

Michigan Child Care Matters

Department of
Human Services

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COMMON CHILDHOOD ILLNESSES

FROM THE DIRECTOR

Contagious diseases that pose a health risk to people have always existed. They may occur from coming in close personal contact with another infected person or by sharing personal items with an infected person. Effective control and prevention of infectious diseases in child care depends on positive relationships between parents and caregivers, as well as sharing information. Both child care home and center rules recognize the importance of preventing the spread of illnesses by cleaning and sanitizing.

Center rule R400.5113c(4) requires parents to be notified if a child attending the center contracts a communicable disease. It further mandates providing parents with information about the disease. Similarly, home rule R400.1961(2) requires caregiving staff to notify the parent of a child who has been exposed to a communicable disease so that the child may be observed for symptoms of the disease. These rules provide opportunities to educate parents about symptoms to watch for, and to help prevent the further spread of the disease.

According to the Center for Disease Control, some viruses and bacteria can live from 20 minutes to 2 hours or more on surfaces like tables and doorknobs. To help protect yourself from infection, you wash should your hands often with soap and water, especially after you cough or sneeze.

Licensing rules have requirements for cleaning and sanitizing toys and equipment, proper

diapering techniques and handwashing. These are some of the most effective ways to minimize the spread of contagious diseases. You may be able to prevent an outbreak from occurring by regularly sanitizing items children play with.

Child care facilities will never be germ-free, but by focusing on the preventative measures discussed in this issue of Michigan Child Care Matters (and by following the rules!), caregivers will have a better chance of reducing the spread of illnesses and contagious diseases. ❖

James S. Sinnamon, Director
Child Care Licensing Division

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This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the web address so they may receive their own copy. Most issues are available at the Child Care Licensing web page:

www.michigan.gov/michildcare

NOROVIRUS AND ROTAVIRUS

Erika Bigelow, Licensing Consultant
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Norovirus and Rotavirus are two highly contagious viral infections that are common in child care facilities. People of any age can contract both viruses; however, the symptoms are more serious for children than for adults.

Noroviruses are a group of viruses that cause gastroenteritis in people. The incubation period for the virus is typically between 24 to 48 hours. According to the Center for Disease Control, norovirus usually presents as a sudden onset of vomiting and diarrhea that is watery and non-bloody, nausea, abdominal cramps, and low-grade fever.

Norovirus is extremely contagious. The virus is found in either the stool or vomit of the infected person. People can become infected by ingesting infected food or liquid, touching contaminated surfaces, or having direct contact with an infected person. For example, the virus can be spread through changing diapers, sharing eating utensils, eating foods, liquids, or touching surfaces that have the virus and then placing one's hands in or near one's mouth.

People with norovirus are contagious from the moment they begin feeling ill, for at least three days and up to two weeks after recovery. Symptoms usually begin 24 to 48 hours after ingestion of the virus and usually last 24 to 60 hours. Diagnosis can be made by a physician using stool samples within 48 to 72 hours after the onset of the symptoms.

Rotavirus is another virus causing vomiting, watery diarrhea, fever and abdominal pain. In children, the diarrhea is severe and can last 3 to 8 days. The incubation period for rotavirus is approximately two days.

Rotavirus is spread through oral contact with fecal matter. Transmission can occur through contaminated water or food, or contact with contaminated surfaces. The virus can be found on toys and other hard surfaces. It can be transmitted when individuals touch a contaminated item and put their hands or the item in their mouth.

Diagnosis of this virus is also made from a stool sample. The symptoms of rotavirus include diarrhea, low grade fever, vomiting and nausea. The symptoms can last 3 to 10 days; however, people are considered contagious for 10 to 12 days after the onset of the diarrhea. Rotavirus can be present in a person's stool before the symptom of diarrhea begins.

Both norovirus and rotavirus can cause severe dehydration, especially in young children. Signs of severe dehydration include irritability, lethargy, sunken eyes, sunken soft spot in infants, dry mouth and tongue, less frequent trips to the bathroom or dry diapers for more than a couple of hours. These signs in children require their physician be contacted immediately as hospitalization may be necessary.

There is no specific medicine to treat either norovirus or rotavirus; however, drinking plenty of fluids can help reduce the chance of dehydration. Sports drinks are not recommended, as they do not replace the nutrients and minerals lost.

The modes of transmission make child care facilities good environments for these viruses to grow. Therefore, it is vital that the children infected with the virus stay home until they are completely recovered. ❖

Spread of Illness

Cleaning and sanitizing toys and play equipment on a regular basis is very important in preventing or reducing the spread of illness in the child care setting. Use the three-step process (wash, rinse, and sanitize). Implement a sanitization checklist for keeping track of what has been washed, by whom, and when. Remember:

- ◆ Toys and equipment used by infants and toddlers should be cleaned (soap and water) daily.
- ◆ Toys or equipment mouthed by one child should be cleaned before being given to another child.
- ◆ Immediately wash, rinse, and sanitize any items that have been soiled with bodily fluids.
- ◆ Wash, rinse, and sanitize any items used by a sick child.

