Child Care Health Consultation

Child Care Health Consultation, for a Healthy Start in Child Care, is part of the KIDS NOW Initiative. The program provides consultation and technical assistance on health, safety and nutrition for children ages 0-5 to child care providers. Trained Child Care Health Consultants from local health departments participate in joint activities with Child Care Aware and the STARS for KIDS NOW program in their areas to ensure collaboration and coordination on issues impacting the quality of child care.

The Child Care Health Consultants, which include Registered Nurses and Health Educators, consult with child care providers and their families via telephone, email or on-site to promote healthy, safe and nurturing environments for optimal child development.

A helpline, 877.281.5277, provides free technical assistance to child care centers, including answering questions and providing information about health, safety and nutrition for children.

Printable resources listed below can be found at http://www.kentuckycchc.org/

**HEALTH**
- Allergies: Food Allergy Information for Schools and Early Care
- Development Milestones (from age 2 months to 5 years in English and Spanish)
- Oral Health info in English and Spanish
- Smoke-Free Cars
- Smoke-Free Child Care

**NUTRITION**
- Breast Milk Feeding and Handling
- Feeding Guide for Children (from age 0 to 5 years in English and Spanish)
- My Plate
- Physical Activity Checklist (English and Spanish)

**SAFETY**
- Car Passenger Safety
- Child Proofing Your Home
- Fire Prevention
- Gun Safety Tips
- Holiday Safety
- Playground Safety
- Poison Prevention
- Safe Sleep
- Toy Safety

**OTHER**
- Parents’ Guide to Choosing Childcare
Daily Health Check

Do the daily health check when you greet each child and parent as they arrive. It usually takes less than a minute. Also, observe the child throughout the day.

LISTEN: Greet the child and parent. Ask the child, “How are you today?” Ask the parent, “How are you doing? How’s (name of child)? Was there anything different from last night? How did he/she sleep? How was his/her appetite this morning?”

- Listen to what the child and parent tell you about how the child is feeling.
- If the child can talk, is he/she complaining of anything? Is he/she hoarse or wheezing?

LOOK: Get down to the child’s level to see him/her clearly. Observe signs of health or illness.

General appearance (e.g., comfort, mood, behavior and activity level)
- Is the child’s behavior unusual for this time of day?
- Is the child clinging to the parent, acting cranky, crying or fussing?
- Does he/she appear listless, in pain or have difficulty moving?

Breathing
- Is the child coughing, breathing fast, or having difficulty breathing?

Skin
- Does the child look pale or frustrated?
- Do you see a rash, sores, swelling or bruising?
- Is the child scratching his/her skin or scalp?

Eyes, nose, ears, mouth
- Do the child’s eyes look red, crusty, goopy or watery?
- Is there a runny nose?
- Is he/she pulling at his/her ears?
- Are there mouth sores, excessive drooling or difficulty swallowing?

FEEL: Gently run the back of your hand over the child’s cheek, forehead or neck.
- Does the child feel unusually warm or cold and clammy?
- Does the skin feel bumpy?

SMELL: Be aware of unusual odors.
- Does the child’s breath smell sour or fruity?
- Is there an unusual or foul smell to the child’s stool?

From Preventing and Managing Communicable Disease, U.S. Department of Health and Human Services, Administration for Children and Families, Module III
Reviewed October 2013
Communicable Diseases Concerns for Pregnant Women

Working in a child care setting may involve frequent exposure to childhood diseases. Certain communicable diseases can have serious consequences for a pregnant woman and her unborn child. At the time women are hired to begin work in a child care setting, they should be informed of the risks involved if they should become pregnant. A pregnant woman should also be trained on measures to prevent diseases which could harm her unborn child. When women are considering pregnancy or are pregnant, they should discuss their occupational risks with their physician.

The following communicable diseases have implications for pregnant women:

- Chickenpox/shingles
- Cytomegalovirus (CMV)
- Fifth disease (erythema infectiosum)
- Hepatitis B and C
- HIV/AIDS
- Rubella (German measles)

For more information, please call the Northern Kentucky Health Department at 859.363.2070.
Related Laws that Impact Child Care Settings

1. Occupational Safety and Health Administration (OSHA)
   For information, contact Kentucky OSHA in Frankfort at 502.564.6895

2. Child care licensing
   For information, contact the Cabinet of Health and Family Services Division of Licensing and Regulations in Frankfort at 502.564.2800

3. Reporting of child abuse (physical or sexual) and neglect
   Child protective services
   Boone County: 859.371.8832
   Campbell County: 859.292.6733
   Carroll County: 502.732.6681
   Gallatin County: 859.567.7381
   Grant County: 859.824.4471
   Kenton County: 859.292.6340
   Owen County: 502.484.3937
   Pendleton County: 859.654.3381

4. Immunization information
   Local immunization program: 859.341.4264
   State immunization program: 502.564.4478

5. Pediatric Abusive Head Trauma for Child Care Provider 1.5 hour training every 5 years.

<table>
<thead>
<tr>
<th>By Age</th>
<th>DTaP</th>
<th>Polio</th>
<th>Hib</th>
<th>Hep B</th>
<th>Pneumococcal</th>
<th>MMR</th>
<th>Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mo.</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>5 mo.</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>7 mo.</td>
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<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
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</tr>
<tr>
<td>12 mo.</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>16 mo.</td>
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<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>19 mo.</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>4 yrs.</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
</tr>
<tr>
<td>5 yrs.</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
</tr>
</tbody>
</table>

- DTaP-Fifth dose not needed if dose #4 given after 4th B-day and 6 months from last dose.
- Polio-Fourth dose not needed if dose #3 given after 4th B-day and 6 months from last dose.
- Hib- May have fewer doses if start series late; last dose must be on or after 12 months of age; not required after age 5 years.
- PCV- May have fewer doses if start series late; last dose must be on or after 12 months of age; not required after age 5 years.
- Varicella-no doses needed if history of diagnosed Chickenpox disease.
- *May have fewer doses if start series late; last dose must be on or after 12 months of age; not required after age 5 years.

Page 103
<table>
<thead>
<tr>
<th>Age Group</th>
<th>DTaP</th>
<th>Polio (IPV)</th>
<th>MMR</th>
<th>*Hib</th>
<th>*Hep B</th>
<th>Varicella</th>
<th>*PCV</th>
<th>Meningococcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 yrs</td>
<td>4 doses</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
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</tr>
<tr>
<td>4 yrs</td>
<td></td>
<td>3 doses</td>
<td>2 doses</td>
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<td></td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 yrs</td>
<td>4 doses</td>
<td>3 doses</td>
<td>2 doses</td>
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</tr>
<tr>
<td>6th Grade Entry</td>
<td>4 or 5 doses</td>
<td></td>
<td>2 doses</td>
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</tr>
<tr>
<td>Kindergarten</td>
<td>4 or 5 doses</td>
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</tr>
<tr>
<td>Preschool</td>
<td>4 or 5 doses</td>
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</tr>
<tr>
<td>1-12th Grades</td>
<td>4 or 5 doses</td>
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<td></td>
</tr>
</tbody>
</table>

*DTaP-Fifth dose not needed if dose #4 given after 4th birthday and 6 months from last dose.
*Polio-Fourth dose not needed if dose #3 given after 4th birthday and 6 months from last dose.
*Hib-Last dose must be on or after 12 months of age-Not required after age 5 years.
*Hep B-Alternative schedule for 11-15 year olds—2 doses of adult Hep B.
*Varicella—2 doses
*PCV—no requirement
*PCV—4 doses
*Pneumococcal
*Pneumococcal

Recommended-not required

**Immunization Requirements for School-Age Children**
# Recommended Immunizations for Adults: By Age

## Recommended For You:

A vaccine is recommended for you if you did not get it when you were a child.

- **Flu**
- **Influenza**
- **Td/Tdap**
- **Tetanus, diphtheria, pertussis**
- **Shingles**
- **Varicella**
- **Pneumococcal**
- **Meningococcal**
- **MMR**
- **Measles, mumps, rubella**
- **HPV**
- **Chickenpox**

## Recommended for You if you did not receive this vaccine when you were a child.

- **Hib**
- **PCV13**
- **PPS23**
- **MCV4**
- **HPV**

If you are traveling outside the United States, you may need additional vaccines.

- **Flu**
- **Tdap**
- **Pneumococcal**
- **Hepatitis A**
- **Hepatitis B**
- **Mumps**
- **Rubella**
- **Varicella**
- **Hepatitis B**
- **Pertussis**
- **Influenza**

## Recommended for You if you were born in 1957 or after, and did not receive the measles, mumps, and rubella (MMR) vaccine when you were a child.

- **MMR**
- **Measles, mumps, rubella**

## Recommended for You if you are pregnant.

- **Tdap**

## Recommended for You if you have certain risk factors due to your health, job, or lifestyle that are not listed here.

- **Flu**
- **Tdap**
- **Pneumococcal**
- **Tetanus, diphtheria, pertussis**

## If you are this age, talk to your healthcare professional about these vaccines.

- **19 - 21 years**
  - 3 doses
- **22 - 26 years**
  - 1 or 2 doses
- **50 - 59 years**
  - Flu vaccine every year
  - Tdap booster every 10 years
- **60 - 64 years**
  - 1 dose
- **65+ years**
  - 1 dose

## More Information:

- There are several flu vaccines available. Talk to your healthcare professional about which flu vaccines are right for you.
- If you are pregnant, you should get a Tdap vaccine during the 3rd trimester of every pregnancy to help protect your babies from pertussis (whooping cough).
- You should get zoster vaccine even if you've had shingles before.
- There are two different types of pneumococcal vaccine: PCV13 (conjugate) and PPSV23 (polysaccharide). Talk with your healthcare professional to find out if one or both pneumococcal vaccines are recommended for you.

## For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines.
If you have the following health conditions, talk to your healthcare professional about these vaccines:

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Vaccine Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>Td/Tdap, Tetanus, diphtheria, pertussis</td>
</tr>
<tr>
<td>Influenza</td>
<td>Td/Tdap, Tetanus, diphtheria, pertussis</td>
</tr>
<tr>
<td>Shingles</td>
<td>MMR, HPV, Chickenpox, Varicella</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>MMR, HPV, Chickenpox, Varicella</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>MMR, HPV, Chickenpox, Varicella</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>MMR, HPV, Chickenpox, Varicella</td>
</tr>
<tr>
<td>HPV</td>
<td>MMR, HPV, Chickenpox, Varicella</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>MMR, HPV, Chickenpox, Varicella</td>
</tr>
<tr>
<td>Varicella</td>
<td>MMR, HPV, Chickenpox, Varicella</td>
</tr>
</tbody>
</table>

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines.
Evacuation Planning Form for Child Care Emergency/Disaster Preparedness

For

Child Care Provider or Program Name:

Completion Date:

Submitted for Review On:
Child Care Regulatory References for Emergency/Disaster Preparedness

199.895 Evacuation plan required for child-care centers and family child-care homes -- Annual updating of plan -- Provision of plan to local emergency management officials and parents. (Effective July 12, 2012)

(1) A child-care center licensed under KRS 199.896 and a family child-care home certified under KRS 199.8982 shall have a written plan for evacuation in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to the children in the center or home. The plan shall include but not be limited to:

- A designated relocation site and evacuation route;
- Procedures for notifying parents of the relocation and ensuring family reunification;
- Procedures to address the needs of individual children including children with special needs;
- Instructions relating to the training of staff or the reassignment of staff duties, as appropriate;
- Coordination with local emergency management officials; and
- A program to ensure that appropriate staff is familiar with the plan’s components.

