

## Prevention and Control of Infectious Diseases

This brief, one in a series of nine addressing health and safety requirements specified in the *Child Care Development Block Grant Act of 2014*, provides an overview of prevention and control of infectious diseases for center-based and home-based child care settings. Licensing administrators and CCDF administrators may find the brief helpful as they begin to assess and consider future revisions to state standards for both licensed and license-exempt providers. They may also be of value to child care and Head Start providers in understanding and improving the health and safety of their early learning and development settings.

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### New Federal Requirements

The *Child Care and Development Block Grant Act of 2014* includes provisions related to health and safety requirements for all providers that receive payment from the Child Care and Development Fund (CCDF).<sup>1</sup>

(I) Health and Safety Requirements. - The plan shall include a certification that there are in effect within the State, under State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers that provide services for which assistance is made available under this subchapter. Such requirements

(i) shall relate to matters including health and safety topics consisting of

(I) the prevention and control of infectious diseases (including immunization) and the establishment of a grace period that allows homeless children and children in foster care to receive services under this subchapter while their families (including foster families) are taking any necessary action to comply with immunization and other health and safety requirements; and...

<sup>1</sup> The Child Care and Development Block Grant Act of 2014 and section 418 of the Social Security Act (42 USC 618), as amended, provide the statutory authority for implementation of the CCDF program as designated by ACF. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/ccdf-law>.

(XI) minimum health and safety training, to be completed pre-service or during an orientation period in addition to ongoing training, appropriate to the provider setting involved that addresses each of the requirements relating to matters described in sub-clauses (I) through (X);

## Infectious Disease in Child Care Settings

Attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases for several reasons. Many types of infectious germs may be contained in human waste (urine, feces) and body fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). Young children readily exchange secretions and frequently are not able to perform adequate hand hygiene or cough etiquette.<sup>2</sup> Young children are more vulnerable to illnesses because their immune systems - the body's natural defenses against disease - are not yet built up. Infants and toddlers tend to get sick more often than older children. In their first year in a group setting, children at any age tend to get sick more than children who have less contact with other children.<sup>3</sup>

Many children and adults carry infectious disease without having symptoms; most who develop symptoms are contagious before they experience a symptom. For many of the common illnesses, exclusion of people with symptoms does not control the spread of the infection to others in the group.<sup>4</sup> In addition, people have different beliefs about health and illness that may not be based on scientific evidence. Some of these beliefs are shaped by culture, education, experience, and fears about the causes of illness, practices to maintain health and treat illness, and their sources of health information and treatment.<sup>5</sup>

Contaminated hands are the most common means of transmission of infections in child care settings.<sup>6</sup> Keeping hands clean is one of the most important steps child care providers can take to avoid children and adults getting sick and spreading germs to others. But even under the best of circumstances, transmission of infectious diseases cannot be completely prevented in early childhood or other settings. No policy can keep everyone who is potentially infectious out of these settings.<sup>7</sup>

National surveys document high vaccination coverage among preschool-aged children. This has resulted in historically low levels of most vaccine-preventable diseases in the United States.<sup>8</sup> However, vaccine-preventable infections still occur among children who are not up-to-date with recommended vaccines. Routine immunizations at the appropriate age are the best means of protecting children against vaccine-preventable diseases. Immunization is particularly important for children in child care because preschool-aged children have the highest risk of complications from many vaccine-preventable diseases. The vaccine-preventable diseases for which universal routine immunization are recommended at specific ages include: hepatitis B, rotavirus (infants only), diphtheria, tetanus, pertussis (as DTaP for young children and Tdap for older children and adults), *Haemophilus influenzae* type b (Hib), pneumococcal conjugate (PCV13), inactivated poliovirus (IPV), influenza, measles,

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2 Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-home Child Care, Third Edition (2011), developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education, with funding from the Maternal and Child Health Bureau. Retrieved from <http://cfoc.nrckids.org/StandardView/7>

3 Understanding Communicable Diseases: Key Concepts, Background Information. Preventing and Managing Communicable Diseases. HHS/ACF/ACYF/HSB. 1996. Last updated 2014. Retrieved from [http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/hygiene-sanitation/health\\_lea\\_00220\\_070605.html](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/hygiene-sanitation/health_lea_00220_070605.html)

4 Retrieved from <http://cfoc.nrckids.org/StandardView/7>

5 Retrieved from [http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/hygiene-sanitation/health\\_lea\\_00220\\_070605.html](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/hygiene-sanitation/health_lea_00220_070605.html)

