Michigan Child Care Matters

Common Childhood Diseases Issue 110

From the Division Director

The new Child Care Law was officially changed, and we began implementing those changes on March 28th. The major change was a comprehensive background check for all adults who are unsupervised with children, and we have begun processing those checks as required by the federal government and the amended PA116 of 1973. I wanted to share some highlights that we have begun to see in 2018.

First, we have been tracking the number of licensed providers in Michigan and continue to see a decline in licensees but have seen a steady growth in the capacity of children that could be cared for in the licensed provider network. We currently have a child care capacity of about 377,000 in our licensed providers network in Michigan. The number of family homes and group homes have declined statewide but the number of centers, with their capacity, continue to offset the losses in our capacity totals in Michigan.

Second, we had committed up to $5.5 million dollars in subsidized background checks for the current providers as the law changed. As of July 3, 2018 we have processed about 23,000 applications of staff and providers with about an 8 day backlog for those that have actually gone to get the fingerprints. Our biggest hold up seems to be anyone that has lived in another state within the last 5 years. Employees can either get fingerprinted at an IdentoGo site (www.identogo.com/locations) or through a mobile event their employer may have sponsored in coordination with IdentoGo. We have had about 225 mobile events scheduled or completed between April and September 30th. The deadline for completing the newly required background checks is still September 30th, 2018. We are expecting a rush of applicants in September so we are encouraging all providers to require their staff to get processed this summer BEFORE the rush in September to beat the deadline.

Third, my team of consultants and managers have been processing the new requirement of getting family homes “licensed” in place of the old “registered” classification. Your consultant should be in contact with you soon, since we are now required to visit a licensee every year starting in 2018. If you do not know who your licensing consultant is then please contact us at webers6@michigan.gov with your address and name so we can connect you to your consultant.

Finally, we know that the training requirements for Health and Safety training are due for all employees and staff on September 30th, and we are excited to give you a new link from MDE with the FREE option of trainings available to assist you with this new requirement. WWW.MIREGISTRY.ORG allows you to sign up and then select 2 four-hour trainings that can be completed at your own pace. When completed it stores your accomplishments in the system so

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your consultants will be able to confirm your accomplishments this fall after the deadline.

We have tried to help you as providers transition through the federal and state changes as comfortably as possible. We are rewriting the rules for all 3 provider types and hope to begin the legislative process for those very soon. If you have any questions or concerns, please contact your consultant and they should be able to help you find your needed answers. Thanks for all you do to care for Michigan's youngest citizens. ❖

Mark Jansen
Child Care Licensing Division Director

Changes to PA 116 Regarding Background Checks

The Special Legislative Edition is still available here. If you would rather have the paper copy of the Special Legislative Edition mailed to you, please contact webers6@michigan.gov.

Licensing has developed tests based on the content of this newsletter. You can receive up to one clock hour of annual training for reading three newsletters and passing the associated tests each calendar year. Each article will include a symbol in the title of the article to identify the content as appropriate for center child care providers, home child care providers or all child care providers. For more information on how to access these tests, go to www.michigan.gov/mccmatters.

Article is appropriate for **all** child care providers.

Article is appropriate for **center** child care providers.

Article is appropriate for **home** child care providers.

Tips on Managing and Preventing Infections in your Child Care Facility

Dr. Andrew Hashikawa, MD, MS, FAAP
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SCENARIO:
Lucy is a 3-year-old otherwise healthy girl enrolled in your child care. One of your co-workers noticed this morning that both of Lucy's eyes seem "red" with some clear drainage coming from both eyes. However, Lucy does not seem to be uncomfortable nor is she bothered in any way by her symptoms. In fact, she is acting her usual, active self. She does not feel warm nor does she have a fever. Your coworker is asking you if Lucy needs to be sent home right away because of a possible concern for "pink-eye" and perhaps to see her doctor for antibiotic eye drops. What should you do? Can Lucy stay because she is acting well and is without fever? Or should a child with possible "pink-eye" be excluded for immediate parent pick-up? Should you require Lucy to have antibiotics or a doctor's note before coming back to your child care?

This article will review some common questions I commonly receive regarding children with illness in child care settings. By the end of this article, we will have reviewed and answered the questions posed in this hypothetical but common scenario. All recommendations are based on the national child care guidelines from the American Academy of Pediatrics (AAP).

Q: Are children who routinely attend child care more likely to get sick compared to children not in child care?
Yes. Children in child care are more likely to have colds and cough, diarrhea and vomiting, pink-eye, fever, antibiotic resistant bacterial infections, and ear tube placement from frequent ear infections compared to stay-at-home children.

Q: Why are children in child care settings getting sick more often?
There are several reasons why children attending child care settings are sick more often. First, a young child's immune system is still naïve – every virus and bacteria is essentially a new exposure and the child's immune systems must learn to "fight" the infection. During the child's first year of life or first year attending child care, children are exposed to a whole slew of different viruses, and often become ill with multiple colds throughout the year, leaving many parents frustrated. However, the good news is that these children, who are exposed to multiple infections, end up building a robust immune system so that they are less likely to become ill when they start kindergarten compared to the children who never attended child care.

