

PUBLIC HEALTH GUIDANCE FOR SCHOOLS & CHILD CARE PROVIDERS, 2023-24



AUGUST 2023

SACRAMENTO COUNTY PUBLIC HEALTH

SACRAMENTO COUNTY



**PUBLIC
HEALTH**

Promote • Prevent • Protect

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Introduction

A MESSAGE FROM THE PUBLIC HEALTH OFFICER

Dear School Leaders & Child Care Providers,

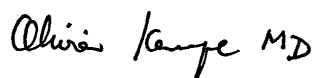
Over the past few years, COVID-19 affected nearly all aspects of our lives. Few institutions were more impacted than schools and child care providers, as many of you worked tirelessly to implement remote and/or hybrid learning, enhanced health screenings, new Cal/OSHA standards, and testing and immunization programs for your communities.

The challenges presented by COVID-19 tested our strength and resolve, but also provided some silver linings. Many of your organizations have worked together with Sacramento County Public Health (SCPH) for years, but our newly strengthened relationships have better positioned us to serve our community together. We are excited to continue to build on this through improved and more frequent communication from our programs that interface with schools, school-aged children, and their families.

This guidance is an evolution from what we previously referred to as the “Schools Packet.” It reflects our continued commitment to providing you with guidance to keep your communities healthy and safe and we hope it will serve as a valuable resource for you. It also includes information on how to contact the appropriate SCPH teams for assistance.

Again, thank you for your commitment to the health and safety of our community. We look forward to continued partnership with you.

Sincerely,



Olivia Kasirye, MD, MS
Public Health Officer

Contacts

HOW TO REACH SCPH

DISEASE REPORTING & RESPONSE

For time sensitive guidance on reporting or responding to diseases, illnesses, or potential outbreaks, call:

(916) 875-5881

IMMUNIZATION ASSISTANCE

For guidance on immunization schedules, reporting, and resources, call the [Immunization Assistance Program](#) at:

(916) 875-7468

GENERAL SCHOOL-HEALTH INQUIRIES AND GUIDANCE

For general, non-urgent school-health inquiries and guidance, contact the [SCPH Schools Team](#) at:

SCPHschools@saccounty.gov

Communicable Diseases & Illnesses

WORKING WITH SCPH COMMUNICABLE DISEASE CONTROL

SCPH Communicable Disease Control aims to control and prevent the spread of diseases in the community and should be consulted regarding exclusion criteria and clearance requirements for return to child care, school, or work. Outbreaks of communicable diseases (e.g., respiratory, gastrointestinal (GI), rash-related illnesses, etc.) sometimes occur in classrooms. SCPH can provide your site with guidance on responding to suspected communicable disease outbreaks. Our nurses and epidemiologists can assist in determining if an outbreak is occurring at your site, but we need your help in tracking and reporting disease clusters.

Below are actions that are requested of you:

1. Collect and track illness-related absence information at the time of student or staff absence.
2. Report any unusually high number of illness-related student absences (e.g., greater than 10% of an entire school population or greater than 25% of a single classroom or grade) to SCPH via phone (916) 875 - 5881. Do not include other types of school absences (e.g., family vacations).
3. Require students and staff with acute flu-like symptoms to remain home until 24 hours after fever has resolved, and 48 hours after GI- related illness has subsided. Contact SCPH at (916) 875-5881 for guidance on duration required to exclude students and staff in the event of rash illness.

These additional actions may be requested of you if an outbreak is suspected in your school:

4. Provide a complete daily line list of all students and staff with respiratory, GI or rash illness if, and only if, your school is experiencing unusually high numbers of illness-related absenteeism. Line lists should include at a minimum, student's first and last name, parent/guardian name, contact phone number, grade, classroom, school, date of illness onset and symptoms (e.g Nausea, vomiting or diarrhea; Fever* accompanied by one or more of the following: skin rash, difficulty breathing, persistent cough, decreased consciousness or confusion of recent onset, new unexplained bruising or bleeding (without previous injury), persistent diarrhea, persistent vomiting (other than air sickness), headache with stiff neck, or appears obviously unwell). It is not a violation of HIPAA to obtain and report this information to SCPH. (14) H&S §120130, (15) H&S §120130 (17) C.C.R. § 2500(9).
5. Coordinate with SCPH to dispense sample collection kits to a few students and staff currently experiencing illness (i.e., individuals symptomatic for < 72 hours) for testing at the SCPH Laboratory. SCPH cannot confirm the cause of any outbreak without at least two positive specimens from each school outbreak. Additionally, tests will not be done on specimens that are incorrectly labeled. It is not a violation of HIPAA privacy for schools to distribute testing kits, or for students to return kits to schools. Please be sure to include: student and parent names, date of birth, phone number, grade, classroom, collection date and time on each returned kit.
6. Follow other public health guidelines to prevent spread of illness. This may include disinfection of surfaces or other prevention measures.

*Ear, forehead, rectum temperature of 100.4°F or greater; Oral temperature of 100.0°F or greater; Under arm temperature of 99.0°F or greater, or feels warm to the touch, or gives a history of feeling feverish

Disease Reporting Requirements

TITLE 17

CALIFORNIA CODE OF REGULATIONS (CCR) §2500, §2593, §2641.5-2643.20, AND §2800-2812 REPORTABLE DISEASES AND CONDITIONS *

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

• **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.

• **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.

• **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

⓪! = Report immediately by telephone (designated by a ♦ in regulations).

† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).

⓪ = Report by telephone within one working day of identification (designated by a + in regulations).

FAX ⓪✉ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).

WEEK = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ☎✉
Anthrax, human or animal	☎!	Lyme Disease	WEEK
Babesiosis	FAX ☎✉	Malaria	FAX ☎✉
Botulism (Infant, Foodborne, Wound, Other)	☎!	Measles (Rubeola)	☎!
Brucellosis, animal (except infections due to <i>Brucella canis</i>)	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ☎✉
Brucellosis, human	☎!	Meningococcal Infections	☎!
Campylobacteriosis	FAX ☎✉	Middle East Respiratory Syndrome (MERS)	☎!
<i>Candida auris</i> , colonization or infection	☎	Monkeypox or orthopox virus infection	☎
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella) (Outbreaks, hospitalizations and deaths)	FAX ☎✉	Novel Coronavirus Infection	☎!
Chikungunya Virus Infection	FAX ☎✉	Novel Virus Infection with Pandemic Potential	☎!
Cholera	☎!	Paralytic Shellfish Poisoning	☎!
Ciguatera Fish Poisoning	☎!	Paratyphoid Fever	FAX ☎✉
Coccidioidomycosis	WEEK	Pertussis (Whooping Cough)	FAX ☎✉
Coronavirus Disease 2019 (COVID-19)	☎	Plague, human or animal	☎!
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	WEEK	Poliovirus Infection	FAX ☎✉
Cryptosporidiosis	FAX ☎✉	Psittacosis	FAX ☎✉
Cyclosporiasis	WEEK	Q Fever	FAX ☎✉
Cysticercosis or taeniasis	WEEK	Rabies, human or animal	☎!
Dengue Virus Infection	FAX ☎✉	Relapsing Fever	FAX ☎✉
Diphtheria	☎!	Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age	WEEK
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	☎!	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses	WEEK
Ehrlichiosis	WEEK	Rocky Mountain Spotted Fever	WEEK
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ☎✉	Rubella (German Measles)	WEEK
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ☎✉	Rubella (German Measles)	WEEK
Escherichia coli: shiga toxin producing (STEC) including E. coli O157	FAX ☎✉	Rubella Syndrome, Congenital	WEEK