(2) A child-care center and a family child-care home shall update the evacuation plan by December 31 each year.

(3) A child-care center and a family child-care home shall retain an updated copy of the plan for evacuation, provide an updated copy to appropriate local emergency management officials, and provide a copy to each parent, custodian, or guardian of the child at the time of the child's enrollment in the program and whenever the plan is updated.

922 KAR 2:090. Child-care center licensure

- Evacuation Plan. - A licensed child-care center shall have a written evacuation plan updated yearly in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care in accordance with KRS 199.895.

922 KAR 2:120. Child-child care center health and safety standards

- Child Care Services, each center shall maintain a child-care program that assures each child will be provided with adequate supervision at all times by a qualified staff person who ensures the child is within scope of vision and range of voice; or for a school-age child, within scope of vision or range of voice.

922 KAR 2:110. Child-care center provider requirements

The following records shall be maintained at the child-care center for five (5) years:

- A written record of quarterly, practiced earthquake and tornado drills conducted during the hours of operation, detailing the date, time, and children who participated;
- A written record of practiced fire drills conducted during the hours of operation, monthly detailing the date, time, and children who participated;
• A written plan and diagram outlining the course of action in the event of natural or manmade disaster, posted in a prominent place.
• A written evacuation plan in accordance with 922 KAR 2:090, Section 5, and KRS 199.895.

922 KAR 2:100. Certification of family child-care homes
• Each floor level used for child care shall have at least one (1): unblocked exit to the outside; smoke detector, fire extinguisher; and carbon monoxide detector if the home uses fuel burning appliances; or has an attached garage.
• At least one (1) working land-line, unless the cabinet has been notified that the telephone is temporarily out of service) telephone on each level used for child care with a residential or commercial line and a list of emergency numbers posted by each telephone, including numbers for the police, fire station, emergency medical care and rescue squad and poison control.
• A fire drill shall be conducted during hours of operation monthly and documented.
• An earthquake and tornado drill shall be conducted during hours of operation; quarterly and documented.
• A certified family child-care home provider shall have a written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care in accordance with KRS 199.895.

922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program
• Registered child care providers must written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care that includes:
  a) A designated relocation site; Evacuation routes;
  b) Measures for notifying parents of the relocation site and ensuring a child’s return to the child’s parent; and
  c) Actions to address the needs of an individual child to include a child with a special need. The cabinet shall post an online template of an evacuation plan that fulfills requirements of this administrative regulation for an individual’s free and optional use.
• Each floor of a registered child care provider’s home used for child care shall have at least one (1):
  a) Unblocked exit to the outside;
  b) Smoke detector;
  c) Fire extinguisher; and
  d) Carbon monoxide detector if the home uses fuel burning appliances; or has an attached garage.
• A registered child care provider’s home and areas accessible to children in care shall be free of hazards, following items shall be inaccessible to a child in care:
  a) Cleaning supplies, poisons, paints, and insecticides;
  b) Knives, scissors, and other sharp objects;
  c) Power tools, lawn mowers, hand tools, nails, and other like equipment;
  d) Matches, cigarettes, lighters, combustibles, and flammable liquids;
  e) Alcoholic beverages; and
  f) Medications.
• Electrical outlets not in use shall be covered.
• An electric fan, floor furnace, freestanding heater, wood burning stove, or fireplace, shall be out of the reach of a child; or have a safety guard to protect a child from injury.
• A registered child care provider shall use protective gates to block all stairways if a child in care is under age three (3).
• Stairs and steps shall be in good repair; and include railing of comparable length to the stairs or steps.
• A registered child care provider’s home shall have at least one (1) working telephone with a residential line or an active mobile service; and an accessible list of emergency telephone numbers, including the numbers for the Police; Fire station; Emergency medical care; Poison control center; and Reporting of child abuse and neglect.
Emergency/Disaster Preparedness Planning

A Child Care Provider/ Facility should prepare plans that allow for partial or full evacuation in a quick and efficient manner. Causes for evacuation may include fire, bomb threat, explosion, flood, severe thunderstorm, severe winter storm, hurricane, tornado, toxic spill, electrical failure or structural damage. In the event of an emergency/disaster, evacuation should be done as quickly and safely as possible. When planning it is important to keep in mind there are three types of evacuations to consider.

- **Sheltering in place**: Children and staff remain at the facility/home but seek shelter for the emergency/disaster at hand. This would include tornado and chemical releases.

- **On-site evacuation**: Children and staff move out of the facilities affected areas and relocate to another area on the property.

- **Off-site evacuation**: Children and staff/provider are relocated to designated location not on the property

A) A completed Emergency/Disaster Plan should be reviewed and updated annually. A copy of the plan should be shared with local authorities that may be responding to your emergencies.

B) All child care providers should be trained in plan procedures and provided clear guidelines to their responsibilities during times of emergency/disaster. New child care provider orientation should include training and review of emergency/disaster procedures.

C) All children should be involved in practicing emergency/disaster procedures as outlined by licensing regulations.

D) Floor plans of the child care location should be posted in each classroom and in public spaces showing exits and directional evacuation routes. Copies of floor plans should be shared with local authorities that may be responding to your emergencies.

E) Fire drills are to be held monthly and documentation should include date, time, and names of children who participated in the drill. Individual classroom attendance forms with first and last names of staff/children present during the drill should be attached to the drill form.

F) Tornado and earthquake drills are to be held quarterly. Other types of drills should be held at least twice a year and attendance forms with first and last names of staff/children present during the drill should be attached to the drill form.

G) Power generators (if available) and other emergency/disaster equipment should be tested on a regular schedule.
## General Information and Instructions

A. The first priority of a child care provider is the safety of the children and staff. Emergency/disaster plans are to provide the providers with procedures to be followed to help ensure everyone’s wellbeing.

B. When an emergency/disaster occurs, it is necessary to maintain adequate supervision of the children. In the state of Kentucky, adequate supervision is defined as qualified staff devoting full-time attention to a child in care and ensures the child is within scope of vision and range of voice.

C. Please complete the following form and respond to each question. If the question is “not applicable” to your child care setting please state so and a reason. All information with a “*” is required by a child care regulation.

### Evacuation Planning Form for Child Care Emergency/Disaster Preparedness

<table>
<thead>
<tr>
<th>Insert Provider/Program Name and Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child Care Provider/Program</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Number of children enrolled</td>
</tr>
<tr>
<td>Number of staff (if applicable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sheltering in Safe Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>The designated safe place in this location is:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>On-Site Safe Evacuate Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>The designated on-site safe location for evacuation is:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Off-Site Safe Evacuation Location #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Location</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State and Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Directions/Evacuation route to this safe location</td>
</tr>
<tr>
<td>*Attach a map if needed</td>
</tr>
<tr>
<td>Is there a written agreement with this location (Recommended as a best practice)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Off Site Safe Evacuation Location #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Location</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State and Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Directions/Evacuation route to this safe location</td>
</tr>
<tr>
<td>*Attach a map if needed</td>
</tr>
<tr>
<td>Is there a written agreement with this location (Recommended as a best practice)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insert Provider/Program Primary Emergency/Disaster Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Cell Number</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Contact Phone Number Outside of the Area (Recommended as a best practice)</td>
</tr>
</tbody>
</table>

**Insert Provider/Program Emergency/Disaster Contacts (phone and /or fax, e-mail)**

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting Service</td>
<td>911 or local authorities</td>
</tr>
<tr>
<td>Bank</td>
<td></td>
</tr>
<tr>
<td>Building Inspector</td>
<td></td>
</tr>
<tr>
<td>Child Care Resource &amp; Referral Agency</td>
<td><a href="http://www.kentuckypartnership.org">http://www.kentuckypartnership.org</a></td>
</tr>
<tr>
<td>Community Based Services</td>
<td></td>
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<tr>
<td>Electric Company</td>
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<tr>
<td>FEMA</td>
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<tr>
<td>Food Service Vendor</td>
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<tr>
<td>Gas Company</td>
<td></td>
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<tr>
<td>Health Department</td>
<td></td>
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<tr>
<td>Hospitals</td>
<td>*</td>
</tr>
<tr>
<td>Local Emergency Management</td>
<td><a href="http://kyem.ky.gov/teams/Pages/countydirectors.aspx">http://kyem.ky.gov/teams/Pages/countydirectors.aspx</a></td>
</tr>
<tr>
<td>Inspections, License, Permits</td>
<td></td>
</tr>
<tr>
<td>Insurance Agent</td>
<td></td>
</tr>
<tr>
<td>Licensing (local/state)</td>
<td>*</td>
</tr>
<tr>
<td>Newspaper</td>
<td></td>
</tr>
<tr>
<td>Non-emergency Fire</td>
<td></td>
</tr>
<tr>
<td>Non-emergency Police</td>
<td></td>
</tr>
<tr>
<td>Payroll Service</td>
<td></td>
</tr>
<tr>
<td>Poison Control</td>
<td>*</td>
</tr>
<tr>
<td>Radio Stations</td>
<td></td>
</tr>
<tr>
<td>State Emergency Management</td>
<td><a href="http://kyem.ky.gov/teams/Pages/default.aspx">http://kyem.ky.gov/teams/Pages/default.aspx</a></td>
</tr>
<tr>
<td>Television Stations</td>
<td></td>
</tr>
<tr>
<td>Waste Management</td>
<td></td>
</tr>
<tr>
<td>Water Company</td>
<td></td>
</tr>
</tbody>
</table>

**Insert Provider/Program Planning Team Members**

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td></td>
</tr>
<tr>
<td>Staff Member (s)</td>
<td></td>
</tr>
<tr>
<td>Parent (s)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Coordinating/Collaborative Agencies in the Area (phone and /or fax, e-mail)**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbor</td>
<td></td>
</tr>
<tr>
<td>Business</td>
<td></td>
</tr>
<tr>
<td>Church</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Contact Information for Coordinating Program Re-Opening (phone and /or fax, e-mail)**

