Age Appropriate Vaccination Requirements For Children Enrolled In Child Care Programs
Valid 9/01/16 - 8/31/17

Per **COMAR 13A.15.03.02 and 13A.16.03.04 G & H**

Vaccination requirements are met only by complying with the vaccine chart below.

Instructions: Find the age of the child in the column labeled "Child's Current Age". Read across the row for each required vaccine. The number in the box is the number of doses required for that vaccine based on the CURRENT age or grade level of the child. The age range in the column does not mean that the child has until the highest age in that range to meet compliance. Any child whose age falls within that range must have received the required number of doses based on his/her CURRENT age in order to be in compliance with COMAR.

Vaccine types and dosage numbers required for children enrolled in child care programs

Vaccine / Child's Current Age	DTaP/DTP/ DT/Td[1, 6]	Polio[2]	Hib[3]	MMR[2,4]	Varicella[2,4,5] (Chickenpox)	Hepatitis B[2]	Pneumococcal Conjugate[3] (PCV)
Less than 2 months	0	0	0	0	0	1	0
2 - 3 months	1	1	1	0	0	1	1
4 - 5 months	2	2	2	0	0	2	2
6 - 11 months	3	3	2	0	0	3	2
12 - 14 months	3	3	At least one dose given after 12 months of age	1	1	3	2
15 - 23 months	4	3	At least one dose given after 12 months of age	1	1	3	2
24 - 59 months	4	3	At least one dose given after 12 months of age	1	1	3	1
60 - 71 Months	4	3	0	2	1	3	0
Grade Level	**DTaP/DTP/ DT/Td[1, 6]**	**Polio[2]**	**Tdap[6]**	**MMR[2, 4]**	**Varicella[2,4,5] (Chickenpox)**	**Hepatitis B[2]**	**Meningococcal**
Kindergarten Grade 1 & 2	4	3	0	2	2	3	0
3 - 6 Grade	4 or 3	3	0	2	1 or 2	3	0
7, 8 & 9 Grade	3	3	1	2	1 or 2	3	1
10 - 12 Grade	3	3	0	2	1 or 2	3	0

*** See footnotes on back**

CHART IS FOR USE BY CHILD CARE FACILITY OPERATORS ONLY TO ASSESS AGE APPROPRIATE IMMUNIZATION STATUS

Maryland Department of Health & Mental Hygiene **Center for Immunization** **dhmh.IZinfo@maryland.gov**

Vaccine Requirements For Children
Enrolled in Childcare Programs (Valid 9/1/16 - 8/31/17)
FOOTNOTES

Requirements for the 2016-17 school year are:

- **2 doses of Varicella vaccine for entry into Kindergarten, 1st AND 2nd Grade**
- **1 dose of Tdap vaccine for entry into 7th , 8th AND 9th grades**
- **1 dose of Meningococcal vaccine for entry into 7th , 8th AND 9th grades**

1. If DT vaccine is given in place of DTP or DTaP, a physician documented medical contraindication is required.
2. Proof of immunity by positive blood test is acceptable in lieu of vaccine history for hepatitis B, polio and measles, mumps, rubella and varicella, but revaccination may be more expedient.
3. Hib and PCV(Prevnar™) are not required for children older than 59 months (5 years) of age.
4. All doses of measles, mumps, rubella and varicella vaccines should be given on or after the first birthday. However, upon record review for students in preschool through 12th grade, a preschool or school may count as valid vaccine doses administered less than or equal to four (4) days before first birthday.
5. One dose of varicella (chickenpox) is required for a student younger than 13 years old. Two doses of varicella vaccine are required for students entering Kindergarten, 1st or 2nd grade and for previously unvaccinated students 13 years of age or older. Medical diagnosis of varicella disease is acceptable in lieu of vaccination. Medical diagnosis is documented history of disease provided by a health care provider. Documentation must include month and year.
6. Four (4) doses of DTP/DTaP are required for children less than 7 years old. Three (3) doses of tetanus and diphtheria containing vaccine (any combination of the following — DTP, DTaP, Tdap, DT or Td) are required for children 7 years of age and older. One dose of Tdap vaccine received prior to entering 7th grade is acceptable and should be counted as a dose that fulfills the Tdap requirement.

Allergy Action Plan
Must be accompanied by a Medication Authorization Form (OCC 1216)

Place Child's Picture Here

CHILD'S NAME: _____ Date of Birth: _____

ALLERGY TO: _____

Is the child Asthmatic? ☐ No ☐ Yes (If Yes = Higher Risk for Severe Reaction)

TREATMENT

Symptoms: The child has ingested a food allergen or exposed to an allergy trigger:	**Give this Medication** Epinephrine	Antihistamine
But is ***not*** exhibiting or complaining of any symptoms		
Mouth: itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughing, wheezing		
Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness		
Other:		
If reaction is progressing (several of the above areas affected)		

*Potentially life-threatening. The severity of symptoms can quickly change.
*__IMPORTANT:__ Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Medication		**Dose:**
Epinephrine:		
Antihistamine:		
Other:		

_____ _____
Doctor's Signature Date

EMERGENCY CALLS

1) Call 911 (or Rescue Squad) whenever Epinephrine has been administered. 2) Call the parent. State that an allergic reaction has been treated and additional epinephrine may be needed. 3) Stay with the child.

Doctor's Name:_____ Phone Number:_____

Contact(s)	Name/Relationship	Phone Number(s) Daytime Number	Cell
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			

*EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911.

Health Care Provider and Parent Authorization for Self/Carry Self Administration
I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] ☐ yes ☐ No

_____ _____
Parent/Guardian's Signature Date

Allergy Action Plan
(Continued)

Must be accompanied by a Medication Authorization Form (OCC 1216)