Flavivirus infection of undetermined species	☉!	Salmonellosis (Other than Typhoid Fever)	FAX ☉☑
Foodborne Disease	†FAX ☉☑	Scombroid Fish Poisoning	☉!
Giardiasis	WEEK	Shiga toxin (detected in feces)	☉!
Gonococcal Infections	WEEK	Shigellosis	FAX ☉☑
Haemophilus influenzae, invasive disease, all serotypes (report an incident less than 5 years of age)	FAX ☉☑	Smallpox(Variola)	☉!
Hantavirus Infections	FAX ☉☑	Syphilis (all stages, including congenital)	FAX ☉☑
Hemolytic Uremic Syndrome	☉!	Tetanus	WEEK
Hepatitis A, acute infection	FAX ☉☑	Trichinosis	FAX ☉☑
Hepatitis B (specify acute, chronic, or perinatal)	WEEK	Tuberculosis	FAX ☉☑
Hepatitis C (specify acute, chronic, or perinatal)	WEEK	Tularemia, animal	WEEK

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and the [California Department of Public Health's HIV Surveillance and Case Reporting Resource page](#).

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases) **

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593) ***

LOCALLY REPORTABLE DISEASES (If Applicable):

CHLAMYDIA: In Pregnant Women or Children < 13 Years Old

* The Confidential Morbidity Report (CMR) is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). The CMR form can be found here: Communicable Disease Reporting Forms. Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA on the California Cancer Registry website (www.ccrca.org).

Revised 08/2022

ADA Reimbursement

FOR DISEASE EPIDEMICS

California Codes provide a means to prevent potential funding losses from a “material decrease” in average daily attendance (ADA) due to an epidemic. A material decrease in ADA is defined as at least 10% less attendance than normal in any given day. School ADA during either May or October of the same school year, at the District’s discretion, is used as the baseline for normal attendance.

What Schools need to provide to Sacramento County Public Health (SCPH)

1. A list of the dates when absences were more than 10% below the October or May ADA of the same school year, as defined by the California Department of Education (CDE), along with the number of children in attendance those dates.
2. The baseline ADA for October or May.
3. Send comments as to why you think the excess absenteeism may be due to an epidemic situation (e.g. many doctors’ notes, many students ill at school).

What SCPH will do:

1. Determine if an “epidemic” situation existed in the community that meets the purposes of the California Education Code. SCPH collects disease data from a variety of sources:
 - a. Monitoring of influenza, and other infectious diseases in the community
 - b. Lab reports of certain respiratory and gastrointestinal diseases
 - c. Reports of hospitalizations of children with severe influenza
 - d. Results of respiratory disease laboratory tests collected by sentinel physicians
 - e. Other reports of outbreaks of illness in the community
2. Compare disease data and reports (disease agent or syndrome, time period of community illness) with the absenteeism data sent by the school(s) to SCPH.
3. Determine if an “epidemic” in the community is likely contributing to a particular school’s or district’s material decrease in attendance.
4. Send a letter to the school superintendent regarding SCPH’s determination of whether an epidemic existed that is likely related to the increased absenteeism for the dates submitted. This letter may be used to support an application for reimbursement of ADA funds, via the School Board and SCOE, to CDE.

References

California Code of Regulations (CCR), Title 5, Section 428 – Material decrease.

- Decrease in ADA must be at least 10 % below normal attendance (of October or May ADA) to be considered material. Normal attendance defined.

California Code of Regulations (CCR) Title 17, Section 2500

- “Outbreak. The occurrence of cases of a disease (illness) above the expected baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group.”
- California Education Code, Section 35252 – “average daily attendance of any school district has been materially affected . . . by . . . epidemic of unusual duration and prevalence”

California Education Code, Section 46392 and 41422– Causes of “material decrease”

- Causes of material decrease in ADA that may qualify to prevent loss of ADA funding include: fire, flood, impassable roads (e.g. snow days), epidemic, earthquake, imminent major safety hazard determined by local law enforcement, strike, school closure or order of civil or military officer related to emergency (war or other extraordinary condition), or absence of teachers.

Illness Screening Questionnaire

SAMPLE QUESTIONS FOR ASSESSING STUDENT ILLNESSES

School: _____

Student Name: _____

Parent/Guardian Name: _____

Contact Phone Number: _____

Date Completed: _____

1. Age: _____

2. Gender: _____

3. Date symptoms started: _____

4. What symptom(s) is the student experiencing? (select all that apply)

Chills

Cough

Diarrhea

Fatigue

Fever

Ear, forehead, rectum 100.4°F+;

Oral 100.0°F+;

Under arm 99.0°F+

Muscle or body aches

Nausea

Rash

Runny or stuffy nose

Sneezing

Sore throat

Vomiting

Other: _____

5. Has the child had the influenza vaccine for the current season?

Yes

No

Sample Illness Tracking Sheet

FOR ADA REIMBURSEMENT

Student Name	Parent Name	Classroom	Phone	Date(s) of Illness	Influenza Likely? Y/N	GI Illness Likely? Y/N	Other Illness Likely? Describe

SCHOOL:

DISTRICT:

Exclusion Guidelines

GENERAL GUIDELINES FOR ILL CHILDREN AND STAFF

Certain symptoms in children may suggest the presence of a communicable disease. Excluding an ill child may decrease the spread of the disease to others in the child care and school settings. Recommended exclusion varies by the disease or infectious agent. Children with the symptoms listed below should be excluded from the child care or school setting until symptoms improve, or a healthcare provider has determined that the child can return.

Schools and child care providers should have clear, written policies for excluding sick children and staff. These policies should be placed in the student and employee handbooks or on the child care or school website. Parents/guardians and staff should be given, or directed to, these resources at the beginning of each school year or when the child is enrolled or the staff member is hired. This will help prevent problems later when the child or staff member is ill.

EXCLUDE CHILDREN WITH ANY OF THE FOLLOWING:

Illness: Unable to participate in routine activities or needs more care than can be provided by staff.

Fever: Above normal body temperature accompanied by behavior changes, stiff neck, difficulty breathing, rash, sore throat, and/or other signs or symptoms of illness; or is unable to participate in routine activities. **Measure temperature before giving medications to reduce fever.** The following temperature is considered above normal:

- Ear, forehead, rectum 100.4°F or greater
- Oral 100.0°F or greater
- Under arm 99.0°F or greater

Signs/Symptoms of Possible Severe Illness: Exclude until a healthcare provider has done an evaluation to rule out severe illness when the child is unusually tired, has uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs for the child.