EXACTLY WHAT IS FIFTH DISEASE?

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Fifth disease is a viral infection caused by the human parvovirus B19 that is especially common in children ages 5 to 15 years of age. This disease received its name as it was counted as the fifth rash-associated infection of childhood. Signs of fifth disease include a low-grade fever, headache, and mild, cold-like symptoms. Once the symptoms pass, a rash on the face usually occurs a few days later. It looks as though the child has been slapped on the cheek. A lacy, red rash may also occur on the child's body. Not all infected persons develop a rash, especially adults. Most people who are infected with fifth disease do not become very ill and recover without any serious consequences. However, pregnant women and children with impaired immune systems may wish to consult their physicians.

Fifth disease is spread through direct contact with bodily fluids or by breathing in respiratory secretions from an infected person. The period of infection is before the onset of the rash. Once the rash appears, a person is no longer contagious and may be allowed to return to child care.

Fifth disease is difficult to prevent because it is contagious during the early part of the illness—before the tell-tale rash occurs, if it occurs at all. Because of this, it is important to follow handwashing and sanitation guidelines for children and staff members at the child care facility.

Child care facilities are not required to report a case of fifth disease to the local health department; however, they must notify all parents and child care staff. ❖

COMMON COLD, INFLUENZA, STREP THROAT, RESPIRATORY SYNCYTIAL VIRUS

Jackie Sharkey, Licensing Consultant
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The common cold, influenza, strep throat, and Respiratory Syncytial Virus (RSV) are illnesses frequently seen in child care facilities. The following descriptions include the symptoms, treatment and ways to prevent these illnesses.

Common Cold

More than 200 different viruses are known to cause the symptoms of the common cold. Cold viruses can be contracted by touching others or environmental surfaces that have cold germs on them and then touching the eyes or nose. They can also be contracted by inhaling drops of mucus full of cold germs from the air. There is no evidence that exposure to cold weather, getting chilled, or being overheated causes a cold.

Symptoms of the common cold usually begin 2 to 3 days after infection and often include mucus buildup in the nose, difficulty breathing through the nose, swelling of sinuses, sneezing, sore throat, cough, and headache. Fever is usually slight but can climb to 102 degrees Fahrenheit in infants and young children. Cold symptoms last from 2 to 14 days.

There is no cure for the common cold; however, cold symptoms can be relieved by resting, drinking plenty of fluids, gargling with warm salt water or using throat sprays or lozenges for a scratchy or sore throat, and using petroleum jelly for a raw nose.

There are several ways to keep from getting a cold or passing one on to others. These include:

- keeping hands away from the eyes and nose
- avoiding close contact with people who have colds
- covering the nose or mouth when sneezing or coughing
- sneezing or coughing into the elbow



Influenza

Influenza, also called the flu, is a respiratory infection caused by a number of viruses. The viruses pass through the air and enter the body through the nose or mouth. The flu can be serious or even deadly for newborn babies and children with certain chronic illnesses.

Symptoms of the flu come on suddenly and are worse than those of the common cold. They include body or muscle aches, chills, dry cough, fever, headache, sore throat, fatigue, runny or stuffy nose, and stomach symptoms, such as nausea, vomiting, and diarrhea.

Flu viruses spread mainly from person to person. Sometimes people become infected by touching something with a flu virus on it and then touching their mouth or nose. An infected person can infect others beginning one day before symptoms develop and up to five days after becoming sick. Most people are sick for about one week. The cough can last two or more weeks.

The single best way to prevent seasonal flu is to get a flu vaccination each year. Flu shots can be given to children six months and older. Also, wash hands often, keep hands away from the face, and cover coughs and sneezes to protect others.

Strep Throat

Strep throat is the most common throat infection caused by bacteria. It is found most often in children between the ages of 5 and 15. Strep throat infections usually occur in the late fall, winter, and early spring.

This infection can be contracted by direct contact with saliva or nasal discharge from an infected person. There have also been reports of contaminated food, especially milk and milk products, causing infection.

The symptoms of a strep infection include red and painful sore throat, white patches on the tonsils, swollen lymph nodes in the neck, fever, headache, nausea, vomiting, and abdominal pain (less common). Sickness occurs within 3 days after being exposed to the germ. Once infected, it can be passed to others for up to 2 to 3 weeks even if no symptoms are present. However, after 24 hours of taking antibiotics the bacteria can no longer be spread to others.

