



Infectious Disease in Child Care

How to minimize the spread of illness, and care for “kind of sick” children



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In this e-book, we will explore what CCR&Rs need to know about infectious disease in child care settings, and how they can prevent the spread of illness. We will also explore how CCR&Rs can help child care providers determine when a child should be sent home, how to modify care for “sort of” sick children who don’t need to be sent home.

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Introduction

This E-Book originated as a series of blog posts about infectious disease spread and control that CCAoA published for members. Infectious disease has been a hot topic lately, especially with the recent outbreaks of measles, leading many providers and CCR&Rs with questions about how to prevent the spread of illness in child care settings.

The purpose of this e-book is to help CCR&Rs better understand how they can help providers develop policies and plans to reduce the spread of illness in center or home. We do this through:

- Discussing the risks of vaccine preventable illnesses, and discussing resources for parents to get low-cost vaccines
- Best-practices for keeping child care centers and homes clean and sanitized
- Discussing how CCR&Rs can work with providers to develop inclusion, exclusion and dismissal policies for illnesses

However, our goal as always is to help providers keep children in care. Therefore, we have dedicated a chapter in this e-book to help CCR&Rs understand that not all illnesses require dismissal, and how providers can determine when a child is really sick, or just needs a little extra care.

We hope these blogs are useful for you. Please let us know. You can email your comments, ideas and suggestions to us at learnmore@usa.childcareaware.org.

Chapter 1

Helping Child Care Providers
Understand The Measles
Immunizations



August was [National Immunization Awareness](#) month. It's never been more important to talk about immunizations than now. As of September 12, 2019, there have been [1,241 individual confirmed cases of measles in 31 states](#). That's more than any single year since 1992. The median age of [patients contracting measles](#) in the latest outbreak was 5 years, with 49% of patients under the age of 5, as of April 2019, the high point of the outbreak.

The majority of the cases were among people who [were not vaccinated against measles](#), and it is most likely to spread in communities with high rates of unvaccinated people. That is why it's important for CCR&Rs to work with providers to develop their vaccination policies.

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Parents and child care providers rely on child care resource and referral agencies (CCR&Rs) for information about how to keep kids safe in child care. There's a lot of confusion about the measles vaccine (MMR), so CCR&Rs need to share information that is accurate and easy to understand:

1. [The MMR vaccine is the best protection we have against measles.](#)
2. The MRR vaccine is [safe](#) and it protects [the whole community](#).
3. Everyone who can get the MMR vaccine should get it, including kids over age one, family members and child care providers.

CCR&Rs can also help caregivers talk to children about measles. Overhearing media reports or adult conversations can be scary and confusing for kids. Share [this tip sheet](#) to help caregivers offer support to children who are worried about the measles outbreak.

In the next chapter, we will discuss where parents can get low-cost vaccinations to help them meet vaccination requirements for their child care center or home.

Chapter 2

Helping Caregivers Understand
Immunization Requirements



There has been a lot of news lately about the measles outbreak, and this has led to a wider conversation about vaccine requirements at child care centers and homes. One of the biggest pieces of misinformation is about whether vaccines are safe or if they work. The short version is that they are and they do! Child care providers can help keep children in their care safe by developing and following program-level vaccination requirements. This is important because vaccines are a safe, reliable way of preventing illness not just for the vaccinated child, but for those around them that have not received their vaccinations yet.

When enough people in a community are vaccinated against an illness (usually 95%), this prevents the virus from spreading easily. We call this '[community immunity](#)', or 'herd immunity'. This protects the very small portion of the population that cannot be vaccinated: people with chronic diseases that make their immune system weak, children who are unable to be vaccinated due to complications with their other medications, or children with allergies to specific ingredients in the vaccine.

Community immunity also protects infants and very young children when they are too young for their shots and during the time they are getting the series of shots they need for full protection. When the community is immunized, children are less likely to be exposed before they develop their antibodies.

Vaccine Policy Best Practice

There is a lot that CCR&Rs can do to help providers make sure the children they care for are receiving the vaccines they need! Each state has its own [vaccination requirements](#) for children. Caring for Our Children (CFOC) [recommends](#) that child care facilities “... should require that all parents/guardians of children enrolled in child care provide written documentation of receipt of vaccines appropriate for each child’s age.” CFOC also recommends that CCR&R and child care providers check the Center for Disease Control’s vaccines recommendations every year for the latest national [vaccines schedule](#) to update their policies.