Diarrhea: Until 48 hours after diarrhea stops or until a medical exam indicates that it is not due to a communicable disease. Diarrhea is defined as an increased number of stools compared with a child's normal pattern, along with decreased stool form and/or stools that are watery, bloody, or contain mucus.

Vomiting: Until 48 hours after vomiting stops, unless determined to be caused by a non-communicable condition and the child is not in danger of dehydration.

Mouth Sores with Drooling: Until a medical exam indicates the child may return or sores have healed.

Rash with Fever or Behavior Change: Until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion.

Eye Drainage: When purulent (pus) drainage and/or fever or eye pain is present or until a medical exam indicates that a child may return.

Unusual Color of Skin, Eyes, Stool, or Urine: Until a medical exam indicates the child does not have hepatitis. Hepatitis symptoms include yellow eyes or skin (jaundice), gray or white stools, or dark (tea or cola-colored) urine.

Foodborne Illness

PREVENTION GUIDANCE

WHAT IS A FOODBORNE ILLNESS?

A foodborne illness is a disease that can be caused by a germ (virus or bacteria) or a chemical that contaminates the food you eat.

HOW DOES THE FOOD BECOME CONTAMINATED?

Food can be contaminated when a person who is preparing the food has not washed his/her hands. Fruit, vegetables, dairy products, meat and other food items can come into contact with soil, water, human/animal waste that contains illness-causing germs. Foodborne illness can be caused when food is not kept at the correct temperature and a germ in a food is allowed to multiply. Food can also become unsafe if a chemical (such as a cleaning product) is spilled into food.

WHAT ARE THE KINDS OF GERMS THAT MAKE FOOD UNSAFE?

The most common causes of foodborne illness are:

Salmonella: bacteria that is in many different foods, most often in raw chicken or other meat (protein sources). Symptoms of salmonella infection include diarrhea, fever and stomach cramps.

Campylobacter: bacteria that is also in raw chicken. Symptoms of campylobacter include fever, headache, nausea, diarrhea and abdominal cramps.

E. coli: bacteria which may be spread by water or food that has been contaminated by animal or human waste (stool). There are many kinds of E. coli. Some kinds can cause illness in humans. Symptoms of E. coli include severe diarrhea, sometimes even bloody diarrhea.

Shigella: bacteria that is spread from an infected person who prepares/touches the food of others.

HOW CAN FOODBORNE ILLNESS BE PREVENTED?

Foodborne illness is more prevalent in warmer weather. There's a higher risk of foodborne illness in the summertime because foodborne bacteria grow fastest at temperatures from 90 to 110 °F. Also, more people cook outside at picnics, barbecues and camping trips, away from refrigeration and washing facilities that a kitchen provides. To keep food safe during summer, and all year round, consider these steps:



CLEAN

Wash Hands and Surfaces Often. Unwashed hands and cooking and eating surfaces are a prime cause of foodborne illness.

- Wash your hands with hot, soapy water before handling food and after using the bathroom, changing diapers, and handling pets.
- When eating away from home, find out if there's a source of clean water. If not, bring water for preparation and cleaning or pack clean, wet, disposable washcloths, moist towelettes or antibacterial hand gel and paper towels for cleaning hands and surfaces.

SEPARATE

Don't Cross-Contaminate. Cross-contamination during preparation, grilling and serving food can lead to foodborne illness.

- When packing the cooler chest for an outing, wrap raw meats securely; avoid raw meat juices from coming in contact with ready-to-eat food.
- Wash plates, utensils, and cutting boards that held the raw meat or poultry before using again for cooked food.
- Do not use marinade that's been used for raw meats to baste food once you've started to cook. Instead, set aside some of the marinade before you add the raw meat, poultry or fish.
- Do not use the loose ice used to pack your cooler as ice for your drinks. Pack beverage ice in separate, re-sealable bags.

COOK

Cook Food to Proper Temperatures. Food is properly cooked when it's heated for a long enough time and at a high enough temperature to kill bacteria that cause foodborne illness.

- Take your thermometer along. Meat and poultry cooked on a grill often browns very fast on the outside, so be sure that meats are cooked thoroughly. Check them with a food thermometer.
- Cook steaks and roasts that have been tenderized, boned, rolled, etc., to an internal temperature of 160 °F for medium and 170 °F for well-done. Whole steaks and roasts may be cooked to 145 °F for medium rare.
- Whole poultry should be cooked to 180 °F in the thigh; breast meat to 170 °F.
- Cook hamburger and other ground meats (veal, lamb, and pork) to an internal temperature of 160 °F, and ground poultry to 165 °F.
- Properly cooked fish should flake easily with a fork.
- Cook meat and poultry completely at the picnic site. Partial cooking of food ahead of time allows bacteria to survive and multiply to the point that subsequent cooking cannot destroy them.

CHILL

Refrigerate Promptly. Holding food at an unsafe temperature is a prime cause of foodborne illness. Keep cold food cold.

- Marinate raw meat, poultry and fish in a covered dish in the refrigerator. Do not let marinating foods sit on the counter. Transport in a cooler separate from ready-to-eat foods.

- Cold refrigerated perishable food like luncheon meats, cooked meats, chicken, and potato or pasta salads should be kept in an insulated cooler packed with several inches of ice, ice packs, or containers of frozen water.
- Consider packing canned beverages in one cooler and perishable food in another cooler because the beverage cooler will probably be opened frequently. Keep coolers in the coolest part of the car, and place in the shade or shelter, out of the sun, whenever possible.
- If the ice starts to melt, put more into the cooler.

RESTRICT

In collaboration with Sacramento County Public Health, individuals diagnosed with certain enteric diseases may be restricted from sensitive occupations or situations (e.g. child under 5 who attends daycare, food handler, etc.) pending clearance from public health. If SCPH identifies an individual requiring exclusion for an enteric disease at your school, an official exclusion letter will be provided to the individual and school administration. Once the individual is cleared by SCPH, an official clearance letter will be issued to the individual and school administration.

Lice

GUIDANCE FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

This guidance document is provided to assist local health departments, elementary schools, preschools, and child care facilities in developing policies and procedures for the care of children found to have head lice. The California Department of Public Health (CDPH) recommends that schools and child care facilities maintain an active educational campaign for parents, guardians, and caregivers on the accurate diagnosis and proper treatment of head lice cases to prevent transmission of lice in schools and reduce lost school days due to head lice infestation.

Traditionally, policies in schools emphasized that a child infested with head lice could not return to school until nits (eggs or egg casings) were no longer found in the hair. There is no evidence that a “no-nit policy” prevents or shortens lengths of outbreaks (Pollack et al. 2000, Williams et al. 2001). The American Academy of Pediatrics, the National Association of School Nurses, and the U.S. Centers for Disease Control and Prevention are all opponents of no-nit policies (Frankowski and Weiner 2002; Schoessler 2004). The exclusion of a child from school can adversely affect their emotional, social, and academic well-being and often stigmatizes the child unnecessarily. In addition, transmission of head lice in the classroom setting is low (Mathias and Wallace 1989). Therefore, CDPH recommends that children should not be excluded from the classroom based on finding head lice or nits.

