

DIVISION OF EARLY CHILDHOOD Office of Child Care

# Child Care Guidance for Illness, infections, Exclusions and Reportable/Notifiable Conditions Prevention and Reporting

Торіс	Page Numbers
Infections in Early Care and Education Programs	2-3
Inclusion/Exclusion Due to Illness	4
Conditions That Do Not Require Exclusion	5
Conditions That Require Temporary Exclusion	6-7
Reportable/Notifiable Conditions& Child Care Responsibility	8
Office of Child Care COMAR references	9
Maryland Local Health Departments Contact	10
Sample Emergency Numbers Form	11

Table of Contents

# Infections in Early Care and Education Programs <a href="https://nrckids.org/CFOC/Database/7">https://nrckids.org/CFOC/Database/7</a>

According to Caring for Our Children (CFOC), Infants and young children who attend early care and education programs are at a high risk for catching and spreading infections for several reasons, including

- Exposure to germs, often for the first time
- Behaviors that could spread germs to other children, staff, and family members. For example:
  - Sneezing and poor cough etiquette (e.g., coughing into a bare hand)
  - Not washing hands properly, enough, or at all
  - Touching contaminated surfaces and objects
  - Touching eyes, nose, or mouth with unwashed hands
  - Children putting shared toys in their mouths
  - Diapering and toileting accidents
  - Improper food handling
  - o Ineffective cleaning, sanitizing, or disinfecting of surfaces
  - Children or staff who are not up to date on their immunizations
  - Poor ventilation and air filtration

Germs in early care and education programs are spread through different ways. They include,

- Direct contact: Germs spread from one person to another by physical contact (e.g., touching).
- Indirect contact: Germs spread from a contaminated surface or object (e.g., toy, table, toilet seat) to a person.
- Droplets: Germs from respiratory infections (e.g., colds, influenza) can be spread by droplets in the air when someone talks, coughs, or sneezes on a person or object, or spread on surfaces when an infected person touches an object (e.g., toys, table) with dirty hands or mucus.
- Airborne: Germs from infections (e.g., chicken pox, measles) that stay in and travel through the air can be inhaled.
- Feces: Germs from stool infections (e.g., rotavirus, giardia, hepatitis A) can be spread through toileting surfaces (e.g., diapers, toilets, changing tables, sinks, floors, hands) when stool gets into the mouth.
- Blood, saliva, urine: Germs from infected blood (e.g., hepatitis B, HIV), saliva, or urine (e.g., cytomegalovirus) can spread when blood, saliva, or urine is transferred from one person to another (e.g., through an open wound, mouth, or eyes).

Early care and education programs can reduce infectious disease spread by,

- Staying up to date with child and adult immunizations
- Developing written policies about proper cleaning, sanitizing, and disinfecting
- Training staff regularly on infection control practices
- Practicing proper and frequent hand hygiene
- Practicing good sneeze/cough etiquette
- Practicing safe food handling
- Cleaning, sanitizing, and/or disinfecting surfaces and objects
- Using recommended ventilation practices and heating, ventilation, and air conditioning (HVAC) maintenance
- Performing daily staff and child health checks
- Developing and enforcing clear policies for when sick children and staff need to stay home
- Partnering with a child care health consultant to review infection control practices, as available

According to Centers for Disease Control and Prevention (CDC), COVID-19 is a respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019 causing the current pandemic. The virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, breathes, talks or sings. Airborne virus particles can remain suspended in the air and breathed in, and travel distances greater than 6 feet.

Some people who are infected may not have symptoms. For people who have symptoms, illness can range from mild to severe. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness.

The following risk reduction strategies are recommended to help decrease the spread of the virus:

- Wash your hands
- Wearing a well-fitting mask
- Stay physically distanced and socially connected
- Increase fresh air
- Clean and disinfect
- Stay home when sick
- Get vaccinated
- <u>Screening Testing for COVID-19</u>

# Inclusion/Exclusion Due to Illness

Adapted from American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide. Aronson SS, Shope TR, eds. 5th ed. Itasca, IL: American Academy of Pediatrics; 2020.

