

Preventing Illness in Child Care and Early Learning Programs: A Checklist for Administrators

How to use this checklist: This checklist provides strategies early learning program administrators and teachers can use to prevent and control the spread of illness. It lists the rationale (the **Why?**), as well as the action step (**What should I do?**) to take for each strategy. Many of the strategies suggest using support tools, which can be found on our website: kingcounty.gov/childcare. **You might find it useful to print the tools from the links below so you have them available when you need them.** To learn more about illnesses and how they spread, please see the additional information at the end of the checklist.

Share Information with Staff and Families

Why is this important? Sharing information provides reminders before there are issues, helps keep expectations clear about when people need to go home or stay home, and prevents surprises about rules and policies.

What should I do?

- Share your program's sickness policy with staff and families, including:
 - when a child will be sent home due to illness, when they need to stay home, and when they can return to the program.
 - that staff and families are responsible for reporting illness and symptoms to the child care program.
 - that staff, not families, will make the final decision on whether sick children will attend child care.
- Share and post the "[Keep Me Home If...](#)" poster (Translations available at kingcounty.gov/childcare under the "Disease Prevention" icon.)
- Remind families that child care providers are required to separate ill children or staff from others or send them home if they have symptoms such as fever, vomiting, diarrhea, or other symptoms listed in the [WAC 110-300-0205](#).
- Post signs to educate staff and families about important ways to reduce the spread of germs. Examples include:
 - Keep Me Home If poster
 - [Hand washing posters](#) from DOH (also available in: [Arabic](#), [Bengali](#), [Cambodian](#), [Chinese](#), [Hindi](#), [Korean](#), [Nepalese](#), [Russian](#), [Spanish](#), [Turkish](#), [Ukrainian](#), and [Vietnamese](#))
 - [Covering coughs and sneezes poster](#) from DOH (also available in: [Spanish](#))

Encourage Vaccinations

Why is this important? Up-to-date vaccination helps provide immunity (protection) against both life-threatening and common diseases. It also prevents diseases that are currently rare in the United States from occurring more often.

What should I do?

- Share information about [vaccines that are required for child care and early learning](#) with families.
- Keep a list of children and staff with vaccine exemptions in case there is an outbreak of a vaccine-preventable illness in the program or community.
 - The **Childhood Immunizations Toolkit** is written to support child care and early learning providers in Washington. This Toolkit is available in [English](#), [Chinese](#), [Russian](#), [Somali](#), [Spanish](#), [Ukrainian](#), and [Vietnamese](#). It includes:
 - Information about vaccines and the diseases they prevent
 - Information about child care and school vaccination requirements
 - Sample responses to common concerns about vaccination
 - Tips for communicating with vaccine hesitant families

Plan Ahead for Illness

Why is this important? If someone gets sick at your program, you know what steps to take to help prevent other people from getting sick.

What should I do?

- Establish a daily process for identifying and sending home children and staff who become sick. Things to consider:
 - When will teachers do daily checks for illness (per WAC)?
 - Where will the child wait, ideally away from others, for family to pick them up if they are sick?
 - Who will wait with child while the family is coming to pick them up?
- Make a plan in case illness affects staffing and ratios.
- Have [Illness Logs](#) printed to help track absences and symptoms among different groups and classrooms. (Translations available at kingcounty.gov/childcare under the “Disease prevention” icon.)

When Illness Occurs

At some point, even if you’ve taken steps to prevent it, illness is going to occur in your program. When illness occurs, here are some steps to take to prevent further spread:

- Send home children and staff who become sick at the program.

- Fill in the [Illness Log](#) to help track symptoms among different groups and classrooms. (Translations available at kingcounty.gov/childcare under the “Disease prevention” icon.)
- Notify families in writing (email, printed copy given to families, printed copy posted in the classroom) when there has been an exposure in a classroom to **any contagious illness**. This includes:
 - suspected or confirmed cases of any conditions on the [Notifiable Conditions List](#) and
 - any contagious illness diagnosed by a healthcare provider.
 - Letters for common contagious illnesses in child cares are available at kingcounty.gov/childcare under the “Disease prevention” icon.
- Report any suspected or confirmed illness on the [Notifiable Conditions list](#) to your local health jurisdiction, as required by state law.
 - Child care and early learning WAC requires programs to **report cases of varicella (chickenpox) and other vaccine-preventable diseases** to their local health jurisdiction, as well.
 - Child care programs in King County can call the Communicable Disease, Epidemiology, and Immunization (CD/E) section at Public Health – Seattle & King County (PHSKC) at 206-296-4774 to report. Identify yourself as a child care provider.
- Consult with a child care nurse consultant:
 - If an unusual number of children and/or staff are ill (for example, if more than 10% of children in a program, or most of the children in the toddler room), even if the illness is not on the Notifiable Conditions list above or has not yet been confirmed by a health care provider.
 - This is not required, but we are here to support you.
 - To contact the PHSKC Child Care Health Program, email CCHP.Support@kingcounty.gov.

More Information on Illnesses and How They Spread

Communicable diseases – illnesses that spread from one person to another – can only spread if three things are present: a germ, a person who is more likely to get the germ or get sick if they get the germ in their body, and a way for the germ to move to a person. Child care and early learning programs have all three elements, but this checklist aims to provide strategies to reduce them.

The **germs** discussed in the checklist are viruses, bacteria, fungi, or parasites that may cause illness.

There are many reasons **a person may be more likely to get a germ**. In child care, children are close together and are more likely to put objects in their mouth, both of which make them more likely to get germs into their body. Not washing hands (or not washing them well enough) makes it more likely for germs to get into a person's body. Open wounds or uncovered cuts are also a risk factor because they can allow germs to enter someone's body.

