

- Increase frequency of cleaning and disinfection during illness outbreaks, when there is known contamination, when there is visible soil, blood, or bodily fluids, or when recommended by the local health department.
- Remember a surface must first be clean for a sanitizer or disinfectant to be effective. Follow product label instructions for use.
- **Require that children are up to date on immunizations.** An immunization schedule is available at <https://www.cdc.gov/vaccines/schedules/>. Check immunization records and update them regularly. When parents have questions or concerns about immunization safety, provide them with science-based educational materials available at CDC: <http://www.cdc.gov/vaccines/parents/index.html> and the [Immunization Action Coalition](http://immunize.org/talking-about-vaccines/org/) at <http://immunize.org/talking-about-vaccines/org/>.
- **Do not share personal items among children and keep their belongings separate.** Do not allow children to share belongings such as hair brushes, food, drinks, clothing, hats, pacifiers or other items; separate children's coats, hats, and bedding items.
- **Separate children by using space wisely:**
  - Maintain distance between sleeping areas, mats, cribs or cots.
  - Keep children in groups and consistently assign caregivers to the same group.
  - Keep diapered and toilet-trained children separate to prevent spread of diarrheal diseases.
  - When possible, staff responsible for food handling should not be involved in diaper changing, or at a minimum, should not perform diapering during times of food preparation and handling.
- **Exclude sick children and staff:** Ensure that parents receive information on when to keep ill children at home and other school exclusion policies, sending a sick child home with his/her parent helps to prevent the other children from becoming ill with a communicable disease.

Last Updated 3/28/2017



Disease/ Illness	Mode of Transmission	Symptoms	Incubation Period	Period of Communicability	Criteria for Exclusion from School*	Reporting Requirement	Prevention & Control Measures
<p><a href="http://www.lja.gov/edistallofiles/files3.aspx?acID=1704">http://www.lja.gov/edistallofiles/files3.aspx?acID=1704</a></p> <p><b>Day Care Rules: Animals</b>  <a href="http://www.lja.gov/commisison/kear/admincode/089/089004070F030000R.html">http://www.lja.gov/commisison/kear/admincode/089/089004070F030000R.html</a></p>		<p>have excessive salivation, difficulty walking, or a stunned appearance. A domestic animal may be unusually aggressive or overly docile. Bats may be on the ground due to difficulty flying.</p> <p>In humans, the person may be apprehension. Symptoms include headache, fever, malaise, and subtle changes in personality or cognition.</p>	<p>Following exposure Bites to head and neck usually have sooner onset of symptoms. Once symptoms appear, rabies is almost always fatal.</p> <p>Animals: weeks to months</p>			<p>contact with a bat to the local public health department as soon as possible</p>	<p>Teach students to report any contact with a wild animal or an unfamiliar domestic animal, and to report any bites or scratches from any animal if a bite or scratch occurs:</p> <ol style="list-style-type: none"> <li>1. Provide first aid to the child: flush the wound with lots of water; clean the wound with soap and water; then rinse it well; refer for medical treatment by or under the direction of a physician;</li> <li>2. If you can, confine the animal; if not, note the size, appearance, and any distinguishing characteristics of the animal. If available, write down the name, phone number and address of the owner and the events surrounding the bite. If the animal escapes, it is particularly important to get as much information as possible; and</li> <li>3. Report the bite to the local health department and animal control.</li> </ol>

\*Exclusion criteria are not all inclusive. Students or staff may need to be excluded from group setting such as classroom or extra-curricular events if other exclusion criteria are present, such as individual is unable to participate comfortably in program activities, illness calls for greater care than staff can provide without compromising the health and safety of other children, there is a risk of spread of a harmful disease to others, or the presence of fever, lethargy, persistent crying, difficulty breathing, or other signs of illness. Schools and daycare facilities should have policies in place to address illness exclusion. School and Daycare staff with concerns or questions about communicable diseases should contact the local health department for guidance.