Respiratory Syncytial Virus (RSV)

RSV is a major cause of respiratory illness in young children. It causes infection of the lungs and breathing passages. RSV infections can lead to other more serious illnesses in premature babies and children with diseases that affect the lungs, heart, or immune system.

RSV is highly contagious and can be spread through droplets containing the virus when a person coughs or sneezes. The virus also lives on countertops, doorknobs, hands, and clothing. The infection can spread rapidly through schools and child care

centers. Infants often get it when older children carry the virus home from school and pass it to them. Almost all children are infected with RSV at least once by the time they are two years old.

RSV infections often occur in epidemics that last from late fall through early spring. Respiratory illness caused by RSV, such as bronchiolitis or pneumonia, usually lasts about one week, but some cases may last several weeks.

Generally, in healthy children, it is not necessary to distinguish RSV from a common cold. In cases where a child has other health conditions, a specific diagnosis may be necessary. Fortunately, most cases are mild and require no specific treatment from doctors. ❖

Michigan's Child Care Expulsion Prevention (CCEP) Initiative

Are you a child care provider who cares for an infant, toddler or preschooler that is:

**BITING, HITTING, KICKING,
EXTREMELY SAD OR WITHDRAWN FROM OTHERS,
OR DISPLAYING OTHER TYPES OF CHALLENGING BEHAVIOR?**

Would you like some support from CCEP?

If yes, please call 248-594-3250 or e-mail mackrain@aol.com for information about a CCEP program near you. Services are offered in 31 of Michigan's 83 counties and are free and confidential. Specialized trainings on social and emotional topics are also available.

MDCH ISSUES GUIDANCE TO COMMUNITIES ON MRSA
Following Good Public Health Hygiene Practices Critical To Combating Disease
Reprinted with the permission of the MARR Coalition

State officials today are advising schools, teachers, and parents that good public health hygiene – including frequently washing hands – is the best defense against contracting disease, including an antibiotic resistant strain of staph making headlines.

Methicillin-resistant staphylococcus aureus (MRSA) is not a new disease, but recent attention across the country merits more attention to basic healthy habits, said Dr. Greg Holzman, State Chief Medical Executive. “While the risk of contracting MRSA is extremely small, it is still important for all of us to practice good hygiene, especially as we are beginning the cold and flu season,” Holzman said. “We also encourage everyone not to misuse antibiotics – if you are prescribed an antibiotic, it is critical to follow a doctor’s orders and take all of the medication.”

Staphylococcus aureus, or “staph”, are bacteria found on the skin or in the nose and are one of the most common causes of skin infections. Methicillin-resistant staph aureus (MRSA) is a type of staph that has become resistant to some antibiotics. The majority of MRSA infections occur in hospitals but it is becoming more common in community settings. These infections may occur at sites of cuts in the skin, abrasions or in areas of the body covered by hair, Holzman said. Infections can be treated by draining the pus and good wound care. Occasionally an antibiotic will be prescribed. More serious infections such as blood infections or pneumonia are rare with MRSA that is found the community among healthy persons. MRSA is passed from person-to-person by direct contact with skin or through contact with contaminated items.

To help prevent staph or MRSA skin infections, practice good hygiene:

- Wash hands frequently with soap and water or alcohol based hand sanitizer containing at least 60 percent alcohol concentration, and keep cuts and open wounds clean and covered.
- Avoid touching other peoples’ wounds or used bandages.

- Shower immediately after exercising, participating in sports practice or competitive activities, and avoid sharing personal items (that come in contact with skin) such as; bar soap, towels, razors and clothes/uniforms.
- Maintain a clean environment by establishing cleaning procedures for frequently touched surfaces and surfaces that come into direct contact with people’s skin.

Advice for Teachers:

- Observe students for open wounds, if actively draining pus, report to the office or school nurse if available.
- Encourage hand washing.
- Coaches should ensure that athletes wash hands, cover wounds, not share personal items, and report new infected areas of the skin.

Advice for Parents:

- Clean wounds and cover them with a clean, dry bandage. Wounds that do not heal properly need medical attention.
- Teach children to wash hands regularly such as before eating and after toileting.
- Ensure that family members use antibiotics properly, taking all that are prescribed, and not sharing antibiotics. Do not ask for antibiotics for viral illnesses.
- Children who participate in sporting events should wash their hands and consider showering after each practice and game.
- Children should not share equipment uniforms, towels, or other personal items. Wash uniform and towels with hot water and detergent after each use and dry on the hottest setting the clothing will tolerate.

Advice to Schools:

- Students or staff members who are infected with MRSA do not need to be routinely excluded from the classroom.
- Exclusion from school should be reserved for those with wound drainage that cannot be covered and contained with a clean, dry dressing that is taped on all four sides.

