

Broadmoor's

**Weekday
Preschool**

Parent Handbook

2023-2024

BROADMOOR WEEKDAY PRESCHOOL MISSION

Luke 2:52 states “And Jesus increased in wisdom, and stature, and in favor with God and man.” Our mission at Broadmoor Weekday Preschool is to help children grow as Jesus grew. We strive to provide a quality preschool program with developmentally appropriate learning experiences in the context of a nurturing, Bible-centered Christian environment. We believe that each child is a unique creation of God, designed specifically for the purpose and plan He has for their lives.

BROADMOOR WEEKDAY PRESCHOOL PHILOSOPHY

We believe children develop mentally, physically, spiritually, socially, and emotionally. We are committed to providing Biblically based, age-appropriate experiences to equip each child to progress in these areas at his/her own level of ability, while enjoying a feeling of success. This is done through hands-on activities in learning centers and role modeling—by the teachers. We want teachers and parents to partner together to encourage and enhance each child’s growth.

ADVISORY TEAM

Broadmoor’s Church Council has established the Weekday Preschool Advisory Team to oversee and manage the Weekday Preschool Program. In cooperation with the directors of the program, the Advisory Team has been tasked with implementing and enforcing the policies and procedures in this handbook.

This team consists of:

- A member of Church Council
- A member of the Finance Committee
- A parent of a child in Babies-2
- A parent of a child in 3s/4s
- 2 Educators
- Preschool Minister

ROLE OF HANDBOOK

The purpose of this Parent Handbook is to provide information and guide you in connection with certain aspects of our Weekday Preschool program. This Handbook has been approved by Broadmoor’s Church Council, the Advisory Team, and by the directors and supervisors of Weekday Preschool. This Handbook does not create any contractual rights and is subject to modification from time to time at the discretion of Church Council. The policies and procedures outlined in this Handbook may only be modified, waived, or amended in writing by Church Council. No individual employee, teacher or officer of Broadmoor shall have authority to modify, alter, waive, or amend the policies and procedures contained in this Handbook. Please read this Handbook and the attachments carefully and ask any questions that you may have regarding these policies and procedures.

PROGRAM STRUCTURE

Our program is available for young children ages 3 months to 4 years. Weekday Preschool Schedule is as follows:

Infant (3 month) – 2-year-olds Tuesday/Thursday 9am-2pm
3 YR olds** – 4 YR olds 3 day a week (Tues-Thur) 9am-12pm
*** 3 YR olds** – 4 YR olds 5 days a week (Mon-Fri) 9am-12pm

**Children must have turned 3 years old by September 1, 2023, and be toilet trained.

***There is an optional 2-day (Tuesday/Thursday) or 3-day (Tuesday/Wednesday/Thursday) lunch bunch program from 12-2.

****There is an optional early morning room offered each day at 8:00 am for an additional fee.

Because we provide experiences that equip your child to develop mentally, physically, spiritually, socially, and emotionally, we incorporate a variety of learning opportunities. Learning centers include art, books, blocks, puzzles, manipulatives, nature, music, and dramatic play are some of the activities your child will be engaged in during their time at Weekday Preschool. Social skills are developed through group time, sharing, taking turns, thinking, reasoning, and problem solving. The children also participate in weekly music classes. Teachers use rhythm and movement to reinforce what the children are learning in the classroom.

We are a faith-based program and teach according to the Bible. Bible stories, verses, and Biblical principles are incorporated into each teaching unit. Additionally, our 3- and 4-year-olds have a weekly chapel time.

POLICIES FOR ADMISSION

Weekday Preschool accepts children regardless of race, sex, or religious beliefs. Please note that Biblical, Christian education is an important part of Weekday Preschool. Children entering the 3- and 4-year-old programs must be toilet trained, and able to use the restroom independently to be admitted to the program. Children must also be able to participate in developmentally appropriate activities for their age group to be placed in a class. Priority enrollment will begin in January of the current school year for placement the following school year. Priority enrollment is given to currently enrolled children and siblings. Enrollment will be open to Broadmoor Baptist Church members after the priority enrollment. Open enrollment to the community will be open mid-February. Remaining spots will be filled on a first come, first served basis. A waiting list will be started for classes that fill up at this time.

Once we have received your online registration and your registration fee has been accepted, you will have placement in Weekday Preschool. The following additional documentation is required to complete your enrollment to begin classes in August.

- Participation Agreement signed by parents or legal guardian (issued through Brightwheel)
- Immunization Form 121 from Child's Doctor or Health Department
- One parent or legal guardian must attend parent orientation.

NOTE: An updated copy of Immunization Form 121 must be provided with each new immunization the child receives. It is a requirement of the Mississippi State Department of Health (MSDH) to have on file, and children cannot attend without a current form on file.

It is the parent or guardian's responsibility to update any information in Brightwheel.

LICENSING AND REGULATION

Weekday Preschool is licensed and regulated by the MSDH. Our license is renewed annually. State childcare facility regulations and guidelines are available for you to review at www.healthyMS.com.

Weekday Preschool MSDH license number is available upon request and displayed as you enter each program area. A summary of the MSDH Childcare Regulations is provided in this handbook. (APPENDIX A)

Broadmoor maintains commercial general liability insurance for its weekday preschool program.

TUITION AND FEES

3 months – 2-year-olds – 2-Day Classes (Tuesday and Thursday)

Registration Fee (Non-Refundable): \$75/child

Tuition: \$240/month

Supply Fee (Non-Refundable): \$35/semester
Fall Supply Fee due by August 31, 2023.
Spring Supply Fee due by January 9, 2024

3- and 4-year-olds (must have turned 3 by September 1, 2023 or 4 by September 1, 2023)

Registration Fee (Non-Refundable): \$75/child

Tuition: 3-Day Classes (Tuesday, Wednesday, Thursday): \$325/month
5-Day Classes (Monday – Friday) \$350/month

Supply Fee (Non-Refundable): \$85/semester
Fall Supply Fee due by August 31, 2023
Spring Supply Fee due by January 9, 2024

Lunch Bunch Fee:

\$115/month for three days (Tuesday, Wednesday, Thursday)

\$85/month for two days (Tuesday and Thursday)

Early Room Fee:

2 days \$40/month

3 days \$60/month

5 days \$90/month

NOTE: The supply fee applies to ALL children enrolled in all classes. This fee is collected to cover the cost of curriculum, snacks, and supplies for the children throughout the year.

LATE PICK-UP FEE

A late pick-up fee of \$10/child will be assessed for the first 15 minutes, or part thereof, that you are late picking up your child. \$2/minute will also be charged for each additional minute you are late picking up beyond the first 15 minutes. Late fee payments will be billed and added to your monthly invoice. If you encounter an emergency that causes your delay, please call the Weekday Preschool office to inform the directors of your situation.