Place Child's Picture Here

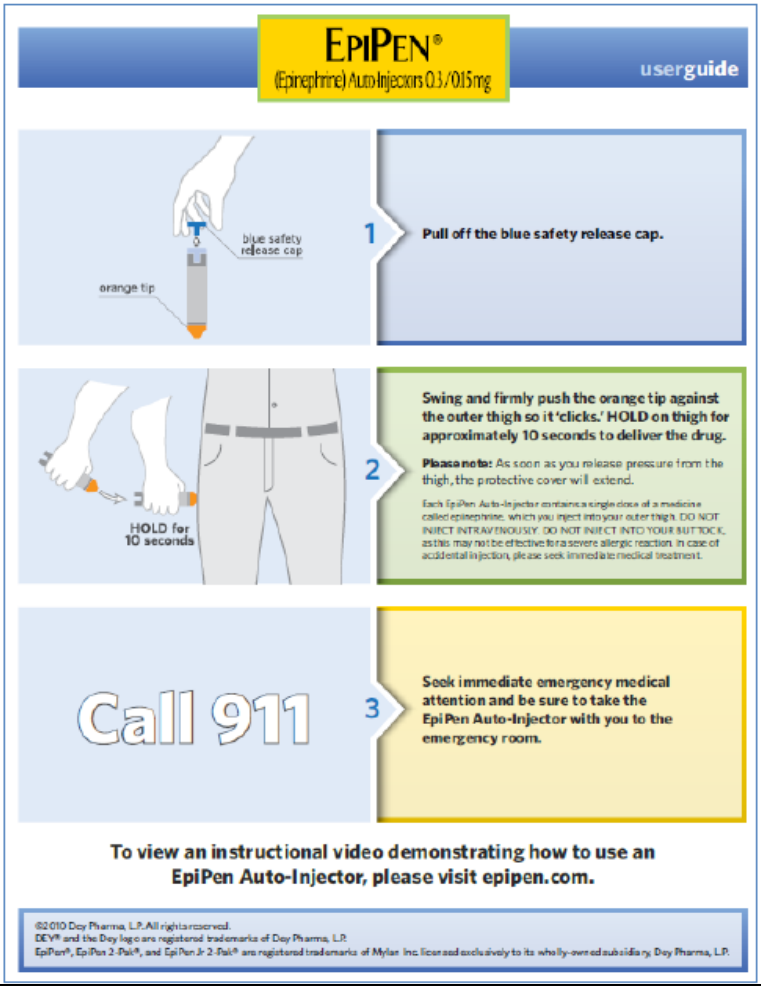
CHILD'S NAME: _____ **Date of Birth**: _____

ALLERGY TO: _____

Is the child Asthmatic? ☐ No ☐ Yes (If Yes = Higher Risk for Severe Reaction)

The Child Care Facility will:

- ☐ Reduce exposure to allergen(s) by: (no sharing food,
- ☐ Ensure proper hand washing procedures are followed.
- ☐ Observe and monitor child for any signs of allergic reaction(s).
- ☐ Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.)
- ☐ Ensure that a person trained in Medication Administration accompanies child on any off-site activity.
- ☐



The Parent/Guardian will:

- ☐ Ensure the child care facility has a sufficient supply of emergency medication.
- ☐ Replace medication prior to the expiration date
- ☐ Monitor any foods served by the child care facility, make substitutions or arrangements with the facility, if needed.
- ☐

Appendix K

Routine Schedule** for Cleaning, Sanitizing, and Disinfecting

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
Food Areas						
• Food preparation surfaces	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
• Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; Use of an automated dishwasher will sanitize
• Tables & highchair trays	Clean, Sanitize	Clean, Sanitize				
• Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
• Food preparation appliances		Clean	Clean, Sanitize			
• Mixed use tables	Clean, Sanitize					Before serving food
• Refrigerator					Clean	
Child Care Areas						
• Plastic mouthed toys		Clean	Clean, Sanitize			
• Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boil for one minute
• Hats			Clean			Clean after each use if head lice present
• Door & cabinet handles			Clean, Disinfect			

**Corrected to "Routine Schedule" from "Guide" in second printing, August 2011.

Appendix K

• Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
• Machine washable cloth toys				Clean		Launder
• Dress-up clothes				Clean		Launder
• Play activity centers				Clean		
• Drinking Fountains			Clean, Disinfect			
• Computer keyboards		Clean, Sanitize				Use sanitizing wipes, do not use spray
• Phone receivers			Clean			
Toilet & Diapering Areas						
• Changing tables		Clean, Disinfect				Clean with detergent, rinse, disinfect
• Potty chairs		Clean, Disinfect				
• Handwashing sinks & faucets			Clean, Disinfect			
• Countertops			Clean, Disinfect			
• Toilets			Clean, Disinfect			
• Diaper pails			Clean, Disinfect			
• Floors			Clean, Disinfect			Damp mop with a floor cleaner/ disinfectant
Sleeping Areas						
• Bed sheets & pillow cases				Clean		Clean before use by another child
• Cribs, cots, & mats				Clean		Clean before use by another child
• Blankets					Clean	

Selecting an Appropriate Sanitizer or Disinfectant

One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing or disinfecting surfaces that could possibly pose a risk to children or staff. Routine cleaning with detergent and water is the most common method for removing some germs from surfaces in the child care setting. However, most items and surfaces in a child care setting require sanitizing or disinfecting after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease.

What is the difference between sanitizing and disinfecting?

Sometimes these terms are used as if they mean the same thing, but they are not the same.

Sanitizer is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

Disinfectant is a product that destroys or inactivates germs (but not spores) on an inanimate object. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper change tables, counter tops, door & cabinet handles, and toilets and other bathroom surfaces. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in reducing or inactivating germs. Many bleach and hydrogen peroxide products are EPA-registered and can be used to sanitize or disinfect. Please see the “How to Find EPA Registration Information” section below to learn more specific information on the products.

Always follow the manufactures’ instructions when using EPA-registered products described as sanitizers or disinfectants. This includes pre-cleaning, how long the product needs to remain wet on the surface or item, whether or not the product should be diluted or used as is, and if rinsing is needed. Also check to see if that product can be used on a food contact surface or is safe for use on items that may go into a child’s mouth. Please note that the label instructions on most sanitizers and disinfectants indicate that the surface must be pre-cleaned before applying the sanitizer or disinfectant.

Are there alternatives to chlorine bleach?

A product that is not chlorine bleach can be used in child care settings IF:

- it is registered with the EPA;
- it is also described as a sanitizer or as a disinfectant;
- it is used according to the manufacturer’s instructions.

Check the label to see how long you need to leave the sanitizer or disinfectant in contact with the surface you are treating, whether you need to rinse it off before contact by children, for any precautions when handling, and whether it can be used on a surface that may come in contact with child’s mouth.

Some child care settings are using products with hydrogen peroxide as the active ingredient instead of chlorine bleach. Check to see if the product has an EPA registration number and follow the manufacturer's instructions for use and safe handling. (Please see the "How to Find EPA Registration Information" section below for more information.) Remember that EPA-registered products will also have available a Safety Data Sheet (SDS) that will provide instructions for the safe use of the product and guidance for first aid response to an accidental exposure to the chemical.

In addition, some manufacturers of sanitizer and disinfectant products have developed "green cleaning products" that have EPA registration. As new environmentally-friendly cleaning products appear in the market, check to see if they are EPA-registered.

Household Bleach & Water

Many household bleach products are now EPA-registered. When purchasing EPA-registered chlorine bleach, make sure that the bleach concentration is for household use, and not for industrial applications. Household chlorine bleach is typically sold in retail stores as an 8.25% sodium hypochlorite solution.

EPA-registered bleach products are described as sanitizers and disinfectants. Check the label to see if the product has an EPA registration number and follow the manufacturer's safety and use instructions. (Please see the "How to Find EPA Registration Information" section below for more information.) Pay particular attention to the mixing "recipe" and the required contact time (i.e., the time the solution must remain on a surface to be effective) for each use. Remember, the recipe and contact time are most likely different for sanitizing and disinfecting.