<table>
<thead>
<tr>
<th>Facility/home Inspection/Repair</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>Contacting Families/Employers</td>
<td></td>
</tr>
<tr>
<td>Obtaining Equipment/Supplies</td>
<td></td>
</tr>
<tr>
<td>Room Set up</td>
<td></td>
</tr>
<tr>
<td>Accessing Records</td>
<td></td>
</tr>
<tr>
<td>Food Service Coordination</td>
<td></td>
</tr>
<tr>
<td>Obtaining building inspections/licensing approval</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td><strong>Post Disaster Clean up Services (phone and /or fax, e-mail)</strong></td>
<td></td>
</tr>
<tr>
<td>Restoration Services</td>
<td></td>
</tr>
<tr>
<td><strong>Evacuation Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Evacuation Manager/Alternate</td>
<td>*</td>
</tr>
<tr>
<td>Person responsible for “all clear”</td>
<td>*</td>
</tr>
<tr>
<td>Assembly site manager/alternate</td>
<td>*</td>
</tr>
<tr>
<td>Staff-person with First Aid/CPR</td>
<td>*</td>
</tr>
<tr>
<td>Contact number out-of-area</td>
<td></td>
</tr>
<tr>
<td>(Recommended as a best practice)</td>
<td></td>
</tr>
<tr>
<td>E-mail address out of area</td>
<td></td>
</tr>
<tr>
<td>(Recommended as a best practice)</td>
<td></td>
</tr>
<tr>
<td>Person responsible for copy and posting of building site maps</td>
<td>*</td>
</tr>
<tr>
<td>Person responsible for marking evacuation exits</td>
<td>*</td>
</tr>
<tr>
<td>Location of evacuation exits</td>
<td>*</td>
</tr>
<tr>
<td>On-site evacuation location</td>
<td>*</td>
</tr>
<tr>
<td>Off-site evacuation site</td>
<td>*</td>
</tr>
<tr>
<td><strong>Shelter-in-Place Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Shelter- in -Place Coordinator</td>
<td>*</td>
</tr>
<tr>
<td>Shelter- in- Place Coordinator Alternate</td>
<td>*</td>
</tr>
<tr>
<td>Coordinator responsibilities</td>
<td>*</td>
</tr>
<tr>
<td>Staff with First Aid/CPR</td>
<td>*</td>
</tr>
<tr>
<td>Storm Shelter Locations</td>
<td>*</td>
</tr>
<tr>
<td>“Seal the Room” Shelter Location(s)</td>
<td>*</td>
</tr>
<tr>
<td>Staff Responsible for Maintaining/Refreshing Emergency/Disaster Supplies</td>
<td>*</td>
</tr>
<tr>
<td>Staff Process for Maintaining Personal Supplies for Shelter-in-Place</td>
<td>*</td>
</tr>
<tr>
<td><strong>Communication System</strong></td>
<td></td>
</tr>
<tr>
<td>How we will train our staff on emergency/disaster plans</td>
<td>*</td>
</tr>
<tr>
<td>How we will communicate our emergency/disaster plans to the children and parents to ensure family reunification.</td>
<td>*</td>
</tr>
<tr>
<td>In the event of a emergency/disaster, how we will communicate with the staff/parents</td>
<td>*</td>
</tr>
<tr>
<td><strong>Cyber Security</strong></td>
<td></td>
</tr>
<tr>
<td>How we will protect our computer hardware</td>
<td></td>
</tr>
<tr>
<td>How we will protect our computer software</td>
<td></td>
</tr>
</tbody>
</table>
If our computers are destroyed, we will use back up computers located where

<table>
<thead>
<tr>
<th>Back Up Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person responsible for backing up critical records including children's/ staff records, payroll, accounts, etc.</td>
</tr>
<tr>
<td>On-site location of back up records including insurance policies, facility/home plans, bank accounts records, and computer back ups</td>
</tr>
<tr>
<td>Offsite location of additional copy of back-up records</td>
</tr>
<tr>
<td>How will the program provide for continuity if the accounting and payroll records are destroyed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency/Disaster Shut Off Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
</tr>
<tr>
<td>Water</td>
</tr>
<tr>
<td>Gas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency/Disaster Equipment Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alarm Box</td>
</tr>
<tr>
<td>Fire Extinguisher(s)</td>
</tr>
<tr>
<td>First Aid Kit(s)</td>
</tr>
<tr>
<td>CPR Face Shields</td>
</tr>
<tr>
<td>Emergency/Disaster Kit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency/Disaster Preparedness Plan required Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please check “yes” or “no” and give the applicable date</td>
</tr>
<tr>
<td>Provided an updated copy of this plan to appropriate local emergency management officials and whenever the plan is updated.</td>
</tr>
<tr>
<td>Provided an updated copy of “The Parent Emergency/Disaster Evacuation Information Form for Reunification” to each parent, custodian, or guardian of the child at the time of the child's enrollment in the program and whenever the plan is updated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency /Disaster Contact Information Annual Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date the emergency/disaster plan will be reviewed and updated</td>
</tr>
</tbody>
</table>
Child Care Roles and Responsibilities
Please list each person responsible for each responsibility

<table>
<thead>
<tr>
<th>Who</th>
<th>Primary</th>
<th>Alternate</th>
<th>Location of this responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declares an emergency/disaster and actions to be taken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calls 911</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turns off HVAC systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turns off Security System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assures each child/staff has their grab-n-go-bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes room search</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sends family communications (e-mail)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post sign on door</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes voice mail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retrieves supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food/water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance list</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family &amp; staff contact information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copies of emergency/disaster records including emergency/disaster medical care consent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copies of care plan for children with special needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written directions to designated evacuation site(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency/Disaster money (Recommended as a best practice)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra supplies of critical medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster supply kit (Recommended as a best practice)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**On-Going Basis**

<table>
<thead>
<tr>
<th>Assigned Staff</th>
<th>Date</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency/disaster contact lists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency/disaster card and signed emergency medical care release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s grab &amp; go bags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotate water and food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotate infant formula</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Every Six Months**

<table>
<thead>
<tr>
<th>Assigned Staff</th>
<th>Date</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water: monitor expiration dates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food: monitor expiration dates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant formula/food: monitor expiration dates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First aid kit: Critical medications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DCC
(R.08/13)
### Child Care Roles and Responsibilities—continued

<table>
<thead>
<tr>
<th>Every Year</th>
<th>Assigned Staff</th>
<th>Date</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency/Disaster Information for each Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signed emergency/disaster medical care releases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care plans for children with special needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Map of area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directions to evacuation sites</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money (This is a best practice recommendation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pen and paper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whistles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle keys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tools (hammer, crescent wrench, screwdriver, pliers with wire cutters)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matches in waterproof container</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic shielding</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Every Year</th>
<th>Assigned Staff</th>
<th>Date</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duct tape</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual can opener</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposable bowls and utensils</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic bag (sealable and unsealed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household bleach (small bottle)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wet towelettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand sanitizer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet paper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaper wipes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blankets</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check for Presence and Operation Every Six Months</th>
<th>Assigned Staff</th>
<th>Date</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio-battery powered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flashlight</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra batteries (check expiration dates)</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra flash light bulbs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charged cell phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell phone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Disclaimer
This material is presented as general plan that may be used in planning for emergencies/disasters. Successful planning for any emergency/disaster should be done by individuals, organizations and the community with the assistance of local authorities: to include planning, training and exercising (practicing) to the emergency plan. Effective emergency response calls for good judgment by all involved. The presenters of this material disclaim any and all liability, loss, damages, claims, or risks of any kind or nature sustained or incurred as a consequence or result of, whether direct or indirect, the use and/or application either directly or indirectly, or any advice, information, or methods presented herein.

Signature of the Responsible Child Care Provider
I have reviewed the procedures outlined in this Emergency/Disaster Preparedness Plan and ensure that appropriate staff is familiar with the plan’s components. These procedures will be followed in case there is an emergency/disaster affecting this child care.

__________________________________________  *
Signature of the Child Care Provider  Date

Helpful Information Child Care Sample Forms for Emergency Disaster Preparedness Planning
In addition to this basic planning form, the following information and supportive sample forms are available at http://training.chfs.ky.gov/Child_Care_Preparedness/html/index.html / to assist Child Care providers in Emergency Disaster Preparedness Planning:

1. Division of Child Care Things to Know When Preparing for an Emergency and/or Disaster in Child Care
2. Sample Child Care Child Information Form
3. Child Care Daily Attendance Record Form
4. Sample Child Care Emergency Disaster Preparedness Parent Information Form for Reunification
5. Sample Child Care Evacuation Response Checklist Form
6. Sample Child Care Emergency Disaster Roster Sign Out Form
7. Sample Child Care Fire, Earthquake and Tornado Drill Form
8. Sample Child Care Bomb Threat Information Form
9. Sample Child Care Emergency Disaster Preparedness Provider Statement
10. Child Care Emergency Disaster Preparedness Planning Checklist

Recommended As Best Practice

Grab-n-go-kits are a gallon size zip and seal bag to create individual activity bags for each child in the program. Each bag could include items like a recent photo of the child, laminated emergency card, 4-6 crayons, a small notebook for doodling or a board book.

An Emergency/Disaster Supply kit should include the following:

- Class roster with emergency contact information
- Battery or solar operated radio
- Blankets/bucket
- Crescent wrench to shut off gas line if needed
  (if approved by service provider & a professional will need to restore)
- Extra batteries (replaced twice a year)
- First aid kit (see state child care regulations for required items)
- Flashlight(s)
- Permanent marker(s)
- Hand sanitizer
- Non-perishable food items and manual can opener (minimum supply for 3 days)
  - Formula
  - Phone card/ Cell phone
  - Plastic trash bags
  - Sanitation supplies (diapers, wipes, toilet paper, soap, and toweling)
  - Water (1-3 gallons per person per day, 3 day minimum) & disposable cups
- Wet wipes/tissues
- Whistles
- Work gloves
- Map of area for evacuation or for locating shelters
- Other items as your program requires (Children’s Records)
### CHILD CARE EMERGENCY/DISASTER PREPAREDNESS

**PARENT INFORMATION FORM FOR REUNIFICATION**

This information is to be shared with parents and updated annually.