Resources for CCR&Rs and Parents

Child care providers and parents may not know where children can get vaccinated affordably. CCR&Rs can help them by sharing some of these great resources to help them get their children vaccinated!

Vaccines for Children Program

Many health care providers participate in the Center for Disease Control and Prevention (CDC)'s [Vaccines For Children](#) (VFC) Program. Contact your local public health department and ask for a referral to a participating provider in your area!

Vaccines for Children offers free or low-cost vaccines to families who are:

- American Indian or Alaska Native
- Medicaid-eligible: individuals who qualify for and are enrolled in Medicaid
- Uninsured: individuals who have no insurance coverage
- Underinsured: individuals who have insurance but it:
 - Doesn't cover vaccines, or
 - Doesn't cover certain vaccines, or
 - Covers vaccines but has a fixed dollar limit or cap for vaccines. Once that fixed dollar amount is reached, a child is then eligible.

There may be fees associated with administering the vaccine, and/or for office visits.

Medicaid and Children's Health Insurance Program

Children who are covered by either a traditional Medicaid plan or [Medicaid's Children's Health Insurance Program](#) (CHIP) are entitled to vaccines. Though Medicaid and CHIP are separate programs that each provide health insurance to different groups based on income, both programs require age-appropriate vaccines to be covered. There may be costs associated with office visits, however. Parents should talk to their health care providers about these costs before vaccinating their children.

Patient Protection and Affordable Care Act

Finally, the Patient Protection and Affordable Care Act (ACA) requires that all plans available to low-income people and families must cover [preventative and wellness services](#), including [vaccines](#) for children 0-18. If a parent has purchased insurance through their state Health Insurance Exchange/Marketplace, they should talk to their insurance provider about these benefits.

Though immunizations are one of the [most successful and cost-effective health interventions](#), not every illness can be prevented by a simple shot. There are other simple things that childcare providers can do in their own home or center to prevent the spread of illness. In the next chapter, we'll talk about basic sanitation practices for keeping your center or home clean.



Chapter 3

Taking Care of Young Children is
Messy Business!



Taking care of young children is messy business! Between diaper changes, runny noses and regular play time, providers are always thinking about sanitation in order to keep their children and themselves from getting sick.

Sanitation practices are woven throughout a lot of different parts of a child care provider's day, from making sure the center or home is clean and sanitary, to food handling and diaper changing. Every part of the day requires different steps and procedures for effective cleaning.

Hand-washing and Hand Hygiene

Practicing hand-washing and hand hygiene is the most basic step to preventing the spread of germs, and providers and children should wash their hands multiple times throughout the day. [Caring for Our Children](#) has recommendations on how providers and children should wash their hands, and [when](#). The Center for Disease Control and Prevention (CDC) also has a lot of great resources on handwashing:

- [Fact sheet on hand-washing](#)
- [Video demonstration](#)
- [Printable poster](#)

Diaper Changing and Toileting

Sanitation also plays an important role in diaper changing. If providers don't follow proper sanitation guidelines during diaper changing, they can spread germs to themselves and all the children in their care very quickly. There are [several steps](#) that providers need to follow in order to prevent the spread of disease, including hand washing and hand hygiene before and after changing, and disinfecting the changing table after changing. Try hanging a poster like [this](#) in your diapering area to remind staff of the proper procedures.

Providers should make sure that they're keeping toileting areas clean and sanitary, too. Children and staff need to wash their hands after each bathroom use. Providers also need to clean and disinfect toileting areas using gloves and cleaners/tools that are only for the [toileting areas](#). For more information on environmentally friendly alternatives to harsh chemicals, [see our blog post on toxic chemicals in child care programs](#).

Food Handling, Preparation, and Meal Times

An unsanitary environment for food handling, preparation and meal time can be dangerous, since food can easily go bad or spread germs if not handled properly. Child care providers should be [trained](#) on how to handle food so they [don't spread](#) harmful diseases to themselves, other providers or children. Here are some [simple steps](#) that providers can take to prevent food poisoning, along with other resources for food safety.