For the effective control of head lice in schools and child care facilities, CDPH recommends a multipronged approach:

- Early detection of head lice infestations through routine screening by parents/caregivers
- Treatment of children found to have live lice
- Distribution of educational material to school staff and parents/caregivers on head lice, nit combing, and treatment, such as CDPH’s [head lice flyer](#) or [fact sheet](#) (available in English and Spanish). Parents/caregivers can also be directed to visit the [CDPH Head Lice webpage](#) for additional information

HEAD LICE

Adult head lice, *Pediculus humanus capitis*, are tan or greyish-white, wingless insects approximately $\frac{1}{8}$ inch in length (similar in size to a sesame seed) that live in people’s hair and feed on human blood. Adult females lay eggs (nits) by gluing them to the base of hairs of the head, close to the scalp. Nits are yellow or white in color and are most often found within $\frac{1}{4}$ inch of the scalp; those farther away from the scalp are usually empty (the lice have already hatched) or are dead. Lice do not fly or jump and are spread from person to person by head-to-head contact.

Lice can be detected by parting the hair and examining near the scalp, most commonly near the ears and the back of the neck. Wetting the hair before combing has been shown to be a helpful method in diagnosing an active lice infestation (Jahnke 2009). Children ages 3-11 years old are at highest risk for head lice infestation. Head lice, while a significant nuisance problem, do not transmit disease to humans.

DETECTION OF HEAD LICE

There is a lack of evidence showing that routine class or school-wide screening reduces lice infestation rates (Frankowski 2010). Moreover, many schools lack the resources to do routine lice checks. Parents/caregivers should check their children for lice regularly. If lice are seen on a child at school, parents/caregivers should be notified at the end of the school day and given a copy of [CDPH's head lice flyer](#). At home, all members of the family or household should be checked for head lice, and those with lice should be treated that night. The day following treatment, the child should be reexamined and admitted to class. If the child is still infested, the parent/caregiver should be contacted again.

While classroom or school-wide notification is not recommended after head lice have been detected in a student, this policy is at the discretion of the school nurse or administration.

ENVIRONMENTAL CONTROL

Adult lice will die within two days without a blood meal. In a classroom where head lice are found, actions should be taken if possible to reduce head-to-head contact (Frankowski 2010). Always keep each child's hat and other clothing on separate hooks and hang each child's coat on the back of their chair.

Any items, such as clothing, bedding, and stuffed toys, that the child may have had contact with two days prior to treatment should be laundered (Burkhardt 2006). These items can be machine washed in hot water and dried using the high heat cycle as exposure to temperatures $>130^{\circ}\text{F}$ usually kills lice and nits within 5 minutes. Belongings that cannot be washed may be dry cleaned or placed in sealed plastic bags for two weeks to kill hatching lice (nits take 6-9 days to hatch and are unlikely to hatch away from the scalp). Combs, brushes, picks, and other hair care items can be soaked in hot water ($>130^{\circ}\text{F}$) for 5-10 minutes. Vacuum the furniture, carpeting, and other fabric-covered items, where the infested child sat or laid.

Pesticide application to the school or home environment is not recommended.

TREATMENT

It is important that parents/caregivers always follow the label instructions when administering products to treat head lice. Some treatments only kill live lice and a second treatment 7-10 days after the first treatment may be necessary to kill any lice that recently hatched. Reports of resistance to some over-the-counter treatments have been reported in California and therefore, not all lice may be killed by treatment. Combing and removal of nits may help to reduce the duration of infestation. **CDPH recommends the combination of treatment with lice-killing products and nit combing.** Several brands of nit combs are available at local pharmacies. Metal flea combs also work well for nit combing and can be bought at pet stores. **Sometimes it may seem that the treatment used has failed when actually: 1) the substance on the hair shaft was misidentified as nits (i.e., dandruff, styling products, etc.), 2) treatment instructions were not properly followed, or 3) re-infestation with head lice has occurred.**

Over-the-counter treatments:

- Pyrethrins with piperonyl butoxide shampoo (i.e. A-200®*, Pronto®*, R&C®*, RID®*, Triple X®* for children 2 years of age and older), and permethrin (1%) lotion (i.e. Nix®* for children 2 months of age and older) treatments may be used to kill live lice but not nits, and may need to be used again 9-10

days later to kill newly hatched lice. A study of head lice in California indicates that some lice populations are resistant to permethrin and pyrethrins (Gao et al. 2003; Gellatly et al. 2016). If live lice are still observed after a full course of treatment, contact your healthcare provider or pharmacist.

- Sklice®* (0.5% ivermectin lotion) is a treatment for children 6 months of age and older. Ivermectin is derived from a soil bacterium and causes paralysis and death in lice. This is a single-use product.

Available by prescription only:

- Ovide®* (0.5% malathion lotion) is an effective product to kill lice and may kill some nits. This product can be used only on children 6 years of age and older. Ovide®* is flammable so parents/caregivers must not use hairdryers when applying this product (Meinking et al. 2002; Frankowski 2010).

Retreatment may be necessary if live lice are seen 7-9 days after the initial treatment.

- Natroba®* (0.9% spinosad topical solution) is a treatment for children 6 months of age and older. Spinosad is derived from a soil-dwelling bacterium and works to “over-stimulate” lice and nits into paralysis and death (McCormack 2011). Retreatment may be necessary if live lice are seen 7-9 days after the initial treatment.

- Stromectol®* (ivermectin 3-mg tablet) can be given at any age (if weight > 33 lbs). This product should only be used if head lice are resistant to all other topical treatments. Treatment with 2 single oral doses, given 7-10 days apart, has shown to be effective in the control of head lice.

Alternative treatments:

- AirAllé®*, formerly known as the LouseBuster®, is a device designed to deliver heated air at high flow to the scalp and hair to kill lice and nits. Treatment takes at least 30 minutes (Bush 2011). This product is expensive and may require specialized training to use.

There is no conclusive scientific evidence to support the use of products such as vinegar, isopropyl alcohol, enzyme-based compounds, tea tree oil, or other alternative products advertised to dissolve the glue on the nits (to ease their removal) or kill the nits. Similarly, there are no conclusive scientific data to support claims that mayonnaise, olive oil, melted butter, petroleum jelly, or other alternative products on the hair “suffocate” the nits and lice. Drowning lice is also an ineffective way to kill lice (Takano-Lee et al. 2004). Natural products (i.e., herbal products) are not regulated for safety by the U.S. Food and Drug Administration (FDA) (Wadowski et al. 2015). The [American Academy of Pediatrics](#) does provide a list of alternative agents for head lice treatment (though not FDA-approved or recommended) for families that may choose to use them

Recommendations by state and federal experts and existing standards of practice outlined in this document are intended to provide guidance to individuals and agencies involved with head lice prevention and control in California. The information provided in this document are recommendations provided for informational purposes only and are not intended to be regulatory in effect.

* Use of this product name does not imply commercial endorsement by the California Department of Public Health.