Children in early care and education programs can often become ill. Most illnesses are mild and do not require dismissal or temporary exclusion from programs. However, some infectious diseases do require temporary exclusion to control the spread of illness in the program. Staff should work with a child care health consultant, local public health authority, or other licensed health expert to:

- Develop policies and procedures for dismissal, temporary exclusion, and when to return to the program
- Tell staff and families they are responsible for promptly reporting illness when their child has symptoms

- Watch for and manage illnesses in the program
- Understand when to report infectious illnesses to local public health authorities

Programs should prepare to manage illnesses by:

- Working with a child care health consultant to develop procedures for handling illnesses, including care plans for ill children and an inclusion and exclusion policy
- Regularly reviewing the illness policy with staff and families; making it clear that the staff (not the families) will make the final decision about whether ill children may attend. The staff will decide based on the program's illness guidelines, and their ability to care for the ill child while not taking away from the care of other children.
- Encouraging families to have a backup plan for child care when their child cannot attend the program.
- Doing daily health checks when children arrive and periodically through the day.
- Discussing the child's behavior with the family to decide if the child can take part in the program, and if excluded, when the child is well enough to return.

When children are ill, staff should:

- Decide which children with mild illnesses can stay. For children whose symptoms do not need exclusion, verbal or written communication with the parent or guardian at the end of the day is fine.
- Tell parent or guardian when a child has new signs of illness. Contact the parent or guardian immediately for emergencies or urgent issues.
- Tell parents or guardians of children immediately if their child has symptoms that need temporary exclusion, so that they pick up their child as soon as possible.
- Only ask for a healthcare provider's note to return to the program if their advice is needed to decide:
  - o If the child is a possible health risk to others
  - Or if the program needs more information about special care the child needs

# **Conditions That Do Not Require Exclusion**

Conditions That Do Not Require Exclusion		
Conditions	Notes	
	No exclusion regardless of color or consistency of nasal discharge.	
	For allergies that have similar symptoms to a common cold (e.g., runny nose, sneezing,	
Common cold, runny	cough), programs can encourage parents or guardians to get documentation from a	
nose, and cough	healthcare provider to avoid unnecessary exclusions.	
	During outbreaks such as COVID-19, follow recommendations from the Centers for Disease	
	Control and Prevention (CDC) or the local health department.	
Cytomegalovirus	No exclusion required.	
infection (CMV)		
Diarrhea	No exclusion if stool is contained in the diaper, there are no toileting accidents, and there	
Dialified	are no more than 2 stools per day above the normal for that child.	
Evo droinago	No exclusion unless the child has watery discharge that is yellow or white; without fever, eye	
Eye drainage	pain, or eyelid redness.	

