

Washoe County Human Services Agency

Regulations for Child Care Facilities

Immunization and Health of Children

SECTION 26 IMMUNIZATION AND HEALTH OF CHILDREN

26.1 Nevada Revised Statutes 432A.230 to 432A.280, inclusive, set forth the following requirements for the immunization of children attending a child care facility:

A. 432A.230

1. Except as otherwise provided in Subsection 3 and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this state, including a facility licensed by a county or city, unless his parents or guardian submit to the operator of the facility a certificate or certificates stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:
 - a. Diphtheria;
 - b. Tetanus;
 - c. Pertussis if the child is under six years of age;
 - d. Poliomyelitis;
 - e. Rubella;
 - *f. Rubeola (measles); and
 - g. Such other diseases as the local board of health or the state board of health may determine.
 - 1) HIB
 - 2) Mumps
 - 3) Hepatitis A
 - 4) Hepatitis B
 - 5) Varicella
 - 6) Streptococcus Pneumoniae
2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or his designee or a registered nurse or his designee, attesting that the certificate accurately reflects the child's record of immunization. An official printout will also be accepted.

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3. A child whose parent or guardian has not established a permanent residence in the county in which a child care facility is located and whose history of immunization cannot be immediately confirmed by a physician in this state or a local health officer, may enter the child care facility conditionally if the parent or guardian:
 - a. Agrees to submit within 30 calendar days documentation from the physician or local health officer that the child has received or is receiving the required immunizations; and
 - b. Submits proof that he has not established a permanent residence in the county in which the facility is located.
4. If documentation of immunizations from the physician or local health officer showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 30 days after the child was conditionally admitted, the child must be excluded from the facility.
5. Before December 31 of each year, each child care facility shall report to the health division of the department, on a form furnished by the division, the exact number of children who have:
 - a. Been admitted conditionally to the child care facility; and
 - b. Completed the immunizations required by this Section.
- B. 432A.240 If the religious belief of a child's parents or guardian prohibits the immunization of the child as required by NRS 432A.230, a written statement of this fact signed by the parents or guardian and presented to the operator of the facility exempts the child from the provisions of that Section for purposes of admission.
- C. 432A.250 If the medical condition of a child will not permit him to be immunized to the extent required by NRS 432A.230, a written statement of this fact signed by a licensed physician and presented to the operator of the facility by the parents or guardian of such child exempts such child from all or part of the provisions of NRS 432A.230, as the case may be, for purposes of admission.
- D. 432A.260 If, after a child has been admitted to a child care facility, including a facility licensed by a county or city, additional immunization requirements are provided by law, the child's parents or guardian shall submit an additional certificate or certificates to the operator of the facility stating that such child has met the new immunization requirements.
- E. 432A.270 Whenever the state board of health or a local board of health determines that there is a dangerous contagious disease in a child care facility attended by a child

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for whom exemption from immunization is claimed pursuant to the provisions of NRS 432A.240 or 432A.250, the operator of the facility shall require either:

1. That the child be immunized; or
 2. That he remain outside the school environment (or caregiver's home) and the local health officer be notified.
- F. 432A.280 Any parent or guardian who refuses to remove his child from the child care facility to which he has been admitted when retention in the facility is prohibited under the provisions of NRS 432A.230, 432A.260, or 432A.270 is guilty of a misdemeanor.

26.2 Reporting

- A. The child care facility shall immediately notify the Agency and Health Authority of any reportable disease or condition at the child care facility, including any outbreak or suspected outbreak at the child care facility. See Addendum VI for List of Reportable Diseases and Conditions.
- B. The child care facility shall notify the Agency, as soon as possible, of the death of any child who attends or lives in the facility.

26.3 Health and immunization requirements

- A. Within 30 days after enrollment, other than enrollment in an accommodation facility or facility that provides care to ill children, the parent, guardian, or person having custody shall provide a written statement from a licensed physician or registered nurse attesting to the status of the child's health and stating that all known special conditions are under treatment and the child is capable of adjusting to the programs of the facility. In the event of question regarding the physical or mental health of any child in care, the licensee or the Agency may require the parents to provide another statement of good health from a licensed physician or registered nurse.
- B. Except as otherwise provided in Subsection A, every child in the facility, whether drop-in, part-time, or full-time, shall have proof of current immunization on file at the facility as described in NRS 432A.230. Verification shall be kept in the format determined by the Agency and shall be readily available for each child in care.

