

Family Child Care Toolkit

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Virginia Department of Social Services

Contact Arlene Kasper at the Division of Child Care and Early Childhood Development, Virginia Department of Social Services, 801 East Main Street, Richmond, VA 23219-2901 or arlene.kasper@dss.virginia.gov.

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Additional copies of this toolkit are available for download from:
www.smartbeginnings.org/Home/StarQualityInitiative/ForEarlyChildhoodProfessionals.aspx

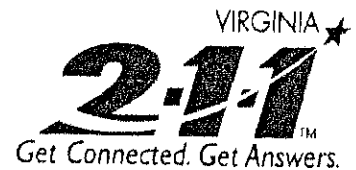
We encourage replication and use of these materials for non-profit purposes.

Acknowledgements:

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The Director's Toolbox was an essential resource in the development of this toolkit.





2-1-1 VIRGINIA

2-1-1 VIRGINIA is the Commonwealth's health and human services information line.

Dialing 2-1-1 provides information and referrals on a broad range of services, including rent assistance, utility assistance, food assistance, clothing, child care, housing, health care and job training programs.

2-1-1 VIRGINIA is always available.

2-1-1 VIRGINIA is available 24 hours a day, 365 days a year in more than 200 languages. Trained call specialists throughout the state utilize one web-based database with more than 22,000 health and human services listings.

2-1-1 VIRGINIA is free and confidential.

Highly trained professionals provide accurate and up-to-date information and referrals from non-profit organizations, faith-based organizations, for-profit companies and local, state and federal governments. All calls are confidential.

2-1-1 VIRGINIA provides disaster and emergency services.

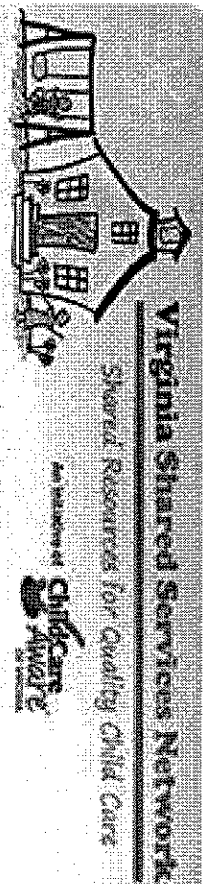
In 2010, 2-1-1 VIRGINIA became the public information service for the Virginia Department of Emergency Management and the Virginia Department of Health.

During disasters/emergencies, 2-1-1 VIRGINIA call specialists provide assistance to emergency operators by taking non-emergency calls. Emergency services, such as shelters, heating/cooling centers, meal programs and road closures are updated in real time.

2-1-1 VIRGINIA is the call center for the Virginia Hospital and Healthcare Association's mass causality incident system and the Virginia Department of Health's public information call center.

2-1-1 VIRGINIA provides a valuable resource to the community.

Visit 2-1-1 VIRGINIA at www.211virginia.org.



CHILD CARE CENTER REFERENCE SHEET

Questions: TheTeam@VASharedNetwork.org
Telephone: 804.285.0846

- Child products & supplies: 20%
- Food & service supplies: 10-30%
- Insurance; Workman's Compensation
- Office supplies: 25-30%
- Payroll & other HR services: 25-30%
- Professional Development Online Courses: 10%
- PAS Scale Program Assessment
- Classroom Materials - ECERS-3
- Curriculum Resources
- Daily Reports – Infant/ Toddler/ Pre-K
- Daily Schedule Sample / Template
- Family/ Teacher Communication Journal
- Physical Activity Resources
- Community Bulletin Board - Center
- Family Handbook – Center-Based
- Family Handouts: Child Development, Education, Environment, Health, Nutrition and Fitness, & Safety
- Family Conferences: Invitation, Guide, Forms
- Foms
- Employee Handbook
- Employee Orientation Toolkit
- Discipline and Termination
- Interview Guides
- Job Descriptions
- Performance Appraisals
- Retirement Savings
- Email Marketing Tips
- 25 Ways to Market Your Program
- Brochure Template