Conditions That Do N	Not Require Exclusion		
Fever	Temperature above 100.4° F (38° C) (axillary, temporal, or oral) is a fever. Children over 4 months old without signs of illness do not need to be excluded. Only take a child's temperature if the child seems ill. (During outbreaks such as COVID-19, follow CDC or local health department recommendations.)		
Fifth's Disease (Parvovirus B19 or slapped cheek disease)	No exclusion for children who have normal immune systems and who don't have an underlying blood disorder like sickle cell disease.		
Hand, foot, and mouth (Coxsackie virus)	No exclusion unless the child has a fever with symptoms, mouth sores, and constant drooling, or if recommended by public health authorities to control an outbreak. <sup>3</sup>		
Hepatitis B virus, chronic	No exclusion required.		
HIV infection	No exclusion required.		
Impetigo	Cover skin lesions until the end of the day if there is no fever or changes in behavior. If medical treatment starts before returning the next day, no exclusion is needed.		
Lice or nits	Treatment may start at the end of the day. If treatment starts before returning the next da no exclusion needed. "No-nit" policies are not effective in controlling spread of lice and are not recommended. <sup>2</sup>		
Methicillin-resistant (MRSA) and methicillin-sensitive (MSSA) colonization	t Colonization is the presence of bacteria on the body without illness. Active lesions or illness may require exclusion.		
Molluscum contagiosum	No exclusion or covering of lesions is needed.		
Pinkeye	No exclusion needed if pink or red on the white of the eye with or without drainage, withou fever or behavioral change. <sup>2</sup>		
Rash without fever or behavior changes	No exclusion necessary. Exception: Call EMS (911) for children who have a new rash with s rapidly spreading bruising or small blood spots under the skin.		
Ringworm	Cover skin lesions until the end of the day. If medical treatment starts before returning the next day, no exclusion is needed.		
Roseola	No exclusion needed unless there is a fever and behavior changes.		
Scabies	Treatment may be delayed until the end of the day. As long as treatment starts before returning the next day, no exclusion is needed.		
Thrush	No exclusion needed. (The signs of thrush are white spots or patches in the mouth, cheeks, or gums.)		

### **Conditions That Require Temporary Exclusion**

# Key Guidelines for Exclusion of Children Who Are III

When a child becomes ill but does not need immediate medical help, programs should decide if the child should be sent home (temporarily excluded from the program). Most illnesses do not need exclusion.

Three main reasons to keep children at home:

- 1. The child does not feel well enough to comfortably take part in usual activities (i.e., overtired, fussy, will not stop crying).
- 2. A child needs more care than teachers and staff can give while still caring for the other children.
- 3. The illness has a risk of spreading harmful disease to others as noted in Specific Conditions Needing Temporary Exclusion, below.

<b>Specific Condition</b>	s Requiring Temporary Exclusion		
Conditions	Notes		
Abdominal pain	Exclude with persistent or intermittent pain with fever, dehydration, or other signs or symptoms		
Chickenpox	Exclude until all lesions have dried or crusted (usually 6 days after the start of the rash) and no new lesions have appeared for 24 hours.		
COVID-19	Exclude according to current CDC guidelines.		
Diarrhea	<ul> <li>Exclusion is needed for:</li> <li>Diapered children whose stool is not contained in the diaper</li> <li>Toilet-trained children when diarrhea causes "accidents" or when increased number of bowel movements are a risk for accidents and soiling of toileting areas</li> <li>Children who have more than 2 stools per day above normal for that child while the child is in the program</li> <li>Children whose stool contains blood or mucus</li> </ul> Children may return when the stool is contained in the diaper, or when toilet-trained children no longer have accidents or when they have no more than 2 stools above what is usual for the child. For some infectious diarrheal illnesses, exclusion is needed until additional guidelines have been met and programs communicate with healthcare providers and health departments. Children who have germs in their stool but no symptoms do not need to be excluded, except when infected with Shiga toxin-producing Escherichia coli (STEC), Shigella, or Salmonella serotype Typhi.		
Fever	Exclude with behavior change or other symptoms. A temperature of 100.4° F (38° C) or above (from any site) in infants and children with behavior change. For infants younger than 2 months, a temperature of 100.4° F from any site) or above with or without a behavior change or other symptoms (e.g., sore throat, rash, vomiting, diarrhea) needs exclusion and immediate medical attention. (See <u>Standard 3.6.1.3</u> .)		
Head lice	Exclusion is not needed before the end of the program day, but let the parent or guardian know that day. Exclude only if the child has not had a medically approved treatment by the time they return.		
Hepatitis A	Exclude for 1 week after onset of illness or as directed by the health department.		
Impetigo	Exclusion is not needed before the end of the program day if impetigo lesions are covered, but let the parent or guardian know that day. Exclude only if the child has not been treated by the time they return.		
Measles	Exclude until 4 days after onset of rash.		