BENEFITS OF AN ILLNESS POLICY:

Writing and Enforcing It

Toni Stagray, Licensing Consultant
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Maintaining a healthy child care environment and preventing the spread of illnesses are responsibilities shared by parents and child care providers. Child care facilities should have an illness policy, which clearly states the expectations for sick children. The policy should define how to identify an ill child, when to exclude the child from care, when and under what conditions the child may return to care, and how the child will be cared for until he or she is picked up. Parents must be informed on what is expected of them in order to ensure the policy is followed.

The most common illness symptoms affecting child care facilities are fever, cough, runny nose, sore throat, stomachache, diarrhea, vomiting, earache, and rashes. Communicable diseases, such as chicken pox and strep throat are a concern as well. These are a few examples of the symptoms that may require a child to be sent home and/or receive medical treatment.

- If a child has a fever over 101 degrees F.
- If a child has more than one episode of diarrhea in a two-hour period.
- Vomiting for any reason.
- Any undiagnosed rash.

The policy should be detailed and list specific conditions the parent must comply with. When writing your policy, consider that the components are two-fold:

Parental responsibilities:

- Keep their child well fed, well rested and learn the signs of common illnesses.
- Provide up-to-date emergency information to the provider.
- Promptly pick up an ill child or provide a back-up plan if parent cannot be reached.
- Consult with the child's doctor about diagnosis and care.
- Inform the provider when a child is ill or has a contagious illness.
- Inform the provider of any medications a child is taking.
- Give the provider documentation if treatment was required.

Child care provider responsibilities:

- Know the signs and symptoms of illness in children and provide this information to parents.
- Call the parent if a child becomes ill.
- Know when to exclude a child from care.
- Know when to readmit a child and inform the child's parents.
- Inform parents of medication policies, if any.
- Maintain private information about a child's illness.
- Know when to report exposure to others in care.
- Isolate an ill child if it becomes necessary.

Now that you have written an illness policy, how do you go about enforcing it? A home child care provider and a center program director were asked what works for them. In a nutshell, both said that communication with parents is the key to making the policy effective. Standing by your policy is equally important. While the written policy provides the information, an on-going line of communication and reminders to parents are necessary for the policy to be successful. This can be accomplished with the use of monthly newsletters, posting reminders on parent boards, and talking with parents at drop off and pick up times. If a child becomes ill while at the center, he or she is sent home with a note detailing when the child may return to care and under what conditions. This allows the center to maintain a record of the illness.

In a home setting, a child care provider may choose to be a little more flexible about caring for sick children. The "ground rules" for handling illnesses should be discussed with parents at enrollment. While it is not easy to say "no" to a parent, the provider must think of the other children in care as well. Some home providers may choose to provide care for a sick child who is old enough to be isolated from the group, but does not need direct supervision. Others may choose to provide care for a sick child if it is a day when no other children are present. Situations will vary, but the policy should be established.

HEALTH CARE PLANS

Jessica Coates, Licensing Consultant

All child care centers, regardless of the ages they serve, are required to have a health care plan that is reviewed with staff and provided to parents. This plan includes the center's health practices and policies, such as hand-washing, handling children's bodily fluids, cleaning and sanitizing, controlling infection, and universal precautions. It also includes health-related resources that parents and staff can utilize for further information.

Many communicable diseases can be prevented through appropriate hygiene and sanitation practices. Illnesses may be spread through:

- Bodily fluids, such as saliva, nasal discharge, eye discharge, open skin sores, and blood
- Human waste, such as urine or feces
- Direct skin-to-skin contact
- Touching a contaminated object
- The air, in the form of droplets that result from sneezes and coughs

Those infected with a communicable disease are often contagious before they experience symptoms. When universal precautions and sanitation methods are carried out on a routine basis, the potential for illness can be reduced.

The health care plan must address children and staff hand washing. Having a policy in place gives staff a plan to follow, and helps them teach the children appropriate hand washing methods. Specify the steps of the procedure as well as when it should be used.

A procedure for handling children's bodily fluids is another component of the health care plan. Explain the safety precautions that should be taken before coming in contact with bodily fluids as well as how to handle and discard them. A procedure for accidental exposure can also reduce contamination.

Cleaning and sanitizing equipment, toys, and other surfaces that children come in contact with will help reduce the spread of communicable diseases. Specify in your plan the sanitizing solution that will be used. If it is a mixture that you make, describe how to prepare it and how to test for proper strength. List the equipment that needs to be sanitized and the cleaning schedule. Highlight how to sanitize

objects that have been put in a child's mouth or handled by an ill child. Diapering, food preparation, and eating require special sanitizing methods every time they occur. Describe the steps involved and where sanitizing fits into the process.