ELECTRONIC BILLING SYSTEM

All payments will be made through Brightwheel. You will be able to see invoices, past payments and print your statements. Additionally, we will require an automatic payment. You can use a credit card, debit card, or even a bank draft. Reminders for the automatic billing will be sent on 1st of each month and payments will be drafted on the 5th of each month.

Tuition is calculated for the school year and divided evenly over the 10 months and not prorated over 12 months. If you have any issues with your monthly invoices please email accounting@broadmoor.org.

TUITION DUE DATE

Tuition is due by the 5th of the month. If tuition is not received by the 5th, your child may be unable to attend until your account is paid. If you are experiencing an extenuating circumstance that creates a hardship on your family, please see directors. Tuition is due in full regardless of days attended.

EARLY WITHDRAWAL

If you need to withdraw your child during the year, we require a 20-day written notice. No refund is given for the month you withdraw.

Broadmoor has the right to terminate Weekday Preschool program due to events outside of Broadmoor's control.

COMMUNICABLE DISEASE REFUND POLICY

Each year there is a potential for communicable disease closure situations. It is Broadmoor's policy not to refund tuition should the class or program be closed due to a communicable disease outbreak.

Since supplies must be pre-purchased, in no event will Broadmoor refund any portion of the supply and registration fee.

HEALTH AND SAFETY

Please help us prevent spreading illnesses by using care and caution when sending your child to school. Please see appendix A for more information about contagious illnesses.

If your child is exposed to or becomes ill with a contagious, communicable illness, please notify your child's teacher and directors as soon as possible.

The program exercises reasonable care and judgment in all matters related to safety. In all emergencies, the program has permission to take such reasonable measures that are, in the best judgment of the teacher and directors, necessary for the welfare and safety of the child until a parent or caregiver can be reached.

Children with contagious illnesses are not allowed to attend Weekday Preschool, or any of our other scheduled activities. Our teachers are not permitted to administer any medication to children, except for an EpiPen in a life-threatening situation.

The following symptoms/conditions require us to remove the child from the group setting: Fever (100.0 F) or higher, diarrhea, vomiting, rash, sore throat, severe coughing, eye discharge, loss of taste or smell, body aches, chills, shortness of breath, or yellow/green runny nose.

Children are to be fever free for 24 hours, WITHOUT HAVING BEEN GIVEN FEVER REDUCING MEDICATION before returning to Weekday Preschool.

Children are not to return within 24 hours of having vomited or having diarrhea.

Weekday Preschool reserves the right to terminate enrollment if the need arises due to health and/or safety concerns. If this becomes necessary, written notice will be provided to the parents or guardian.

Please help us prevent spreading illnesses by using care and caution when sending your child to school.

PRESENTATION OF SYMPTOMS

If teachers notice any children in their classrooms with questionable symptoms, they will bring the child directly to the directors' offices for evaluation (temp scan and symptom check). If the directors have reason to believe the child is not well, the directors will notify the parents immediately. While waiting on the parents to pick up their child, the child will remain in the directors' offices or an approved quarantine room under the director's supervision.

EMERGENCY EVACUATION

In the case of an emergency that requires evacuation of Broadmoor's facilities, children will be relocated to Madison Central High school or Madison Middle school. Parents will be notified promptly.

Broadmoor has a security policy to address threatening situations. Our teachers have been trained on how to implement procedures. Security personnel is on campus during operating hours.

ARRIVAL AND DEPARTURE

DROP OFF

We have in person drop off for all our ages. Children will arrive no earlier than 8:45am. We do offer an early room beginning at 8 AM for an additional fee.

PICK UP: BABIES – 2 YEAR OLDS

Parents will pick up their child inside the building at the classroom door.

PICK UP: 3 YEAR OLDS - 4 YEAR OLDS

Pick up for our 3 and 4-year-old children will be carpool pick up ONLY. If parents need to pick their child up before 1:45, they must enter the building and proceed to the Preschool office.

Teachers will escort their classes to the carpool waiting area. Students will sit in the carpool waiting area with their class.

While in the carpool line, our teachers should not engage in extended conversations with passengers of vehicles. Please schedule a meeting with the teacher to have further conversations. They will identify which child is being picked up, using the decal number system that we have used consistently each year. It is the parent's responsibility to make certain their child's carpool number is appropriately displayed in the upper passenger side windshield area.

Teachers will escort children to the door, where a teacher will open their door and help them get in their seat. Our teachers will not be responsible for buckling children into car seats. Once our teacher has moved away from the vehicle, it will be the parent's responsibility to securely buckle their children into their car seats, BEFORE exiting campus. Parents will be allowed to buckle their children safely into their seats while they are in carpool line.

DO NOT PASS OTHER CARS IN THE CAR RIDER LINE.

Carpool will be available for pickup each day at 12:00PM, and also at 2:00PM on Tuesday, Wednesday and Thursday. You will be provided with 4 carpool decals. Decal must be visible in the lower passenger side of your windshield.

If someone other than the parents or legal guardians are picking a child up, they must give the appropriate authorization for pickup through Brightwheel. If parents/guardians are unable to authorize another pickup designee through Brightwheel, they can give prior written notification to the directors. Appropriate written notifications include text messages, emails, or written notes from the parent / guardian. You will not be allowed to enter the building during carpool pickup.

Each child must have on Brightwheel the names and phone numbers of emergency contacts. The emergency contact must be local and available to pick up the child if parents are unable to be reached. Both parents are allowed to pick up children unless Weekday Preschool has been provided with a legal document that states otherwise. In the case of custody issues, the enrolling parent/guardian must indicate who has legal custody and a copy of the court order granting custody must be on file in the directors' offices.

FOOD

CLASSROOM SNACKS

In accordance with the MSDH, we will continue to provide healthy snack options. All teachers will be required to wear gloves while serving snacks to children. This applies to bottle feedings as well.

For children who require bottles, parents will be required to provide their snacks, sippy cups, and bottles individually prepared, with the child's name clearly marked on the snacks, cups, and bottles. Our spaces are equipped with refrigerators to allow for storage of prepared bottles. After snack and lunches, all tables, chairs and high chairs will need to be thoroughly disinfected. Teachers will take steps to promote cleanliness, hand washing, and hygiene before and after snacks.

LUNCHES

Parents will be required to send all items packaged and wrapped for protection. This can be done with Ziplock bags and plastic containers.

Once lunch has concluded, all tables, chairs, and high chairs will be thoroughly wiped down and disinfected. Teachers will take steps to promote cleanliness, hand washing, and hygiene before and after lunch.

See Appendix B for information on nutritional guidelines for healthy lunches.

BIRTHDAY PARTIES

Birthdays are always special days, If you would like to send a snack on your child's birthday please communicate with your child's teacher. We will strive to make the day special for the child.

CLOTHING

Your child should wear comfortable, washable clothing that is appropriate for play and art activities.