Next, children in child care are quite different developmentally from older school children– young children tend to put everything into their mouths; drool, lick, and share toys, increasing their exposure to viruses and germs. Children also have not learned to effectively cover their mouths when sneezing or coughing. Young children's lack of personal space means they will share their cough and sneeze on each other, further spreading infections. Research shows that infections can occur more frequently in a child care with as few as six children, so it's important for in-home child care providers to tell parents that their children will likely become ill more frequently during their first year of life or first year of attending child care.

Q: Why shouldn't I send any child with a cough or cold symptoms home right away – won't this protect the other children and prevent spread of germs?
While it is true some bacterial and viral infections (reportable communicable diseases as determined by public health) require immediate exclusion (for example chickenpox, whooping cough, mumps, meningitis,

influenza) most child care related infections are caused by "common cold" viruses – which means that most of the viruses' spread occurs when the child has not yet even developed symptoms. Excluding or quarantining the child with a cough or runny nose does not substantially help prevent spread of the virus. For most mild child care illnesses, the AAP has been changing the focus from "quarantining" or "isolating" children to instead evaluating how the child is acting and determining how much care the child is requiring. The vast majority of mild illnesses (colds and coughs) do not require immediate exclusion from child care.

Q: Which sick children do I need to send home then?

No matter what the illness, any ill child should be excluded if they meet any of the following three criteria:

1.) The illness prevents the child from participating in activities comfortably as determined by the child care staff members.
2.) The ill child requires a need for care that is greater than what staff members can safely provide without compromising the care of the other children.
3.) Risk of harmful diseases (list of excludable diseases such as meningitis, chicken pox, measles). Your local public health is a resource for these conditions.

If a child in your child care meets any of these criteria, they should be sent home until a health professional determines that they can return safely to child care.

FEVER

For children older than 2-months-old (60 days), a meaningful temperature for fever is above 101°F (38.3°C) from any site (rectal, oral, or axillary) without any adjustments. Elevated temperatures alone without any signs of behavior change or signs of illness do not require immediate exclusion from child care. Children often will have elevated temperatures for a variety of different reasons, but an elevated temperature alone does not mean it is a serious, contagious illness. Many cold viruses can cause a low-grade fever without any other symptoms. However, if a child has a fever AND other symptoms of illness (e.g., diarrhea, cough, runny nose, vomiting, rash) or behavior changes (e.g., lethargy, fussiness, pain) they should be excluded from child care. Additionally, infants under 2-months of age (60 days) with fever ≥100.4°F should be excluded and evaluated by a medical provider expeditiously. Any child with fever that is unable to participate in usual activities, or requires more care than staff can safely provide should be excluded from the child care facility.

DIARRHEA

Children often can have soft or looser stools depending on diet. Diarrhea can also be a symptom caused by viruses (most commonly) or bacteria. Children should be excluded immediately for diarrhea - if the diarrhea contains blood or mucus; diarrhea causes accidents or requires a significant amount of diaper changes; exclusion is required by local public health department because of an outbreak; or the child is not acting well or staff cannot provide safe care for the other children. The AAP suggests that a child who is having 3 or more stools above their usual number should be considered for possible exclusion or if the diarrheal frequency leads to substantial staff resource utilization. The child with diarrhea can return once exclusion criteria are resolved or the child receives clearance from a medical provider.

VOMITING

We all know that babies "spit-up" often and that vomiting is not always infectious (can be gastrointestinal reflux). Children with viral gastroenteritis (also known commonly as "stomach flu") commonly have diarrhea and associated fever. Children with vomiting can become dehydrated (no tears, no urine, no saliva). Vomiting three or more times is considered grounds for exclusion. Other

exclusion criteria for vomiting include fever, vomiting that contains blood or bile, is caused by head injury, dehydration, causes the child to look or act ill (not participating in usual activities), severe abdominal pain, or requires more care than the staff can safely provide.

INFLUENZA

Influenza or "flu" is caused by viruses in the influenza family. Usually the child will appear ill with fever, body aches, sore throat, and will not be acting their usual self and will require exclusion. Children can return if they have been fever-free for 24 hours without fever-reducing medications and can also participate normally and do not require substantial support by child care staff.

Q: When should child care staff be sent home?

New staff, like children, are also more likely to become ill during their first year or winter working in the child care facility because they may not have been exposed to these infections. Child care staff illness exclusions are similar to children's exclusions: If there is concern for excludable illnesses (influenza, whooping cough, chickenpox) they should be temporarily excluded until cleared medically by a health provider or by the local health department. Similarly, if their illness causes them to be unable to carry out their roles as child care staff or appropriately care for children, they should be sent home. Every child care facility should have a back-up plan for when a staff member becomes ill. Child care facilities should focus on ensuring staff immunizations are up-to-date, including influenza.

Q: How can I prevent infections from occurring in the first place?

Primary prevention is the best way to keep infections from occurring in your child care. The number one effective practice that you can teach, promote, and reinforce for staff is proper handwashing, especially after every diaper change, food preparation, or when hands become soiled for any reason. Use of alcohol-based hand sanitizers for other occasions is fine if hands are not obviously soiled, when going between classrooms, and if the hand sanitizer can be kept out of reach of children. Hand sanitizer cannot be used as a replacement for required hand-washing. Hand-washing is a skill that must be actively taught to children at a developmentally appropriate age. Ensuring children can reach the sink (use of step stool) is important. The use of glow-in-the-dark soaps and singing the ABC's while hand washing are effective techniques to teach staff and children how to appropriately wash their hands. Proper exercise, nutrition and sleep also play key roles in keeping children healthy and maintaining a strong, effective immune system.