6 Retrieved from <http://cfoc.nrckids.org/StandardView/7>

7 Retrieved from <http://cfoc.nrckids.org/StandardView/7>

8 Retrieved from Centers for Disease Control and Prevention, MMWR 9/13/2013 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm>

mumps, rubella (MMR), varicella [chickenpox], hepatitis A, meningococcal (older children) and Human papilloma virus (HPV for older children).<sup>9</sup>

## Caring for Our Children Basics

In June 2015, *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education* (CFOCB) was released by the Administration for Children and Families, U.S. Department of Health and Human Services. CFOCB represents the minimum health and safety standards experts believe should be in place where children are cared for outside of their homes.<sup>10</sup> The following standards from CFOCB support the prevention and control of infectious diseases (including immunizations) in child care centers and family child care homes.

### 3.2.2.1 Situations that Require Hand Hygiene

All staff, volunteers, and children should abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC):

- a) Upon arrival for the day, after breaks, or when moving from one group to another.
- b) Before and after:
  - ◆ Preparing food or beverages;
  - ◆ Eating, handling food, or feeding a child;
  - ◆ Brushing or helping a child brush teeth;
  - ◆ Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
  - ◆ Playing in water (including swimming) that is used by more than one person; and
  - ◆ Diapering
- c) After:
  - ◆ Using the toilet or helping a child use a toilet;
  - ◆ Handling bodily fluid (mucus, blood, vomit);
  - ◆ Handling animals or cleaning up animal waste;
  - ◆ Playing in sand, on wooden play sets, and outdoors; and
  - ◆ Cleaning or handling the garbage.

Situations or times that children and staff should perform hand hygiene should be posted in all food preparation, diapering, and toileting areas. Family child care homes are exempt from posting procedures for hand washing but should follow all other aspects of this standard.

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<sup>9</sup> Centers for Disease Control and Prevention (CDC). 2016 Recommended immunization schedule for persons aged 0 through 18 years

Retrieved from <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

<sup>10</sup> Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education (2015), by the Administration for Children and Families, U.S. Department of Health and Human Services, Retrieved from <http://www.acf.hhs.gov/programs/ecd/caring-for-our-children-basics>

### 3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting

Programs should follow a routine schedule of cleaning, sanitizing, and disinfecting. Cleaning, sanitizing, and disinfecting products should not be used in close proximity to children, and adequate ventilation should be maintained during use.

### 3.2.3.4 Prevention of Exposure to Blood and Body Fluids

Early care and education programs should adopt the use of Standard Precautions<sup>11</sup>, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids. Caregivers and teachers are required to be educated regarding Standard Precautions before beginning to work in the program and annually thereafter. For center-based care, training should comply with requirements of the Occupational Safety and Health Administration (OSHA).

### 3.6.1.1 Inclusion/Exclusion/Dismissal of Children

The program should notify parents/guardians when children develop new signs or symptoms of illness. Parent/guardian notification should be immediate for emergency or urgent issues. Staff should notify parents/guardians of children who have symptoms that require exclusion, and parents/guardians should remove children from the early care and education setting as soon as possible. For children whose symptoms do not require exclusion, verbal or written notification to the parent/guardian at the end of the day is acceptable. Most conditions that require exclusion do not require a primary health care provider visit before re-entering care.

When a child becomes ill but does not require immediate medical help, a determination should be made regarding whether the child should be sent home. The caregiver/teacher should determine if the illness:

- a) Prevents the child from participating comfortably in activities;
- b) Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c) Poses a risk of spread of harmful diseases to others;
- d) Causes a fever and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, and diarrhea). An unexplained temperature above 100 °F (37.8 °C) (armpit) in a child younger than 6 months should be medically evaluated. Any infant younger than 2 months of age with fever should get immediate medical attention.

If any of the above criteria are met, the child should be removed from direct contact with other

children and monitored and supervised by a staff member known to the child until dismissed to the care of a parent/guardian, primary health care provider, or other person designated by the parent. The local or state health department will be able to provide specific guidelines for exclusion.

### 3.6.1.4 Infectious Disease Outbreak Control

<sup>11</sup> Standard Precautions required in child care differ slightly from the requirements for hospital settings. The child care requirements are defined in CFOC3 Standard 3.2.3.4. "Child care facilities should adopt the use of Standard Precautions developed for use in hospitals by The Centers for Disease Control and Prevention (CDC). Standard Precautions should be used to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids.