The health care plan must include ways to control infection and universal precautions that can be used to help prevent illness. This includes when children and staff should wash their hands, and when items should be sanitized. Teaching staff and children about proper hygiene can also reduce the spread of illness.

Additional procedures for a health care plan include:

- Diapering
- Sanitizing bottles and nipples
- Labeling, storage and disposal of formula, milk, and foods
- Children's general health and symptom recognition
- Policies regarding ill children being sent home and when they can return
- Handling minor injuries as well as serious accidents and injuries
- Obtaining and updating physicals and immunization records
- Administering and storing medication
- Reporting suspected abuse or neglect

When parents and staff need further information regarding health-related topics, the health care plan provides them with available resources. Speakers, written materials, videos, trainings, hospitals, medical professionals, local health departments, and the American Red Cross are all resources that can be included in the health care plan. It is also helpful to have additional resources available at an established parent resource area within the center.

Having a detailed and accurate health care plan helps reduce the likelihood of infection, decreases the occurrence of contamination and serves as a great training tool for new and existing staff. It also provides a plan of attack if illness or contamination does occur. ❖

WHAT YOU SHOULD KNOW ABOUT BACTERIAL AND VIRAL MENINGITIS

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Meningitis is the inflammation of the membranes that cover the brain and spinal cord. There are two types of meningitis: Viral and bacterial. Viral meningitis is less severe than bacterial meningitis, which is much more serious and can result in hearing loss, brain damage, and even death.

Both viral and bacterial meningitis are contagious. While both forms can be passed to another individual through bodily fluids, neither form of meningitis is as contagious as the common cold or the flu. It is also possible to get viral meningitis as a complication of chickenpox; however, this is rare due to children now being vaccinated to prevent chickenpox.

Three types of bacteria can cause bacterial meningitis: Haemophilis influenzae type b (Hib), Streptococcus pneumoniae, and Neisaria meningitides. Because the Hib vaccine is now given to all young children as a part of routine immunizations, bacterial meningitis caused by the Hib bacteria has been reduced dramatically. Bacterial meningitis is more common in infants, children, and adults with weakened immune systems.

The symptoms of both viral and bacterial meningitis are headache, fever, and neck stiffness. Other symptoms include nausea, vomiting, discomfort when exposed to bright lights, and sleepiness. Many symptoms may be absent or difficult to detect in infants, who may appear slow, inactive, or may be feeding poorly. Anyone who is ill with symptoms of meningitis needs to seek immediate medical attention.

Treatment depends on the type of meningitis diagnosed. Bacterial meningitis most often results in hospitalization with strong antibiotics. Viral meningitis may also result in hospitalization if severe enough. If a person is exposed to another who has been infected with bacterial meningitis, preventative antibiotics may be prescribed to reduce the possibility of infection. Children and staff diagnosed with either viral or bacterial meningitis should not return to child care until a physician determines that the individual is no longer contagious.

The best way to prevent meningitis is to make sure that staff and children are thoroughly washing their hands with warm, soapy water before eating and after toileting and diaper changes. The Hib vaccine will also help prevent the Haemophilis influenzae (Hib) form of bacterial meningitis in children. The viruses and bacteria associated with meningitis cannot live outside of the body for more than a few minutes. Special cleaning is not required for a child care facility dealing with an infected child or staff member, although routine cleaning of the center is recommended.

Child care centers are required to report both viral and bacterial meningitis cases to the local health department through Act No. 368 of the Public Acts of 1978 School and Communicable Disease Reporting. Further information on this and other communicable diseases can be found by contacting your local health department. ❖

Illness Policy ***Cont. from page 7***

What are the benefits to having an illness policy? First and foremost, it helps to keep the spread of illness and disease down. It provides parents and caregivers with useful information regarding signs and symptoms of common illnesses. It allows well-trained caregivers to promptly recognize signs

of illness and inform parents so they may seek treatment as soon as possible. It ensures that a sick child receives the care he or she needs while resting at home in order to return to care. Reducing the incidences of illness in the child care setting is the goal of a well-written illness policy. ❖

HEAD LICE, RINGWORM AND SCABIES

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Head lice, ringworm, and scabies are three types of infections that can be easily transmitted between children in care. It is important to know what these infections are, what the symptoms are, how they are transmitted, and how they can be treated.

Head Lice

The head louse is a parasitic insect that lives among human hairs and feeds on small amounts of blood from the scalp. Although lice are very small, they can be seen by the naked eye. Before lice eggs (nits) hatch, they look like yellow, tan, or brown dots. After they hatch, they look white or clear. Lice eggs hatch within 1 to 2 weeks after they are laid. Nits cannot be removed from the hair shaft by brushing or shaking them off.