Updated December 2022

Animals

CONSIDERATIONS FOR KEEPING CLASSROOMS SAFE

GENERAL INFORMATION

The benefits of pet ownership outweigh the risks, but precautions are encouraged. If you choose to have an animal in the childcare or school setting, follow the listed guidelines to decrease the risk of spreading disease. Check with your school district and/or childcare licensing agency before bringing any pets to your childcare setting or school because there may be regulations that must be followed.

- Inform parents/guardians of the benefits and potential risks associated with animals in the classroom.
- Consult with parents/guardians to determine special considerations needed for children with weakened immune systems and who have allergies or asthma.
- Notify parents/guardians of any child whose skin is broken by an animal bite or scratch.
- Supervise children when handling animals.

GENERALLY ALLOWED (CHECK YOUR SITE'S SPECIFIC RULES):

- birds (must be free of *Chlamydophila psittaci*)
- cats
- dogs
- domestic-bred mice or rats
- fish
- gerbils
- guinea pigs
- hamsters
- rabbits

NOT RECOMMENDED:

- aggressive or unpredictable domestic animals
- all wild animals (e.g., bats, raccoons, skunks, and foxes)
- amphibians
- ferrets
- hedgehogs
- inherently dangerous animals (e.g., lions, tigers, cougars, and bears)
- nonhuman primates (e.g., monkeys and apes)
- poultry (especially baby chicks and ducklings)
- reptiles (e.g. lizards, turtles, snakes, iguanas)
- stray animals with unknown health and vaccination history
- venomous or toxin-producing spiders and insects

Why are these are not recommended?

- Reptiles, amphibians, and poultry can carry *Salmonella* bacteria and can be a source of infection to infants, children, and staff.
- Wild animals can be a source of infectious bacteria, parasites, viruses (such as the rabies virus), and fungi. Biting incidents from animals are a concern especially from wild animals.
- Animals kept in suboptimal husbandry conditions are more likely to spread diseases.

Do **NOT** feed wild or stray animals

WHERE TO KEEP PETS

- Keep pets in designated areas only. They should be separated from food preparation, food storage, or eating areas.
- Keep pets in clean living quarters. Cages should be covered, sturdy, and easy to clean, and they should sit on surfaces that are solid and easy to clean.

CARE AND MAINTENANCE

- Develop and follow written procedures concerning the care and maintenance of pets with the advice of your veterinarian.
- Assure that pets are appropriately vaccinated, free of parasites (this includes ticks, fleas, and intestinal worms), and fungal skin infections (e.g., ringworm).
- Keep animals that are in good health and show no evidence of disease. Healthy animals make better pets.
 - Feed pets appropriate commercial foods on a regular basis and keep fresh water available at all times.
 - Keep bedding dry and clean.
 - Clean cages daily. School or childcare staff should do this – NOT children. - Use a janitorial area to wash and clean cages or aquariums. DO NOT use the kitchen or food service sinks.
 - Wash hands thoroughly after contact with animals and their cages.
- Minimize contact with urine and stool. Urine and stool not confined to an enclosed cage should be cleaned up immediately. Dispose of this waste in a covered container not accessible to children.
- **WASH HANDS IMMEDIATELY** after handling animals and their stool/urine and their environments.
- Check with local authorities (police) for regulations concerning appropriate disposal of a pet when it dies.
- Avoid changing cat litter boxes, handling animals, and contacting their environments if you are pregnant.
- Cover children's sandboxes when not in use.

REDUCING DISEASE RISKS TO CHILDREN AT PETTING ZOOS AND FARMS

GermS can occur naturally in the gut of certain animals without causing the animal any harm. These germS are then shed into the environment in the stool of these animals. When people have contact with animals or their living areas, their hands can become contaminated. Disease spread can occur when dirty (unwashed, contaminated) hands go into the mouth or are used to eat food.

- DO NOT allow children under 5 years to have contact with farm animals. These children are at greater risk for developing severe illness because their immune systems may not yet be fully developed.
- Educate childcare and school staff about the potential for transmission of enteric (intestinal) pathogens from farm animals to humans and strategies to prevent spread. Outbreaks of *E. coli* O157:H7, salmonellosis, and cryptosporidiosis have been attributed to children visiting farms and petting zoos. Certain farm animals, including calves, young poultry, and ill animals, pose a greater risk for spreading enteric infections to humans.
- Apply childcare or school policies and procedures to animals brought in for show and tell, entertainment, or educational programs.

PREVENTION AND CONTROL

- **Wash hands to stop the spread of disease.** Immediately after contact with animals, children and adults should wash their hands. Running water, soap, and disposable towels should be available. Adults should closely monitor handwashing of all children. Wash hands after touching animals or their environments, upon leaving the area in which the animals are kept, and before eating. Emphasize these recommendations with staff training and posted signs. Communal wash basins are not adequate handwashing facilities. Where running water is not available, waterless hand sanitizers provide some protection.
- Ensure that at farms or petting zoos:
 - Two separate areas exist, one in which contact with the animals occurs and one in which animals are not allowed.
 - Food and beverages should be prepared, served, and consumed only in animal free areas.
 - Toys and pacifiers should **not** be allowed in the animal contact areas.
 - Animal contact should occur only under close adult supervision.
- DO NOT consume unpasteurized milk, apple cider, or juices.
- DO NOT eat unwashed fruits and vegetables.
- Consider the type of animals and the facilities before visiting an educational farm or petting zoo.

Other resources can be found through California Department of Public Health, [Veterinary Public Health Section](#).



Wild Animals
 Great for school mascots or
 even a field trip to the zoo.
 Not so good for
 Show & Tell.

Rabies

NEVER TOUCH A WILD ANIMAL

GENERAL INFORMATION

Wild animals can be a source of infections and should never be brought into schools or handled by children. Animal biting incidents are a concern especially from wild animals and wild mammals pose a risk for transmitting rabies. **NEVER TOUCH A WILD ANIMAL (Dead or Alive)!**

Immediately contact Animal Services in your jurisdiction for safe removal of wild animals from the facility grounds. Notification should be made for the following wild animal and domestic animal groups:

- bats
- other mammals at higher risk of transmitting rabies (e.g., raccoons, skunks, and foxes)
- inherently dangerous animals (e.g., lions, tigers, cougars, and bears)
- aggressive or unpredictable animals, wild or domestic
- feral animals with unknown health and vaccination history

In addition, when a bat or other wild mammal at high risk of transmitting is found on the facility grounds make sure to contact Sacramento County Public Health, Communicable Disease Programs, at (916) 875-5881 in a timely manner for communicable disease exposure assessment.

Rabies is a fatal, viral infection of animals and humans. Rabies can infect any mammal, but it is more common among certain mammals like bats, raccoons, skunks, and foxes. Rabies can be spread to domestic animals and to humans through contact with an infected animal's saliva, usually through a bite or scratch, or through contact with its nervous tissues (brain and spinal cord). Rabies virus causes an infection of the brain, which is always fatal in those who are infected and do not receive protective treatment after an exposure. Wild mammals pose a risk for transmitting rabies and should never be brought into schools or handled by children.

