. Obtain test strips to determine correct concentration.

SANITIZING SOLUTION MIXTURE: Mix: 1 tablespoon bleach in each gallon of warm water. Use unscented liquid bleach, such as Clorox, Purex, etc. Note: Mix 3/4 teaspoon to 1 quart of water.

OTHER SANITIZING CHEMICALS: Allowed ONLY if the label states it is suitable for dishes and label directions are given.

Cutting boards, knives, counters, pots and pans, plates, cups, forks, and spoons must be clean and sanitized, in good repair, smooth, easy to clean.

Refrigerators, cabinet shelves, sinks, dish machines, utensil handles, must be clean, in good repair, smooth and easy to clean.

Wiping cloths, dish cloths used for tables, counters, high chairs, etc. are rinsed in a sanitizing solution before and after use.

An option is to use a spray bottle of sanitizing solution to wet the wiped object.

Spray Bottles: Two (2) recommended: One for the kitchen and one for the bathroom/diaper changing areas. Label the bottles as to contents and intended area of use.

Renew bleach spray bottle contents weekly. More information is on page 28.

Dishwashing/Sanitizing

Dishes, glasses, utensils and silverware shall be washed either in a dishwasher with a sanitizing dry cycle, or by the four-step method.

A. **Use one of the Health District approved dishwashing methods.**
It is best if a separate sink or basin is used for each step #2, #3, #4.

1. Rinse or scrape food off the item to be washed.
2. Wash the item in hot soapy water.
3. Rinse the soap off with clear hot water.
4. Sanitize the item by soaking in a solution of regular unscented liquid bleach and warm water. Soak at least 10 seconds. See Food Contact Surfaces/Sanitizing (above).
5. Air dry the item on a drain rack.

B. **An automatic dish machine may be used.**

6. A home-style dishwasher that has a heat drying or sani-cycle is acceptable. The items must be run through the complete washing cycle.
7. Larger child care facilities should consider a commercial dishwasher with a sanitizing rinse. These units have a much faster cycle allowing dishes to be reused in minutes.

Utensil Storage

Protect clean utensils, glasses, dishes, pots and pans, from contamination.

Do not store under sinks or on the floor. Utensil trays and cabinets must be clean. Face utensil/handles in one direction.

Drawers holding sharp utensils (knives) should be secured with child-proof latches.

Food Temperatures/Thermometers

Refrigerator must be equipped with an accurate thermometer, metal or plastic shielded. Refrigerator colder than 41˚F (38-40˚F preferred).

Foods must cool rapidly (within 4 hours) to below 41˚F.

Eggs must be refrigerated.

Perishable cold foods must be stored at 41˚F or less.

Hot food must be cooked (or reheated) to 165˚F before serving.

After cooking, hot foods must be kept at 135˚F.

Food Storage/Cross Contamination

Cooked foods are stored above raw foods.

Keep food stored off the floor and protected from dust, flies, pets, water, and chemicals. Do not store under plumbing pipes.

Food stored in refrigerators has to be covered to prevent cross-contamination. See Food Temperatures/Thermometers.

Medicines/Hazardous Substances

STORE ALL CHEMICALS AND MEDICINES –OUT OF REACH OF CHILDREN – OR IN A LOCKED CABINET.

C. CHEMICAL/TOXIC/POISONS STORAGE
Bleach, cleaners, disinfectants, plant fertilizers, insect sprays, paint thinners, or other chemicals must be stored away from foods and utensils.

D. MEDICINE STORAGE

1. Store medicines out of reach of children.
2. Refrigerated medicines: Place in a container with a lid or in a Ziploc bag. Mark container MEDICINES.
3. Medicines and vitamins in the kitchen must be in a container marked MEDICINES.

Cleaning materials, detergents, aerosol cans, pesticides, health and beauty aids, poisons, and other toxic materials shall be stored in their original labeled containers and shall be used according to the manufacturer's instructions and for the intended purpose. They shall be used only in a manner that will not constitute a hazard to the children. When not in actual use, such materials shall be kept in a place inaccessible to children and separate from stored medications and food.

All arts and crafts materials used in the facility shall be non-toxic. There shall be no eating or drinking by children or staff during use of such materials. Poisonous or potentially harmful plants on the premises shall be inaccessible to children.

Garbage Covered/Removed

Garbage and disposable diapers must be in covered containers or closed garbage bags. They should be taken to outside container daily for weekly removal. Use plastic liners in all trash receptacles. Garbage/trash needs to be stored where it is inaccessible to children and cannot attract vermin.

Plumbing/Sewage Disposal

Water supply pipes, faucets, or hoses below a sink rim, or in a drain or sewer may create a cross-connection between drinking water and dirty water.

A. The toilet ballcock (water flow control valve) must be one inch above the overflow pipe in the toilet tank.

B. Proper backflow prevention must be present for things such as:

1. A hose attached to a sink faucet.
2. A hose filling a wading pool.
3. An underground landscape/lawn sprinkler system.
4. A water softener drain line.

Plumbing must be in good condition and comply with local plumbing code.

The dishwasher drain hose must be fastened to touch the underside of the counter top. A dishwasher air gap device is preferred (required in commercial centers) to prevent backflow of sewage in the dishwasher.

Sewage must be properly disposed with no overflows or surfacing to cause food contamination.

Water Supply/Well Sample

The water must be from a Health District approved source and be free of contamination.

PRIVATE WELLS: CONTACT HEALTH DISTRICT

Our office will collect a sample of the water and inspect the visible portion of the well. Thereafter if there are more than 24 persons in the facility it is your responsibility to submit quarterly water samples to a private laboratory. If there are less than 24 persons in the facility then it must be a yearly sample.

A copy of each lab report will be sent to the Health District.

Hand Washing Facilities

- A hand sink needs to be close to the diaper changing area.
- A separate kitchen hand sink may be required in larger child care facilities for hand washing prior to preparing foods.
- The kitchen sink is not to be used for hand washing after changing diapers.
- A hand sink must be provided where care givers and children can wash their hands after using the restroom, before eating, and at other times as needed.
- The sink(s) used for hand washing must have hot and cold running water through a mixing faucet. Soap and paper towels must be present. (Soft or liquid soap is recommended in lieu of bar soap).

Diaper Changing

- The changing area cannot be in the kitchen or on counters or tables used for food preparation or dining.
- A smooth non-absorbent diaper changing surface is required.
- Plastic/vinyl mats or pads are acceptable if you use the smooth side.
- Dirty diapers and soiled clothing must be stored to prevent access by children.
- The employee is to sanitize the diaper changing surface after each diaper change.
- The employee is to wash his/her hands between each diaper change.
- The child's hands should also be washed.
- Disposable/cloth diapers:
  - There are no rules requiring a particular type of diaper.
  - The Health District recommends disposable diapers to lessen contamination of surfaces and hands.
  - They may be required to control an illness outbreak.
  - Disposable gloves are recommended.

Sleep, Play, & Restrooms Clean

Sleeping cots, blankets and mats are kept clean and sanitized regularly. Recommendations:

- Assign one set of bedding per child. Bedding should be separated during storage by placing each blanket in an individual cubbie, container or plastic bag.
- Do not store bedding directly on the floor.
- Keep play areas clean.
- Vacuum carpet daily.
- Toys, tables, and chairs should be washable and sanitized frequently.

- Equipment, materials, and furnishings shall be sturdy and free of sharp points/corners, splinters, protruding nails and bolts, hazardous small parts or lead based paint or poisonous materials.

TOILET ROOM:

Restroom(s) clean and ventilated. Carpet should not be immediately next to the toilet or urinal. Toilet training seats/potties are to be kept clean and should be sanitized after each use. **Do not** wash in dishwasher or dishwashing sinks.

Day Care Licensure

Who Needs A Day Care License

Idaho Code 39-1102 Basic Day Care License and 39-1103 Licensing Authority requires individuals providing care for thirteen or more children be licensed. Group Day Care are not required to be licensed but are required to have a Fire Safety inspection and criminal history check according to Idaho Code. A Basic Day Care License is optional for Group Day Care and Family Day Care according to Idaho Code.

There are three basic categories in which childcare facilities are placed.

A. Day Care Center: A facility that cares for 13 or more children.

B. Group Day Care: A home or facility that cares for 7 to 12 children.

C. Family Day Care: A home that cares for six or fewer children.

Starting the Day Care Licensing Process

To begin the day care licensing process, contact either the Department of Health and Welfare or your local licensing agency, whichever applies to the location of the facility. If applying to be approved "Idaho Child Care Program (ICCP)" provider, contact the Child Care Resource Center in the appropriate district/county office. Both of the licensing agencies will have handouts, checklists, background checks, and fees for obtaining licensure. Each agency will require a background check and fingerprinting for all employees who will be caring for children, a fire inspection from the local Fire Marshall, CPR and first-aid certification, and a health and safety inspection from the local health department .

Licensure Requirements and Fees

The following requirements and fees are applied to all licensed childcare facilities. Local jurisdictions may require licensure or have requirements for a child care business. Inquire with your local municipality or county before starting child care.

Department of Health and Welfare (DHW) Licensure:

After contacting the DHW and initiating the licensure process, submit the yellow copy of the DHW application to the health department, along with the required inspection fee of $35.00. The health district staff will schedule the health and safety inspection upon receipt of these items. Contact your local Fire Marshall to schedule a fire inspection. There may or may not be a fee associated with the fire inspection, depending on the fire district. The DHW will schedule a criminal history check for each employee of the child care facility.

The DHW license is renewed every 24 months. The DHW charges a license renewal fee of $10.00. A new health and safety inspection from the health district is required at the time of licensing renewal and requires a $30.00 fee to be paid to the health district. By sending a copy of the DHW application and $30.00 fee to the health district, a health and safety inspection will be scheduled. Waiting until the last minute to send in the application and fees may result in licensure expiration prior to having the health and safety inspection completed. A new fire inspection is also required at the time of licensure renewal. For questions regarding DHW licensure, contact the DHW office; for questions regarding the health and safety inspection, contact your local health department.

Fees associated with DHW licensure:

Criminal History check	$45.00 for each new employee
Health District Inspection	New $30.00 or $30 for established facility

Fire Inspection	Fee depends on Fire District
Licensure Renewal	$10.00 every 24 months (to DHW)

The Idaho Child Care Program (ICCP) Registration:

Childcare providers wishing to provide childcare for low income families may register as an ICCP provider, either in addition to their normal licensing or just as an ICCP provider. There is no cost associated with registering as an ICCP provider. After contacting your local ICCP office to register, a copy of the registration application will automatically be forwarded to the health district and a health and safety inspection will be scheduled. There is no fee for the health and safety inspection for ICCP registration. First Aid/CPR certification must be up to date.

Relative Child Care

This is a home in which a relative (over 18 years of age) is caring only for her/his grandchildren, nieces, nephews, or

Outdoor Safety

Toddlers and Two's:

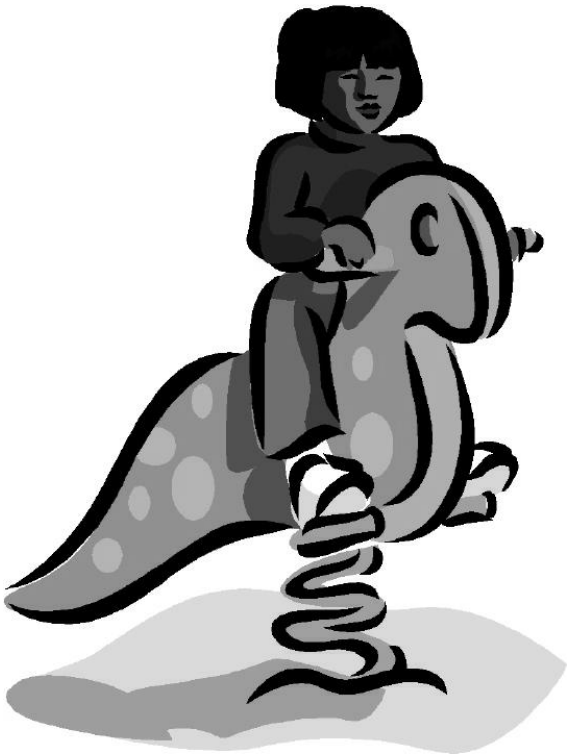
Have a separate play area for younger preschoolers featuring equipment for their size and needs.

Climbers and climbing toys should be low to the ground.

Swings should be low and have special toddler seats that support the child's whole body.

Slides should have high sides and should not be steep. Steps should be wide and low. There should be large platforms at the tops of the steps so there is room to sit down and turn around. Metal slides should face north or be shaded from the sun.

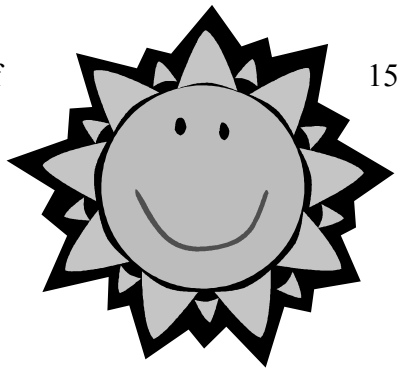
Wood chips (shredded bark) or pea gravel cushioning surfaces offer too many tempting objects to taste. A commercially produced cushioning surface or 9-12 inches of sand is more appropriate for this age group.



Threes, fours, and fives:

Children can resort to dangerous acts out of boredom. They need well designed, interesting equipment that offers a varied physical workout; jumping, swinging, climbing, balancing, crawling through tunnels, etc.

Playing Safe in the Sun



Children should always wear sunscreen with a minimum of SPF factor of 15.

Stay out of the sun during the time when UV levels are higher, generally between 10:00 a.m. and 2:00 p.m. Wear sunglasses to protect eyes from UV rays.

Use hats, umbrellas and other means of shading from the sun.

Avoid water activities during the hot part of the day, as water reflects the sun's light and increases the chance of sunburn.

Keep children well hydrated by providing water several times a day.

Outdoor Safety Checklist Recommendations

Date: _____

INSTRUCTIONS: Check the entire playground at least once a month. Do not use unsafe equipment until repaired.	**O.K.**	**Repair Needed**	**Damage Repaired**
1. A fence (minimum 5 feet high) protects children from potentially hazardous areas (e.g. streets, water). There must be two exits and gates that can be secured.			
2. The area is free of electrical hazards (e.g. unfenced air conditioners switchboxes, and power lines).			
3. The area is free of debris (e.g. broken glass, rocks, garbage).			
4. There are no poisonous substances such as poisonous plants, poisonous berries, mushrooms, animal feces.			
5. The sandbox or sand play area is covered when not in use.			
6. A sprinkler or hose is used for water play (to prevent drowning, diseases passed through water).			
7. 9-12 inches of non-compacted sand, pea gravel, shredded wood, or equivalent materials is in place under and around all climbing and moving equipment.			
8. Play equipment is placed at least 6 feet away form buildings, fences, trees, other playground equipment.			
9. Large equipment is secured in the ground. Legs are anchored with concrete at least 6 inches below the surface. If pegs are used, they are driven well into the ground.			
10. The equipment is sized to the age group served, with climbing heights limited to reaching height of children standing erect.			
11. There are no openings that can entrap a child's head (approximately 4-8 inches).			
12. Swing seats are sling type and constructed of soft lightweight materials.			
13. Moving parts are free of defects (no pinch, shearing, or crush points).			
14. Equipment is free of sharp edges, protruding elements, broken parts, and toxic substances.			
15. There are no frayed, open hooks or chains that could pinch.			
16. All bolts or screws on play equipment are tight and recessed or smoothly rounded; if protruding, cover with plastic safety caps.			
17. The adult to child supervision ratio is observed during outdoor play.			

References:
American Academy of Pediatrics, SKIPP Injury Prevention Program, Safety Tips For Home Playground Equipment
Frost, J., Playground Maintenance Checklist
Mass. Dept. of Public Health, Family Day Care Health and Safety Checklist, Work/Family Directions Development Corps, Boston MA
Mille, K., More Things To Do With Toddlers and Twos
Safety Checklist for Young Children, *Journal of NAEYC*, July, 1988:21

Guidelines for Toy Safety

Toys should be a source of fun and learning for children. Too often, toys with poor design, toys that are old, used incorrectly, or toys in bad repair can lead to serious, even fatal injuries. A major area of consideration for all toys is the durability and safety of the toys. Toys should be constructed to withstand the uses and abuses of children in the age range for which the toy is appropriate.

Safe Toys For Young Children Should Be:

- Well-made (no sharp points or splinters).
- Painted with non-toxic, lead free paint.
- Shatter proof.
- Easily cleaned.
- Durable.
- Not porous.
- Not electric or battery operated.
- Checked frequently for safety.
- Devoid of button eyes or small parts that can come off.
- Kept out of reach of very young or inappropriate age groups.
- Non flammable.

Check Your Toys For These Hazards!

- Airborne toys.
- Sharp points, jagged edges, rough surfaces.
- Nuts, bolts, and clamps that are loose.
- Sharp spikes or pins that have become exposed when your child pulled the toy apart.
- Squawker or other noisemakers that are not securely attached to the toy and that could be removed or swallowed.
- Battery toys with frayed or loose wires. Any electrical wiring should be labeled "UL Approved."
- Small detachable parts that could be swallowed or stuck in the throat, nose or ears.

For children under three years of age, a small part should be at least 1 1/4 inches in diameter and 2 1/4 inches long. Any part smaller than this is a potential health hazard. If it fits in a 35mm film canister, it is too small for a three year old.

What a Child Care Provider Can Do

- Look and read age and safety labels on toys.
- Explain and/or show the child how to use toys properly and safely.
- Keep toys intended for older children away from younger children who can be injured.

- Check all toys periodically for breakage and potential hazards – damaged or dangerous toys should be repaired or thrown away immediately.
- Store toys safely – teach children to put toys away so they are not tripping hazards, and check shelves for safety. Toy boxes are not recommended due to suffocation and falling lids.

Child Care Consultations

Dear Child Care Owner or Manager:

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that was created in 1972 by Congress in order to "protect the public against unreasonable risks of injuries and deaths associated with consumer products." You may be familiar with CPSC already because of our recalls of children's toy sand other products, like cribs and playpens.

CPSC estimates that during 1997 about 31,000 children, 4 years old and younger were treated in U.S. hospital emergency rooms for injuries at child care/school settings. CPSC is aware of at least 56 children who have died in child care settings since 1990. In a recent national study, CPSC staff visited a number of child care settings and found that 2/3 of them had one or more potentially serious hazards. The study also showed 5% were using products that had been recalled by CPSC.

To help remedy the situation, CPSC has prepared a Child Care Safety Checklist for child care providers and parents use. The checklist will help caregivers become informed about hidden hazards by giving them a list of things to look for to make their homes and child care setting safer for children. Parents can use the checklist when choosing child care setting and ensuring that the child care provider is vigilant in monitoring product recall announcements and removing dangerous items. A representative should provide a copy of this checklist for you.

Your local health department is working with CPSC to ensure child care facilities within your state are aware of potential dangers and to assist you in identifying how to help prevent injuries and ensure greater safety for children.

Additional copies of the checklist along with other pertinent information can be obtained by accessing CPSC through its website www.cpsc.gov. It is highly recommended that you visit this site often. You can perform the following activities on the website.

- Get CPSC's recall notices and other safety information automatically by subscribing to e-mail list.
- Check the recalls part of this web site for information on products recalled from 1989 to the present.
- Call CPSC's toll-free hotline, (800) 638-2772, for information on product recalls from 1973 to 1989.

For more information about children's safety and recalls of children's toys and products contact, Toll Free Hotline: (800) 638-2772 or U.S. Consumer Product Safety Commission, Washington DC 20207

Thank you.

Plants That Poison

Poisonous plants, household cleaners, and medicine are the three most common causes of accidental poisoning in children under 5 years old. The chart following shows the most commonly found poisonous plants in the Midwestern area of the United States.

This is not a complete list. All plants listed as deadly in bold type are very poisonous and may cause death if eaten.

Many mushrooms can be deadly. It is often hard to know which mushrooms are safe to eat, so it is best to not eat any wild mushrooms.

Two other poisonous plants not pictured in the chart are Holly berries and Mistletoe berries. This chart does not include poisonous seeds or plants causing skin rashes, such as Poison Ivy.

Call your doctor or Poison Control Center at once if you think your child has eaten any of these poisonous plants.

How to Prevent Plant Poisoning:

1. Teach your children never to put plants, plant parts, berries, or mushroom in their mouths.
2. Know the names of your house and garden plants, and which ones are poisonous.
3. Put poisonous houseplants, bulbs, and seeds up high where children cannot reach them.
4. Do not think a plant is not poisonous because birds and other animals eat them.
5. Cooking plants does not always destroy poisons in the plant.
6. **Call your doctor or Poison Control Center** if a child eats anything poisonous. Always have a bottle of **Syrup of IPECAC** at home.
7. Keep a sample of the plant.

Children are often attracted to the colorful berries, flowers, fruits, and leaves of plants, but more than 700 typical plants in the United States and Canada have been identified as poisonous. Most of these poisonings can be prevented. If eaten, some plant parts can cause a skin rash or upset stomach; others can even cause death.

CHILDREN HAVE DIED FROM EATING THESE PLANTS.

- Keep all plants away from small children.
- Teach children never to eat unknown plants.
- If you think a child may have eaten part of a poisonous plant, remove any remaining pieces of the plant from child's mouth. Bring a piece of the plant to the phone.
- Phone Poison Control Center before treating a child who has eaten a plant. Follow their directions.
- Keep an un-expired bottle of Syrup of IPECAC in a locked place if your policy allows. Use it only if the Poison Control Center tells you to make a child vomit.

Pesticides and Fertilizers

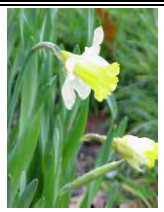
Fertilizers and pesticides used for gardens and lawns are toxic. They can remain active for several days. Contact with them can cause rashes, asthma attacks, headaches, or nausea.

Children take in the toxins by breathing the vapors, by absorbing them through their skin, or by eating something that has been contaminated.

After an application, keep children off the grass and out of the bushes for about three days. (Some residues still remain)**.**

Pictures of Plants That Poison

 DIEFFENBACHIE TOXIC PARTS: ALL PARTS SYMPTOMS: BURNING OF MOUTH AND TONGUE. DEADLY IF TONGUE SWELLS BLOCKING THE THROAT.	 PHILODENDRON TOXIC PARTS: ALL PARTS SYMPTOMS: BURNING OF MOUTH AND TONGUE. DEADLY IF TONGUE SWELLS BLOCKING THE THROAT.	 CASTOR BEAN TOXIC PARTS: SEEDS SYMPTOMS: DEADLY BURNING MOUTH & THROAT, DIZZINESS, UPSET STOMACH, CONVULSIONS, COMMONLY MADE INTO NECKLACES.	 ROSARY PEAS TOXIC PARTS: SEEDS SYMPTOMS: DEADLY BURNING MOUTH & THROAT, DIZZINESS, UPSET STOMACH, CONVULSIONS, COMMONLY MADE INTO NECKLACES.	 JERUSALEM CHERRY TOXIC PARTS: LEAVES, GREEN FRUIT. SYMPTOMS: DEADLY. UPSET STOMACH, JITTERY, UNCONSCIOUSNESS.
 IRIS Toxic Parts: Bulbs, leaves. Symptoms: Upset stomach.	 FOXGLOVE Toxic Parts: Leaves, seeds, flowers Symptoms: Deadly, Affects heart, upset stomach, mental confusion, convulsions.	 DUTCHMAN'S BREECHES (Bleeding Heart) Toxic Parts: All Parts Symptoms: Trembling, staggering, convulsions, trouble breathing.	 TANSY Toxic Parts: Leaves, flowers Symptoms: Upset stomach, numbness.	 RHUBARB Toxic Parts: Leaf Blade Symptoms: Deadly. Raw or cooked, leaves cause upset stomach, convulsions & unconsciousness.
 JESSAMINE Toxic Parts: All Parts Symptoms: Deadly. Upset stomach, jittery, staggering.	 LANTANA CAMARA (Red Sage & Wild Sage) Toxic Parts: Green Berries. Symptoms: Deadly. Weakness, upset stomach, staggering.	 YEW Toxic Parts: Leaves, stems, seeds. Symptoms: Deadly. Upset stomach, diarrhea, convulsions, sudden death.	 CHOKECHERRY (Wild & Cultivated Cherries) Toxic Parts: Twigs, foliage. Symptoms: Deadly, gasping, jittery, collapse, sudden death.	 ELDERBERRY Toxic Parts: Roots, leaves, stems. Symptoms: Upset stomach.
 BUTTERCUPS Toxic Parts: All Parts. Symptoms: Burns skin & stomach	 DEADLY NIGHTSHADE (All Nightshades) Toxic Parts: All, unripe berry. Symptoms: Deadly. Upset stomach, jittery, weakness.	 POISON HEMLOCK Toxic Parts: All especially roots. Symptoms: Deadly. Upset stomach, jittery, mental confusion, convulsions, sudden death.	 JIMSON WEED (Thornapple) Toxic Parts: All Parts. Symptoms: Deadly. Thirsty, dizzy, mental confusion, convulsions, unconsciousness.	 POKEWEED Toxic Parts: All especially roots. Symptoms: Deadly. Burning of mouth, upset stomach, trouble breathing, weakness, convulsions.

 ENGLISH IVY Toxic Parts: Leaves, berries. Symptoms: Upset stomach, trouble breathing, unconsciousness.	 DAFFODIL (Hyacinth, Narcissus, Amaryllis, Crocus) Toxic Parts: All especially bulbs. Symptoms: Deadly. Upset stomach, diarrhea, jittery, convulsions.	 OLEANDER Toxic Parts: Leaves, branches, flowers. Symptoms: Deadly. Heart Trouble, upset stomach, unconsciousness.	 CALADIUM Toxic Parts: All Parts Symptoms: Burning of mouth & tongue, Deadly if tongue swells blocking air to throat.	 CALA LILY Toxic Parts: All Parts Symptoms: Burning of mouth & tongue, Deadly if tongue swells blocking air to throat.
 LARKSPUR Toxic Parts: Young Plants, seeds. Symptoms: Deadly. Upset stomach, dizziness, depression.	 MONKSHOOD Toxic Parts: All Parts Symptoms: Dangerous. Upset stomach, jittery, heart trouble, trouble breathing.	 AUTUMN CROCUS Toxic Parts: Bulbs, flowers, leaves. Symptoms: Deadly. Vomiting, jittery, burning of mouth, upset stomach.	 STAR-OF-BETHLEHEM Toxic Parts: Bulbs, leaves. Symptoms: Vomiting, jittery.	 LILY-OF-THE-VALLEY Toxic Parts: All Parts. Symptoms: Upset stomach, affects heart.
 BOXWOOD Toxic Parts: Leaves, twigs Symptoms: Deadly. Upset stomach, vomiting, diarrhea, trouble breathing.	 DAPHNE Toxic Parts: All Parts. Symptoms: Deadly. Even a few berries can cause diarrhea, convulsions & death.	 WISTERIA Toxic Parts: Seeds, pods. Symptoms: Deadly. Common poison, upset stomach, collapse, trouble breathing.	 GOLDEN CHAIN Toxic Parts: Flowers, bean-like capsules with seeds. Symptoms: Deadly. Jittery, upset stomach, convulsions, unconsciousness.	 AZALEAS (Rhododendron, Laurels) Toxic Parts: All Parts. Symptoms: Deadly. Vomiting, trouble breathing, convulsions, heart trouble.
 BLACK LOCUST Toxic Parts: Bark, seeds, leaves. Symptoms: Upset stomach & weakness	 HORSECHESTNUT Toxic Parts: Flowers, seeds, sprouts, leaves. Symptoms: Deadly. Upset stomach, weakness, changing moods.	 JACK-IN-THE-PULPIT Toxic Parts: All Parts. Symptoms: Burning of mouth and tongue.	 MOONSEED Toxic Parts: Berries. Symptoms: Looks like wild grapes but berry has only one seed. Upset stomach.	 WATER HEMLOCK Toxic Parts: All Parts Symptoms: Deadly. Violent convulsions, upset stomach, weakness, cold hands & feet.