Immunizations are vitally important for children and child care staff. Nationally, as we witness the return of vaccine preventable illnesses including measles, mumps, whooping cough, immunizations (including influenza) for children and staff should be up-to-date. Young infants are particularly vulnerable because of their naïve immune systems and inability to receive some vaccines (influenza cannot be given until six months of age). The Centers for Disease Control (CDC) reported 148 pediatric deaths in 2014-5 and 89 pediatric deaths in 2015-6 in the United States from influenza alone. Children typically in child care (ages <5 years of age and especially children 2 years or younger) are at highest risk from complications of influenza, including pneumonia, inflammation of the heart, brain, and muscles.

Q: Where can I get more information on how to manage child care illnesses and infections (RESOURCES)?

This article's recommendations are based on the following resources for child care providers:

1.) Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education

Programs (3rd edition). This resource, developed by the AAP and experts from Head Start and the American Public Health Association, is a free, comprehensive resource available online at cfoc.nrckids.org (National Resource Center for Health and Safety in Child Care and Early Education).

2.) Managing Infectious Diseases in Child Care and Schools (4th Edition). This resource was developed by national experts in child care infections (Dr. Susan Aronson and Dr. Timothy Shope) and is a great resource with easy-to-understand reference sheets supporting great photographs. The reference books also provide many sample letters and forms that child care staff can use freely. This reference book can be purchased online from the AAP or from an online book provider.

3.) Online Training: The American Academy of Pediatrics has two excellent, free online training courses available for child care providers:

A.) Preventing and Managing Infectious Diseases in Early Education and Child Care – however this course will likely only be available until 3/31/2017. https://shop.aap.org/preventing-and-managing-infectious-diseases-in-early-education-and-child-care/

B.) Influenza Prevention and Control Strategies for Early Education and Childcare (2016-7): https://shop.aap.org/influenza-prevention-and-control-strategies-for-early-education-and-childcare-2016-2017/

Q: What other tips do you have for our child care facility?

I endorse annual training for child care staff members on child care illnesses. I also recommend that child care facilities have or develop child care illness policies for parents to see at enrollment. I also suggest that child care staff members send parents' routine and timely reminders for vaccines and for the need to arrange back-up-child care when their child is sick and the parent must work. Partnering with a local medical provider who sees children to act as a child care health consultant is important for reviewing child care illness policies and training your staff.

SCENARIO ANSWERS:

Lucy is acting normally. She does not require any extra care from staff. She may have symptoms of "pink-eye" or conjunctivitis, but she does not have any fever or signs that would require exclusion. Pink-eye is typically caused by a viral infection, considered a "cold" of the eye and is typically the same virus that causes a cough or runny nose. The virus is spread by sneezing, coughing and direct contact (like other cold viruses). Her symptoms could also be consistent with seasonal allergies. Most importantly, she does not meet any exclusion criteria. Uncomplicated pinkeye is no longer routinely treated with antibiotics and typically will get better in 5-6 days. Recommendations include routine hand hygiene and cleaning. One type of virus (adenovirus) that causes pink-eye may require exclusion (by public health) if there is an outbreak, but typically these children are quite ill with fever and sore throat, which would necessitate exclusion based the other criteria discussed above. Lucy's parents should be notified that she has symptoms, but be allowed to stay if they wish. If her symptoms change and she requires exclusion, she should be able to return when exclusion criteria are resolved or if cleared by a medical provider. Antibiotics are no longer routinely required for children with pink-eye.

Dr. Andrew Hashikawa is a board-certified Pediatrician and Pediatric Emergency Physician. He is the American Academy of Pediatrics - Michigan Chapter's Early Childhood Champion. ❖

Impetigo

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What is impetigo?
Impetigo (say “im-puh-TY-go”) is a bacterial skin infection that is most common in children.

What causes impetigo?
Impetigo is caused by one of two kinds of bacteria-- streptococcus (strep) or staphylococcus (staph). Although the infection can develop in completely healthy skin, these bacteria often enter the body through irritated or injured skin. This can occur in a few different ways, such as:

- Skin-to-skin contact with an infected individual.
- Contact with surfaces that infected individual had contact with.
- Injury to the skin.
- Insect bites.
- Animal bites.

What are the symptoms?
Though the symptoms vary slightly depending on the type of impetigo, they are similar and can include:

- Red sores that pop easily and leave a yellow crust.
- Fluid-filled blisters.
- Itchy rash.
- Skin lesions.
- Swollen lymph nodes.

How is it treated?
For cases of mild impetigo, a doctor will prescribe an antibiotic ointment or cream to put on the sores. For cases of more serious impetigo, a doctor may also prescribe an oral antibiotic.

How can it be prevented?
Impetigo is highly contagious and can spread to others through close contact or by sharing towels, bedding, clothing, toys, or other items. The best methods for prevention are:

- Good hand hygiene.
- Clean and sanitize surfaces that may have come in contact with infected area, such as toys, furniture, bedding, sleeping equipment, dress-up clothing.