Also, a change of clothing is required for ALL ages. Please send the change of clothes in a large Ziploc bag labeled with your child's name. We play hard and do lots of activities that could get little ones dirty! No flip-flops or open toe shoes should be worn to Weekday Preschool. We spend time each day outdoors, so closed toe shoes and tennis shoes are the best choice for safe footwear.

In the event of a toilet accident, soiled clothing will be sent home in the Ziploc bag that contained the clean change of clothes. Please note that we are prohibited from rinsing soiled clothing by MSDH.

NAPTIME (applies to Infant – 2 year olds)

Nap mats will be provided by the parents and must be taken home at the end of each week for disinfecting. Plastic mats can be wiped down with disinfectant wipes. Cloth nap mats must be washed in HOT water before returning the next week.

Cribs will be labeled for each specific child and will only be used by that child for that day. At the end of each day, all crib sheets will be removed and placed in a basket for laundering.

RECESS • MUSIC • CHAPEL

RECESS

Recess will take place in the gym, the playground, and in the large group room in our 3 and 4-year-old area.

MUSIC & CHAPEL

Music and chapel may be scheduled on a weekly rotation schedule.

DISCIPLINE

DISCIPLINE POLICY

Teaching, directing, and redirecting are the forms of classroom management we use. It is our goal that Christian love is at the heart of teaching. It is important that children learn self-control and good citizenship from the earliest age possible. Teachers encourage positive behavior by using these and other appropriate methods:

- Praising positive behavior
- Giving children choices when possible
- Using logical consequences when redirecting children to another activity
- Removing children from the group setting, explaining the appropriate behavior, and returning children to the setting to give them the opportunity to make the correct choice.

Time out will not be employed in any of our infant through 2-year-old rooms.

Time out is employed for children in our 3- and 4-year-old rooms if they continue to make the wrong choices. Time out guidelines indicate one minute per year of age is appropriate. We value confidentiality and will not discuss your child's behavior with other teachers or parents. We ask that if you have a problem with another child or parent, that you will be respectful of our confidentiality policy, and discuss that matter privately with your child's teacher and/or the directors.

In the case of severe behavior that cannot be managed in the classroom, the directors will be informed. The child may need to be removed from the class for the remainder of the day, in which case, the parent will be contacted to come to meet with the directors. Every effort will be made to correct the issue. We want to partner with you in the education and training of your child. If your child continues to exhibit severe or willfully disobedient behavior, you may be asked to withdraw

from the program. No refund will be given in this situation. Any behavior that poses a threat to self or others, as well as behavior that creates chronic disruption in the classroom, is considered severe behavior.

REPORTS

DAILY INTAKE AND OUTPUT

In accordance with the MSDH, teachers of infants and children under 2 years old will provide parents with daily reports that include liquid intake, child's disposition, bowel movements, and eating and sleep patterns.

SERIOUS OCCURRENCES INVOLVING CHILDREN

In compliance with MSDH health regulations, Broadmoor will enter into a child's record, and immediately report to the child's parent/guardian and to the licensing agency, any serious occurrences involving children. If we are unable to contact the parent and the licensing official immediately, we shall document this fact, in writing, in the child's record. Oral reports and/or emailed/faxed reports will be confirmed in writing and mailed within two days of the occurrence. Serious occurrences include accidents or injuries requiring extensive medical care, e.g., child is taken to the doctor or hospital or hospitalizations, alleged abuse and neglect, fire or other emergencies.

CHILD ABUSE

Any teacher or staff member of Broadmoor who has suspicion or evidence of child abuse or neglect will report it immediately to the Mississippi Department of Human Services in accordance with the state's Youth Court Act.

COMMUNICABLE DISEASE

Broadmoor will promptly report any known or suspected case or carrier of any reportable disease to the MSDH, as published in the "List of Reportable Diseases." This list can be found on page 15 of APPENDIX A at the back of this handbook.

SCHEDULE AND CALENDAR

DAILY SCHEDULE

Each class has its own daily schedule posted by the door. Copies are available upon request.

2023-2024 CALENDAR

IMPORTANT DATES and HOLIDAYS CLOSURES

Parent Orientation: August 10, 2023

Meet the Teacher: August 11, 2023

Start date: August 14, 2023

Labor Day: September 4, 2023

Fall Break: October 6-13, 2023

Thanksgiving Break: November 20-24, 2023

Christmas Break: December 22, 2023-January 9, 2024

Classes resume: January 9, 2024

MLK Day: January 15, 2024

President's Day: February 19, 2024

Spring Break: March 11-15, 2024

Easter Holiday: March 29 – April 1, 2024

Last Day: May 16, 2024

LET'S KEEP IN TOUCH!

CONTACT US

Your child's teacher and directors can be contacted through the messaging portion of the Brightwheel app.

Program directors can also be contacted at weekdaypreschool@broadmoor.org.

If for any reason you need to contact Weekday Preschool office by phone, the direct number is 601-898-4901. If no one is available to take your call, please leave a message and your call will be returned as soon as possible.

APPENDIX A



MISSISSIPPI STATE DEPARTMENT OF HEALTH

CHILD CARE REGULATIONS SUMMARY FOR PARENTS

Dear Parents,

The ***Regulations Governing Licensure of Child Care Facilities*** require that child care providers supply you with a summary of the Child Care Regulations that govern the licensure of child care facilities.

The Child Care Regulations are the rules and regulations that each child care facility in Mississippi must follow in order to maintain their Child Care License. You, as a parent, are entitled access to these regulations. Among the subjects covered in the Child Care Regulations are:

- Licensing Requirements
- Buildings & Grounds
- Rights of Entry & Violations
- Health, Hygiene, Safety
- Facility Policies & Procedures
- Nutrition & Meals
- Personnel Requirements
- Discipline & Guidance
- Records
- Transportation
- Reports
- Diapering & Toileting
- Staff Requirements
- Swimming & Water Activities
- Program Activities
- Feeding of Infants & Toddlers
- Children with Special Needs
- Night Care
- School Age Care
- Summer Day Camp & School Age Programs
- Hourly Child Care
- Hearings, Emergency Suspensions, Legal Actions & Penalties
- Release of Information
- Rest Periods
- Equipment, Toys, Materials

APPENDICES

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| Appendix A – Child Abuse & Neglect Reporting | Appendix B – Reportable Diseases |
| Appendix C – Nutritional Standards | Appendix D – Playground Safety Standards |
| Appendix E – Dishwashing Procedure | Appendix F – Hand washing Procedure |
| Appendix G – Diaper Changing Procedure | Appendix H – Cleaning & Disinfection Procedure |
| Appendix I – Communicable Disease/Conditions & Return of Child Care Guidelines | |

A full copy of the Child Care Regulations should be located in the Director's office of your child care facility. It should be available for your examination upon request. You may also access the Regulations at www.healthymms.com (from the left menu, select Licensure, then Child Care & Youth Camps.) You may direct your questions to your local licensing officials, or you may contact the Child Care Licensure office in Jackson at (601) 364-2827.