Guidelines for Food Preparation and Handling

The following discussion regarding proper handling of food is not intended to replace the existing food regulation, but to give the child care center operator a brief insight into some of the criteria necessary to prevent a food-associated disease outbreak. It is the operator's responsibility to contact the health department to obtain the necessary permits prior to opening for business.

Improper preparation, handling, and storage of food have been associated with children becoming ill while attending child care centers. For this reason, child care center operators must be aware of acceptable methods of preparing, handling, and storing food items in order to reduce the possibility of having children become ill from improperly handled food.

Food Source

Source of the food is one of the most important items to be considered in a food establishment. Only food from a health department approved source may be served. No home prepared foods, particularly home canned products, wile game, et. May be served in licensed facilities. Food from non-inspected or unapproved sources may be the cause for creating a food borne disease outbreak. Raw milk or reconstituted powdered milk may not be served. If milk is served, it must be Grade A.

Food Temperature

Improper temperature of food is the single most important item causing food borne illness outbreaks. It is imperative to maintain proper temperatures of all foods in order to prevent the multiplication of bacteria. If a food is served hot, it must be cooked to the appropriate temperature and held at a temperature of not less than 135˚F. If food is served or stored cold, it must be kept at a temperature of less than 41˚F. If a food is frozen, it must be thawed under refrigeration, as part of the cooking process, or under cold running water. Thawing food at room temperature is prohibited.

- A thermometer shall be provided in the refrigerator. Keep the temperature at 41˚F or less.
- Once food has been served to an individual, it is not acceptable to re-serve any unused portion.

Hygienic Infection Control Practices

Good hygienic infection control practices are essential to any food operation in order to limit the spread of communicable disease. Food hygienic practices must include washing hands when they become soiled. Hand washing is extremely important after using the restroom, changing diapers, and after smoking.

- Individual single-service paper towels shall be provided in toilet room and kitchen.
- Persons with open infected wounds, coughs, colds, sore throats, or other upper respiratory infections shall be restricted from working in the food operation.
- No person shall handle children or prepare food if they have a communicable disease.
- Individually marked cups, paper cups, or a drinking fountain shall be provided for the children's drinking. If marked cups are used, they should be stored in such a fashion that children cannot handle cups other than their own.
- Water shall come from a health department approved source; drinking fountains must be an approved design.

Sanitization of Multi-Use Utensils

All multi-use utensils should be washed with hot soapy water and rinsed in clear water, and sanitized by immersion in a water solution containing at least 50 ppm available chlorine or by bringing the surface temperature of the utensil to at least 160˚ F.

Three sinks shall be required to wash, rinse, and sanitize dishes. A home-based child care may use a two-compartment sink and a plastic tub containing 1 tablespoon of unscented (5% sodium hypochlorite) household bleach per gallon of water.

Home dishwashers with a sanitizing cycle are recommended in place of the sink.

Once utensils are clean, they must be stored in a manner that will prevent contamination by insects or rodents. Pots and pans should be nested on shelves upside down. All small utensils such as knives, forks, spoons, spatulas, etc. should be stored inside clean drawers in an orderly fashion.

Single service items such as paper plates and plastic utensils must be stored in such a manner to protect them from being contaminated. The reuse of single-service disposable utensils is unacceptable even if they have been subjected to the dishwashing process.

Storage Containers

Garbage containers should be watertight. Garbage containers should be kept covered when not in use to prevent entrance of insects. Outside garbage containers should be stored a minimum of 50 feet from the building.

Outside garbage cans shall be durable and have tight fitting lids. Inside garbage cans shall not be accessible to children (toddlers to 2 1/2 years).

Floors, Ceilings, and Walls

Floors, ceilings, and walls should be constructed of durable, smooth, easily cleanable, and light-colored materials. High-use surfaces (countertops and tables) can be kept cleaner and will not provide a place for bacteria or insects to feed if built of smooth, non-absorbent, durable material.

Bathrooms shall have no carpets around toilets or may have easy-to-clean throw rugs with non-slip backing on uncarpeted floors.

Pesticides, Cleaning Compounds, and Solvents

All toxic items, including cleaning compounds, pesticides, and solvents must be stored separately from food items, food preparation or food contact equipment. All toxic items must be kept in locked cupboards or stored out of reach of children.

The sewage disposal system must be working properly.

Dental Emergencies

First Aid Procedures

What would you do if a child broke a tooth? What should you do? Caregiver and teachers are sometimes faced with dental emergencies ranging from toothaches to broken teeth to canker sores. Following is a guideline to basic dental first aid procedures to follow until a dentist can be consulted.

Knocked Out Tooth

If a tooth is knocked out, find it, and place it in cold whole milk or water. Take the child and the tooth to the dentist immediately. DO NOT CLEAN THE TOOTH.

Broken or Displaced Tooth

Clean injured area with warm water. If injured area begins to swell, apply cold packs to outside of face. Take child to the dentist immediately.

Bitten Tongue or Lip

If bleeding occurs, apply pressure with clean cloth. If injured area begins to swell, apply cold packs. If bleeding does not stop or if bite is severe, take child to hospital emergency room.

Objects Wedged Between Teeth

Carefully remove object from between teeth with dental floss, if unable to remove, see a dentist. DO NOT remove any sharp object – see dentist immediately.

Possible Jaw Fracture

If jaw is broken or thought to be broken, do not move jaw. Wrap jaw with scarf, handkerchief, towel, etc. to immobilize the jaw and take child to hospital emergency room immediately.

Toothache

If a child has a toothache, rinse the mouth with warm water and floss teeth to remove any food particles. If swelling occurs, apply cold packs to outside of face area of swelling. DO NOT apply aspirin or other medications to aching tooth. Parent is recommended to take child to dentist.

Bleeding Gums

Bleeding gums are usually a result of poor oral hygiene. By removing plaque daily from the teeth and gums with a soft-bristled toothbrush and dental floss, the gum tissue should resume its normal condition. When red, swollen, or sore gums are present, rinse every 2 hours with a mixture of equal parts water and 3% solution of hydrogen peroxide or with warm saltwater solution. If this condition does not improve, a visit to the dentist is recommended.

Tooth Eruption Pain

Eruption of the permanent teeth is often accompanied by pain. Locate the eruption site and apply a cold pack to the exterior of face for temporary relief. A topical anesthetic such as Orabase with benzocaine, aspirin, or aspirin substitute may also be beneficial. DO NOT apply aspirin to gums. If pain persists, contact a dentist.

Cold Sores, Canker Sores, Fever Blisters

Determine if there is a cause for the irritation. Is it a broken dental appliance? Braces? For temporary relief, apply topical anesthetic such as Orabse with benozocaine and avoid hot spicy foods. An aspiring substitute may also be given for relief of pain or fever. DO NOT apply aspirin to sores. If sores are severe and not healed in 7-14 days and/or signs of fever and pain persist, contact a dentist.

Changing Diapers

NEVER leave a child unattended on diapering surfaces!

1. CHECK to be sure supplies you need are ready. PLACE roll paper or disposable paper towels on diapering surface where the child will be.
2. PLACE child on disposable paper towel on diapering surface, taking care to hold him only with your hands if his diaper is soiled.
3. REMOVE soiled diaper and clothes. PUT disposable diapers in a plastic bag, or PUT soiled clothes in a plastic bag to be taken home.
4. CLEAN the child's bottom with a premoistened disposable towelette or a damp paper towel. Then DISPOSE of the towelette or paper towel in the plastic bag or plastic-lined receptacle. REMOVE the disposable paper towel from beneath the child and dispose of it the same way.
5. WIPE your hands with a pre-moistened towelette or a damp paper towel. DISPOSE of it in the plastic bag or plastic-lined receptacle.
6. DIAPER or dress the child. Now you can hold him close to you.
7. WASH the child's hands and return him to his crib or group.
8. CLEAN and DISINFECT the diapering area, and any equipment and supplies you touched. Then wash YOUR hands.

CHECK all supplies before bringing the child to the diapering area.

- If a child has diarrhea, or visible stool, urine, blood, or vomitus on outer clothing, place a disposable paper product on the diapering surface before starting the changing activities. Discard this paper in the soiled diaper container or plastic bag.
- If a child has diarrhea, or if visible stool, urine, or blood has soiled the diaper changer's hands during the diapering activity, use a disposable moistened towelette to remove surface soiling from the hands before continuing changing activities, to prevent potential contamination.
- Commercial, moistened towelettes are often used to clean a child's "bottom." Discard used towelettes into plastic-lined containers intended for disposable diaper disposal. Caution: To prevent contamination, each child should have his own towelette container, labeled with his name.
- Following EVERY diaper change: the CHILD, regardless of age, must have his hands washed with liquid soap and running water before returning to new activities or the group. Towelettes are not recommended for routine hand washing practices. The ADULT must wash his hands with liquid soap, running water, and dry with a disposable paper towel or commercial air dryer. The hand washing sink, used for diapering activities, must never be the source for drinking water, food preparation, or for classroom activities.
- Gloves are recommended for diapering activities. When gloves are used, they must be removed and discarded following the removal of the soiled diaper and before rediapering the child, and/or before beginning any other activity.
- Discard used gloves into plastic lined containers intended for soiled disposable diapers. NEVER re-use gloves used to diaper a child for any purpose.

Cleaning and sanitizing (disinfecting) of diapering surfaces must be completed after every diaper change.

Components of a Diapering Area

- Establish one location for diapering activities. This area must never be used for classroom activities, food preparation, or for food or baby bottle storage.
- Diapering areas must be adjacent to a hand washing sink, supplied with running water, liquid soap, and disposable paper towels. A plastic-lined container with a tight fitting lid must be accessible for trash disposal from the hand washing activity. This sink may never be used as a source of drinking water, classroom activity water, or for food preparation water.
- Diapering tables must be constructed of a strong, sturdy, smooth, seamless, waterproof material which can be sanitized (disinfected) after each diaper change. The diapering surface must be free of breaks, chips, cracks or peeling, which prevents adequate sanitizing. Disease causing germs can grow in such conditions. A disposable paper towel surface cover may be used for each child; however sanitizing must still occur after each change.
- Two water-proof, plastic-lined containers must be accessible to diaper changing personnel, one for soiled diaper disposal and one for soiled clothing storage. These containers must never be accessible to children. Soiled clothing must be placed in plastic bags, labeled with child's name, and sent home for laundering unless the program has specific laundering policies which eliminate or strictly reduce the risk of contagious disease spread. NEVER place soiled clothing or diapers, etc. in children's diaper bags which store or transport food or bottles or in compartments (cubbies) that house personal items such as toothbrushes, clean clothes, food, or bottles.
- Following each diaper change, the diapering surface must be cleaned and sanitized (disinfected) to kill germs that cause disease. Provide an adequate spray disinfection solution.

Following each diaper change, BOTH the CHILD and the ADULT involved with the diapering activity must wash their hands with liquid soap and running water, drying with a disposable paper towel.

Disinfection Procedures

Germs can be found naturally on every surface and person in the child care facility. Since some germs can cause illness, disinfection is necessary to kill any harmful germs on toys, sleeping areas, blankets, eating utensils, clothing, diaper changing areas, food preparation counters, and other surfaces.

Body fluids such as blood, urine, feces, saliva, vomit, and pus can carry germs which cause disease. Proper cleaning and disinfection of surfaces in the facility help protect employees and children from these diseases.

Protection for Yourself:

1. If you can, wear an apron to protect your clothes. Wear easy-to-wash clothes. Soiled clothing, towels, bedding, diapers, etc. must be kept out of reach of children.
2. Use gloves when cleaning or when coming into contact with body fluids.
3. Wash your hands after changing a diaper, coming into contact with body fluids, or handling soiled laundry.

Instructions:

Use disinfectants according to label instructions. Too weak a solution is ineffective; too concentrated a mixture can be dangerous, corrosive, and wastes money.

Household Bleach:

1/2 cup per gallon of water for most surfaces (door handles, faucets).

1 cup per 10 cups water for blood spill (equal to 3 oz. or 6 Tablespoon per quart of water).

1 Tablespoon of bleach per gallon of water for toys, crib rails, eating utensils, food preparation surfaces (countertops, cutting boards).

Laundry

Wash with soap and water; presoak heavily soiled clothing. Wash clothing or other materials heavily soiled with body fluids separately from other items. If the items are not bleachable, add non-chlorinated bleach to the wash cycle. Wash your hands after handling soiled laundry.

Hard-Surfaced Floors, Walls, and Counters

Wear gloves to wipe or blot up spills as much as possible. Wipe or mop the area with a germicidal detergent or bleach solution.

Mops, Gloves, Brushes, Sponges, and Cleaning Cloths

Must be disinfected after use. Rinse and store out of reach of children.

Carpets and Rugs

Use a sanitary absorbent powder, let dry and vacuum. These powders can be obtained at janitorial supply houses. OR: Wear gloves and blot up as much of the spill as possible. Use a brush and germicidal rug shampoo.

Toilet and Potty Chair

Wear gloves. Pour out the contents of potty-chair down the toilet. Scrub out the chair and/or toilet with disinfecting cleaner and let air dry.

Glasses Dishes, Eating Utensils, and Drinking

Wash in warm, soapy water. Rinse in clean water. Rinse in disinfecting solution. Air dry. Unscented household bleach is readily available and easy to use as a disinfectant. Sanitization concentration of disinfecting solution for food contact surfaces is to be 50-200 ppm chlorine, 200-400 ppm of quarternary ammonia compound. If another type of disinfectant is proposed, consult your health department.

Bleach Solutions

General Purpose: Spray solution

- 1/4 cup bleach to 1 gallon water

  OR

- 1 tablespoon bleach to 1 quart water

(for tabletops, toys, general sanitizing, etc.)

Diaper Area/Bathroom/Illness/Injury

- 1/4 cup bleach to 1 gallon water

(for diaper areas, bathrooms, sickrooms, blood/body fluid contamination)

Soaking solution: Dish sink or basin

- 1 tablespoon bleach to 1 gallon water

Mix solution in sink, basin, etc.
Allow a 2 minute soak
Air dry on sanitary surface

(for dishes, mouthed toys, pacifiers, water toys, manipulative learning items, visibly contaminated items, etc.)

Soaking Solution: Laundry

- 1 tablespoon bleach to 1 gallon water in the washing cycle.

3-5 minute soak or washing cycle
Rinse fabrics with fresh water

Air dry or warm/hot dryer settings (for fabrics or items contaminated with blood, urine, feces, mucus, vomitus, body fluids, etc.)

Chlorine bleach solutions are currently recommended for sanitizing disinfecting practices in early childhood settings. Household bleach is effective in killing many disease causing organisms. Chlorine bleach is an inexpensive product, which is easily accessible in every community. Chlorine bleach is used in very dilute solutions, allowing for repetitive sanitizing of items or surfaces which directly and indirectly go into the mouth. An EPA approved germicidal product may be used for sanitizing and disinfecting, however, caution must be used to prevent a toxic substance from accumulating or remaining on items such as mouthed toys, dishes, flatware, kitchen utensils, thermometers, table tops, or pacifiers.

CHLORINE BLEACH GUIDELINES

Bleach can irritate the skin, eyes, or lungs if used incorrectly. Call POISON CONTROL for appropriate management instructions if bleach has been swallowed or splashed in the eyes.

Cleaning and Sanitizing

Cleaning: Remove dirt, grease, debris, and many germs by washing or scrubbing with soap (detergent) and water and then rinsing the soapy area with fresh water.

Sanitizing/Disinfecting: To kill disease-causing germs on contact. This process is accomplished by the use of household bleach solutions, commercially prepared products (germicides), or physical agents such as high heat. The activity of sanitizing reduces the number of disease-causing germs to a "safe" level by using one of these methods:

- Household bleach must contain at least 5.25% sodium hypochlorite (active ingredient)
- Never mix bleach with toilet cleaners, solvents, rust removers, etc. Products containing ammonia or acid can release hazardous gases if mixed with bleach.
- Store bleach in the original container, away from heat, pilot lights, or direct sunlight.
- Never reuse bleach containers for liquids or food storage.
- Make spray solutions at least once each week. Daily is best.
- Clearly label the spray bottles with bleach solutions contents (use a permanent felt tip marker).

- Spray solutions kill many germs in a very short contact time.
- Soak solutions may take from 2 to 5 minutes to kill germs.
- OSHA guidelines include the use of 1:10 bleach and water for some infection control practices.

Hand Washing Steps

Hand washing is a disease prevention practice which must be done correctly and at appropriate times to be effective.

- Young children must be reminded to wash their hands at appropriate times;
- Young children must be monitored for correct hand washing steps to ensure effectiveness;
- All diapered children, regardless of age, must have their hands washed after diapering.
- Use all steps; moistened towelettes are NOT recommended for routine hand washing practice. However, they may be used in the absence of soap and water, such as a field trip or for quick removal of dirt and sticky substances.

Supplies Include:

Warm running water, with mixing type faucets; sinks that drain quickly and completely.

Appropriate Hand Washing Times Include:

Adults:

- When you arrive at the program/school;
- Before and after first aid or temperature taking;
- Before and after preparing foods, snacks, or bottles;

- Before and after giving medications;
- After using the toilet or helping a child to use the toilet;
- After diapering a child;
- After you handle items soiled with waste or body fluids such as urine; saliva; stool; and blood or discharge from the eyes, nose, or sores;
- After prolonged sneezing or coughing;
- After caring for a pet, animal or sick child;
- After messy activities;

Children:

- When they arrive at the program/school;
- Before eating meals and snack;
- After their diaper is changed;
- After they use the toilet;
- After playing with animals and pets;
- After outdoor play;
- After prolonged coughing, sneezing, or wiping nose;
- After messy activities.

How Diseases Are Spread

This section tells about disease that can spread from one person to another. Children in the home or in any type of child care setting can get these diseases, but they have MORE chances to pick up disease germs when they spend a long part of each day in a group setting. Knowing about these diseases and how they spread will help you take measure to stop them in your child care setting.

There are three basic kinds of diseases that occur in child care:

- Diseases that spread through the intestinal tract
- Diseases that spread through the respiratory system
- Diseases that spread through direct contact (touching)

Diseases That Spread Through the Intestinal Tract

Several diseases that travel easily among young children pass from the intestinal tract of one person to another. When a few of these disease germs enter a person's MOUTH, they pass through the stomach into the INTESTINES and multiply there. Some of these diseases, like certain kinds of diarrhea, affect the intestinal tract only.

Diseases that spread through the intestinal tract appear in the stool (bowel movement, feces) of anyone who has the infection, WHETHER OR NOT THAT PERSON SEEMS OR FEELS SICK. This is why hand washing after using the toilet or changing diapers is ALWAYS important, not just when there is a known case of illness in your center.

Disease germs can live outside the body on objects or surfaces for hours or even days. Since you can't see germs without a microscope, an object can LOOK clean even when there are disease-causing germs on it. Just a few germs are enough o spread an infection to another person or contaminate something that might end up in a child's mouth.

Children who are not yet toilet trained probably pass intestinal tract infections most easily, but ANYONE who doesn't carefully follow correct hygiene procedures can spread illness.

Diseases That Spread Through the Respiratory System

Another group of diseases that occur most frequently in child care groups spread from the respiratory system of one person to another. Respiratory disease spread through the air when a person coughs or sneezes or even speaks or sings. In groups of children, respiratory infection may also spread by contact with saliva or the runny nose of an infected person. This can happen when a hand or an object touches the mouth, nose or eye of another child or adult. Or, it can happen through kissing or sharing food. Respiratory disease germs can live on cloth, tissues, or other surfaces for hours or even days. Therefore, touching contaminated toys, tissues, and objects can spread these diseases.

People often spread respiratory disease during the incubation period before they come down with symptoms. Sometimes a child or an adult can spread one of these diseases even if they never develop symptoms of illness themselves.

Diseases That Spread By Direct Contact (Touching)

Other diseases that can be problems in child care are spread by direct contact. In other words, someone can catch these diseases imply by touching the infected area of another person's body. The most common diseases in this group are: HEAD LICE, IMPETIGO, SCABIES and CHICKEN POX.

Infection Control Measures

TREAT ALL BODY FLUIDS AND BLOOD AS IF THEY WERE INFECTIOUS!

Hand washing

- Supplies include warm running water; liquid soap; and disposable, single use paper towels or commercial hand blowers.
- Wash the fronts, backs, and in between the fingers with soap and gentle pressure (friction).
- Dry hands completely with a single use paper towel or commercial hand blowers.
- Hand washing guidelines apply to infants, children, and adults who have experienced potential exposure.

Wash hands BEFORE:

- Preparing food, snacks, or bottles.
- Serving food, snacks, or bottles.
- Eating food, snacks.
- Giving medication or taking temperatures.
- Cleaning wounds or changing bandages.
- Doing any medical or invasive procedure.
- Beginning activities that involve food.

Wash hands AFTER:

- ANY contact with stool, urine, vomitus, mucus, pus, blood, or body fluid.
- Playing with pets, animals, or birds.
- Changing a diaper.
- Changing a bandage.
- Tending to a sick child (person) for any reason.
- Using the toilet.
- Messy activities.
- Playing outside, sandboxes, on equipment, etc.

Remember:

- Bathrooms and hand washing areas must be regularly supplied.
- Diapered age children must have their hands washed for them, especially after diapering.
- Young children must be monitored and reminded of hand washing steps each day.
- Moistened towelettes are not recommended for routine hand washing. They may be used in the absence of running water and soap, like field trips and for a quick clean-up for soil, grime, or sticky substances.

Disease Risks Increase With Dirty Or Contaminated Hands. Stop The Spread!

Gloves

- Latex, disposable gloves are to be used by individuals performing high-risk procedures. Gloves only protect the person wearing them, so care must be taken to prevent contaminated gloves from infecting others or the environment.

Wear Gloves for High-Risk Procedures Such As:

- Cleaning up vomitus, stool, blood, urine, pus, and body fluids or secretions.
- Changing bandages, especially if blood, pus, or signs of infection are present.
- Cleansing or controlling wounds that bleed or have broken the skin, such as nosebleeds, tooth loss, cuts.
- Changing diapers.
- Handling linens, clothing, diapers, equipment or surfaces that have been soiled with blood, vomitus, stool, urine, or body fluids.

Gloving Guidelines Include:

- High-Risk Procedures are used when you anticipate the presence of potentially infectious materials, items, fluids, or tasks. Contact includes pus, mucus, vomitus, open wounds, stool, vaginal fluids, semen, or blood.
- Gather all supplies and equipment before putting gloves on.
- Discard visibly contaminated and potentially contaminated gloves, paper towels, bandages, cotton balls, tissues, etc., used during high risk procedures into a separate, closed plastic bag before disposal into the plastic-lined trash receptacle.
- Remove gloves immediately after completing high-risk procedures, by peeling them off of the hands, thus turning the gloves inside out; discarding the gloves into the bag of contaminated items or into the plastic-lined, soiled diaper receptacle.
- After removing gloves, proceed with the task of re-diapering, re-bandaging, replacing supplies, etc.
- Wash your hands before moving to another activity.
- Gloves used for high-risk procedures must be discarded immediately. They must be single use, disposable gloves. NEVER reuse these gloves.
- CAUTION: Not all gloves are made for re-use. They must be purchased as gloves for cleaning, and are generally a heavier, sturdier glove made of a rubber-type material.

Sanitation/Disinfecting

- Sanitation/disinfecting practices include cleaning the item or surface with soap and water to remove soil, grime, debris, and oils prior to the sanitizing activity.
- Sanitizing or disinfecting practices kills germs (pathogens) by: using commercially prepared germicidal agents (not just antibacterial); using physical agents such as very high temperatures or heat; and using household bleach and water solutions.
- The activity of sanitizing will kill germs, on contact, when properly used. The activity of cleaning reduces the germs to a “safer level” by the use of soaps, detergents, cleaners, and water.

- Sponges are never recommended for sanitizing activities because they harbor germs and spread them to surfaces.
- Dishwashers clean items, and can assist in the sanitizing process if the water temperature is hot enough, the water pressure is adequate, and the cycle length is appropriate.
- An EPA approved germicidal solution may be used for sanitizing activities, however, care must be taken to prevent toxic substances from accumulating or remaining on items that directly or indirectly go into the mouth.
- Fabrics contaminated with blood, stool, vomit, pus, mucus, or other body fluid must be handled carefully, and laundered separately from general laundry or commercial laundry services.
- Automatic clothes dryers on hot settings and direct sunlight assist in the germ killing process.

Laundry Bleach Solutions

- 1 tablespoon household bleach, mixed with 1 gallon hot water, in the wash cycle.
- Minimum 5 minute wash cycle, hot dryer.

Soak Bleach Solution

- 1 tablespoon household bleach, mixed with 1 gallon water, room temperature mixed in a sink, bucket, or container for rinsing 2-5 minute soak. Remove from the bleach rinse and AIR DRY.

General Bleach Spray Solution

- 1/4 cup household bleach, mixed with 1 gallon water in a well labeled spray bottle. Allow a minimum of 10 seconds contact time before wiping dry with a disposable paper towel.

Bloodborne Exposure

- 1 part household bleach, mixed with 10 parts water in a well-labeled spray bottle. Allow a 10-25 second contact time before wiping dry with a disposable paper towel.

Diapering Area

- 1/4 household bleach to one gallon of water in a well-labeled spray bottle. Allow a 10-25 second contact time before wiping dry with a disposable paper towel.

Bagging

- Disposal of items which are visibly contaminated or potentially infectious must be separated from the general trash by proper disposal into a separate, closed (tied off or taped) plastic bag.
- Before bagging, bulk stool or vomitus may be discarded into the toilet and flushed. Caution: Limit rinsing, shaking, wringing or dunking to prevent contamination of your clothing, skin, toilet and air.

Types of Bagging:

- Disposal diaper, diaper wipes and gloves, etc. must be placed into a plastic lined container before disposal into the general trash (diaper pail).
- All clothing which has been soiled with urine, vomitus, stool, blood or other bloody fluid must be placed into a separate plastic bag, labeled with name and sent home for laundering. Note: Children should have a change of clothes available to them. If the program provides laundry service, all staff must know how to handle contaminated laundry.

- All contaminated syringe needles, glass, blades or vials must be discarded into an appropriate "sharp's container." NEVER re-cap needles. Sharps containers must be discarded according to state and local OSHA guidelines.
- All paper towels, bandages, cotton, gauze, gloves, etc., used for any type of bleeding injury must be discarded into a separate sealed, plastic bag before discarding into a plastic lined trash receptacle.
- All sanitary napkins and feminine hygiene products must be placed into a plastic lined trash receptacle and sealed or tied off before discarding in the general trash.

CAUTION:

- All gloves used during high risk procedures, must be properly discarded immediately after use.
- Store the contaminated, labeled, laundry bags in a separate plastic lined receptacle until laundry is picked up by parents, laundry service or laundered at the program site. Do not place in cubbies or diaper bags, as these areas often contain clean items, food and/or bottles. Contamination is very likely. Although these guidelines are accepted infection control measures, they are not intended to replace or substitute the mandated OSHA standards which may apply to the school or child care program. If the program is responding to the Federal Standards, and are developing an OSHA Exposure Control Plan, strict criteria must be met.