EXAMPLES OF SCHOOL-RELATED RABIES SITUATIONS

The following are specific instances where wild animals that are generally unacceptable for classroom settings (because of their risk of transmitting rabies and other zoonotic diseases), were brought into Northern California schools:

- A second grade student brought a dead bat to school for show and tell. The teacher notified school administrators, who called Animal Services. The bat later tested positive for rabies, and the student had to undergo post-exposure treatment. Thanks to the teacher's quick response, no other students needed treatment.
- During elementary school recess, a playground aide noticed a crowd of children examining a sick bat, crawling on the blacktop. Animal Services was called. They collected the bat from the playground and submitted it for testing. Fortunately, the bat was negative for rabies. In the absence of that result, several children would have needed treatment for rabies exposure.

Cover Your Cough

DO IT IN YOUR SLEEVE

WHY SHOULD I COVER MY COUGH?

- Respiratory illnesses like influenza, the common cold, respiratory syncytial virus (RSV), and pneumonia are spread by coughing or sneezing.
- These viruses can be spread to others when the ill person coughs or sneezes into the air, or into their hands and then contaminates surfaces and objects.
- These illnesses spread easily in crowded places where people are in close contact.

HOW DO I STOP THE SPREAD OF GERMS IF I AM SICK?

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in the waste basket.
- If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, **not into your hands.**
- You may be asked to put on a facemask to protect others.
- Wash your hands often with soap and warm water for 20 seconds.
- If soap and water are not available, use an alcohol-based hand rub.
- Stay home when you are sick.
- Do not share eating utensils, drinking glasses, towels or other personal items.
- Clean and disinfect surfaces and objects that could be contaminated by the ill person.

HOW CAN I STAY HEALTHY?

- **Get vaccinated!** Vaccines are available for diseases that can be transmitted through coughing or sneezing including: seasonal influenza, pneumococcal, pertussis (whooping cough), diphtheria, measles, mumps, rubella, and *Haemophilus influenzae*.
- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- Avoid touching your eyes, nose or mouth.
- Wash your hands often with soap and warm water for 20 seconds.
- If soap and water are not available, use an alcohol-based hand rub.
- Do not share eating utensils, drinking glasses, towels or other personal items.
- Clean and disinfect surfaces and objects that could be contaminated by the ill person.

Diapering Guidance

ALSO SEE HAND WASHING AND GLOVING

GENERAL INFORMATION

Child care providers and school staff can help prevent the spread of infectious organisms by changing diapers in a separate designated area and by using effective cleaning and disinfecting practices. Germs found in the stool can be spread when the hands of caregivers or children contaminate objects, surfaces, or food. Infections that can be spread by contact with stool include:

- Bacteria (e.g., *Salmonella*, *E.coli*, *Shigella*, *Campylobacter*)
- Parasites (e.g., *Cryptosporidium*, *Giardia*, pinworms)
- Viruses (e.g., rotavirus, norovirus, hepatitis A virus)

Note: The importance of using good body mechanics cannot be over emphasized when changing diapers of larger or older children, as well as infants and toddlers. Use appropriate bending and lifting techniques to prevent injury.

BASIC PRINCIPLES

- Change diapers in a designated diapering area.
- Follow safety procedures and do not leave children unattended.
- Use surfaces that can be easily cleaned and disinfected.
- Use a separate area for diapering that is away from the medication, food storage, food preparation, and eating areas.
- Dispose of soiled diapers in a covered waste container.
- Wash hands of both staff and children after diapering.
- DO NOT allow objects such as toys, blankets, pacifiers, or food in the diapering areas.
- Consult with your child care health consultant or school nurse for any special diapering issues.

HANDWASHING PROCEDURES

The hands of the provider and child must be washed after each diaper change. Please see the handwashing attachment.

DISINFECTING PROCEDURES

- Diapering area must be wiped down with disinfectant after every diapering.
- Add **1 tablespoon of bleach to 1 quart (4 cups) of water**, if an EPA-registered disinfectant is not available.
- The disinfectant should be kept handy, but out of the reach of children.

SOILED ARTICLES

- Articles soiled with contaminated secretions, such as toys, need to be disposed of or cleansed properly.
- Soiled disposable diapers and tissues are to be placed in covered waste containers.
- Contaminated clothing or linens are to be laundered with detergent and hot water. If laundering is not available, they are to be placed in a **sealed** plastic bag and sent home with the child.

- Contaminated surfaces and equipment should be cleaned routinely, preferably with a disinfectant.
- Soiled washable toys should be washed with soap

DIAPERING PROCEDURES

Preparation

- Wash hands
- Assemble supplies (make sure they are all within reach)
- Cover diapering surface
 - The paper should be the length of the child.
- Put gloves on

Dirty Phase

- Place child on diapering surface
- Remove soiled diaper
 - Roll diaper inward. Place diaper directly into a covered waste container or out of child's kick space/reach.
- Cleanse diaper area of child
 - Cleanse from front to back; one swipe per wipe.
- Remove gloves

Clean Phase

- Put clean paper under child if the paper is soiled
- Apply ointment, as directed -Use a clean glove or swab to apply. Diaper and dress child
- Wash child's and provider's hands
- Return child to activity

Clean Up

- Dispose of soiled items
 - Put soiled clothing, without rinsing, in a plastic bag for parent/guardian to take home.
 - Put diaper, wipes, paper towels, changing paper, cotton swabs, and gloves into the plastic-lined waste container.
- Clean and disinfect diapering area
- Wash hands

Communicate

- Record diaper change
- Record concerns to parents
 - unusual color, odor, frequency, or consistency of stool; rash

Hand Washing

AT LEAST 20 SECONDS

WHEN SHOULD YOU WASH YOUR HANDS?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

HOW SHOULD YOU WASH YOUR HANDS?

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

WHAT TO DO IF YOU DON'T HAVE SOAP AND CLEAN, RUNNING WATER

Washing hands with soap and water is the best way to reduce the number of microbes on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do **not** eliminate all types of germs, such as norovirus. **Hand sanitizers are not as effective when hands are visibly dirty or greasy.**

How do you use hand sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together. Rub the product over all surfaces of your hands and fingers **until** your hands are **dry**.

Gloving

GUIDANCE ON GLOVES

The following information is provided as a general recommendation. Always follow the glove use policies established by your facility.

GENERAL INFORMATION

- Gloves are NOT a substitute for handwashing.
- Throw away single-use gloves after each use.
- Hands must be washed after removing gloves.
- Use non-latex gloves when touching people or food whenever possible.
- Gloves should fit well.
- Gloves should be durable, so they do not rip or tear during use.

TYPES AND USE OF GLOVES

- **Medical gloves** (e.g., surgical gloves, examination gloves)
 - Used for exposure-related tasks where there is contact with blood and body fluids. For example, when handling blood (e.g., nosebleeds, cuts) or items, surfaces, or clothing soiled by blood or bloody body fluids.
 - Used when changing the diaper of a child with diarrhea or with an infection that is spread through stool, or if the child has open areas on the skin.
 - Worn by staff if they have open cuts, sores, or cracked skin.
 - Must be approved by the FDA. Plastic film food handling gloves are not considered to be appropriate for use for these activities.
- **Utility gloves**
 - Used for cleaning and disinfecting bathrooms, diapering areas, or any areas contaminated with stool, vomit, or urine.
- **Food handling gloves**
 - May be recommended for handling ready-to-eat foods in some jurisdictions. Follow the glove use policies established by your facility or check with Sacramento County Environmental Management Department at (916) 875-8440.