In child care settings:

- a. Use of disposable gloves is optional unless blood or blood containing body fluids may contact hands. Gloves are not required for feeding human milk, cleaning up of spills of human milk, or for diapering;
- b. Gowns and masks are not required;
- c. Barriers to prevent contact with body fluids include moisture-resistant disposable diaper table paper, disposable gloves, and eye protection

During the course of an identified outbreak of any reportable illness at the program, a child or staff member should be excluded if the local health department official or primary health care provider suspects that the child or staff member is contributing to transmission of the illness, is not adequately immunized when there is an outbreak of a vaccine-preventable disease, or the circulating pathogen poses an increased risk to the individual. The child or staff member should be readmitted when the health department official or primary health care provider who made the initial determination decides that the risk of transmission is no longer present. Parents/guardians should be notified of any determination.

### 7.2.0.1 Immunization Documentation

Programs should require that all parents/guardians of enrolled children provide written documentation of receipt of immunizations appropriate for each child's age. Infants, children, and adolescents should be immunized as specified in the "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years," developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians.<sup>12</sup> Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule should receive the required immunizations, unless contraindicated or for legal exemptions.

### 7.2.0.2 Unimmunized Children

If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents'/guardians' religious or philosophical beliefs, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the parent/guardian should be on file. Parents/guardians of an enrolling or enrolled infant who has not been immunized due to the child's age should be informed if/when there are children in care who have not had routine immunizations due to exemption.

The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. Children who are in foster care or experiencing homelessness as defined by the McKinney-Vento Act<sup>13</sup> should receive services while parents/guardians are taking necessary actions to comply with immunization requirements of the program. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible.

If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

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<sup>12</sup> Recommended immunization schedule for persons aged 0 through 18 years—United States, Centers for Disease Control and Prevention, 2016 <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf>

<sup>13</sup> McKinney-Vento Act, NCH Fact Sheet #18. Published by the National Coalition for the Homeless, June 2006. Retrieved from webpage at <http://web.archive.org/web/20071203073025/http://www.nationalhomeless.org/publications/facts/McKinney.pdf>

### 7.2.0.3 Immunization of Caregivers/Teachers

Caregivers/teachers should be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as shown in the “Recommended Adult Immunization Schedule”<sup>14</sup> in the following categories:

- a) Vaccines recommended for all adults who meet the age requirements and who lack evidence of immunity (i.e., lack documentation of vaccination or have no evidence of prior infection); and
- b) Recommended if a specific risk factor is present.

If a staff member is not appropriately immunized for medical, religious, or philosophical reasons, the program should require written documentation of the reason. If a vaccine-preventable disease to which adults are susceptible occurs in the facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department should be consulted to determine whether these adults should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

## Caring for Our Children Standards

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-home Child Care, Third Edition (CFOCB3), is a collection of 686 national standards that represent the best evidence, expertise, and experience in the country on quality health and safety promising practices and policies that should be followed in today’s early care and education settings. In addition, the CFOCB3 can help programs and providers implement the CFOCB and move to higher levels of quality in health and safety. CFOCB3 is available at <http://cfoc.nrckids.org/><sup>15</sup>

The following links to CFOCB3 pertain to the prevention and control of infectious diseases. The links go to the full text of the standard, with a rationale supported by research.

### Standard 1.7.0.1: Pre-Employment and Ongoing Adult Health Appraisals, Including Immunization

<http://cfoc.nrckids.org/StandardView/1.7.0.1>

### Standard 3.2.1.1: Type of Diapers Worn

<http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.2.1&=#>

### Standard 3.2.1.2: Handling Cloth Diapers

<http://cfoc.nrckids.org/StandardView/3.2.1.2>

### Standard 3.2.1.3: Checking For the Need to Change Diapers

<http://cfoc.nrckids.org/StandardView/3.2.1.3>

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14 Recommended Immunizations For Adults. Centers for Disease Control and Prevention, 2016. Retrieved from webpage at <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf>

15 Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-home Child Care, Third Edition (2011), developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education, with funding from the Maternal and Child Health Bureau. Available at <http://cfoc.nrckids.org/>.