Symptoms of Illness

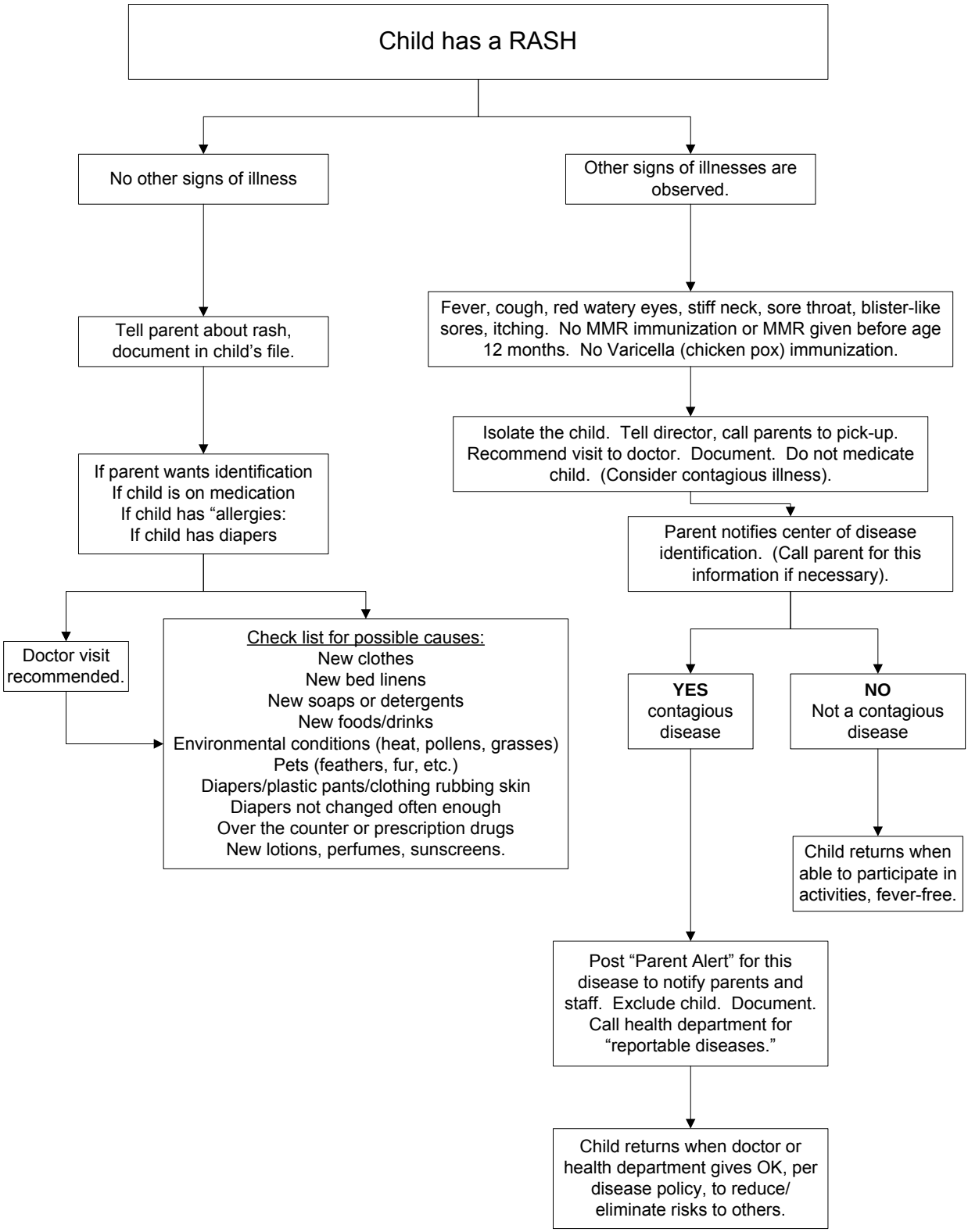
A child should be checked as they enter the child care facility and observed for illness throughout the day.

- Severe coughing – child gets red or blue in the face (makes high-pitched croupy or whooping sounds after he coughs)
- Breathing trouble – especially important in an infant under six months old
- Yellowish skin or eyes
- Pinkeye (tears, redness of eyelid lining, irritation, followed by swelling and discharge of pus)
- Unusual spots or rashes
- Infected skin patch(s) – crusty bright yellow, dry, or gummy areas of skin
- Feverish
- Unusual behavior – cranky, less active than usual, cries more, looks unwell
- Frequent scratching of scalp or skin
- Gray or white bowel movement
- Unusually dark, tea-colored urine
- Sore throat or trouble swallowing
- Headache
- Vomiting
- Loss of appetite
- Diarrhea

When a Child Has Symptoms

- Inform the doctor
- Isolate the child
- Check temperature if feverish
- Remind child to cover mouth when sneezing or coughing and to wash their hands
- If you wipe a nose, throw the tissue away and wash your hands
- Wash your hands if you touch a child who might be ill
- Occasionally ask each child's parent(s) whether everyone in the family is well. If a child's family member is sick, watch for signs of illness in the child

Rash Flow Chart



Features of Rash Illness

DISEASE	SIGNS/SYMPTOMS	TYPE OF RASH	OTHER FEATURES
Measles (10 day or hard Measles)	3-4 days of fever higher than 101° F; red, watery eyes; sensitivity to light, cough, runny nose, tired.	Red, raised, blotchy rash which begins on face and neck; spread downward covering the entire body. In 5-6 days rash is brownish color, occasional peeling appearance.	• Highly contagious air-borne spread. • White spots can appear in mouth, on inside of cheeks. • Rash does not usually itch. • Immunization for prevention is important.
Rubella (3 day or German measles)	Children may have few or no early signs. Adults: 1-5 days of low-grade fever; headache; joint pains; runny nose; tired; red, watery eyes. Swollen glands in neck or behind ears.	Pink to red rash, beginning on head or neck and spreading downward, fades and disappears in about 3 days. No peeling appearance.	• Many infections are so mild, they go unrecognized. • Serious concern to pregnant women; may cause birth defects in fetus. • Immunization for prevention is important.
Chicken Pox (Varicella virus)	Generally low-grade fever for 1-3 days, loss of appetite, headache.	Early rash appears like insect bites, random sites, progress to red, raised lesion with small watery blister in center. All stages of rash can appear at the same time. Lesions usually crust and scab in 5-10 days.	• Lesions can appear on scalp; genital regions; or in mouth, ears, or armpits • Disease is spread by infected droplets in air or on surfaces and/or by contact with watery blisters.
Scarlet Fever	1-3 days extremely tired, sore throat, fever, vomiting.	Fine, bright red rash that briefly turns white if you press on it. Most prominent on neck, armpits, groin, or folds of skin. Light peeling of hands/feet. Rough, sand-paper feel to the touch; spread downward covering the entire body. In 5-6 days rash is brownish color, occasional peeling appearance.	• Face can be flushed (red) with a white ring around the mouth, tongue can swell and look coated with "strawberry" appearance. • Relationship of scarlet fever and rheumatic heart disease in untreated cases.
Fifth Disease	Usually none; easily spread in epidemics among young children. May see low-grade fever, tired, body aches.	Red, brightly flushed cheeks; red, lace-like rash on trunk, arms, and legs. Last about 7-9 days.	• Sunlight makes rash worse. • Face has "slapped-cheek" appearance. • Rash may recur for few weeks. • Spread by respiratory secretions/airborne droplets.

DISEASE	SIGNS/SYMPTOMS	TYPE OF RASH	OTHER FEATURES
Roseola	3-5 days of fever over 100°F; may see runny nose, tired, body aches.	Sudden, raised, smooth rash which disappears in 24-48 hours. Starts on trunk, can become total body rash.	• Rash follows the fever • Generally mild illness; however it is easily spread in groups of young children.
Hands, Foot & Mouth (Coxsackle Virus/Enterovirus)	Sudden onset, fever to 103°F. Sore throat, cold-like symptoms, headache, tired, nausea, vomiting, diarrhea.	Red, raised rash, mostly on trunk and face. May appear on palms of hands/soles of feet. May see blisters in mouth; fluid-filled bumps on hands, feet. Rash lasts 1-19 days.	• Several different disease syndromes may be present. • Virus shed in stool; good hand washing is very important to limit spread of disease.
Impetigo	Rash appears as little pin sized "pimples," but evolves quickly into major skin eruptions filled with clear or cloudy colored pus.	Begins as small blisters that break, spreading discharge to skin surfaces. Causes skin lesions. White or yellow crusty scabs form.	• Children often have rash on chin, cheeks, or mouth • Impetigo itches! • Hand washing very important! • Medications needed for treatment.
"Heat Rash" (Prickly Heat)	Often appears in moist skin folds of legs, arms, and neck; also common at waistline and on buttocks.	Bands of reddened areas or patches of reddened skin surfaces.	• Heat rash is a result of hot, humid conditions and direct skin contact with itself, wet diapers, or clothing. • Most often associated with plastic diaper pants or disposable diaper plastic irritating the skin surface and increasing the sweat gland stimulus.
Diaper Rash	Reddened skin on buttock, or "diaper area" as a result of irritation from stool, urine, infection, or prolonged contact with plastic diapering materials. Grows in moist, warm conditions.	Rash can be generalized reddened skin surfaces, evolving to blistered appearance with skin breakdown. Can become inflamed, moist, and bleeding patches.	• This rash causes discomfort and pain. • Diaper rash can be caused by prolonged contact with soiled diapers. • This rash may be caused by fungal or viral infections (germs which are contagious).
Drug or food reaction rashes	Ranges from fever; red, runny eyes; hives; sores in the mouth; genital lesions; asthma like symptoms to extreme difficulty breathing.	Rash may appear as raised skin surfaces like "welts" or hives in a cluster. Itching usually present. Rash may appear rapidly, and can range from an isolated skin area to a full body rash.	• Assess the use of new medications, food, or skin surface lotions, etc. to prevent further illness by immediately eliminating them. • This rash can be a sign of a serious, quickly-occurring condition, especially if it appears for no apparent reason or if no other signs or illness are present.

- If a rash occurs suddenly with fainting, swelling, vomiting, and/or difficulty breathing, CALL 911.
- Do not ignore rashes; they are not a normal state of health, and can be a symptom of contagious illness.
- In group settings, post a "Parent Alert" notice if a rash is diagnosed or identified as a contagious illness.
- Call the local health department for information regarding rash symptoms.
- Even non-contagious rash conditions can be a symptom of a health threat… even if it is just unsightly, uncomfortable, or itchy! Medical attention may be needed to reduce symptoms or disease risks.

Idaho Reportable Diseases List

IDAHO REPORTABLE DISEASE LIST

Health care providers, laboratorians, and hospital administrators are required, according to the Rules and Regulations Governing Idaho Reportable Diseases, to report the following confirmed or suspected communicable diseases and conditions to their local health district or state Office of Epidemiology within three (3) working days of identification or suspicion (unless otherwise noted below).

Bacterial Diseases

- Anthrax [immediately]
- Brucellosis [24 hours]
- Botulism: foodborne, infant, other [immediately]
- Campylobacteriosis
- Chancroid
- Chlamydia
- Cholera [24 hours]
- Diphtheria [immediately]
- *E. coli* O157:H7, other toxigenic non-O157 strains [24 hours]
- Gonorrhea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae*, invasive disease [24 hours]
- Legionellosis/Legionnaire's disease
- Leprosy
- Leptospirosis
- Listeriosis
- Lyme disease
- *Neisseria meningitidis*, invasive [24 hours]
- Pertussis [24 hours]
- Plague [immediately]
- Psittacosis
- Relapsing fever (tick and louse borne)
- Salmonellosis (including typhoid fever) [24 hours]
- Shigellosis (all species)
- Streptococcus, group A, invasive
- *Streptococcus pneumoniae* (pneumococcus), < 18y
- Syphilis
- Tetanus
- Tuberculosis
- Tularemia [24 hours]
- Yersiniosis (all species)

Rickettsia and Parasites

- Amebiasis
- Cryptosporidiosis
- Giardiasis
- Malaria
- *Pneumocystis carinii* pneumonia (PCP)
- Q-fever [24 hours]
- Rocky Mountain spotted fever
- Trichinosis

Other

- Cancer (report to Cancer Data Registry, 338-5100)
- Extraordinary occurrence of illness, including syndromic clusters with or without an etiologic agent [24 hours]
- Foodborne illness/food poisoning [24 hours]
- HUS (hemolytic uremic syndrome) [24 hours]
- Lead > 10 ug/dl
- Newborn screening abnormal findings: [24 hours]
  - Biotinidase deficiency
  - Congenital hypothyroidism
  - Maple syrup urine disease
  - Galactosemia
  - Phenylketonuria
- Reye's syndrome
- Rheumatic fever
- Severe reactions to any immunization [24 hours]
- TSS (toxic shock syndrome)
- Waterborne illness [24 hours]

Viral Diseases

- Encephalitis, viral or aseptic
- Hantavirus pulmonary syndrome [24 hours]
- Hepatitis A [24 hours]
- Hepatitis B [24 hours]
- Hepatitis C
- HIV/AIDS: positive tests (HIV antibody, HIV antigen & other HIV isolations, CD4 count < 200 cells/mm³ or < 14%)
- HTLV (human T-lymphotrophic virus)
- Measles (rubeola) [24 hours]
- Meningitis, viral or aseptic
- Mumps
- Myocarditis, viral
- Poliomyelitis [24 hours]
- Rabies, human [immediately], animal [24 hours]
- Rabies post-exposure prophylaxis
- Rubella, including congenital rubella syndrome [24 hours]
- SARS [24 hours]
- Smallpox [immediately]
- West Nile virus

REPORTING A CASE

All reports are confidential and must include:

- Disease or condition reported
- Patient's name, age, sex, address (including city and county), phone #
- Physician's name, address, phone #

ROUTINE 3-DAY REPORTS

During normal working hours contact your **local health district; after hours** use the automated state Office of Epidemiology 24-hour WATTS reporting line at **1-800-632-5927**. Reports can also be mailed.

24-HOUR REPORTS

During normal working hours contact your **local health district** or the state Office of Epidemiology. After hours use the automated state Office of Epidemiology 24-hour WATTS reporting line at **1-800-632-5927**. If the reporting period falls on a weekend contact the **State Comm Public Health paging system: 1-800-632-8000**

IMMEDIATE REPORTS / EMERGENCY NOTIFICATION

During normal working hours **contact your local health district** or the state Office of Epidemiology. Contact the **State Comm Public Health Paging System** after hours: **1-800-632-8000**

2/2004

When to Notify Parents and Contact the Health Department about an Infectious Disease

When one or more children attending a child care setting are diagnosed with any of the following diseases you need to contact your local health department epidemiologist.

Amebiasis

Bacterial Meningitis

Campylobacteriosis

Mumps

Pertussis (Whooping Cough)

Cryptosporidiosis

Diphtheria

E. coli 0157:H7

Giardia

Salmonellosis

Hepatitis A

Hepatitis B

HIV (AIDS)

Measles

Polio

Hepatitis B

Rubella

Shigella

Tuberculosis

It is essential to notify the health department immediately when a child in a child care setting has a serious infectious disease. The goal of the health department is to help the child care provider prevent the further spread of infectious disease.

The information sheets in this manual can be used to notify parents about infectious disease and answer most of their questions. Letters are provided to be given to the parents for most of the diseases. However, if any children in your facility have one of the above diseases please contact your local health Department epidemiologists as soon as possible.

When to notify Parents if the illness is in the school/daycare

The following is a list of illness that parents should be informed of but are not reportable to the health department.

Conjunctivitis (Pinkeye)

Fifth Disease

Hand Foot and Mouth

Impetigo

Ringworm

Scabies

(Strep or Scarlet Fever)

The information sheets in the manual can be used to notify parents about the above diseases and answer most of their questions. If you have any questions, please contact your local health department.

Amebiasis

Signs and Symptoms:

On average, about one in ten people who are infected with E-histolytica become sick from the infection. The symptoms are often quite mild and can include loose stools, stomach pain, and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with stomach pain, bloody stools and fever. Rarely E. histolytica invades the liver and forms an abscess. Even less commonly, it spreads to other parts of the body such as the lungs or brain.

Immediate Intervention:

All chidren with diarrhea should be excluded. If the child comes back positive for Amebiasis, they may return 24 hours after they start medical treatment and/or at least two approved fecal specimens collected 24 hours apart are negative for Amebiasis.

Incubation Period:

From a few days to several months or years; usually 2-4 weeks.

Contagious Period:

A person is no longer contagious 24-48 hours after beginning medical treatment.

Transmission:

Mainly spread through the ingestion of food or water that has been contaminated with amoebic cysts.

By putting anything into your mouth that has touched the stool of a person who is infected with Amebiasis; or by touching and bringing to your mouth cysts (eggs) picked up from surfaces that are contaminated with Amebiasis.

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of Amebiasis, the individual should be excluded from the group setting until 24 hours after beginning medical treatment and/or at least two approved fecal specimens collected 24 hours apart are negative for Amebiasis.

Contacts:

Contacts may not perform food handling duties, or care for children in child care center, if signs and symptoms of Amebiasis are present.

Screening of other contacts that do not have signs and symptoms is not recommended.

Reports Required:

All cases of need to be reported to your local Health Department.

Campylobacteriosis

Signs and Symptoms:

Diarrhea, abdominal pain, fever, nausea, and vomiting. Often the stool (feces, bowel movement) will be bloody.

Immediate Intervention:

Child should stay home until he/she has received at least 2 days of Erythromycin treatment and the diarrhea has stopped.

Incubation Period:

From 1-10 days, usually 3 to 5 days after infection.

Contagious Period:

During the time the person is ill. Treatment with antibiotics can shorten the time the infected person may spread the disease to 2 or 3 days.

Transmission:

Contaminated water, raw milk, food, and infected animals and people transmit this illness. The germs are in the stool of anyone who is infected. The germs may get on the infected person's hands when they use the toilet or germs may go to the hands of a caregiver changing an infected child's diaper. From the contaminated hands, the germs may be spread to another person, or they may contaminate something which might end up in the child's mouth (toys or food).

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of Campylobacteriosis, the individual should be excluded from the group setting until 2 approved fecal specimens have been collected at least 24 hours apart and are both negative for Campylobacteriosis.

Contacts:

Contacts may not perform food handling duties, or care for children in child care centers, if signs and symptoms of Campylobacteriosis are present.

Screening of other contacts that do not have signs and symptoms is not recommended.

Reports Required:

Cases reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread this disease by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand washing after toileting, after changing diapers and before food preparation and eating.

Chickenpox (Varicella)

Signs and Symptoms:

Slight fever, listlessness, a rash that can be seen and felt, and then the rash appears as small fluid-filled blisters (vesicles) for 3-4 days. The blisters break and then scab over. Several stages of blisters may be present at the same time.

Immediate Intervention:

Isolate the individual.

Incubation Period:

Commonly 14-16 days; some cases occur as early as 11 days and as late as 20 days after contact.

Contagious Period:

Two days before blisters appear until all blisters have dry, complete scabs.

Transmission:

Spread by direct contact with the fluid in the blister or items contaminated with the fluid. Dry scabs are not infective. Also spread by contact with the secretions from the nose and mouth of an infected individual. These secretions may be on environmental surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until all blisters are scabbed over and dry, and the individual is fever-free for 24 hours.

Contacts:

No restrictions.

Reports Required:

No reports required.

Special Features:

Chickenpox, also called varicella, is a highly contagious but not usually serious disease caused by a herpes virus.

Individuals with chickenpox should not take aspirin. Non-aspirin products may be used for fever-reduction. The use of aspirin has been associated with Reye's Syndrome.

Use of creams or lotions containing diphenhydramine (Benadryl) is not recommended, unless prescribed by a health care provider.

Varicella-zoster immune globulin (VZIG) may be recommended in immunocompromised children, and adults with no history of chickenpox who are exposed to the disease. VZIG may also be recommended for a newborn infant of any woman who develops chickenpox within 5 days before delivery to 48 hours after delivery. If pregnant and exposed to chickenpox, the pregnant woman should inform her health care provider.

Shingles (herpes zoster) is a recurrence of a previous infection with chickenpox. Do not exclude individuals with shingles if blisters can be covered completely with clothing, or a bandage. Keep covered until blisters are scabbed over and dry.

Recommended immunization schedules may include varicella vaccine given on or after the first birthday. A second dose may be needed for older children and adults. Varicella vaccine has been used in the past for certain high-risk individuals, and in studies to determine its effectiveness.

Informational Letter for Parents
Chickenpox

Dear Parents:

A child in our school/daycare center has chickenpox. Chickenpox, one of the most common infections of childhood, is highly contagious, but rarely a serious health threat to otherwise healthy people.

What are the symptoms?

Symptoms of fever and skin rash begin 14 to 21 days after exposure to a contagious person. The skin rash begins as red bumps on the chest, back, underarms, neck, and face. These change into blisters and finally form scabs.

Who is contagious?

Persons are contagious from a day or two prior to developing the rash until the last crop of blisters has dried into scabs. Children may return to daycare or school when all the blisters have scabbed over. Exposed children without symptoms do not need to stay home unless chickenpox develops.

If your child is taking steroid medication like Cortisone or Prednisone, or has ever been treated for cancer, you should immediately seek advice from your physician to see if your child may need special preventative treatment.

If your child develops chickenpox, you may wish to discuss the illness with your child's physician.

If you have any questions, please call your local health department office or medical provider.

Conjunctivitis (Pink Eye)

Signs and Symptoms:

Watering, irritation, and redness of the white part of the eye and/or the lining of the eyelids. Swelling of the eyelids, sensitivity to light, and a pus-like discharge may occur.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider for treatment.

Incubation Period:

From 24-72 hours.

Contagious Period:

From the onset of signs and symptoms, and while the eye is still red and draining.

Transmission:

Direct contact with the discharge from the eyes or items soiled with discharge.

School/Child Care Attendance:

Cases:

Exclude until signs and symptoms are gone or until 24 hours after appropriate treatment has been initiated and signs and symptoms are greatly reduced.

Contacts:

No restrictions.

Reports Required:

No reports are required. If there is an unusual increase in the number of individuals affected with conjunctivitis (above 10% in a single group setting), notify the local health department for additional management steps.

Special Features:

Individuals should be counseled not to share towels, wash cloths, or eye make-up.

Careful hand washing after contact with discharge from the eyes or articles soiled with the discharge is necessary. Throw away all tissues immediately after one use. Use face cloths one time and on only one individual before laundering.

Viral conjunctivitis, unlike bacterial conjunctivitis, will not respond to antibiotic treatment and the signs and symptoms and contagious period will be prolonged.

Informational Letter for Parents
Conjunctivitis (Pink Eye)

Dear Parent:

A child in our school/daycare center has developed conjunctivitis (pink eye).

What is conjunctivitis?

Conjunctivitis means the "whites of the eyes" have become red due to irritation or an infection.

What causes conjunctivitis?

Chemicals, allergies, or direct contact with discharge from the eyes of infected persons. Discharge from the eye(s) on fingers, towels, washcloths, and handkerchiefs may spread the infection.

Is conjunctivitis contagious?

Yes, if certain viral or bacterial organisms cause it.

What are some of the symptoms of infectious conjunctivitis?

1. Itching, irritation, and a scratchy feeling in one or both eyes.
2. A discharge, which may cause the eyelids to stick together in the morning.

How can conjunctivitis be prevented?

By excluding infected children from daycare or school during the active stage of infection and by thorough hand washing at all times after wiping noses or faces. DO NOT use a common washcloth, drying towel, or blankets for the children. Children may return 24 hours after the start of antibiotic treatment.

What should I do if I think my child has conjunctivitis?

See your physician for diagnosis and treatment.

If you have any questions, please call your local health department office or medical provider.

Cryptosporidiosis (Cryptosporidium parvum)

Signs and Symptoms:

Diarrhea (loose, watery stools), cramps, upset stomach, and sometimes fever. Some people will not develop symptoms at all.

Immediate Intervention:

Child should stay home until he/she has submitted 2 approved fecal specimens collected at least 24 hours apart and they have come back negative for Cryptosporidiosis. In December 2002 the FDA approved a drug treatment, nitazoxinide for patients 1-11 years of age only. Persons with diarrhea should drink plenty of fluids to keep hydrated. Infants, the elderly, persons with compromised immune systems, or other chronic illnesses are at greater risk of serious illness as a result of cryptosporidiosis.

Incubation Period:

Generally from 7-10 days, but can last as long as twenty-one days.

Contagious Period:

During the time the person has diarrhea. Infected persons can pass the parasites in their stool for up to two months after becoming ill.

Transmission:

Swallowing water containing the oocyss (oh-oh-cysts) which are the infectious stage of the parasites. The oocysts can be found in contaminated lakes, rivers, springs, ponds, streams, irrigation water, hot tubs, Jacuzzis, or swimming pools. Eating uncooked food, especially unwashed vegetables or fruit contaminated by cryptosporidium. Oral/anal sexual contact with an infected person. Contact with contaminated surfaces such as children's toys, bathroom fixtures, diaper changing tables, diaper pails, etc. Not washing hands after handling soiled diapers or after playing with infected animals, especially calves, puppies and kittens.

School/Child Care Attendance

Cases:

Child care restriction – Once a child has been confirmed with Cryptosporidiosis, they must have 2 approved fecal specimens collected at least 24 hours apart and are both negative for Cryptosporidium before returning to child care. Children and adults with cryptosporidiosis should not swim in public pools or water parks for two weeks after diarrhea stops.

Contacts:

Contacts may not perform food handling duties, or care for children in child care center, if signs and symptoms of Campylobacteriosis are present.

Reports Required:

Case reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread the disease by poor hygiene habits.

Cytomegalovirus Infections (CMV)

Signs and Symptoms:

Often no apparent symptoms. Fever, sore throat, listlessness, generalized swollen lymph nodes may be present. Swelling of the spleen or abdomen and a skin rash are less common symptoms. Jaundice occurs in rare cases.

Immediate Intervention:

None.

Incubation Period:

From 3-8 weeks. Or 3-12 weeks for infections acquired during birth.

Contagious Period:

Young children infected with CMV may excrete the virus in their stool, urine, and secretions from the nose and mouth intermittently for months to years.

Transmission:

Direct contact with infected mouth or nose secretions, breast milk, urine, cervical secretions, or semen.

School/Child Care Attendance:

Cases:

No restrictions.

Contacts:

No restrictions.

Reports Required:

None required.

Special Features:

Care in handling diapers and all items contaminated with body secretions is essential. Use careful hand washing, sanitation, and diapering practices. Special attention to sanitation of mouthed toys throughout the day.

CMV can cause stillbirth and birth defects in rare cases. If pregnant and working with young children, the pregnant woman should question her health care provider about potential exposure to CMV infection.

Informational Letter for Parents
Cytomegalovirus Infections (CMV)

Dear Parent:

A child at our school/daycare center has Cytomegalovirus Infection (CMV). For most healthy children and adults who get CMV after birth there are few symptoms and no long-term health consequences.

It is important to contact your medical care provider if you are pregnant and have had a potential exposure to CMV since it can cause stillbirth and birth defects in rare cases.

What causes Cytomegalovirus?

The infection is acquired by direct contact with mouth or nose secretions, breast milk, stool or urine from a person who is infected with Cytomegalovirus.