Should you have a complaint concerning a childcare facility, contact your local licensing official

_____ Tonya Broger CCFI II at 601-364-2827 _____.

COMMUNICABLE DISEASES/CONDITIONS AND RETURN TO CHILD CARE

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INTRODUCTION

COMMUNICABLE DISEASES/CONDITIONS AND RETURN TO CHILD CARE

Childcare providers frequently must make decisions regarding when children with communicable diseases/conditions should be allowed to attend or return to the out-of-home child care setting (a large child care center or where child care is provided in a private residence for more than one child). We hope the information provided in this booklet will help with these decisions. It contains information about the most common or important communicable diseases/conditions and how they are spread. Information is listed about the different times during which infectious agents may be transmitted from one person to another, and when it is usually safe for someone who has one of these conditions to return to the center. The “return to child care times” are based on the usual period of time that a person is considered to be contagious — **not** on the period of time that may be necessary for full clinical recovery from the signs or symptoms of an illness which may vary a great deal from person to person.

While **this booklet will serve as a guide** for child care attendance of children with communicable conditions, the Mississippi State Department of Health (MSDH) welcomes the opportunity to help with your decisions. You may contact your district health department office (see district map on page 18) or the Division of Epidemiology at the MSDH in Jackson to speak with a consultant.

***** THIS booklet is NOT intended to be used to DIAGNOSE an illness or infection. It SHOULD NOT REPLACE a diagnosis by trained MEDICAL personnel.*****

GENERAL INFORMATION

Small children who are cared for in out-of-home group settings are at a greater risk of acquiring and spreading a contagious disease. Small children are highly susceptible to contagious diseases since most of them have not been exposed to many of the most common germs and therefore do not have any immunity to them. Young children also have certain habits (e.g., putting their fingers and other objects in their mouths) that can easily spread germs. Even though contagious diseases/conditions will occur in a child care setting, the child care provider must do everything he or she can to prevent and control the spread of disease. **The use of common sense hygienic practices, especially frequent and thorough hand washing cannot be stressed enough!** Also, making sure that staff and children are up to date on their immunizations helps to lessen the risk of exposure to contagious diseases.

Reportable diseases: There are 4 classes of reportable diseases. Class I diseases are those of major public health importance and are to be reported upon first knowledge or suspicion and are usually reported by the physician, hospital or laboratory. However, the MSDH encourages child care providers who know of a child in their facility who has been diagnosed with a disease such as meningitis or measles to report it to the Health Department. This can sometimes help to expedite the investigation. Class II diseases may require public health intervention also, especially if there are several cases in one room (e.g., diarrheal diseases such as shigella and giardia).

When a Class I reportable disease is reported to the MSDH, there will be an investigation. The immediacy of the response by the MSDH and the extent of the investigation depend on the disease the person has. For example, if a child has been reported to have meningococcal meningitis, an investigation would take place as soon as the report is received. It is the goal of the MSDH to provide preventive medication to those for whom it would be indicated within 24 hours of receiving the report. A current list of the reportable diseases is provided in Appendix B of the Child Care Rules and Regulations.

Outbreaks/parental permission for laboratory tests: During times when there are outbreaks of *Giardia*, *Shigella* infection, etc., large numbers of stool specimens may be requested by the MSDH. The MSDH recommends that child care facilities obtain permission from parents or guardians at the time of enrollment for the child care facility to collect these stool specimens and receive the laboratory results if and when such an outbreak occurs. These laboratory tests would be done by the MSDH Laboratory free of charge. The laboratory test results would be sent to the child care facility and given to the parents/guardians by the child care facility for them to give to the child's physician. (See sample permission slip on page 17)

Handouts: It is good practice to keep parents informed as to what diseases might be occurring in the child care facility so that they can be alert to signs and symptoms of diseases and observe their children for them. We have provided a packet with fact sheets/handouts on certain diseases for you to give to parents.

CHILD CARE IMMUNIZATION REQUIREMENTS (FOR ATTENDEES AND STAFF)

ATTENDEES

The MSDH regulations governing the licensure of child care facilities mandate that each child in a licensed facility have immunizations according to the recommended immunization schedule. These children are to be **age-appropriately immunized** and must have a Certificate of Immunization Compliance (Form 121) or a Certificate of Medical Exemption (Form 122) on file at the child care facility and readily accessible for review by the MSDH. The Form 121 must be signed by the District Health Officer, a physician, nurse, or designee. The medical exemption, Form 122, **MUST** be signed by the District Health Officer. Children enrolled in licensed child care facilities and public and private schools in Mississippi may be exempt for *medical reasons only* and not for religious reasons.

Children usually begin their routine immunizations between 6 weeks and 2 months of age. The immunizations that are currently **required** at the age-appropriate times for child care are: DTaP (diphtheria, tetanus, pertussis), polio, MMR (measles, mumps, rubella), and HIB (*H. Influenzae* type b). Hepatitis B vaccine is a recommended vaccine, and is usually started at birth to 2 months of age. Hepatitis B is **not required for child care** attendance but is **required for entry into 5 year old kindergarten**.

As of August 01, 2002, one (1) dose of Varicella (chicken pox) vaccine is required on or after the 1st birthday and is required for entry into five (5) year-old kindergarten. Varicella is not required if a history of the disease is documented.

Children enrolled in a licensed child care facility or Head Start Center are expected to be age appropriately immunized. All children must have one of the following forms before enrollment in a licensed Child Care/Head Start facility.

1. Certificate of Immunization Compliance (Form 121). This form must be signed by the District Health Officer, a physician, nurse, or designee.
2. Certificate of Medical Exemption (Form 122). This form must be approved and signed by the Mississippi Department of Health District Health Officer from the public health district or the State Epidemiologist.

STAFF

Anyone (whether full or part-time and even if they are the owner/director) who works in a licensed child care facility must have a Certificate of Immunization Compliance (Form 121) or a Certificate of Medical Exemption from Immunization Requirements for Adults (Form 132) on file and readily accessible for review by the MSDH. The requirement for adults is that they must show proof of immunity to **measles** (rubeola or “red” measles) and **rubella** (“German” or “3-day” measles).

Proof of immunity to measles: Persons born prior to 01-01-1957 are assumed to have natural immunity to measles. Persons born on or after 01-01-1957 must show proof of immunity in one of the following ways:

1. A **physician's statement** saying that the person has had measles disease.
2. **Serological (a blood test)** confirmation of measles immunity.
3. A record of **2 doses** of measles-containing vaccine (usually given as MMR) given on or after the first birthday and on or after 01-01-1968. There must be a minimum time interval of 30 days between the 2 doses.