**Standard 3.2.1.4: Diaper Changing Procedure**

<http://cfoc.nrckids.org/StandardView/3.2.1.4>

**Standard 3.2.1.5: Procedure for Changing Children’s Soiled Underwear/Pull-Ups and Clothing**

<http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.2.1.5>

**Standard 3.2.2.1: Situations that Require Hand Hygiene**

<http://cfoc.nrckids.org/StandardView/3.2.2.1>

**Standard 3.2.2.2: Handwashing Procedure**

<http://cfoc.nrckids.org/StandardView/3.2.2.2>

**Standard 3.2.2.3: Assisting Children with Hand Hygiene**

<http://cfoc.nrckids.org/StandardView/3.2.2.3>

**Standard 3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting**

<http://cfoc.nrckids.org/StandardView/3.3.0.1>

**Standards 3.6 Management of Illness**

<http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.6&>

**Standard 3.6.1.1: Inclusion/Exclusion/Dismissal of Children**

<http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.6.1.1>

**Standard 3.6.1.2: Staff Exclusion for Illness**

<http://cfoc.nrckids.org/StandardView/3.6.1.2>

**Standard 3.6.1.3: Thermometers for Taking Human Temperatures**

<http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.6.1.3>

**Standard 3.6.1.4: Infectious Disease Outbreak Control**

<http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.6.1.4>

**Standards 3.6.3: Medications**

<http://cfoc.nrckids.org/StandardView/3.6.3>



**Standard 3.6.4.1: Procedure for Parent/Guardian Notification About Exposure of Children to Infectious Disease**

<http://cfoc.nrckids.org/StandardView/3.6.4.1>

**Standard 7.2.0.1: Immunization Documentation**

<http://cfoc.nrckids.org/StandardView/7.2.0.1>

**Standard 9.2.3.5: Documentation of Exemptions and Exclusion of Children Who Lack Immunizations**

<http://cfoc.nrckids.org/StandardView/9.2.3.5>

**Standard 10.5.0.1: State and Local Health Department Role**

<http://cfoc.nrckids.org/StandardView/10.5.0.1>

The following links to four *CFOC3* Appendices provide supplemental information regarding prevention and control of infectious diseases in early care and education programs.

**Appendix A: Signs and Symptoms Chart**

<http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixA.pdf>

**Appendix E: Child Care Staff Health Assessment**

<http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixE.pdf>

**Appendix J: Selecting an Appropriate Sanitizer or Disinfectant**

<http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixJ.pdf>

**Appendix K: Routine Schedule for Cleaning, Sanitizing and Disinfecting**

<http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixK.pdf>

## Trends in Child Care Licensing Requirements

The following tables provide information about the number of States<sup>16</sup> that had requirements related to the prevention and control of infectious diseases (including immunizations) in their 2014 licensing regulations for child care centers<sup>17</sup>, family child care (FCC) homes<sup>18</sup>, and group child care (GCC) homes.<sup>19</sup>

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<sup>16</sup> "States" includes the 50 States, the District of Columbia, and two U.S. Territories – Guam and the Virgin Islands.

<sup>17</sup> National Center on Early Childhood Quality Assurance (2015). Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014>.

<sup>18</sup> National Center on Early Childhood Quality Assurance (2015). Research Brief #2: Trends in Family Child Care Home Licensing Regulations and Policies for 2014. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014>.



The 2014 data reflects that 100% of States required children, in center based care, to have immunization records in order to enroll in child care. However, only 13% of States accepted children on a conditional basis if not all immunizations are complete. Section 658E(c)(3) of the CCDBG Act now requires States have in place procedures for expedited enrollment of homeless children and children in foster care without immunization records, and establishing a grace period to allow homeless children and children in foster care to receive services while their families take steps to comply with immunization and other requirements.

### Number of States with Immunization Requirements for Children

Immunization Requirements for Children	Child Care Centers (N = 53)	FCC Homes (N = 46)	GCC Homes (N = 40)
Children are required to have immunizations to enroll in child care	53	44	40
State sets time for when immunizations records must be submitted to the provider after enrollment	24	14	12

N = the number of States that regulate the type of facility.

Immunization Exemptions for Children	Child Care Centers (N = 53)	FCC Homes (N = 46)	GCC Homes (N = 40)
State allows parents/guardians to provide a written statement that they do not wish to have their child immunized	37	28	25
State allows medical professionals to provide a written statement for exemption from immunizations for medical need	36	26	23
State allows providers to exclude children until immunization records or exemption statements are provided	18	9	11
State allows providers to accept a child on a conditional basis if not all immunizations are complete	7	7	6
State allows providers to refuse to accept children who have been exempted from immunization by the parents	2	1	1

N = the number of States that regulate the type of facility.