<table>
<thead>
<tr>
<th>Name of Provider/Program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program address</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency/ Disaster contact at the child care program</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone number of emergency/disaster contact</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cell phone of emergency/disaster contact</strong> (Please do not call cell phone number during non-emergencies; it will not be turned on.)</td>
<td></td>
</tr>
<tr>
<td><strong>In the event the facility/home must be evacuated because of an emergency/disaster, the staff and children will leave the building and gather in the immediate area at</strong></td>
<td></td>
</tr>
<tr>
<td><strong>In the event the facility/home must be evacuated because of an emergency/disaster in the immediate area the children and staff will be transported by</strong></td>
<td></td>
</tr>
<tr>
<td><strong>The address, phone number, and contact person at the relocation site is</strong></td>
<td></td>
</tr>
<tr>
<td><strong>The address, phone number, and contact person of the alternate relocation site (#2) if the first relocation is not accessible, is</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If necessary, children will be transported to this health care facility</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address, phone number, and position title of contact at health care facility</strong></td>
<td></td>
</tr>
</tbody>
</table>

* Please see your child care provider if you would like to review the complete emergency/disaster preparedness plan.
Child Choking
(Approximately 1 to 8 years)

- **Recognize choking:**
  - Choking sign
  - Cannot cry, cough, or speak forcefully
  - Breathing with high-pitched noises
  - Blue lips or skin

- **Ask “Are you choking?”** If yes, tell the child you are going to help
- **Give abdominal thrusts** until
  - Object comes out
  - Child can breathe and make sounds
  - Child stops responding

- **If the child stops responding**
  - Begin steps of CPR
  - Each time you open the airway, look for the object (remove it if seen)
  - After 5 cycles, phone 911 and get AED* (if available)
  - Resume CPR

*Automated external defibrillators (AEDs) are available in many public areas, and one may be available to you during an emergency. The AHA supports placing AEDs in targeted public areas such as sports arenas, gated communities, office complexes, doctors’ offices, shopping malls, etc. However, there is no requirement that AEDs be available in these locations.
**HEARTSAVER®**

**Infant Choking**
(Birth to 1 year)

- **Recognize choking:**
  - Cannot cry or make normal sounds
  - Silent cough
  - Breathing with high-pitched noises
  - May look blue, frightened

- **Give 5 back slaps:** Hold the infant facedown and support the jaw and head

- **Give 5 chest thrusts:** Turn the infant over while supporting the head

- **Alternate 5 back slaps and 5 chest thrusts** until
  - Object comes out
  - Infant can cry forcefully
  - Infant stops responding

- **If the infant stops responding**
  - Begin steps of **CPR**
  - Each time you open the airway, **look for the object** (remove it if seen)
  - After 5 cycles, **phone 911**
  - Resume CPR until infant starts to move or EMS rescuers take over

Provider by
Northern Kentucky Independent District Health Department
www.nkyhealth.org
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1. Set aside mouthed toys in separate container

2. Scrub toys in warm, soapy water with a brush to reach crevices

3. Rinse in clean water.

4. Mix sanitizing solution (2 tsp of 6.25% bleach to 1 gallon clean cool water or 1-2 tsp 8.25% bleach to 1 gallon water.

5. Submerge in sanitizing solution for 2 minutes and then let air dry.
To: CCAP Service Agent  

From: Sandra Noble Canon  
Director  

Date: April 9, 2007  

Subject: Policy Clarification – Free of active tuberculosis (TB)  

Background: The Centers of Disease Control has advised our Public Health departments to only perform TB skin tests on individuals who are at-risk of contracting tuberculosis. The public health department is required to ask the individual a few questions to determine if the individual is at-risk of contracting tuberculosis. Individuals who are at risk will be given a TB skin test; those who are not at-risk will be given a statement that a TB skin test was not necessary. Funding for the TB skin test at public health departments has been greatly reduced due to this policy. Further information concerning this policy can be found on the Center for Disease Control web site at http://www.cdc.gov/nchstp/tb/pubs/LTB/targetedtesting.htm.  

Clarification: The Division of Child Care is no longer requiring a TB skin test be performed on all child care staff. We will accept a statement from the local public health department or a health care professional that the individual does not need to be tested or the individual is free of active tuberculosis.  

If you have any further questions, you may contact Heather Richardson at 502-564-2524 or heatherC.richardson@ky.gov.  

CC: Jodi Davis, Department of Public Health  
Rob Hester, Division of Regulated Child Care
Letters to Parents: Table of Contents

Note: These letter templates are provided for your use to inform parents of illness in your center. Before sharing or sending, please review to ensure letters are consistent with your center's policies.

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If you have a suspected outbreak of an illness (except lice outbreaks), consult with the Northern Kentucky Health Department Epidemiology 859.363.2070.

Generally, an outbreak can be considered to be two or more unrelated (e.g. not sibling) children with the same diagnosis or symptoms in the same group (or classroom) within one week.

Note: Lice is not an infectious disease. It is included in this manual for your convenience, but not reportable to the Health Department.)
Chickenpox

Date: ____________________

Dear Parent or Guardian,

A person in our child care program has been diagnosed with chickenpox. If your child was at child care on the following dates, he/she may have been exposed to chickenpox:

__________________________
(Dates)

What causes chickenpox?
Chickenpox is caused by an infection with the Varicella (Zoster) virus.

What are the symptoms of chickenpox?
The symptoms of chickenpox are: feeling ill, fever, runny nose and a skin rash, which is often itchy. The rash begins on the chest, back, underarms, neck and face. It starts out as red bumps which turn into blisters within several hours. These blisters scab over after a few days.

How serious is chickenpox?
Though chickenpox is usually a mild disease, serious complications, such as pneumonia and skin infections, can occur. Before chickenpox vaccine was available, there were more than 4 million cases of chickenpox in the United States each year and approximately 100 people died each year of chickenpox complications. Chickenpox can be severe in newborns and those with weakened immune systems.

How does a person get chickenpox?
Chickenpox is a highly contagious disease. People get chickenpox by exposure to the droplets that come out the nose or mouth of a person with chickenpox when that person coughs or sneezes; exposure to the saliva of a person with chickenpox (sharing a cup or a toy), or by exposure to fluid from the chickenpox blisters.

How long does it take to come down with chickenpox after a person is exposed?
The illness usually appears between 14-16 days after exposure, but can occur as soon as 10 days and up to 21 days after exposure.

When are people with chickenpox contagious?
A person with chickenpox is contagious from one to two days before the rash develops until all the blisters have dried into scabs, usually about six days after the rash appears.

Can I keep my child from coming down with chickenpox?
A vaccine which can prevent chickenpox (Varicella vaccine) is available and is recommended for most children age 12 months of age or older who have not had chickenpox and a booster dose typically is given at 4-6 years. If Varicella vaccine is given within 3 days of exposure to chickenpox, and possibly for up to 5 days, it may prevent chickenpox or reduce the severity of disease. If your child has not received the Varicella vaccine or had chickenpox, contact your child’s health care provider and let them know your child may have been exposed to chickenpox. All healthy children 12 months through 12 years of age who have not had chickenpox should have two doses of chickenpox vaccine, given at least three months apart.
People 13 years of age and older who have not had the vaccine or the natural infection should get two doses of the vaccine four to eight weeks apart.

Good handwashing is very important to prevent the spread of chickenpox

What is the treatment for chickenpox?
If you suspect your child has chickenpox, consult your child’s health care provider for evaluation and treatment.

NOTE: Do not give aspirin or other salicylate-containing medications to any child or adolescent under 18 years of age because of the risk of Reye’s Syndrome, a serious complication associated with the use of aspirin in someone infected with chickenpox and other viral illnesses.

If my child develops chickenpox, how long must he/she stay away from child care?
Children who develop chickenpox must be excluded from the child care until all the blisters have dried and formed scabs (about a week after the onset of the rash) and until they feel well enough to participate in activities.

Can children get chickenpox a second time?
Rarely, children can get a very mild case the second time with fewer symptoms, but they still are contagious.

I am pregnant. I’ve never had chickenpox or received the Varicella vaccine, and I was exposed to someone with chickenpox. What should I do?
A pregnant woman who has never had chicken pox and has never received a Varicella vaccine, and who has been exposed to chickenpox should consult her doctor immediately.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.
Cytomegalovirus Infection

Date: ___________________

Dear Parent or Guardian,

Your child may have been exposed to cytomegalovirus (CMV) while at child care.

What causes CMV?
CMV is a viral infection very common in young children.

What are the symptoms of CMV?
Most people with CMV infection have no symptoms. Older children and adults may experience fever, sore throat, tiredness and swollen glands. People who have been infected with CMV develop lifelong antibodies to the virus; that is, they usually don’t get it more than once.

How serious is CMV?
CMV usually doesn’t harm children who become infected. For people with weakened immune systems, however, CMV can be more serious and a health care provider should be consulted. CMV may also cause problems for the fetus during pregnancy. Pregnant women exposed to CMV should contact their health care provider.

How does a person get CMV?
CMV is spread through contact with infected body fluids, such as saliva, urine and blood.

When is a person with CMV contagious?
People with CMV are contagious as long as the virus is in their body secretions, which can be for months.

How can I help prevent the spread of CMV?
- Wash hands well and often with soap and water, especially after changing diapers or using the toilet.
- Cover coughs and sneezes and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva.
- Prevent sharing of food, drinks and personal items that may touch the mouth, such as eating utensils, toothbrushes or towels.
- Avoid kissing children on the mouth.
- If you are pregnant, discuss CMV with your health care provider.

What is the treatment for CMV?
If you suspect your child has CMV, contact your child’s health care provider for evaluation. Healthy children and adults recover from CMV infection without any problems and treatment is not necessary. Treatment for CMV infection is usually needed only for people with weakened immune systems.

If my child develops CMV, must she/he stay away from child care?
No, as long as your child does not have any other symptoms that would require exclusion and feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools. 3rd Edition, American Academy of Pediatrics. 2013.

04/2013
Fifth Disease

Date: _______________

Dear Parent or Guardian,

Your child may have been exposed to fifth disease while at child care.

What is fifth disease?
Fifth disease is a mild rash illness caused by a virus called human parvovirus B19. Outbreaks of fifth disease occur often in child care settings and schools.

What are the symptoms of fifth disease?
Cold symptoms including headache, muscle aches or a slight fever may be present one to three weeks before a rash appears. An ill child usually develops bright red cheeks (slapped-cheek rash) followed by a lacy red rash on the arms, legs and trunk. Less commonly, a child may have an itchy rash on hands and feet. The rash usually gets better in seven to 10 days, but may come and go for days or even weeks. Adults with fifth disease may experience joint pain along with the rash. Some children and adults who are infected with the virus do not have any symptoms.

How serious is fifth disease?
Fifth disease is usually mild and goes away on its own. For people with weakened immune systems or sickle cell anemia and other inherited blood disorders, however, fifth disease can be more serious and a health care provider should be consulted. Fifth disease may also cause problems for the fetus during pregnancy. Pregnant women exposed to fifth disease should contact their health care provider.