Proof of immunity to rubella: All child care workers, **regardless of age**, must show proof of immunity to rubella in one of the following ways:

1. **Serological (blood test)** confirmation of rubella immunity.
2. A **rubella vaccination** received on or after 12 months of age and on or after 01-01-1969.

The MSDH does not provide serological testing for measles and rubella for the purpose of child care/school attendance or private employment. Those who wish to have a blood test for proof of immunity to measles and/or rubella should see their private physician.

The Child Care Licensure Division of the MSDH checks the immunization records in child care facilities during regular program reviews. District Immunization Representatives also visit child care centers on a random basis to inspect the immunization records of the children and the employees. The purpose of these visits is to verify the presence of the Certificates of Immunization Compliance. These visits also help to ensure adequate immunization of children enrolled in child care facilities.

EXCLUSION CRITERIA

Small children can become ill very quickly. The child care provider should observe each child's health throughout the time the child is in their care. If the child care provider observes signs and symptoms of illness that would require removal from the facility, he/she should contact the parents/guardians to have the child picked up and continue to observe the child for other signs and symptoms. **If the child is not responding to you, is having trouble breathing, or is having a seizure or convulsion, call 911.**

The following conditions require exclusion from child care:

- Fever:** Defined as 100°F or higher taken under the arm, 101°F taken orally, or 102°F taken rectally. For children 4 months or younger, the lower rectal temperature of 101°F is considered a fever threshold.
- Diarrhea:** Frequent (3 or more episodes in a 24-hour period) runny, watery, or bloody stools. **According to CDC recommendations, a child who is not toilet trained and has diarrhea should be excluded from child care settings regardless of the cause.**
- Vomiting:** Two or more times in a 24-hour period

Rash:	Body rash with a fever
Sore throat:	Sore throat with fever and swollen glands
Severe coughing:	The child gets red or blue in the face or makes high-pitched whooping sound after coughing.
Eye discharge:	Thick mucus or pus draining from the eye
Jaundice:	Yellow eyes and skin
Irritability:	Continuous irritability and crying

CHICKENPOX (VARICELLA)

Chickenpox is a highly infectious viral disease that begins with small red bumps that turn into blisters after several hours. The blisters generally last for 3-4 days and then begin to dry up and form scabs. These lesions (bumps/blisters) almost always appear first on the trunk rather than the extremities.

Mode of transmission: Airborne droplets of nose and throat secretions coughed into the air by someone who has chickenpox. Also by direct contact with articles freshly soiled with discharge from the blisters and/or discharge from the nose and mouth (e.g., tissues, handkerchiefs, etc.).

Notification: Notify parents/guardians and staff members that a case of chickenpox has occurred, especially those parents whose child is taking steroid medications, being treated with cancer or leukemia drugs or has a weakened immune system for some reason. Staff members who are pregnant and have never had chickenpox disease or the chickenpox vaccine should consult their physician immediately. A special preventive treatment may be indicated for those with a weakened immune system and non-immune pregnant women. This treatment must be given **within 96 hours** of the exposure to be effective.

Vaccine: As of August 01, 2002, one (1) dose of Varicella (chicken pox) vaccine is required on or after the 1st birthday and is required for entry into five (5) year-old kindergarten. Varicella is not required if a history of the disease is documented.

Return to child care: Once the diagnosis has been made, determine the day that the blisters first appeared. The child may return to child care on the 6th day after the blisters first appeared or earlier if all the lesions are **crusted and dry and no new ones are forming**. Keeping the child home until all the lesions are completely healed is unnecessary and results in excessive absences.

SHINGLES (VARICELLA ZOSTER)

Shingles (varicella zoster) is a reactivation of the chickenpox virus (varicella). After the initial infection with chickenpox, the virus continues to lie dormant (inactive) in a nerve root. We tend to think of the elderly and immunosuppressed individuals as the ones who have shingles; however, it can and does occur sometimes in children. The lesions or blisters of shingles resemble those of chickenpox and usually appear in just one area or on one side (unilateral) of the body and run along a nerve pathway. A mild shingles-like illness has been reported in healthy children who have had the chickenpox vaccine. This is a rare occurrence.

Mode of transmission: It is possible for someone who has never had chickenpox disease or the vaccine to get chickenpox by coming in contact with the fluid from the lesions of someone who has shingles. Shingles itself is not transmissible. A person who has shingles does not transmit chickenpox through the air as does someone who has chickenpox disease.

Return to child care: The child who has shingles may attend child care if the lesions can be covered by clothing. If the lesions cannot be covered, the child should be excluded until the lesions are crusted and dry. Staff members who have shingles pose little risk to others since the lesions would be covered by clothing or a dressing on exposed areas. **Thorough hand washing** is warranted whenever there is contact with the lesions.

NOTE: Staff members, especially those who are pregnant, who have no history of chickenpox disease or chickenpox vaccine, should not take care of children with shingles during the time they have active or fluid-filled lesions.

CYTOMEGALOVIRUS (CMV)

CMV is a viral illness that most people become infected with during childhood. Small children usually have no symptoms when they become infected, but older children may develop an illness similar to mononucleosis with a fever, sore throat, malaise or feeling very tired and an enlarged liver.

Mode of transmission: CMV is spread from person to person by direct contact with body fluids such as urine, saliva, or blood. The virus can also be passed from the mother to the baby before birth.

Pregnancy: Rarely, a woman may contract the disease for the first time during pregnancy which may pose a risk to the fetus causing certain birth defects. CDC recommends that women who are child care providers and who expect to become pregnant should be tested for antibodies to CMV and if the test shows no evidence of previous CMV infection, they should reduce their contact with infected children by working, at least temporarily, with children 2 years of age and older where there is less circulation of the virus. Also, they should avoid kissing an infected child on the lips, and as with any child care situation, **wash hands** thoroughly after each diaper change and contact with a child's saliva. If contact with children does not involve exposure to saliva or urine, there should be no fear of potential infection with CMV.

Return to child care: There is no need to exclude children with CMV from child care as long as they do not have a fever since the virus may be excreted in urine and saliva for many months and may persist or there may be recurring episodes for several years following the initial infection. CMV is a virus that may persist as a latent infection and recur when a person becomes immunosuppressed with conditions such as cancer, AIDS, etc.

DIARRHEAL DISEASES (e.g., campylobacteriosis, cryptosporidiosis, giardiasis, rotavirus, salmonellosis, shigellosis) - See *E. coli* O157:H7 and Hepatitis A sections for specific return-to-child- care recommendations regarding these 2 diseases.

Diarrhea is defined as frequent (3 or more episodes within a 24 hour period), runny, watery stools and can be caused by different types of organisms such as viruses, bacteria and parasites.

Mode of transmission: Diarrheal diseases are generally transmitted or spread by ingesting food or water or by putting something in the mouth such as a toy that has been contaminated with the feces (stool/poop) of an infected person or animal. In some cases such as with *Salmonella* and *E. coli* O157:H7, the disease is transmitted by eating raw or undercooked meats (especially ground beef and poultry) and unpasteurized milk and fruit juices.