When germs move from one person and get into another person's body, it is called **transmission**. There are three main types of transmission that are common in child care, including:

- **Droplet transmission** – This occurs when a person with certain respiratory viruses or bacterial infections releases droplets from their coughs, sneezes, saliva, or fluid from a runny nose into the air, onto surfaces, or directly onto mucous membranes in the eyes, nose, or mouth. These respiratory droplets carry the virus or bacteria, but they usually don't travel more than 3 to 6 feet because they are relatively large and heavy. Another person can get the germs into their body if the droplets land directly into their mucus membranes (eyes, nose, or mouth), or by touching a surface or object that has the droplets on it and then touching their eyes, nose, or mouth. Examples of diseases that are spread through droplet transmission are:
 - *Bordetella pertussis* bacterium (whooping cough) (can be prevented by the DTap or Tdap vaccine)
 - Influenza virus (can be prevented by the influenza vaccine)
 - Respiratory syncytial virus (RSV)
 - COVID-19 virus (severity can be lessened by the COVID-19 vaccine)
 - Hand, foot, and mouth disease (HFMD)
 - Norovirus
 - Mumps virus – (can be prevented by the MMR vaccine)
- **Airborne transmission** – This occurs when someone with a virus or bacteria exhales, talks, sings, coughs, or sneezes and releases smaller particles of virus into the air. Because these particles are so small and light, they hang in the air and can stay there for hours. Another person can get these germs into their body by breathing in the small particles in the air.

- Examples of diseases that are spread through airborne transmission are:
 - *Mycobacterium tuberculosis* bacterium (Tuberculosis)
 - Rubeola virus (measles) – (can be prevented by the MMR vaccine)
 - SARS-CoV-2 virus (COVID-19) (severity can be lessened by the COVID-19 vaccine)
 - Varicella-zoster virus (chickenpox) (can be prevented by the varicella vaccine)
- **Contact transmission** – This occurs when a fungus, bacteria, virus, or parasite from one person get into or onto another person’s body. This can happen in two ways.
 - **Direct** – If a person touches their own rash that has germs in it, (for example, blisters from chickenpox or impetigo rash), then touches another person, their germs can get into another person’s body through an uncovered cut, sore, or crack in the skin. Direct contact transmission can also occur with parasites, like lice or scabies, if two people have skin-to-skin or head-to-head contact long enough for the parasites to crawl from one person to another.
 - **Indirect** – When a virus, bacteria, or fungus gets onto hands, surfaces, or objects, this is called **contamination**. If another person touches contaminated hands, objects, or surfaces, doesn’t wash their hands (or doesn’t wash their hands well enough) and then touches their own mouth, eyes, or nose or an opening in the skin like an uncovered cut, the germs can get into their body and make them sick.
 - **Fecal-Oral transmission** – This is a specific example of indirect transmission. Fecal-oral transmission occurs when bacteria or viruses in the stool (poop) of one person get into the mouth and are swallowed by another person. This happens when someone who has an illness that involves germs that live in stool (poop) does not wash their hands well enough to remove the germs after using the restroom, then transfers the germs to objects or food. Another person can get sick by either eating the food that has the germs in it, or by touching the object that has a germ on it, not washing hands, then putting their hands in their mouth.
 - Examples of diseases that are spread through contact transmission are:
 - Impetigo and MRSA infections caused by Staphylococcus and Streptococcus bacteria
 - Hand, foot, and mouth disease (HFMD)
 - Norovirus
 - SARS-CoV-2 virus (COVID-19) (vaccine available for prevention)
 - Varicella-zoster virus (chickenpox) (can be prevented by the varicella vaccine)
 - Rotavirus (vaccine available for prevention)

Some diseases are spread in multiple ways (for example, COVID-19 can be spread through droplet, airborne, and contact transmission). Using only one strategy, such as cleaning surfaces, for an illness that can also be spread through airborne transmission, may not be enough to get rid of the germ. To effectively reduce germs, prevent the spread of germs, and prevent illness, it is important to use multiple strategies.

How Does the 3-Step Method Work to Prevent Illness?

1. **Clean** – Cleaning is done with soap, water and scrubbing. This step removes dirt from surfaces and can remove most types of harmful germs that cause illnesses.
2. **Rinse** – Sanitizers and disinfectants do not work if there is a soap film leftover from the first step. The soap film needs to be rinsed off with plain water so sanitizers and disinfectants can do their job.
3. **Sanitize** – While one goal is to get rid of germs so they can't spread, we also don't want harsh chemicals to get into young children's developing bodies. The amount of bleach in sanitizers is considered safe to use on items that might be placed in a child's mouth (pacifiers and infant toys) or surfaces that food might touch (like plates and eating utensils). **Sanitizers reduce the number of germs left on surfaces after cleaning so there are fewer germs that could spread infection and cause illness.**

Or

3. **Disinfect** – Some germs that live in stool (poop), blood, and other bodily fluids can cause severe illness or disease. The goal is to kill these germs, not just reduce them. Because **disinfectant kills germs left on surfaces after cleaning**, it is used on surfaces where germs that cause severe illness may live (in bathrooms and diapering areas). It is also used to clean up bodily fluids, blood, or other potentially infectious materials (OPIM).

References

American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools, 6th Edition

Centers for Disease Control and Prevention. Website.
<https://www.cdc.gov/infectioncontrol/spread/index.html>

National Resource Center for Health and Safety in Child Care and Early Learning. Website. <https://nrckids.org/CFOC/TOC>