What are the signs and symptoms?

CMV usually has no apparent symptoms initially. Once a child has the infection it will live in the body and may cause fever, sore throat, listlessness and swollen lymph nodes. Occasionally there will be swelling of the spleen or abdomen and a skin rash. Occasionally jaundice will occur.

How can Cytomegalovirus be prevented?

The best way to prevent CMV is to make sure your child is washing their hands. If there are further questions or concerns contact your health care provider.

Diarrheal Diseases

DISEASE	SIGNS/SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	TRANSMISSION	SCHOOL/CHILD CARE ATTENDANCE
Staphylococcal Food Poisoning	Nausea, cramps, vomiting, diarrhea	1-6 hours	Not contagious person to person	Food/hands contaminated with toxins; storing food at room temperature	Exclude until no symptoms are present*
Salmonella (Salmonellosis)	Diarrhea, cramps, fever, vomiting, headache	6-72 hours	Throughout infection; several days to several weeks	Swallowing of organisms via food, water, or mouthed items; Highly infectious person-to-person	Exclude until no symptoms are present*
Shigella (Shigellosis)	Cramps, diarrhea, bloody stool, fever	1-3 days	Throughout infection; up to 4 weeks without treatment, 1 week with treatment	Swallowing of organisms via food, water, or mouthed items; indirectly from infected hands	Exclude until no symptoms are present and antibiotics are started
Campylobacter (Campylo-bacteriosis)	Cramps, diarrhea, bloody stool, fever	2-5 days	Throughout infection; 2-7 weeks without treatment, 2-3 days with treatment	Swallowing of organisms via food, water, or mouthed items; indirectly from infected hands	Exclude until no symptoms are present*
Amebiasis	Fever, chills, diarrhea, bloody stool; or some people may experience no symptoms	2-4 weeks	Throughout infection; can be infectious for years without treatment	Swallowing of organisms via food, water, or mouthed items; indirectly from infected hands	Exclude until no symptoms are present*
Giardia (Giardiasis)	May have no symptoms; may see chronic diarrhea to intermittent diarrhea. Symptoms can include gas, bloating, foul-smelling stool, blood in stool	7-10 days	Throughout infection, months to years without treatment	Swallowing of organisms via food, water or mouthed items; indirectly from infected hands	Exclude until no symptoms are present*

*Individuals shall be excluded from food handling activities and provision of personal care to children in day care settings until symptom-free and 2 successive NEGATIVE stool cultures, taken at least 24 hours apart, have been obtained.

E. coli O157:H7/Shiga Toxin producing E.Coli

Signs and Symptoms:

Infected people show a range of symptoms, including mild diarrhea, or no symptoms at all. Most identified cases develop severe diarrhea and abdominal cramps. Blood is often seen in the stool. Usually, little or no fever is present.

Immediate Intervention:

Child should be excluded from school until seen by a provider and diarrhea has stopped.

Incubation Period:

2-8 days, usually 3-4 days

Contagious Period:

Less than 1 week in adults. Up to 3 weeks in children. Prolonged infections are uncommon.

Transmission:

Occurs by the ingestion of undercooked beef, unpasturized milk, and fruit and vegetable products fertilized or irrigated with contaminated water. Person to person spread is common within families and day care centers. Waterborne transmission has been documented from lakes, shallow wells, and under chlorinated swimming pools.

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of E. coli 0157:H7, the individual will be excluded until 2 approved fecal specimens are negative for E. Coli 0157:H7.

Contacts:

Contacts may not perform food handling duties, or care for children in child care centers if signs and symptoms are present.

Screening of other contacts, which do not have signs or symptoms, is not recommended.

Reports Required:

Cases reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread this disease by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand washing after toileting, after changing diapers and before food preparation and eating.

Fifth Disease

Signs and Symptoms:

May be mild illness: Low fever, headache, body ache, nausea, or chills for 2-3 days. About a week later a rash appears beginning with bright-redness of the cheeks (slapped check appearance). The cheeks are hot but not painful. There may also be scattered red raised spots on the chin, forehead, and behind the ears. Approximately 1 day later a lace-like rash spreads to upper arms and legs, and sometimes the trunk. This lacy rash may disappear and then reappear over a period of weeks, particularly after exposure to sunlight, or extreme heat or cold. Adults may not develop the rash but may experience aching in the joints, particularly at the wrist and knees.

Immediate Intervention:

Exclude all individuals who have fever.

Incubation Period:

From 4-14 days.

Contagious Period:

Before the appearance of the rash during the mild symptoms.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude all individuals until fever-free. Fever-free individuals diagnosed with Fifth disease may return to the group setting although a rash may still be present.

Contacts:

No restrictions.

Reports Required:

None. If there is an unusual absentee rate (above 10% of individuals in a single group setting) with Fifth Disease, notify the local health department for additional management steps.

Special Features:

Most cases occur in the late winter and early spring. Fifth Disease is caused by human Parvo virus B19 which lives in the nose and throat. Outbreaks of this illness among children in child care and elementary school are not unusual.

Many people have already had Fifth Disease before reaching young adulthood. It is estimated that half the adults in the United States are immune because of previous infection.

There is no treatment for Fifth Disease.

Informational Letter for Parents
Fifth Disease

Dear Parent:

A child in our school/daycare has been diagnosed with Fifth disease. Fifth disease, also called "slapped cheek disease," is an infection caused by parvovirus B19. Outbreaks most often occur in winter and spring, but a person may become ill with fifth disease any time of the year. Most persons who get fifth disease are not very ill and recover without any serious consequences. However, children with Sickle Cell Anemia, chronic anemia, or an impaired immune system may become seriously ill when infected with parvovirus B19 and may require medical care.

What are the symptoms?

Symptoms begin with a mild fever and complaints of tiredness. After a few days, the cheeks take on a flushed appearance that looks like the face has been slapped. There may also be a lacy rash on the trunk, arm, and legs. Not all infected individuals develop a rash.

Who is contagious?

Once the rash appears, the child is no longer contagious. Therefore, a child who has been diagnosed with fifth disease need not be excluded from school/childcare. However, a child does need to be kept at home until the fever is gone.

Pregnant women and parents of children who have an impaired immune system, sickle cell anemia, or other blood disorders may want to consult their physician.

If you have any questions, please call your local health department office or medical provider.

Haemophilus influenzae Meningitis

Signs and Symptoms:
Early signs of the disease are fever, sometimes associated with unusual sleepiness, stiff neck, vomiting, irritability, and lack of appetite. The disease can also cause the following serious infections:

- Meningitis – swelling of the covering of the spinal cord
- Cellulitis – swelling of the deep skin tissues
- Epiglottitis – swelling of the epiglottis in the throat
- Pneumonia – infection of the lungs

Meningitis is the most common of these serious infections.

Immediate Intervention:
Isolate the individual until no longer communicable.

Incubation Period:
Unknown, probably short, 2-4 days

Contagious Period:
During the time the person is ill. If treated with antibiotics the person may become non-communicable within 48 hours.

Transmission:
The bacteria can be found in the nose and throat of healthy children and adults. They may be spread person to person through contact with discharges from the nose and throat of an infected individual. Entry of the bacteria is most common through inhalation.

School/Child Care Attendance:

Cases:
Any child diagnosed with the disease shall not attend a child care facility or school as long as the disease is in a communicable form.

Contacts:
No restrictions.

Reports Required:
Case reports are required.

Special Features:
Haemophilus influenzae Type b is a disease in which a childhood immunization (HIB) exists and vaccination continues to be the best prevention for the disease. Children two years old and younger are most likely to develop the disease.

In a childcare setting if only 1 child is diagnosed with the disease, household contacts of the child may be treated and treatment may not be recommended for contacts within a child care facility. On the other hand, if two (2) or more cases occur in a child care facility then treatment of children and providers may be warranted. As in all cases, treatment options are up to the physician.

Giardiasis

Signs and Symptoms:

Often occurs without symptoms. A variety of diarrhea symptoms may be present including frequent loose, watery (or unformed) stools. Stools may be foul-smelling and accompanied by cramping and gas.

Immediate Intervention:

If symptomatic, exclude and refer to a health care provider for specific stool examination and treatment.

Incubation Period:

From 3-25 days; average 7-10 days.

Contagious Period:

As long as the protozoan is present in the stool.

Transmission:

Stool-to-mouth (fecal-oral) by way of unwashed hands, or food contaminated by unwashed hands. Often transmitted in the child care setting among diapered children. Drinking untreated water from lakes or streams.

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of giardia, the individual should be excluded from the group setting until 48 hours after appropriate treatment has been initiated and the individual has no diarrhea, cramping, or fever.

Contacts:

Contacts may not perform food handling duties, or care for children in child care centers, if signs and symptoms of giardiasis are present.

Screening of other contacts, which do not have signs or symptoms, is not recommended.

Reports Required:

Cases reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals without signs or symptoms can spread this parasite by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand-washing after toileting, after changing diapers, before food preparation, and before eating.

Hand, Foot, & Mouth Disease
(Coxsackie Virus Infection)

Signs and Symptoms:

Fever, and a sore throat accompanied by small sores in the mouth. Small blister-like rash may be present on the hands and feet. Occasionally a rash may be present on the buttocks.

Immediate Intervention:

Isolate and exclude while fever and mouth sores are still present.

Incubation Period:

3 – 5 days.

Contagious Period:

Most contagious during the time when the fever and sore throat are present, but the virus may be present in the stool for several weeks.

Transmission:

Contact with secretions from the nose, mouth, and throat. Also stool-to-mouth (fecal-oral) spread by way of unwashed hands, or foods contaminated by unwashed hands.

School/Child Care Attendance:

Because of the increased opportunities for spread in the child care setting, management will differ from the school setting.

Cases:

Child Care:

Exclude until fever-free and mouth sores are no longer present.

School:

Exclude until fever-free.

Contacts:

No restrictions.

Reports Required:

No reports are required.

Special Features:

Hand, Foot, & Mouth Disease is seen most often in the summer and early fall.

Care in hand washing, as well as handling diapers and all items contaminated with stool and secretions of the nose, mouth, and throat, is essential.

Informational Letter for Parents
Hand, Foot and Mouth Disease

Dear Parent:

A child in our school/daycare has been diagnosed with Hand, Food and Mouth Disease.

What is Hand Foot and Mouth Disease?

Hand, foot, and mouth disease is a common illness of infants and children and is usually a mild disease. Nearly everyone will recover without medical treatment in 7 to 10 days. It is often confused with foot-and-mouth disease of cattle, sheep and swine. Although the names are similar, the two diseases are not related at all and are caused by different viruses.

What causes Hand, Foot, and Mouth Disease?

Hand, foot, and mouth disease is caused by the coxsackie virus and occurs mainly in children under 10 years old.

What are the signs and symptoms?

Generally a child will have a mild fever, poor appetitite and sore throat. One or 2 days after the fever begins, painful sores develop in the mouth. They begin as small red spots that blister and then often become ulcers that can be found on tongue, gums and inside of the cheeks. A small blister-like rash may be present on the hands and feet and occasionally the buttocks.

How can Hand, Foot and Mouth Disease be prevented?

Children are most contagious during the time when the fever and sore throat are present. For that reason all children must be excluded from daycare until fever-free and mouth sores are no longer present.

Head Lice (Pediculosis)

Signs and Symptoms:

Itching of the scalp. Lice and nits (eggs) found in hair, especially at the nape of the neck and behind the ears.

Immediate Intervention:

Isolate and exclude. Where exclusion is not practical (shelters, crisis nurseries, overnight cramps) procedures which include treatment, screening of contacts, and environmental management must be carried out immediately and at the same time as treatment.

Incubation Period:

From 6-14 days.

Contagious Period:

As long as live lice are present on the head or in the environment.

Transmission:

Direct head-to-head contact between individuals, or indirect spread through shared items such as combs, brushes, head phones, towels, hats, coats, and sleeping mats or cots. Upholstered furniture, car upholstery, rugs, carpets, and items like stuffed animals can harbor head lice. Head lice can survive off the body for 1-2 days, allowing for re-infestation. Household pets are not a source of head lice.

School/Child Care Attendance:

Cases:

Exclude until initial treatment has been completed. School may have a "NIT-FREE" policy.

Contacts:

All family members, close contacts, and classroom contacts should be checked and treated if infestation is found.

Reports Required:

No reports are required. If there is an unusual increase in the number of individuals infested (above 10% in a single group setting), notify the local health department for additional management steps.

Special Features:

Many effective over-the-counter products are available without a prescription. Home remedies are most often ineffective, and some are dangerous. Pregnant women and the parents of infants should contact a health care provider for treatment recommendations.

- Educate parents on treatment steps.
- Shaving the head is unnecessary!
- Only treat infested individuals.
- Follow specific treatment directions found with the product used on the hair.
- Improper or excessive use of products may cause toxic effects.
- Some lice are resistant to treatment. To assure effective treatment, all nits must be removed.

- Remove as many nits as possible with a fine-tooth comb or by picking nits from the hair with fingers or nit-removal tweezers. Discard the comb or tweezers immediately.
- Wash recently used clothing, bedding, towels, combs, and brushes with soap and hot water (at least 120° F) for 10 minutes.
- Place items that cannot be cleaned (stuffed animals for example) in a sealed plastic bag for 10-14 days.
- Vacuum carpets, mattresses, upholstered furniture.
- Environmental pesticide sprays are not recommended for lice management in the home or group setting.

Head Lice Advice and the Licemeister™ Comb

The following information is for parents who have been unsuccessful eliminating head lice from their home. "Have you been shampooing hair, laundering, vacuuming, bagging everything, spraying pesticide in the house, using mayonnaise, tea tree oil and other home remedies?" Stop!

- Spend your energy nit picking. Since we are only dealing with head lice and not body lice, laundering every piece of clothing in the house is not necessary. DO launder bed linens and pajamas and wash clothes that the person is wearing the day of treatment.
- Lice normally cannot survive more than 24 hours off of our heads. They need warmth (our body heat) and food (our blood). Without us they die. They will not leave us unless they detect another person's head and hair nearby. Lice are not well adapted to walking on surfaces except hair. Lice prefer to follow hair like a train will follow a track.
- Vacuum mattresses and sofas. A live nit attached to a hair that falls off the head can survive more than 24 hours. However, it will not hatch without adequate warmth (approximately 90˚F). The newly hatched louse also must have food and it may not find any on a sofa or carpet unless you happen to be there when it hatches.
- Nits. A newly laid nit looks dark gray. They are attached to hair close to the scalp. As the hair grows it moves the nit further from the scalp. Empty nits are white in appearance. Nits containing a developing louse or a dead one look light brown or tan-colored.
- Nit removal is the key to successful elimination of head lice. The best comb for louse and nit removal is the LiceMeister™ comb. The comb has 1/5 inch-long stainless steel teeth with precision spacing. Health Department personnel and parents who have used the comb know it is the most effective and efficient mechanical device for removing nits.
    - If you have already used a louse shampoo in the past week, shampoo the hair with regular shampoo and use the LiceMeister™ to remove any nits and live lice. Section off the hair before starting and combing.
    - Lice of all ages/sizes are removed by the LiceMeister™. Dip the comb in hot tap water (over 130˚F) after each pass through the hair. Boiling is not necessary. The hot water will kill the live lice and nits. Keep the same side of the comb facing the scalp so lice will not be put back onto the next hair section combed. After use wash with soap and water.
    - The use of the LiceMeister™ comb eliminates the needs to use other chemical treatment. Regular use of the LiceMeister™ can remove lice and nits before a big problem arises.
- The LiceMeister™ is available from the National Pediculosis Association, P.O. box 610189, Newton, MA 02161. The internet address is www.headlice.org

Informational Letter for Parents
Head Lice

Dear Parent:

A child in our school/daycare center has head lice. Lice are small insects which spend their entire lives living on humans. Having lice is not a sign of poor hygiene habits. Properly treated cases are no longer infectious.

How is it spread?

Lice spread easily by direct contact with the infested person or by sharing scarves, bed sheets, blankets, pillows, combs, or brushes with a person who has lice. Lice do not jump or fly; they only crawl. Animals do not spread human lice.

How would I know if my child has lice?

Lice cause scalp itching. Look for the lice or their eggs on their hair where the hair comes out of the scalp. Lice are small (less than 1/8 inch long), tan-colored insects, alive and moving. They prefer the back of the scalp, behind the ears and above the neck. The eggs (nits) are gray-white specks glued to the hair. Even if you cannot find the insects, lice must be there if the eggs are there, and treatment has not been performed.

How do you get rid of head lice?

1. Use a medication prescribed by your doctor or an over-the-counter, nonprescription product from the drug store. Follow the directions as listed on the product.
2. Clean personal items by any of the following methods:
    - Washing in hot water and soap in a washing machine.
    - Putting in hot dryer for 20 minutes.
    - Dry cleaning.
    - Storing in a sealed plastic bag for two weeks.
    - Boiling combs, brushes, curlers, etc. for ten minutes or; soaking in 2% Lysol* and water for one hour.
    - Freezing for 12 hours.
3. Thorough vacuuming of (carpeting) floors, furniture and cars is recommended. Insecticide sprays are not recommended.

How do I get the nits off after successful treatment?

A fine-tooth comb may be adequate. After two treatments, the removal of nits should not have any effect in preventing more lice as the eggs have either hatched or they are dead.

REMEMBER: Head lice are not choosy about who they infest. ANYONE can get them. They typically cause no illness – only some inconvenience. The important thing is to treat promptly and thoroughly. Your cooperation is essential in preventing the spread of head lice.

If you have any questions, please call your local health department office or medical provider.

*Brand names are mentioned for identification purposes only and do not constitute a health department endorsement.

Hepatitis A

Signs and Symptoms:

In adults and older children: sudden onset with loss of appetite, nausea, vomiting, listlessness, fever, abdominal pain. Often followed by jaundice, or dark-colored urine (cola-colored).

Young children with hepatitis A disease often have no symptoms, or symptoms listed above may be mild.

Immediate Intervention:

Refer to a health care provider for evaluation and diagnosis.

Incubation Period:

From 15-50 days; average 28-30 days.

Contagious Period:

From 1-3 weeks. Most contagious at least 1 week before the onset of illness. No longer contagious 1 week after the onset of jaundice.

Transmission:

From stool-to-mouth (fecal-oral) spread by way of unwashed hands or foods contaminated by unwashed hands. Hands can become contaminated during toileting and diapering activities.

School/Child Care Attendance:

Because of increased opportunities for spread in the child care setting, management will differ from the school setting. See Contacts.

Cases: Individuals with diagnosed cases of Giardia shall not attend group settings until the disease is no longer communicable as determined by a licensed physician. Children must have a note from the physician.

Exclude food handlers with hepatitis A from working in food serving during the first 2 weeks of illness.

Contacts:

Immune Globulin (called IG, ISG or GG) is often recommended for household contacts, and child care contacts. Rarely, immune globulin will be recommended for the public school setting. This decision is based on a case-by-case investigation by the local health department. To be effective, immune globulin must be given to contacts within 2 weeks of the last exposure to the infected individual. Immune globulin is safe for pregnant women.

Reports Required:

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

For child care: Immediate telephone reports of cases or suspect cases in staff, children, or the household contacts of children are required.

For schools: Case reports are required.

Special Features:

Hepatitis A is a viral infection of the liver. This infection interferes with liver's ability to digest food and keep the blood healthy. Most people will recover completely from this infection and maintain lifelong immunity to Hepatitis A Virus.

Careful hand washing, monitoring of diapering practices, and management of soiled diapers are important prevention steps.

Because Hepatitis A Virus may survive on objects in the environment for weeks, careful cleaning and sanitizing of diaper changing areas, bathrooms, and food service areas is important.

Immunization schedules include Hepatitis A vaccine.

Hepatitis B

Signs and Symptoms:

Gradual onset of illness may include: loss of appetite, nausea, vomiting, abdominal pain, cola-colored urine, jaundice, diarrhea, itching of the skin, muscle and joint pain. Early symptoms vary with individuals.

Immediate Intervention:

Refer to a health care provider for evaluation, diagnosis and treatment.

Incubation Period:

From 45-180 days, average 60-90 days.

Contagious Period:

When Hepatitis B surface antigen (HBsAg) blood test is positive. This blood test may be positive for the rest of an individual's life.

Transmission:

Casual contact with an Hepatitis B Virus (HBV)-infected person presents no risk of infection. HBV can be transmitted from person-to-person through:

Sexual intercourse (anal, vaginal, or rarely oral) with an infected individual;

Sharing HBV-contaminated intravenous needles and syringes used for street drugs, steroids, or tattoos;

Careless handling of items contaminated with infected blood or body fluids (bandages, tissues, paper towels, diapers, gloves, sanitary pads, hypodermic needles/syringes);

Saliva or an HBV-infected individual who bites another when the bite breaks the skin;

Rarely, transfusion of infected blood or blood products; and

From an infected mother to her baby in the womb, during birth, and possibly through breast feeding.

School/Child Care Attendance:

Cases:

Exclude until the individual's signs and symptoms have disappeared and the person feels well enough to return.

Contacts:

No restrictions. For significant exposure, a health care provider may recommend immediate immunization with Hepatitis B immune globulin (HBIG). Hepatitis B vaccine may also be indicated.

Report Required:

Report is required, contact the health department.

Herpes Simplex

Signs and Symptoms:

Fever Blisters (cold sores): Typically, clusters of tiny, fluid-filled blisters on a reddened base of skin around the lips, in the mouth, or on the face. These blisters crust and heal within a few days. Also called "cold sores."

Genital Herpes: Clusters of very small (pencil-point size) fluid-filled blisters on a reddened base of skin in the genital area.

Immediate Intervention:

Isolate, exclude, and refer to the health care provider for diagnosis and appropriate treatment.

Incubation Period:

3-5 days

Contagious Period:

From the onset of the blisters until they are scabbed over and dry, generally from 2 to 24 days.

Transmission:

Fever Blisters: Direct contact with the virus in saliva, sores, or drool.

Genital Herpes: Through intimate sexual contact.

Herpes infections may be transmitted from an infected mother to her infant in the birth canal during delivery.

School/Child Care Attendance:

Because of the increased opportunities for spread in the child care setting, management will differ from the school age setting.

Cases:

Child Care

Fever Blisters: Exclude until fever-free and mouth sores are scabbed over.

Genital Herpes: Exclude until fever-free and genital sores are scabbed over.

School

Fever Blisters: Exclude until fever-free. Mouth sores may still be present.

Genital Herpes: Exclude until fever-free.

Contacts:

No restrictions

Report Required:

No report required.

Special Features:

Both fever blisters and genital herpes are caused by infections with specific types of the Herpes Simplex Virus (HSV). Herpes Simplex type I generally causes infections around the mouth and Herpes Simplex type II generally causes infection in the genital region of the body. However, either type may infect the mouth or genitals.

World-wide, 50-90% of adults have been infected with HSV type I, most before the age of five. Infection with HSV type II generally occurs with sexual activity and is rare before adolescence.

In the case of genital herpes in children, the possibility of sexual abuse cannot be ignored.

Good personal and environmental hygiene is important when individuals have fever blisters or genital herpes. Sores should be carefully washed with soap and rinsed with water. Ointments and creams should not be applied unless prescribed by the health care provider. Individuals should be discouraged from picking at sores because the virus is concentrated in the fluid of the blisters. Because eyes can become infected; remind individuals to keep their hands away from their eyes. Do not share items such as face cloths, handkerchiefs, bathing suits, undergarments, or towels which may have come into contact with the virus before laundering.

Health education regarding sexually transmitted diseases (STD's) such as herpes including signs and symptoms and how they are spread should be included in age appropriate human development curriculum.

Treatment of STD's is available through local health department clinics and private health care providers.

Idaho State Law allows minors age 14 years or older to obtain treatment of STD's without parental consent.

Herpes Simplex may cause life-threatening infections in individuals who are immune compromised in any way.

Dispose of tissues and treatment cotton, swabs, gauze, etc. after one use; use face cloths, napkins, eating utensils, undergarments, etc. with one individual before washing, laundering, or sanitizing thoroughly. Do not share mouthed items or clothing while symptoms are present.

Information Letter for Parents
Herpes Simplex

Dear Parent:

A child at our school/daycare center has Herpes Simplex infection.

What is Herpes Simplex?

Both fever blisters and genital herpes are caused by infections with specific types of Herpes Simplex Virus (HSV). Herpes Simplex type I generally causes infections arout he mouth and Hepres Simplex type II generally causes infection in the genital region of the body. However, either type may infect the mouth or genitals.

What are the signs and symptoms?

If your child develops any the symptoms listed below, keep him/her at home and consult with a doctor for diagnosis and treatment. Children must be kept home from school/daycare until they are fever-free and the sores are scabbed over.

Fever blisters (cold sores): Typically, clusters of tiny, fluid-filled blisters on a reddened base of skin around the lips, in the mouth, or on the face. These blisters crust and heal within a few days. Also called "cold sores."

Genital Herpes: Clusters of very small (pencil-point size) fluid-filled blisters on a reddened base of skin in the genital area.

How can Herpes Simplex be prevented?

Avoid direct contact with saliva, sores or drool from someone who has herpes simplex. Children must also stay home from school/daycare until they are fever-free and the sores are scabbed over.

Human Immunodeficiency Virus (HIV/AIDS)

Signs and Symptoms:

HIV Positive: Evidence of HIV infection in specific blood tests. Most individuals do not develop symptoms of illness for 1-12 years or even longer after infection.

Symptomatic HIV disease: HIV infection with non-specific signs and symptoms such as swelling of lymph nodes, loss of appetite, chronic diarrhea, weight loss, fever, fatigue, and night sweats. These signs and symptoms are not sufficient by themselves to make a diagnosis of AIDS.

AIDS (Acquired Immune Deficiency Syndrome): The last stage of HIV infection when the individual becomes very sick. Children with AIDS have difficulty fighting off some common infections and may have unusual infections. In infants and children less than 13 years old, signs may include: failure to grow and develop normally, and recurrent severe bacterial infections.

Immediate Intervention:

Refer to a health care provider for diagnosis.

Incubation Period:

Variable. The incubation period from infection until the diagnosis of AIDS has an observed range of several months to 12 years or longer. In newborns, the disease usually progresses more rapidly than in adults. The period from infection with the virus until results from blood tests are positive for HIV varies from 2 weeks to 6 months. Newborns of HIV-infected mothers will carry maternal antibodies (test positive) for up to 15 months, even though most infants are not themselves infected.

Contagious Period:

Unknown. Presumed to begin early after HIV infection and continues throughout life. Infected individuals are infectious although signs and symptoms may not be present.

Transmission:

Casual contact with an HIV-infected person carries NO RISK of infection. HIV can be transmitted from person-to-person through:

- Sexual intercourse (anal, vaginal, or oral) with an infected individual;
- Sharing HIV-contaminated intravenous needles and syringes used from street drugs, steroids, or tattoos;
- Through transfusion of infected blood or blood products; a negligible problem since screening of the blood supply began in 1986;
- Careless handling of items contaminated with infected blood or body fluids (bandages, tissues, paper towels, diapers, gloves, sanitary pads, hypodermic needles/syringes);
    - An infected mother to her baby in the womb during birth, and through breast milk.

School/Child Care Attendance:

Cases:

No restrictions. The benefits of education in an unrestricted setting outweigh the very small risk of transmission of HIV in the school or child care setting. The local health department will assist the school or child care administration and parents in decisions regarding the setting.