Notification: Notify parents/guardians of children in the involved room of the illness. Ask that they have any child with diarrhea, severe cramping, or vomiting evaluated by a physician and that they inform the day care of diarrheal illness in their child and family.

Outbreak situation: Most diarrheal diseases are reportable to the State Department of Health. When there are 2 or more cases of a diarrheal disease in one room, more extensive notification may need to be done as stool specimens may need to be collected. In this case, the director of the child care should consult with the Public Health District Epidemiology Nurse or the Division of Epidemiology at the State Department of Health. (See Public Health District Map on page 18 for addresses and telephone numbers)

Return to child care: In most cases, a child may return to child care after a diarrheal illness once he or she is **free of fever** and the **diarrhea has ceased**.

***E. COLI* O157:H7**

Escherichia (E.) coli bacteria are found in the intestines of most humans and many animals. These infections are usually harmless. However, certain strains of the bacteria such as the O157:H7 can cause severe illness. Some persons who are infected with *E. coli* O157:H7 may have a mild disease while others develop a severe, bloody diarrhea. In some cases, the infection may cause a breakdown of the red blood cells which can lead to HUS or hemolytic uremic syndrome.

Mode of transmission: *E. coli* O157:H7 is usually the result of eating undercooked meat, especially hamburger. There have also been cases reported from drinking **unpasteurized** apple

juice. Person-to-person transmission may occur by contact with the feces or stool of an infected person.

Notification: Notify the staff and parents/guardians that a case of *E. coli* O157:H7 has occurred and ask that they have their child evaluated by a physician if they have diarrhea, especially bloody diarrhea. *E. coli* O157:H7 is a Class I reportable disease and a follow-up investigation will be done by the Health Department.

Return to child care: The infected child should not be in or allowed to return to a child care center until his/her diarrhea has ceased and 2 consecutive negative stool samples are obtained (collected not less than 24 hours apart and not sooner than 48 hours after the last dose of antibiotics).

FIFTH DISEASE (ERYTHEMA INFECTIONOSUM)

This is an infectious disease characterized by a “slapped -face” (redness) appearance of the cheeks followed by a rash on the trunk and extremities.

Mode of transmission: Person-to-person spread by direct contact with nose and throat secretions of an infected person. Transmission of infection can be lessened by routine hygienic practices which include hand washing and the proper disposal of facial tissues containing respiratory secretions.

Notification: Notify parents/guardians and staff members that fifth disease is occurring in the child care facility. Staff members who are pregnant should consult their obstetrician if children in their room have fifth disease.

Return to child care: Children with fifth disease may attend child care if they are **free of fever**, since by the time the rash begins they are no longer contagious. The rash may come and go for several weeks.

“FLU” (INFLUENZA)

Influenza is an acute (sudden onset) viral disease of the respiratory tract characterized by fever, headache, muscle aches, joint pain, malaise, nasal congestion, sore throat, and cough. Influenza in children may be indistinguishable from diseases caused by other respiratory viruses.

Mode of transmission: Direct contact with nose and throat secretions of someone who has influenza - airborne spread by these secretions coughed into the air.

Return to child care: The child may return to child care when **free of fever** and feeling well. The closing of individual schools and child care centers has not proven to be an effective control measure. By the time absenteeism is high enough to warrant closing, it is too late to prevent spread.

HAND-FOOT- AND- MOUTH DISEASE

This is a common childhood disease caused by a strain of coxsackievirus. In some people, the virus causes mild to no symptoms. In others, it may result in painful blisters in the mouth and on the palms of the hands and the soles of the feet.

Mode of transmission: The virus can be spread through saliva from the blisters in the mouth and from the fluid from the blisters on the hands and feet. It is also spread through the feces or stool of an infected person.

Notification: Notify parents/guardians and staff that there are cases of hand-foot-and-mouth disease in the child care facility so that they can be alert to the signs and symptoms.

Return to child care: The virus may be excreted in the stool for weeks after the symptoms have disappeared. **Children who have blisters in their mouths and drool or who have weeping or active lesions/blisters on their hands should be excluded from child care until the lesions are crusted and dry and the child is free of fever.**

HEAD LICE

This is an infestation of the scalp by small “bugs” called lice. They firmly attach egg sacs called “nits” to the hairs, and these nits are difficult to remove. Treatment may be accomplished with prescription or over-the-counter medicines applied to the scalp.

Mode of transmission: Direct contact with an infested person’s hair (head-to-head) and, to a lesser extent, direct contact with their personal belongings, especially shared clothing and headgear. Head lice do not jump or fly from one person to another, but they can crawl very quickly when heads are touching.

Notification: When a case of head lice occurs in a room, notify the parents/guardians that a case of head lice has occurred. Check the other children in that room for head lice and if found, notify their parents/guardians that the child needs treatment. Ask the parents/guardians to be alert to anyone in their family who may have signs and symptoms of head lice (e.g., excessive itching of the scalp, especially at the nape of the neck and around the ears) so that they may also receive treatment.

Infants and children less than 2 yrs. of age: It is a rare occurrence for children in this age group to have head lice. It is generally not recommended to treat this age group prophylactically or just because someone else in the family has been treated. If a child of this age is found to have head lice, the parent/guardian should consult the child’s physician for treatment recommendations.

Return to child care: The child may return to child care after the first treatment has been given. (See Attachment A - “Recommendations for the Control of Head Lice in the Child Care Setting”)

HEPATITIS A

This is an infectious viral disease characterized by jaundice (yellowing of the eyes and skin), loss of appetite, nausea, and general weakness. Child care centers can be a major source of hepatitis A spread in the community. This is because small children usually do not show any specific signs and symptoms of the disease. Symptomatic illness primarily occurs among adult contacts of infected, asymptomatic children.

Mode of transmission: Hepatitis A virus is found in the stool of persons infected with hepatitis A. The virus is usually spread from person to person by putting something in the mouth that has been contaminated with the stool of an infected person; for this reason, the virus is more easily spread under poor sanitary conditions, and when good personal hygiene, **especially good hand washing**, is not observed. Rarely, the virus is contracted by eating raw seafood (e.g., raw oysters) that has been collected from contaminated waters.

Notification: Notify the staff and parents/guardians that a case has occurred. Hepatitis A is a Class I reportable disease. A follow-up investigation will be done by the MSDH to determine who in the center may need to receive preventive treatment.

Return to child care: The child may return to child care one week after the onset of jaundice (yellowing of the eyes and skin) or one week after the onset of other signs and symptoms if no jaundice is present.