And so much more!

What are other parts of the day that providers should be thinking about sanitation? There are too many to count! CCR&Rs can help providers navigate through this deep topic, and help them include sanitation in all parts of their day. CCR&Rs can look at [Caring for Our Children](#) for [guidance](#) on writing sanitation policies and procedures, and for best practices.

However, providers can't prevent every illness from entering their child care center or home. Kids are messy, and have lots of opportunity to run into germs outside of the child care setting. In the next chapter, we'll talk about how to develop an inclusion/exclusion/dismissal for illness policy that focuses on identifying when a child is really too sick to be in care.



Chapter 4

Understanding When and Why Sick
Kids Should Stay Home



Parents rely on child care so they can go to work, and many are left scrambling when their child gets sick. Providers have more than one child to care for, so they have to make tough decisions about whether to allow a sick child to come and risk the health of other children. That's why it is important that child care resource and referral (CCR&R) agencies and child care health consultants work with providers to develop easy to understand [Inclusion and Exclusion policies](#) that define when a child is too sick to be in child care, and when they can stay in care.

Is a child really too sick to stay in care?

Knowing when to call a parent to have them pick up a child is hard. Providers want to do their best to care for each individual child, but they may also worry that a sick child will transmit illness to others. It's important for providers and programs to remember that many illnesses *do not* require children to be sent home. But making that call can be difficult— that's why having policies are so important.

Providers should always make sure that their program's inclusion and exclusion policies meet state licensing requirements. Some state rules are specific about when a child must be sent home. Generally speaking though, common childhood illnesses like colds, pink eye and fifth disease *do not* require exclusion. This is even true of fevers. *Caring for Our Children* guidelines state that:

“Fever is an indication of the body's response to something but is neither a disease nor a serious problem by itself. If the child is behaving normally but has a fever, the child should be monitored but does not need to be excluded for fever alone.”

Daily health checks are a great way for providers to take a few moments to notice how each child is looking, feeling and acting when they first arrive. That will make it easier to notice if the child's behavior or symptoms change throughout the day.

If a child shows some symptoms of illness, the provider should consider the following before deciding whether to send them home. **Do the symptoms:**

- Prevent the child from participating comfortably in activities?
- Require care that is greater than the staff can provide without compromising the health and safety of other children?
- Pose a risk of harmful diseases to others?

If the answer to any of these questions is “yes,” then they should be sent home. If the answer is “no,” then the child should stay and staff should make sure that the child remains comfortable and their condition does not change. In both cases, providers should have plans for how to make them as comfortable as possible. For a sick child who is going home, there are easy things that providers should include in their plan, such as deciding where the child should wait to be picked up and who should wait with them. Developing a plan for a child who has mild symptoms is easy, too. For example, providers should have plenty of tissues and drinking water available. With these plans in place, caring for a sick child is less stressful for the provider and the child's parents.

How CCR&Rs can help providers

Technical Assistance: There may be programs that struggle with caring for sick children in your area. CCR&Rs can use sample policies, your state regulations, the [Caring for Our Children Online](#) and [Caring for Our Children Basics](#) standards to help them write and implement a program-level exclusion policy. Also, CCR&Rs can support providers in thinking through how to provide basic care for a sick child who is mildly sick but doesn't meet the threshold to be sent home.

Training: Many states and CCR&Rs have health and safety trainings on communicable diseases for providers. Make sure you have content and activities that help providers understand the symptoms and decision points that can help them determine whether to send a child home. Trainings should also cover how to provide comforting care for kids who don't feel 100% but are not sick enough to go home.

Resources: Share consistent information with parents and with providers about best practices for inclusion and exclusion policies, and why it is often perfectly fine for a sick child to remain in care. That way, parents and providers are getting the same messages and have the same expectations! [Here is a great one to share about the flu.](#)

As you can see, [having a clear policy in place](#) that lets providers know when to make the call, or when to keep a child in care, will help keep every child safe and healthy while minimizing unnecessary sick days for their parents.



More Resources

Download our Social and Emotional Health e-book to explore what CCR&Rs need to know about social and emotional (S-E) health in child care settings, and how they can promote the S-E health of both children and the child care workforce.

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