If you are not using an EPA-registered product for sanitizing and disinfecting, please be sure you are following state or local recommendations and/or manufacturer's instructions for creating safe dilutions necessary to sanitize and/or disinfect surfaces in your early care and education environment. Using too little (a weak concentration) bleach may make the mixture ineffective; however, using too much (a strong concentration) bleach may create a potential health hazard.

To safely prepare bleach solutions:

- Dilute bleach with cool water and do not use more than the recommended amount of bleach.
- Select a bottle made of opaque material.
- Make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
- Wear gloves and eye protection when diluting bleach.
- Use a funnel.
- Add bleach to the water rather than the water to bleach to reduce fumes.
- Make sure the room is well ventilated.
- Never mix or store ammonia with bleach or products that contain bleach.

To safely use bleach solutions:

- Apply the bleach dilution after cleaning the surface with soap or detergent and rinsing with water if visible soil is present.

- If using a spray bottle, adjust the setting to produce a heavy spray instead of a fine mist.
- Allow for the contact time specified on the label of the bleach product.
- Apply when children are not present in the area.
- Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after the required contact time before allowing children back into the area.
- Store all chemicals securely, out of reach of children and in a way that they will not tip and spill.

Adapted from: California Childcare Health Program. 2013. Safe and Effective Cleaning sanitizing and Disinfecting. *Health and Safety Notes* (March).

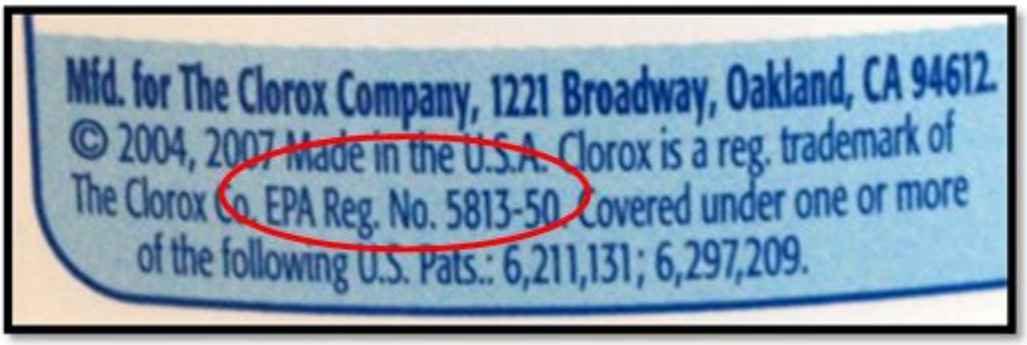
To Review:

- Determine if the surface requires sanitizing or disinfecting;
- Check the labels of all products to see if they are EPA-registered; there are alternatives to chlorine bleach;
- Many chlorine bleach products (8.25% sodium, hypochlorite) are now EPA-registered
    - If EPA-registered, you must follow the label instructions for "recipes" and contact times;
- If using non-EPA-registered products, follow state or local recommendations for "recipes" and contact times;
- Prepare and use the solutions safely;
- Use products that are safe for oral contact when used on food contact surfaces or on items that may mouthed by children.

How to Find EPA Registration Information

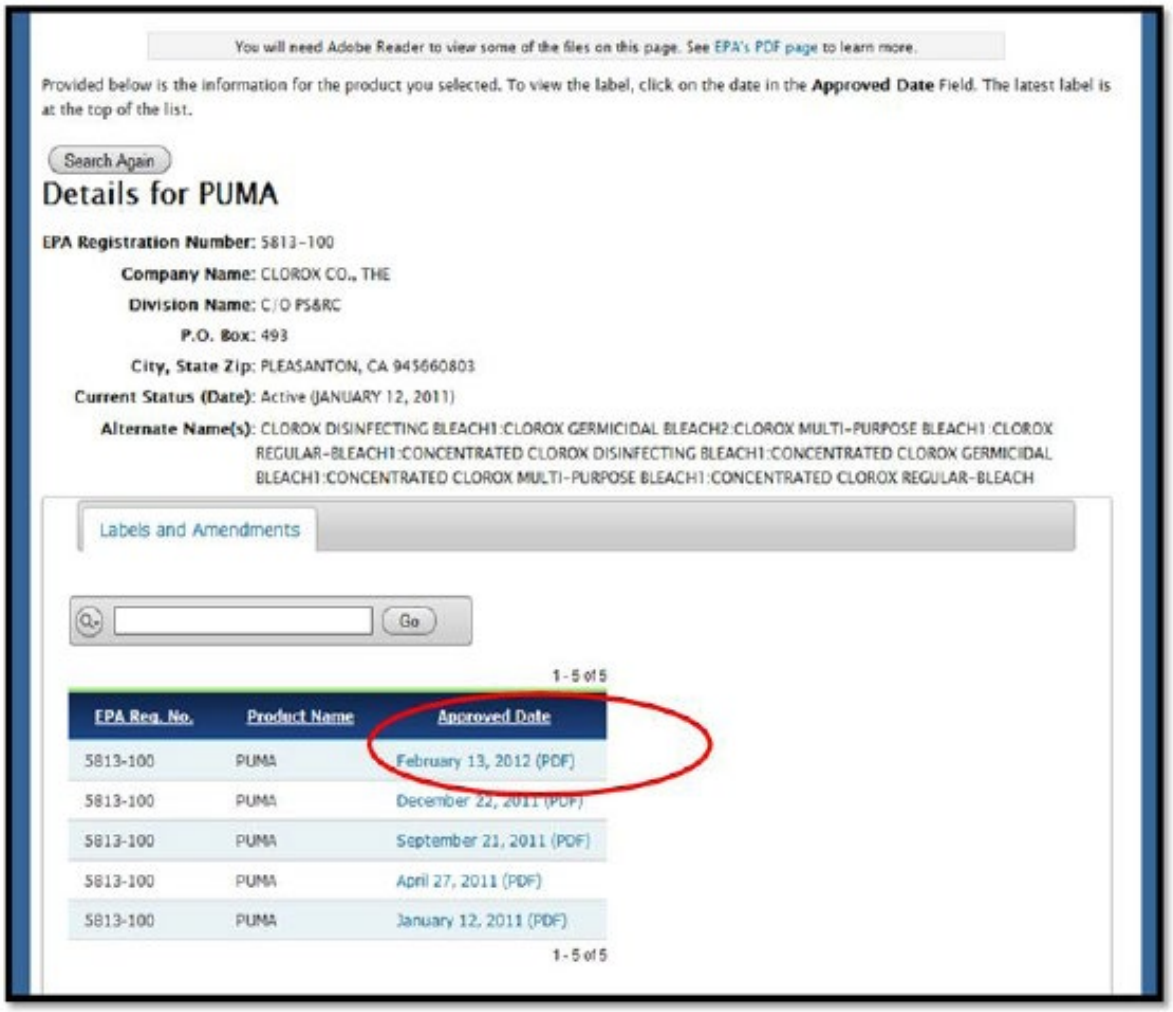
The following information is intended to serve as a visual guide to locating EPA registration numbers and product label information. Any products featured in the examples below are used for illustrative purpose only, and do not represent an endorsement by the National Resource Center for Health and Safety in Child Care and Early Education (NRC). ***The NRC does not endorse specific products.***

