

Administration Of Medication

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 3.081: Permissible Administration of Medication

The administration of medicines at the facility shall be limited to:

- a) Prescribed medications ordered by a health care provider for a specific child, with written permission of the parent or legal guardian;
- b) Nonprescription (over-the-counter) medications recommended by a health care provider for a specific child or for a specific circumstance for any child in the facility, with written permission of the parent or legal guardian.

STANDARD 3.082: Labeling and Storage of Medications

Any prescribed medication brought into the facility by the parent, legal guardian, or responsible relative of a child shall be dated, and shall be kept in the original container.

The container shall be labeled by a pharmacist with:

- a) The child's first and last names;
- b) The date the prescription was filled;
- c) The name of the health care provider who wrote the prescription, the medication's expiration date;
- d) The manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal;
- e) The name and strength of the medication.

Over-the-counter medications shall be kept in the original container as sold by the manufacturer, labeled by the parent, with the child's name and specific instructions given by the child's health professional for administration.

All medications, refrigerated or unrefrigerated, shall have child-resistant caps, shall be kept in an organized fashion, shall be stored away from food at the proper temperature, and shall be inaccessible to children. Medication shall not be used beyond the date of expiration.

STANDARD 3.083: Training of Caregivers To Administer Medication

Any caregiver who administers medication shall be trained to:

- a) Check that the name of the child on the medication and the child receiving the medication are the same;
- b) Read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals);
- c) Administer the medication according to the prescribed methods and the prescribed dose;
- d) Observe and report any side effects from medications;
- e) Document the administration of each dose by the time and the amount given.

ACF Head Start Performance Standards:

Sec. 1304.53 Facilities, materials, and equipment.

(c) Medication administration. Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:

- (1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;
- (2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;
- (3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;
- (4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;
- (5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and
- (6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

NAEYC Accreditation Criteria:

5.A.11 Safeguards are used with all medications for children. *Refer to NAEYC publication for specific details.*

Child Maltreatment: Prevention, Recognition, and Reporting

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 1.032 Child Abuse Education

Caregivers shall use child abuse prevention education materials provided by the licensing agency, state and national organizations, or from other community agencies such as local branches of the National Committee to Prevent Child Abuse, to educate and establish child abuse prevention and recognition measures for the children, caregivers, and parents. The education and prevention shall address physical, sexual, and psychological or emotional abuse, injury prevention, the dangers of shaking infants and toddlers, as well as signs and symptoms of sexually transmitted diseases. Child care directors and head teachers shall participate in training to recognize visible signs of child abuse, including pattern marks, bruises in unusual locations, pattern or immersion burns, shaken baby syndrome, and behaviors suggesting sexual abuse. They shall know how to refer children with vaginal, penile, or rectal discharge or bleeding to their health provider. A child care provider shall refer the child to the local child protection agency for any reasonable suspicion of child abuse or neglect.

Caregivers shall be trained in compliance with their state's child abuse reporting laws.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety

(a)(5) Established methods for handling cases of suspected or known child abuse and neglect.

Sec. 1304.52 Human resources management.

(k)(3)(I) Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers.

Classroom and Nursery Safety

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 5.075 Safety of Equipment, Materials and Furnishings

Equipment, materials, furnishings, and play areas shall be sturdy, safe, and in good repair and shall meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the following safety hazards: *Refer to document for specific details.*

STANDARD 5.078 Placement of Equipment and Furnishings

Equipment and furnishings shall be placed to help prevent collisions and injuries while meeting the objectives of the curriculum and permitting freedom of movement by the children.

STANDARD 5.085 Play Equipment Requirements

To provide safety and prevent injury, play equipment and materials in the facility shall meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) and the American Society for Testing and Materials (ASTM) for public playground equipment. Equipment and materials intended for gross-motor (active) play shall conform to the recommendations in the U.S. CPSC Handbook for Public Playground Safety and the provisions in the ASTM F1487-98 Consumer Safety Performance Specifications for Playground Equipment for Public Use.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety.

(a) Health emergency procedures.

(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention.

(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available.

(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information).

(4) Methods of notifying parents in the event of an emergency involving their child.