How does a person get fifth disease?
The virus that causes fifth disease is found in respiratory secretions (fluids from the nose, mouth and throat). The virus is spread when a person comes into direct contact with those fluids from an infected person.

How long does it take to come down with fifth disease after a person is exposed?
It generally takes from four to 14 days from the time a person is infected for symptoms to begin, but can be as long as 21 days.

When is a person with fifth disease contagious?
People with fifth disease are contagious before the rash appears. Those with a rash are not contagious.
How can I help prevent the spread of fifth disease?
- Wash hands well and often with soap and water, especially after wiping a nose or mouth.
- Cover coughs and sneezes and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva.
- Prevent sharing of food, drinks and personal items that may touch the mouth, such as eating utensils, toothbrushes or towels.
- Keep your child home when she/he has a fever.

What is the treatment for fifth disease?
If you suspect your child has fifth disease, contact your child’s health care provider for evaluation and treatment. Usually, symptom relief (that is, relief of any fever, pain or itching) is the only treatment needed for fifth disease.

If my child develops fifth disease, must she/he stay away from child care?
No, as long as she/he does not have any other symptoms that would require exclusion and feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools. 3rd Edition, American Academy of Pediatrics. 2013.
Hand, Foot and Mouth Disease

Date: _______________

Dear Parent or Guardian,

Your child may have been exposed to hand, foot and mouth disease while at child care.

What causes hand, foot and mouth disease?
Hand, foot and mouth disease is a common illness of infants and children caused by a Coxsackievirus. It occurs mainly in children under 10 years old, but may occur in adults as well. It is most often seen in the summer or fall. It is not related to foot-and-mouth disease in animals and is only transmitted person-to-person.

What are the symptoms of hand, foot and mouth disease?
Symptoms of hand, foot and mouth disease include tiny blisters in the mouth and on the palms of the hands, soles of the feet and buttocks. The illness may also include fever, sore throat or cold symptoms. Mouth blisters may make eating or drinking difficult. Other symptoms such as vomiting and diarrhea can occur. An infected person may have none, few or all of the symptoms.

How serious is hand, foot, and mouth disease?
For almost all children the illness is mild. Symptoms are the worst in the first few days but are usually completely gone within a week. Early in the illness, some children become dehydrated because of the fever and mouth pain. Only in very rare cases does the virus responsible for hand, foot and mouth disease cause a severe illness such as viral meningitis or heart problems. Pregnant women and persons with weakened immune systems who are exposed to hand, foot and mouth disease should contact their health care provider.

How does a person get hand, foot and mouth disease?
The virus is found in the fluids from the nose, throat, blisters and stool of an infected child. Another child becomes infected when hands, food or toys contaminated with the virus are put into the mouth.

How long does it take to come down with hand, foot and mouth disease after a person is exposed?
It usually takes three to six days after exposure for symptoms to begin.

When is a person with hand, foot and mouth disease contagious?
A person is most contagious during the first week of illness, but the virus may be shed in stool for weeks.
How can I help prevent the spread of hand, foot and mouth disease?

- Wash hands well and often with soap and water, especially after wiping a nose or changing a diaper.
- Cover coughs and sneezes and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva.
- Prevent sharing of food, drinks and personal items that may touch the mouth, such as eating utensils, toothbrushes or towels.

What is the treatment for hand, foot and mouth disease?
If you suspect your child has hand, foot and mouth disease, contact your child’s health care provider for evaluation and treatment. Relief of any fever or pain is the only treatment available for hand, foot and mouth disease. To prevent dehydration, those with fever and mouth pain should drink plenty of fluids.

If my child develops hand, foot and mouth disease, must he/she stay away from child care?
No, as long as he/she does not have any other symptoms that would require exclusion and feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.
Impetigo

Date: ______________

Dear Parent or Guardian,

Your child may have been exposed to impetigo while at child care.

What is impetigo?
Impetigo is a very contagious skin infection caused by bacteria. It is common in young children and may be referred to as staph or strep. Found most often on the face, impetigo may be anywhere on the body.

What are the symptoms of impetigo?
Impetigo appears as small red pimples, then fluid-filled blisters with honey-colored scabs/crusts. These are usually found on the face, but may be anywhere on the body.

How serious is impetigo?
Impetigo can get worse without treatment, so contact your child’s health care provider for any symptoms of impetigo. Rarely, impetigo can lead to serious illness.

How does a person get impetigo?
The bacteria which cause impetigo are present in the sores and nasal secretions of an infected person. Someone can get impetigo either from direct contact with a person with impetigo or from touching something contaminated with the bacteria. Sometimes the bacteria infect the nose then spread to other parts of the body by scratching. Other times, the bacteria enter through an opening in the skin, such as a cut, scratch or insect bite.

How long does it take to come down with impetigo after a person is exposed?
Skin sores develop in seven to 10 days after bacteria attach to the skin.

When is a person with impetigo contagious?
A person with impetigo is contagious until treated with antibiotics for 24 hours, or until the sores are no longer present.

How can I help prevent the spread of impetigo?
- Wash hands well and often with soap and water, especially after touching sores or wiping a nose.
- Cover sneezes and coughs and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care.
- Prevent sharing of unwashed clothing, sheets, washcloths or towels.
- Wash clothing, sheets, washcloths and towels of person with impetigo in hot water.
- Keep infected area(s) covered with clothing or bandage(s) while at child care.
- Keep fingernails short (clip at home) to decrease spread by scratching.
• Clean all minor cuts and scrapes with soap and water.
• Bathe regularly with soap and water.

What is the treatment for impetigo?
If you suspect your child has impetigo, consult with your child’s health care provider for evaluation and treatment. Impetigo is treated with an antibiotic ointment or an oral antibiotic.

If my child develops impetigo, must he/she stay away from child care?
Yes, until he/she has taken antibiotics for at least 24 hours and feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.
Influenza (Flu)

Date: _______________

Dear Parent/Guardian,

We are seeing children with flu-like illness in our child care. Symptoms of flu include fever with cough or sore throat, runny or stuffy nose, body aches, headache, chills, mild pinkeye and tiredness. Some people also have vomiting, diarrhea or abdominal pain.

Here are some things that you and your family can do to help prevent the flu:

- Wash your hands often with soap and water, especially after coughing or sneezing or wiping noses.
- Cover your mouth and nose when you cough or sneeze. If you don’t have a tissue, cough or sneeze into your elbow or shoulder, not into your hands. Avoid touching your eyes, nose or mouth, as germs are spread this way.
- Get vaccinated for seasonal flu. The Centers for Disease Control and Prevention recommends everyone older than 6 months receive flu vaccine each year.

When is a person with flu contagious?
The contagious period is from the day before signs and symptoms appear until at least seven days after the onset of flu.

How is flu spread?
In most cases, flu spreads through direct contact from sneezing and coughing or indirect contact form contaminated hands and articles soiled with nose and throat secretions.

How serious is flu?
Most healthy people will recover fully from flu; however the young, the elderly and people with weakened immune systems are at risk for complications. Remember, influenza can be complicated by severe bacterial pneumonia both in children and older adults.

Treatment
If you suspect your child has flu, call your child’s health care provider for evaluation and treatment. Viral cultures may be taken. Antiviral drugs may be recommended.

NOTE: Do not give aspirin or other salicylate-containing medications to any child or adolescent under 18 years of age because of the risk of Reye’s Syndrome, a serious complication associated with the use of aspirin in someone infected with chickenpox and other viral illnesses.

If my child develops flu, must she/he stay away from child care?
If your child has flu symptoms, he/she can return to child care/school only after his/her fever has been gone for 24 hours without any fever-reducing medicines, including any medicine ibuprofen or acetaminophen, and he/she feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.

04-2013
Lice (Head Lice)

Date: ____________

Dear Parent/Guardian,

Today we discovered that a child at child care has head lice and/or nits (louse eggs). While head lice do not spread any disease, they pass easily from child to child, are uncomfortable, and are best dealt with right away. Your child must be free of lice before returning to child care.

What are head lice?

- Head lice are tiny insects that live on the scalp and crawl through the hair. They are gray, brown or black and can be difficult to see.
- Head lice live only on the heads of their human hosts. Lice need human blood to survive and most will die within 24 to 48 hours if they cannot find a meal. They do not infest pets, furniture, carpeting or toys, although they may live on these things for a day or so after leaving the scalp of a person with lice.
- Lice lay eggs (nits) on the hair close to the scalp. It takes about a week for the nits to hatch and just 10 days after hatching lice are capable of laying more eggs. Nits have to be on the hair near the scalp in order to hatch.
- Nits are oval shaped and most often can be seen in the hair behind the ears or near the neck. They cling to the hair and do not shake off like dandruff or other skin flakes.
- Head lice occur in all socio-economic groups and are not a sign of poor hygiene; they can infect anyone.

What are the symptoms of head lice?
Itching of the scalp, behind ears and neck is the most common symptom of lice. Nits may or may not cause itching. Hair must be closely examined to see if nits are present. There may be open sores and crusting on scalp and behind ears. Swollen glands may be present.

How are head lice spread?
- Most often by head-to-head contact with someone who has lice.
- By using a hat, clothing, comb, brush or bedding of someone who has lice.
- More rarely, by placing the clothing worn by someone who has lice close to the clothing of others (as in a coat closet).

How do I treat lice and nits?
Talk to your health care provider about treatment options for head lice. These include nontoxic treatments and insecticide shampoos. Some of these chemicals are toxic and should be used carefully and only as directed.
Removal of lice and nits by combing them out with a special fine toothed comb is very difficult and time consuming and is not necessary.
What else do I need to do?

- Check other household members and close contacts for lice for 21 days, and consider on-going weekly checks through the year. Treat other family members who have lice.
- Do not treat someone if you do not see live lice or nits in his/her hair.
- Wash all combs or brushes used by the person in extra hot (130° F) soapy water.
- Wash all clothing, (including coats, hats, scarves), and bedding used by the person with lice in the two days prior to treatment in extra hot water (130° F) or put in a dryer on high heat for at least 30 minutes. Dry clean items that are not machine washable.
- Pack non-washable items in a sealed plastic bag for two weeks to kill any lice that may have been dislodged onto those items.
- Vacuum upholstered furniture, carpets, bicycle helmets, sports helmets, and upholstered car seats used by the person(s) with lice in the two days prior to treatment. Don’t overdo it – lice are usually spread head-to-head, and are rarely transmitted through other objects.
- **Do not use lice or insecticide sprays!** They are not effective and may cause toxic or allergic reactions.

Notify your child care provider if you find lice or nits on your child’s hair. Your child may return to child care after treatment and when there are no live lice found.