When to exclude from child care?
A child can usually return to child care after 24 hours of treatment. Note: scratching the sores can cause the infection to spread to other areas of the body and to other people. ❖

Get the Bed Bugs Out!

Jackie Sharkey, Area Manager
Oakland County

Bed bugs have typically been found as a problem in developing countries, but recently, they have increasingly been a problem in the United States, including Michigan. The Environmental Protection Agency (EPA) and the Centers for Disease Control and Prevention consider bed bugs to be a significant public health concern. The EPA believes that more bed bug infestations are occurring because of an increase in international and domestic travel, and increased resistance of bed bugs to available pesticides. Bed bugs are also very difficult and expensive to control and eliminate.

These small, brownish, flat, wingless insects hide during the day but then feed on the blood of people or animals at night. The bite does not hurt, but a welt that itches may form. Some people could have an allergic reaction, which may cause a secondary infection. Bed bugs can also cause stress, anxiety and sleeplessness.

Bed bugs do not live on a person and are not known to transmit diseases. They do not have anything to do with cleanliness or socioeconomic status; however, excess clutter can provide them with more places to hide, which can make detection and targeted control difficult.

The bugs may find their way into homes or centers by hiding in a child's clothing, backpack, lunch box, etc. If the home provider or center staff finds a suspected bed bug on a child or a child's belongings, the provider or center staff should discreetly remove the child from the classroom or to another room so that someone who is qualified (i.e. doctor, nurse) can examine the child's clothing or belongings. If there is not someone qualified at the facility, the parents will need to be contacted in order for the child to be evaluated. Consider sending a bed bug inspection form and educational materials home. Information and sample forms and letters are available at http://www.michigan.gov/bedbugs.

A child should not be excluded from care due to bed bugs unless repeated efforts have been made to remedy an infestation. Facilities should not be closed due to bed bugs. If pest management is necessary, it is usually targeted to specific areas. Do not allow untrained staff to apply pesticides. By law, only Integrated Pest Management trained applicators can apply pesticides. Home remedies and do-it-yourself treatments are not sufficient and should not be used; they could cause negative health effects or produce potential hazards in the home or center.

If a family has a known infestation of bed bugs, the child's backpacks, lunchboxes, and other items that travel back and forth to child care should be inspected daily and sealed in plastic containers when at home to prevent bed bugs from getting into them at home. Hard surfaces can be cleaned with standard cleaning products. ❖

Common Childhood Skin Infections: Scabies, Head Lice, and Ringworm

Candice Case-French, Licensing Consultant
Otsego County

It happens every day in child care's around the world, children itching and scratching their heads, arms, and torso. It often starts with one child and spreads to the next. Whether it be scabies, head lice, or ringworm, without treatment and prevention it's just a matter of time before the disease spreads throughout the children in your care. Being able to identify these common childhood infections is the first step in preventing a breakout in your program.

Scabies

Scabies is an itchy skin condition caused by a microscopic burrowing mite. The eight-legged female mite burrows under the skin, producing a tunnel where she deposits eggs. As the eggs hatch under the skin, the mite larvae travel back to the surface of the skin. From there, they mature and spread to other areas of the body and to other people. The body's allergic reaction to the mites, their eggs and their waste is what causes the intense itching associated with scabies. Close physical contact and sharing of clothing or bedding spreads scabies as the mites move from one person to the next. It's important for individuals with scabies to be seen by a doctor and treated immediately to stop the spread of the infestation.

Signs and Symptoms

The first signs of scabies are often the intense itching and the small burrow tracks on the skin. The burrow tracks often appear as thin, irregular tracks of tiny bumps or blisters on the skin. The tracks usually appear in the folds of the skin, but can appear anywhere on the body. The signs and symptoms of scabies can take anywhere from a few days to six weeks to appear after being exposed.

Treatment

Over the counter medications and bathing will not eliminate the mites, larvae and eggs from the skin. A doctor needs to properly diagnose which type of scabies an individual has and prescribe a topical ointment or oral medication. The various treatments usually kill the mites, larvae and eggs within 24 to 48 hours, but the itching and rash may last for weeks.

Head Lice

Head lice is caused by a tiny insect (louse) that feeds on blood from the human scalp. The female louse produces a sticky substance that adheres the eggs to the hair shaft. As the eggs hatch, they repeat the cycle of reproducing and laying eggs. Head lice is usually transferred from one individual to the next by close physical contact. Contrary to popular belief, lice cannot jump. However, children near one another are the perfect vehicle for lice to travel from one individual to the next. Lice do not live very long off from a human host, but they can be transferred from one individual to the next from the sharing of hats, clothing and bedding.

Signs and Symptoms

The most common symptom of head lice is the itching of the scalp. This is caused by an allergic reaction to the saliva of the louse. If an individual has not been exposed to lice before, the itching may not start until a few weeks after the infestation. In addition to the itching, lice may be visible

on the scalp and the nits (lice eggs) on hair shafts. Lice move quickly and do not like light, making them difficult to see. A louse is grey or tan in color and about the size of a strawberry seed. Nits can be hard to see because they are very tiny and are camouflaged to match hair color. Around the ears and the hairline are the easiest places to spot nits. The empty nits are usually easier to see because they are lighter in color and further from the scalp.