- Business Operations
- Center Based Annual Budget Template
- Business Insurance
- Risk Management
- Strategic Planning
- Child Care Center Cash Flow Projection Worksheet
- Financial Terms Glossary
- Simplified Business Plan Outline
- Child and Adult Care Food Program
- Food Research and Action Center CACFP Factsheet
- CACFP Reimbursement Rates
- CACFP Income Eligibility Guidelines
- Food Buying Guide Calculator
- Child / Infant Meal Patterns
- Meal Pattern
- Food & Nutrition
- Family Style Dining
- Food Allergies / Safety
- Recipes and Cookbooks
- Menu Planning Guide
- Increasing Access to Drinking Water Guide
- Forms
- Child Care Expense Statement for Taxes
- Emergency Contact Information
- Enrollment Agreement
- Event Permission Form / Headcount Form
- Staff Meeting Record Form
- Transfer Record Form
- Transportation Permission Form
- Health
- Health Policy Reminder Letter
- Caring for Our Children Health and Safety Standards
- Exposure to Communicable Disease Notification

- Immunization Schedules
- Integrated Pest Management
- Policies / Procedures
- Posters
- Know Your Poison Center's Number
- Weather Watch
- Hand Washing
- Diapering
- Safety
- Childcare Hazard Training
- Fire Drill Log, Policy, Forms
- Poisonous Plants
- Poison Prevention Tipsheets
- Crib Safety Guidance / Standards
- Daily Safety Checklist – FCCH Indoor / Outdoor
- Federal Regulations
- Occupational Health and Safety Standards
- Child Care Development Block Grant
- State by State CCDBG Program Data
- Head Start
- Head Start/ Early Head Start/Child Care Partnership
- Better Kid Care Podcasts
- Early Educator Central
- FEMA Childcare Hazard Training
- Handwashing Training
- Professional Development Online Courses
- Log In: www.VASharedNetwork.org
- Username: _____
- Password: _____

Communicable Disease Reference Chart for School Personnel

| DISEASE | INCUBATION PERIOD | TRANSMISSION | COMMON SYMPTOMS | RECOMMENDATIONS |
|---|---|--|---|---|
| Chickenpox* (Varicella) | 10-21 days, usually 14-16 days. (Incubation period in persons who receive VarIZIG or GIV extends through day 28.) | By direct contact with vesicular fluid or by airborne spread from respiratory tract secretions. Infectious from 2 days before rash onset until all lesions are crusted over and no new lesions appear within a 24-hour period (average is 4-7 days). | Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Communicable for as long as 5 days (usually 1-2 days) before eruption of vesicles and until all lesions are crusted (usually 5 days). Communicability may be prolonged in immunocompromised people. | CASE: Exclude from school for at least 5 days after eruptions first appear or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine. CONTACTS: Check vaccination status of contacts and recommend vaccination if needed. On appearance of symptoms, exclude from school. |
| Conjunctivitis, Acute Bacterial (Pink Eye) | Varies depending on causative agent. | By contact with discharges from the conjunctivae or contaminated articles. | Pink or red eyeball with swelling of the eyelids and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes. | CASE: Exclude from school while symptomatic or until 24 hours of antibiotic treatment has been completed. CONTACTS: School exclusion not indicated. |
| Diarrheal Diseases* (Campylobacteriosis, <i>E. coli</i> O157:H7, Giardiasis, Salmonellosis, Shigellosis, etc.) | Campylobacteriosis: 1-10 days, usually 2-5 days. <i>E. coli</i> O157:H7: 1-8 days, average 3-5 days. Giardiasis: 3-25 days, usually 7-10 days. Salmonellosis: 6-72 hours, usually 12-36 hours. Shigellosis: 12-96 hours, usually 1-3 days. | By the fecal-oral route through direct contact or by ingestion of contaminated food or water. | Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis and <i>E. coli</i> O157:H7. Dangerous dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and weight loss. | CASE: Exclude from school until cessation of acute diarrhea. Stress importance of proper handwashing. CONTACTS: School exclusion and stool cultures not indicated in absence of symptoms. Consult with your local health department for advice during suspected school outbreaks. |
| Fifth Disease (Erythema Infectiosum) | From 4-21 days. | Primarily through contact with respiratory secretions. | Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash. | CASE: Exclusion from school not indicated. CONTACTS: School exclusion not indicated. Pregnant women and immunocompromised persons should seek medical advice. |
| Hepatitis A* | From 15-50 days, average 28-30 days. | By the fecal-oral route through direct contact or ingestion of contaminated food or water. | Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after onset of jaundice. | CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated. Stress importance of proper handwashing. |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the 2009 *Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

* Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

| DISEASE | INCUBATION PERIOD | TRANSMISSION | COMMON SYMPTOMS | RECOMMENDATIONS |
|---|--|--|---|---|
| Hepatitis B* | From 45-160 days, average 90 days. | By direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes. | Only a small proportion of acute infections have clinical symptoms. Symptoms are similar to those of hepatitis A. | CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated. |
| HIV Infection* and AIDS* | Variable | By direct contact with infected blood or body fluids. Transmission occurs when the human immunodeficiency virus enters the body through broken skin or mucous membranes. | A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic. | CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated. |
| Influenza | Usually 1-4 days | Person to person by respiratory droplets created by coughing or sneezing. | Sudden onset of fever, chills, headache, malaise, and nonproductive cough. Subsequently, respiratory tract signs including sore throat, nasal congestion, rhinitis, and cough become more prominent. | CASE: Exclude from school until at least 24 hours following resolution of fever. CONTACTS: School exclusion not indicated. Seasonal influenza vaccination encouraged to reduce spread of influenza. |
| Measles* (Rubella, Red Measles) | From 7-21 days, (usually 8-12 days from exposure to onset of symptoms). | Airborne by droplet spread or direct contact with nasal or throat secretions of an infected person. | Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky-red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days. Communicable from 4 days before to 4 days after the appearance of the rash. | CASE: Exclude from school until at least 4 days after appearance of the rash. Check immunization records of all students. Discuss with your local health department. CONTACTS: Exclude from school immediately on signs of prodrome. Unimmunized students may need to be excluded from school. Follow recommendations of your local health department. |
| Meningitis, Bacterial (<i>H. influenzae</i> *, Meningococcal*, Pneumococcal) | <i>H. influenzae</i> : 2-4 days Meningococcal: 2-10 days, usually 3-4 days. Pneumococcal: 1-4 days | By direct contact or droplet spread of nasopharyngeal secretions of an infected person. | Sudden onset of fever, headache, nausea, stiff neck and photophobia. Rash may occur in cases of meningococcal disease. | CASE: Exclude from school during acute illness. Non-communicable after 24-48 hours of appropriate drug therapy. CONTACTS: School exclusion not indicated. Discuss with your local health department to determine if close contacts need prophylactic treatment for <i>H. influenzae</i> or meningococcal meningitis. |
| Mumps* | From 12-25 days, usually 16-18 days. | By droplet spread or by direct contact with the saliva of an infected person. | Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. Communicable from 3 days before swelling until 5 days after. | CASE: Exclude from school for 5 days after the onset of parotid gland swelling. CONTACTS: School exclusion not indicated. |