19 National Center on Early Childhood Quality Assurance (2015). Research Brief #3: Trends in Group Child Care Home Licensing Regulations and Policies for 2014. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014>.

## Number of States with Health Requirements for Child Care Providers

Licensing Requirements	Child Care Centers (N = 53)	FCC Homes (N = 46)	GCC Homes (N = 40)
Staff/providers required to have a physical exam or provide a health statement from a physician before working with children	39	32	29
Staff/providers required to have a tuberculosis screening	40	23	23
Staff/providers required to show proof of immunizations	8	6	8

N = the number of States that regulate the type of facility.

## Examples of State Licensed Child Care Requirements

Licensing of center-based care and family child care homes is a process that establishes the minimum requirements necessary to protect the health and safety of children in care. State licensing requirements are regulatory requirements, including registration or certification requirements, established under State law necessary for a provider to legally operate and provide child care services.<sup>20</sup> The following excerpts, taken from Delaware, Oklahoma, Illinois and Washington licensing requirements, are examples of regulations supporting the prevention and control of infectious diseases, including immunizations. These examples do not include all States that have these requirements, but are meant to represent a range of approaches States have taken in their regulations. A document with links to all States' child care licensing regulations is available at <https://childcareta.acf.hhs.gov/resource/state-and-territory-licensing-agencies-and-regulations>.

### Delaware

#### Child Care Centers

*Delaware Office of Child Care Licensing, Regulations for Early Care and Education and School-Age Centers* (July 2015) <http://kids.delaware.gov/occl/announcements/Center-Regulations-2015.pdf>

##### 45. Hand Washing

A licensee shall ensure that staff and children wash their hands with soap and running water, including when gloves have been worn, and use single service towels or a mechanical hand-drying device for drying hands, as follows:

<sup>20</sup> Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education, (2015), by the Administration for Children and Families, U.S. Department of Health and Human Services, Retrieved from <http://www.acf.hhs.gov/programs/ecd/caring-for-our-children-basics>

Before and After	After
Eating or handling food	Toileting or diapering
Giving medications	Coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body secretions
Caring for a child who may be sick	Handling animals or their equipment or after coming into contact with an animal's body secretions
Using a water-play or other sensory table/ container with other children	Playing in a sand box
Using shared play dough or clay	Outdoor play
	Cleaning
	Taking out the garbage

**46. Standard Precautions**

A. A licensee shall employ standard precautions for protection from disease and infection. Staff involved in cleaning contaminated surfaces shall avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using non-porous gloves to protect hands when cleaning contaminated surfaces.

B. Spills of vomit, urine, and feces on a surface including the floors, walls, bathrooms, tabletops, toys, and diaper-changing tables shall be immediately cleaned with soap and water and then disinfected.

C. Non-porous gloves shall be used for spills of blood or blood-containing body fluids and injury and tissue discharges on a surface, which shall be immediately cleaned with soap and water and then disinfected. Blood-contaminated material and diapers shall be disposed of in a sealed plastic bag with a secure tie.

**57. Child Health Appraisal**

A. A licensee shall ensure that within one month following admission, the licensee has on file an age-appropriate health appraisal including a record of administered immunizations conducted within the last 12 months before admission for each child in attendance unless required by law to be admitted without a health appraisal such as specified in the McKinney-Vento Homeless Assistance Act or applicable federal, State, and local laws and regulations. Health appraisals and immunization records shall be certified by a health care provider and updated within 13 months or in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. The health appraisal shall include:

- i. A health history and physical examination including growth and development and documentation of the results of recommended or required screening/testing such as for blood-lead or tuberculosis; and
- ii. Recommendations regarding required medication, restrictions, or modifications of the child's activities, diet, or care and medical information pertinent to treatment in case of emergency.

B. A licensee shall ensure that for children in grades kindergarten or higher, a copy of the school-age health appraisal must be on file at the center within 30 days of the child's enrollment or participation in the center as a school-age child. A school-age health appraisal does not need to be updated yearly.

C. A licensee shall ensure that a child whose parent/guardian objects to immunizations on a religious basis or whose health care provider certifies that the immunization may be detrimental to the child's health will be exempt from the immunization requirement, provided the parent/guardian submits to the early childhood or school-age administrator a notarized statement explaining the exemption is in compliance with State law.