1. Locate the EPA Registration number on the product label:



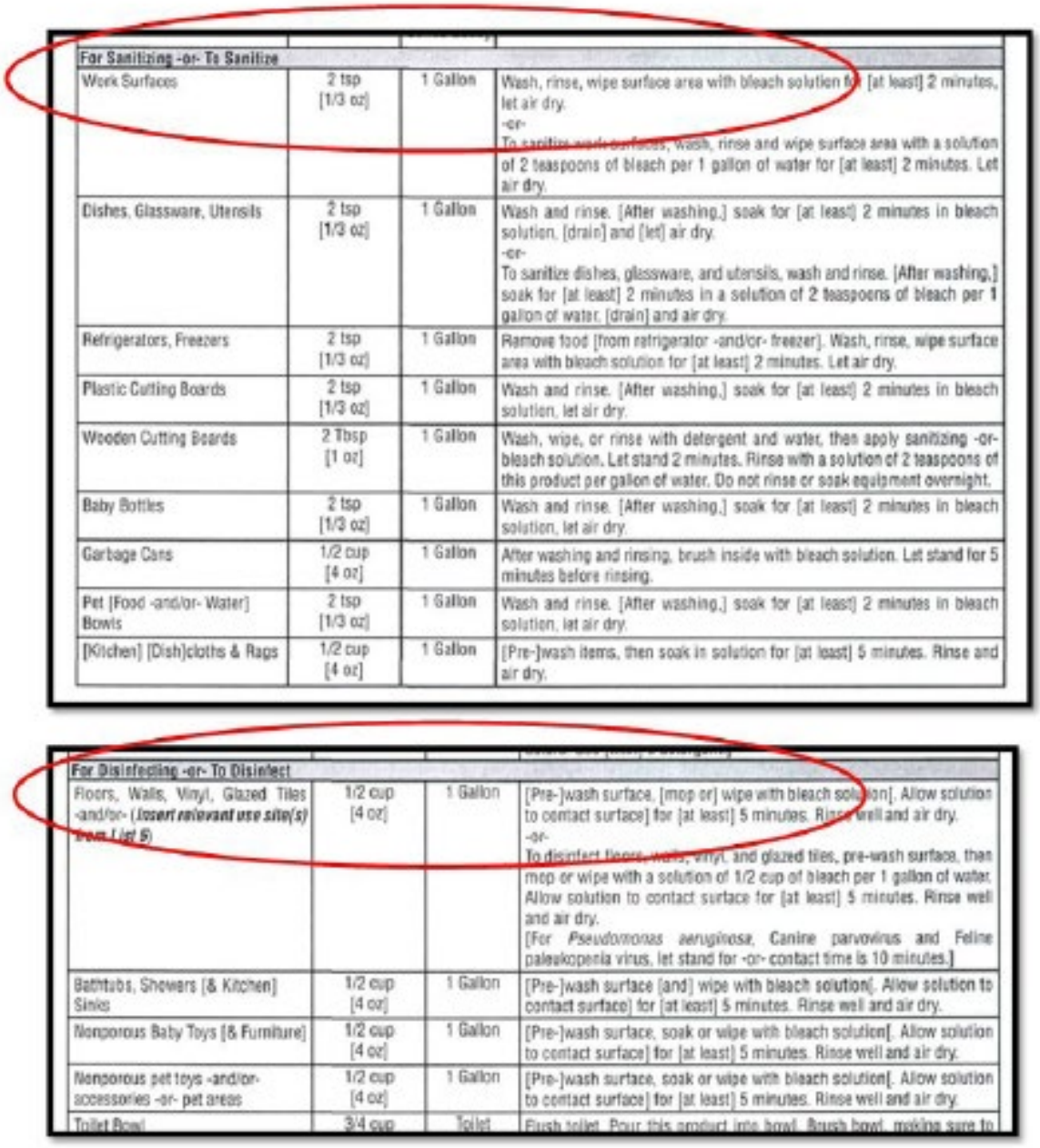
2. Go to http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1. Enter this number into the box titled “EPA Registration Number” and click the Search button:

3. You should see the details about the product, and beneath that, a portable document file (PDF) bearing the date that this product was registered by the EPA (if there is a list, the PDF at the top of the list should show the most recent approval). Click on that most recently-approved PDF. You will need a PDF file reader to access this file. There are a variety of



readers available and most are free.

4. The PDF should come up on your screen. Scroll down to the section that shows the directions for using the product as a sanitizer or disinfectant. Follow the directions listed for your intended use.



For Sanitizing -or- To Sanitize			
Work Surfaces	2 tsp [1/3 oz]	1 Gallon	Wash, rinse, wipe surface area with bleach solution for [at least] 2 minutes, let air dry. -or- To sanitize work surfaces, wash, rinse and wipe surface area with a solution of 2 teaspoons of bleach per 1 gallon of water for [at least] 2 minutes. Let air dry.
Dishes, Glassware, Utensils	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, [drain] and [let] air dry. -or- To sanitize dishes, glassware, and utensils, wash and rinse. [After washing,] soak for [at least] 2 minutes in a solution of 2 teaspoons of bleach per 1 gallon of water, [drain] and air dry.
Refrigerators, Freezers	2 tsp [1/3 oz]	1 Gallon	Remove food [from refrigerator -and/or- freezer]. Wash, rinse, wipe surface area with bleach solution for [at least] 2 minutes. Let air dry.
Plastic Cutting Boards	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
Wooden Cutting Boards	2 Tbsp [1 oz]	1 Gallon	Wash, wipe, or rinse with detergent and water, then apply sanitizing -or- bleach solution. Let stand 2 minutes. Rinse with a solution of 2 teaspoons of this product per gallon of water. Do not rinse or soak equipment overnight.
Baby Bottles	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
Garbage Cans	1/2 cup [4 oz]	1 Gallon	After washing and rinsing, brush inside with bleach solution. Let stand for 5 minutes before rinsing.
Pet [Food -and/or- Water] Bowls	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
[Kitchen] [Dish]cloths & Rags	1/2 cup [4 oz]	1 Gallon	[Pre-]wash items, then soak in solution for [at least] 5 minutes. Rinse and air dry.