(d) Injury prevention. Grantee and delegate agencies must:

- (1) Ensure that staff and volunteers can demonstrate safety practices; and
- (2) Foster safety awareness among children and parents by incorporating it into child:
 - (7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.

(f) First aid kits.

- (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.
- (2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

NAEYC Accreditation Criteria:

Criteria 9.A-D. *Refer to NAEYC document for specific criteria.*

Disaster Preparedness

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 8.024 Written Evacuation Plan

The facility shall have a written plan for reporting and evacuating in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, bomb threat, or other disaster that could create structural damages to the facility or pose health and safety hazards to the children and staff. The facility shall also include procedures for staff training on this emergency plan.

STANDARD 8.025 Implementing Evacuation Drills

Evacuation drills for natural disasters shall be practiced in areas where they occur:

- a) Tornadoes, on a monthly basis in tornado season;
- b) Floods, before the flood season;
- c) Earthquakes, every 6 months;
- d) Hurricanes, annually.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety.

(a) Health emergency procedures.

- (1) Posted policies and plans of action for emergencies that require rapid response on the part of staff or immediate medical or dental attention.
- (2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available.
- (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly.
- (4) Methods of notifying parents in the event of an emergency involving their child.

(d) Injury prevention. Grantee and delegate agencies must:

(1) Ensure that staff and volunteers can demonstrate safety practices; and
(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

(f) First aid kits. (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.

(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

NAEYC Accreditation Criteria:

9.C.09 Program staff make sure that stairwells and corridors are well lighted. There is emergency lighting with unobstructed and visible paths for entering and exiting as well as clearly marked regular and emergency exits.

Promoting Healthy Eating Habits

Caring for Our Children: National Health & Safety Performance Standards:

4.1 INTRODUCTION

One of the basic responsibilities of every parent and caregiver is to provide nourishing food that is clean, safe and developmentally appropriate for children. Children need freely available, clean drinking water too. Feeding should occur in a relaxed and pleasant environment that fosters healthy digestion and pro social behavior. Food provides energy and nutrients needed by infants and children during a critical period when they grow and develop more rapidly than at any other time.

As new foods are introduced, children learn to self-feed concurrently with the attainment of physical growth, physiological readiness, and the development of motor coordination, cognitive and social skills. This period is an opportune time for children to learn more about the world around them by expressions of independence. Children pick and choose from different kinds and combinations of foods offered. Eating jags are to be expected as evidence of growth and self-feeding. Family homes and out-of-home care settings have many opportunities to guide and support sound eating habits and food learning experiences for children.

Early food and eating experiences are the foundation for the formation of attitudes about food, eating behavior, and consequently, food habits. Sound food habits build on eating and enjoying a variety of healthful foods. Including culturally acceptable family foods is a dietary goal for feeding infants and young children.

ACF Head Start Performance Standards:

Sec. 1304.23 Child nutrition.

(d) Family assistance with nutrition. Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.

Sec. 1304.40 Family partnerships.

(a) Family goal setting

(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

Sec. 1304.40 Family partnerships

(f) Parent involvement in health, nutrition, and mental health education.

(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

(3)(i) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets; and (ii) Parent discussions with program staff about the nutritional status of their child.

NAEYC Accreditation Criteria:

Criteria 5.B Ensuring Children's Nutritional Well-being. *Refer to NAEYC document for specific criteria.*

Emergency Situations

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 8.024 Written Evacuation Plan

The facility shall have a written plan for reporting and evacuating in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, bomb threat, or other disaster that could create structural damages to the facility or pose health and safety hazards to the children and staff. The facility shall also include procedures for staff training on this emergency plan.

STANDARD 8.025 Implementing Evacuation Drills

Evacuation drills for natural disasters shall be practiced in areas where they occur:

- a) Tornadoes, on a monthly basis in tornado season;
- b) Floods, before the flood season;
- c) Earthquakes, every 6 months;
- d) Hurricanes, annually.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety.

(a) Health emergency procedures.

(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff or immediate medical or dental attention.

(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available.

- (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly.
- (4) Methods of notifying parents in the event of an emergency involving their child.