26.4 Records maintenance. A facility shall keep a record for each child which includes any pertinent information about his health status, any special needs he may have, any food allergies and any emergency or treatment plan for exposure to the allergen, and immunization status. These records shall be kept for a minimum of 90 days after the child no longer attends the facility.

26.5 Exclusions for religious beliefs. For children whose parents adhere to a religious faith practicing healing by prayer or by other spiritual means:

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- A. A facility shall obtain a signed statement from the parents that no medical care is to be provided;
 - B. A facility shall report to the Agency any accidents, injuries, or illnesses affecting such children.
- 26.6 First aid
- A. An easily understandable chart describing first aid and emergency treatment must be available in each facility.
 - B. Each facility must have a well stocked first aid kit readily available at all times. Refer to Addendum VIII for suggested First Aid Kit supplies.
- 26.7 Written health provisions. Every facility, other than an accommodation facility, must have written provisions for:
- A. Consulting with physicians or registered nurses regarding the health of the children;
 - B. Obtaining assistance in developing and maintaining current health policies; and
 - C. Providing health services and education for the children and members of the staff, including dental health and personal cleanliness and care.
- 26.8 Emergency health services. A written directory of emergency health services must be readily available in the facility and must include:
- A. A hospital;
 - B. A clinic or other constantly staffed medical facility;
 - C. A physician or registered nurse, if the parents of a child have signed a written agreement stating that the person is acceptable.
- 26.9 Accident/Illness records.
- A. Not later than 24 hours after the occurrence of the illness or injury, a member of the staff of the facility must create a written report concerning the illness or injury. The written report must be placed in the file concerning the child that is maintained by the facility, and a copy of the written report must be provided to a parent of the child. Upon request of the Agency, the facility must provide to the Agency the written report and any statements by members of the staff of the facility that are part of the written report.
 - B. Upon the occurrence of any accident or injury which requires emergency professional medical care of a child, the Director of each facility shall report the occurrence to the

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Agency within 48 hours after the accident or injury and shall keep on file at the facility a written report detailing the occurrence.

- 26.10 Transportation. If a member of the staff transports or accompanies a child for professional emergency care, he must remain with the child until the parents assume responsibility for the care of the child. Arrangements shall have been made for substitute or alternate staff so that supervision of the other children in the facility is not compromised.
- 26.11 Notification and isolation of ill or injured children
- A. If a child becomes seriously injured or has an illness that requires exclusion from the child care facility under Subsection 26.15, the facility shall immediately isolate the child from other children and place the child under appropriate supervision.
 - B. The parent(s), legal guardian or other person authorized by the parent or legal guardian shall be immediately notified when their child's condition requires exclusion. The child care facility shall also inform the parent(s), legal guardian or other person authorized by the parent or legal guardian that they must immediately come and take their child from the child care facility.
- 26.12 Administering medical treatment. Members of the staff of a facility shall not administer any medical treatment, except emergency first aid and prescribed medications to the child.
- 26.13 Medications
- A. Each prescribed medication must be kept in the original container which has a child-proof lid, be plainly labeled, contain the name of the child or adult for whom it is prescribed, and be stored in a locked cabinet or be made inaccessible to children. Non-prescription medication must be kept in a container with a child-proof lid, be plainly labeled, and be stored in a locked cabinet or be made inaccessible to children. Medications for external use must be kept in a separate section of the locked cabinet. Medications stored in a refrigerator must be kept in a locked metal box or other place which is inaccessible to children.
 - B. In order to administer non-prescription medication, a facility must have a prescription on file from a physician.
 - C. Except in an emergency, only one person designated by the facility may administer medications to children. A written record containing every medication administered, the name of the child to whom it was administered, and the date and time it was administered must be maintained on a weekly basis by the facility and kept in the child's file.
 - D. The person designated to administer medication must be trained in the administration of medication by a health care professional or the parent of a child cared for in the

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facility and authorized to administer the medication pursuant to NRS 453.375 or 454.213.