### Tips for keeping healthy:

- **Hand washing is the single most important way to prevent the spread of communicable diseases.** Use soap, warm water and disposable paper towels and wash your hands frequently. Teach children to wash their hands, too. Hand washing reduces the number of microorganisms on hands that can spread communicable diseases. It is recommended that:
  - Hands be washed when arriving for the day and leaving for the day and when moving between groups of children, and as follows:
    - Before and after eating or handling food, feeding a child; administering medication, or playing in water used by more than one person
  - After diapering or using the toilet; handling any bodily fluid, uncooked food, or animals; cleaning cages/fitbox; being outdoors, playing in sandboxes or at playgrounds; and/or cleaning or handling trash/garbage.
- **Open the window to let the fresh air in!** Well-ventilated rooms help reduce the numbers of airborne germs inside. Airing out the rooms is important, even in the winter. Respiratory diseases easily spread from coughs and sneezes. Opening the window at least once a day lets the germs out and fresh air in.
- **Follow a good cleaning schedule and sanitize or disinfect in the proper way.**
  - Guidance on cleaning and disinfection in schools is available at <http://www.cdc.gov/flu/school/cleaning.htm> and at the end of this document. [http://www.cdc.gov/flu/pdf/reesources/updated/cleaning\\_disinfecting\\_schools.pdf](http://www.cdc.gov/flu/pdf/reesources/updated/cleaning_disinfecting_schools.pdf)
  - Consider utilizing a chart to ensure all areas are addressed for cleaning, identifying the appropriate sanitizing or disinfection method, and according to schedule.

<p><b>Invasive Pneumococcal Disease</b></p>	<p>Any child entering a childcare facility or school program below the kindergarten level shall show proof of immunization that complies with ACIP recommendations for PCV.</p> <p>Children 24 to 59 months of age who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall show proof of receiving one dose of pneumococcal vaccine after 24 months of age.</p>	<p>Refer to ACIP PCV series schedule. No proof of immunity allowed.</p>
<p><b>Hepatitis B</b></p>	<p>Not required after 5<sup>th</sup> birthday (60 months of age).</p> <p>Three doses, the first two doses shall have been received no less than four weeks (28 days) apart. Third dose must have been administered on or after 6 months of age (168 days).</p>	<p>Three doses series in accordance with ACIP guidance.</p> <p>Minimum intervals between doses: First and second-at least 4 weeks (28 days), second and third-at least 2 months (56 days), first and third-at least 4 months (112 days)</p> <p>Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination.</p>
<p><b>Varicella</b></p>	<p>One dose on or after 1st birthday.</p>	<p>Proof of prior varicella disease shall be verified with: 1) date of illness signed by a physician; or 2) a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection; or 3) laboratory evidence of varicella immunity.</p>
<p><b>Meningococcal Disease (progressive requirement)</b></p>	<p>No Requirements.</p>	<p>Two doses of varicella: The first dose must have been on or after the 1<sup>st</sup> birthday and the 2nd dose no less than 4 weeks (28) days later. Two doses of varicella for students entering all grades.</p> <p>No Requirements.</p> <p>Applies to students entering 6<sup>th</sup>-11<sup>th</sup> grades: one dose of meningococcal conjugate vaccine. 12<sup>th</sup> grade entry: two doses of meningococcal conjugate vaccine.</p> <p>Minimum intervals for administration: For 6<sup>th</sup> grade entry: the first dose received <b>on or after the 11th birthday</b>. For 12<sup>th</sup> grade entry: second dose <b>on or after the 16th birthday</b> and an interval of at least eight weeks after the first dose.</p> <p>Only one dose is required if the first dose was received at 16 years of age or older. No proof of immunity allowed.</p>

Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, Fall 2020



Vaccine Requirement	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 <sup>th</sup> Grade		Minimum Intervals Allowed Between Doses and Other Options for Proof of Immunity
		First Entry into School (Kindergarten or 1 <sup>st</sup> Grade)	Other Grades	
<b>Diphtheria, Pertussis, Tetanus</b>	Three doses of DTP or DTaP by 1 year of age. One additional booster dose by 2nd birthday.	Four or more doses of DTP/DTaP with the last dose being a booster and received on or after the 4th birthday.	Entering 6 <sup>th</sup> grade, for students ≥ age 11, one dose of Tdap.	Minimum interval between series doses: 4 weeks (28 days).  Between series and booster: 6 months.  No proof of immunity allowed.
			Three or more doses of DTP/DTaP or Td; with the last dose qualifying as a booster if received on or after the 4th birthday.	
<b>Polio</b>	Two doses by 1 year of age. One additional dose by 2nd birthday.  Three doses for any child 24 months of age or older appropriately spaced.	Four dose series with the last dose administered on or after the 4th birthday.	Minimum interval between series doses: 4 weeks (28 days).  4 <sup>th</sup> dose at least 6 months after previous dose  No proof of immunity allowed.	
<b>Measles</b>	One dose on or after the 1st birthday.	Two doses of measles vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.	Proof of prior measles disease shall be verified with date of illness signed by a physician or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002 must be confirmed by laboratory evidence.	
<b>Rubella</b>	One dose on or after the 1st birthday.	Two doses of rubella vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.	Laboratory evidence of rubella immunity.	
<b>Mumps</b>	One dose on or after the 1st birthday	Two doses of mumps vaccine, the 1st dose must have been received on or after the first birthday and the second dose no less than 4 weeks (28 days) later.	Proof of prior mumps disease shall be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.	
<b>Haemophilus influenzae type b (Hib)</b>	Proof of immunization that complies with the ACIP recommendation for Hib vaccination.	Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.  Any child five years of age or older shall not be required to provide proof of immunization with Hib vaccine.	No proof of immunity allowed.	