(d) Injury prevention. Grantee and delegate agencies must:

- (1) Ensure that staff and volunteers can demonstrate safety practices; and
- (2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

(f) First aid kits. (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.

(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

NAEYC Accreditation Criteria:

9.C.09 Program staff make sure that stairwells and corridors are well lit. There is emergency lighting with unobstructed and visible paths for entering and exiting as well as clearly marked regular and emergency exits.

Field Trip Safety

Criteria related to field trips involve transportation, emergency contact information, written authorization, safety and injury prevention, etc. Care for children during field trips must meet or exceed all the requirements for care within the facility. Refer to these topics in the appropriate documents.

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 2.038 Emergency Supplies For Field Trips

First aid kits shall be taken on field trips. Cellular phones shall be taken on field trips for use in emergency situations.

Fire and Burn Prevention in ECE Settings

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 5.053 Smoke Detection Systems

In centers with new installations, a smoke detection system (such as hard-wired system detectors with control panel) shall be installed with placement of the smoke detectors in the following areas:

- a) Each story in front of doors to the stairway;
- b) Corridors of all floors;
- c) Lounges and recreation areas;
- d) Sleeping rooms.

STANDARD 5.054 Fire Extinguishers

Fire extinguisher(s) shall be installed and maintained. The fire extinguisher shall be of the A-B-C type. Size and number of fire extinguishers shall be determined after a survey by the fire marshal or by an insurance company fire loss prevention representative. Instructions for the use of the fire extinguisher shall be posted on or near the fire extinguisher.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety.

- (a)(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;
- (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);
- (4) Methods of notifying parents in the event of an emergency involving their child.

Sec. 1304.53 Facilities, materials, and equipment.

- (a) (10) (iii) Flammable and other dangerous materials and potential poisons are stored in locked cabinets or storage facilities separate from stored medications and food and are accessible only to authorized persons.
- (iv) Rooms are well lit and provide emergency lighting in the case of power failure;
- (v) Approved, working fire extinguishers are readily available;
- (vi) An appropriate number of smoke detectors are installed and tested regularly;
- (vii) Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is unmistakable.

NAEYC Accreditation Criteria:

9.C.09 Program staff make sure that stairwells and corridors are well lighted. There is emergency lighting with unobstructed and visible paths for entering and exiting as well as clearly marked regular and emergency exits.

Healthy Eating Habits

Caring for Our Children: National Health & Safety Performance Standards:

4.1 INTRODUCTION

One of the basic responsibilities of every parent and caregiver is to provide nourishing food that is clean, safe and developmentally appropriate for children. Children need freely available, clean drinking water too. Feeding should occur in a relaxed and pleasant environment that fosters healthy digestion and pro social behavior. Food provides energy and nutrients needed by infants and children during a critical period when they grow and develop more rapidly than at any other time.

As new foods are introduced, children learn to self-feed concurrently with the attainment of physical growth, physiological readiness, and the development of motor coordination,

cognitive and social skills. This period is an opportune time for children to learn more about the world around them by expressions of independence. Children pick and choose from different kinds and combinations of foods offered. Eating jags are to be expected as evidence of growth and self-feeding. Family homes and out-of-home care settings have many opportunities to guide and support sound eating habits and food learning experiences for children.

Early food and eating experiences are the foundation for the formation of attitudes about food, eating behavior, and consequently, food habits. Sound food habits build on eating and enjoying a variety of healthful foods. Including culturally acceptable family foods is a dietary goal for feeding infants and young children.

ACF Head Start Performance Standards:

Sec. 1304.23 Child nutrition.

(d) Family assistance with nutrition. Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.

Sec. 1304.40 Family partnerships.

(a) Family goal setting

(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

Sec. 1304.40 Family partnerships

(f) Parent involvement in health, nutrition, and mental health education.

(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

(3)(i) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets; and (ii) Parent discussions with program staff about the nutritional status of their child.

NAEYC Accreditation Criteria:

Criteria 5.B Ensuring Children's Nutritional Well-being. *Refer to NAEYC document for specific criteria.*

Home Medicine Chest

ECE programs must follow specific requirements for administration of medication; please refer to CHIPR Training Module on *Classroom and Nursery Safety* for specific requirements and information.