Wading Pools

NOT RECOMMENDED

GENERAL INFORMATION

A wading pool is a shallow pool of water frequently used for children's play.

Sacramento County Public Health and Sacramento County Environmental Health Department strongly discourage the use of wading pools in school and child care settings.

WHY ARE WADING POOLS NOT RECOMMENDED?

Unlike swimming pools that are chemically treated and inspected to prevent disease transmission, wading pools are typically filled with tap water and may or may not be emptied and disinfected on a daily basis. Wading pools are designed for use by small children, many of whom are not fully toilet-trained. If a child has an "accident" in the pool, it may release germs into the water, and other children may swallow the contaminated water. Spread of these infections can occur under the care of the most diligent and thoughtful childcare providers, since these infections can spread even when children have mild to no symptoms.

WHAT ARE THE POTENTIAL ISSUES ASSOCIATED WITH WADING POOLS?

Disease-causing agents including Norovirus, *E.coli*, *Giardia*, *Cryptosporidium*, and *Shigella* are efficiently transmitted in wading pools. All of these agents can cause severe illness in children, with symptoms such as **diarrhea, vomiting, nausea and dehydration.**

CAN I USE A PLASTIC FILL-AND-DRAIN POOL?

NO. Portable, plastic fill-and-drain pools are intended for individual family use and should not be used at facilities in which multiple children could be sharing the water.

IS THERE AN ALTERNATIVE TO WADING POOLS?

Sprinklers provide water play opportunities, and carry less risk of drowning and disease transmission compared to wading pools.

Immunizations (IZ)

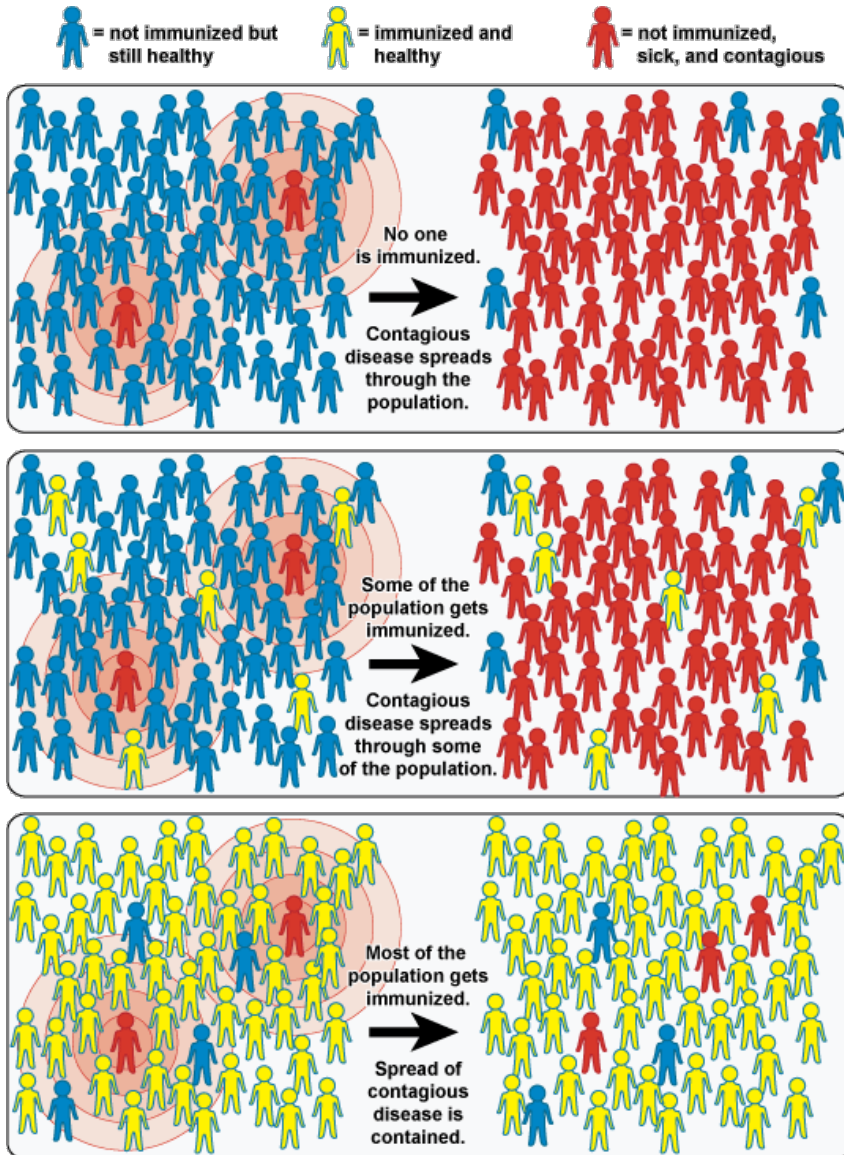
AND VACCINE PREVENTABLE DISEASES

GENERAL INFORMATION

California schools are required to check immunization records for all new student admissions at TK / Kindergarten through 12th grade and all students advancing to 7th grade before entry.

To prevent disease outbreaks in a community, a certain percentage of its population must be immunized (“community or herd immunity”), depending on the disease. When parents choose not to vaccinate, they put their children, and our community, at greater risk of severe, vaccine preventable diseases by reducing community immunity.

See the diagram below for how community immunity helps protect all of us:



How well vaccinated is your school or child care facility?
Click below to check:

[Child Care Facilities](#)

[Kindergarten](#)

[7th Grade](#)

IZ Schedule & Requirements

VACCINE RESOURCES

CDC IMMUNIZATION SCHEDULE

See [CDC's recommended immunization schedule](#) for persons ages 0-18.

SCHOOL IMMUNIZATION REQUIREMENTS

The following links include California state vaccine requirements for child care and school entry, immunization reporting resources for schools, tips for finding a lost immunization record, and information regarding medical exemptions.

[Child Care Entry Immunization Requirements for California](#)

[School Entry Requirements for California](#)

[Child Care and School Immunization Assessment Reporting](#)

[Tips for Locating Old Immunization Records](#)

[Medical Exemptions](#)

DIGITAL VACCINE RECORD

[Digital Vaccine Record](#) (DVR) is an electronic vaccination record from the California Immunization Registry (CAIR). The DVR portal allows you to access your records anytime without having to visit your healthcare provider and can be used for school or work requirements.

OTHER VACCINE RESOURCES

[Advisory Committee on Immunization Practices Immunization Recommendations](#)

[CDC Vaccine Information Statements](#)

[CDPH Immunization Branch](#)

[Common Questions About Vaccines \(CDC\)](#)

[Sacramento County Public Health Immunization Assistance Program](#)

IZ Reporting

REQUIREMENTS AND RESOURCES

CALIFORNIA REPORTING REQUIREMENTS

California Health and Safety Code Section 120325-75 requires students to provide proof of immunization for school and child care entry.