Requiring Temporary Exclusion			
Exclude children who have sores with drooling that a child is unable to control. Or exclude children who are unable to participate due to symptoms related to the mouth sores.			
Exclude until 5 days after onset of parotid (salivary) gland swelling.			
Exclude until treated with an appropriate antibiotic for 5 days, or 21 days from start of cough if untreated.			
Exclude until a healthcare provider decides the illness is not a harmful contagious disease.			
Exclusion is not needed before the end of the program day, but let the parent or guardian know that day. Exclude only if the child has not been treated by the time they return.			
Exclude until 7 days after onset of rash.			
Exclusion is not needed before the end of the program day, but let the parent or guardian know that day. Exclude only if the child has not been treated by the time they return.			
Exclude if the child has sores on an exposed body surface that are leaking fluid ar cannot be covered with a waterproof dressing.			
Exclude until treated with an appropriate antibiotic for 12 hours.			
Exclude until the healthcare provider or local health department decides the child			
is no longer infectious.			
Exclude if the child vomits two or more times within 24 hours, unless vomit due to a noncontagious/noninfectious cause and the child can stay hydrated take part in activities. If a child with a recent head injury vomits, get emergency medical care.			

# **Reportable/Notifiable Conditions**

The CDC has a list of infectious diseases that must be reported to public health authorities in the United States at the national level (see <a href="https://ndc.services.cdc.gov/search-results-year/">https://ndc.services.cdc.gov/search-results-year/</a>). Other conditions may need to be reported to local, state, tribal, or territorial public health authorities. Although laboratories and healthcare providers are expected to report these notifiable diseases, their reporting

may not alert health authorities that the child attends an early care and education program or is enrolled in school and may have exposed others. Delayed notification may delay quick responses to prevent illness among those exposed to the child in the group setting. If in doubt about whether to report, contact the local, state, tribal, or territorial health department.

Staff should contact the local health department:

- When a child or staff member who is in contact with others has a reportable disease
- If staff, children, or families in the program have a reportable illness
- For help managing a suspected outbreak. An outbreak is 2 or more unrelated children (i.e., not siblings) with the same diagnosis or symptoms in the same group within 1 week. Clusters of mild respiratory illness, ear infections, and certain skin conditions are common and usually do not need to be reported.

Program staff should work with their child care health consultants to develop policies and procedures for alerting staff and families about their responsibility to report illnesses to the program, and for the program to report diseases to the local health authorities.

### **Child Care Responsibilities with Exclusion and Reporting**

The caregiver/teacher must:

- i. Provide care in a place where the child will be comfortable and supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms. A potentially contagious child should be separated from other children by at least three feet.
- ii. Ask the parent/guardian to pick up the child as soon as possible
- iii. Discuss the signs and symptoms of illness with the parent/guardian or primary care provider
- iv. Follow the advice of the primary care provider
- v. Contact the local health department if there is a question of a reportable (harmful) infectious disease in a child or staff member in the facility. The Health Department has the legal authority to make a final determination (Contact Number provided below)
- vi. Document actions in the child's file with date, time, and symptoms actions taken (and by whom); sign and date the document.
- vii. Develop a procedure for parent/staff information and share it with your assigned licensing specialist. Update it as needed.
- viii. Follow general cleaning and sanitation procedure
- ix. Ensure children and staff are up-to-date with age appropriate vaccinations.

### **Office of Child Care COMAR Reference**

### COMAR13A.16 TO 18 .03 Management and Administration .04 Child Records.

G. Unless a school-age child attends a school-age program located in the child's school, the operator shall obtain, and maintain at the center, an immunization record showing that: (1) The child has had immunizations appropriate for the child's age which meet the immunization guidelines set by the Maryland Department of Health;

(2) The child has had at least one dose of each vaccine appropriate for the child's age before entry and is scheduled to complete the required immunizations;

(3) A licensed physician or a health officer has determined that immunization is medically contraindicated according to accepted medical standards; or

(4) The parent objects to the child's immunization because it conflicts with the parent's bona fide religious beliefs and practices.