Treatment
There are many over-the-counter products to treat head lice. Most products include a medicated shampoo to kill the lice and eggs and a comb to help remove the eggs from the hair shaft. The over-the-counter products may not kill recently laid eggs and a second treatment is often recommended. Prompt treatment of lice will help reduce the spread from one child to the next.

Super Lice
Doctors are now seeing lice that have developed resistance to over the counter treatments. These "super lice" are appearing more frequently throughout the country. It's important that families seek medical attention when traditional over the counter treatments are not working. There are several treatments for "super lice" available by prescription from a family doctor.

Ring Worm
Ringworm is a fungal infection on the top layer of skin. Ringworm gets its name because of its appearance, a red circular rash with clearer skin in the middle. Mold-like parasites that live on the cells in the outer layer of skin cause ringworm.

Signs and Symptoms
Ringworm often starts out as a flat, scaly area on the skin that is red and itchy. The area will then develop a slightly raised border forming a circular shaped ring. The ring is often irregularly shaped and resembles the wavy outline of a worm. Sometimes the rings will overlap. The center of the ring may be clear, scaly, or full of small red bumps. The area will be itchy and irritated.

Treatment
Ringworm can be treated with antifungal creams or lotions applied directly to the skin. There are over-the-counter treatments for mild cases of ringworm, but a doctor will be able to properly diagnose and treat a ringworm outbreak. Severe infections may require prescription antifungal pills.

Tips for Providers
Following these simple tips can help prevent the spread of head lice, scabies and ringworm.
- Make sure children and caregivers are washing their hands throughout the day.
- Store children's bedding, clothing, and personal items like hair brushes in separate containers where the items are not touching another child's personal belongings.
- Wash items like throw pillows, dress-up clothes, and stuffed animals in hot water.
- Teach children not to share items like hats, headbands and sweatshirts.
- Promptly separate a child you suspect has a communicable disease from the rest of the children and have the parent pick up the child as soon as possible.
- Wash and sanitize anything the infected child may have come in contact with immediately.
- Don't allow infected children to return to your program until they are no longer contagious. This is often 24 to 48 hours after starting treatment. ❖

What You Need to Know About Hand, Foot, and Mouth Disease

Catherine Edgar, Licensing Consultant
Genesee County

Whether you run a small child care home or work in a large child care center, you most likely have come across children infected with hand, foot, and mouth disease. In the past few years, instances of hand, foot and mouth disease have been on the rise in almost all Michigan counties.

Hand, foot and mouth disease is a highly contagious common viral illness that usually affects children under the age of five years, although adults may also contract it. Outbreaks are most likely to occur in late spring and in the fall. The most common symptoms are sores and a rash on the hands, feet, and in and around the mouth. The first symptoms of hand, foot and mouth disease are usually a fever, followed by a sore throat and loss of appetite. A day or two after the onset of a fever, small red spots appear in the mouth that turn into blisters and a rash on the hands and feet may follow within another day or two. The rash generally does not itch and it also may appear on the buttocks as well. Those infected with hand, foot and mouth disease are contagious for approximately two days before and two days after the sores and/or rash appears. Because the illness can make swallowing painful, young children may excessively drool and dehydration can also be an issue with infected children. There is no specific treatment for hand, foot and mouth disease, other than to provide relief from fever and pain from mouth sores. Adults infected may not have any symptoms but can still spread the virus.

Hand, foot and mouth disease is spread through direct contact with saliva, mucus and fluid from the disease's characteristic blisters. It can also be spread through fecal matter and the virus can live in fecal matter for up to 11 weeks. The usual time period from infection to the onset of symptoms is 3 to 7 days. Because of this, the best way to prevent the spread of this virus is by maintaining good hygiene, practicing frequent hand washing, and cleaning and sanitizing frequently touched surfaces and toys.

In addition to practicing good hygiene, another way to prevent the spread of hand, foot and mouth disease in your child care is to have a detailed illness policy that specifically addresses hand, foot and mouth disease. Infected children should not return to child care until their fever is gone and their mouth sores have healed. You will want to make sure that all parents, as well as caregivers, are aware of this policy and that the policy is strictly enforced. The best way to enforce it is through regular communication with parents. This can be through a variety of sources such as newsletters, postings, and talking to parents at drop off and at pick up.

Although serious complications from hand, foot and mouth disease are rare, it's symptoms can make children miserable. Through practicing regular handwashing, cleaning and sanitizing toys and surfaces that children come in contact with, as well as implementing a specific illness policy, you can hopefully prevent the spread of hand, foot and mouth disease in your child care. ❖

Illness Prevention and the Importance of Hand Washing

Thanh Biehl, Licensing Consultant
Livingston County

Children in large groups are breeding grounds for germs. Not only can germs spread from child to child but from child to provider, from provider to provider, and from provider to child. All child care providers should learn and use health precautions to prevent the spread of germs and illnesses. Prevention is the key to keeping your child care environment healthy.

Routine cleaning is the most useful method for removing germs from surfaces in the child care setting. Toys and play equipment should be cleaned and sanitized on a weekly basis. Legos, for example, are easily cleaned using the three-step method. A wooden puzzle may be more of a challenge, but each piece as well as the frame can be washed, sprayed with a sanitizing agent and air-dried.

The three-step method includes washing, rinsing, and sanitizing and should be used when you're cleaning.