Disease/ Illness	Mode of Transmission	Symptoms	Incubation Period	Period of Communicability	Criteria for Exclusion from School*	Reporting Requirement	Prevention & Control Measures
<b>Meningitis</b> <b>Bacterial</b> <a href="http://www.cdc.gov/meningitis/bacterial.html">http://www.cdc.gov/meningitis/bacterial.html</a> Haemophilus influenzae type B (Hib bacteria) <a href="http://www.cdc.gov/nid-diseases/hib.html">http://www.cdc.gov/nid-diseases/hib.html</a> <a href="http://www.cdc.gov/nid-transmission/hib.html">http://www.cdc.gov/nid-transmission/hib.html</a> <a href="http://www.aquademission.net/aid.htm?code=077077M92900044410">http://www.aquademission.net/aid.htm?code=077077M92900044410</a> R.htm	Contact with droplets from nose, eyes or mouth of infected person.	Sudden onset, severe headache, fever, nausea, vomiting, stiff neck  May have petechial rash with Neisseria meningitidis  Can have behavioral changes including altered mental status  May have invasive disease with bacteraemia or pneumonia	Hib: Unknown (usually 1 to 10 days)   Neisseria meningitidis: 1 to 10 days (usually less than 4 days)	Unknown; communicable for as long as the organisms are present in the nasopharynx  No longer communicable after 24 hours of antibiotic therapy	Exclude until after at least 24 hours of antibiotic treatment received, including antibiotics to eliminate carrier state  Exclusion of contacts not indicated	H. influenza, invasive disease and meningitis, Reportable as soon as possible, within 24 hours   Reportable as soon as possible, within 24 hours	<ul style="list-style-type: none"> <li>• <b>Bacterial Meningitis:</b> If meningitis is suspected, follow up with a healthcare provider should occur as soon as possible.</li> <li>• <b>Hib:</b> Vaccination is recommended for children &lt;age 5 years and for certain at-risk groups. Exposures may need antibiotic prophylaxis.</li> <li>• <b>Meningococcal:</b> Contacts with saliva contact/exposure should receive antibiotic prophylaxis. Vaccination is recommended for children and teens, and certain at-risk groups.</li> <li>• <b>Pneumococcal:</b> Treatment of contacts is not recommended. Vaccination is recommended for children and certain at-risk groups.</li> </ul>
<b>MENINGITIS</b> Streptococcus pneumoniae (Pneumococcal bacteria) <a href="http://www.cdc.gov/meningitis/aid.htm?code=077077M92900045560">http://www.cdc.gov/meningitis/aid.htm?code=077077M92900045560</a> R.htm  <b>Viral (usually enterovirus)</b> <a href="http://www.cdc.gov/meningitis/syrtal.html">http://www.cdc.gov/meningitis/syrtal.html</a>	Contact with droplets from nose, eyes or mouth of infected person or fecal material, often from healthy people	Sudden onset, severe headache, fever, nausea, vomiting, stiff neck, behavioral changes	3 to 6 days   Pneumococcal: Variable (usually less than 4 days)	Viral shedding can occur from the day before illness until up to 2 weeks after onset	Exclude until fever resolved for at least 24 hours without the use of fever-reducing medication	Individual cases are not reportable. Clusters of cases are reported to local health department.	<ul style="list-style-type: none"> <li>• <b>Viral Meningitis:</b> no specific treatment, no treatment for contacts recommended; teach importance of basic hygiene, hand hygiene, covering mouth and nose when coughing and sneezing, proper disposal of used Kleenex/tissues</li> </ul>
<b>SKIN CONDITIONS AND RASHES</b> <b>Chickenpox (Varicella)</b> <a href="http://www.cdc.gov/chickenpox/">http://www.cdc.gov/chickenpox/</a> <a href="http://www.cdc.gov/commissioner/arc/admcode/077077000690">http://www.cdc.gov/commissioner/arc/admcode/077077000690</a> <a href="http://www.cdc.gov/od33500R.html">http://www.cdc.gov/od33500R.html</a>	Contact with the chickenpox rash -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Fever and rash can appear first on head and then spread to body. There are usually two or three crops of new blisters that heal, sometimes leaving scars. Disease in vaccinated children can be mild or absent of fever with few lesions, which might not be blister-like.	Range 10-21 days Commonly 14-17 days	Until lesions have crusted	Exclude until all lesions have crusted (and at least 5 days) For vaccinated children with atypical rash; exclude until afebrile and no new lesions have developed for at least 24 hours Day Care licensing requirements: exclude at least 6 days after rash onset <a href="http://www.lila.gov/commissioner/ahmcode/0890900040706901005.html">http://www.lila.gov/commissioner/ahmcode/0890900040706901005.html</a> No exclusion of susceptible contacts unless in a healthcare facility	Cases are reportable as soon as possible but within 24 hours. Outbreaks are defined as 3 or more cases that are epidemiologically linked.	<ul style="list-style-type: none"> <li>• <b>All Diseases:</b> Good handwashing and hygiene practices; proper disposal of soiled tissues; avoid sharing tissues, hair supplies, or clothing items; proper disinfection of surfaces and toys; avoid scratching skin and lesions; avoid direct contact with skin lesions; keep skin lesions covered where possible; recommend nails be kept short and trimmed when itchy lesions are present</li> <li>• <b>Chicken Pox:</b> vaccination recommended prior to school entry; susceptible contacts: families should be notified of risk of chicken pox and monitor for symptoms.</li> </ul>
<b>Fifth Disease (Human Parvovirus)</b> <a href="http://www.cdc.gov/parvovirus/sb19/5th-disease.html">http://www.cdc.gov/parvovirus/sb19/5th-disease.html</a> <b>German Measles (Rubella)</b> <a href="http://www.cdc.gov/rubella/">http://www.cdc.gov/rubella/</a>	By breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Redness of the cheeks and body "slapped cheek" rash. May have mild fever, runny nose, headache Rash may come and go for weeks	Range 4-20 days	Until rash appears In immunosuppressed persons, communicability may last months-years	No exclusion unless febrile or other symptoms meeting illness exclusion criteria are present	Not reportable	
Contact with droplets from nose, eyes or mouth of infected person;	Red or pink rash appearing on face then	14 to 23 days (usually 16 to	From 7 days before until 7 days after the	Exclude cases for 7 days after the onset of the rash	Reportable as soon as possible, within 24 hours		