H. If a parent objects to a child's immunization or medical examination, or both, because of the parent's bona fide religious beliefs and practices, an operator shall require the parent to provide a health history of the child and sign a statement indicating that to the best of the parent's knowledge and belief, the child is in satisfactory health and free from any communicable disease.

### COMAR 13A.16 to 18.11 Health

#### .01 Exclusion for Acute Illness.

A. Child care staff shall:

(1) Monitor a child for signs and symptoms of acute illness;

(2) Notify a child's parent or other designated person upon observing a sign or symptom of acute illness; and

(3) Provide temporary isolation for the affected child in a suitably equipped separate area within sight and hearing of an adult.

B. Except in centers for children with acute illness, an operator may not admit a child to care or allow a child to remain in care when the child is exhibiting symptoms of acute illness. C. A child may not be readmitted to care after an absence of 3 days or more due to illness without a written statement from the parent or physician that the child may return to a regular schedule.

#### .02 Infectious and Communicable Diseases.

A. An operator shall immediately transmit to the health officer a report of the name and address of a child or a staff member who appears to be infected with a reportable communicable

disease or who has been exposed to a reportable communicable disease as indicated in COMAR 10.06.01.03.

B. Except in centers for children with acute illness, an operator may not knowingly admit to care or retain in care a child with a transmissible infection or a communicable disease during the period of exclusion recommended for that infection or disease as shown in the Communicable Disease Summary, as published by the Maryland Department of Health, unless the health officer grants approval for the child to attend child care during that period.

#### .03 Preventing Spread of Disease.

A. A written handwashing procedure approved by the office shall be posted at each sink used for washing hands.

B. Hands shall be washed according to the posted approved procedure by a center employee, substitute, volunteer, or child in care at least:

(1) After toileting or diapering;

(2) Before food preparation or eating; and

(3) After an outdoor activity or handling an animal.

C. Diapering shall be performed in accordance with a written diapering procedure approved by the office.

### MARYLAND LOCAL HEALTH DEPARTMENTS

Addresses & Telephone Numbers for Infectious Disease Reporting Telephone (T) or Pager (P) Number for After Hours and Weekend Reporting