This training module is designed primarily for parent training; however, it is also beneficial for ECE staff since parents often look to their children's teachers and caregivers for health information.

As an example, the ACF Head Start Performance Standards are presented. Note the underlined portions of the specific Performance Standards which directly relate to parent information and education.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety.

(c)(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications. *Encourage parents to follow this standards at home.*

(3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;

(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;

(5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child;

Home Safety

Home-based ECE programs must follow specific requirements for safety; please refer to CHIPR Training Module on *Classroom and Nursery Safety* for specific requirements and information.

This training module is designed primarily for parent training; however, it is also beneficial for ECE staff since parents often look to their children's teachers and caregivers for health and safety information.

As an example, the ACF Head Start Performance Standards specific to parent safety education are presented.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety

(d) Injury prevention.

(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

Immunization

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 3.005 Immunization Documentation

The facility shall require that all children enrolling in child care provide written documentation of immunizations appropriate for the child's age. Infants, toddlers, older children, and adolescents shall be immunized as specified in the Recommended Childhood Immunization Schedule developed by the American Academy of Pediatrics

(AAP), the Advisory Committee on Immunization Practice of the Centers for Disease Control and Prevention (CDC), and the American Academy of Family Practice (AAFP) (AA). Children whose immunizations are late or not given according to the schedule shall be immunized as recommended by the American Academy of Pediatrics. Because of frequent changes, an updated schedule is published by the AAP every January and shall be consulted for current information.

ACF Head Start Performance Standards:

Sec. 1304.20 Child health and developmental services.

(a) (1) (ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

(e)(3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;

(4) Assist parents to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process.

Sec. 1304.40 Family partnerships.

(f)(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

NAEYC Accreditation Criteria:

5.A.01 The program maintains current health records for each child. *Refer to NAEYC document for specific details.*

Mental Health

This training module is designed for both staff and parent training.

ACF Head Start Performance Standards:

Sec. 1304.21 Education and early childhood development.

(a)(3) Grantee and delegate agencies must support social and emotional development by: (i) Encouraging development which enhances each child's strengths by: (A) Building trust; (B) Fostering independence; (C) Encouraging self-control by setting clear, consistent limits, and having realistic expectations; (D) Encouraging respect for the feelings and rights of others.

(b) (2) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that: (i) Encourages the development of self-awareness, autonomy, and self-expression; and (ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.

(c) Child development and education approach for preschoolers. (1) Grantee and delegate agencies, in collaboration with the parents, must implement a curriculum that: (iv) Ensures that the program environment helps children develop emotional security and facility in social relationships; (v) Enhances each child's understanding of self as an individual and as a member of a group; (vi) Provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitudes toward learning.

Sec. 1304.24 Child mental health.

(a) Mental health services. (1) Grantee and delegate agencies must work collaboratively with parents for issues related to parent education by: (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program; (v) Helping parents to better understand mental health issues.

Sec. 1304.40 Family partnerships.

(f) Parent involvement in health, nutrition, and mental health education.

(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 8.008 Content of Written Discipline Policy

Each facility shall have and implement a written discipline policy that outlines positive methods of guidance appropriate to the ages of the children enrolled. It shall explicitly describe positive, nonviolent, non-abusive methods for achieving discipline. These shall include the following:

- a) Redirection;
- b) Planning ahead to prevent problems;
- c) Encouragement of appropriate behavior;
- d) Consistent, clear rules;
- e) Children involved in solving problems.

NAEYC Accreditation Criteria:

Criteria 1 A-F. *Refer to NAEYC document for specific details regarding adult/child relationships.*

Newborn and Infant Care

This training module is designed for both infant caregiver and parent training.

Caring for Our Children: National Health & Safety Performance Standards:

Refer to this document for specific requirements related to child-staff ratios, nutrition and feeding, play areas, sleeping areas, indoor space requirements, etc.

ACF Head Start Performance Standards:

Sec. 1304.23 Child nutrition.

(a) (3) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly.

NAEYC Accreditation Criteria:

1.B.11-14 *Refer to NAEYC document for specific criteria related to adult/infant relationships.*

Nutrition Education in the Classroom

ACF Head Start Performance Standards:

Sec. 1304.23 Child nutrition.