Symptoms of head lice are nits in the hair, head scratching, and complaints of things moving around on the head. Depending on the severity of the infestation, some children may have a rash with crusting and oozing. Lice may be seen on the scalp, by parting the child's hair into small sections on the nape of the neck or behind the ears. It may help to use a magnifying glass.

Head lice is very contagious and spreads quickly from person to person, especially in a group setting such as child care. It spreads primarily from head to head contact but can be passed by sharing clothing, bed linens, combs, brushes, and hats. Lying on a bed or sitting on furniture recently used by someone infested can spread lice as well. Head lice can live off of the body for a short time. As a child care provider, it is important to not allow the sharing of the above items between children and have as little head to head contact as possible.

Lice can be treated with a medicated shampoo, cream or lotion and a fine-tooth comb. These items can be obtained over the counter or prescribed by a family physician. It is important to follow the directions for treatment and adhere to specific instructions given by the physician. Over medicating may cause damage. If head lice continues to

reoccur, consult your physician or local health department.

Suggestions for ridding the child care facility of lice include but are not limited to:

- Wash all bed linen and clothing that has recently been used by an infested individual in very hot water and dry for at least 20 minutes on the highest setting.
- Clothing, stuffed animals or plush toys that cannot be washed should be dry cleaned or placed in an airtight bag for two weeks.
- Vacuum carpets and upholstered furniture.
- Soak combs, brushes and hair accessories in rubbing alcohol or medicated shampoo for one hour.

Ringworm

Ringworm is a skin infection that is caused by a fungus. It is most often shaped like a ring and may have a raised edge; however, depending on where the ringworm is located, it may just look like a rash. Ringworm lives and spreads on the top layer of skin and grows best in warm, moist areas. A common place for ringworm is the scalp. When the scalp is infected, there is often baldness in the infected area.

Ringworm is contagious and is easily spread from one person to another. It can be spread when there is skin-to-skin contact with another person or animal that has it or by sharing towels or clothing.

Ringworm can be treated easily by an antifungal medication, usually a cream, or by oral medication prescribed by a physician. If the topical creams do not work, a physician can prescribe medication in a pill form to eliminate the fungus.

It is important to notify the parent of the child with suspected ringworm so the parent can seek treatment. Because ringworm is so contagious, the child should not return to child care until the ringworm has been effectively treated. For the protection of other children in care, a medical

statement may be requested to verify the child is no longer contagious.

Scabies

Scabies is a skin infection that occurs when tiny mites burrow into the top layer of human skin and lay their eggs. Signs and symptoms of scabies are severe itching (worse at night or after a hot bath), and small bumps or pus-filled blisters that break open when they are scratched. Scabies may also look like short, wavy, reddish or darkened lines on the skin's surface. The lines often appear in the folds of the skin such as armpits, between fingers, around the waist, the inner elbow, and the knees.

Scabies is contagious and transmitted by skin-to-skin contact primarily in situations where there is a lot of close contact, such as child care homes or centers. Direct physical contact, such as holding hands, is the most common way to transmit scabies.

Scabies requires treatment from a doctor through

medicated cream or lotion to kill the mites. The cream should be applied to all areas of the body and should remain on the skin for 8 to 12 hours before being washed off. Once a child starts treatment for scabies, it takes between 1 and 2 days for the itching to stop. If the treatment is successful, there should be no new rashes or burrows after 24 to 48 hours.

Taking measures to clean the child care facility to prevent the spread of the infection is crucial. Clothing, sheets and towels should be washed in hot water. Each room in the facility should be thoroughly cleaned and vacuumed.

Maintaining effective communication with parents of children in care is the first step in ensuring healthy children and a healthy child care environment. It is necessary that children infected with head lice, ringworm, or scabies not attend child care until they are effectively treated. ❖

MRSA,

Cont. from page 6

- Typically, it is not necessary to inform the entire school community about a single MRSA infection or close the school. When a MRSA occurs within the school population, the school nurse and or physician should determine, based on their medical judgment, whether some or all parents and staff should be notified.
- Gloves should be worn if you expect to have contact with non-intact skin or mucous membranes. Hands should be washed immediately after removing gloves.
- Athletes with active skin and soft tissue infections should follow the recommendations of the NCAA or MHSAA for exclusion from competition.
- Potentially contaminated surfaces should be cleaned with an EPA registered disinfectant labeled effective against MRSA following manufacturer's recommendation for use. Household bleach diluted 1:100 (new solution mixed daily) may be used.

Helping antibiotics help you.

Have you ever asked your doctor for antibiotics to treat a cold or the flu? Do you sometimes stop taking

your antibiotic prescription once you start to feel better? Or have you ever saved "leftovers" for the next time you feel sick? If you answered yes to any of these questions, you could be helping bacteria to become antibiotic resistant.

