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| **Early Care and Education (ECE) Program** |  |
| **Address** |  |
| **Contact information** |  |

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## Purpose

To protect all children and staff in group settings and their families from diseases that can spread among people through contact with contaminated surfaces, bodily fluids, or through the air.

We commit to:

* identifying and responding to children and staff who show signs and symptoms of illness while in our program using:
  + - North Carolina rules and laws related to communicable disease
    - evidence-informed resources and tools such as:
      * [Communicable Disease Toolkit](https://healthychildcare.unc.edu/resources/communicable-disease-resources/communicable-disease-toolkit-for-early-care-and-education-programs/) (NC Resource Center)
      * [Daily Health Check](https://healthychildcare.unc.edu/resources/reference/daily-health-check/) (NC Resource Center)
      * [Signs and Symptoms Chart](https://nrckids.org/files/appendix/Appendix%20A%202023.pdf) (American Academy of Pediatrics)
      * [Communicable Disease and Exclusion Chart](https://healthychildcare.unc.edu/resources/communicable-disease-resources/exclusion/) (NC Resource Center)
      * [Managing Infectious Diseases in Child Care and Schools](http://www.aap.org/en/shopaap) (American Academy of Pediatrics)
    - guidance from state and local health authorities and health care professionals to respond to communicable diseases and outbreaks
* minimizing unnecessary exclusion from early care and education programs
* communicating exposure to possible communicable diseases to families and staff, while protecting the privacy of the individual who is sick, and their family.

We expect families and staff to:

* stay home when sick
* visit a health care professional when appropriate to help determine whether signs and symptoms are due to a communicable disease
* notify us of a diagnosed communicable disease or symptoms of communicable disease
* follow exclusion guidance from their health care professional and the local health department.

## Procedure

### Recognizing and responding to signs and symptoms of illness

#### Daily Health Checks (See [healthychildcare.unc.edu/daily-health-check](https://healthychildcare.unc.edu/resources/reference/daily-health-check/) for more information about Daily Health Checks.)

Upon arrival at the early care and education program or, if child is transported by the facility, during pick up,

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| *Title or name of staff member(s)* |

will complete a daily health check of every child, including:

* talking with the family member or legal guardian
* talking with the child if age and developmentally appropriate
* observing the child for signs and symptoms of illness that could affect the child’s ability to participate in the day’s activities.

Staff will repeat the health check observation whenever there is a noticeable change in a child’s behavior or appearance.

Information gathered during the daily health check is shared with other early educators who have direct care for the child by:

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| *Describe the process for sharing information (for example by documenting symptoms, verbal exchange of information to other early educators who are receiving child into care)* |

A Daily Health Check poster (available at [healthychildcare.unc.edu/posters](https://healthychildcare.unc.edu/posters)) is posted in these locations:

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| *Locations where designated person(s) communicate with families/legal guardians during pick up and drop off* |

#### When a child or early educator becomes sick at home

Both children and staff should stay home when experiencing signs and symptoms of illness.

* Parents or legal guardians should notify:

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| *Title or name of staff member(s)* |

when their children experience any signs or symptoms of illness, any diagnosed illnesses, and/or exposure to illness in their direct household.

* Staff members should notify:

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| *Title or name of staff member(s)* |

about any signs or symptoms of illness, any diagnosed illnesses, and/or exposure to illness in their direct household that they experience themselves.

When staff member has a communicable disease and either:

* provides direct care to children or
* is in contact with food or other items used by children

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| *Title or name of staff member(s)* |

will consult with appropriate sources, such as the local health department, to determine whether staff will be excluded or reassigned to duties that prevent the spread of the illness.

(For example, administrative work or maintenance without contact with children, food, or other items used by children.)

#### When a child becomes sick while in care

When a child becomes sick while at child care and is no longer able to participate in routine group activities, early educators will:

* Determine if the child requires first aid or CPR and administer as needed.
* Follow the facility’s Emergency Medical Care plan or child’s medical care plan to obtain appropriate medical attention for the child as needed.
* If the child does not require immediate medical attention,

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| *Title or name of staff member(s)* |

will call the child’s parent, legal guardian, or emergency contact to pick them up. Children who are sick will not be sent home on group transportation.