(b)(1) (v) For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements.

(c) Meal service

(1) A variety of food is served which broadens each child's food experiences;

(2) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;

(3) Sufficient time is allowed for each child to eat;

(4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;

(6) Medically-based diets or other dietary requirements are accommodated; and

(7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.

Caring for Our Children: National Health & Safety Performance Standards:

4.1 INTRODUCTION

As new foods are introduced, children learn to self-feed concurrently with the attainment of physical growth, physiological readiness, and the development of motor coordination, cognitive and social skills. This period is an opportune time for children to learn more about the world around them by expressions of independence. Children pick and choose from different kinds and combinations of foods offered. Eating jags are to be expected as evidence of growth and self-feeding. Family homes and out-of-home care settings have many opportunities to guide and support sound eating habits and food learning experiences for children.

Early food and eating experiences are the foundation for the formation of attitudes about food, eating behavior, and consequently, food habits. Sound food habits build on eating

and enjoying a variety of healthful foods. Including culturally acceptable family foods is a dietary goal for feeding infants and young children.

NAEYC Accreditation Criteria:

Criteria 5.B Ensuring Children's Nutritional Well-being. *Refer to NAEYC document for specific criteria.*

Oral Health and Young Children

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 5.095 Toothbrushes and Toothpaste

In facilities where tooth brushing is an activity, each child shall have a personally labeled age-appropriate toothbrush. No sharing or borrowing shall be allowed. After use, toothbrushes shall be stored with the bristles up to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface. Racks and devices used to hold toothbrushes for storage shall be labeled and shall be washed and sanitized or replaced whenever they are visibly soiled and after any contamination with blood or body fluids. The toothbrushes shall be replaced every six months, or sooner if the bristles become splayed. When a toothbrush becomes contaminated through contact with another brush or use by more than one child, it shall be discarded and replaced with a new one.

If toothpaste is used, each child shall have his/her own labeled toothpaste tube, or toothpaste from a single tube so that a pea-sized amount is dispensed onto a clean piece of paper or paper cup for each child rather than directly on the toothbrush.

Where children require assistance with brushing, caregivers shall wash their hands thoroughly between brushings for each child. Where a child has bleeding gums, caregivers shall wear gloves when assisting such children with brushing their teeth.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety

(a) Health emergency procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained.

(d) Injury prevention. Grantee and delegate agencies must: (1) Ensure that staff and volunteers can demonstrate safety practices; and (2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

Sec. 1304.23 Child nutrition.

(b) (3) Staff must promote effective dental hygiene among children in conjunction with meals

Sec. 1304.40 Family partnerships

(f) Parent involvement in health, nutrition, and mental health education.

(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

(2) Grantee and delegate agencies must ensure that, at a minimum, the medical and dental health education program:

(i) Assists parents in understanding how to enroll and participate in a system of ongoing family health care. (ii) Encourages parents to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments.

Sec. 1304.20 Child health and developmental services.

(a) (1) (ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health.

(c)(3) Dental follow-up and treatment must include:

(i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and

(ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.

(d) Ongoing care. ...implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

Playground Safety

All playgrounds should follow standards presented in the CPSC *Handbook for Public Playground Safety*.

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 5.085 Play Equipment Requirements

Play equipment and materials in the facility shall meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) and the American Society for Testing and Materials (ASTM) for public playground equipment.

A playground safety inspector who has been certified by the National Recreation and Park Association (NRPA) shall conduct an inspection of playground plans for new installations. Previously installed playgrounds shall be inspected at least once and whenever changes are made to the equipment or intended users.

Play equipment and materials shall be deemed appropriate to the developmental needs, individual interests, and ages of the children, by a person with at least a master's degree in early childhood education or psychology, or a doctoral degree in psychiatry, or identified as age-appropriate by a manufacturer's label on the product package. Enough play equipment and materials shall be available to avoid excessive competition and long waits.

Children shall always be supervised when playing on playground equipment.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety. (d) Injury prevention.

- (1) Ensure that staff and volunteers can demonstrate safety practices; and
- (2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

(f) First aid kits. (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.

(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

Sec. 1304.53 Facilities, materials, and equipment.