For Disinfecting -or- To Disinfect			
Floors, Walls, Vinyl, Glazed Tiles -and/or- (*Insert relevant use site(s) from List E*)	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface, [mop or] wipe with bleach solution[. Allow solution to contact surface] for [at least] 5 minutes. Rinse well and air dry. -or- To disinfect floors, walls, vinyl, and glazed tiles, pre-wash surface, then mop or wipe with a solution of 1/2 cup of bleach per 1 gallon of water. Allow solution to contact surface for [at least] 5 minutes. Rinse well and air dry. [For *Pseudomonas aeruginosa*, Canine parvovirus and Feline panleukopenia virus, let stand for -or- contact time is 10 minutes.]
Bathtubs, Showers [& Kitchen] Sinks	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface [and] wipe with bleach solution[. Allow solution to contact surface] for [at least] 5 minutes. Rinse well and air dry.
Nonporous Baby Toys [& Furniture]	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface, soak or wipe with bleach solution[. Allow solution to contact surface] for [at least] 5 minutes. Rinse well and air dry.
Nonporous pet toys -and/or- accessories -or- pet areas	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface, soak or wipe with bleach solution[. Allow solution to contact surface] for [at least] 5 minutes. Rinse well and air dry.
Toilet Bowl	3/4 cup	Toilet	Flush toilet. Pour this product into bowl. Brush bowl, making sure to

A Final Note

Remember that any cleaning, sanitizing or disinfecting product must always be safely stored out of reach of children. Always follow the manufacturer's instruction for safe handling to protect yourselves and those in your care.

References:

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7. U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration. 2009. *Food code*. College Park, MD: Food and Drug Administration. http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/default.htm

Maryland State Child Care/Nursery School
Asthma Medication Administration Authorization Form
ASTHMA ACTION PLAN for ___/___/__ to ___/___/___ (not to exceed 12 months)

Maryland State Department of Education — Preparing World Class Students

Triggers (list)

_____
_____
_____
_____
_____
_____

Student's

Name:_____ DOB:_____ PEAK FLOW PERSONAL BEST:_____

ASTHMA SEVERITY: ☐ Exercise Induced ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

CHECK SYMPTOMS/INDICATIONS FOR MEDICATION USE

GREEN ZONE : Long Term Control Medication — use daily at home unless otherwise indicated

☐ Breathing is good
☐ No cough or wheeze
☐ Can work, exercise, play
☐ Other: _____
☐ Peak flow greater than _____ (80% personal best)

☐ Prior to exercise/sports/ physical education

Medication	Dose	Route	Frequency
(Rescue Medication)			

If using more than twice per week for exercise, notify the health care provider and parent/guardian.

YELLOW ZONE: Quick Relief Medications — to be added to Green zone medications for symptoms

☐ Cough or cold symptoms
☐ Wheezing
☐ Tight chest or shortness of breath
☐ Cough at night
☐ Other: _____

☐ Peak flow between _____ and _____ (50%-79% personal best)

Medication	Dose	Route	Frequency

If symptoms do not improve in _____ minutes, notify the health care provider and parent/guardian.
If using more than twice per week, notify the health care provider and parent/guardian.

RED ZONE: Emergency Medications— Take these medications and call 911

☐ Medication is not helping within 15-20 mins
☐ Breathing is hard and fast
☐ Nasal flaring or skin retracts between ribs
☐ Lips or fingernails blue
☐ Trouble walking or talking
☐ Other:_____
☐ Peak flow less than _____ (50% personal best)

Medication	Dose	Route	Frequency

Contact the parent/guardian after calling 911.

Health Care Provider and Parent Authorization

I authorize the child care provider to administer the above medications as indicated. By signing below, I authorize to self-carry/self-administer medication and authorize the child to self-carry/self-administer the medications indicated during any child care and before/after school programs. Student may self-carry medications:

[School-age children) ☐Yes ☐No

Prescriber signature: _____ Date: _____ Parent / Guardian Signature: _____ Date: _____

Reviewed by Child Care Provider: Name: _____ Signature: _____ Date: _____

3/20/2014

www.cpsc.gov

Child Care Providers

Your Guide to New Crib Standards

Beginning **December 28, 2012,** any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011,** addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

What you should know…

- **This is more than a drop side issue. Immobilizing your current crib will not make it compliant.**
- **You cannot determine compliance by looking at the product.**
- **The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.**
- **If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.**

  o Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:

  - Describe the product
  - Give name, full mailing address and telephone number for importer or domestic manufacturer
  - Identify the rule for which it complies (16 CFR 1219 or 1220)
  - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
  - Give date and location of manufacture and testing

  o The crib must also have a label attached with the date of manufacture

What you should do…

- **All child care facilities, family child care homes, and places of public accommodation:**

  o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
  o Should not resell, donate or give away a crib that does not meet the new crib standards.

- **Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.**
- **Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.**

Office of Child Care: GENERAL SANITATION GUIDELINES

CLEANING AND SANITIZING

Keeping a clean and sanitary child care environment is one of the most important defenses against the spread of illness or infection among children and providers.

Carefully washing surfaces, materials, and equipment with detergent and water or other cleansers is sufficient for cleaning them and for removing many germs that could present a health risk. However, some surfaces and items must be sanitized with a disinfectant after they are washed or cleaned because they are especially likely to become contaminated and serve as vehicles for transmitting illness. In these cases, only use of a disinfecting agent will ensure that germs are virtually eliminated or reduced to a level where the transmission of illness is unlikely.

Cleaning agents (soap, detergent) are not disinfectants, and disinfectants are not cleaning agents. Disinfectants will not work effectively if the surface has not been cleaned first. Before being sanitized with a disinfectant, an object or surface should be washed with a cleaning agent and rinsed with clean water.

Selecting an Appropriate Sanitizer or Disinfectant

One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing or disinfecting surfaces that could possibly pose a risk to children or staff.
Routine cleaning with detergent and water is the most common method for removing some germs from surfaces in the child care setting. However, most items and surfaces in a child care setting require sanitizing or disinfecting after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease.

What is the difference between sanitizing and disinfecting?

Sometimes these terms are used as if they mean the same thing, but they are not the same.

Sanitizer is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

Disinfectant is a product that destroys or inactivates germs (but not spores) on an inanimate object. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper change tables, counter tops, door & cabinet handles, and toilets and other bathroom surfaces. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in reducing or inactivating germs. Many bleach and hydrogen peroxide products are EPA-registered and can be used to sanitize or disinfect. Please see the "How to Find EPA Registration Information" section below to learn more specific information on the products.

Always follow the manufactures' instructions when using EPA-registered products described as sanitizers or disinfectants. This includes pre-cleaning, how long the product needs to remain wet on the surface or item, whether or not the product should be diluted or used as is, and if rinsing is needed. Also check to see if that product can be used on a food contact surface or is safe for use on items that may go into a child's mouth. Please note that the label instructions on most sanitizers and disinfectants indicate that the surface must be pre-cleaned before applying the sanitizer or disinfectant.

Are there alternatives to chlorine bleach?

A product that is not chlorine bleach can be used in child care settings IF:

- it is registered with the EPA;
- it is also described as a sanitizer or as a disinfectant;
- it is used according to the manufacturer's instructions.

