## Infectious disease in pediatric out-of-home child care III

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## **Abstract**

Provision of some form of child care outside of the home is certainly not a new phenomenon. In the past, most out-of-home care was provided by a relative, a friend, or someone who had a specific relationship with the family of the child. The frequency of utilization of child care centers for out-of-home care and the different formats of out-of-home care services has increased within recent decades and will vary by geographic location. Also, there is an increased utilization of temporary child care such as "mother's day out" or baby-sitting services provided at churches, grocery stores, and other places. Child care centers represent special risks for transmission of infectious agents because young children exhibit high susceptibility to many community-acquired viruses and bacteria; they lack developmental understanding required for good hygiene; and they frequently receive antibiotics (appropriately and inappropriately). Infections acquired in child care centers can significantly impact the health of the children who acquire the infection and also result in significant economic impacts on the child's family, particularly if 1 or more of the parents has to lose time from work. In the United States, it is estimated that families who have children in child care lose 13 days of work per year for all types of infections. Interventions that have proven valuable for reducing infections within child care centers include the following: (1) formal written policies for infection control within the child care center, (2) formal education of child care center staff concerning infection control practices (needs to be repeated; preferably on a recurring basis), (3) good hand hygiene by both staff and children, (4) appropriate cleaning of contaminated surfaces, (5) separation of food preparation and diaper changing, (6) exclusion of certain ill children, (7) cohorting ill children when exclusion is not possible, (8) ensuring adequate age-appropriate immunization of child care attendees and staff, and (9) optimal ratios of child

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