This letter was created using the resource *Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.*
Methicillin Resistant Staphylocococcus Aureus (MRSA)/ Staph Infections

Date: ______________

Dear Parent or Guardian,

Your child may have been exposed to staph or MRSA while at child care.

What are Staph and MRSA?
Staph (Staphylococcus aureus) is a type of bacteria. MRSA (Methicillin-resistant Staphylococcus aureus, pronounced “mur-sa”) is a staph infection that may be more difficult to treat. Some healthy people have these bacteria living on their skin without any symptoms, but sometimes the bacteria can make a person sick.

What are the symptoms of staph and MRSA?
Staph and MRSA can cause skin infections that look like pimples, boils or spider bites. Infected skin can also be red, swollen, and painful and have pus or other drainage. Fever with these symptoms can indicate a more serious infection.

How serious are staph and MRSA?
Most staph and MRSA skin infections are minor and easily treated. More serious infections of staph and MRSA can cause wound infections, bloodstream infections or pneumonia.

How does a person get staph or MRSA?
Staph and MRSA are passed most often through skin-to-skin contact with an infected person. It is also possible to get a staph or MRSA infection from contact with items and surfaces that have been touched by someone who is infected. Staph (including MRSA) can enter the body through cuts or scrapes in the skin.

When is a person with staph or MRSA contagious?
A person is most contagious when infected wounds are open or have liquid drainage coming from them.

How can I help prevent the spread of staph or MRSA?
- Wash hands well and often with soap and water, both at the child care center and at home.
- Clean and disinfect surfaces that have come in to contact with wound drainage or pus.
- Keep cuts and scrapes clean and dry, and see a health care provider quickly for any possible skin infection.
- Keep all skin infections covered with clean, dry bandages.
- Keep cuts and scrapes clean and covered with clean, dry bandages.

04/2013
- Do not touch the cuts or bandages of others with bare hands. Use disposable gloves.
- Do not share unwashed personal items such as towels, washcloths, sheets or clothing.
- Wash any clothing, sheets and towels that have come into contact with infected wounds with detergent and hot water and dry in a hot dryer.
- If your health care provider recommends medicine for an infection, finish all of the medicine even if the infection looks better before then.
- Contact your health care provider if skin infections return, or if more family members get skin infections.

**What is the treatment for staph or MRSA?**
If you suspect your child has staph or MRSA, contact your child’s health care provider for evaluation and treatment. Most staph and MRSA infections are treated by good skin and wound care. A health care provider may drain pus from the infection to help it heal and may do a culture to determine the best choice of antibiotic. If an antibiotic is prescribed, it is important to finish all of it.

**If my child develops a staph or MRSA infection, must he/she stay away from child care?**
Yes, until he/she has been evaluated by a health care provider and
- Any infected skin is completely covered at all times with a clean, dry bandage that prevents access to the wound or wound drainage
- The child does not have any other symptoms (such as fever) that would require exclusion from child care and he/she feels well enough to participate in activities
- Any antibiotics prescribed have been taken for at least 24 hours.

This letter was created using the resource *Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.*
Molluscum Contagiosum

Date: _______________

Dear Parent or Guardian,

Your child may have been exposed to molluscum contagiosum while at child care.

What is molluscum contagiosum?
Molluscum contagiosum is a skin infection caused by a virus.

What are the symptoms of molluscum contagiosum?
Molluscum contagiosum appears as small bumps on the skin. The bumps often have a waxy, white or pinkish look and a small pit in the center. A person may have only a few bumps or many. The bumps spread to different parts of body by scratching a bump and touching another part of the body. Without treatment, the bumps usually go away after a few months, although they can last up to two years.

How serious is molluscum contagiosum?
Molluscum contagiosum is contagious but harmless. The bumps do not leave scars.

How does a person get molluscum contagiosum?
Someone usually gets molluscum contagiosum from direct contact with a bump on an infected person. A towel or other object used by an infected person may also spread the virus.

How long does it take to come down with molluscum contagiosum after a person is exposed?
Bumps appear weeks to months after exposure to the virus.

When is a person with molluscum contagiosum contagious?
It is unknown how long a person with molluscum contagiosum is contagious, but it may be as long as the skin bumps are present.

How can I help prevent the spread of molluscum contagiosum?
- Wash hands well and often with soap and water, especially after touching bumps.
- Clean, rinse and sanitize toys regularly at child care.
- Prevent sharing of unwashed clothing, sheets, washcloths or towels.
- Wash clothing, sheets, washcloths and towels of person with molluscum contagiosum in hot water.
- Keep infected area(s) covered with clothing or bandage(s) while at child care.
- Keep fingernails short (clip at home) to decrease spread by scratching.
What is the treatment for molluscum contagiosum?
If you suspect your child has molluscum contagiosum, contact your child’s health care provider for evaluation. There is no way to kill the virus that causes molluscum contagiosum, but it usually goes away on its own.

If my child develops molluscum contagiosum, must he/she stay away from child care?
No, as long as he/she does not have any other symptoms that would require exclusion and feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.
Mononucleosis

Date: ______________

Dear Parent or Guardian,

Your child may have been exposed to infectious mononucleosis (also called “mono”) while at child care.

What is infectious mononucleosis?
Infectious mononucleosis is a viral infection usually caused by the Epstein-Barr virus.

What are the symptoms of infectious mononucleosis?
Young children who are infected often have no symptoms, but some may have fever, sore throat, tiredness, swollen glands (especially behind the neck) or a rash.

How serious is infectious mononucleosis?
Infectious mononucleosis is usually a mild illness in infants and young children. Worse symptoms are often seen in young adults. Rarely, the infection can cause a severe illness, particularly in those with weakened immune systems.

How does a person get infectious mononucleosis?
Because the virus is in saliva, it is easily spread by toys that an infected child has put in the mouth. Sharing drinks and kissing are other common ways of spreading the virus. People with mononucleosis should not give blood or prepare food for others.

How long does it take to come down with infectious mononucleosis after a person is exposed?
Symptoms appear four to six weeks after a child is exposed.

When is a person with infectious mononucleosis contagious?
A person with infectious mononucleosis may be able to spread the infection for weeks; some healthy people can shed the virus on and off throughout life.

How can I help prevent the spread of infectious mononucleosis?
- Wash hands well and often with soap and water, especially after touching saliva or items contaminated with saliva.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva.
- Prevent sharing of food, drink and personal items which may touch the mouth, such as eating utensils, toothbrushes or towels.
- Avoid kissing children on the mouth.

What is the treatment for infectious mononucleosis?
If you suspect your child has infectious mononucleosis, contact your child’s health care provider for evaluation and treatment. The illness usually gets better on its own without any treatment.

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Sometimes treatment with medication is needed for severe symptoms and bed rest is recommended.

**If my child develops infectious mononucleosis, must he/she stay away from child care?**
No, as long as he/she feels well enough to participate in activities and does not have fever or other symptoms that require exclusion.

This letter was created using the resource *Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.*
Oral Herpes (Cold Sores)

Date: ___________________

Dear Parent or Guardian,

Your child may have been exposed to cold sores while at child care.

What causes cold sores?
Cold sores (also called fever blisters) are most often caused by the herpes simplex virus (type 1).

What are the symptoms of cold sores?
Cold sores usually appear in the mouth or around the lips. They begin as blisters with clear fluid, and then crust over. They may be accompanied by fever and irritability, as well as tender and swollen lymph nodes (swollen glands).

How serious are cold sores?
Cold sores can be painful but are rarely serious. Newborn infants and persons with weakened immune systems can become severely ill from the virus, so it is important to protect them from cold sores. Rarely, a very serious eye infection can result when people with the virus on their hands spread it by touching their eyes.

How does a person get cold sores?
The virus that causes cold sores is spread when fluid from the sores or saliva from an infected person comes in direct contact with another person’s skin, nose, mouth or eyes.

How long does it take to come down with cold sores after a person is exposed?
Cold sores can appear two days to two weeks after exposure.

When is a person with cold sores contagious?
During the first infection with the virus that causes cold sores, a person is infectious for at least a week, especially while sores are open. After the sores heal, a person is less infectious but can sometimes still spread the virus for several weeks. A person who has had cold sores before will be most contagious for three to four days after the cold sores first reappear.

How can I help prevent the spread of cold sores?
- Wash hands well and often with soap and water, especially after touching sores or wiping a nose.
- Cover coughs and sneezes and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva or the mouth of a child.
- Prevent sharing of food, drink and personal items which may touch the mouth, such as cups, eating utensils, toothbrushes or towels.
• Cover sore(s) with bandage(s) when possible.
• Avoid kissing anyone with cold sores on the mouth.
• Prevent persons with cold sores from kissing others, especially infants.

**What is the treatment for cold sores?**
If you suspect your child has cold sores, contact your child’s health care provider for evaluation and treatment. There is no cure for cold sores. Sores heal by themselves if they are kept clean and dry and do not become infected by bacteria. Some children become dehydrated because of mouth pain. Encourage children to drink plenty of fluids to prevent dehydration.

**If my child develops cold sores, must she/he stay away from child care?**
Infants and toddlers generally must stay home because of their tendency to put toys and other items in their mouths. Older children can attend child care as long as they have control of drooling, do not have any other symptoms that would require exclusion and feel well enough to participate in activities.

This letter was created using the resource *Managing Infectious Diseases in Child Care and Schools. 3rd Edition*, American Academy of Pediatrics. 2013.
Pinkeye (Conjunctivitis)

Date: _______________

Dear Parent or Guardian,

Your child may have been exposed to conjunctivitis, commonly known as pinkeye while at child care.

What is pinkeye?
Pinkeye is the inflammation (redness, swelling) of the outer layer of the eye and lining of the eyelid. There are several causes of pinkeye. Sometimes it is caused by viruses or bacteria that can be spread from person to person. Allergic and chemical pinkeye are caused by irritation and are not contagious.

What are the symptoms of pinkeye?
A person with pinkeye has redness in one or both eyes with draining fluid. The fluid may be clear and watery (like tears) or a thicker, white or yellow pus. The eyelids may be matted together after sleep. Sometimes the eyes are itchy or painful. Some viruses and bacteria that cause pinkeye also cause fever, cough and ear infections.

How serious is pinkeye?
Viral and bacterial pinkeye usually go away after a few days and very rarely lead to serious eye damage.

How does a person get pinkeye?
Pinkeye from viruses and bacteria is easily spread by contact with fluid from the eyes, nose and mouth of an infected person. This can be through person-to-person contact, or through contact with a contaminated toy or other object.

How long does it take to come down with pinkeye after a person is exposed?
The amount of time between being exposed to pinkeye and showing symptoms varies depending on the cause.