Additionally, California Health and Safety Code Section 120375 and California Code of Regulation Section 6075 require all schools and child care facilities to assess and report annually the immunization status of their enrollees.



REPORTING SITE LOGIN

All California schools and pre-kindergarten (child care/preschool) facilities are required to assess and annually report the immunization status of their enrollees. See instructions for reporting by grade in dropdown menu on the left.

[Pre-K](#) | [Instructions](#) | [Worksheet \(Excel\)](#) ([PDF](#))

[TK/K & 1st Grade](#) | [Instructions](#) | [Worksheet \(Excel\)](#) ([PDF](#))

[7th & 8th Grade](#) | [Instructions](#) | [Worksheet \(Excel\)](#) ([PDF](#))



Air Quality & Extreme Heat

GUIDANCE & RESOURCES

GENERAL INFORMATION

As extreme heat and smoke events become more common in our region, it is essential that schools and child care operators be prepared to adjust their operations to ensure the health and safety of children and employees. This may include:

- paying extra attention to sensitive individuals (e.g. asthma or other medical conditions);
- moving outdoor events and activities indoors;
- limiting vigorous activity; and/or
- postponing or cancelling events.

AIR QUALITY & SMOKE EVENTS

Poor air quality, such as that caused by wildfire smoke, can make being outdoors both unpleasant and unhealthy. Due to Sacramento County's size and geography, air quality can vary greatly throughout the county. The [Sacramento Metropolitan Air Quality Management District](#) has tools and resources that enable you to monitor air quality near your site(s) and make decisions about adjusting your operations accordingly.

[Air Quality & Smoke Event Action Chart for Schools](#)

[Fire and Smoke Map](#)

[Health Impacts of Smoke](#)

[Outreach Toolkit \(e-mail/newsletter templates, sample social media posts, graphics\)](#)

[Wildfire Smoke Air Pollution Emergency Plan for Sacramento](#)

EXTREME HEAT

The Sacramento area is prone to extreme heat and extreme heat events are projected to become more frequent. Heat-related illness is a leading cause of death among teen athletes and there are health risks for anyone engaging in high-exertion physical activity in extreme heat. The California Department of Public Health has produced [Health Guidance for Schools on Sports and Strenuous Activities During Extreme Heat](#), which contains information and resources to help guide schools during extreme heat events.

[HeatRisk Grid](#)

Emergency Preparedness

PREPARE YOUR SITE. PREPARE YOUR FAMILIES.

GENERAL INFORMATION

Emergencies come in many forms and can range in scope, severity, and duration. Whether it is an earthquake, flood, fire, criminal or terrorist attack, or disease pandemic, it is important for child care and school sites to be prepared for an emergency and to help their families think about preparedness too. During an emergency, your site may be inaccessible through usual means (e.g. road closures), the site may be closed altogether, or emergency personnel may need to use your site for staging, sheltering, or point of dispensing or distribution of goods or services.

EMERGENCY OPERATIONS PLAN (EOP)

It is recommended that every district or school create and implement an Emergency Operations Plan (EOP). These plans describe how a school will prepare, respond to, and recover from an emergency. Components of the plan should include policies, procedures, and roles and responsibilities during an emergency. Staff training and drills or exercises can help prepare staff and students for how to respond in an emergency. There is comprehensive federal [guidance](#) for developing a School EOP as well as a [Sample School EOP](#). CDC also has [resources](#) for developing a School EOP.

PREPARING FAMILIES FOR AN EMERGENCY

[Sacramento County's Office of Emergency Services](#) has partnered with local cities to provide residents with [evacuation zone maps online](#). Knowing your evacuation zone and evacuation route before an unexpected disaster occurs can help you and your family stay safe.

- **Know Your Zone** - Visit the [interactive map online](#) and type in your home address. The map will generate your Zone Number.
- **Download Your Evacuation Zone Map & Emergency Go Kit Checklist** – Visit the [Evacuation Zone Map webpage](#) and click on your Zone Number.
- **Inform Family & Neighbors** – Share the map and checklist with household members and neighbors, then plan your evacuation route and meeting point.
- **Prepare Your Emergency Go Bag** – A checklist is provided with each map and your go bag should include essential items like food, water, chargers, a radio, a change of clothes, medications, and important documents for everyone in the household, including pets.
- **Sign Up for Emergency Alerts** – Visit [Sacramento-Alert.org](#) to receive emergency texts, calls, and/or emails to your device.

Maps are accessible, downloadable, printable, and available in nine different languages. County residents will also receive a printed copy of their evacuation zone maps in the mail. Individuals with livestock can [view livestock evacuation maps and routes online](#) as well.

To learn how to prepare yourself and your family for an emergency like a wildfire or flood, visit [SacramentoReady.org](#).

PREPAREDNESS FOR LITTLE ONES

Talking to younger children about a potential emergency can be difficult and even scary. The CDC has developed the [Ready Wrigley book series](#). Children can follow Wrigley as she helps her family prepare for different emergencies, including earthquakes, extreme heat, wildfires and smoke, and more.

Ready Wrigley Prepares for:

- Earthquakes ([English](#) | [Spanish](#))
- Extreme Heat ([English](#) | [Spanish](#))
- Flu Season ([English](#) | [Spanish](#))
- Hurricanes ([English](#) | [Spanish](#))
- Tornadoes ([English](#) | [Spanish](#))
- Wildfires & Smoke ([English](#) | [Spanish](#))
- Winter Weather ([English](#) | [Spanish](#))

Other Titles:

- Coping After a Disaster ([English](#) | [Spanish](#))
- Flooding and Mold ([English](#) | [Spanish](#))
- Is There Lead in the Water ([English](#))
- Mosquito Bites Are Bad! ([English](#) | [Portuguese](#) | [Samoan](#))



Resources & Fact Sheets

A SELECTION OF LINKS, FACT SHEETS, & ONE PAGERS

[Air Quality & Smoke Event Action Chart for Schools](#) (AQMD)

[California Safe Schools for All Hub](#) (CDPH)

[COVID-19 Prevention](#) (CDC)

[Emergency Preparedness Books for Younger Children](#) (CDC)

[Fire and Smoke Map](#) (EPA and partners)

[Flu Prevention for Schools and Child Care Providers](#) (CDC)

[Head Lice Flyer](#) (CDPH)

[Head Lice Fact Sheet](#) (CDPH)

[Health Impacts of Smoke](#)

[Immunization Requirements for Child Care Entry](#) (CDPH)

[Immunization Requirements for School Entry](#) (CDPH)

[Immunization Schedule](#) (CDC)

[Measles](#) (CDC)

[Pertussis \(Whooping Cough\)](#) (CDC)

[Tips for Locating Old Immunization Records](#) (immunize.org)

[Vaccine Information Statements](#) (CDC)

[Vaccine Preventable Diseases](#) (CDC)

[Varicella \(Chickenpox\)](#) (CDC)

[Wildfire Smoke Air Pollution Emergency Plan for Sacramento](#) (AQMD)