Check the label to see how long you need to leave the sanitizer or disinfectant in contact with the surface you are treating, whether you need to rinse it off before contact by children, for any precautions when handling, and whether it can be used on a surface that may come in contact with child's mouth.

Some child care settings are using products with hydrogen peroxide as the active ingredient instead of chlorine bleach. Check to see if the product has an EPA registration number and follow the manufacturer's instructions for use and safe handling. (Please see the "How to Find EPA Registration Information" section below for more information.) Remember that EPA-registered products will also have available a Material Safety Data Sheet (MSDS) that will provide instructions for the safe use of the product and guidance for first aid response to an accidental exposure to the chemical.

In addition, some manufacturers of sanitizer and disinfectant products have developed "green cleaning products" that have EPA registration. As new environmentally-friendly cleaning products appear in the market, check to see if they are EPA-registered.

Household Bleach & Water

Many household bleach products are now EPA-registered. When purchasing EPA-registered chlorine bleach, make sure that the bleach concentration is for household use, and not for industrial applications. Household chlorine bleach is typically sold in retail stores as an 8.25% sodium hypochlorite solution.

EPA-registered bleach products are described as sanitizers and disinfectants. Check the label to see if the product has an EPA registration number and follow the manufacturer's safety and use instructions. (Please see the "How to Find EPA Registration Information" section below for more information.) Pay particular attention to the mixing "recipe" and the required contact time (i.e., the time the solution must remain on a surface to be effective) for each use. Remember, the recipe and contact time are most likely different for sanitizing and disinfecting.

If you are not using an EPA-registered product for sanitizing and disinfecting, please be sure you are following state or local recommendations and/or manufacturer's instructions for creating safe dilutions necessary to sanitize and/or disinfect surfaces in your early care and education environment. Using too little (a weak concentration) bleach may make the mixture ineffective; however, using too much (a strong concentration) bleach may create a potential health hazard.

To safely prepare bleach solutions:

- Dilute bleach with cool water and do not use more than the recommended amount of bleach.
- Select a bottle made of opaque material.
- Make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
- Wear gloves and eye protection when diluting bleach.
- Use a funnel.
- Add bleach to the water rather than the water to bleach to reduce fumes.
- Make sure the room is well ventilated.
- Never mix or store ammonia with bleach or products that contain bleach.

To safely use bleach solutions:

- Apply the bleach dilution after cleaning the surface with soap or detergent and rinsing with water if visible soil is present.
- If using a spray bottle, adjust the setting to produce a heavy spray instead of a fine mist.
- Allow for the contact time specified on the label of the bleach product.
- Apply when children are not present in the area.
- Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after the required contact time before allowing children back into the area.
- Store all chemicals securely, out of reach of children and in a way that they will not tip and spill.

Adapted from: California Childcare Health Program. 2013. Safe and Effective Cleaning sanitizing and disinfecting. *Health and Safety Notes* (March).

To Review:

- Determine if the surface requires sanitizing or disinfecting;
- Check the labels of all products to see if they are EPA-registered; there are alternatives to chlorine bleach;
- Many chlorine bleach products (8.25% sodium, hypochlorite) are now EPA-registered . If EPA-registered, you must follow the label instructions for "recipes" and contact times;
- If using non-EPA-registered products, follow state or local recommendations for "recipes" and contact times;
- Prepare and use the solutions safely;
- Use products that are safe for oral contact when used on food contact surfaces or on items that may mouthed by children.
- Before using anything other than a bleach-and-water solution for sanitizing, consult with your CCA Regional Office.

Cautions:

- When using a bleach-and-water solution, make sure the bleach concentration is intended for household use, not for industrial application. Household chlorine bleach is typically sold in retail stores as an 8.25% sodium hypochlorite solution.

- Never mix bleach or a bleach-and-water solution with other fluids (particularly ammonia or acidic fluids like vinegar) because this will rapidly create highly toxic fumes.

- Whenever children are present, bleach solution (or any other disinfectant) should be applied by dipping, soaking, or wiping the item or surface with a cloth (but not a sponge, since sponges harbor bacteria and are hard to clean). Spraying is acceptable only when:
  - Children are not present, or
  - Dipping/soaking is not feasible and wiping with a cloth is likely to spread the contamination – for example, when disinfecting diapering stations, and toilets

- Whenever a disinfectant of any kind is used, there should always be adequate ventilation. This is especially important in confined or enclosed areas such as bathrooms. A child who is asthmatic or sensitive to the disinfectant should be kept away from the immediate area until it can dissipate completely. If this step is not sufficient, the operator or provider should discuss with the child's parent other alternatives for reasonably accommodating the child's sensitivity.

- If using a commercial disinfectant, always read the label carefully and follow the manufacturer's instructions for use.

- Bleach-and-water solutions lose their strength and are weakened by heat and sunlight. For maximum effectiveness, mix a fresh solution every day. Discard any leftover solution at the end of the day.

- Keep all containers and bottles of diluted and undiluted sanitizer out of the reach of children. Label containers in which sanitizers have been diluted for direct application with the name of the solution (such as "Bleach Sanitizer") and the dilution of the mixture.

How strong a disinfectant solution should be and how long it should remain in contact with a particular surface will depend on how the solution is applied and on how contaminated the surface might be. A stronger concentration is required when a cloth or objects are dipped into the solution because each dipping releases some germs into the solution, potentially contaminating the solution. In general, it is best not to rinse off the solution or wipe the object dry right away. A disinfectant must be in contact with germs long enough kill them.

Because chlorine evaporates into the air leaving no residue, surfaces sanitized with bleach-and-water may be left to air dry. Many industrial sanitizers require rinsing with fresh water before the object can be used again.

The following two bleach-and-water solution strengths are recommended by the CDC:

Strong Bleach Solution

- Recipe: ¼ cup of bleach to 1 gallon of cool water OR 1 tablespoon of bleach to 1 quart of cool water (add the bleach to the water in either case).
- Minimum contact time: 2 minutes

Weak Bleach Solution

- Recipe: 1 tablespoon bleach + 1 gallon of cool water
- Minimum contact time: 1 minute

Schedule For Cleaning And Disinfecting Specific Items

Toys and Mouthed Items:

- Clean at least once a week, then disinfect with Bleach Solution, then air dry.
- Items placed in a child's mouth should be cleaned as needed and not be allowed to pass from one child to another without being cleaned and disinfected.

Food Preparation and Service Area (including Tables and Chairs used for Meals or Snacks):

- After each use, wipe off, clean, and disinfect with Strong Bleach Solution all surfaces and equipment used for food preparation and service.

Eating Utensils and Dishes:

- Clean and rinse utensils and dishes, then submerge in Weak Bleach Solution.

Washable Equipment and Furniture:

- Clean at least two times each year.
- Equipment and furniture should be checked at least once each week for cleanliness and cleaned as appropriate.