(a)(9) Outdoor play areas at center-based programs must be arranged so as to prevent any child from leaving the premises and getting into unsafe and unsupervised areas. Enroute to play areas, children must not be exposed to vehicular traffic without supervision.

(10) (viii) Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions.

(x) The selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children.

Sec. 1304.21 Education and early childhood development.

(a) (5) In center-based settings, grantee and delegate agencies must promote each child's physical development by:(i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills.

NAEYC Accreditation Criteria:

Criteria 9B Outdoor environmental Design. *Refer to NAEYC Document for specific details.*

Poisoning Prevention

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 4.060 Storage of Cleaning Agents Separate From Food

Cleaning agents that must be stored in the same room with food shall be clearly labeled and kept separate from food items in locked cabinets. Cleaning agents shall not be stored on shelves above those holding food items. Cleaning agents and food items shall not be stored on the same shelf. Any storage room or cabinet that contains cleaning agents shall be locked. Poisonous or toxic materials shall remain in their original labeled containers.

STANDARD 5.101 Use of a Poison Control Center

The poison control center shall be called for advice about any exposure to toxic substances, or any ingestion emergency. The advice shall be followed and documented in the facility's files. The caregiver shall tell the poison information specialist and/or physician the following information:

- a) The child's age and sex;
- b) The substance involved;
- c) The estimated amount;
- d) The child's condition;
- e) The time elapsed since ingestion or exposure.

The caregiver shall not induce vomiting unless instructed by the Poison Control Center.

STANDARD 5.106 Prohibition of Poisonous Substances and Plants

Poisonous or potentially harmful substances and plants shall be prohibited in any part of a child care facility that is accessible to children. All substances not known to be nontoxic shall be identified and checked by name with the local poison control center to determine safe use.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety.

- (c) (1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;
- (d) Injury prevention.
 - (1) Ensure that staff and volunteers can demonstrate safety practices; and
 - (2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

NAEYC Accreditation Criteria:

Criteria 9D.08-09. *Refer to NAEYC document for specific details.*

Sanitation and Disease Prevention

Caring for Our Children: National Health & Safety Performance Standards:

Refer to Chapter 3, "Health Promotion and Protection in Child Care," for requirements in specific situations.

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety (e) Hygiene.

(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times: (i) After diapering or toilet use; (ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table); (iii) Whenever hands are contaminated with blood or other bodily fluids; and (iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water: (i) Before and after giving medications; (ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and (iii) After assisting a child with toilet use.

(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.

(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures.

(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.

(b) Conditions of short-term exclusion and admittance. (1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

NAEYC Accreditation Criteria:

5.A.08 - 5.A.10 *Refer to NAEYC document for specific details*

Standard Precautions And Bloodborne Pathogens In Early Child Care And Education Settings

Caring for Our Children: National Health & Safety Performance Standards:

STANDARD 3.026 Prevention of Exposure to Blood and Bodily Fluids

Child care facilities shall adopt a modified version of Standard Precautions developed for use in hospitals by The Centers for Disease Control and Prevention as defined in this standard and as may be recommended by the Centers for Disease Control and Prevention for child care settings in the future. This modified version of Standard

Precautions shall be used to handle potential exposure to blood, including the blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids.

In child care settings, exceptions to Standard Precautions as defined by the Centers for Disease Control and Prevention for hospital settings shall include:

- a) Use of non-porous gloves is optional unless blood or blood containing body fluids may be involved. Gloves are not required for feeding human milk or cleaning up of spills of human milk.
- b) Gowns and masks are not required.
- c) Sufficient barriers include materials such as disposable diaper table paper that is moisture resistant, and non-porous gloves.

The staff shall be educated regarding routine precautions to prevent transmission of bloodborne pathogens before beginning to work in the facility and at least annually thereafter. The staff training shall comply with requirements of the Occupational Safety and Health Administration (OSHA), where applicable.