* While waiting for pick-up, the child who is sick will be separated from other children in a supervised, quiet area that is:

in a separate room *(highly recommended)* located at

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| *Location of designated sick room* |

in the classroom using a partition or screen to separate the area from space used by other children.

The designated sick area allows for appropriate supervision and is in a location so that health and sanitation measures can be carried out without interrupting activities of other children and early educators, and contain:

* a bed, mat, or cot
* a suitable container in case the child vomits.

After use, the designated sick area is cleaned and sanitized/disinfected by

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| *Person who is responsibility for cleaning, sanitizing, and disinfecting (for example, the person who is supervising the child in the designated sick area)* |

in the following manner:

* Anything disposable used in the sick area is disposed of in plastic plastic-lined, covered trash receptacle.
* If used, the container for vomitus is cleaned and disinfected after each use.
* Any reusable items from the designated sick area, including thermometers and toys is cleaned and sanitized after each use.
* Linens are changed after each use.

If a child has a vomiting or diarrheal event in the sick area or any other location, the steps of the Vomit and Diarrhea Clean-Up Plan are followed. (*Sample plan and poster:* [*https://ehs.dph.ncdhhs.gov/hhccehb/cehu/ccs/children.htm*](https://ehs.dph.ncdhhs.gov/hhccehb/cehu/ccs/children.htm) *)*

### Determining Inclusion/Exclusion

The following persons will communicate with the family about inclusion and exclusion based on guidance from this policy and one or more of the following sources: the NC Child Care Rules, the Communicable Disease and Exclusion Chart, and the local health department (i.e., for reportable diseases or outbreaks of any disease). For some diseases, the local health department will have the final authority to decide when children may return to child care.

* For **children**

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| *Title or name of staff member(s) responsible for determining if a child should be excluded based upon symptoms or diagnosis.* |

* **For staff members**

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| *Title or name of staff member(s)* |

#### Required exclusion

According to NC Child Care Rules, a child must be isolated from others and picked up as soon as possible if he/she:

* is unable to participate comfortably in activities, as determined by early educators
* needs more care than early educators can provide without compromising the health and safety of other children
* has a fever (taken at armpit or orally). Fever is defined as:
  + a child older than two months has a temperature of 101 degrees Fahrenheit or higher
  + an infant younger than two months has a temperature of 100.4 degrees Fahrenheit or higher
* has two or more episodes of vomiting within a 12-hour period
* has more than two stools above the child’s normal pattern and diarrhea is not contained by a diaper or when toilet-trained children are having accidents.

Or has one of the following conditions:

* lice, until completion of first treatment
* scabies
* chicken pox or a rash suggestive of chicken pox
* tuberculosis, until a health professional provides a written statement that the child is not infectious
* strep throat, until 12 hours after antibiotic treatment has started and no fever is present
* pertussis, until five days after appropriate antibiotic treatment has started
* hepatitis A virus infection, until one week after onset of illness or jaundice
* *Impetigo:*
  + *Center*, until 24 hours after treatment has started (centers)
  + *Family Child Care Homes*, exclusion may begin at the end of the program day until treatment has started

See the [Communicable Diseases and Exclusion from](https://healthychildcare.unc.edu/resources/exclusion/) Child Care chart located at [healthychildcare.unc.edu/exclusion](https://healthychildcare.unc.edu/resources/communicable-disease-resources/exclusion/) for information about these and other communicable diseases including:

* the name of the disease
* details about the disease and symptoms
* prevention measures
* length of necessary exclusion

#### Situations that may not require exclusion:

If a child can participate comfortably in activities and does not need more care than early educators can provide without compromising the health and safety of other children, then the American Academy of Pediatrics suggests the following conditions or symptoms **do not** require exclusion, unless the local health department or the child’s health care professional recommends exclusion:

* Common colds, runny noses (regardless of color or consistency of nasal discharge), and coughs
* Yellow, white, or watery eye discharge without fever, eye pain, or eyelid redness
* Pinkeye (bacterial conjunctivitis), without fever or behavior changes, usually associated with pink or red conjunctiva (i.e., “whites of the eyes”) with white or yellow/green eye mucus drainage; often also associated with matted eyelids after sleep.
* Rash without fever and without behavioral changes. **Exceptions**:
  + rash suggestive of chickenpox (requires exclusion by NC child care rule)
  + rash suggestive of scabies (requires exclusion by NC child care rule)
  + a child with a new, rapidly spreading rash characterized by bruising or small red or purple “blood” spots under the skin. In that case, EMS (Emergency Medical Services) (911) should be called.
* Hand-foot-and-mouth disease. No exclusion is needed unless the child has mouth sores with constant drooling or meets other exclusion criteria (e.g., fever, requiring more care than can be provided). In some cases, the local health department may require children with hand-foot-and-mouth disease to stay home to control an outbreak.
* Impetigo. Lesions should be covered and
  + *Centers:* exclusion until 24 hours after treatment has started
  + *Family Child Care Homes:* treatment may be delayed until the end of the day. No exclusion is needed if treatment is started before returning the next day.
* Ringworm. Treatment may be delayed until the end of the day. No exclusion is needed if treatment starts before returning the next day.
* Thrush (i.e., white spots or patches in the mouth).
* Fifth disease (slapped cheek disease, parvovirus B19) in someone with a typical immune system and without an underlying blood disorder like sickle cell disease.
* Staphylococcal colonization or carrier state in children without an illness that would otherwise require exclusion
* Molluscum contagiosum. Exclusion or covering of lesions is not required.
* Cytomegalovirus infection.
* Chronic hepatitis B virus infection.
* HIV infection.

### Returning to care

#### Mild symptoms that resolve on their own or can be treated at home

Some symptoms are mild and improve on their own without evaluation or treatment by a health care professional. The child may be able to return when they feel better and are able to participate comfortably in activities without needing more care than early educators can provide. When a condition (such as lice) is identified and treated with over-the-counter medication, the child may be able to return after treatment is started.

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| *Title or name of staff member(s)* |

will communicate regularly with the child’s family to help determine when the child’s symptoms are improving, and if they are well enough to return.

#### Situations that require a note from a health care professional

A note from the child’s or staff member’s health care professional is necessary when staff members need advice about any special care required by the child or staff member or if the child’s or staff member’s condition poses a health risk to others.

In both situations, the early educator who communicates with the parent, legal guardian, or emergency contact person who is picking up the child will provide a **Sample Confirmation Form that a Child Can Safely Return to Child Care**, available at [healthychildcare.unc.edu/resources/documents-forms-policies](https://healthychildcare.unc.edu/resources/documents-forms-policies/) under *Illness and Infectious Disease.*

### Reportable Diseases and Disease Outbreaks

North Carolina Public Health law require operators of licensed child care centers or family child care homes to notify cases or suspected cases of certain reportable diseases to the local health director or their designated representative.

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| *Title or name of staff member(s)* |

provides families with a list of NC reportable diseases upon enrollment: [healthychildcare.unc.edu/reportable-diseases](https://healthychildcare.unc.edu/resources/communicable-disease-resources/reportable-diseases). The designated person will remind families and staff to notify the facility if a child, staff member, or member of the child’s or staff member’s immediate household develops a known or suspected reportable disease.

Parents, legal guardians, and staff should report a diagnosis or suspected diagnosis of any communicable disease to:

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| *Title or name of staff member(s)* |

#### Process of reporting

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| *Title or name of staff member(s)* |

will contact the following agency immediately if cases or suspected cases of reportable diseases become known to them:

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| Local health department/agency: |  |
| Name or title of individual to contact: |  |
| Phone number: |  |
| Email address: |  |

When contacting the local health department, explain that the call is to report a communicable disease in child care. The person reporting then provides information that the local health department/agency requires.

#### Reports received from the local health department

Local Health Departments (LHD) may contact the facility because they have received a report that a child or adult has a communicable disease that may affect our facility. The LHD will determine if an investigation is needed to identify who was exposed to the disease. As an early care and education program in North Carolina, we will follow the guidance from the local health department to reduce the spread of the disease.

#### Outbreaks of communicable disease

An outbreak is defined as a sudden or unexpected rise in the number of people with the same communicable disease or condition. If we identify a rise in a disease or condition, even those that are not required to be reported, we will contact the local health department and follow their guidance.