Communicable diseases pose a risk to the HIV-infected child. This child's parents should be alerted to the potential risks of infectious disease in the group setting. If cases of infectious disease such as measles, chickenpox, or whooping cough are identified in the group setting, temporary removal of the HIV-infected child may be recommended.

Contacts:

No restrictions.

Report Required:

HIV/AIDS (Acquired Immune Deficiency Syndrome) diagnosis

Symptomatic HIV Disease

HIV Positive: Human Immunodeficiency Virus present with or without symptoms

Special Features:

Sources for transmission: blood, semen, vaginal fluid, and breast milk.

HIV-infected adults with no symptoms of illness may care for children in facilities provided they do not have open skin sores or other conditions that would allow contact of their blood or body fluid with children or other adults.

Education should address the fear and misunderstanding about HIV as well as the disease process, routes of transmission (not casually transmitted), and the use of Infection Control Measures.

Schools and child care centers should have procedures in place to provide guidance to all staff responsible for children to prevent the spread of HIV.

Such procedures should include precautions to be taken during the clean-up of blood or body fluid spills. Because HIV infection is often unidentified, the same infection control procedures should be applied to all individuals in the group setting.

Your local health department is available to provide HIV/AIDS training to providers and children.

Impetigo

Signs and Symptoms:

Skin sores which may have a honey-colored, gummy, crusty, or blister-like appearance. Most often seen around the nose and mouth, or on the buttocks of a diapered child. Often itchy.

Immediate Intervention:

Cover with bandage and refer to a health care provider for diagnosis and treatment.

Incubation Period:

Commonly 4-10 days.

Contagious Period:

As long as the untreated sores are present.

Transmission:

Direct contact with the sores, or contaminated hands. Also items that have come into contact with the discharge from the sores such as face cloths, tissues, or diapers.

School/Child Care Attendance:

Because of the increased opportunities for spread in the child care setting, management will differ from the school setting. See Cases.

Cases:

Child Care: Exclude individuals if the sores cannot be completely covered with a bandage and refer for antibiotic treatment. Can return 24 hours after starting oral antibiotics or 48 hours if only antibiotic ointment is prescribed by the health care provider.

School:

No attendance restrictions for infected individuals, but the individual should not participate in activities involving direct body contact. Weeping sores should be covered.

Food Handlers

Exclude from food handling while sores are present. Refer to a health care provider for diagnosis and treatment.

Contacts:

No restrictions.

Report Required:

No report required.

Special Features:

Very contagious. Should be treated with antibiotics. Stress careful hand washing and sanitation procedures. All paper towels, tissues, bandages, and gloves must be disposed of immediately after one use. Proper laundering of contaminated clothing and bed and bath linens must be stressed. Both staphylococcus and streptococcus bacteria can cause impetigo. Infections may be mixed.

Informational Letter for Parents
Impetigo

Dear Parent:

A child in our school/daycare center has impetigo.

What is Impetigo?

Impetigo is a skin infection, common in young children, and most often occurring on the face and around the mouth.

What does it look like?

Small blisters on the face and hands which form flat, yellow, crusty weeping patches on the skin. These sores grow rapidly in size.

What causes Impetigo?

It is caused by common skin germs which only cause trouble when the skin is injured by a cut, scrape, or scratched insect bite.

How is Impetigo treated?

It is treated with an antibiotic ointment for the sores and/or an oral antibiotic (such as penicillin) to fight the germs causing sores.

1. The sores should be soaked in warm water or warm compresses applied.
2. Crusts should then be removed by applying warm compresses first.
3. Antibiotic ointment should then be applied to the sores.
4. The sores should be covered until they are healed (depending on where they are on the body).

Children should not participate in contact sports until their impetigo has healed.

How can the spread of Impetigo be prevented in the school/daycare center?

By promptly treating cases, by excluding untreated children from the school/center until 24-48 hours after they receive treatment, and by making sure anyone who has contact with the sores washes his hands well with soap and water.

What should I do if I think my child has impetigo?

Please consult a physician.

If you have any questions, please call your local health department office or medical provider.

Influenza

Signs and Symptoms:

Sudden onset of fever (102° - 104° F), chills, headache, muscle ache, sore throat, runny nose and cough. Occasional vomiting. Usually recovery in 2-7 days without treatment.

Immediate Intervention:

Exclude.

Incubation Period:

From 24-72 hours.

Contagious Period:

3 days from the onset of signs and symptoms.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until symptoms subside and the individual is fever-free.

Contacts:

No restrictions.

Reports Required:

None. If there is an unusual absentee rate (above 10% of individual in a single group setting) with upper respiratory infections, notify the local health department for additional management steps.

Special Features:

Influenza is caused by a virus.

Influenza immunization is recommended each year for adults and children who have chronic health problems. Adults who work with children who have chronic health problems (such as asthma) or who wish to avoid becoming ill with influenza are encouraged to consult their health care provider or local health department regarding this immunization.

Complications can include bacterial pneumonia and Reye's Syndrome in children. The use of aspirin products for the management of flu symptoms has been associated with Reye's Syndrome. Therefore, aspirin products are not recommended for fever reduction in children under the age of 18.

Informational Letter for Parents
Influenza

Dear Parent:

A child in our school/daycare has influenza. Influenza is a virus that is spread thru coughing and sneezing.

What causes Influenza?

Influenza is caused by a virus and usually occurs October thru April and is caused by secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

What are the signs and symptoms of influenza?

If your child develops any of the symptoms listed below please keep him/her at home until the child is fever-free.

- Sudden onset of fever (102-104 degrees F)
- Chills
- Headache
- Muscle aches,
- Sore throat
- Runny nose and cough

Measles (Rubeola)

Signs and Symptoms:

Fever of 101°F or greater; red, watery eyes; runny nose; cough; and later, a dusk red, blotchy rash that progress from head to toe.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider for diagnosis.

Incubation Period:

About 10 days, varying from 7-18 days; about 14 days until rash appears.

Contagious Period:

From 4 days before the rash appears to 4 days after the rash appears.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected individual. These secretions may be on surfaces or in infected droplets in the air. Droplets infected with measles virus can remain in the air for many hours.

School/Child Care Attendance:

Cases:

Exclude from the time of onset of illness through the 4th day after rash appears, and until the individual is fever-free.

Contacts:

Determine immunity by immunization history or previous blood test.

Any individual who has not received measles vaccine or who cannot prove immunity by immunization or blood test shall not be permitted to attend school or child care for the duration of the period of the outbreak as determined by the local health department.

An outbreak is defined as one (1) case of measles.

Reports Required:

Immediate telephone report to the local health department is required. Case and suspect case reports are also required.

Special Features:

Parents should alert the health care provider of any rash illness before transporting the child to a health care facility, so arrangement can be made to reduce exposure to others.

All suspect cases or diagnosed cases of measles are investigated by the local health department.

Measles can be prevented by age-appropriate immunizations. During community outbreaks, local health department officials may recommend early immunization for infants, which will provide incomplete immunity. For this reason, measles immunizations given before the age of 12 months are not recognized in a routine Immunization Schedule.

Review histories of immunization to identify individuals who are susceptible to measles.

The following persons should receive measles vaccine within 72 hours of exposure to measles. This reduces the chances of becoming ill and allows re-entry into the school or child care setting:

- Any individual who does not have a record (month, day, and year) of receiving age-appropriate doses of measles vaccine;
- Individuals with age-appropriate measles immunization who are determined by the local health department to need additional protection against measles;

OR

- Those who do not have a positive blood test (titer) demonstrating immunity to measles.

Future measles immunization schedules may be modified to be consistent with contemporary immunization recommendations.

Contracting measles during pregnancy may be associated with a higher risk of prematurity and miscarriage. A woman who is pregnant and exposed to measles should consult her health care provider.

Measles vaccine is not given during pregnancy.

Rubeola (measles) is also known as: hard measles, red measles, and the 10-day measles.

Meningitis (Hib)
(Haemophilus Influenzae Type B)

Signs and Symptoms:

Onset of signs and symptoms may be gradual, but usually are sudden. High fever, vomiting, and listlessness progressing to coma is common. Occasionally there is mild fever for several days before the onset of other symptoms such as stiff neck and/or stiff back accompanied by pain. A bulging (swollen) fontanelle may be present in infants.

Immediate Intervention:

Isolate. Immediate medical attention is required.

Incubation Period:

Unknown. Probably short, 2-4 days.

Contagious Period:

As long as the bacteria are present in nose, throat, and mouth secretions.

Transmission:

Contact with infected secretions from the nose, mouth, throat, and ears. These secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until the individual is symptom-free and the health care provider and local health department indicate the child may return (usually after taking antibiotics for 24 hours).

Contacts:

Rifampin is often given to household and child care contacts.

Reports Required:

Immediate telephone report of cases, suspect cases, and carriers to the local health department.

Special Features:

Protective immunizations are recommended for children ages 2 months - 24 months.

Dispose of tissues immediately after one use; use face cloths one time and on only one child before laundering.

Serious complications such as hearing loss, mental retardation, and death may result from delays in seeking medical attention.

Haemophilus influenzae type b bacteria can also cause sudden and severe throat infections (epiglottitis), pneumonia, ear, skin, and joint infections.

Meningitis may also be caused by a virus (viral meningitis). Viral meninigitis is not considered a communicable disease. Also, see Meningitis Meningococcal Disease.

Meningitis Meningococcal Disease

Signs and Symptoms:

Blood Infection: fever, headache, chills, nausea, vomiting, joint or muscle pain, and sometimes a red or purplish rash.

Spinal Fluid Infection (Meningitis): fever, severe headaches, chills, stiff neck, confusion, nausea, and vomiting.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider. Immediate medical attention is required; disease can progress very quickly.

Incubation Period:

Varies from 2-10 days, commonly 3-4 days.

Contagious Period:

As long as the bacteria are present in nose, mouth, and throat secretions.

Transmission:

Contact with secretions from nose, mouth, and throat of an infected person. The secretions may be on surfaces, tissues, mouthed toys, or in infected droplets in the air. Anyone can get the bacteria that causes meningococcal disease, but only a very few people will actually become ill with symptoms.

School/Child Care Attendance:

Cases:

Exclude until the individual is symptom-free, receives antibiotic treatment, and the local health department or health care provider indicates the individual may return.

Contacts:

No restrictions. Close observation for early signs of illness. Rifampin is often given to reduce the spread of disease to household, child care, and occasionally close school contacts.

Reports Required:

Immediate telephone reports of case, suspect case, and carriers are required.

Special Features:

Most cases occur in older children, teens, and adults.

Dispose of tissues immediately after one use; use face cloths one time and on only one individual before laundering. Serious complications such as hearing loss, mental retardation, and death may result from delays in seeking medical attention. While vaccine for certain types of meningococcal meningitis is available, its use is generally reserved for travelers to areas where the infection is wide-spread, or for controlling outbreaks of the infection.

Meningococcal bacteria are around us all the time. Healthy people may have them in their nose or throat. Usually this does not cause disease. Meningitis may also be caused by a virus (viral meningitis). Viral meningitis is not considered a communicable disease. Also, see Meningitis (Hib).

Mononucleosis (Infectious)

Signs and Symptoms:

Fever, sore throat, listlessness, and swollen lymph nodes in the neck commonly occur. Skin rash may appear on neck and shoulders, or jaundice may develop.

Immediate Intervention:

Refer to a health care provider for diagnosis.

Incubation Period:

From 4-7 weeks.

Contagious Period:

Prolonged. Possibly up to a year or more.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. Most commonly, saliva (spit or drool).

School/Child Care Attendance:

Because of the increased opportunities for spread in the child care setting, management will differ from the school setting. See Cases.

Cases:

Child Care:

Exclude until symptoms are no longer present and the individual is fever-free. In most cases this is about 1-2 weeks.

School:

No attendance restrictions.

Contacts:

No restrictions.

Reports Required:

None.

Special Features:

This viral infection occurs most often in teens and young adults between 15-25 years of age.

Symptoms may last for 2 weeks or longer.

Treatment may include rest with symptomatic treatment for discomfort and fever reduction.

Acetaminophen or other non-aspirin products may be prescribed for fever reduction and the relief of aches and pains.

Special attention to sanitation of mouthed toys is required. Also known as “Kissing Disease”.

Informational letter for Parents
Mononucleosis

Dear Parent:

A child at our school/daycare center has Mononucleosis. Mononucleosis is a viral infection that most often occurs in teens and young adults between the ages of 15-25 years. Also known as the "kissing disease".

What causes Mononucleosis?

Mononucleosis is caused by virus and spread from person to person by contact with secretions from the nose, mouth, and throat of an infected person.

What are the signs and symptoms?

The signs and symptoms for Mononucleosis are fever, sore throat, listlessness, and swollen lymph nodes in the neck commonly occur. A skin rash may also develop as well as jaundice. Individuals may not return to school /daycare center until they are fever-free. In most cases this is about 1 to 2 weeks.

Mumps (Parotitis)

Signs and Symptoms:

Pain and swelling of one or more of the salivary glands, located in front of the ears. Fever and listlessness may occur.

Immediate Intervention:

Exclude and refer to a health care provider.

Incubation Period:

Usually from 16-18 days, but cases may occur from 12-25 days after exposure.

Contagious Period:

Up to 7 days before swelling to 9 days after swelling appears.

Transmission:

Contact with the secretions of the nose, mouth, and throat of an infected individual. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until swelling subsides and child is fever-free, or for 9 days after the onset of swelling.

Contacts:

No restrictions. Close observation for early signs and symptoms of illness.

Reports Required:

Case reports are required.

Special Features:

Mumps is caused by a virus.

Mumps can be prevented by age-appropriate immunization. However, mumps can occur in individuals who have been immunized.

Cases are sometimes seen on high school and college campuses.

Complication of the disease can include painful inflammation of the testes and ovaries, hearing loss, and inflammation of the joints.

Norovirus

Signs and Symptoms:
Nausea, vomiting, diarrhea, and some stomach cramping. Some individuals may have a low-grade fever, chills, headache, muscle aches and a general sense of tiredness.

Immediate Intervention:
Child should stay at home until he/she is symptom free for 24 hours.

Incubation Period:
The illness may begin 1 to 2 days after exposure and typically only lasts 1 to 2 days.

Contagious Period:
Viral shedding may occur during the incubation period but is most commonly associated with the onset of symptoms. Viral shedding may continue for up to 2 weeks after recovery.

Transmission:
Noroviruses are transmitted via the fecal/oral route by consumption of fecally contaminated food, direct person-to-person spread or through contaminated water (drinking or recreational). Vomitus may also be aerosolized and result in droplets which can contaminate surfaces, an individual may touch the contaminated surfaces and introduce the virus into their mouth.

School/Child Care Attendance:
Cases: All individuals with symptoms should be excluded at least until the symptoms are gone. It has been recommended that the individual should be symptom free for 24 hours prior to going back into a school or child care setting.

Contacts:
Contacts must not perform food handling duties, or care for children in a child care, if they have signs and symptoms of Norovirus. Since the virus is easily spread from person to person, contacts need to be on the look out for symptoms and take control measures.

Reports Required:
Norovirus infections are reportable in Idaho, as of 2006.

Special Features:
Norovirus is easily passed from person to person and the chance of coming in contact with the virus can be decreased by:

- Washing hands frequently, especially after toilet visits and changing diapers and before preparing food
- Thoroughly cleaning and disinfecting contaminated surfaces immediately using chlorine based cleaner. Note: many household cleaning products contain Quaternary Ammonia which **is not** effective in killing Norovirus. A strong chlorine (bleach) solution is the only way to inactivate the virus.

Immediately remove and wash clothing or linens that may be contaminated (use hot water and soap).

Pinworms (Enterobiasis)

Signs and Symptoms:

Signs and symptoms may be absent. Often rectal or genital itching is present.

Very small, white, thread-like worms may be seen in stool, on under-clothing and/or on the genital region. Irritation may result from scratching the rectum and/or genital regions. The child may be irritable and sleep may be disturbed.

Immediate Intervention:

If signs and symptoms are present, refer to a health care provider for management which may include medication.

Incubation Period:

The life cycle of pinworms requires 4-6 weeks.

Contagious Period:

As long as the worms or their eggs are present. Eggs can remain infective in the body for up to 2 weeks.

Transmission:

Swallowing of pinworm eggs. Eggs from the rectum are carried to the mouth on contaminated hands or articles.

School/Child Care Attendance:

Cases:

No restrictions.

Contacts:

No restrictions.

Reports Required:

None required.

Special Features:

Health education for parents and children:

- Careful hand washing after using the bathroom, diapering a child, and before eating.
- Discourage scratching of the rectum and genitals.
- Keep fingernails short and discourage nail biting and sucking of fingers.
- Recommend daily laundering and change of clothing and bed linen during the course of treatment. Treatment of the whole family at the same time may be advised.

Recurrence is common.

Informational Letter for Parents
Pinworms

Dear Parent:

A child at our school/daycare center has pinworms. Pinworm infection is the most common intestinal worm infection in the U.S. School-age children are the most often infected group. Parents can get the worms from their infected children.

What are pinworms?

Pinworms are small, less than one-half (1/2) inch long. They live in the human large intestine. They crawl out of the rectum at night to lay their eggs. As they crawl, they cause itching, which can often be irritating and severe enough to disturb someone's sleep. Itching is often the only symptom of pinworms.

How are pinworms spread from person to person?

Worm eggs are transferred to food or other items taken into the mouth when a person fails to wash hands well after handling contaminated pajamas, underwear or bedding. The infection can also be prolonged when eggs get on the fingers or under the fingernails while scratching the anus during sleep.

How can I tell if my child has pinworms?

By actually seeing the worms (best done at night) or by finding the eggs on the anus. (Your physician or the health department can explain how this is done with cellophane tape).

What is the treatment for pinworms?

There is medication to treat this condition. The whole family should take the medication to kill the worms. Further infection can only be prevented by washing all bedding and clothing in hot water and by carefully washing hands after using the toilet and before eating.

What do I do if I suspect someone in my family has pinworms?

Call your doctor, who can prescribe the proper medication, and wash bedding and clothing.

If you have any questions, please call your local health department office or medical provider.

Respiratory Syncytial Virus (RSV)

Signs and Symptoms:

During the early stages, mild, cold-like signs and symptoms, usually with fever over 102°F for more than 1 day.

Coughing is the most frequent sign. Cough, nasal congestion, and rapid breathing increase and may interfere with sleeping and eating. A sore throat may be present. An ear infection may also be present. Signs and symptoms may last for 1 to 2 weeks.

Immediate Intervention:

Isolate and exclude. Refer to a health care provider for diagnosis and treatment.

Incubation Period:

Ranges from 2-8 days; commonly 4-6 days.

Contagious Period:

3-8 days is most common; however, infants may continue shedding this virus for as long as 3-4 weeks.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude until symptoms subside and the individual is fever-free.

Contacts:

No restrictions.

Reports Required:

None. If there is an unusual absentee rate (above 10% of individuals in a single group setting) with upper respiratory infections, notify the local health department for additional management steps.

Special Features:

RSV usually occurs in yearly outbreaks during winter and early spring. Spread among household and child care contacts, including adults, is common.

Initial infection occurs most commonly during the first year of life. The majority of RSV infections are not serious; however, infants and young children may develop life-threatening illness requiring hospitalization for anti-viral treatment.

Other medical conditions such as asthma and chronic allergies may contribute to an individual's susceptibility to RSV and other respiratory infections.

A single infection with RSV generally does not make an individual immune to future RSV infections.

RSV infection is not easily distinguishable from other viral infections that cause respiratory signs and symptoms.

Informational Letter for Parents
Respiratory Syncytial Virus (RSV)

Dear Parent:

A child at our school/daycare center has Respiratory Syncytial Virus (RSV). RSV can cause infections of the upper respiratory tract (like a cold) and the lower respiratory tract (like pneumonia). About half of the infections result in lower respiratory tract infections and otitis media (ear infections). It is the most frequent cause of lower respiratory infections, including pneumonia, in infants and children less than 2 years of age. Almost 100% of children in childcare get RSV in the first year of their life, usually during outbreaks during the winter months.

A RSV infection can range from very mild to life threatening or even fatal. Children with heart or lung disease and weak immune systems are at increased risk of developing severe infection and complications.

RSV is spread by breathing in infected droplets or touching contaminated surfaces.

How can Respiratory Syncytial Virus (RSV) be prevented?

The most effective preventative measure against the spread of RSV and other respiratory viral infections is careful and frequent hand washing.

Who is contagious?

A child needs to be excluded from school/daycare center until the child is fever-free.

If you have any questions, please call your local health department office or medical provider.

Ringworm

Signs and Symptoms:

Scalp: Begins as a "pimple", spreads and then become larger, leaving scaly patches of temporary baldness.

Skin: Flat, spreading, sores with reddish ring. May be dry and scaly, or moist and crusted. Itching is common.

Immediate Intervention:

Minimize contact with others until it is treated. Cover exposed sores with a bandage if practical. Refer to a health care provider. Complete treatment as instructed even after symptoms disappear.

Incubation Period: Unknown

Contagious Period:

If not treated it will be contagious as long as sores are present.

Transmission:

Direct contact with the sores or articles contaminated with the fungus.

Animals including dogs, cats, and cattle can be a source of infection.

Ringworm is not caused by a "worm;" it is caused by a fungus.

School/Child Care Attendance:

Cases:

Exclude until treatment begins.

Contacts:

Examine close contacts and exclude if infected. Parents may seek veterinary assistance in examining and obtaining treatment for infected household pets.

Reports Required:

None required.

Special Features:

Scalp: Direct contact with hair or hair care items, towels, and face cloths should be avoided. A baseball cap may be useful in keeping sores covered during treatment.

Skin: Launder towels, face cloths, and clothing in hot water. Store nap mats so sleeping surfaces do not touch each other.

Fungicidal agents must be used on tables, showers, dressing rooms, sinks, benches, and floors. Assure rapid draining of shower rooms.

Informational Letter for Parents
Ringworm

Dear Parent:

A child at our school/daycare center has ringworm. Ringworm is an infection caused by a fungus and may affect skin, hair, or nails of humans or animals.

What do you look for?

1. Flat or slightly raised ring-shaped rash on skin or scalp.
2. There may be small, pus-filled, or clear fluid blisters or it may be scaly or crusty.
3. On the scalp, there may be patches of temporary baldness.

How is ringworm spread?

1. By direct contact with rashes on the skin or scalp of infected persons.
2. Contact with rashes on animals.
3. Contact with contaminated clothing, combs, or brushes.

How do you get rid of ringworm?

1. See your doctor.
2. Follow treatment instructions.

Veterinary assistance may be sought for infected pets.

How can you prevent ringworm?

1. Keep your skin and feet clean and dry.
2. Shampoo regularly
3. Do not share clothing, towels, hairbrushes, combs, headgear or other personal care items
4. Were sandals or shoes at gyms, lockers, and pools.
5. Avoid touching pets with bald spots.

REMEMBER: If your child does get ringworm, prompt treatment will help prevent the spread to others.

If you have any questions, please call your local health department office or medical provider.

Roseola

Signs and Symptoms:

High fever for 3-5 days, irritability, listlessness, and runny nose may be present. A rash with small, separate, rose-pink spots appears on the chest and abdomen at the time the fever disappears. The rash usually lasts only 1-2 days.

Immediate Intervention:

Exclude individuals with rash accompanied by fever.

Incubation Period:

From 5-15 days. Average 9 days.

Contagious Period:

Unknown.

Transmission:

Contact with secretions from the nose, mouth, and throat of an infected person. The secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Individuals with rash and fever should not return to the group setting until the rash and fever are gone.

Contacts:

No restriction.

Reports Required:

None required.

Special Features:

This rash illness is caused by Human Herpes virus 6. Cases occur throughout the year, mostly in children ages 3 months to 4 years of age. Although roseola is not a serious disease, occasionally convulsions occur during the period of high fever.

There is no known risk to pregnant women.

Non-aspirin products, like acetaminophen, should be used for fever reduction. Aspirin should never be given to children under 18, because of the risk of Reye's Syndrome.

Information Letter for Parents
Roseola

Dear Parent:

A child in our school/daycare center has Roseola.

What causes Roseola?

Roseola is a rash illness caused by Human Herpes virus 6. Cases occur throughout the year mostly in children ages 3 months to 4 years of age. Although roseola is not a serious disease, occasionally convulsions occur during the period of high fever. There is no known risk to pregnant women.

What are the signs and symptoms?

The signs of Roseola are high fever for 3-5 days, irritability, listlessness, and runny nose may be present. A rash with small separate, rose-pink spots appears on the chest and abdomen at the time the fever disappears. The rash usually lasts 1-2 days.

How can Roseola be prevented?

Individuals with the rash or fever should not return to the group setting until the rash and fever are gone.

Rubella (German Measles)

Signs and Symptoms:

Listlessness, low fever (101°F), and swollen lymph nodes at the back of the neck, accompanied by a fine pink rash beginning on the face and spreading rapidly to the chest and back. Runny nose and joint pain may also be present.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider for diagnosis.

Incubation Period:

From 14-21 days, generally 18 days.

Contagious Period:

From 7 days before rash appears until 4 days after rash appears.

Transmission:

Contact with secretions of the nose, mouth, and throat of an infected individual. These secretions may be on surfaces, tissues, or in infected droplets in the air. Rubella disease is caused by a virus.

School/Child Care Attendance:

Cases:

Exclude from the time of onset of fever and rash, through the 4th day after rash appears, and until the individual is fever-free.

Contacts:

Any individual who has not received rubella vaccine or who does not have proof of immunity by age-appropriate vaccination or blood test shall not be permitted to attend school/child care during an outbreak, as determined by the local health department.

Reports Required:

Immediate telephone report of cases and suspected cases to the local health department are required.

Special Features:

Parents should alert the health care provider of any rash-illness before transporting the child to a health care facility.

Rubella can have serious consequences for the fetus of a pregnant woman. If pregnant and exposed to rubella, consult a health care provider immediately.

Rubella immunization is not recommended during pregnancy.

Review histories of all individuals to identify need for immunization updates and/or exclusion.

Individuals should be considered immune to rubella only if they have documentation of one of the following:

- Immunization with rubella vaccine on or after the first birthday;
- Those who have a positive blood test (titer) demonstrating immunity.

All other individuals should be considered susceptible and should be vaccinated if there are no contraindications.

Rubella is also known as German measles or 3-day measles.

Salmonellosis

Signs and Symptoms:

Salmonellosis starts suddenly with diarrhea, loss of appetite, nausea, vomiting, and abdominal cramps. Fever is usually present. Dehydration (drying out of body fluids) may occur.

Immediate Intervention:

Child should stay home until they have received at least 2 days of Erythromycin treatment and the diarrhea has stopped.

Incubation Period:

Usually 12-36 hours. Ranges 6-72 hours.

Contagious Period:

From several days to several weeks. Taking an antibiotic does not shorten the time that someone infected is contagious. It may prolong the illness.

Transmission:

Eating raw and undercooked eggs; eating undercooked poultry and meat; drinking unpasteurized (raw) milk; contact with infected pets; or when hands, objects, or food become contaminated by feces (stool, bowel movement) of people who are infected and the germs on the hands, objects, or food are taken in by mouth.

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of Salmonellosis, the individual should be excluded from the group setting until 2 approved fecal specimens, collected at least 24 hours apart have come back negative for Salmonella.

Contacts:

Contacts may not perform food handling duties, or care for children in child care centers, if signs and symptoms of Salmonella are present.

Screening and other contacts, who do not have signs or symptoms, is not recommended.

Reports Required:

Cases reports are required.