- E. All medication must, upon discontinuance of use be promptly destroyed or returned to the child's parents.

26.14 Parental response to emergency. If a parent or the person designated by the parent does not respond to an emergency call, the facility shall notify the Agency.

26.15 Exclusion of children

- A. Exclusion of children based on reportable diseases or conditions. The child care facility shall follow the Health Authority's directions on exclusion of an ill child with a reportable disease or condition. A child who is excluded as a result of a reportable disease or condition shall not be allowed to return to the child care facility until the Health Authority gives permission to do so. The following reportable diseases may require exclusion from child care per the direction of the Health Authority:

- Amebiasis
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Giardiasis
- Haemophilus influenzae type b invasive disease
- Hepatitis A
- Influenza
- Measles (rubeola)
- Meningitis
- Meningococcal disease
- Mumps
- Pertussis
- Pneumonic Plague
- Poliomyelitis
- Respiratory Syncytial Virus (RSV)
- Rotavirus
- Rubella
- Salmonellosis
- Shiga Toxin-producing *Escherichia coli* (STEC including *E. coli* O157:H7)
- Shigellosis
- Tuberculosis
- Typhoid fever
- Vibriosis
- Yersiniosis

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- B. Other conditions requiring exclusion of children. The child care facility shall exclude children if they have any of the following conditions:
1. Respiratory illness, including uncontrolled coughing, difficulty breathing, or wheezing, until diagnosed not to be contagious;
 2. Fever as defined in Subsection 1.29, accompanied by behavior changes or other signs or symptoms of illness until a treating health care provider finds the child is not contagious;
 3. Diarrhea, defined as 6 or more watery stools during the previous 24 hour period, one uncontained stool, or one bout of bloody diarrhea, until either no diarrhea occurs for 24 hours or until diagnosed not to be contagious;
 4. Rash with fever or behavior change, until a treating health care provider determines that these symptoms do not indicate a communicable disease;
 5. Vomiting illness (two or more episodes of vomiting in the previous 24 hours), until either no vomiting occurs for 24 hours or until determined by a treating health care provider not to be contagious and the child is not in danger of dehydration;
 6. Shingles, only if the lesions cannot be covered by clothing or a bandage until the blisters have crusted;
 7. Skin infections, until 24 hours after treatment has been initiated;
 8. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and 24 hours after cessation of fever;
 9. Head lice, from the end of the day of discovery, until after the first treatment and no live lice are seen;
 10. Scabies, until 24 hours after treatment has been completed;
 11. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye), until 24 hours after treatment has been initiated;
 12. Mouth sores with drooling, unless a treating health care provider determines that the child is noninfectious;
 13. Chickenpox (Varicella-Zoster), until 6th day after rash onset or sooner if all sores have dried and crusted ;

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14. Ringworm of the scalp or body until 24 hours after treatment has been started;
 15. Herpes simplex, until those children who do not have control of their oral secretions no longer have active sores inside the mouth. No exclusion is necessary for children who have recurrent infections (fever blisters and cold sores);
 16. Hand, Foot and Mouth Disease, until fever free for 24 hours without the use of fever-reducing medication, all lesions are dry and scabbed over and no new lesions have appeared for 24 hours; or
 17. The child has an illness and the child care facility determines it cannot care for the ill child without compromising either the health or safety of the ill child or the health or safety of the other children.
- C. The Health Authority may make a final determination on exclusion when a conflict exists between the treating health care provider and the exclusionary guidelines referenced in Subsection 26.15.B.

26.16 Duty to cooperate

- A. The child care facility shall promptly cooperate with the health authority during:
1. A communicable disease investigation of the circumstances or cause of a case, suspected case, outbreak or suspected outbreak.
 2. The carrying out of measures for the prevention, suppression and control of a communicable disease, including procedures of exclusion, isolation and quarantine.