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| DISEASE | INCUBATION PERIOD | TRANSMISSION | COMMON SYMPTOMS | RECOMMENDATIONS |
|---------------------------------------|---|---|--|---|
| Norovirus | From 12-48 hours | Primarily by the fecal-oral route through direct contact or ingestion of contaminated food. Transmission is also possible through contact with surfaces contaminated by, or direct contact with, the vomit of an infected person. | Sudden onset of vomiting and/or diarrhea, abdominal cramps, and nausea. | CASE: Exclude from school until 24 hours after symptoms resolve. Stress importance of proper handwashing as virus is shed in stool for weeks after symptoms resolve. CONTACTS: School exclusion not indicated. |
| Pediculosis (Head Lice) | Eggs hatch in 7-12 days and reach maturity 9-12 days later. | By direct contact with an infested person or their personal belongings such as combs, brushes, and hats. | Severe itching and scratching, often with secondary infection. Eggs of head lice (nits) attach to hairs as small, round, gray lumps. | CASE: Notify parents; inform that child has lice and should be treated. School exclusion is not indicated. CONTACTS: Inspect head for evidence of infestation. Refer for treatment if infested. |
| Pertussis* | From 4-21 days, usually 9-10 days. | By direct contact with respiratory secretions of an infected person by the airborne route. | The initial stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high-pitched inspiratory whoop and vomiting. Older children may not have whoop. Convalescence may require many weeks. | CASE: Exclude from school until a physician advises return (usually 5 days after initiation of appropriate antibiotic therapy). Discuss with your local health department. CONTACTS: Exclude on first indication of symptoms. |
| Ringworm of the Body (Tinea Corporis) | Unknown. | By contact with lesions of an infected persons, animals or fomites. | Circular well-demarcated lesion that can involve face, trunk, or limbs. Itching is common. | CASE: Exclusion from school not indicated as long as lesions are covered or child is receiving treatment. CONTACTS: School exclusion is not indicated. |
| Rubella* (German Measles) | From 12 to 23 days, usually 14 to 17 days. | By direct contact or droplet spread of nasopharyngeal secretions of an infected person. | Mild symptoms; slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph glands common. Joint pain may occur, especially in older children and adults. Communicable for 7 days before onset of rash and at least 7 days thereafter. | CASE: Exclude from school for 7 days after onset of rash. Avoid exposure to women in early pregnancy. Check immunization records of all students. Discuss with your local health department. CONTACTS: Discuss with your local health department; unimmunized contacts may need to be excluded. Those who are pregnant and not immunized should be urged to seek medical advice. |

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| DISEASE | INCUBATION PERIOD | TRANSMISSION | COMMON SYMPTOMS | RECOMMENDATIONS |
|--|--|---|--|---|
| Scabies | Persons without previous exposure: 4 to 6 weeks. Previously infested and sensitized: 1-4 days after re-exposure. | By direct skin-to-skin contact. | Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching often results in secondary infection. | <p>CASE: Exclude from school until 24 hours of appropriate treatment has been completed.</p> <p>CONTACTS: Inspect for evidence of infestation and refer for treatment if necessary. School exclusion is not indicated in the absence of infestation.</p> |
| Streptococcal Diseases (Including Impetigo, Scarlet Fever, and "Strep" throat) | Variable, often 2-5 days, may be longer. | By direct contact with infected persons and carriers or by contact with their respiratory droplets. | <p>Impetigo: Multiple skin lesions usually of exposed area (e.g., elbows, legs, and knees), but may involve any area. Lesions vary in size and shape, and begin as blisters, which rapidly mature into brown crusts on a reddened base. Healing from center outward produces circular areas, which may resemble ringworm.</p> <p>Scarlet Fever: Fever, sore throat, exudative tonsillitis or pharyngitis. Sandpaper-like rash appears most often on neck, chest, and skin folds of arms, elbows, groin, and inner aspect of thighs.</p> <p>"Strep" throat: Sudden onset of fever, sore throat, exudative tonsillitis or pharyngitis, and enlarged lymph nodes. Symptoms may be absent in some cases.</p> | <p>CASE: Exclude from school until lesions are healed or until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p> <p>CASE: Exclude from school during acute illness. Non-communicable after 24 hours of appropriate drug therapy.</p> <p>CONTACTS: Exclude on first indication of symptoms. Culturing of school contacts and treatment of carriers not usually indicated.</p> <p>CASE: Exclude from school until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p> |

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