For food handlers: Immediate telephone reports of cases or suspect cases to the local health department are required.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread this disease by poor hygiene habits. This illness is often spread from child to child in diapered groups. Stress careful hand washing after toileting, changing diapers, and before food preparation and eating.

Scabies

Signs and Symptoms:

Intense itching of the skin, especially at night. Small blister-like sores or tiny burrows (shorts, wavy, dirty-looking lines) that contain the mites and their eggs. These sores and burrows are seen commonly around finger webs, creases of the wrists and elbows, belt line, and genital of men and lower buttocks of women. In infants, the head, neck, palms, soles and buttocks may also be involved.

Immediate Intervention:

Exclude and refer to a health care provider.

Incubation Period:

From 2-6 weeks before itching is noticed.

Contagious Period:

As long as live mites are present.

Transmission:

Usually by direct skin-to-skin contact. Spread by contact with infested clothing and bed linen is possible. The mite can survive off the body for only a few days.

School/Child Care Attendance:

Cases:

Exclude for 24 hours after initial treatment.

Contacts:

All household contacts should be treated at the same time as the infested individual. Examine close contacts and refer for treatment if infested.

Reports Required:

Reports of outbreaks in schools, and child care centers are recommended.

Special Features:

Occasionally, 2 treatments one week apart may be required to eliminate the infestation. Follow directions for treatment. Improper or excessive use of treatment may cause toxic effects.

Itching may continue for weeks after treatment is complete.

Scratching may result in bacterial skin infections.

Environmental pesticide sprays are not recommended for management.

Wash and dry, on the hot cycle, all washable items that the individual may have come into contact with in the previous 3 days. Include bed linens, towels, and clothes.

Mites can burrow under the skin in 2 minutes.

Informational Letter for Parents
Scabies

Dear Parent:

A child at our school/daycare center has Scabies. Scabies is caused by a microscopic mite, Sarcoptes scabei. Scabies infestation does require treatment so you will need to contact your healthcare provider.

What causes Scabies?

Scabies is an infectation of the skin with the microscopic mite Sarcoptes scabei. Infestation is common, found worldwide and affects people of all races and social classes.

What are the signs and symptoms?

The following are the signs and symptoms of scabies infestation:

- Pimple-like irritations, burrows or rash of the skin, especially in the skin folds, between fingers, shoulder blades etc.
- Intense itching, especially at night and over most of the body.
- Sores on the body that have become infected due to scratching.

How can I prevent scabies?
Scabies is passed by direct, prolonged, skin-to-skin contact with a person already infested with scabies. Contact must be prolonged (a quick handshake or hug will not spread infestation).

Children have to be kept out of school/daycare centers until 24 hours after initial treatment.

Shigella (Shigellosis)

Signs and Symptoms:

Diarrhea (sometimes with blood or mucus), fever, nausea, abdominal cramps, and sometimes vomiting.

Immediate Intervention:

Child should stay home until he/she has received treatment from a physician.

Incubation Period:

From 12 hours to 7 days, usually 1-3 days

Contagious Period:

From the time they first get sick until about one month after symptoms began. Treatment with antibiotics usually reduces the time a person is able to spread the disease to less than a week.

Transmission:

Contaminated water, raw milk, food, and infected animals and people transmit this illness. The germs are in the stool of anyone who is infected. The germs may get on the infected person's hands when they use the toilet or germs may go to the hands of a caregiver changing an infected child's diaper. From the contaminated hands, the germs may be spread to another person, or they may contaminate something which might end up in the child's mouth (toys or food).

School/Child Care Attendance:

Cases:

All individuals with diarrhea should be excluded. If laboratory studies confirm the presence of Shigella (Shigellosis), the individual should be excluded from the group setting until 2 approved fecal specimens have been collected at least 24 hours apart and are both negative for Shigella.

Contacts:

Contacts may not perform food handling duties, or care for children in a child care center, if signs and symptoms of Shigella are present.

Screening of other contacts that do not have signs or symptoms is not recommended.

Reports Required:

Reporting of all cases is required. Please contact the Health Department.

Special Features:

Infected individuals with mild symptoms or without signs or symptoms can spread this disease by poor hygience habits. This illness is often spread from child to child in diapered groups. Stress careful hand washing after toileting, after changing diapers and before food preparation and eating.

Staphylococcal Infections

Signs and Symptoms:

Infection can be minor (such as pimples, boils and other skin conditions) or serious and sometimes fatal (such as blood infections or pneumonia). Localized staph infection is confined to a ring of dead and dying while blood cells and bacteria. The skin will feel warm to the touch.

Immediate Intervention:

A family physician should be notified whenever: A boil or carbuncle appears on any part of the face or spine (staph infections affecting these areas can spread to the brain or spinal cord); a boil becomes very sore is usually a sign that infection has spread and may become accompanied by fever, chills, and red streaks radiating from the site of the original infection; boils that develop repeatedly could become a symptom of diabetes.

Contagious Period:

From when signs appear until 24 hours after antibiotic treatment has begun.

Transmission:

To avoid spreading this disease, practice good hand washing after touching open sores or coming into contact with someone who has open sores. Use of infection control practices (such as wearing gloves before and after contact with infectious body tissues and proper hand washing) can reduce the spread. Appropriate use of antibiotics (i.e., use only when needed to treat bacterial infections and avoid overuse) will reduce the emergence of resistance strains.

School/ Child Care Attendance:

Cases:

All children with signs of this illness need to be excluded until 24 hours after antibiotic treatment has begun.

Contacts:

Anyone who has contact with a child that has open sores should make sure they practice good hand washing techniques and wear gloves if they are going to have contact with open sores.

Reports Required:

The Health Department does not need to be contacted. However inform parents of all children in the facility who may have been exposed.

Informational Letter to Parents
Staphylococcal Infections

Dear Parent:

A child at our school/daycare center has a Staphylococcal infection. Staphylococcal infections can be minor (such as pimples, boils and other skin conditions) or serious and sometimes fatal (such as blood infections or pneumonia).

What do I need to watch for?

A family physician should be notified whenever: a boil or carbuncle appears on any part of the face or spine; a boil becomes very sore, which is usually a sign that infection has spread and may become accompanied by fever, chills, and red streaks radiating from the site of the original infection.

How can Staphylococcal infections be prevented?

All children with signs of Staphylococcal illness need to be excluded for 24 hours after antibiotic treatment is started. To avoid spreading the illness, good hand washing needs to be practiced after touching open sores or coming into contact with someone who has open sores.

Strep Throat & Scarlet Fever

Signs and Symptoms:

Strep Throat: Typically, sudden onset of red sore throat, fever, listlessness, swollen glands, nausea, and headache. Tongue may be coated white and then become bright red.

Scarlet Fever: As above, with a fine sandpaper-like rash usually beginning on the chest and back and spreading to all parts of the body including the hands and feet. The rash clears in about 1 week and peeling of the skin is common.

Immediate Intervention:

Isolate, exclude, and refer to a health care provider for diagnosis and treatment.

Incubation Period:

From 1-3 days.

Contagious Period:

Untreated, 10-21 days. Treated with antibiotics, up to 48 hours after first dose.

Transmission:

Contact with secretions of the nose, mouth, and throat of an infected individual. These secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Exclude for at least 48 hours after the first dose of oral antibiotics or 24 hours after antibiotic injection and until the individual is fever-free.

Contacts:

Observe for early signs and symptoms of illness.

Reports Required:

No report required.

Special Features:

Scarlet fever is the result of toxin produced by certain kind of streptococcal bacteria. Treatment is usually the same as for strep throat.

Streptococcal bacteria are responsible for other infections such as impetigo, and ear infections. Left untreated, streptococcal infections may damage the kidneys or heart (rheumatic fever). Infections are usually seasonal, with most cases in the winter months.

Dispose of tissues immediately after one use; use face cloths one time and on only one individual before laundering.

Informational Letter for Parents
Streptococcal (Strep) Infections

Dear Parent:

A child in our school/daycare center has streptococcal (strep) infection.

What are the symptoms?

The first signs of illness will occur 1 to 3 days after your child has been exposed to the infection.

A sudden onset of red sore throat, fever, listlessness, swollen glands, nausea, and headache. The throat may be coated with white spots and then become bright red.

Who is contagious?

A child needs to be excluded from school/daycare center for at least 48 hours after the first dose of oral antibiotics or 24 hours after an antibiotic injection and until the individual is fever-free.

If you have any questions, please call your local health department office or medical provider.

Thrush/Yeast Diaper Rash

Signs and Symptoms:

Thrush: Creamy white patches resembling cottage cheese curds inside the mouth and on the tongue. When scraped, these spots leave a raw, bleeding, painful sore. Seen most often in infants and immunocompromised individuals.

Yeast Diaper Rash: Bright red rash in the diaper area. The infected skin may peel or develop open sores.

Immediate Intervention:

If signs and symptoms are present, refer to a health care provider for management which may include medication.

Incubation Period:

Variable; 2-5 days for thrush in infants.

Contagious Period:

While sores are present.

Transmission:

Thrush: Contact with secretions from the mouth and throat of an infected individual.

Yeast Diaper Rash: Contact with the skin and stool of an infected individual.

School/Child Care Attendance:

Cases:

Children who are being treated with medication prescribed or recommended by a health care provider for thrush or yeast diaper rash do not need to be excluded.

Contacts:

No restrictions.

Reports Required:

None. If there is an unusual infection rate (3 or more individuals in a classroom with Thrush or Yeast diaper rash) notify the local health department for additional management steps.

Special Features:

Both Thrush and Yeast diaper rash are caused by various kinds of Candida yeast.

When caring for children with thrush, special attention must be given to items contaminated with the saliva of infected children such as bottles, feeding utensils, pacifiers, mouthed toys, bibs, and clothing wet with drool, and medication implements. Pay special attention to cleaning and sanitizing mouthed items and equipment that belongs to the facility.

Place the child's personal items in a plastic bag, label with the child's name, and send home for cleaning. Make sure the child's bottle and pacifier are labeled and not "shared" with another child. Advise breastfeeding mothers to wash nipples before and after nursing.

Children with yeast diaper rash must have their diapers changed immediately after they become wet or soiled.

The child's bottom should be cleaned with soap and water, rinsed well, and gently patted dry. Avoid the use of corn starch, powders, ointments, and diaper wipes containing alcohols they can further irritate the skin and cause discomfort. Use only the ointments or medications recommended or prescribed by the child's health care provider. Clean and sanitize diaper changing surfaces well.

Careful hand washing after contact with affected areas or secretions, or items contaminated with secretions, is important.

Informational Letter for Parents
Thrush/Yeast Diaper Rash

Dear Parent:

A child at our school/daycare center has Thrush. Both Thrush and Yeast diaper rash are caused by various kinds of Candida yeast.

What causes Thrush/Yeast Diaper Rash?

Most cases of Thrush (in the oral cavity) and Yeast Diaper Rash are caused by a person's own Candida that normally live in the mouth or digestive tract. A child will have symptoms when there is too much growth of the Candida.

What are the signs and symptoms?

Thrush: Creamy white patches resembling cottage cheese curds inside the mouth and on the tongue. When scraped, these spots leave a raw, bleeding, painful sore. This illness is seen most often in infants and people with compromised immune systems.

Yeast Diaper Rash: Bright red rash in the diaper area. The infected skin may peel or develop open sores.

Children who are being treated with medication prescribed or recommended by a health care provider for thrush or yeast diaper rash do not need to be excluded.

Tuberculosis (Pulmonary)

Signs and Symptoms:

Cough, low fever, weight loss, night sweats, chest pain. The cough may produce bloody sputum. There may be no symptoms, particularly in young children.

Immediate Intervention:

Refer to a health care provider for diagnosis and treatment.

Incubation Period:

May be from months to a lifetime. The time from infection to development of a positive tuberculin skin test or identification of disease on X-ray may range from 2-10 weeks.

Contagious Period:

As long as living bacteria are in the sputum.

Transmission:

Breathing in infected droplets that come from the nose, mouth, and throat of an infected individual. These droplets are transmitted through the air when an infected person exhales, coughs, sneezes, talks, laughs, or sings. The infected droplets are then breathed in by other individuals. Risk is greatest for individuals sharing airspace for prolonged period of time.

School/Child Care Attendance:

Cases:

Exclude until laboratory examination of sputum demonstrates tuberculosis bacteria are no longer present or according to more specific guidelines established by the local health department.

Contacts:

The local health department will assist in completing investigation and screening of household, school, and child care contacts. The local health department will provide information regarding management guidelines for TB.

Reports Required:

Case and suspect case reports are required.

Special Features:

In areas where TB is prevalent, skin testing may identify individuals who are infected. Foreign-born adults and children show increased rates of infection, as do individuals with HIV infection, close contacts of individuals with TB infection, and residents of long-term care facilities. Communities may also identify specific groups in their area where an increased rate of tuberculosis exists (e.g., homeless populations or migrant farm workers).

Group care programs may contact their local health department for advice on developing health policies regarding tuberculosis testing for staff, volunteers, and children.

The TB skin test is a screening test – not an immunization against tuberculosis.

Whooping Cough (Pertussis)

Signs and Symptoms:

Mild, cold-like signs and symptoms accompanied by little or no fever.

Coughing, which gets worse within 1-2 weeks and becomes spasmodic. The cough may be followed by a "whooping sound" in older infants and preschool children.

Coughing will include increased production of mucus. After episodes of coughing, vomiting may occur.

Immediate Intervention:

Isolate and exclude. Refer to a health care provider for diagnosis and treatment.

Incubation Period:

Commonly 7 days; does not exceed 21 days.

Contagious Period:

Most contagious during the cold-like stage to 3 weeks after the cough begins, or until on effective antibiotic therapy for a minimum of 5 days.

Transmission:

Contact with secretions of the nose, mouth, and throat of an infected individual. These secretions may be on surfaces or in infected droplets in the air.

School/Child Care Attendance:

Cases:

Untreated individuals must be excluded for 3 weeks following the onset of "hard" coughing. Individuals taking erythromycin may return in 5 days if their condition allows and the individual is fever-free; cough may still be present.

Contacts:

A preventive course of erythromycin is often recommended for household contacts and close contacts. The local health department will assist in investigating and prescribing a course of action for group settings.

Reports Required:

Immediate telephone report of cases and suspect cases to the local health department are required.

Special Features:

Whooping Cough (Pertussis) is a vaccine-preventable disease.

Review immunization histories of all children to identify those who need additional vaccination when a case occurs in the group setting.

Immunity provided by vaccinations begins to diminish during the teenage years, making teens and adults susceptible to whooping cough.

Whooping cough vaccine is not given to individuals 7 years of age or older at this time.

Whooping cough is often misdiagnosed as bronchitis, or other respiratory illness in teens and adults.

Immunizations
Idaho Code, Chapter 11, Section 39-1118:

39-1118. IMMUNIZATION REQUIRED. (1) Within fourteen (14) days of a child's initial attendance at any licensed day care facility, the parent or guardian shall provide a statement to the operator of the day care facility, regarding the child's immunity to certain childhood diseases. This statement shall provide a certificate signed by a physician or a representative of a health district, that the child has received, or is in the process of receiving immunizations as specified by the Board of Health and Welfare; or can effectively demonstrate, through verification in a form approved by the Department of Health and Welfare, immunity gained through prior contraction of the disease.

Immunizations required and the manner and frequency of their administration shall be as prescribed by the State Board of Health and Welfare and shall conform to recognized standard medical practices in the state. The State Board of Health and Welfare shall promulgate appropriate rules and regulation for the enforcement of the required immunization program and specify reporting requirements of the day care center, pursuant to the provision of Chapter 52, Title 67, Idaho code.

(2) Any minor child whose parent or guardian has submitted to officials of a licensed day care facility a certificate signed by a physician licensed by the State Board of Medicine stating the physical condition of the child is such that all or any of the required immunizations would endanger the life or health of the child shall be exempt from provision of this section. Any minor child whose parent or guardian has submitted a signed statement to officials of the day care facility stating their objections on religious or other grounds shall be exempt from the provisions of this section.

Immunization Schedule

For the most current immunization schedule, see this Center for Disease Control Web page http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5551a7.htm?s_cid=mm5551a7_e

Immunization Schedule

MMWR™ QuickGuide

Recommended Immunization Schedules for Persons Aged 0–18 Years — United States, 2007

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The Advisory Committee on Immunization Practices (ACIP) periodically reviews the recommended immunization schedule for persons aged 0–18 years to ensure that the schedule is current with changes in vaccine formulations and reflects revised recommendations for the use of licensed vaccines, including those newly licensed.

The changes to the previous childhood and adolescent immunization schedule, published January 2006 (*1*), are as follows:

- The new rotavirus vaccine (Rota) is recommended in a 3-dose schedule at ages 2, 4, and 6 months. The first dose should be administered at ages 6 weeks through 12 weeks with subsequent doses administered at 4–10 week intervals. Rotavirus vaccination should not be initiated for infants aged >12 weeks and should not be administered after age 32 weeks (*2*).
- The influenza vaccine is now recommended for all children aged 6–59 months (*3*).
- Varicella vaccine recommendations are updated. The first dose should be administered at age 12–15 months, and a newly recommended second dose should be administered at age 4–6 years (*4*).
- The new human papillomavirus vaccine (HPV) is recommended in a 3-dose schedule with the second and third doses administered 2 and 6 months after the first dose. Routine vaccination with HPV is recommended for females aged 11–12 years; the vaccination series can be started in females as young as age 9 years; and a catch-up vaccination is recommended for females aged 13–26 years who have not been vaccinated previously or who have not completed the full vaccine series (*5*).
- The main change to the format of the schedule is the division of the recommendation into two schedules: one schedule for persons aged 0–6 years (Figure 1) and another for persons aged 7–18 years (Figure 2). Special populations are represented with purple bars; the 11–12 years assessment is emphasized with the bold, capitalized fonts in the title of that column. Rota, HPV, and varicella vaccines are incorporated in the catch-up immunization schedule (Table).

The recommended immunization schedules for persons aged 0–18 years and the catch-up immunization schedule for 2007 have been approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. The standard *MMWR* footnote format has been modified for publication of this schedule.

Suggested citation: Centers for Disease Control and Prevention. Recommended immunization schedules for persons aged 0–18 years—United States, 2007. MMWR 2006;55(51&52):Q1–Q4.

Vaccine Information Statements

The National Childhood Vaccine Injury Act requires that health-care providers provide parents or patients with copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedule. Additional information is available from state health departments and from CDC at http://www.cdc.gov/nip/publications/vis.

Detailed recommendations for using vaccines are available from package inserts, ACIP statements on specific vaccines, and the *2003 Red Book* (*6*). ACIP statements for each recommended childhood vaccine are available from CDC at http://www.cdc.gov/nip/publications/acip-list.htm. In addition, guidance for obtaining and completing a Vaccine Adverse Event Reporting System form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

References

1. CDC. Recommended childhood and adolescent immunization schedule—United States. MMWR 2006;54(52):Q1–Q4.
2. CDC. Prevention of rotavirus gastroenteritis among infants and children. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55(No. RR-12):1–13.
3. CDC. Prevention and control of influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55(No. RR-10):1–42.
4. CDC. ACIP provisional recommendations for the prevention of varicella. Available at http://www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs_prov_june_2006.pdf.
5. CDC. ACIP provisional recommendations for the use of quadrivalent HPV vaccine. Available at http://www.cdc.gov/nip/recs/provisional_recs/hpv.pdf.
6. American Academy of Pediatrics. Active and passive immunization. In: Pickering LK, ed. 2003 red book: report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003.

FIGURE 1. Recommended immunization schedule for persons aged 0–6 years — United States, 2007

Vaccine ▼ / Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B[1]	HepB	HepB		*See footnote 1*	HepB				HepB Series		
Rotavirus[2]			Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b[4]			Hib	Hib	*Hib*[4]	Hib		Hib			
Pneumococcal[5]			PCV	PCV	PCV	PCV				PCV / PPV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza[6]					Influenza (Yearly)						
Measles, Mumps, Rubella[7]						MMR					MMR
Varicella[8]						Varicella					Varicella
Hepatitis A[9]						HepA (2 doses)				HepA Series	
Meningococcal[10]										MPSV4	

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at http://www.cdc.gov/nip/recs/child-schedule.htm. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). *(Minimum age: birth)*

At birth:
- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mothers' negative HBsAg laboratory report documented in the infant's medical record.

After the birth dose:
- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of ≥3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:
- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). *(Minimum age: 6 weeks)*
- Administer the first dose at age 6–12 weeks. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). *(Minimum age: 6 weeks)*
- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). *(Minimum age: 6 weeks)*
- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHiBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children aged ≥12 months.

5. Pneumococcal vaccine. *(Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])*
- Administer PCV at ages 24–59 months in certain high-risk groups. Administer PPV to children aged ≥2 years in certain high-risk groups. See *MMWR* 2000;49(No. RR-9):1–35.

6. Influenza vaccine. *(Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])*
- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55(No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

7. Measles, mumps, and rubella vaccine (MMR). *(Minimum age: 12 months)*
- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months.

8. Varicella vaccine. *(Minimum age: 12 months)*
- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered before age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If second dose was administered ≥28 days following the first dose, the second dose does not need to be repeated.

9. Hepatitis A vaccine (HepA). *(Minimum age: 12 months)*
- HepA is recommended for all children aged 1 year (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Meningococcal polysaccharide vaccine (MPSV4). *(Minimum age: 2 years)*
- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/nip/acip), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).

FIGURE 2. Recommended immunization schedule for persons aged 7–18 years — United States, 2007

Vaccine ▼ / Age ▶	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis[1]	See footnote 1	Tdap	Tdap		
Human Papillomavirus[2]	See footnote 2	HPV (3 doses)	HPV Series		
Meningococcal[3]	MPSV4	MCV4	MCV4	MCV4[3]	
Pneumococcal[4]	PPV				
Influenza[5]	Influenza (Yearly)				
Hepatitis A[6]	HepA Series				
Hepatitis B[7]	HepB Series				
Inactivated Poliovirus[8]	IPV Series				
Measles, Mumps, Rubella[9]	MMR Series				
Varicella[10]	Varicella Series				

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at http://www.cdc.gov/nip/recs/child-schedule.htm. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

1. **Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** *(Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)*
   - Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
   - Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series.
2. **Human papillomavirus vaccine (HPV).** *(Minimum age: 9 years)*
   - Administer the first dose of the HPV vaccine series to females at age 11–12 years.
   - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
   - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.
3. **Meningococcal vaccine.** *(Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4])*
   - Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
   - Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
   - Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21. Use MPSV4 for children aged 2–10 years and MCV4 or MPSV4 for older children.
4. **Pneumococcal polysaccharide vaccine (PPV).** *(Minimum age: 2 years)*
   - Administer for certain high-risk groups. See *MMWR* 1997;46(No. RR-8):1–24, and *MMWR* 2000;49(No. RR-9):1–35.
5. **Influenza vaccine.** *(Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])*
   - Influenza vaccine is recommended annually for persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55 (No. RR-10):1–41.
   - For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
   - Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).
6. **Hepatitis A vaccine (HepA).** *(Minimum age: 12 months)*
   - The 2 doses in the series should be administered at least 6 months apart.
   - HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55 (No. RR-7):1–23.
7. **Hepatitis B vaccine (HepB).** *(Minimum age: birth)*
   - Administer the 3-dose series to those who were not previously vaccinated.
   - A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.
8. **Inactivated poliovirus vaccine (IPV).** *(Minimum age: 6 weeks)*
   - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥4 years.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
9. **Measles, mumps, and rubella vaccine (MMR).** *(Minimum age: 12 months)*
   - If not previously vaccinated, administer 2 doses of MMR during any visit, with ≥4 weeks between the doses.
10. **Varicella vaccine.** *(Minimum age: 12 months)*
   - Administer 2 doses of varicella vaccine to persons without evidence of immunity.
   - Administer 2 doses of varicella vaccine to persons aged ≤13 years at least 3 months apart. Do not repeat the second dose, if administered ≥28 days after the first dose.
   - Administer 2 doses of varicella vaccine to persons aged ≥13 years at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/nip/acip), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).

TABLE. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are >1 month behind — United States, 2007

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Vaccine	Minimum age for Dose 1	Minimum interval between doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B[1]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus[2]	6 weeks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis[3]	6 weeks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[4]	6 weeks	4 weeks if first dose administered at age <12 months; 8 weeks (as final dose) if first dose administered at age 12–14 months; No further doses needed if first dose administered at age ≥15 months	4 weeks[4] if current age <12 months; 8 weeks (as final dose)[4] if current age ≥12 months and second dose administered at age <15 months; No further doses needed if previous dose administered at age ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal[5]	6 weeks	4 weeks if first dose administered at age <12 months and current age <24 months; 8 weeks (as final dose) if first dose administered at age >12 months or current age 24–59 months; No further doses needed for healthy children if first dose administered at age ≥24 months	4 weeks if current age <12 months; 8 weeks (as final dose) if current age ≥12 months; No further doses needed for healthy children if previous dose administered at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus[6]	6 weeks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 months	4 weeks			
Varicella[8]	12 months	3 months			
Hepatitis A[9]	12 months	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis[10]	7 years[10]	4 weeks	8 weeks if first dose administered at age <12 months; 6 months if first dose administered at age ≥12 months	6 months if first dose administered at age <12 months	
Human Papillomavirus[11]	9 years	4 weeks	12 weeks		
Hepatitis A[9]	12 months	6 months			
Hepatitis B[1]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus[6]	6 weeks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 months	4 weeks			
Varicella[8]	12 months	4 weeks if first dose administered at age ≥13 years; 3 months if first dose administered at age <13 years			

1. **Hepatitis B vaccine (HepB).** *(Minimum age: birth)*
   - Administer the 3-dose series to those who were not previously vaccinated.
   - A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.
2. **Rotavirus vaccine (Rota).** *(Minimum age: 6 weeks)*
   - Do not start the series later than age 12 weeks.
   - Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
   - Data on safety and efficacy outside of these age ranges are insufficient.
3. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** *(Minimum age: 6 weeks)*
   - The fifth dose is not necessary if the fourth dose was administered at age ≥4 years.
   - DTaP is not indicated for persons aged ≥7 years.
4. ***Haemophilus influenzae* type b conjugate vaccine (Hib).** *(Minimum age: 6 weeks)*
   - Vaccine is not generally recommended for children aged ≥5 years.
   - If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
   - If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.
5. **Pneumococcal conjugate vaccine (PCV).** *(Minimum age: 6 weeks)*
   - Vaccine is not generally recommended for children aged ≥5 years.
6. **Inactivated poliovirus vaccine (IPV).** *(Minimum age: 6 weeks)*
   - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age ≥4 years.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
7. **Measles, mumps, and rubella vaccine (MMR).** *(Minimum age: 12 months)*
   - The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
   - If not previously vaccinated, administer 2 doses of MMR during any visit with ≥4 weeks between the doses.
8. **Varicella vaccine.** *(Minimum age: 12 months)*
   - The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
   - Do not repeat the second dose in persons aged <13 years if administered ≥28 days after the first dose.
9. **Hepatitis A vaccine (HepA).** *(Minimum age: 12 months)*
   - HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.
10. **Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** *(Minimum ages: 7 years for Td, 10 years for BOOSTRIX®, and 11 years for ADACEL™)*
    - Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
    - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at age <12 months. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).
11. **Human papillomavirus vaccine (HPV).** *(Minimum age: 9 years)*
    - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at http://www.vaers.hhs.gov or by telephone via the 24-hour national toll-free information line 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at http://www.cdc.gov/nip/default.htm or telephone, 800-CDC-INFO (800-232-4636).