Disease/ Illness	Mode of Transmission	Symptoms	Incubation Period	Period of Communicability	Criteria for Exclusion from School*	Reporting Requirement	Prevention & Control Measures
Shigellosis <a href="http://www.cdc.gov/shigelia/">http://www.cdc.gov/shigelia/</a> <a href="http://jlla.gov/commission/c/ar/adm/in/code/07707700690">http://jlla.gov/commission/c/ar/adm/in/code/07707700690</a> 0D06400R.html	Fecal-oral: frequently person-to-person; also via contaminated food or water	Abdominal pain, diarrhea (possibly bloody), fever, nausea, vomiting, dehydration	Average 1-3 days (range 12-96hrs)	During active illness and until no longer detected; treatment can shorten duration	Medical clearance required; exclude until diarrhea has ceased for at least 24 hours; additional restrictions may apply. Release specimens may be required.	Report cases as soon as possible within 7 days	C. diff. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used. Sporidical or bleach-based products are recommended for cleaning and disinfection.
<b>Gastroenteritis- (Vomiting and/or diarrhea): Viral</b>							
Norovirus <a href="http://www.cdc.gov/norovirus/">http://www.cdc.gov/norovirus/</a> 7	Contact with food, water or surfaces contaminated with vomit or feces, person-to-person, aerosolized vomit	Nausea, vomiting, watery diarrhea, abdominal pain, possibly low-grade fever, chills, headache Duration of symptoms usually 12-72 hours	Average 24-48hrs (range: 12-72hrs)	Usually from onset until 2-3 days after recovery; typically, virus is no longer shed after 10 days	Exclude until diarrhea has ceased for 24hours Exclude from food handling for 48 hours after recovery	Individual cases do not have to be reported. Clusters of cases should be reported to the local health department.	<b>Gastroenteritis-Viral:</b> •Norovirus: Norovirus is highly infectious and is frequent cause of outbreaks. Staff cleaning vomitus/stool spills should wear mask as aerosolization of virus can occur; cleaning and disinfection with product with EPA label for norovirus or use bleach solution. <b>Contact local health department for guidelines</b>
Rotavirus <a href="http://www.cdc.gov/rotavirus/">http://www.cdc.gov/rotavirus/</a>	By the fecal-oral route through direct contact or contact with contaminated hands, objects, food, or water	Diarrhea, nausea, vomiting, fever, abdominal pain; may have loss of appetite and dehydration	Average: 2 days	Usually from onset until 3 days after recovery	Exclude until diarrhea has ceased for 24hours Exclude from food handling for 48 hours after recovery	Individual cases do not have to be reported. Clusters of cases should be reported to the local health department.	•Rotavirus: Spreads easily; good handwashing helps prevent spread. Vaccination is available for infants.
Hepatitis A <a href="http://www.cdc.gov/hepatitis/">http://www.cdc.gov/hepatitis/</a> <a href="http://jlla.gov/commission/c/ar/adm/in/code/07707700690">http://jlla.gov/commission/c/ar/adm/in/code/07707700690</a> 0D04500R.html	By the fecal-oral route through direct contact, person to person, 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	From 15-50 days, average 28-30 days	Communicability greatest in 2 weeks before onset of illness, and through 7 days after onset of jaundice	Exclude from school and daycare for 7 days after onset of jaundice or for two weeks after onset of symptoms if no jaundice present Exclude food handlers, healthcare workers, or workers in sensitive occupations for 7 days after onset of jaundice, or two weeks after onset of initial symptoms, if jaundice is not present	Report cases as soon as possible within 24 hours. Outbreaks: Two or more cases linked by time and place.	•Hepatitis A: Timely immunization at 12 months of age; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. <b>Contact local health department for guidance</b>