- Cleaning is the removal of dirt and visible debris with soap and water.
- Rinsing with water removes any soap residue and prepares the surface for the sanitizing agent.
- Sanitizing reduces the occurrence and growth of germs.
- Let the surface air dry or wipe dry after two minutes with a single service towel.

Toys used in the infant/toddler room should be cleaned daily. If a toy is placed in a child's mouth or has come into contact with bodily fluids, set it aside to be cleaned and sanitized. A good practice is to have a container available and place any contaminated toys or equipment in it immediately until they are cleaned and sanitized. This will prevent the spread of germs as much as is possible.

Infants, toddlers and even older children play on the floor when in care. For infants, once mobile, the majority of their time is spent on the floor. Carpet and floor mats should be vacuumed daily. Other floor surfaces should be damp-mopped every day to clean and to control the dust. Spot clean with a product intended for that purpose as needed when an area becomes visibly dirty or has been contaminated with any bodily fluids. Bodily fluids include infant drool, spit-up, vomit, urine, feces, blood, breast milk, nasal discharge and mucus, and eye drainage.

In a child care setting, some areas get overlooked when cleaning occurs. Remember to clean and sanitize all of the following as needed or as part of a regular cleaning schedule:

- Doorknobs.
- Safety gates.
- Crib railings, headboards, plexi-glass sides, mattresses.
- Eating surfaces, such as tables and high chair trays.
- Bottle warmers and crock pots used for warming bottles.
- Microwaves used for heating food.

Cribs and crib mattresses, as well as any resting napping mats, should have non-porous, easy-to-wipe surfaces that are used only by one child and/or cleaned and sanitized between each child's use. Bedding such as blankets, sheets, and pillows should be washable and changed weekly or more often if they are soiled or will be used by another child. Stacking mats or cots with used sheets can promote the spread of germs. Child's bedding should be kept separate from others. It is best practice to assign each child his/her own separate sleeping area or cot with individual bedding as well as a separate storage container or space for blankets, pillows, etc. Separating the personal articles of one child from those of another will prevent the spread of germs. It is also important to space children at least 18 inches apart during nap, and alternate head to foot to prevent any spread of illnesses.

In addition to cleaning and sanitizing, hand washing is the single most effective way to prevent the spread of illness in child care settings. Illness rates drop remarkably when adults and children wash hands frequently.

Proper hand washing technique includes:

- Moisten hands with water.
- Apply soap.
- Vigorously rub hands together for at least 10-15 seconds to lather all surfaces of the hands.
- Thoroughly rinse hands under warm running water.
- Dry hands using single use disposable paper towel or air dryer.

It is best practice for caregivers and volunteers to wash their hands at all of the following times:

- Prior to starting the workday at the center.
- Prior to care of children.
- Before and after preparing and serving food and feeding children.
- Before giving medication.
- After each diapering.
- After using the toilet or helping a child use the toilet.
- After handling bodily fluids.
- After handling animals and pets and cleaning cages.
- After handling garbage.
- When soiled.

Caregivers should assure children wash their hands at all of the following times:

- After contact with any bodily fluids.
- After playing in sand or water.
- Before and after meals, snacks, or food preparation experiences.
- After toileting or diapering.
- After handling animals and pets.
- When soiled.

Illnesses caused by germs are a major problem in child care because they are easily spread from one person to another. Child care providers can prevent many illnesses that occur in child care settings by cleaning and sanitizing on a regular basis, and hand washing to prevent the spread of all types of germs. The health and well-being of young children can be enhanced by providing a safe and clean environment. ❖

Renewal Inspections for Family Child Care Homes

Family Child Care Homes Only: The old version of the Child Care Organizations Act (116 PA 1973) required licensing to conduct on-site renewal inspections on at least 10% of the registered family child care homes in each county. Due to requirements of the Child Care and Development Act of 2014 (P.L. 113-186) that went into effect on March 28, 2018, licensing will conduct an on-site renewal inspection on 100% of family homes prior to renewing the registration. If you have any questions, please contact your licensing consultant.

Conjunctivitis

Pamela Walker, Licensing Consultant
Grand Traverse County

What is conjunctivitis?
Conjunctivitis, also known as pink eye, is a common eye condition seen in children and adults. It is an inflammation of the conjunctiva, the thin, clear tissue that lines the inside of the eyelid and the white part of the eyeball that makes the blood vessels more visible, giving the eye a pink or reddish color. There are four main causes of pink eye: viruses, bacteria, allergens, and irritants. It can be difficult to determine the exact cause of pink eye because the signs and symptoms may be the same regardless of the cause.

What are the signs and symptoms?
Signs and symptoms of pink eye can vary depending on the cause, but typically includes:

Viral Conjunctivitis – may affect one or both eyes.
- Red or pink, itchy, painful eye(s).
- More than a tiny amount of green or yellow discharge.
- Infected eyes may be crusted shut in the morning.

Bacterial Conjunctivitis – may affect only one eye.
- Pink, swollen, watering eye(s) sensitive to light.

Allergic Conjunctivitis – usually affects both eyes.
- Itching, redness, and excessive tearing.

Irritant Conjunctivitis
- Pollutants or chemicals such as smog and swimming pool chlorine may cause watery eyes and mucus discharge.