HEPATITIS B

Hepatitis B is a viral disease that affects the liver. It is a contagious condition characterized by loss of appetite, abdominal discomfort, jaundice (yellowing of the eyes and skin), joint aches, and fever in some cases. It is different from Hepatitis A. There should not be any risk of exposure to hepatitis B in a normal child care setting unless a child who is infected with hepatitis B is bleeding. Also, since the hepatitis B vaccine is now a part of the routine immunization schedule, more and more children should be immune.

Mode of transmission: The most common mode of transmission is through having sex with someone who has the virus; however, it can be transmitted when infected blood enters the body through cuts, scrapes or other breaks in the skin. Injecting drug users are at risk when they share needles with an infected person. It is also possible for infected pregnant women to transmit the virus to their babies during pregnancy or at delivery.

If an exposure to a person who is infected with hepatitis B has occurred, the person exposed should be referred to his/her physician since hepatitis B vaccine and hepatitis B immune globulin may be indicated. **Since hepatitis B and HIV/AIDS are both transmitted through blood exposure, the precautionary measures for HIV/AIDS would also apply to hepatitis B. (See HIV/AIDS section below)**

HEPATITIS C

Hepatitis C is also a viral disease that affects the liver. Again, hepatitis C should pose no risk of exposure in the normal child care setting unless the infected child is bleeding. There is no vaccine available for hepatitis C at this time. **Since it is also transmitted through blood exposure, the same precautionary measures for hepatitis B and HIV/AIDS would be apply to hepatitis C. (See HIV/AIDS section below)**

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION/ ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Mode of transmission: The most common mode of transmission is through having sex with someone who has the virus; however, it can be transmitted when infected blood enters the body through cuts, scrapes or other breaks in the skin. Injecting drug users are at risk when they share needles with an infected person. It is also possible for infected pregnant women to transmit the virus to their babies during pregnancy or at delivery. Although HIV and hepatitis B are transmitted in the same way, HIV is much more difficult to transmit from one person to another than hepatitis B.

HIV infection in children causes a broad spectrum of disease manifestations and a varied clinical course. Children with HIV infection should be monitored closely by their physician. They are more susceptible to infectious diseases than other children. Parents of children known to have HIV infection should be notified when certain infectious diseases occur in the child care facility. There is no vaccine available for HIV at this time. According to CDC, HIV is not likely to be spread from one child to another in the child care setting and no case has ever been reported. Parents or guardians of HIV-positive children should inform the child care director of their child's HIV status. Because of concern over stigmatization, the person aware of a child's HIV infection should be limited to those who need such knowledge to care for the children in the child care setting. In a situation where there is concern of possible exposure of others to the blood or body fluids of an infected person, CDC recommends that a team including the child's parents or guardians, the child's physician, public health personnel, and the proposed child care provider evaluate the situation to determine the most appropriate child care setting. The team should weigh the risks and benefits to both the infected child and to others in the child care setting.

It should always be remembered that there those who are known to be infected with HIV, hepatitis B and C and other blood borne diseases, but on the other hand there are those we do not know about and some people are not even aware themselves that they may have an infectious blood borne disease. Therefore, we must always employ universal precautions (treating everyone's blood as though it is infectious) when dealing with blood and body fluids. There is no evidence that HIV, hepatitis B or hepatitis C is transmitted through tears, perspiration, urine, or saliva unless these body fluids contain visible blood.

Child care providers should be prepared to handle blood and blood-containing body fluids using the principles of universal precautions. Supplies of gloves, disposable towels, and disinfectants should be readily available.

The Mississippi State Department of Health is available for consultation in these situations.

IMPETIGO

This is a contagious skin disease characterized by spreading pustular lesions (sores with pus) and should receive medical treatment. This is quite important to avoid the risk of complications involving the heart and kidneys.

Mode of transmission: Skin-to-skin contact with the sores.

Return to child care: The child may return to child care 24 hours after treatment has been started if free of fever and the lesions are not draining.

MEASLES

Measles is a serious viral infection characterized by a rash (red, flat lesions) starting on the head and neck, which enlarge and coalesce (run together), and spread to the trunk, then to the extremities. Other symptoms include a high fever, conjunctivitis (red, inflamed eyes), cough, and nasal congestion. The Health Department must be notified on first suspicion. With our present immunization laws, measles is a rare occurrence today. It is imperative, however, that immunization records be kept current.

Mode of transmission: Direct contact with nose and throat secretions of an infected person. May be airborne by droplets of these secretions coughed into the air. Tiny droplets can be suspended in the air for two hours or more. Measles is very easily spread.

Notification: Notify staff and parents/guardians that a case has occurred. Measles is a Class I reportable disease and there will be a follow-up investigation by the Health Department. Parents of children with weakened immune systems (those being treated for cancer, leukemia or taking steroid medication, etc.) should consult their child's physician and keep the child out of the center until after the investigation by the Health Department and it is considered safe for them to return.

Return to child care: The child may return to child care when free of fever and the rash is fading (this usually takes 5-7 days).

MENINGITIS

Meningitis is an inflammation or infection of the meninges (the membranes that cover the brain and spinal cord). Meningitis can be caused by a variety of organisms or germs. Most people exposed to these germs do not develop meningitis or serious illness. Some people may carry a particular germ and have no symptoms at all. Anyone exhibiting signs and symptoms of meningitis (e.g., severe headache, fever, vomiting, stiffness and pain in the neck, shoulders and back, drowsiness) should seek medical attention promptly.

Meningitis is a reportable disease. The Department of Health evaluates each case individually to determine what public health intervention, if any, might be required. The two types of meningitis that require public health intervention most often are caused by the organisms *Haemophilus influenza* type b (HIB) and *Neisseria meningitidis* (meningococcal).

Mode of transmission: These germs are most commonly spread by direct contact with nose and throat secretions from an infected person.

Notification: Notify parents/guardians that a case has occurred and to have their children evaluated by a physician should they have any of the signs or symptoms listed above.

Return to child care: The child may return to the center whenever he or she has been released by his/her personal physician.

MUMPS

Mumps is an infectious disease that is characterized by swelling and pain of the salivary glands.

Mode of transmission: Person-to-person spread by direct contact with the saliva of an infected person.

Return to child care: The child may return to child care 9 days after the beginning of the salivary gland swelling.

“PINK EYE” (CONJUNCTIVITIS)

This is an infectious disease characterized by redness of the eye(s), excessive tearing, itching, and discharge. Some cases may require antibiotics; therefore, the child should see a physician.

Mode of transmission: Contact with discharges from the eye, nose, or throat of an infected person. Also, from contact with fingers, clothing and other articles that have been contaminated with the discharge.

Return to child care: Children may return to child care after they have seen a physician or when the redness/discharge is improving.

PINWORMS

Pinworms are tiny worms that live in the large intestine and can cause anal itching, sleeplessness and irritability. They may also be present without any symptoms. Pinworms occur worldwide and affect all socioeconomic classes. They are the most common worm infection in the United States. Prescription medication must be obtained to treat the infection.