## Oklahoma

### Child Care Centers

Oklahoma Department of Human Services, Oklahoma Child Care Services, Part 15 Requirements for Child Care Centers, Day Camps, Drop-In Programs, Out-Of-School Time Programs, Part-Day Programs and Programs For Sick Children, Oklahoma Administrative Code (OAC) 340:110-3-275 THROUGH 340:110-3-311 (January 2016) <http://www.okdhs.org/OKDHS%20Publication%20Library/14-05.pdf>

#### **340:110-3-275. Definitions**

"Infection control" means the policies, procedures, and practices used to prevent and control the spread of infection, such as cleaning, sanitizing, and disinfecting, hand and personal hygiene, diapering procedures, handling and disposing of soiled and contaminated items, health separation and exclusion criteria, and immunization policies.

#### **340:110-3-284. General qualifications, responsibilities, and professional development**

(d) Professional development. ...

(3) Orientation. Within one week of employment and prior to having sole responsibility for a group of children, personnel obtain orientation, as documented per OAC 340:110-3-281.3(b), that includes, at least a review of:

- (A) requirements;
- (B) infection control;
- (C) injury prevention;
- (D) handling common childhood emergencies, including choking; ...

(6) Infection control. Personnel obtain infection control training at least every 12 months. (ii) Training is relevant to position responsibilities and includes center administration or management, age-appropriate childhood education, and infection control. ...

#### **340:110-3-294. Health protection and disease control**

(a) Hygiene. The hygiene requirements listed in (1) through (5) of this subsection are met.

- (1) Meet needs. Personnel attend promptly to children's personal hygiene needs.
- (2) Hand hygiene. Personnel and children wash their hands with soap and warm, running water or use hand sanitizer as required per Oklahoma Administrative Code (OAC) 340 Appendix HH – Hand Hygiene.

## (A) Hand washing:

- (i) supplies are maintained as required per OAC 340:110-3-300(n);
- (ii) procedures are posted as required per OAC 340:110-3-281.1(g). Personnel and children are encouraged to follow the procedures; and
- (iii) is not required for infants provided a moist, disposable towelette is used.

## (B) Hand sanitizer:

- (i) is non-expired;
- (ii) is at least 60 percent alcohol-based;
- (iii) use by children is monitored by personnel; and
- (iv) is not used on 1-year-olds and younger.

(3) Hygiene articles. Hygiene articles, such as wash cloths, towels, hair brushes, combs, and toothbrushes are individually assigned and stored and used by only one child. ...

b) Immunizations. Children have or are in the process of obtaining immunizations at the medically appropriate time or have an exemption per OAC 340 Appendix II - Immunizations. Records are maintained per OAC 340:110-3-281.4(b).

(c) Health monitoring. Each child is observed initially and throughout the hours of care for symptoms of an illness or poison exposure and obvious signs of infestation or physical injuries. ...

(e) Illness and infestations, other than head lice. The program maintains health inclusion, separation, and exclusion criteria and reporting policy per OAC 340:110-3-278(d).

(1) Children - separation. Children showing symptoms of a communicable disease or infestation, other than head lice, are separated from well children.

(2) Children - exclusion. Children are excluded from the program when required per OAC 340 Appendix JJ – Exclusion Criteria for Children Who Are Ill.

(3) Parent notification. Parents are notified per OAC 340:110-3-280(d). ...

## Illinois

### Family Child Care Homes

*Department Of Children and Family Services, Part 406 Licensing Standards for Day Care Homes* (December 2013) [http://www.illinois.gov/dcf/aboutus/notices/Documents/Rules\\_406.pdf](http://www.illinois.gov/dcf/aboutus/notices/Documents/Rules_406.pdf)

#### Section 406.14 Health, Medical Care and Safety

d) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690.1000) shall be excluded from the home until the Illinois Department of Public Health or local health department authorized by it

states, in writing, that the communicable, contagious or infectious stage of the disease has passed and that the child may be re-admitted to the day care home. ...

f) In order to reduce the risk of infection or contagion to others, space must be provided in the day care home for the isolation and observation of a child who becomes ill. An ill child shall be provided a bed or cot away from other children and a caregiver or assistant shall supervise the child at all times he/she is in the home...

h) Personal hygiene standards, such as the following, shall be observed: ...