How is it treated?
Most cases are mild and improve after 5 or 6 days without treatment; however, some cases may require specific treatment, such as antibiotic or antiviral medications. A healthcare provider should be consulted if the infection is accompanied by any of the following:
- Moderate to severe pain.
- Sensitivity to light or blurred vision.
- Intense redness.
- A weakened immune system.
- Symptoms that get worse or do not improve after 24 hours of treatment.
- Pre-existing eye conditions.

How can it be prevented?
Conjunctivitis is spread by direct contact with discharge from an infected eye, or by touching other surfaces that have been contaminated by respiratory tract secretions. Viral and bacterial conjunctivitis are highly contagious and can spread easily from person to person. The best methods for preventing spread are:

- Good hand hygiene.
  - o Washing hands after contact with bodily fluids.
  - o Washing hands before and after touching the eyes, nose, and mouth.
- Keep hands and fingers away from eyes
- Routinely clean and sanitize objects that are commonly touched by hands or faces, such as tables, chairs, doorknobs, telephones, sleeping equipment, bedding, and toys

When to exclude from child care?
It is helpful to think of pinkeye like the common cold-- both conditions may be passed on to other children but resolve without treatment. Children are not typically excluded for the common cold. Pinkeye generally results in less symptoms of illness than the common cold. Children should not be excluded from child care unless:

- The child is unable to participate and staff determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children.
- The child meets other exclusion criteria, such as fever with behavior change.
- There is a recommendation of exclusion by the health department or the child's health professional.

Note: One form of viral conjunctivitis, caused by adenovirus, can cause epidemics. If two or more children in a group care setting develop conjunctivitis in the same period, seek the advice of a health care professional. ❖

The Common Cold, Strep Throat, and the Importance of Outside Play

Erika Bigelow, Area Manager
Lansing Region

Whether you are a family home provider, group home provider or work in a center, it seems as though children become sicker during the fall and winter months. These are months in which children are inside more often during the day and in closer contact with one another. The common cold and strep throat are common childhood illnesses that you might experience frequently throughout these times of year. It is important to take children outside to play, even in the fall and winter months, because going outside when it is chilly or cold does not cause illness.

Once fall and winter months set in, it seems as though children often have one cold after another and that the cold seems to move quickly from child to child. The common cold is a caused by a virus that infects the nose, throat and sinuses. Colds are very contagious, especially in the first two to four days after the symptoms begin. Most colds last up to a week, but some can last longer than that. Typical symptoms of colds include a runny or stuffy nose, sneezing, coughing, mild sore throat, headache, muscle ache and sometimes a mild fever. Colds are spread through one of three ways:

- Direct contact. A child with a cold will have the cold germs in their nose, mouth and eyes and also on their hands. The cold can be passed if the infected child touches another child, through holding hands or hugging or playing.

- Indirect contact. Children, especially young children, tend to touch their noses, eyes and mouths often throughout the day, and then touch things such as touch toys, doorknobs, and tables. If the child has the cold virus, they indirectly spread the virus.
- Through the air. When an infected person coughs or sneezes, droplets from that cough or sneeze can reach another's nose or mouth and infect that other person.

Strep throat is another common illness for children. It is an infection in the throat and tonsils with Group A Streptococcus bacteria, also referred to as group A strep. Typical symptoms of strep throat include a sore throat that can cause pain when swallowing, fever, red or swollen lymph nodes in the front of the neck, red or swollen tonsils, white patches on the tonsils, and sometimes tiny red spots on the roof of the mouth. Strep throat is contagious and the bacteria is spread through contact with the droplets of the infected person. For example, a child could become ill from drinking from the same glass as an infected child. Also, if the infected person coughs or sneezes and does not cover his/her cough, the bacteria droplets have a higher chance of landing on an object. If another child touches that same object, and then touches their mouth, nose or eyes, he/she could become infected.

Though the common cold and strep throat are contagious, there are measures that you can take to help prevent, or stop the spread of, these viruses. One measure is to ensure that the caregivers and children are washing their hands regularly. See Handwashing Article on page.

Both the rules for family/group homes and the rules for centers state that children should be provided daily outdoor play, except during inclement or extreme weather. The technical assistance and consultation manual depicts examples of situations to consider when deciding whether to take children outside. It is also strongly encouraged that providers have knowledge of weather related symptoms that children may exhibit, such as heatstroke, sunstroke, sunburn or frostbite.

It is often believed that cold weather causes illness in children and many times adults do not believe children should play outside in cold weather. Studies have found that cold weather does not make children ill. Children who are taken outdoors, even for short periods of time, have fewer respiratory illnesses. Additionally, exposing children to sunlight promotes the production of Vitamin D, a vitamin that growing children require. Overall, being outdoors in the fresh air helps keep children healthy and reduces the spread of illness. ❖

Clarification Regarding First Aid Training Requirements

First Aid training has a multi-age approach. To meet the requirements of P.A. 116 and licensing rules, first aid training is required for all age groups. Training in pediatric first aid only does not meet licensing requirements.

Stomach Virus and the Flu

Cynthia Jalynski, Licensing Consultant
Oakland County

Gastroenteritis

The medical term for stomach virus, or what people commonly call stomach flu, is gastroenteritis. It is caused by a virus that attacks the stomach and intestines and causes symptoms such as vomiting, diarrhea, and stomach cramps that may last up to six days.