Since their discovery 50 years ago, antibiotics have been a key factor in fighting bacterial infections and keeping us healthy. If you've ever been diagnosed with such common conditions as pharyngitis, chronic bronchitis or middle ear infection (otitis media), chances are you've taken them. Yet, antibiotics remain one of the most misunderstood and misused types of medications.

Established in 1997, the Michigan Antibiotic Resistance Reduction (MARR) Coalition is a nonprofit organization dedicated to promoting more careful antibiotic use by helping health care providers and patients understand when antibiotics can help and when they should not be prescribed. The organization's strength lies in its unique membership, which includes broad participation from health care professionals, businesses, universities, government, community groups and others — all working toward the goal of stopping the spread of resistant bacteria. ❖

COMMON CHILDHOOD ILLNESSES:

Hand-Foot-and-Mouth Disease, Impetigo, & Pink eye (Conjunctivitis)

Laura Schott, Licensing Consultant
Macomb County

Young children build their immunities by fighting off the germs they are exposed to inside and outside of their own homes. There are a number of common diseases that children are exposed to, especially in the child care setting. According to the Michigan Department of Community Health, the most common nuisance diseases spread by direct contact are:

Hand-Foot-and-Mouth Disease (HFMD)

HFMD is a common illness of infants and young children. Symptoms include: fever, sores in the mouth, and a rash with blisters.

Generally, HFMD begins with a mild fever, poor appetite, feeling sick, and a sore throat. Within one or two days after the fever begins, painful sores develop in the mouth, which are usually found on the tongue, gums, and inside of the cheeks. They begin as small red spots that blister and then often become sores. A skin rash can also develop with flat or raised red spots, some with blisters. The rash does not itch and is usually located on the palms of the hands and soles of the feet. It may also appear on the buttocks.

Direct contact with nose and throat discharges, saliva, fluid from blisters, or the stool of the infected person spreads infection from person to person. A person is most contagious during the first week of

the illness. The usual period from infection to the onset of symptoms is 3 to 7 days.

There is no specific treatment for HFMD as it is an enterovirus. Treatment for the symptoms provides relief from fever, aches, or pain from the mouth sores.

HFMD outbreaks occur most often in the summer and fall months. The Centers for Disease Control and Prevention (CDC) has no specific recommendations regarding exclusion of children with HFMD. Children are often excluded from child care settings during the first few days of the illness, which may reduce the spread of infection but not completely interrupt it. The virus may be excreted for weeks after the symptoms have disappeared. It may be beneficial to exclude children who have blisters in their mouths and drool or who have weeping lesions on their skin.

Impetigo

Impetigo is a skin infection that mainly affects infants and young children. It is caused by two types of bacteria, *Staphylococcus aureus* (staph), which is most common, and *Streptococcus pyogenes* (strep). Both types of bacteria live harmlessly on your skin until they enter through a cut or wound and cause

Proper Hand Washing

The single most effective way to prevent the spread of illness in child care settings is hand washing. Illness rates drop remarkably when adults and children wash hands frequently. Proper hand washing technique:

- ✓ Wet hands under warm 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.

an infection. Staph and strep bacteria flourish wherever groups of people are in close contact. Impetigo infections are more common in warm, humid weather.

It starts as a red sore that quickly ruptures, oozes for a few days and then forms a yellowish-brown crust that looks like honey or brown sugar. The sores usually appear around the nose and mouth. Impetigo is highly contagious and once infected, it can easily be spread by just touching or scratching the sores. A person can become infected by coming into contact with something the infected person has touched (such as bedding, towels, and even toys) or direct contact with the sores on the infected person.

Treatment for impetigo depends on the child's age, type of impetigo and the severity of the infection. A doctor may prescribe a topical antibiotic ointment or an oral antibiotic. Often children can return to child care within 24 hours of antibiotic treatment. Children continue to be contagious as long as they have oozing sores.

Pink eye (Conjunctivitis)

Pink eye (conjunctivitis) is an inflammation or infection of the transparent membrane (conjunctiva) that lines the eyelid and part of the eyeball. The cause of pink eye is commonly a bacterial or viral infection, an allergic reaction or — in newborns — an incompletely opened tear duct.

The most common signs and symptoms of pink eye include:

- Redness in one or both eyes
- Itchiness in one or both eyes
- Blurred vision and sensitivity to light
- A gritty feeling in one or both eyes
- Tearing

Pink eye can be an irritating condition, but it is usually harmless to your sight and generally does not require extensive or emergency treatment. However, because pink eye can be highly contagious for as long as two weeks after signs and symptoms begin, it is important to seek diagnosis and treatment early. Treatment is usually antibiotic drops or ointment.