Immunization Requirements

The Child Care Providers Role in Immunizations

Under Idaho Code 39-1118 (see Section X), and IDAPA 16.02.11 (see Section XI), all licensed childcare providers are required to keep immunization records on file for each child. Keeping the records on file and up-to-date on every child is part of the health and safety inspection process by the health district staff. Failure to have the immunization records on file or up-to-date could result in license denial until compliance is met.

Parents are required to provide proof of immunization or documentation of exemption from receiving immunizations within 14 days of enrollment. The primary purpose of this law is to protect the health and well being of ALL children (age 4 months to 12 years) in childcare.

What the State Law Requires the Childcare Provider to Do

a. Keep updated records of immunizations on file for all children who attend the childcare facility. The record must include:
    1. Child's name and date of birth
    2. Type of vaccine given (DTP, DTaP, MMR, etc)
    3. Date each dose was given (month/day/year)
    4. Signature (or Stamp) of the physician, a physician's representative, or the health department
    5. The signature of the parent or guardian
b. Update the records as additional immunizations are given. Review records periodically to ensure immunizations are current for all children.

Immunizations That Are Required By State Law

See the Immunization Schedule. Vaccinations are recommended for 11 dangerous diseases. Idaho Code (Section XI) requires vaccinations for the following nine preventable diseases:

1. Diphtheria
2. Tetanus
3. Pertussis
4. Measles
5. Mumps
6. Rubella
7. Polio
8. Haemophilus influenza type b (HIB)
9. Hepatitis B

For current schedule, contact local health department or www.cdc.gov

Children must be appropriately immunized for his/her age within 14 days of attending a child care facility. A child who is not appropriately immunized must begin the needed immunizations within 14 of first attending the childcare facility and proof of immunizations given to the child care provider.

Failure for a parent to provide this required information within 14 days should result in their child be excluded from attending the childcare facility until the information is received.

It is important that children receive these shots for their own improved health and also for the safety of the other children (and adults) at the childcare center. If all children are immunized, it is less likely the diseases will spread to others.

Exemptions and Exceptions to the Law

Children are not required under Idaho Code to be immunized if the parent provides written, signed documentation of the following:

1. Written medical proof of the child's immunity to any of the above nine diseases or a physician's statement that the child previously had been diagnosed and treated for Measles, Mumps, or Rubella
2. Written statement from a licensed physician that the child's life or health would be at risk if any or all of the required immunizations were given.
3. Written statement from the parent(s) of religious or personal objections to the required immunizations.

If a child is not immunized for one of the above reasons, the parent must provide written documentation within 14 days of enrolling the child in childcare. This written documentation must be contained in the childcare provider's immunization file in order to meet the childcare licensing requirements.

A childcare provider has the right to develop operating policies/procedures for the home/center that are more stringent than Idaho Code (state law). A child care provider is not "required" under law to accept children into a home/center who are not immunized. If the facility chooses to develop such a policy, it would be best to discuss the requirement and personal belief about the timely immunizations with parents during the interview with the parents. This will eliminate any chance of misunderstanding in the future around the issue. Parents who sign an exemption form for the child should be informed that their child may be excluded from day care if one of the nine vaccine preventable diseases occur in the facility and there is no proof on file that the child has received vaccine or is immune to the disease.

Other Things the Childcare Provider Can Do

Communication. The childcare provider has a key role and opportunity to help promote the health of the children in the home/center. Children who receive their immunizations on time are healthier children. Unlike the pediatrician or health care provider, the childcare provider sees parents on a daily basis and can make use of those opportunities to remind them of needed immunizations. They can help educate parents by becoming familiar with the vaccines, the health benefits for children, and knowing where in the community parents can go for free or low-cost immunizations or to get more information about vaccines. For more information, contact the health department offices.

The "13" Vaccine Preventable Diseases

Immunization prevents the following 13 serious infections that can cause disease, disability, and death. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized.

Except where noted, these diseases spread when viruses or bacteria pass from an infected person to the nose or throat of others.

1. Diphtheria: This infectious disease is a bacterium that lives in the mouth, throat, and nose of a person infected with the disease and is spread by coughing or sneezing. Early symptoms are a sore throat, a slight fever, chills, and difficulty swallowing. A membrane develops and can block the airway, making it impossible to breathe. Complications of the disease are suffocation, paralysis, heart failure, coma, and death. Before the vaccine, diphtheria caused as many as 15,520 deaths in children during 1 year
2. Tetanus (lockjaw): Tetanus is caused by a toxin (poison) produced by a bacteria found in soil, dust, manure, and in the digestive tract of humans and many animals. Tetanus is not spread from person to person, but enters the body through a cut or wound. Early symptoms include a headache, irritability, and stiffness in the jaw, neck, arms, legs and abdomen. Complications of the disease are broken bones from muscle spasms, breathing problems, severe heart damage, lung infections, coma, and death. At least 30% of Americans who get tetanus die.
3. Pertussis (whooping cough): Pertussis is caused by a bacterium that lives in the mouth, nose, and throat of an infected person and is highly contagious. It is spread by coughing and sneezing. Symptoms include a thick, sticky mucous in the windpipe and can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. The cough can last for weeks. Most cases occur in children under five years of age. Pertussis is most serious for infants under one year of age, who can get pneumonia, have seizures, become brain damaged, or even die. Before the vaccine, between 150,000 and 260,000 cases of Pertussis were reported each year.
4. Polio: Polio is caused by a virus that lives in the intestinal tract or throat of an infected person and is spread by contact with the feces (bowel movement) of an infected person. Symptoms can include sudden fever, sore throat, headache, muscle weakness, and pain. Many people who are infected with the polio virus have no symptoms but can spread it to others. Complications of the disease are deformed or paralyzed legs and arms, inability to breathe, and death. Before the vaccine, 13,000 to 20,000 cases of paralytic polio were reported each year in the United States; many children were left on crutches, in braces, in wheelchairs, and on iron lungs.
5. Measles: Rubeola, also called the hard measles or 10 day measles is highly contagious and is spread by coughing, sneezing, or by simply talking to someone who has measles. Even being in the same room with a person with measles is enough to catch the disease. Symptoms include a rash that begins on the hairline and moves downward on the body, high fever, cough, and watery eyes. Complications of the disease are pneumonia, ear infections, brain damage, seizures, and death. Pregnant women who get measles can miscarry or give birth prematurely. One of the most infectious diseases in the world; if measles vaccinations were stopped, it is estimated that 2.7 million people would die worldwide.
6. Mumps: The mumps is a common childhood disease that is spread by coughing, sneezing, or talking to someone who has the mumps. Symptoms include swollen glands and cheeks, fever, and headaches. Complications of the disease are deafness, brain damage, and swelling of the testicles and sterility in male teens and adults.
7. Rubella (German Measles): The rubella virus is spread through coughing, sneezing, or talking with someone who has rubella. It usually causes mild discomfort including fever for about 24 hours, and a rash on the face and neck that lasts for about 3 days. Adults who get rubella may have swollen glands in the back of the neck and some pain, swelling, or stiffness in the joints. Although rubella is generally a mild childhood disease, the greatest danger is to a pregnant woman which can cause her to lose her unborn baby, or the baby can be born blind, deaf, or mentally retarded, or with heart defects or other serious problems. During 1964 and 1965, before the vaccine, of the 20,000 infants born with rubella syndrome, 11,600 were deaf, 3580 were blind, and 1800 were mentally retarded.

8. Haemophilus influenza b Meningitis: Haemophilus influenza b (HIB) virus causes meningitis and is caused by bacteria rather than a virus like the “flu”. It usually starts in the nose and throat. Symptoms are fever, headache, vomiting, and breathing problems. Complications of disease are meningitis, blindness, brain damage, paralysis, hearing loss, and death. This disease is very serious for children younger than 5 years of age, especially infants. Before the vaccine, HIB meningitis killed 600 children each year and left many survivors with deafness, seizures, or mental retardation.

9. Hepatitis B: Hepatitis B is an infection of the liver caused by a virus. It spreads through contact with blood or other body fluids of an infected person. This can happen through sexual contact or by sharing a razor, toothbrush, or needles used to inject drugs; can also be contracted through tattooing and body piercing. Hepatitis B causes loss of appetite, nausea, vomiting, stomach pain and swelling, fever, headaches, weakness, and jaundice (yellowing of the eyes and skin). An infected pregnant woman can expose her newborn to this virus during birth. The virus stays in the liver of some people for the rest of their lives making the person a “carrier” who can infect others throughout their life. Complications of the disease are permanent liver damager, cancer of the liver cirrhosis, and death. Approximately 25% of children who develop lifelong hepatitis b infection die of related liver diseases as adults. It is estimated that there is more than one million carriers of Hepatitis B in the United States.

10. Varicella (chicken pox): the disease is spread by coughing, sneezing, or contact with chicken pox sores; usually occurs in children younger than 10 years of age. Symptoms are itchy rash over entire body with many sores, fever, and sore throat. Complications of disease are lung damage, brain damage, and death; can be especially dangerous for teens and young adults. Before the vaccine, an estimated 4 million people got chicken pox, causing 11,000 hospitalizations and 100 deaths each year.

11. Pneumococcus: Pneumococcus is spread through coughing and sneezing of an infected person. Symptoms include fever, chills and shaking, chest pain, coughing, fast heartbeat, fast breathing or difficulty breathing. Complications of disease are pneumonia, meningitis, sepsis (an infection of the blood), brain damage, ear and sinus infections.

12. Hepatitis A: can occur anywhere in the world. Immunization is especially recommended for those 2 years of age and older who participate in a childcare settings or anyone traveling to certain areas of the world. It is spread by eating contaminated food or drinking contaminated water usually in developing countries; however, because hepatitis A thrives in unsanitary conditions involving food preparation, it can also occur in the United States. Symptoms include loss of appetite, nausea, vomiting, stomach pain, jaundice (yellow skin and eyes), fever, headaches, and dark urine. Complications of disease are low energy levels up to one year, hospitalization, and death, especially in those already suffering from liver disease.

13. Influenza: is spread by coughing or sneezing by an infected person. Symptoms include high fever, chills, severe muscle aches, and headaches. Complications of disease are pneumonia, swelling of the brain, and death. Before the vaccine, from 1918 to 1919, there were 550,000 deaths due to influenza in the United States; 21 million died worldwide.

Licensed Day Care Facility Immunization Requirement
Certificate of Exemption

Name _____

Birth date _____

School _____

Grade _____

Address _____

Parent or Guardian _____

Telephone _____

A. Check appropriate box(es)
❍ DTP ❍ Polio ❍ Measles ❍ Mumps ❍ Rubella ❍ Hib ❍ Hep B

B. 1. MEDICAL CONTRAINDICATIONS: I hereby certify that the physical condition of this child is such that the immunizations(s) checked in Section A would endanger the life or health of the child. **(This exemption requires the signature of a physician).**

_____ _____
Signature of Physician Date

2. RELIGIOUS AND/OR PERSONAL EXEMPTIONS: Please provide your reason(s) for claiming an exemption to the immunization(s) checked in Section A.

_____

_____

_____ _____
Signature of Parent or Guardian Date

Idaho's Immunization Registry System - A Note for Parents

Parents and providers understand how hard it can be to know if a child has been fully immunized. New vaccines become available, the number of doses needed changes, and it can be almost impossible to know if a child is protected. Since up to 5 clinic visits before age 2 may be needed, it's a dizzying task!

Help is here. Idaho's IRIS (Immunization Reminder Information System) is a convenient way for parents to make sure their child is fully immunized. At the parent's direction, health care providers in Idaho will be able to share an electronic confidential immunization record. This is especially important if you move somewhere else in Idaho or change where your child receives health care.

Especially for parents… Idaho's IRIS is a statewide system designed to help you and your healthcare provider keep track of your child's immunization status. The computerized system will contain up to date information about your child's immunization history. The information on your child's dates of immunization will be accessible only to you, your doctor, your health district, and your child's school or childcare. By using IRIS, you and your child's doctor will be able to check what immunizations are needed and at what age.

How do I get my child into IRIS? *Participation in IRIS is voluntary.* Your signature is needed to enroll your child in IRIS. Your doctor and health district have forms you can complete to give this permission. If your child's information is already listed in a regional registry maintained by your local health district, you will need to give permission for that information to be transferred to IRIS. A separate consent is required for each of your children.

What information about my child will be in IRIS? The immunizations your child has already received entered at the time your child receives future immunizations. Other information will be included to be sure your child's records are accurate and will not be confused with another child's such as: mother's maiden name, child's gender, parent or guardian's telephone number and other data that may help to determine if your child is eligible for free vaccine.

Who will have access to this information about my child? The information about your child will be kept confidential under law. If you sign an enrollment form, the information will be shared only with you and your child's healthcare providers, childcare providers and schools. It will not be shared with any other individuals or agencies. By advising your doctor or health district, you also may later decide to omit all information regarding your child from IRIS.

How will IRIS help my child? Your child's doctor and nurse routinely collect and keep immunization information about your child in their office. By signing this form, you permit IRIS to store information on the immunizations your child has received.

Even if you move somewhere else in Idaho or change where your child receives health care, IRIS will permit a new healthcare provider to quickly access your child's immunization records and remind you when immunizations are due. These reminders will be sent to you either from your child's doctor or a local health district office.

IRIS also will make it easy for you to obtain a copy of your child's immunization record when it is required for childcare, school, camp or other activities. It also will help make sure your child is receiving his or her recommended immunizations at the right time.

Remember, Idaho's IRIS is voluntary, confidential, and secure. The immunization record will be used only to ensure children are protected from vaccine preventable diseases by making sure they are fully immunized as soon as possible. For more information about IRIS, ask your doctor or local health department about how you can have your child's immunization record added to Idaho's IRIS.

Pets

Pets can be a source of disease germs to humans. They can also become serious nuisances from bites, scratches, noise and general sanitation problems. Proper control of pets in your child care is important for the overall health and safety of the children. Hands should always be washed after children have contact with the pet, pet food, pet cages, or pet toys. Diarrhea (calf scours and guinea pig wet bottom) in young animals usually indicates a sick animal, which must be isolated from children.

Dogs

Dogs can be sources of disease germs, parasites, and bites. For these reasons, dogs should not be allowed where there is a congregation of people, especially children. Dogs should be excluded from all areas that the children use. Dog urine and droppings can infect play areas and food even when dogs are present.

Cats

Cats can also be sources of germs, parasites, and bites. Like dogs, cats should not be allowed to use the common areas of the child care setting. This includes playgrounds, food areas, all rooms and play areas.

Turtles & Reptiles

Turtles and tortoises are sources of a germ called Salmonella. This germ can make people very sick. The sale of pet turtles smaller than 6” is illegal. They should not be kept at your child care center.

Birds

Birds in the parrot family such as macaws, turbans, parrots, cockatoos, and parakeets also require strict control to prevent the spread of germs which these birds can carry. They are not recommended as pets in a child care center.

Fish

Fish may be kept as pets in child care centers, but should be kept away from food areas and should not be of the variety, which may bite or is poisonous.

Hamsters, Gerbils, Guinea Pigs, Rats, and Rabbits

Hamsters, gerbils, and guinea pigs may be kept as pets in a child care center if precautions are taken to minimize problems. They should be kept away from all areas where food and drink are prepared or consumed and should not be accessible to children under 4 years of age. Cages should be built so that the litter can easily be cleaned. The cage grating must be small enough that children cannot put their fingers into the cage. Common sense should be used in keeping cages clean and also in preventing access to children who put their hands in their mouth.

Ferrets, Bats, Wild Animals, and Snakes

It is strongly recommended that facilities not keep or bring in ferrets, or any wild or dangerous animals.

Bats in Idaho are a source of deadly rabies. Do not touch any bat. Use heavy leather gloves or tools if you must move a bat. If a bat is found on the ground, cover it with a box, keep children away and contact animal control.

Animal Bites

Immediate Intervention:

Wash all bites and scratches with soap and water. Refer the individual immediately to a health care provider or emergency care facility to determine if anti-rabies treatment is needed.

Persons who may have been exposed to rabies can receive a series of 5 vaccinations in the arm to prevent illness if determined appropriate in consultation with a physician.

Reports:

Immediate telephone reports to health department.

Special Features:

The individual's immunization history should be checked by the health care provider to determine if a "booster" dose for tetanus is required.

Administration of tetanus immune globulin (TIG) may be recommended by a health care provider for some individuals.

These are individuals who may have never initiated or completed the tetanus immunization series, or their tetanus immunization history is unknown.

See Immunization Schedule.

Bats

Any contact with bats, even if no bite is observed or reported, should be followed with a report to the local health department. Children should be taught to avoid any contact with bats as they are known to carry rabies in Idaho.

Recommendations for Preventing the Transmission of Salmonella from Reptiles to Humans

- Pet store owners, veterinarians, and pediatricians should provide information to owners and potential purchasers of reptiles about the risk for acquiring salmonellosis from reptiles.
- Persons should always wash their hands thoroughly with soap and water after handling reptiles or reptile cages.
- Persons at increased risk for infection or serious complications of salmonellosis (e.g. children aged less than 5 years and immunocompromised persons) should avoid contact with reptiles.
- Pet reptiles should be kept out of households where children less than 5 years or immunocompromised persons live. Families expecting a new child should remove the pet reptiles from the home before the infant arrives.
- Pet reptiles should not be allowed to roam freely throughout the home or living area.
- Pet reptiles should be kept out of kitchens and other food-preparation areas to prevent contamination. Kitchen sinks should not be used to bathe reptiles or to wash their dishes, cages, or aquariums. If bathtubs are used for these purposes, they should be cleaned thoroughly and disinfected with bleach.
- **Pet reptiles should not be kept in child care centers.**

Hobo Spider Bites

Signs and Symptoms:

The bite from a hobo spider is relatively painless. It has been described as feeling like a pin prick if it is felt at all. If venom is injected, there may be numbing at the site of the bite. The area around the bite may become reddened and will eventually harden. A day or two after the bite, blistering may occur and after a few days a scab may form in the area.

The time needed for complete healing of the area varies. It depends on the area of the bite, if venom is injected and how much, and other factors.

In addition to the tissue damage, other symptoms such as headaches, nausea, sweating, and joint pain maybe experienced after the bite.

Treatment:

If you believe a child in your care has been bitten by a hobo spider, be sure to point out to the parent or legal guardian. They may wish to seek medical attention.

Special Features:

Hobo spider bites are medically important because of their ability to cause tissue damage and illness. Males may have a more toxic bite than females and it is thought that immature spiders may cause the most serious bites. However, not all bites inject venom; some are "dry" bites and may only be a defensive bite for the spider to escape.

Complaints

The health districts have contracted with the Idaho Department of Health and Welfare to handle/investigate or refer to appropriate authority, all complaints on childcare facilities. All complaints are maintained in a file during and after the investigative period. Each health district has their own policies on confidentiality. Your health district will advise you if the complaint will remain confidential.

Investigation of Complaints:

A substantiated complaint is a complaint that has proven to be valid after the appropriate investigation is completed. Health district staff, child protection services or the local police department, depending on the nature of the complaint, may conduct an investigation. All complaints investigated will be found to be substantiated or unsubstantiated and documented. Details of the complaint and complainant remain in the investigation file.

Complaint Records Review:

Anyone (including a childcare provider) requesting to review a complaint file (substantiated or unsubstantiated) must complete a public records request with the health district, local licensing agency or the Idaho Department of Health and Welfare. The request must comply with the Idaho Public Records Statute (Section 9-338 Idaho Code) and with the protocol of the involved agency.

Appeals:

Childcare providers have the option to appeal a substantiated complaint by submitting their appeal in writing to the Health District Director.

Fire Safety Standards for Child Care

Reference: IDAPA 18.01.55

Health and Safety Requirements

Note: the fire safety standards for in-home child care settings were drafted within the confines of the state and local fire safety standards. They are not to be interpreted to provide for a level of fire safety that would meet any nationally recognized standards. Questions are so worded that a negative answer will indicate an unsatisfactory condition.

Definitions:

- "Day Care" means care and supervision provided for compensation during part of a twenty four (24) hour day, for a child or children not related by blood or marriage to the person or persons providing the care, in a place other than the child's or children's own home or homes.
- "Child" means a person less than twelve (12) years of age.
- "Family Day Care Home" means a home, place, or facility providing day care for six (6) or fewer children. Note: Family or day care homes are not required to have a license or fire inspection.

General Exiting Requirements

- Are the required exits located as such that an unobstructed path outside the building to a public way or area of refuge provided?
- Are exit doors operable from the inside without the use of a key or any special knowledge or effort?
- Are there at least two exits located a distance apart not less than one-half the diagonal dimension of the building or portion used for day care and the travel distance between exits do not exceed 75 feet?
- Are the required exits not less than 32 inches of clear exit width and not less than six (6) feet eight (8) inches in height? Exception: sliding patio doors will be accepted as a required second exit in Family and Group Day Care Facilities in home settings only.
- Are sleeping rooms provided with at least one (1) emergency egress window having at least a minimum single net clear opening of 5.7 square feet, minimum width 20 inches, and maximum finished sill height over 44 inches, minimum height of 24 inches?

Note: An approved exit door is acceptable in lieu of egress windows. Also, an approved piece of furniture or platform, if anchored in place, can be approved to sit in front of a window if the sill height is over 44 inches.

When checking your windows to see if they conform to the requirements for escape or rescue window, remember that twenty-four (24) inch height requirement and twenty (20) inch width requirements are minimum requirements. A window that is 24 inches in height and 20 inches in width does not qualify as an escape or rescue window because it will not have a minimum net clear openable area of 5.7 square feet.

- These minimum height and width requirements, plus the minimum openable area are necessary to allow firefighters with full protective clothing and air packs, to enter the building.

The finished sill height of not more than 44 inches above the floor allows fire fighters to enter the building without falling a distance that would cause an injury.

- Are approved egress windows from sleeping areas operative from the inside without the use of separate tools?
- Where children are located on a story below the level of the exit discharge (basement), are there at least two exits provided, one of which is directly to the outside?
- Day care is prohibited on any upper floor beyond the first floor.

Exception: day care is permitted at the second floor level provided that the building is protected throughout by an automatic fire sprinkling system and has two exit doors directly from the second floor level to the outside.

Is the facility in compliance?

Fire Extinguisher Required

Is there at least one 2A-10BC fire extinguisher within seventy-five (75) feet travel distance to any portion of the home? It must be serviced and tagged annually.

Telephone Required

An operable telephone is required within the facility with the phone number "911" posted. Is there an operable phone on the premises?

Smoke Detector Required

A smoke detector is required on all floors of the home. A smoke detector shall be located in the hall immediately outside any room used for sleeping purposes. All of the detectors shall be audible in the sleeping room. If they are not, the detectors shall be inter connected.

Staff to Child Ratio

- Total number of children on site
- Number of children 0 to 18 months
- Number of children 18 months to 5 years of age
- Number of children over 5 years of age
- Total number of staff on site.

Additional Fire Code Recommendations

- The occupant load or required square footage per person is not an issue in the average home. To determine the square footage, multiply the length of the building by its width, excluding the outside walls. The occupant load is then determined by dividing the square footage by 35.
- All heating equipment and chimneys shall be maintained in a proper working condition (filters cleaned monthly and oil or gas furnaces services annually). At no time is an oil or gas unvented heater allowed.
- No wood stove or heater shall be installed that would block an exit if the unit malfunctions. Any heating producing equipment is recommended to have a guard to prevent burn injuries.
- Flammable liquid storage is not allowed within the home. Storage of up to ten (10) gallons is allowed in the garage.

- All electrical appliances, fixtures, panel boxes, receptacle outlets, switches and wiring shall be maintained in good condition. All circuits in the electrical panel shall be labeled. THE FIRE DEPARTMENT RECOMMENDS THAT ALL UNUSED ELECTRICAL OUTLETS BE PROVIDED WITH COVERS.
- The building will be free of excess accumulation of readily combustible materials such as paper, oily rags, and other waste on the interior and accumulation of dry weeds, leaves, etc., on the exterior.

Adapted from Idaho State Fire Marshall Inspection Form for Day Care Centers

Idaho Code Title 39 Chapter 11
Basic Day Care License

39-1101. POLICY. It is hereby declared to be the policy of this state to establish a minimum statewide system for the protection of children in day care centers. This system is intended to establish minimum standards, while still leaving primary responsibility for evaluation and selection of day care services with parents. The minimum standards established by this chapter shall not be construed as preempting more stringent regulation by county or city ordinance.

39-1102. DEFINITIONS. As used in this chapter:
(1) "Board" means the Idaho board of health and welfare.
(2) "Child" means a person less than twelve (12) years of age.
(3) "Day care" means care and supervision provided for compensation during part of a twenty-four (24) hour day, for a child or children not related by blood or marriage to the person or persons providing the care, in a place other than the child's or children's own home or homes.
(4) "Day care center" means a place or facility providing day care for compensation for thirteen (13) or more children.
(5) "Department" means the Idaho department of health and welfare.
(6) "District health board" means the district health boards of the respective public health districts as established in chapter 4, title 39, Idaho Code.
(7) "District health department" means the district health departments of the respective districts, created in section 39-409, Idaho Code.
(8) "Employee" means any person working for compensation in a facility that provides day care.
(9) "Family day care home" means a home, place, or facility providing day care for six (6) or fewer children.
(10) "Group day care facility" means a home, place, or facility providing day care for seven (7) to twelve (12) children.

39-1103. LICENSING AUTHORITY. The department of health and welfare is hereby authorized and directed to issue "basic day care licenses" as provided in this chapter. The department is authorized to establish procedures for issuing licenses to day care centers which shall be maintained and operated in conformity with the standards authorized in this chapter. Nothing in this chapter shall be construed to limit or restrict the teaching of religious doctrines, values, or tenets in a facility licensed under the provisions of this chapter. The provisions of this chapter shall not apply to:
(1) The occasional care of a neighbor's, relative's or friend's child or children by a person not ordinarily in the business of child care;
(2) The operation of a private school or religious school for educational purposes for children over four (4) years of age or a religious kindergarten;
(3) The provision of occasional care exclusively for children of parents who are simultaneously in the same building;
(4) The operation of day camps, programs and religious schools for less than twelve (l2) weeks during a calendar year or not more often than once a week; or
(5) The provision of care for children of only one (1) immediate family in addition to the person's own children.

39-1104. APPLICATION FOR LICENSE -- FIRE SAFETY AND HEALTH INSPECTIONS.
(1) Application. A person who wishes to operate a day care center shall submit an application, on the forms provided by the department, and shall obtain the required certificates of inspection as provided herein.
(2) Inspections. A person who wishes to operate a day care center shall submit:

(a) a certificate of a fire inspection of the proposed center, conducted by a fire department or fire district official, establishing compliance with the minimum standards specified in section 39-1109, Idaho Code; and

(b) a health inspection of the proposed center conducted by the district health department, establishing compliance with the minimum standards specified in section 39-1110, Idaho Code.

(3) Continued compliance and reinspection. Day care centers shall at all times maintain compliance with the fire safety and health requirements identified in this chapter. The department may cause any day care center to be reinspected during the term of a license for fire safety and health compliance as determined necessary. No charge for any reinspection after the initial inspection in any license period shall be made to the day care center.