4) Caregivers and children shall use soap and running water to wash their hands before meals, after toileting, after diaper changing, and after contact with respiratory secretions. Hand sanitizers or diaper wipes are not an acceptable substitute for soap and running water. Caregivers shall always supervise children's hand washing to ensure that children are not scalded by hot water.

5) Open cuts, sores or lesions on caregivers or children shall be covered.

6) Caregivers shall wash their hands with soap and water prior to food preparation and after any physical contact with a child during food preparation. Hands shall be dried using single-use towels.

i) Caregivers shall take reasonable measures to reduce the spread of communicable disease among children in the facility by observing such procedures as:

1) Using only washable toys with diapered children;

2) Washing washable toys at least once per day;

3) Cleaning facility-provided stuffed toys;

4) Washing toys mouthed by one child before they are used by another child; and

5) Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.

## Washington

### Licensed Family Home Child Care Standards

CHAPTER 170-296A WAC (August 2015)

<http://apps.leg.wa.gov/WAC/default.aspx?cite=170-296A-3210>

#### WAC 170-296A-3210

##### Contagious disease procedure.

(1) When the licensee becomes aware that he or she, a household member, staff person or child in care has been diagnosed with any of the contagious diseases described in WAC 246-110-010, the licensee must, within twenty-four hours notify:

(a) The local health jurisdiction or DOH, except notice is not required for a diagnosis of chickenpox or conjunctivitis;

(b) The department; and

- (c) Parents or guardians of each of the children in care.
- (2) The licensee must follow the health plan before providing care or before readmitting the household member, staff person or child into the child care.
- (3) The licensee's health plan must include provisions for excluding or separating a child, staff person, or household member with contagious disease as described in WAC 246-110-010 or any of the following:
  - (a) Fever of one hundred one degrees Fahrenheit or higher measured orally, or one hundred degrees Fahrenheit or higher measured under the armpit (axially), if the individual also has:
    - (i) Earache;
    - (ii) Headache;
    - (iii) Sore throat;
    - (iv) Rash; or
    - (v) Fatigue that prevents the individual from participating in regular activities.
  - (b) Vomiting that occurs two or more times in a twenty-four hour period;
  - (c) Diarrhea with three or more watery stools, or one bloody stool, in a twenty-four hour period;
  - (d) Rash not associated with heat, diapering, or an allergic reaction; or
  - (e) Drainage of thick mucus or pus from the eye.

#### **WAC 170-296A-3275**

##### **Accepting a child who does not have current immunizations.**

- (1) The licensee may accept a child who is not current with immunizations on a conditional basis if immunizations are:
  - (a) Initiated before or on enrollment; and
  - (b) Completed as soon as medically possible.
- (2) The licensee must have on file a document signed and dated by the parent or guardian stating when the child's immunizations will be brought up to date.

## Examples of State License-Exempt Child Care Requirements

States have exemptions in law or regulation that define the types of center-based facilities and home-based providers that are not required to obtain a state license to operate legally.<sup>21</sup> Most States allow exempt providers to receive CCDF funding. And while exempt providers are not subject to the regulatory requirements set forth by the licensing agency, the *Child Care and Development Block Grant Act of 2014* (CCDBG Act of 2014) requires States and Territories to have health and safety requirements in ten different topic areas for all providers participating in

<sup>21</sup> National Center on Early Childhood Quality Assurance (2015). Monitoring License-Exempt CCDF Homes. Retrieved from <https://childcareta.acf.hhs.gov/topics/health-and-safety-and-licensing>



the CCDF subsidy program, as well as preservice and ongoing training on those topics.<sup>22</sup> The following excerpts, taken from Iowa and West Virginia requirements for license-exempt programs, are examples of requirements supporting the prevention and control of infectious diseases, including immunizations. These examples do not include all States that have these requirements, but are meant to represent a range of approaches States have taken in establishing requirements for license-exempt programs.

## Iowa

### Non-Registered Child Care Home

Iowa Department of Human Services, Minimum Health and Safety Requirements for Non-Registered Child Care Home Providers (2013) <http://dhs.iowa.gov/sites/default/files/Comm95.pdf>

If you want to be a Nonregistered Child Care Home Provider, you will need to meet the following:

You need to keep a file for each child in care. Each file should include, at a minimum: ...

Health and safety information:

- ◆ A signed list of people who can pick up the child.
- ◆ A recent physical examination report including immunization information signed by a doctor or someone in his or her office. ...