When is a person with pinkeye contagious?
Bacterial pinkeye is contagious until 24 hours after antibiotics are started or symptoms are gone. Viral pinkeye is contagious until the eye redness and drainage are gone.

How can I prevent my child or others from coming down with pinkeye?
- Wash hands well and frequently, especially after wiping the eyes or nose or being in contact with someone with pinkeye.
- Cover coughs and sneezes and put used tissues into a trash can.
- Avoid unnecessarily touching eyes.
• Prevent sharing of food, drinks and other items that may touch the mouth, such as eating utensils, toothbrushes or towels.
• Wash dishes and utensils thoroughly in hot soapy water or a dishwasher.
• Wash, rinse and sanitize toys that touch the mouth of a child before use by other children.

**What is the treatment for pinkeye?**
If you suspect your child has pinkeye, contact your child’s health care provider for evaluation and treatment. Bacterial pinkeye is treated with antibiotic ointment, eye drops or sometimes oral antibiotics for children who also have ear infections. Viral pinkeye has no treatment.

**If my child develops pinkeye, must he/she stay away from child care?**
No, unless, the child is unable to participate and staff determines that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group. Children with pinkeye should also be excluded if they meet other exclusion criteria, such a fever with behavior change, if there is a recommendation of the health department or the child’s health professional, or if the child does not feel well enough to participate in activities.

This letter was created using the resource *Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.*
Respiratory Syncytial Virus (RSV)

Date: _________________

Dear Parent or Guardian,

Your child may have been exposed to respiratory syncytial virus (also called RSV) while at child care.

What is RSV?
RSV is a common cause of respiratory illness among individuals in all age groups. Infection usually causes cold symptoms, but often in infants and younger children, RSV infection spreads to the lungs and may lead to bronchiolitis (inflammation of the small airways in the lungs) and pneumonia. Almost all children are infected at least once with RSV by 2 years of age, and reinfection during life is common.

What are the symptoms of RSV?
Children and infants who are infected often have a runny nose and a decrease in appetite before any other symptoms appear. A cough usually develops 1 to 3 days later. Soon after the cough develops, sneezing, fever and wheezing can occur. In very young infants, decreased activity, poor feeding, irritability and breathing problems might be the only symptoms.

How serious is RSV?
Most infants and children recover from RSV in 1 to 2 weeks. A very small percentage of children require hospitalization. Adults usually recover from RSV in less than 5 days. Children with weakened immune systems, prematurity, or heart or lung problems have greater difficulty when ill with this infection.

How does a person get RSV?
RSV is highly contagious and can be spread when droplets containing the virus are sneezed or coughed into the air. RSV can live on inanimate objects (such as cribs, doorknobs or table tops) for many hours. Infection can be easily spread when a person gets the virus on his/her hands while touching a contaminated object, then touches his/her eyes, nose or mouth.

How long does it take to come down with RSV after a person is exposed?
Symptoms appear in two to eight days (but usually four to six days) after a child is exposed to the virus.

When is a person with RSV contagious?
A person with RSV can spread the infection for three to eight days or the duration of the illness. In some cases, however, the virus continues to be shed for up to three to four weeks.
How can I help prevent the spread of RSV?
- Wash hands well and often with soap and water, especially after wiping a nose or touching oral or nasal secretions.
- Clean, rinse and sanitize toys and surfaces regularly at child care (especially mouthed toys).
- Do not expose children to cigarette smoke because it can worsen the symptoms of RSV.

What is the treatment for RSV?
Contact your child's health care provider for evaluation and treatment. There is a lab test for RSV. The illness usually gets better on its own without any treatment. Sometimes physicians may prescribe medications for severe symptoms. Infants who have a serious infection may be treated with an antiviral drug. Preventive injections are available for certain infants at high risk for severe RSV, including some babies born prematurely and those with certain chronic lung or heart disease.

All children should be protected from exposure to tobacco smoke, and special efforts to avoid tobacco smoke are warranted for children at risk for RSV.

**NOTE:** Do not give aspirin or other salicylate-containing medications to any child or adolescent under 18 years of age because of the risk of Reye’s Syndrome, a serious complication associated with the use of aspirin in someone infected with chickenpox and other viral illnesses.

If my child develops RSV, must he/she stay away from child care?
Children with severe respiratory illness or fever should not attend child care until all symptoms have resolved and the child feels well enough to participate in activities.

This letter was created using the resource *Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.*

04/2013
Roseola

Dear Parent or Guardian,

Your child may have been exposed to roseola while at child care.

What is roseola?
Roseola is a common rash illness of young children, primarily occurring between 6 and 24 months of age. It is caused by a virus. Almost all children have been infected by this virus by the time they are 4 years old.

What are the symptoms of roseola?
Roseola begins with a high fever (above 103°F) lasting three to seven days. A red, raised rash becomes apparent the day the fever breaks (usually the fourth day) and then lasts from hours to several days.

How serious is roseola?
Children usually recover fully from roseola.

How does a person get roseola?
The virus that causes roseola is transmitted person-to-person, most likely through respiratory secretions (fluids from the nose, mouth or throat) from a healthy adult.

How long does it take to come down with roseola after a person is exposed?
The symptoms of roseola usually appear nine to 10 days after exposure.

When are people with roseola contagious?
The exact contagious period of roseola is unknown.

How can I keep my child from coming down with roseola?
- Wash hands well and often with soap and water.
- Cover coughs and sneezes and put used tissues in a trash can.

Treatment
If you suspect your child has roseola, consult your child’s health care provider for evaluation and treatment.

If my child develops roseola, must he/she stay away from child care?
No, if he/she feels well enough to participate in activities and no longer has fever or other symptoms that require exclusion.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.

04/2013
Scabies

Date: _______________

Dear Parent or Guardian,

Your child may have been exposed to **scabies** while at child care.

**What is scabies?**
Scabies is an infestation by tiny mites (small insects) which dig into and lay eggs under the skin.

**What are the symptoms of scabies?**
- Intense itching, usually worse at night.
- Reddened, raised lines, bumps or blisters on the skin, especially in skin folds (between the fingers and toes, on the elbow, under the arms, behind the knees, on the groin and on the stomach).
- In young children, a rash on the head, neck, palms of hands, soles of feet or all over the body.

**How serious is scabies?**
Scabies is uncomfortable and a nuisance, but not dangerous. However, scratching sometimes leads to bacterial infection of the skin.

**How does a person get scabies?**
Scabies spreads from person-to-person through skin-to-skin contact. A person can also get scabies from using a towel, bedding or clothing of a person who is infested with scabies.

People do not get scabies from pets. Pets get a different kind of scabies – also known as mange.

Scabies affects people from all socio-economic levels without regard to sex, age or personal hygiene.

**How long does it take to come down with scabies after a person is exposed?**
A person who has never had scabies will have symptoms four to six weeks after contact with a person or object infested with scabies. A person who has had scabies before will have symptoms one to four days after exposure.

**When is a person with scabies contagious?**
A person with scabies is contagious until treated.

**How can I prevent my child or others from coming down with scabies?**
- Avoid prolonged skin-to-skin contact with someone with scabies.
• Check for symptoms on everyone who has had skin-to-skin contact with someone with scabies.
• Prevent sharing of unwashed clothing, bedding, washcloths and towels.
• Wash clothing, bedding, washcloths, and towels used by a person with scabies with hot water and dry in a hot dryer. Include all towels, bedding, and clothing used for at least four days before treatment.
• Put cloth items that cannot be washed into a plastic bag and keep bag tightly closed for at least seven days.
• Vacuum carpets, rugs and furniture with cloth coverings.

What is the treatment for scabies?
If you suspect your child has scabies, contact your child’s health care provider for evaluation and treatment. Scabies is treated with mite-killing creams or lotions. Medication to relieve itching is also often needed. Scabies will not go away without treatment.

If my child develops scabies, must he/she stay away from child care?
Yes, until after treatment is completed (usually overnight) and when your child feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.
Streptococcal Sore Throat or Scarlet Fever

Date: ______________

Dear Parent or Guardian,

Your child may have been exposed to strep throat or scarlet fever while at child care.

What causes strep throat?
Strep throat is caused by bacteria called Group A streptococcus. When strep throat comes with a certain kind of rash, it is called scarlet fever. Children under 2 years old very rarely get strep throat. In some children who are strep carriers, the bacteria live in the nose and mouth without causing any symptoms or illness.

What are the symptoms of strep throat?
- Red, painful throat
- White or yellow patches on the tonsils
- Fever
- Stomach ache
- Headache
- Tender, swollen neck glands
- Decreased appetite

What are the symptoms of scarlet fever?
The same as strep throat, plus a fine red raised rash that looks like sunburn and feels like sandpaper, most often in armpits and groin area. Sometimes as the rash gets better, the skin peels a little bit.

How serious is strep throat?
If not treated, strep throat can lead to complications such as ear infections, sinusitis, abscesses in the tonsils or swollen glands and more serious complications involving the kidneys and heart.

How does a person get strep throat?
Strep bacteria are spread through respiratory secretions (fluids from the nose, mouth and throat). They can be passed directly from person-to-person by touching a contaminated surface or via the air.

How long does it take to come down with strep throat after a person is exposed?
It usually takes two to five days after exposure for symptoms to develop.

When is a person with strep throat contagious?
A person with strep throat is most contagious until 24 hours after the start of antibiotic treatment.

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How can I prevent my child or others from coming down with strep throat?

- Wash hands well and frequently, especially after wiping a nose or being in contact with someone who has strep throat.
- Cover coughs and sneezes and put used tissues into a trash can.
- Prevent sharing of food, drinks and other items that may touch the mouth, such as eating utensils, toothbrushes or towels.
- Wash dishes and utensils thoroughly in hot soapy water or a dishwasher.
- Wash, rinse and sanitize toys that touch the mouth of a child before use by other children.
- Make sure all of prescribed antibiotics are taken, even if a person feels better before the medicine is finished.

What is the treatment for strep throat?
If you suspect your child or other family members has strep throat, contact a health care provider for evaluation and treatment. A throat culture or rapid strep test is the only way to be certain of the diagnosis. Strep throat infections are usually treated with an oral antibiotic that helps a child feel better sooner and helps prevent more serious illness. A child with strep throat should drink plenty of fluids.

If my child develops strep throat, must he/she stay away from child care?
Yes, until at least 24 hours after starting antibiotics, fever is gone, and he/she feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.
Thrush (Candidiasis)

Date: _______________

Dear Parent or Guardian,

Your child may have been exposed to thrush while at child care.

What is thrush?
Thrush is a yeast infection produced by the Candida albicans organism causing mouth infections in young infants.