Mode of transmission: Pinworms can be spread when an uninfected person touches the anal area of an infected person and then puts their hands/fingers in their mouth. They can also be spread when an infected person scratches the anal area and then contaminates food or other objects that are touched or eaten. Pinworms can be spread as long as the worms or the eggs are present.

Return to child care: The child may return to child care **24** hours after they have received the first treatment. Employ **thorough hand washing** especially before eating and after toilet use and change and wash any bed linens and towels in hot water that have been used for those children. Ask the parents/guardians to do the same at home. Also, discourage children from scratching the anal area.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

RSV can cause an upper respiratory disease like a cold or a disease of the lower respiratory tract such as pneumonia. It is the most common cause of lower respiratory tract infections and pneumonia in infants and children under the age of 2. Almost 100% of children in child care programs get RSV during the first year of life. This usually occurs during outbreaks in the winter months. RSV can range from a very mild disease to life-threatening.

Mode of transmission: Direct contact with nose and throat secretions of an infected person. A young child can be infectious with RSV 1 to 3 weeks after signs and symptoms have subsided.

Return to child care: Most of the time a child is infectious before signs and symptoms appear. An infected child does not need to be excluded from child care unless he/she has a fever and/or is not well enough to participate in the activities. Make sure that **procedures pertaining to hand washing, proper disposal of tissues and disinfection of toys are followed.**

RINGWORM

Ringworm is a skin infection caused by a fungus that can affect the scalp, skin, fingers, toe nails, and feet. Ringworm anywhere except on the scalp or under the nails can be successfully treated with several over-the-counter medicines. Ringworm of the scalp is characterized by inflammation, redness, and hair loss and does not respond to over-the-counter medicines; therefore, the child should see his/her physician.

Mode of transmission: Direct skin-to-skin contact or indirect contact (e.g., toilet articles such as combs and hair brushes, used towels, clothing and hats contaminated with hair from infected persons or animals).

Notification: When the lesions (red, circular places) are found, notify the parent/guardian that the child needs treatment.

Return to child care: The child may return to child care after the treatment has been started. Treatment for ringworm of the scalp and nails usually lasts for several weeks. Strict infection control measures should be taken (e.g., blankets, towels or anything that is used on the infected child).

should not be used on another child, make sure that staff caring for these children **practice good hand washing** and that disinfecting procedures are followed.

SCABIES

Scabies is a disease of the skin caused by a mite. The mite burrows beneath the skin and causes a rash that is usually found around finger webs, wrists, and elbows. The rash may appear on the head, neck, and body on infants. Any child with evidence of severe itching especially in these areas should be referred to his/her physician. Scabies requires treatment by prescription drugs.

Mode of transmission: Direct skin-to-skin contact with an infested person. Transfer of the mites from undergarments and bedclothes can occur, but only if contact takes place immediately after the infested person has been in contact with the undergarments and bedclothes.

Notification: Notify parents/guardians and staff that scabies has occurred in the facility so that they can be alert to signs and symptoms and seek treatment.

Return to child care: The child may return to child care 24 hours after the treatment has been completed. It must be noted that itching may continue for several days, but this does not indicate treatment failure or that the child should be sent home.

“STREP THROAT” (STREPTOCOCCAL PHARYNGITIS) & SCARLET FEVER

Strep throat is a communicable disease characterized by sore throat, fever, and tender, swollen lymph glands in the neck. The child should see a physician to obtain prescription medication; this is quite important to avoid the risk of complications involving the heart and kidneys. **Scarlet fever** is a streptococcal infection with a rash (scarlatinaform rash). It is most commonly associated with strep throat. In addition to the signs and symptoms of strep throat, the person with scarlet fever has an inflamed, sandpaper-like rash and sometimes a very red or “strawberry” tongue. The rash is due to a toxin produced by the infecting strain of bacteria. The treatment and exclusion criteria for scarlet fever would be the same as for strep throat.

Mode of transmission: Direct or indirect contact (e.g., contaminated hands, drinking glasses, straws) with throat secretions of an infected person.

Return to child care: The child may return to child care **24** hours after treatment has been started **if free of fever**.

TUBERCULOSIS (TB)

Mode of transmission: Airborne droplets of respiratory secretions coughed or sneezed into the air by a person with active TB disease.

Notification: TB is a class one reportable disease. If a child or a staff member in a child care facility is diagnosed with active TB, the MSDH will conduct an investigation. The MSDH will notify the facility and the parents/guardians of the type of follow-up that will be necessary.

Return to child care: Persons diagnosed with TB infection are evaluated by the Mississippi State Department of Health on an individual basis. Those who have a positive TB skin test *only* may attend child care since they have no disease process that is contagious. **Persons suspected of or diagnosed with active TB disease will need written permission from the Mississippi State Department of Health Tuberculosis Control Program to return to the center.**

Small children are highly susceptible to contracting TB disease, but do not transmit the disease as easily as an older child or adult. Children who do not have active TB disease, but who have been exposed to an active case in their household are considered high risk contacts and are placed on preventive medication. These children may attend child care since they are not infectious.

WHOOPING COUGH (PERTUSSIS)

Pertussis or whooping cough is a contagious disease characterized by upper respiratory tract symptoms with a cough, often with a characteristic inspiratory (breathing in) whoop.

Mode of transmission: Direct or indirect contact (contaminated articles) with nose and throat secretions of an infected person. Airborne transmission can also occur by droplets of these secretions coughed into the air.

Notification: Notify parents/guardians that a case has occurred. Pertussis is a class one reportable disease. The Health Department will conduct an investigation to determine those who may need preventive treatment.

Return to child care: The child may return to child care 5 days after their treatment has begun.

APPENDIX B

NUTRITION, WEIGHT LOSS, AND HEALTHY EATING



Nutrition is the heart of a healthy life.

Eating right has a profound effect on your risk for chronic diseases such as diabetes and cancer. Choosing healthy foods is simple and leads to a longer, better life.

The Basics of Healthy Eating

These basic guidelines have been shown over and over again to deliver better health and less risk of disease over time. They're also the best place to start for managing your weight.

- **Make half your plate fruits and vegetables.** Focus on whole fruits rather than juices. Eat a variety of vegetables in all colors. [Try these recipes](#)
- **Choose whole grains.** Look for "100% Whole Grain" or "100% Whole Wheat" on package labels. Foods like oatmeal, whole grain pearled barley, buckwheat and brown rice are all excellent whole grain choices.
- **Choose fish and poultry** over red meat.
- **Limit high-fat dairy**, such as cheese, cream cheese, and ice cream. Move toward milk or yogurt instead.
- **Choose baked over fried**, and eat sweets and desserts sparingly.
- Drink and eat **less saturated fat, salt (sodium), and added sugars**. This includes sugar-sweetened drinks. Limit fruit juice to one serving a day.

Also found on msdh.ms.gov.

Broadmoor's

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