Children with bacterial conjunctivitis can be contagious for a few days. They should be kept away from child care or school settings until after they start treatment.

Practicing good hygiene is the best way to control the spread of these illnesses. Following the simple procedures outlined in this issue can prevent and reduce the incidence of illness in the child care setting. Check with the treating doctor about when the child should return to child care or school following one of these illnesses. ❖

Wash hands:

Before and after:

- ✓ Eating, handling food, or feeding a child.
- ✓ Giving medication.
- ✓ Playing in water that is used by more than one person.

After:

- ✓ Diapering.
- ✓ Using the toilet or helping a child use the toilet.
- ✓ Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths or from sores.
- ✓ Handling uncooked foods, especially raw meat and poultry.
- ✓ Handling pets and other animals.
- ✓ Playing in sandboxes.
- ✓ Cleaning or handling the garbage.
- ✓ Caring for an ill child.



UPCOMING PROFESSIONAL DEVELOPMENT SEMINARS, CLASSES AND OTHER

MiAIEYC Infant-Toddler Conference
September 11, 2008
Dearborn, MI
800-336-6424
<http://www.miaeyc.org>

Michigan After-school Collaborative
Conference
October 10-11, 2008
Double Tree Hotel, Dearborn
517-214-4260
<http://miafterschool.com>

Upper Peninsula AEYC Early Childhood
Conference
October 18, 2008
Northern Michigan University
Marquette, MI
Judy Place 906-226-9904
place@nmu.edu

MiAIEYC Administrator Institute
October 21, 2008
Clinton Twp, MI
517-336-9700
866-334-5437
<http://www.miaeyc.org>

2008 Early On Annual Conference
October 22-24, 2008
East Lansing, MI
517-668-0185
866-334-5437

19th Annual Child Care Resources Early
Childhood Conference; Southwest Michigan 4C
October 25, 2008
Howell, MI
269-349-3296 x228
800-343-3470 x228
www.workfamilysolutions.com

Supporting Families with Infants, Toddlers, and
Young Children Conference
November 11-13, 2008
Traverse City, MI
517-373-4320
1-800-CHILDREN

Michigan Collaborative Early Childhood
Conference
January 28-30
Dearborn, MI
517-336-9700
<http://www.miaeyc.org>

MiAIEYC Early Childhood Conference
March 26-28, 2009
Grand Rapids, MI
517-336-9700
<http://www.miaeyc.org>

ONGOING PROFESSIONAL DEVELOPMENT CLASSES

(Call organization for classes, dates, and times.)

Michigan 4C Association

www.mi4c.org
(517) 351-4171
(800) 950-4171

Michigan State University Extension

<http://bkc.fcs.msue.msu.edu/>
(517) 432-7654

Child Care Expulsion Prevention (CCEP)

Social and Emotional Training Series
(248) 739-1414
mackrain@aol.com

T.E.A.C.H. (Teacher Education And Compensation Helps)

www.mi4c.org/teach
(866) MITEACH, (866) 648-3224

HighScope Training Opportunities

www.highscope.org
(734) 485-2000 ext. 234

RESOURCES: Common Childhood Illnesses

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CHECK IT OUT!!!

Child Care Licensing has an all NEW website designed for both caregivers and parents! Get child care updates and news sent directly to you via email when you sign up to be part of a child care LISTSERV at:

<http://www.michigan.gov/michildcare>

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CONSUMER PRODUCT SAFETY COMMISSION INFANT/CHILD PRODUCT RECALLS (not including toys)

These recalls have been added since May, 2008:

- Children's Merry-Go-Rounds Sold Exclusively at Toys R Us Recalled by Pacific Cycle Due to Fall Hazard
- Backyard Leisure Recalls Swing Sets Due to Fall Hazard
- Simmons Kids Recalls Crib Mattresses Due to Entrapment Hazard
- Bassettbaby Cribs Recalled Due to Entrapment Hazard; Sold Exclusively at Babies "R" Us
- Sure Grip Paint Brushes Recalled by Early Childhood Resources Due to Violation of Lead Paint Standard
- Douglas Co. Recalls Children's Blankets Due to Strangulation Hazard
- Baby Bottle and Food Warmers Recalled by Munchkin Due to Fire Hazard
- Playworld Systems Recalls Swing Sets Due to Fall Hazard Caused by Defective Clevises
- Beco Baby Carrier Recalls "Beco Butterfly" Infant Carriers
- Downeast Concepts Inc. Recalls Water Bottles Due to Violation of Lead Paint Standard
- Galison/Mudpuppy Recalls Wire Bound Journals and Calendars Due to Violation of Lead Paint Standard

Details on these product recalls may be obtained on the Consumer Product Safety Commission's website: <http://www.cpsc.gov>

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