What are the symptoms of thrush?
Children with thrush have white patches on the inside of cheeks, gums and tongue. These patches generally are painless and usually cause no other symptoms.

How does a person get thrush?
The fungus that causes thrush normally lives in the mouths of many healthy children and adults. Sometimes the fungus overgrows in the mouth and thrush develops. Infants are more likely to get thrush because their immature immune systems are not as good at keeping down fungus levels as older children. Thrush and other yeast infections also occur more often in people taking antibiotics and those with weakened immune systems. The fungus can be spread by contact with the saliva of an infected person.

When is a person with thrush contagious?
A person with thrush is contagious before treatment, but as mentioned above, many people have the fungus that causes thrush without having any symptoms.

How can I prevent my child or others from coming down with thrush?
- Wash hands well and frequently.
- Wash, rinse and sanitize toys that touch the mouth of a child before use by other children.
- Boil bottles, nipples and pacifiers of a child with thrush. Nipples and pacifiers may need to be thrown away if thrush won’t go away with treatment or if it reoccurs.

Treatment
If you suspect your child has thrush, consult your child’s health care provider for evaluation and treatment. An antifungal medicine may be recommended.

If my child develops thrush, must he/she stay away from child care?
No, as long as the child has no other symptoms that would require exclusion and he/she feels well enough to participate in activities.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.
Yeast Diaper Rash (Candidiasis)

Date: _______________

Dear Parent or Guardian,

Your child may have been exposed to yeast diaper rash while at child care.

What is yeast diaper rash?
Yeast diaper rash is a shiny red rash, pinker than usual skin or red bumps in the diaper area that may be caused by yeast called Candida albicans. There are other causes of diaper rash that produce a similar skin appearance but are not caused by this infection.

What are the symptoms yeast diaper rashes?
A yeast infection of the diaper area is very red, often contains red pimples, may be shiny in appearance and may be worse in skin folds. Sores and cracking or oozing skin may be present in severe cases. Yeast infections of the diaper area may be very uncomfortable.

How does child get yeast diaper rash?
Candida albicans is present in the intestinal tract and mucous membranes of healthy people. Yeast thrives in warm places of the body, such as the diaper area. Yeast infections also occur more often in children taking antibiotics and those with weakened immune systems. Repetitive or severe yeast diaper rash could signal immune problems.

When is a child with yeast diaper rash contagious?
The incubation period is unknown. The yeast that infects the diaper area is widespread in the environment, normally lives on the skin, and is found in the mouth and stool.

How can I prevent my child or others from coming down with yeast diaper rash?
• Wash hands well and frequently.
• Keep skin in diaper area as clean and dry as possible and reduce friction by frequent diaper changes and exposing skin to air (taking diaper off for periods of time).

Treatment
If you suspect your child has a yeast diaper rash infection, consult your child’s health care provider for evaluation and treatment. Anti-fungal medicine may be recommended.

If my child develops yeast diaper rash, must he/she stay away from child care?
No, as long as child feels well enough to participate in activities and does not require an amount of care that compromises the staff’s ability to care for other children.

This letter was created using the resource Managing Infectious Diseases in Child Care and Schools, 3rd Edition, American Academy of Pediatrics. 2013.
Summer Safety

POOL SAFETY

- Don’t let children swim when with diarrhea. They can spread germs in the water and make other people sick.
- Don’t swallow the pool water and avoid getting water in mouth.
- Practice good hygiene. Shower with soap before swimming and wash your hands after using the toilet or changing diapers. Germs on your body end up in the water.
- Change diapers in a bathroom or a diaper-changing area and not at poolside. Germs can spread in and around the pool.

PREVENT SUNBURNS

*Rub on sunscreen, put on a hat, and cover up!*

- Use sunscreen with at least SPF 15 and UVA/UVB protection every time your child goes outside.
- For most effective protection, apply sunscreen generously 30 minutes before going outdoors.
- Take sunscreen with you to reapply during the day, especially after your child swims or exercises.

BIKE SAFETY

- Wear a properly fitted bicycle helmet
- See and be seen—always wear neon, fluorescent other bright colors, or something that reflects light when riding day or night.
- Avoid riding at night.

TRAVEL

- Research the area you are visiting to know what risk there might be.
- Make sure your child is up to date on immunizations and ask Pediatrician if they need any travel vaccines.
- Remember prescription medications
- Plan to bring car seats because they may not be available.

ANIMAL BITES

*Tell children to never touch unfamiliar or wild animals*

- In the United States, more raccoons have rabies than other wild animals, but it is bites from bats that most often cause rabies in people.
- If your child is bitten, wash out the wound for five minutes with soap and water and then him/her to a doctor right away.

MORE INFO

Learn more at [http://www.nkyhealth.org/Summer-Safety.aspx](http://www.nkyhealth.org/Summer-Safety.aspx)
Be Sure Your Child Care Setting Is As Safe As It Can Be

- All licensed child care centers must post this notice with the Consumer Product Safety Program information in a prominent location within the center.

According to the U.S. Consumer Product Safety Commission about 31,000 children, 4 years old and younger, were treated in U.S. hospital emergency rooms for injuries at child care/school settings in 1997. CPSC is aware of at least 56 children who have died in child care settings since 1990.

- **RECALLED PRODUCTS:** Check that no recalled products are being used in your child care center or home.

  *Recalled products pose a threat of injury or death. Displaying a list of recalled products will remind child care providers and parents to remove or repair potentially dangerous children's toys and products.*

The U.S. Consumer Product Safety Commission is charged with protecting the public from unreasonable risks of serious injury or death from thousands of types of consumer products under the agency’s jurisdiction. The CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard or can injure children. The CPSC’s work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters, and household chemicals - contributed significantly to the 30 percent decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

**For additional information about recalled products or to report a potentially unsafe product, call the U. S. Consumer Product Safety Commission toll-free at 1-800-638-2772, or visit the commission’s web site at [www.cpsc.gov](http://www.cpsc.gov)**

The Consumer Product Safety Program
Environmental Management Branch
275 East Main Street, HS1C-D
Frankfort, Ky. 40621

[http://chfs.ky.gov/dph/info/phps/productsafety.htm](http://chfs.ky.gov/dph/info/phps/productsafety.htm)
## Diaper Changing Steps

1. **CHECK** to see if all of your supplies are ready.

2. **PUT** gloves on.


4. **CLEAN** child's bottom from front to back.

5. **PUT** disposable diaper in a lined, covered trash can.

6. **REMOVE** soiled gloves and put in a lined, covered trash can.

7. **USE** disposable wipes to clean your hands, then child’s hands.

8. **DIAPER** and dress the child.

9. **WASH** the child’s hands with liquid soap and warm water for 20 seconds.

10. **RETURN** child to a supervised area.

11. **CLEAN** and **SANITIZE** diaper changing area AND all toys or objects touched during the diaper change.

12. **WASH** your hands with liquid soap and warm water for 20 seconds.

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Revised 1/05

**Job Aid HSS 3.4**
1. Wash hands with liquid soap and warm running water for 20 seconds.
2. Check to see if all of your supplies are ready and put on gloves.
3. Lay child on table. **Never leave child unattended.**
4. Clean child’s bottom from front to back.
5. Put disposable diaper in a hands free, covered, plastic-lined trash can.
6. Remove soiled gloves and put in a hands free, covered, plastic-lined trash can.
7. Use disposable wipes to clean your hands and another clean wipe to clean the child’s hands.
8. Diaper and dress the child.
9. Wash the child’s hands with liquid soap and warm running water for 20 seconds.
10. Dry the child’s hands with a hand-drying blower or single use disposable hand drying material/paper towels. Turn faucet off with paper towel.
11. Return the child to supervised area.
12. Clean with soap and water: the diaper changing surface and any toys or object touched during the diaper change. Rinse with water.
13. Disinfect the same area with bleach and water solution. Allow the solution to air dry two minutes before wiping up.
14. Wash your hands with liquid soap and warm running water.
Hand Washing Procedure

1. WET hands with warm water.

2. RUB hands together with liquid soap for 20 seconds.

3. CLEAN “easy-to-miss” areas (under fingernails and rings, between fingers, back of wrists).

4. RINSE hands completely under warm water.

5. DRY hands completely with paper towels.

6. TURN off faucet with paper towel.

7. THROW towel in trash can.
Hand Washing Steps

How to do it

1. Wet hands with warm running water.
2. Apply liquid soap to your hands.
3. Rub hands vigorously, remembering to wash backs and palms of hands, between fingers, under fingernails, and around wrists.
4. Wash hands for at least 20 seconds. Sing “Happy Birthday” or “Row, Row, Row Your Boat” twice.
5. Rinse hands under warm running water.
6. Dry hands with hand-drying blower or single use disposable hand drying material/paper towels.
7. Turn the faucet off with the paper towel.
8. Discard paper towel in a hands free, covered, plastic-lined trash can.

When to do it

1. When you arrive.
2. Before and after you eat; before you prepare or serve food, or set the table.
3. Before you prepare or give medication.
4. After using the toilet; before and after diaper changes.
5. After you handle items or children soiled with body fluids or waste.
6. After you cough, sneeze, or blow your nose.
7. After playing with or caring for a pet.
8. After playing outside.
9. Before and after using water tables or using moist items such as clay.
10. Whenever hands look, feel, or smell unclean.
When Do I Need a Food Permit?

While many child care providers use caterers for meals and snacks, some providers are still unsure as to what constitutes food service and when a permit is required. This information aims to provide some clarification on that issue.

**Licensed child care centers** typically must have a food service permit from their local Health Department if they prepare food on site. The Kentucky State Retail Food Code spells out the conditions. The food code states that if a facility: 1) engages in some degree of food preparation on the premises, and 2) offers the prepared food for consumption; then they must obtain a food permit.

Food preparation includes heating, reheating, cooking, chilling, cutting or otherwise processing food. Any one of these activities would require a permit to operate a food service establishment. So, if a provider cuts up vegetables or prepares a salad, the facility would need a food permit. For instance, If you use utensils, like knives, and clean and sanitize those utensils on site prior to use or re-use, that constitutes food preparation and requires a permit. However, if you use disposable plastic utensils and throw them away after using them for food preparation each time, this does not require a permit.

If you clean and sanitize bottles, sippy cups, or containers for food, you also need a permit. Keeping food in a refrigerator and/or hot storage unit and either dispensing or portioning out that food using your own utensils requires a permit as well.

However, dispensing simple non-perishable items such as store-bought crackers and granola bars does not require a permit.

We realize that these conditions are rather strict, but children’s immune systems are not fully developed, making them more susceptible to food-borne illnesses. Following proper food safety practices is one way you can protect the children that you care for.

If you have specific questions about practices in your facility and whether a food permit is required, please contact your local county Health Department.