While there may be some overlapping symptoms between gastroenteritis and the flu—such as body aches and a low-grade fever, they are not the same thing and a flu shot will not prevent gastroenteritis.

Stomach virus spreads via the fecal-oral route or when vomit or fecal matter find their way to the mouth. Aside from excluding children and caregivers with symptoms from the child care facility, the best way to prevent its spread is through good handwashing and diapering practices.

Flu

According to the Centers for Disease Control and Prevention (CDC), the flu is a contagious respiratory illness caused by influenza viruses. The risks are greatest for children under age 2, pregnant women, adults over age 65, and people with various chronic diseases such as cancer, heart disease, or asthma.

Flu and cold symptoms are similar—runny nose, sore throat, cough, and congestion—but the flu often includes fever or chills, body aches, and headache. Like gastroenteritis, flu symptoms may include vomiting and diarrhea, but this is seen more often in children than adults.
Symptoms start one to four days after the virus enters the body. Adults may be able to infect other people one day before symptoms develop and up to five to seven days after becoming sick. Children may pass the virus for longer than seven days.

The virus is mainly spread through droplets made when people with the flu cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby or may be inhaled into the lungs. To avoid the spread of illness, refrain from touching your eyes, nose, or mouth. Cough or sneeze into your sleeve or tissue and immediately throw the tissue into the garbage and wash your hands.

The CDC recommends vaccination as the best prevention. You cannot become infected with the flu by receiving the influenza vaccine. Vaccines are readily available and can often be obtained for $10 to $25. Some local health departments offer them and accept Medicaid and Medicare.

Other Preventative Measures

Wash your hands sounds simple enough. When consultants give this advice, we often hear, We are! Particularly during times when a facility is seeing a lot of illness, be vigilant. Spend time observing children and adults in the classroom. Often there is room for improvement. We sometimes see caregivers shout to a child who is in the bathroom with the reminder—Wash your hands! then watch the preschooler race out of the restroom and over to the toys without washing.

Caregivers also benefit from reminders and checkups. Consultants often see caregivers washing their own hands after diapering, but they sometimes forget to also wash children's hands or handle clean items with contaminated gloves. They sometimes forget to change gloves between diaper changes or to wash their hands between glove changes.

Improper sanitization methods for dishware also invites illness. Two of the most commonly used and approved methods for sanitizing dishware and food utensils at centers is a residential dishwasher with **a sanitizing cycle** or a **three-compartment sink** with bleach. The center rule also indicates that a two-compartment sink with a third container suitable for complete submersion for sanitizing may be used, but licensing consultants sometimes see centers inappropriately using one sink and two bins or simply three bins.

Test strips to determine the potency of the bleach solution is also important. Too much bleach leaves a toxic residue. Not enough means insufficient infection control. People sometimes say they have figured out exactly how much bleach is needed to obtain the desired concentration for their bottle or sink size. While it is a good practice to have a measuring system in place, other variables, including the manufacturer of the bleach, may alter the concentration of your solution. Therefore, it is best to test the bleach solution before each use.

Quaternary ammonia is another acceptable sanitization agent for dishware and items children may mouth. It also requires testing to ensure proper concentration. If you want to use an alternative to bleach or quaternary ammonia, first consult a sanitarian at the local health department to ensure the product is safe and effective. Common surfaces like doorknobs, keyboards, and phones should also be sanitized. The flu virus can live on surfaces for up to eight hours at room temperature.

Caregivers often lack the time, training, or equipment suitable to properly sanitize dishes and other items that find their way into children's mouths. Consider using single-service, disposable tableware and utensils or having children bring their own sippy cups, pacifiers, and teething rings which can be sent home to be sanitized.

Excluding sick children and adults with symptoms of illness from the child care facility, proper handwashing and sanitization practices, and the flu vaccination will go a long way toward preventing illness. If providers are experiencing widespread or persistent illness at their facility or would like or want additional information to address health concerns, contact a nurse or epidemiologist at local county health department. ❖

Consumer Product Safety Commission Infant/Child Product Recalls (not including toys)

A link to recalls specific to child care licensing will be available under the Michigan Child Care Matters website at https://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572_49582-43354--,00.htm.

Details on these product recalls may be obtained on the CPSC's website (www.cpsc.gov). Post this page in your facility to be in compliance with the Children's Product Safety Act (2000 PA 219).

Background Check Update

Almost 20,000 fingerprints have been completed by providers and their staff. Remember Coupon Codes are expected to expire September 30, 2018 so you are strongly encouraged to follow the directions on your "launch letter" today by following the website attached. If you have lost your launch letter please call our Child Care Background Check Program at 1-844-765-2247.

Child Care Background Check Program web link - https://miltcpartnership.org/childcareportal

Online Applications for Child Care Licensing

To complete an online application, go to www.michigan.gov/adultchildcareapply. For questions related to child care licensing, contact your licensing consultant or 866-685-0006.

For online applications, you must create at MiLogin account. For help with MiLogin contact the MiLogin Customer Service Center at 1-877-932-6424.

To complete an online application, only up-to-date browsers are compatible. Such browsers are Internet Explorer, FireFox and Chrome. If you are using Internet Explorer, you may be required to add "Michigan.gov" to your compatibility view settings in order for the application to be successful.

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