JURISDICTION	ADDRESS	JURISDICTION	ADDRESS
ALLEGANY	PO Box 1745	HARFORD	1321 Woodbridge Station Way Edgewood
Ph. 301-759-5112	12501 Willowbrook Road SE	Ph. 410-612-1774	MD 21040
Fax 301-777-5669	Cumberland MD 21501-	Fax 410-612-9185	
<b>T</b> 301-759-5000		<b>T</b> 443-243-5726	
ANNE ARUNDEL	Communicable Disease &	HOWARD	8930 Stanford Blvd Columbia MD 21045
Ph. 410-222-7256	Epi. 1 Harry S. Truman	Ph. 410-313-1412	
Fax 410-222-7490	Parkway Room 231	Fax 410-313-6108	
<b>T</b> 443-481-3140	Annapolis MD 21401	T 410-313-2929	
BALTIMORE CITY	1001 E. Fayette Street Baltimore MD	KENT	125 S. Lynchburg Street
Ph. 410-396-4436	21202	Ph. 410-778-1350	Chestertown MD
Fax 410-625-0688		Fax 410-778-7913	21620
<b>T</b> 410-396-3100		T(410) 708-5611	
BALTIMORE CO.	Communicable Disease, 3rd Floor	MONTGOMERY	2000 Dennis Avenue
Ph. 410-887-6011	6401 York Road	Ph. 240-777-1755	Suite 238
Fax 410-377-5397	Baltimore MD 21212	Fax 240-777-4680	Silver Spring MD 20902
<b>T</b> 410-832-7182		T 240-777-4000	
CALVERT	PO Box 980	PR. GEORGE'S	3003 Hospital Drive
Ph. 410-535-5400	975 Solomon's Island Road	Ph. 301-583-3750	Suite 1066
Fax 410-414-2057	Prince Frederick MD	Fax 301-583-3794	Cheverly MD 20785-1194
<b>P</b> 443-532-5973	20678	T 240-508-5774	
CAROLINE	403 South 7th Street	QUEEN ANNE'S	206 N. Commerce Street
Ph. 410-479-8000	Denton MD 21629	Ph. 410-758-0720	Centreville MD 21617
Fax 410-479-4864		Fax 410-758-8151	
T 443-786-1398		<b>T</b> 410-758-3476	
CARROLL	290 S. Center Street	ST. MARY'S	PO Box 316
Ph. 410-876-4900	Westminster MD 21158- 0845	Ph. 301-475-4316	21580 Peabody Street
Fax 410-876-4959		Fax 301-475-4308	Leonardtown MD 20650
<b>T</b> 410-876-4900		T 301-475-8016	
CECIL	John M. Byers Health	SOMERSET	Attn: Communicable
Ph. 410-996-5100	Center 401 Bow Street	Ph. 443-523-1740	Disease 7920 Crisfield
Fax 410-996-1019	Elkton MD 21921	Fax 410-651-5699	Highway
T 410-392-2008		<b>T</b> 443-614-6708	Westover MD 21871
		_	
CHARLES	PO Box 1050	TALBOT	100 S. Hanson Street
Ph. 301-609-6810	White Plains MD 20695	Ph. 410-819-5600	Easton MD 21601
Fax 301-934-7048		Fax 410-819-5693	
T 301-932-2222		<b>T</b> 410-819-5600	
DORCHESTER	3 Cedar Street Cambridge MD	WASHINGTON	1302 Pennsylvania Avenue
Ph. 410-228-3223	21613	Ph. 240-313-3210	Hagerstown MD 21742
Fax 410-901-8180		Fax 240-313-3334 T 240-	
<b>P</b> 410-221-3362		313-3290	
FREDERICK	350 Montevue Lane	<b>WICOMICO</b>	Attn: Communicable
Ph. 301-600-3342	Frederick MD 21702	Ph. 410-543-6943	Disease 108 E. Main Street
Fax 301-600-1403		Fax 410-548-5151	Salisbury MD 21801-4921
<b>T</b> 301-600-1603		T 410-543-6996	
GARRETT	Garrett Co. Community Health	WORCESTER	PO Box 249
Ph. 301-334-7777	Ctr. 1025 Memorial Drive	Ph. 410-632-1100	Snow Hill MD 21863
Fax 301-334-7771	Oakland MD 21550-4343	Fax 410-632-0906	
Fax 301-334-7717	(Fax for use during emergencies)	T 443-614-2258	
T 301-334-1930	(. a or use during entrigencies)	1 10 01 2200	

### Sample Emergency Numbers Form

Post this information by each telephone or accessible to staff			
Center and Other Emergency Numbers			
Center/Family Home Care Name			
License /Registration Number			
Center/Family Home Care Address			
Center Phone Number			
Available Staff Name/Names			
Emergency Number			
Poison Control			
Law enforcement			
DSS-Child Protective Service			
Health Department Communicable Diseases			
Division Number			
Licensing Office Number			
Licensing Specialist Number			
Health/Nurse Consultant Number			
Other Useful Information- Emergency Exit :			

### **References:**

Caring for Our Children (2022).National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs,4th(ed). <u>https://nrckids.org/CFOC/Database/3.6.1.1</u> <u>https://nrckids.org/CFOC/Database/7</u>

Infectious Disease Bureau <u>https://health.maryland.gov/phpa/pages/infectious-disease.aspx</u> PHPA Fact Sheets<u>https://health.maryland.gov/phpa/Pages/fact-sheets.aspx</u>