



HANDOUT #35

Child Action

Health Guidelines for Child Care Providers

Quality Child Care Impacts Everything

Child care providers should perform a quick health assessment of each child every day upon arrival and departure. This allows you to make a judgment about what is typical for each child, rather than to diagnose an illness. It also identifies problems early.

Providers should do their quick-check not in a formal exam routine, but as a casual observation in their initial contact as they welcome each child. You are checking easily observable, simple signs of well-being. A health check is not a medical examination. It is not the way to enforce your policies with a parent. It is not a way to find reasons to exclude children. The goal is to know your child better and to provide quality care.

In a child care setting where lots of people are coming and going at the same time, it can be challenging to take a moment with each child. However, this welcoming routine can establish many things and is good child development policy. This contact helps you better understand each child, helps the child feel comfortable and good about themselves, reduces the spread of illness by excluding children with obvious signs of illness and fosters better communication with parents.

Signs to Observe

When conducting a morning health check, you should watch for the following:

- General mood (happy, sad, cranky)
- Activity level (sluggish, sleepy)
- Skin color and temperature
- Unusual spots and rashes
- Swelling and bruises
- Sores
- Severe coughing, sneezing



- Discharge from nose, ears or eyes
- Breathing difficulties
- Unusual behavior

Use all of your senses to check for signs of illness:

Listen to what the child and parents tell you about how the child is feeling. Is the child's voice hoarse, is he having trouble breathing or is he coughing?

Look at the child at their level. Observe for signs of crankiness, pain, discomfort or tiredness. Does the child look pale, have a rash or sores, a running nose or eyes?

Touch the child's cheek and neck for warmth, clamminess or bumps as a casual way of greeting.

Smell the child for unusual odor in their breath, diaper or stool. This should be done in a discreet manner as you give each child a good morning hug.

Exclusion/Readmission Due to Illness		
Disease	If a child in your care has been diagnosed with this disease, you should ...	When to allow a child to return
Bacterial Meningitis	- Exclude the child from child care. (In most cases, the child will be hospitalized.) - Immediately contact your health Department to report the case of meningitis. - Ask whether you need to contact the parents of the other children in your facility. If so, in cooperation with the Health Department, contact the parents of the children in your facility. - Follow any preventive measures the Health Department recommends.	When the Health Department tells you it is safe.
Chickenpox	- Temporarily exclude the sick child from the child care setting. - Notify parents.	6 days after the rash begins or when blisters have scabbed over
Diarrheal Disease	- Temporarily exclude the sick child from the child care setting. - Carefully follow the group separation, handwashing and cleaning procedures. - If you know the diarrhea is caused by bacteria or a parasite such as shingella campylobacter, E. coli, Cryptosporidium, salmonella or giardia, ask the Health Department: - Whether other ill and well children and adults should be tested. - When to allow the sick child to return to child care.	When the child no longer has diarrhea. However, some of these diseases require negative stool cultures; allow the child to return when the Health Department tells you it is safe.
Diphtheria	- Temporarily exclude the sick child from the child care setting. - Immediately contact the Health Department to ask what additional preventive measure should be taken. - Observe all children and adults for sore throats for 7 days. - Anyone developing a sore throat should see a physician. - Advise parents that their child should see a physician if: - The child develops a sore throat. - The child is incompletely immunized against diphtheria. - Carefully follow good hygiene procedures.	When the Health Department tells you it is safe.
Epiglottitis	- A child diagnosed with this disease will probably be hospitalized. - Contact your Health Department and ask what preventive measures to take. - Carefully follow good hygiene procedures. - IMPORTANT: H-flu is not the same germ as flu influenza. H-flu can cause SERIOUS ILLNESS in young children. If a case of H-flu occurs in your facility, TAKE ALL ACTIONS ABOVE.	Not due to H-flu: When treating physician tells you it is safe. Due to H-flu: When the Health Department tells you it is safe.
Hand, Foot & Mouth Disease	Exclude if child has open, draining lesion on hand or has lesions in the mouth AND is drooling.	When lesions heal or drooling ceases.
Head Lice	- Temporarily exclude the sick child from the child care setting. - Contact your Health Department or health consultant for advice about examining, treating and readmitting exposed children and adults. - Check the other children and staff for lice or nits (eggs of lice).	24 hours after treatment or after all nits have been removed.
Hepatitis	Temporarily exclude the sick child from the child care setting. Immediately notify your Health Dept. (They may recommend immune globulin shots, and possibly vaccination for children and adults and additional preventive measures.) Ask for specific recommendations on notifying parents and on exclusion policies. Follow good hygiene procedures.	1 week after illness begins (onset of jaundice or yellow appearance.)
Influenza	In the absence of an epidemic, influenza is difficult to diagnose and usually the diagnosis comes after the end of the infectious period, so exclusion will be impractical.	N/A
Measles	- Temporarily exclude the sick child from the child care setting. - Immediately notify the Health Department. - Identify children and adults not immunized. Make sure they get vaccinated and/or exclude them from the child care setting until 2 weeks after rash appears in the last child who had measles.	5 days after rash appears and the Health Department tells you it is safe.
Mumps	- Temporarily exclude the sick child from the child care setting. - Carefully follow good hygiene practices. - Notify Health Department	9 days after swelling begins.
Pertussis (Whooping Cough)	- Temporarily exclude the sick child from the child care setting. - Immediately notify your Health Department. - Exclude, until diagnosed by a physician, any other child who develops a cough within 2 weeks of the initial case. - Carefully follow good hygiene practices.	5 days after antibiotics are begun and the Health Department tells you it is safe.
Pinworms	Temporarily exclude the sick child from the child care setting.	24 hours after treatment and bathing.