39-1105 CRIMINAL HISTORY CHECKS. The department shall obtain a criminal history check on the owners, operators and employees of a day care center who have direct contact with children, and on all volunteers and other individuals twelve (12) years of age or older who have unsupervised direct contact with children in a day care center. The criminal history check shall include the following for all persons subject to the provisions of this section who are eighteen (18) years of age or older:

(1) Statewide criminal identification bureau;

(2) Federal bureau of investigation (FBI) criminal history;

(3) National crime information center; and

(4) Statewide child abuse register. Criminal history checks on those persons under eighteen (18) years of age shall include a check of the juvenile justice records of adjudications of the magistrate division of the district court, county probation services and department of health and welfare records as authorized by the minor and his parent or guardian.

39-1106. ISSUANCE OF LICENSE -- RENEWAL.

(1) Upon receipt of the application, inspection certificates and the criminal history, the department shall, upon a finding of compliance, issue a basic day care license to the applicant. The license shall be valid for two (2) years and shall be posted in a conspicuous place at the day care center.

(2) After the criminal history check has been completed for any person, it shall not be necessary to repeat the check for renewal of a license. The department may, however, require the applicant for renewal of a license to declare on a form provided by the department that the applicant is in compliance with the original standards and conditions required for issuance of a license.

(3) The department shall maintain a list of all licensees for public use.

39-1107. FEES.

(1) The board shall establish by rule the maximum total fee to be assessed for a basic day care license which shall not exceed one hundred dollars ($100.00). The board shall allocate the fee for fire and health inspections and for the criminal history check. The board shall also establish a renewal fee which shall not exceed sixty dollars ($60.00).

(2) The applicable license fee in subsection (1) of this section shall be reduced by twenty-five percent (25%) for any day care facility which provides evidence that at least fifty percent (50%) of its staff is certified in infant/child first aid and pediatric rescue breathing.

39-1108. LOCAL OPTION. If a city or county, within its respective jurisdiction, has adopted an ordinance for regulation and/or licensing of day care services, then the provisions of this chapter shall not apply with such city or county unless the ordinance is subsequently repealed. To qualify for exemption, regulation of centers must include a criminal history check at least as stringent as the check required in section 39-1105, Idaho Code, compliance with fire safety standards at least as stringent as required in section 39- 1109, Idaho Code, compliance with health standards at least as stringent as required in section 39-1110, Idaho Code, compliance with immunization requirements at least as stringent as required in section 39-1118, Idaho Code, and compliance with training requirements at

least as stringent as required in section 39-1119, Idaho Code. Cities and counties are hereby granted authority and may adopt ordinances for regulation and/or licensing of day care services.

39-1109. FIRE SAFETY STANDARDS.

(1) Day care centers shall comply with the following fire safety standards in the area of the day care center in which day care is provided
   (a) Adequate fire and smoke alarms;
   (b) A functional telephone;
   (c) Adequate fire extinguishers or other suitable arrangements for extinguishing fires; and
   (d) Adequate exits. Separate standards in these categories shall also be developed for group day care facilities.
(2) No fire standards developed pursuant to this chapter shall be more stringent than the standards contained in the Uniform Fire Code, without supplementation by any other standard or code.
(3) In addition to the fire safety standards identified in subsection (1) of this section, fire safety standards may be established to govern the maximum allowable ratio of children to staff subject to the following restrictions
   (a) In no event shall the child-staff ratio require more than one (1) staff member to six (6) children for all children age eighteen (18) months or less, more than one (1) staff member to twelve (12) children for all children above age eighteen (18) months but less than five (5) years; and more than one (1) staff member to eighteen (18) children for all children whose age is five (5) years or more;
   (b) No factors other than fire safety may be considered in establishing child-staff ratios; (c) All adults on the premises shall be counted as staff for purposes of computing a child-staff ratio; and (d) Each child shall count as one (1) child for purposes of computing a child-staff ratio.

39-1110. HEALTH STANDARDS. Day care centers shall comply with the following health standards:

(1) Food for use in day care centers shall be prepared and served in a sanitary manner with sanitized utensils and on surfaces that have been cleaned, rinsed and sanitized prior to use to prevent contamination;
(2) All food that is to be served in day care centers shall be stored in such a manner that it is protected from potential contamination;
(3) Diaper changing shall be conducted in such a manner as to prevent the spread of communicable diseases;
(4) Sleeping and play areas, restrooms and fixtures shall be maintained in a sanitary condition;
(5) Children and facility personnel shall be provided with individual or disposable towels for handwashing and the handwashing area shall be equipped with soap and hot and cold running water;
(6) The water supply, where the source is other than a public water system, must be approved by the district board of health;
(7) Medicines, cleaning supplies and other hazardous substances must be stored out of reach of children;
(8) A telephone or some type of emergency communication system is required; and
(9) Representatives of the district health department shall not be denied access to a day care center for purposes of control of communicable disease.

39-1111. RULES AUTHORIZED. In order to implement the provisions of this chapter, the following rule making authority is authorized: (1) The state fire marshal, in addition to other duties imposed by law, is hereby authorized and directed to establish rules necessary to implement the provisions of sections 39-1109 and 39-1114, Idaho Code; (2) District health boards, in addition to other duties imposed by law, are hereby authorized and directed to establish necessary health standards to implement the provisions of section 39-1110, Idaho Code; and (3) The board, in addition to other duties imposed by law, is hereby authorized and directed to establish procedures necessary to

implement the provisions of this chapter including procedure for submission of required certificates as provided in sections 39-1109 and 39-1110, Idaho Code, and conduct of the criminal history check provided in section 39-1105, Idaho Code. The rule making authority granted in this section shall be limited to the specific standards and procedures required by this chapter.

39-1112. VISITATION. Any parent or guardian shall have the absolute right to enter the premises of any facility during the period of care for the parent's or guardian's child or children. Any failure or refusal to allow entry to a parent or guardian may be grounds for suspension or revocation of the license, pursuant to section 39-1113, Idaho Code. If a parent or guardian has been granted limited or has been denied visitation rights by a court of competent jurisdiction, this section shall not confer a right to visitation.

39-1113. DENIAL, SUSPENSION OR REVOCATION OF LICENSE. (1) A license may be denied, suspended or revoked by the department if the department finds that the applicant or licensee does not comply with the provisions of this chapter. (2) No person who has been found guilty of or received a withheld judgment for any offense involving neglect or any physical injury to, or other abuse of a child including the following offenses or a similar provision in another jurisdiction, shall be eligible for a license under the provisions of this chapter: (a) Injuring a child, section 18-1501, Idaho Code. (b) The sexual abuse of a child under sixteen (16) years of age, section 18-1506, Idaho Code. (c) The ritualized abuse of a child under eighteen (18) years of age, section 18-1506A, Idaho Code. (d) The sexual exploitation of a child, section 18-1507 or 18-1507A, Idaho Code. (e) Lewd conduct with a child under the age of sixteen (16) years, section 18-1508, Idaho Code. (f) The sale or barter of a child for adoption or other purposes, section 18-1511, Idaho Code. (g) Murder, section 18-4001 or 18-4003, Idaho Code. (h) Voluntary manslaughter, section 18-4006, Idaho Code. (i) Rape, section 18-6101 or 18-6108, Idaho Code. (j) Incest, section 18-6602, Idaho Code. (k) Forcible sexual penetration by use of foreign object, section 18-6608, Idaho Code. (3) The denial, suspension or revocation of a license under this chapter may be appealed to the district court of the county in which the affected day care center is located and the appeal shall be heard de novo in the district court.

39-1114. LIMITED APPLICATIONS. Any person providing day care in a group day care facility shall not be required to be licensed, but shall comply with the requirements of section 39-1105, Idaho Code, for a criminal history check and shall obtain a fire inspection certificate establishing compliance with the standards provided in section 39-1109, Idaho Code. The fire inspection for group day care facilities may be conducted by the district health department. The fire inspection certificate and the criminal history check, if one is required, shall be available for inspection on the premises. A group day care facility or family day care home may elect to comply with the provisions of this chapter and upon a finding of compliance by the department, shall receive a basic day care license.

39-1115. MISDEMEANOR. (1) It shall be a misdemeanor to operate a day care center within this state without first obtaining a basic day care license from the department or to operate a day care center without posting a basic day care license in a conspicuous place. A copy of this chapter shall be available on the premises at all times for staff and parents to read on request. (2) It shall be a misdemeanor to operate a group day care facility without obtaining the certificates required in section 39-1114, Idaho Code; provided, that in the event of an initial citation for violation of the provisions of this subsection, if a person makes the applications required within twenty (20) days, the complaint shall be dismissed. Operation of a group day care facility after denial of the certificates required shall be a misdemeanor. (3) It is a misdemeanor for any person to provide day care services if such person has been found guilty in this state's courts, in any other state's courts, or in any federal court, of any offense listed under the provisions of section 39-1113, Idaho Code.

39-1116. PROSECUTION. It shall be the duty of the prosecuting attorney of the county in which the day care center or group day care facility is located to prosecute violations of the provisions of this chapter.

39-1117. NO LIABILITY TO STATE OR POLITICAL SUBDIVISIONS. The issuance of a license or certificate pursuant to this chapter shall not constitute a representation of affirmance to any person that the day care center to which a license is issued or a group day care facility to which a certificate is issued is free from risk with regard to the standards in this chapter. The state and its political subdivisions or any employees or agents of the state or its political subdivisions shall not be liable for nor shall a cause of action exist for any loss or damage based upon the failure of any person to meet the standards contained in this chapter.

39-1118. IMMUNIZATION REQUIRED. (1) Within fourteen (14) days of a child's initial attendance at any licensed day care facility, the parent or guardian shall provide a statement to the operator of the day care facility regarding the child's immunity to certain childhood diseases. This statement shall provide a certificate signed by a physician or a representative of a health district, that the child has received, or is in the process of receiving immunizations as specified by the board of health and welfare; or can effectively demonstrate, through verification in a form approved by the department of health and welfare, immunity gained through prior contraction of the disease. Immunizations required and the manner and frequency of their administration shall be as prescribed by the state board of health and welfare and shall conform to recognized standard medical practices in the state. The state board of health and welfare shall promulgate appropriate rules and regulations for the enforcement of the required immunization program and specify reporting requirements of day care centers, pursuant to the provisions of chapter 52, title 67, Idaho Code. (2) Any minor child whose parent or guardian has submitted to officials of a licensed day care facility a certificate signed by a physician licensed by the state board of medicine stating that the physical condition of the child is such that all or any of the required immunizations would endanger the life or health of the child shall be exempt from the provisions of this section. Any minor child whose parent or guardian has submitted a signed statement to officials of the day care facility stating their objections on religious or other grounds shall be exempt from the provisions of this section.

39-1119. TRAINING REQUIREMENTS. The owner or operator of a day care center shall ensure that each employee receives four (4) hours of ongoing training every twelve (12) months after the employee's hire date.

IDAPA 16 TITLE 02 CHAPTER 11

16.02.11 - IMMUNIZATION REQUIREMENTS FOR CHILDREN ATTENDING LICENSED DAY CARE FACILITIES IN IDAHO

000. LEGAL AUTHORITY. The Idaho Legislature has granted to the Idaho Board of Health and Welfare the authority to adopt rules for the administration and enforcement of an immunization program for children attending licensed day care facilities in Idaho, under Section 39-1118, Idaho Code. (4-6-05)

001. TITLE AND SCOPE.

01. Title. The title of this chapter is, IDAPA 16.02.11, "Immunization Requirements for Children Attending Licensed Day Care Facilities in Idaho". (4-6-05)

02. Scope. These rules contain the legal requirements for the administration and enforcement of an immunization program for children who attend licensed day care facilities in Idaho. (5-24-91)

002. WRITTEN INTERPRETATIONS. The Department has no written interpretations that apply to rules in this chapter in accordance with Section 67- 5201(19)(b)(iv), Idaho Code. (4-6-05)

003. ADMINISTRATIVE APPEALS. Administrative appeals for decisions made by the Department are governed by IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings". (4-6-05)

004. INCORPORATION BY REFERENCE. No documents have been incorporated by reference in this chapter of rules.

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the State of Idaho. (4-6-05)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-6-05)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-6-05)

04. Telephone. (208) 334-5500. (4-6-05)

05. Internet Website Address. Department Internet address is: "www.healthandwelfare.idaho.gov". (4-6-05)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS. Any use or disclosure of Department records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records". (4-6-05)

007. -- 009.(RESERVED).

010. DEFINITIONS.

01. ACIP. The Center for Disease Control Prevention's Advisory Committee on Immunization Practices. (4-6-05)

02. Board. The Idaho State Board of Health and Welfare. (12-31-91)

03. Board of Medicine. The Idaho State Board of Medicine. (5-24-91)

04. Child. A person less than twelve (12) years of age. (5-24-91)

05. Department. The Idaho Department of Health and Welfare. (5-24-91)

06. Director. The Director of the Idaho Department of Health and Welfare, or designated individual. (12-31-91)

07. Immunization Document. A medical or other written record initiated and retained by a licensed day care facility which gives the month, day and year of each immunization a child has received. (5-24-91)

08. Immunization Record. A written document signed by a physician or a physician's representative which states the month, day and year of each immunization a person has received. (5-24-91)

09. Initial Attendance. The first admission of a child to any licensed day care facility in Idaho. (5-24-91)

10. Laboratory Proof. A certificate from a licensed medical laboratory stating the type of test performed, the date of each test and the results. Tests performed must meet the requirements of IDAPA 16.02.06, "Rules Governing Quality Assurance for Idaho Clinical Laboratories". (4-6-05)

11. Licensed Day Care Facility. Any Idaho day care facility maintained by an individual, organization or corporation and licensed by an authorized governmental entity to provide care to children. (5-24-91)

12. Licensed Day Care Facility Operator. Any person who owns and operates or is designated by an individual, organization or corporation to manage the day-to-day operation of a licensed day care facility described in Subsection 010.11 of these rules. (4-6-05)

13. Parent, Custodian or Guardian. The legal parent, custodian or guardian of a child or those with limited power of attorney for the temporary care or custody of a minor child. (5-24-91)

14. Pertussis. An infectious agent, Bordetella pertussis, that causes the disease commonly known as whooping cough. (4-6-05)

15. Physician. A medical doctor or osteopath licensed by the Idaho State Board of Medicine, or by a similar body in another state or jurisdiction within the United States. (4-6-05)

16. Physician's Representative. Any person appointed by or vested with the authority to act on behalf of a physician in matters concerning health. (5-24-91)

17. Regulatory Authority. The Director of the Idaho Department of Health and Welfare or the Director's designee. (5-24-91)

011. -- 099.(RESERVED).

100. IMMUNIZATION PROGRAM.
All immunizations listed in Subsections 100.01 through 100.05 of these rules, are required of children who are to attend licensed day care facilities. These immunizations must be administered according to the "General Recommendations on Immunizations" established by the ACIP. These recommendations are available from the Department. (4-6-05)

01. Diphtheria, Tetanus and A-Cellular Pertussis (DTaP). Five (5) doses of DTaP (Diphtheria, Tetanus and a-cellular Pertussis) vaccine are required and must be administered to the child unless fewer doses are medically recommended. (4-6-05)

02. Polio. Three (3) doses of polio vaccine are required and must be administered to the child unless fewer doses are medically recommended. See Section 110 of these rules. (4-6-05)

03. Measles, Rubella and Mumps. Two (2) doses of measles, rubella and mumps vaccine are required and must be administered to the child according to ACIP recommendation. (4-6-05)

04. Haemophilus Influenza Type B. Haemophilus influenza type b (HIB) vaccine is required and must be administered to the child according to ACIP recommendations. (4-6-05)

05. Hepatitis B. Three (3) doses of hepatitis B vaccine administered to children born after November 22, 1991, unless fewer doses are medically recommended. See Section 110 of these rules. (4-6-05)

101. TIME PERIOD FOR COMPLIANCE. The legal parent, custodian or guardian of a child must comply with the provisions contained in this chapter within fourteen (14) days of initial attendance to any licensed day care facility in Idaho. (4-6-05)

102. EVIDENCE OF IMMUNIZATION STATUS.

01. Immunization Certification Statement. Within the deadlines established in Section 101 of these rules, a legal parent, custodian or guardian of each child must present to the licensed day care facility operator an immunization record or certification statement signed by a physician or a physician's representative stating the type, number and dates of immunizations received. (4-6-05)

02. Schedule of Intended Immunizations. The licensed day care facility operator, within fourteen (14) days of initial attendance, must have a statement by a legal parent, custodian or guardian of any child who is not immunized, excepted or exempted, and who is in the process of receiving, or has been scheduled to receive the required immunizations. This statement must include the following information: (4-6-05)

a. Name and age of child; (4-6-05)

b. Type, number and dates of immunizations to be administered; (4-6-05)

c. Signature of the legal parent, custodian or guardian providing the information; and (4-6-05)

d. Signature of a physician or physician's representative. (5-24-91)

103. -- 104. (RESERVED).

105. EXCEPTION TO IMMUNIZATION REQUIREMENT FOR THE APPLICABLE DISEASE. A child who meets one (1) or both of the following conditions, when supporting documentation is in the possession of the licensed day care facility operator, will not be required to undergo the required immunizations: (4-6-05)

01. Laboratory Proof. A child who has laboratory proof of immunity to any of the nine (9) childhood diseases listed in Section 100 of these rules, will not be required to undergo the required immunizations. (4-6-05)

02. Disease Diagnosis. A child who has a statement signed by a licensed physician stating the child has had measles (rubeola) or mumps disease and diagnosed by the physician upon personal examination will not be required to undergo the required immunizations. (4-6-05)

106. -- 109.(RESERVED).

110. EXEMPTIONS TO IMMUNIZATION REQUIREMENT.
When supporting documentation is in the possession of the licensed day care facility operator, a child who meets one (1) or both of the following conditions, will be exempt from the required immunizations. (4-6-05)

01. **Life or Health Endangering Circumstances**. A signed statement of a licensed physician that the child's life or health would be endangered if any or all of the required immunizations are administered; or (4-6-05)
02. **Religious or Other Objections**. A signed statement of the legal parent, custodian or guardian on a form provided by the Department or one containing similar information, and includes the following: (4-6-05)

    a. Name of child; and (5-24-91)

    b. A statement of objection on religious or other grounds. (5-24-91)

111. -- 199.(RESERVED).

200. DOCUMENTATION AND RETENTION OF IMMUNIZATIONS DATA BY LICENSED DAY CARE FACILITY OPERATORS.

01. Provision of Information. The licensed day care facility operator will provide to the legal parent, custodian or guardian, information on immunization requirements and the ACIP recommended immunization schedule. (4-6-05)

02. Immunization Document. The licensed day care facility operator will copy the immunization data from the child's immunization record to a day care immunization document or have on file a true and correct copy of the child's immunization record. This immunization document must include the month, day and year of each immunization the child has received. (4-6-05)

03. Immunization Document Retention. The immunization document described in Subsection 200.02 of these rules, must be retained by the licensed day care facility on all children for as long as the child attends the licensed day care facility plus one (1) year. (4-6-05)

201. -- 299.(RESERVED).

300.INSPECTIONS BY PUBLIC DISTRICT HEALTH DEPARTMENTS.

01. Compliance Inspection. The regulatory authority will verify that the immunization document described in Subsection 200.02 of these rules, is initiated and retained in the licensed day care facility. (4-6-05)

02. Recording of Violation. Following an inspection which reveals a violation of this chapter by a licensed day care facility, the regulatory authority will record the violations in writing and provide a copy to the licensed day care facility operator. (4-6-05)

03. Response to Violation. The licensed day care facility operator will submit a written report to the regulatory authority within thirty (30) days following the inspection stating that the specified violations have been corrected. (4-6-05)

04. .Failure to Respond. The regulatory authority will report in writing to the licensing authority any violations recorded in Subsection 300.02 of these rules, to which a licensed day care facility operator has not responded as required by Subsection 300.03 of these rules. (4-6-05)

301. -- 309.(RESERVED).

310.ENFORCEMENT OF IMMUNIZATION REQUIREMENT.

01. Noncompliance. Licensed day care facility operators in Idaho must exclude any child who is not in compliance with this chapter within fourteen (14) days of initial attendance in their day care facility. (4-6-05)

02. Length of Exclusion. Any child excluded from a licensed day care facility in Idaho as required in Subsection 310.01 of these rules, may not be readmitted to the facility until they are in compliance with the requirements of this chapter. (4-6-05)

311. -- 399.(RESERVED).

400.TECHNICAL ASSISTANCE.

01. Random Evaluations. A representative of the Department will randomly select and visit licensed day care facilities in Idaho to evaluate the facility files for the following: (4-6-05)

a. Immunization documents described in Subsection 200.02 of these rules; (4-6-05)

b. Exceptions documentation described in Section 105 of these rules; and (4-6-05)

c. Exemption statements described in Section 110 of these rules. (4-6-05)

02. Notice of Intent to Review. A representative of the Department will inform licensed day care facilities selected in Subsection 400.01 of these rules, at least thirty (30) days prior to an intent to review the licensed day care facilities' documents. (4-6-05)

03. Evaluation Results. Information will be provided to the licensed day care facility about the results of the immunization evaluation described in Subsection 400.01 of these rules, and the recommendations for correcting deficiencies and increasing immunity levels. (4-6-05)

401 -- 999.(RESERVED).

Some Helpful Websites

Health Departments:

- Panhandle Health District (District 1)
  http://www2.state.id.us/phd1/
- North Central District Health Department (District 2)
  http://www.ncdhd.us/
- Southwest District Health (District 3)
  http://www.publichealthidaho.com/
- Central District Health Department(District 4)
  http://www.cdhd.idaho.gov
- South Central District Health (District 5)
  http://www.accessidaho.org/phd5/
- Southeastern District Health Department (District 6)
  http://www2.state.id.us/phd6/
- District 7 Health Department
  http://www2.state.id.us/phd7/

State of Idaho Administrative Rules
http://www.state.id.us

American Academy of Pediatrics
http://www.aap.org/

Idaho Immunization Program
http://www.healthandwelfare.idaho.gov/

National Association for Education of Young Children
www.naeyc.org

National Association for Family Child Care
www.nafcc.org

National Association for Playground Safety
www.uni.edu/playground/home.html

Food and Drug Administration
www.fda.gov

Idaho Department of Health and Welfare
http://www.healthandwelfare.idaho.gov/

National Center for Disease Control
http://www.cdc.gov

Handwashing
http://www.cfc-efc.ca/docs/cich/00000353.htm

Child Safety
http://www.safekids.org

On-line Day Care Store
http://www.tuffware.com/

Consumer Product Safety Commission

www.cpsc.gov

Glossary

Antibiotic	Substances which kill or slow the growth of specific germs. Antibiotic treatment may be in the form of pills, capsules, ointments, creams, liquids, injections, or intravenous therapy.
Body fluids	Urine, feces (stool), saliva, blood, nasal discharge, eye discharge, semen, vaginal secretions, breast milk, and discharge from sores or injuries.
Carrier	An individual who may not have disease signs or symptoms but may still be infected and capable of passing infectious germs to others.
Case	An individual with signs and/or symptoms of a disease, and whose disease is diagnosed by a doctor or laboratory tests.
Case Reports	Telephone, fax, or mail report to local health department. Refer to reportable disease list.
Casual contact	Association with an individual which does not involve sexual activity, sharing of needles or injecting drugs, or sharing personal items such as toothbrushes, razors, or nail clippers.
Contact	An individual who has been in association with an infected person, animal, or place in such a way as to have an opportunity to "catch" or pass on the infection.
Contagious period	The period of time when an infected person can spread the infection to another individual.
Diarrhea	An increased number of stools, or abnormally loose or unformed, watery stools, in comparison to an individual's usual bowel habits.
Epiglottitis	Swelling and inflammation of the "lid" of the voice-box. This swelling can block breathing passages.
Erythromycin	An antibiotic used to treat many kinds of infection.
Fever	An elevation of body temperature, above 99.3° F taken by mouth, or by a tympanic thermometer (ear) 98° F taken under the arm, or 100°F measured rectally. (Rectal temperatures should be taken only by individuals trained to do this). A temperature of 101°F taken by mouth (ortympanic thermometer) or 100° F under the arm, is the temperature at which an individual is excluded from the group setting, regardless of the absence of other signs or symptoms of illness.
Fever-free	Without fever for 24 hours without the use of fever-reducing agents such as aspirin, acetaminophen (Tylenol), or ibuprofen (Motrin). *Note: Aspiring should never be given to children/teens for fever reduction.
Fontanelle	The "soft spot" on the top of the baby's head.
Food handler	An individual who prepares, transports, or serves food. Also an individual who comes in contact with food service utensils or equipment.

Fungus	Plant-like organisms, such as yeast, mold, and mildew.
Household contact	Individuals who share a home or living situation such as a shelter or dormitory.
Immediate intervention	Actions to be taken upon suspicion that a specific disease or condition exists.
Immediate medical attention	Prompt examination (within a few hours) by a health care provider in an office, clinic, urgent care, or emergency setting.
Immunity	Ability of an individual's body to resist a particular infection. This ability may be present because the individual has already had the infection, or the individual may have received vaccine to help resist infection.
Immune globulin	An antibody preparation made from human blood. These preparations provide temporary immunity against specific infections.
Immunization	Vaccines given to individuals to help them develop protection (antibodies) against specific infections.
Immunocompromised	An individual who does not have the normal body defenses to fight off infections. Examples can include those who are HIV-positive, on chemotherapy, or long-term steroid therapy.
Incubation period	The time between exposure to infectious germs and the beginning of disease symptoms.
Infectious	Capable of causing an infection or disease.
Infestation	Having parasites (such as lice or scabies) living on the outside of the body.
Jaundice	Yellowing of the whites of the eyes and/or skin.
Listlessness	Feeling tired or without energy.
Nausea	Feeling sick to one's stomach, or as if one will vomit.
OSHA	An abbreviation for the Occupational Safety and Health Administration of the U.S. Department of Labor, which administers the Occupational Safety and Health Act, regarding health and safety in the work place.
Outbreak	A sudden rise in the frequency of disease over what is usually seen or expected. For a disease such as measles, ONE case would be an outbreak. However, for streptococcal sore throat or undiagnosed diarrhea, 10% of individuals in the group setting with similar signs or the same diagnosis would be an outbreak.
Protozoan	Very small, one-celled animals, some of which may cause disease.
Reye's Syndrome	A rare but very serious disease which may follow viral infections. Symptoms include nausea and vomiting, confusion, and coma. The use of aspirin products during viral illnesses such as chicken pox and influenza has been associated with Reye's Syndrome.

Rifampin	An antibiotic often prescribed for those who have been exposed to an infection caused by Haemophilus influenzae type b, or Meningococcal Disease. Also used in multi-drug treatment of Tuberculosis.
Secretions	Wet material or fluid, such as saliva, that is produced by the body and has a specific purpose in the body.
Shingles	A recurrence of a previous infection with varicella virus. It is seen mostly in adults. Small blisters along the path of a nerve (frequently about the waist), accompanied by pain, may be shingles. The fluid in these blisters may cause chickenpox in individuals who have never had chicken pox.
Sign	Evidence of disease that can be seen or measured by another individual (such as a rash or fever).
Sputum	Secretions produced by the lungs, trachea (windpipe), and other air passages.
Susceptible	An individual who is not immune to a specific disease.
Suspect carrier	May be infected and capable of passing infectious germ without having symptoms of disease itself.
Suspect case	An individual whose signs and/or symptoms suggest he may have or be developing a communicable disease.
Symptom	Evidence of disease felt by an individual (such as nausea).
Transmission	The passing of infectious germs or parasites from one individual to a susceptible individual, from animals to an individual, or from the environment to an individual.
Vaccines	Preparations which contain killed or weakened organisms, given to assist the body in developing immunity (antibodies) to specific diseases.