#### Exclusion of individuals during vaccine-preventable disease outbreaks

Most [Vaccine Preventable Diseases](https://www.cdc.gov/vaccines/vpd/vaccines-diseases.html) (VPD) are reportable. Children and staff who are not immunized or do not have all of their immunizations, may require extended exclusions during a vaccine-preventable disease outbreak. This may include individuals who:

* are not yet eligible for a vaccine due to their age or
* have medical or religious exemptions to vaccination.

Up-to-date immunization records for children and staff allow the local health department (LHD) to work quickly during an outbreak to protect those who are not fully immunized.

The local health department will:

* confirm the individual has the vaccine-preventable disease
* determine which children must be excluded from care
* determine the date individual children may return to child care
* provide guidance on how to prevent the spread of the disease and keep your early care and education program and community safe.

## References/Rules

* [NC](https://healthychildcare.unc.edu/resources/communicable-disease-resources/communicable-disease-toolkit-for-early-care-and-education-programs/) Child Care Health and Safety Resource Center Communicable Disease Toolkit
* [North Carolina General Statue](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/Chapter_110_General_Statutes_Child_Care_Facilities.pdf?ver=2020-11-02-103947-617)
* [Communicable Disease Laws and Rules](https://epi.dph.ncdhhs.gov/cd/laws.html)
* [Immunization Laws and Rules](http://www.immunize.nc.gov/schools/childcare.htm)
* [Child Care](https://ncchildcare.ncdhhs.gov/Services/Child-Care-Rules-Law-and-Public-Information) Laws and Rules, including:
  + Chapter 110 General Statutes Child Care Facilities
  + 10A NCAC 09 Child Care Rules
  + 15A NCAC 18A Sanitation of Child Care Centers
* [Caring for Our Children](https://nrckids.org/CFOC/TOC)
* Centers for Disease Control and Prevention
  + [Children under age 4](http://cdc.gov/parents/infants/diseases_conditions.html)
  + [Children aged 4-11](http://cdc.gov/parents/children/diseases_conditions.html)
* American Academy of Pediatrics
  + [Model](http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies.html) Child Care Health Policies
  + Managing Infectious Diseases in Child Care and Schools (find the latest edition at [www.aap.org/en/shopaap](https://www.aap.org/en/shopaap))

## Communication

This policy will be reviewed annually. Staff and parents/guardians will be informed if changes are made.

### Staff\*

Within 30 days of adopting the policy, the early care and education program (ECE program) shall review the policy with existing staff members who provide care for children. The ECE program shall review the policy with new staff members within the first two weeks of employment and share information about communicable diseases and exclusion policy.

### Parents/Guardians

* Within 30 days of adopting this policy, the ECE program shall review the policy with parents/guardians of currently enrolled children.
* A copy of the policy will be given and explained to the parents/guardians of newly enrolled children on or before the first day the child receives care at the facility.
* Parents/guardians will sign an acknowledgment form that includes the child’s name, date the child first attended the facility, date the policy was given and explained to the parent, parent’s name, parent’s signature, and the date the parent signed the acknowledgment.
* The ECE program shall keep the signed parent acknowledgment form in the child’s file.
* If the program changes this policy at any time, they shall give written notice of the change to the child’s parent or legal guardian \_\_\_ days prior to the implementation of the new policy.

**\*** For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

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| Effective Date |

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| This policy was reviewed and approved by: | | |  |  |  |  |
|  | Owner/Director (recommended) |  | Date |
|  |  |  |  |  |  |  |
| DCDEE Child Care Consultant (recommended) |  | Date |  | Child Care Health Consultant (recommended) |  | Date |

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|  |  |  |  |  |  |  |
| Annual Review Dates | | | | | | |

## Parent or guardian acknowledgement form

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child or children’s name) acknowledge that I have read and received a copy of the facility's Child Immunization Policy.

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|  |  |  |
| Date policy given/explained to parent/guardian |  | Date of child's enrollment |
|  |  |  |
| Print name of parent/guardian |  |  |
|  |  |  |
| Signature of parent/guardian |  | Date |