For additional standards, refer to Chapter 3, "Health Promotion and Protection in Child Care," for requirements in specific situations; and Chapter 6, "Infectious Diseases" (6.4 Bloodborne Infections)

ACF Head Start Performance Standards:

Sec. 1304.22 Child health and safety

(e) Hygiene. (1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times: (i) After diapering or toilet use; (ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table); (iii) Whenever hands are contaminated with blood or other bodily fluids; and (iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water: (i) Before and after giving medications; (ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and (iii) After assisting a child with toilet use.

(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.

(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures.

(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

NAEYC Accreditation Criteria:

5.A.08 - 5.A.10 *Refer to NAEYC document for specific details*

Sun Safety**Caring for Our Children: National Health & Safety Performance Standards:****STANDARD 2.009 Playing Outdoors**

Children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants shall be offered opportunities for gross motor play outdoors, as well.

Weather that poses a significant health risk shall include wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service.

Air quality conditions that pose a significant health risk shall be identified by announcements from local health authorities or through ozone (smog) alerts. Such air quality conditions shall require that children remain indoors where air conditioners ventilate indoor air to the outdoors. Children with respiratory health problems such as asthma shall not play outdoors when local health authorities announce that the air quality is approaching unhealthy levels.

Children shall be protected from the sun by using shade, sun-protective clothing, and sunscreen with UVB-ray and UVA-ray protection of SPF-15 or higher, with permission, during outdoor play. Before prolonged physical activity in warm weather, children shall be well-hydrated and shall be encouraged to drink water during the activity. In warm weather, children's clothing shall be light-colored, lightweight, and limited to one layer of absorbent material to facilitate the evaporation of sweat. Children shall wear sun-protective clothing, such as hats, long-sleeved shirts and pants, when playing outdoors between the hours of 10 AM and 2 PM.

NAEYC Accreditation Criteria:

9.B.06 The outdoor play area protects children from excessive wind and direct sunlight.

5.A.07 To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that..... Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both.....

Transportation

This training program is designed for teachers, monitors, parent volunteers, and other adults who care for and supervise children during transportation. The purpose is to make these adults aware of their role in caring for children, emphasizing that the teacher's classroom role (i.e., supervision) extends into the realm of transportation. Content is based on and introduces the transportation requirements; these adult can then make note of whether requirements are being met by transportation personnel. This training is **not intended** to replace or substitute for the required in-depth training for transportation personnel. There are specific standards that must be followed when transporting children. Please refer to these specific documents for more information.

Caring for Our Children: National Health & Safety Performance Standards:
STANDARD 2.029 – 2.036

ACF Head Start Performance Standards:

The Head Start transportation final rule implements the statutory provision for establishing requirements for the safety features and the safe operation of vehicles used by Head Start agencies to transport children participating in Head Start programs. Go to <http://headstartinfo.org/doc/1310.doc> to download a copy.

When to Call a Doctor

Caring for Our Children: National Health & Safety Performance Standards:
STANDARD 3.6 Management of Illness
Refer to document for additional criteria and specific details.

STANDARD 3.065 Inclusion/Exclusion/Dismissal of Children

The parent, legal guardian, or other person the parent authorizes shall be notified immediately when a child has any sign or symptom that requires exclusion from the facility. The facility shall ask the parents to consult with the child's health care provider. The child care provider shall ask the parents to inform them of the advice received from the health care provider. The advice of the child's health care provider shall be followed by the child care facility.

With the exception of head lice for which exclusion at the end of the day is appropriate, a facility shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exists: *Refer to document for specific details.*

STANDARD 3.066 Separation of Excluded children from the Group

A child with uncontrolled vomiting or diarrhea or any other illness that requires that the child be sent home from the facility shall be provided care separate from the other children, with extra attention to hygiene and sanitation, until the child's parent arrives to remove the child.

ACF Head Start Performance Standards:

Sec. 1304.20 Child health and developmental services.

(e)(3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;

(4) Assist parents to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process.

Sec. 1304.40 Family partnerships

(f) Parent involvement in health, nutrition, and mental health education.

(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

(2) Grantee and delegate agencies must ensure that, at a minimum, the medical and dental health education program:

(i) Assists parents in understanding how to enroll and participate in a system of ongoing family health care.

(ii) Encourages parents to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments.

NAEYC Accreditation Criteria:

5.1.04 The program follows these practices in the event of illness: *Refer to document for specific details.*