Exclusion/Readmission Due to Illness

Disease	If a child in your care has been diagnosed with this disease, you should ...	When to allow a child to return
Pneumonia	- A child diagnosed with this disease will probably be hospitalized. - Contact your Health Department and ask what preventive measures to take. - Carefully follow good hygiene procedures. - IMPORTANT: H-flu is not the same germ as "flu" or influenza. H-flu can cause SERIOUS ILLNESS in young children. If a case of H-flu occurs in your facility, TAKE ALL ACTIONS ABOVE.	Not due to H-flu: When treating physician tells you it is safe. Due to H-flu: When the Health Department tells you it is safe.
Ringworm	Temporarily exclude the child if the lesion cannot be covered.	If unable to cover lesion, after treatment begins and the lesion starts to shrink.
Rubella (German or 3-day measles)	- Temporarily exclude the child from the child care setting. - Immediately notify your Health Department. - Advise any pregnant women in the facility who are not known to be immune to see their physicians. - Carefully follow good hygiene.	6 days after rash appears and Health Department says it is safe.
Scabies	- Temporarily exclude the child from the child care setting. - You may contact the Health Department for advice about identifying and treating exposed child and adults.	24 hours after treatment has begun.
Streptococcal	- Temporarily exclude the sick child from the child care setting. - Contact your Health Department if 2 or more children are diagnosed with strep throat.	24 hours after antibiotics are begun.
Active Tuberculosis (TB) Infection	- Immediately notify your Health Department - Children with TB may usually remain in child care after treatment as long as they are receiving appropriate treatment.	When the Health Department tells you it is safe.

Examples of How Some Childhood Disease are Spread

How the Disease is Spread	Behaviors that Spread	Examples of Diseases	Possible Symptoms
THROUGH AIR OR RESPIRATORY SYSTEM			
- Breathing germs in the air - Contact with infected saliva and mucous	- Coughing or sneezing into the air - Kissing on the mouth - Sharing mouthed toys - Wiping noses without thorough handwashing - Poor ventilation	- Cold - Flu - Measles - Pink eye - Chickenpox - Tuberculosis (TB)	- Coughing - Fever - Rash - Runny nose - Sore throat - Earache
THROUGH STOOL OR ORAL TRANSMISSION			
Mouth contact with items and hands contaminated by infected stool	- Diapering and toileting or food preparation without thorough handwashing - Sharing mouthed toys - Unsafe food preparation - Not disinfecting diapering areas	- Salmonella - Shingella - Giardia - Pinworms - Hand, foot & mouth disease - Hepatitis A - Polio - E.coli	- Stomach ache - Nausea - Vomiting
Contact with infected hair, skin and objects	- Touching skin or hair which is infected - Sharing clothing, hats and brush which are infected	- Herpes - Ringworm - Scabies - Head lice - Impetigo - Chickenpox	- Rash - Oozing sores - Itching - Visible nits or eggs
Contact with infected blood and sometimes other body fluids	- Sexual contact - Changing bloody diapers without gloves - Providing first aid without gloves - Getting infected blood and body fluids into broken skin, eyes or mouth	- HIV/AIDS - Hepatitis B - Cytomegalovirus (CMV)	- Fatigue - Weight loss - Yellow skin - Weakened immune system

Suspected Illness or Communicable Disease Exclusion Form

NAME OF CHILD _____ DATE _____

Dear Parent or Legal Guardian:

Today at child care, your child was observed to have one or more of the following signs or symptoms:

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|--|--|
| ☐ Diarrhea (more than on abnormally loose stool) | ☐ Child gets red or blue in the face |
| ☐ Difficult or rapid breathing | ☐ Head lice or nits |
| ☐ Earache | ☐ Severe itching of body/scalp |
| ☐ Fever (101° F or above orally) | ☐ Sore throat or trouble swallowing |
| ☐ Gray or white stool | ☐ Unusual behavior |
| ☐ Headache and stiff neck | ☐ Child cries more than usual |
| ☐ Infected skin patches | ☐ Child feels general discomfort |
| ☐ Crusty, bright yellow, dry or gummy areas of skin | ☐ Cranky or less active |
| ☐ Loss of appetite | ☐ Just seems unwell |
| ☐ Pink eye | ☐ Unusual spots or rashes |
| ☐ Tears, redness of eyelid lining | ☐ Unusually dark, tea-colored urine |
| ☐ Irritation | ☐ Vomiting |
| ☐ Swelling and/or discharge of pus | ☐ Yellow skin or eyes |
| ☐ Severe coughing | ☐ Child makes a high-pitched croupy or whooping sound after s/he coughs |

Contact your health care provider if there is:

- | | |
|--|--|
| ☐ Severe headache and stiff neck with fever | ☐ Yellow skin and/or eyes |
| ☐ Breathing so hard he cannot play, talk, cry or drink | ☐ Unusual confusion |
| ☐ Severe coughing | ☐ Rash, hives or welts that appear quickly |
| ☐ Persistent fever (over 100° F) without other symptoms | ☐ Severe stomach ache that causes the child to double up and scream |
| ☐ Any child who looks or acts very ill or seems to be getting worse quickly | ☐ No urination over an 8 hour period; the mouth and tongue look dry |
| ☐ Thick nasal drainage | ☐ Sore throat with fever |
| ☐ Rash accompanied by fever | ☐ Black stool or blood mixed with the stool |
| ☐ Persistent diarrhea | ☐ Earache |

We are excluding your child from attendance until (possible options):

- | | |
|---|--|
| ☐ The signs or symptoms are gone | ☐ We can provide the level of care your child needs |
| ☐ The child can comfortably participate in the program | ☐ Other: _____ |