Cots:

- Clean at least twice each year.
- Always clean and disinfect with Strong Bleach Solution before reassigning a cot to another child.

Blankets and Sheets Belonging to the Home:

- Launder at least once each week or when they become soiled (whichever occurs first), and between uses if used by another child.

Blankets and Sheets Belonging to the Children:

- Send home at least every week to be laundered.

Toilets:

- Disinfect with Strong Bleach Solution at least once daily or more frequently as needed.

Bathroom Sinks and Water Fixtures:

- Clean and disinfect with Strong Bleach Solution daily.

Potties:

- After each use, empty, clean if soiled, disinfect with Strong Bleach Solution, then rinse.
- Dispose of the rinse-water by pouring it into the toilet, not into the sink.
- Cloths used for cleaning a potty should be:
  - If disposable, used once and then thrown away, or
  - If reusable, store in Strong Bleach Solution before laundering.

Stuffed Animals:

- Launder at least once each week (provide and/or allow stuffed animals that can be laundered).

Low Shelves, Doorknobs, and Other Surfaces that are Frequently Touched by Diapered Children:

- Wash and disinfect with Strong Bleach Solution daily.

Walls and Ceilings:

- Spot-clean when visibly soiled.

Wastebaskets:

- Empty daily. Use paper or plastic liners.

Floors (non-Carpeted):

- Wash and disinfect with Strong Bleach Solution at least once a week.

Carpets:

- Vacuum daily.
- Shampoo several times per year, as needed.

Cleaning Up Body Fluids

NOTE: Always treat urine, stool, vomit, blood, and body fluids as potentially infectious. Always clean up spills of body fluid and sanitize contaminated surfaces immediately.

- For small amounts of urine and stool on smooth surface
  - Wipe off urine/stool and wash affected area with a detergent solution.
  - Rinse the surface with clean water.
  - Apply a Strong Bleach Solution to the surface for at least the minimum required contact time.

- For larger spills on floors, or any spills on rugs or carpets:
  - Wear gloves while cleaning. Disposable gloves can be used, but household rubber gloves are adequate for all spills except blood and bloody body fluids
  - Disposable gloves (latex or vinyl – vinyl is less likely to cause an allergic skin reaction) should be used whenever blood may be present in the spill.

- Take care to avoid splashing any contaminated material onto the mucous membranes of your eyes, nose or mouth, or into any open sores you may have.
- Wipe up as much of the visible material as possible with disposable paper towels and carefully place the soiled paper towels and other soiled disposable material in a leak-proof, plastic bag – then securely tie or seal the plastic bag
- Use a wet/dry vacuum on carpets, if such equipment is available.
- Immediately use a detergent, or a disinfectant-detergent to clean the spill area. Then rinse the area with clean water.
- For blood and body fluid spills on carpeting, blot to remove body fluids from the fabric as quickly as possible. Then spot-clean the area with a detergent-disinfectant instead of a bleach solution.
- Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary
- Sanitize the cleaned and rinsed surface by wetting the entire surface with a Strong Bleach Solution.

Dry the surface

- Clean and rinse reusable household rubber gloves, then treat them as a contaminated surface in applying the Strong Bleach Solution to them. Remove, dry and store these gloves away from food or food surfaces. Discard disposable gloves.

- Mops and other equipment used to clean up body fluids should be:
  - Cleaned with detergent and rinsed with water,
  - Rinsed with a fresh batch of Strong Bleach Solution,
  - Wrung as dry as possible, and
  - Air-dried.

- Wash your hands afterward, even though you wore gloves.

- Remove and bag clothing items (yours and those worn by children) that have been soiled by body fluids.

MSDE -Office of Child Care

Hand Washing Procedure: How to Wash Your Hands?

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

- **Why?**
  - Hands could become re-contaminated if placed in a basin of standing water that has been contaminated through previous use.
  - Clean running water should be used. When running water is not available, washing with non-potable water may still be an appropriate option.
  - The temperature of the water does not appear to affect microbe removal as long as proper hand washing technique is practiced.
  - Turning off the faucet after wetting hands saves water.
  - Using soap to wash hands is more effective than using water alone.

2. 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.

- **Why?**
  - Lathering and scrubbing hands creates friction, which helps lift dirt, grease, and microbes from skin. Microbes are present on all surfaces of the hand with high concentration under the nails. So the entire hand should be scrubbed.

3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

- **Why?**
  - Washing hands for about 15-30 seconds removes more germs from hands than washing for shorter periods.
  - Global recommendations are to wash hands for about 20 seconds

4. Rinse your hands well under clean, running water.

- **Why?**
  - Rinsing the soap away minimizes skin irritation.

5. Dry your hands using a clean towel or air dry them

- **Why?**
  - Germs can be transferred more easily to and from wet hands; therefore, hands should be dried after washing. Use a clean cloth or paper towel or air dry.

Reference: Center for Disease Control and Prevention, September 4, 2015. Hand Washing: Clean Hands save Lives.
Updated January 4, 2016

America's Playgrounds

Safety Report Card

DOES YOUR PLAYGROUND MAKE THE GRADE?

Evaluate your playground using the following criteria.
A full explanation of the criteria is on the following page.

	Yes	No
SUPERVISION		
Adults present when children are on equipment		
Children can be easily viewed on equipment		
Children can be viewed in crawl spaces		
Rules posted regarding expected behavior		
AGE-APPROPRIATE DESIGN		
Playgrounds have separate areas for ages 2-5 and 5-12		
Platforms have appropriate guardrails		
Platforms allow change of directions to get on/off structure		
Signage indicating age group for equipment provided		
Equipment design prevents climbing outside the structure		
Supporting structure prevents climbing on it		
FALL SURFACING		
Suitable surfacing materials provided		
Height of all equipment is 8 feet or lower		
Appropriate depth of loose fill provided		
Six foot use zone has appropriate surfacing		
Concrete footings are covered		
Surface free of foreign objects		
EQUIPMENT MAINTENANCE		
Equipment is free of noticeable gaps		
Equipment is free of head entrapments		
Equipment is free of broken parts		
Equipment is free of missing parts		
Equipment is free of protruding bolts		
Equipment is free of rust		
Equipment is free of splinters		
Equipment is free of cracks/holes		
TOTAL POINTS		

SCORING SYSTEM

Total the number of "Yes" answers in the "Total Points" box in the table.

24 – 20 = A
Congratulations on having a SAFE playground. Please continue to maintain this excellence.

19 – 17 = B
Your playground is on its way to providing a safe environment for children. Work on the areas checked 'No'.

16 – 13 = C
Your playground is potentially hazardous for children. Take corrective measures.

12 – 8 = D
Children are at risk on this playground. Start to make improvements.

7 & = F
Do not allow children on this playground. Make changes immediately.

