

## Parent Child Development Corporation Exposure Notice

Child Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parents:

Your child may have been exposed to the outbreak that is checked below:

**CHICKEN POX.** Onset about 2 to 3 weeks after exposure. Slight fever and irritability for one day, then fine blisters appear, first on the trunk, then on the face. Communicable for as long as 5 days before blisters appear and for not more than 5 days after the appearance of the first crop of blisters. Exclude child from child care for 5 days after first eruption or until all scabs are dry. Consult with physician for treatment.

**PINK-EYE (Conjunctivitis).** Onset is usually 24-72 hours after exposure. Irritated, tearing eyes, swollen lids, and a yellow mucous discharge that makes the eyelashes sticky. It is very contagious as long as infection is active. Children under 5 are most susceptible. Children should be excluded until symptoms disappear. Consult with physician for treatment.\

**FLEAS.** Fleas are tiny parasites which are usually associated with the family dog or cat. But once fleas have made their way into an area, there is a high chance that they will start to feed upon the human residents too. Wash the area first to keep infection from spreading and avoid scratching the bite. Home remedies to soothe or relieve itching from flea bites include ice packs, Calamine, Aloe Vera, witch hazel, rubbing alcohol, vinegar, tea tree oil, and used tea bags. Fortunately, it is very unlikely that flea bites will transfer any disease,

**DIARRHEAL DISEASES Campylobacteriosis, Giardiasis, Salmonellosis, Shigollosis, etc.** Onset: campylobacteriosis – usually 2 to 5 days; giardiasis – 3 to 25 days; salmonellosis – usually 12 to 36 hours; shigellosis – usually 1 to 3 days. Symptoms range from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis. Dangerous dehydration may occur in younger children. Exclude from child care until diarrhea disappears. Consult with physician for treatment.

**FIFTH DISEASE Erythema Infectiosum).** Onset from 4 to 20 days. Mild illness without fever, Rash characterized by a vivid reddening of the skin, especially of the face, fades and recurs; described as the “slapped face appearance.” Exclusion from child care not necessary. Pregnant woman or immunocompromised person should seek medical advice. Consult with physician for treatment.

**HEPATITIS A.** Onset 15 to 50 days. 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 the onset of jaundice. Exclude from child care until physician advises return. Consult with physician for treatment.

**HEPATITIS B.** Onset from 45 to 180 days. Only small portion of acute infections have symptoms. Symptoms are similar to hepatitis A. Follow advice of child’s physician for treatment.

**HIV INFECTION AND AIDS.** Onset variable. A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic. Consult physician for treatment.

**MEASLES.** Onset about 1 to 2 weeks after exposure. Fever followed by reddened eyes, runny nose, and cough. A blotchy rash appears on about the 3<sup>rd</sup> to 4<sup>th</sup> day of illness. Exclude child from child care until at least 4 days after the appearance of the rash. Consult with physician for treatment.

**MENINGITIS.** Onset probably 2 to 10 days. Sudden onset of fever, vomiting, lethargy, and stiff neck. Some types exhibit a measles-like rash. Exclude from child care during acute illness. Non-communicable after 24 hours of appropriate drug therapy. Consult physician for treatment.

**MUMPS.** Onset from 12 to 25 days after exposure. Fever with swelling and tenderness of one or both glands located below and in front of the ears. Communicable from 6 days before swelling to 9 days after. Exclude child from child care for 9 days after the onset of gland swelling. Consult physician for treatment.

**PEDICULOSIS (Head Lice).** Onset – eggs hatch in 7 to 13 days and reach maturity in about 10 days. For 2 weeks after exposure, observe hair and scalp at neck line and around ears for eggs or nits (tiny, pearly white, egg-shaped objects) which stick tightly to the hair shaft. Child may also complain of an “itchy” head. Consult your physician or pharmacist for treatment. Child is excluded from child care until treated. Other members of the child’s family should be checked carefully.

**PERTUSSIS (Whooping Cough).** Onset usually 6 to 20 days. Begins with upper respiratory symptoms and increasingly irritating cough. Repeated episodes of violent cough broken by a high pitched whoop follow within 1 to 2 weeks, and may recur for 1 to 2 months. Exclude from child care until physician advises return (usually 5 days after initiation of erythromycin therapy). Consult physician for treatment.

**RUBELLA – GERMAN MEASLES.** Onset between 14 to 23 days after exposure. Mild symptoms, slight fever, rash of variable character lasting about 3 days, swollen tender glands at back of the neck. Joint pain may occur, especially in older children and adults. Avoid exposure to women in early pregnancy. Exclude from child care for 7 days after the onset of rash.

**SCABIES.** Onset from 2 to 6 weeks. Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching can cause secondary infection. Exclude from school until 24 hours of antibiotic treatment has been completed. Consult physician for treatment.

**STREPTOCOCCAL INFECTIONS (Including streptococcal sore throat, impetigo and scarlet fever).** Onset usually 1 to 3 days after exposure. Sore throat, fever, and may include rash. Impetigo produces skin lesions (blisters) of varying sizes and shapes. Exclude from child care until 24 hours after antibiotic treatment. Consult your physician for treatment.

**PINWORMS.** Itching of the anal area especially at night is the most common sign. The child may have insomnia or nightmares and may lose his/her appetite. Consult your physician if you suspect pinworms. Other members of the family should also be observed and treated.

**TINEA CORPORIS (Ringworm of the body).** Onset from 4 to 10 days. Circular lesions that can involve face, trunk, or limbs. Itching is common. Exclusion from school not necessary as long as the lesions are covered or child is receiving treatment. During treatment, exclude child from gymnasium and swimming pools. Consult physician for treatment.

**OTHER.** \_\_\_\_\_