## West Virginia

### Informal and Relative Family Child Care Home Registration

West Virginia Department Of Health And Human Resources Legislative Rules Title 78, Series 20, Informal And Relative Family Child Care Home Registration Requirements

<http://www.dhr.wv.gov/bcf/Childcare/Documents/ECE-CC-6InformalRelativeRule.pdf>

#### § 78-20-9. Health, Sanitation, and Nutrition.

9.1. Health -- The caregiver shall obtain from the child's parent a record of each child's health examinations and immunizations and maintain the information in a file according to the following guidelines.

9.1.a. A general medical examination shall be obtained for all children within thirty (30) days of admission to the home. The examination may be completed no more than six (6) months prior to the child's admission to the home.

9.1.b. The caregiver shall provide parents with a WV Health Check periodicity chart for child health exams and shall obtain from the parent a new health assessment updated with new or current information at least every two (2) years for any child under the age of six (6) years.

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<sup>22</sup> National Center on Early Childhood Quality Assurance (2015). Monitoring and Supporting License-Exempt Care: Case Studies. Retrieved from <https://childcareta.acf.hhs.gov/topics/health-and-safety-and-licensing>

9.1c. Immunization records shall be completed and updated according to the schedule recommended by the Department.

## 9.2. Sanitation.

9.2.a. The informal or relative family child care home shall have sufficient safe water for drinking, hand washing, and other household needs.

9.2.b. The caregiver and the children shall thoroughly wash their hands with soap and water for at least twenty (20) seconds any time they are soiled, including at the following times:

9.2.b.1. Before eating;

9.2.b.2. Before handling or preparing foods;

9.2.b.3. After contact with animals;

9.2.b.4. Before and after diaper changing, assisting a child with toilet use, or personal bathroom use; and

9.2.b.5. When the caregiver or the children come into contact with blood or bodily fluids containing blood.

9.2.c. The caregiver shall store food and drinks in closed containers and refrigerate as needed.

9.2.d. To ensure the cleanliness of the home the caregiver shall:

9.2.d.1. Cover garbage cans with lids or place cans in an area inaccessible to children, maintain them in a sanitary manner with liners, and empty them daily;

9.2.d.2. Clean and disinfect bathroom facilities used by the children daily and when soiled;

9.2.d.3. Clean dishes in a dishwasher or in hot water and detergent. If they are washed by hand, they shall be rinsed thoroughly and allowed to air dry;

9.2.d.4. Maintain the informal or relative family child care home and furnishings in a safe and sanitary condition to prevent accidents and illnesses; and

9.2.d.5. Ensure that the informal or relative family child care home is free of rodent or insect infestation.

## Additional Resources

- ◆ As part of the *Healthy Futures: Improving Health Outcomes for Young Children* project, the American Academy of Pediatrics (AAP) has developed a curriculum for managing infectious diseases designed for early education and child care professionals entitled **Preventing and Managing Infectious Diseases in Early Education and Child Care**. This course is available through PediaLink, American Academy of Pediatrics Online Learning Center. Access the training at <http://www.healthychildcare.org/HealthyFutures.html> or <http://shop.aap.org/Medication-Administration-in-Early-Education-and-Child-Care>
- ◆ **Handwashing: Clean Hands Save Lives**  
<http://www.cdc.gov/handwashing/>
- ◆ **CDC: The Vaccination Records: Finding, Interpreting, and Recording**  
<http://www.cdc.gov/vaccines/recs/immuniz-records.htm>

- ◆ **Do your part to stop the spread of flu at child care facilities and schools**  
<https://www.youtube.com/watch?v=8msgGjI3xU>
- ◆ **CDC: Information for Schools & Childcare Providers**  
<http://www.cdc.gov/flu/school/index.htm>
- ◆ **People Who Care for Infants and Children**  
<http://www.cdc.gov/cmvrisk/infants-children.html>
- ◆ **Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs**  
[http://www.cdc.gov/h1n1flu/childcare/toolkit/pdf/childcare\\_toolkit.pdf](http://www.cdc.gov/h1n1flu/childcare/toolkit/pdf/childcare_toolkit.pdf)
- ◆ **Managing Infectious Diseases in Child Care and Schools, 3rd Edition (4th Edition, in press)**  
<http://shop.aap.org/Managing-Infectious-Diseases-in-Child-Care-and-Schools-3rd-Edition-Paperback>
- ◆ **Early Childhood Learning and Knowledge Center (ECLKC), Training and Technical Assistance System: Health Office of Head Start, Administration for Children and Families**  
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system>

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