<b>Gastroenteritis: Parasitic</b>							
Giardiasis <a href="http://www.cdc.gov/parasites/giardia/">http://www.cdc.gov/parasites/giardia/</a>	By the fecal-oral route, ingestion of contaminated food or water, person-to-person transmission of cysts from infected feces; contaminated water (e.g. water play tables)	Nausea, bloating, pain, and foul-smelling watery diarrhea, excessive flatulence, nausea and stomach cramps; symptoms can recur several times over a period of weeks. May be asymptomatic.	Average 7-10 days (range 3-25+ days)	Highly variable but most infectious during diarrheal phase.	Exclude until diarrhea has ceased for at least 24 hours; may be relapsing; additional restrictions may apply	Individual cases do not have to be reported. Clusters of cases should be reported to the local health department.	
Cryptosporidiosis <a href="http://www.cdc.gov/parasites/crypt/">http://www.cdc.gov/parasites/crypt/</a> <a href="http://jlla.gov/commission/c/ar/adm/in/code/07707700690">http://jlla.gov/commission/c/ar/adm/in/code/07707700690</a> R.htm	By the fecal-oral route, ingestion of fecally contaminated food or water, contact with infected animals, consumption of contaminated unpasteurized food and drinks	Diarrhea, which can be profuse and watery, preceded by loss of appetite; vomiting; abdominal pain; asymptomatic cases can spread the infection to others; symptoms can come and go for up to 30 days	Range 1-12 days Commonly 7 days	As long as the oocysts are being shed, typically days to weeks. Shedding may persist after symptoms resolve.	Exclude until diarrhea has ceased for at least 24 hrs; exclude from food handling and working in sensitive occupations for 48 hrs after recovery; exclude from swimming in public pools (or any recreational water venue) while symptomatic and for 2 weeks after symptoms resolve	Report cases as soon as possible within 7 days	•Cryptosporidiosis: For people with weakened immune systems, symptoms can be severe and could lead to severe or life-threatening illness. Alcohol-based hand sanitizers are not effective against Crypto. <b>Contact local health department for guidelines</b>
Pinworms (Enterobius vermicularis) <a href="http://www.cdc.gov/parasites/pinworm/">http://www.cdc.gov/parasites/pinworm/</a>	Pinworms lay microscopic eggs near rectum, causing itching; ingestion of pinworm eggs, after contamination of hands by scratching	Often asymptomatic, but itching around the anus is a common symptom	1 to 2 months or longer	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; re-infection is common	None	Not reportable	•Pinworms: Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly

(20 ILCS 2310/2310-700)

Sec. 2310-700. Influenza and meningococcal disease and vaccine information; school districts. The Department shall develop, provide, or approve and shall publish informational materials for school districts in this State regarding influenza and influenza vaccinations and meningococcal disease and meningococcal vaccinations in accordance with the latest information provided by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(Source: P.A. 100-977, eff. 1-1-19.)

110D The school district includes informational materials regarding influenza and influenza vaccinations and meningococcal disease and meningococcal vaccinations developed, provided, or approved by the Department of Public Health under Section 2310-700 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois when the board provides information on immunizations, infectious diseases, medications, or other school health issues to the parents or guardians of students.

PRESS Material: 7:100

Potential Evidence: Policy, IDPH approved materials

105 ILCS 5/27-8.1 (8.5);