****If any of the gray boxes are marked 'NO', the potential of a life-threatening injury is significantly increased. Contact the owner of the playground.**

For Additional Resources and Information Contact:
National Program for Playground Safety: 1-800-554-PLAY (7529) ~ www.playgroundsafety.org
Reference: National Program for Playground Safety, 2006.

Safe Sleeping for Babies

Research has found that babies who sleep on their stomachs have a greater chance of dying from sudden infant death syndrome (SIDS) than those who sleep on their backs.

What is sudden infant death syndrome (SIDS)?

SIDS is the sudden, unexpected death of a child less than one year old and the doctors can't find any cause for the death. It is one of the leading causes of infant deaths. SIDS often happens quickly to babies that seem healthy.

When babies are put to sleep on their backs, there is less chance of them dying from SIDS.

Fear of choking?

Many people used to think that babies should sleep on their stomachs so they don't choke if they spit up. Research has shown that normal, healthy babies will not choke if they spit up while they sleep.

More tips for safe sleeping

- Always place babies on their backs to sleep.
- If a baby falls asleep while playing on his stomach, turn him over on his back to finish sleeping.
- A safe crib with a firm mattress is the safest place for babies to sleep.

A safe crib should have these things:

- A firm, tight-fitting mattress so the baby can't fall between the mattress and the side of the crib.
- No missing, loose, or broken screws, brackets, or other hardware.
- No more than two inches (about the width of a soda can) between the crib slats so a baby's head or body can't fit between the slats.
- No missing, broken, or cracked slats.
- No corner posts over 1/16" high, which could catch a baby's clothing.
- No cutouts in the headboard or footboard, which could trap a baby's head.
- Do not allow babies to share a crib, even if they are twins.
- Remove all pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other soft items from the crib.
- Do not place a baby to sleep on a waterbed, sofa, chair, soft mattress, sleeping bag, pillow, or any other soft surface.
- Ask parents to bring a blanket sleeper or a wearable blanket for baby to use while sleeping, instead of covering him with a blanket or comforter.
- Make sure nothing covers the baby's head while he sleeps.
- Do not let a baby sleep in a room where anyone smokes (even if no one smokes while the baby is in the room).

Talk to the baby's parents to let them know what you are doing to keep their baby safe.

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This publication is available in alternative media on request.

Claudia C. Mincemoyer, Ph.D.,
Better Kid Care Program Director
2182 Sandy Drive – Suite 204
State College, PA 16803

TIPS0304.indd

Vaccine Hesitant Parents

Updated 8/2016

Parents want to do what is best for their child, even those who ask questions. While every parent is different and not all methods of communicating work for every parent or physician, below is a brief review of parental immunization attitudes and communication methods that have worked to reassure parents in some circumstances. To begin:

- Listen to parents' concerns and acknowledge them in a non-confrontational manner. Allowing parents to express their concerns will increase their willingness to listen to the pediatrician's views.
- Promote partnerships with parents in decision-making and personalize these relationships. Provide the important information first. Make sure the parent understands the information. Clarify and reaffirm parents' correct beliefs about immunization and modify misconceptions.
- Discuss the benefits of vaccines and the possibility of adverse events. Be open about what is known about immunizations and what is not known. Provide parents with Vaccine Information Statements, educational resources, and reliable Web sites. Personalize the information provided to parents based on cultural beliefs, vaccine concerns, and literacy level.
- Stress the number of lives saved by immunization, as a positive approach, rather than focusing on the number of deaths from not immunizing.
- Discuss state laws for school entry and the rationale for them. Some parents disagree with mandatory immunization and resist immunization because they believe their rights as parents are being taken away. Explain that vaccines benefit individual children and communities through herd immunity.
- Provider attitudes and beliefs about vaccine safety have been linked to vaccination coverage in preschool children. The majority of parents believe immunization is important and trust pediatricians as the most important source of immunization information.

Kimmel SR, Wolfe RM. Communicating the benefits and risks of vaccines. The Journal of Family Practice. 2005; 54:S51-S57
Zhang J, Yu KF. What's the relative risk? A method of correcting the odds ratio in cohort studies of common outcomes. JAMA. 1998; 280:1690-1691

Types of parental immunization attitudes:

Parent Type	Belief about vaccines	Percentage of Parents
Immunization Advocates	Strongly agree vaccines are necessary and safe	33%
Go Along to Get Alongs	Agree vaccines are necessary and safe	26%
Health Advocate	Agree vaccines are necessary but are less sure about their safety	25%

Fence-sitters	Who slightly agree that vaccines are necessary and safe	13%
Worrieds	Slightly disagree that vaccines are necessary and strongly disagree that vaccines are safe	3%

Gust, et al. *American Journal of Health Behavior, 2005.* *http://www.ncbi.nlm.nih.gov/pubmed/15604052*

Key points to consider:

- Parents from all groups include their health care provider as a source of information to help decide about their child's health care.
- Most parents still vaccinate their children, despite concerns.

Strategies for Talking to Parents:

Presumptive Vs. Participatory Recommendations

Researchers found that pediatricians who provided a "presumptive recommendation" – informed parents that shots were due, rather than a "participatory recommendation" – asking what the parent thought about shots, were more likely to see parents accept vaccines.

Opel, et al. The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits. 2013. *Pediatrics, 134*, 139, 2013-2037. http://pediatrics.aappublications.org/content/early/2013/10/30/peds.2013-2037.abstract.

Examples

Participatory:

- "Do you want to vaccinate your child today?"
- "What do you think about vaccines?"
- "Would you like to hear about the vaccines we offer for today's visit?"

Presumptive**:**

- "Today your child is due for 2 vaccines. We will be giving MMR and Varicella."
- "It's time for an annual influenza vaccine. Your child is old enough to receive either the inactivated shot or the live nasal spray."

CASE*

CASE is an acronym for Corroborate, About Me, Science, Explain/Advise.

- **C**orroborate: Acknowledge the parents' concern and find some point on which you can agree. Set the tone for a respectful, successful talk.
- **A**bout Me: Describe what you have done to build your knowledge base and expertise.
- **S**cience: Describe what the science says.
- **E**xplain/Advise: Give your advice to patient, based on the science.

*Developed by Alison Singer, MBA, Autism Science Foundation.

Example:
Parent Question: Do vaccines cause autism?

CASE Response:

- **Corroborate**: I understand why you might think this. There is a lot of information online and in the news about vaccines and autism.
- **About Me**: I like to make sure that I always have the most up-to-date information on this topic so I can inform families about what we do know about vaccines and autism, so I've researched this thoroughly.
- **Science**: The scientific evidence does not show any link between vaccines and autism. There have been several studies that have looked for a connection, but none has been seen. The CDC, the AAP, the National Institutes for Health, and the Institute of Medicine agree that vaccines do not cause autism.
- **Explain/Advise**: But vaccines are critical to maintaining health and wellbeing. They prevent diseases that cause real harm. Choosing not to vaccinate does not protect children from autism, but does leave them open to diseases. I would recommend that your child receive these vaccines today.