Arizona Childcare Health and Safety Policy Manual

A guide for Child Care Providers

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Forward

The Health and Safety policy manual contains policies and forms to assist child care centers to provide the best care possible for children. The policies can be used as examples as centers create their own policies, or they can be used as they are, with the blanks filled in to make it center specific.

Policies are an important part of child care as they assist the staff to uniformly care for the children, and they help parents to know what to expect. They help train new staff as well. The appendix has forms and information that can be used as parent resources, staff resources, and to better utilize the policies.

The Health and Safety policy manual was prepared by Arizona Child Care Health Consultants and Quality First. Child Care Health Consultants are a valuable resource to assist child care centers with creating policies, educating staff, and with maintaining a healthy and safe environment for children and staff.

Thank you for teaching and caring for Arizona’s children so that they can lead our state in the future!

How to Use this Manual

The Arizona Health and Safety Manual is intended for use by child care centers that already meet the criteria established by child care facilities licensure according to Arizona Administrative Code, Title 9, Chapter 5.

The information used in the manual is in alignment with current American Academy of Pediatrics (AAP) recommendations. The policies focus on best practice according to the AAP which is usually above and beyond what licensing requires.

The term “health care provider” refers to many types of health professionals that provide services to children. It may include nurses, nurse practitioners, physicians, medical assistants, and physician’s assistants.

The term “parents” refers to any adult legally responsible for the child, whether it be another family member, foster parent, or the state.

Policies should be reviewed, signed, dated, and updated if needed every 6 months.

Arrival Health Check and Exclusion Policy

Why:

Illness sometimes requires exclusion from care to prevent the spread of infection to others and to allow the child time to recover. The arrival health check is necessary to determine if a child is well enough to remain in child care.

Who:

All staff and volunteers are required to do a simple health evaluation on each child and report to_____ (designated staff member) when they believe a child meets the criteria for exclusion. All parents are required to update staff on the health of their child.

Where and When:

Evaluations will be done daily in the classroom as the child arrives.

Arrival Health Check Procedure:

- As each child, arrives in the classroom, the teacher or another trained staff member will use a warm greeting using the child's first name (i.e.: - "Hi Emma")
- Staff will talk with the parent about any health and safety information needed to care for their child. ("When did he last eat? How did she sleep last night?)
- Staff will look at the child to determine if the child has signs or symptoms of illness, (Does the child look well? Does she feel warm to the touch? Are his eyes swollen or have drainage?)
- If there are visible signs of illness or injury, the child will need further evaluation before the parent leaves to determine if he/she is fit to stay.
- _____will be responsible to further evaluate the child.
- Observations will be noted in the program's "Illness and Injury Log" by the staff member making the observation.

Exclusion is recommended when:

- The illness prevents the child from participating comfortably in activities as determined by staff.
- The ill child requires more care than the staff can give, which may result in compromising care for other children.
- The ill child poses a risk of spread of harmful diseases to others.
- The child is determined to have a condition listed on Appendix 4.
- The child care provider, not the child's family, makes the final determination about whether the ill child can receive care in the child care program if the child becomes ill during the day.

The ill child will be separated from the group and cared for in_____. (location)

Parent/guardian or emergency contact will be notified by _____ (staff title/name) to pick up child within an hour.

Parent/guardian must be notified in writing, either by letter or posting notice in a visible location, when their child/children have been exposed to a communicable disease.

Following an illness or injury, children will be readmitted to the program when they no longer have the noted symptoms or conditions, have begun appropriate treatment and/or no longer have significant discomfort and feel well enough to participate. In some cases a note from the child's health care provider may be required.

The diseases listed in Appendix 5 must be reported to the health department by the child care center.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

For Diseases and conditions that require exclusion see appendix 4

For Diseases that are reportable to the county please refer to Appendix 5 Arizona's Administrative Code that lists those communicable diseases that need to be reported to the health department.
http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#reporting-schools

Un-immunized staff and children must be excluded if directed by the health department.

Caring For Children with Special Needs Policy

Why:

Child care programs must comply with the Americans with Disabilities Act. Inclusion of children with special needs has been shown to enrich the child care experience for all staff, children and families of enrolled children.

Who:

Staff committed to meeting needs of all children with special health care needs, disabilities, or emotional/ behavior issues.

Where and When:

All classrooms at all times.

Procedure:

- Children with special needs will be accepted into the program under the guidelines of the American with Disabilities act (ADA).

- All families will be treated with dignity and with respect for their individual needs and /or differences.

- _____ will be responsible for ensuring that confidentiality about special needs is maintained for all families and staff in the program.

- _____ will ensure that when a child with a special need is identified on the Child Care Application Form, the family will be given a Special Health Care Plan and Emergency Information for Children with Special Needs Form to be filled out by the family and health care provider collaboratively with a member of the child care program staff.

- Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, the child care program may consult with agencies/organizations as needed, provided parental permission is granted (Authorization for Release of Information form). Inclusion of program staff on Individual family service plan (IFSP) and Individualized education program (IEP) case conferences is desired to ensure the child care program provides the most supportive environment possible.

- All staff will receive general training on the benefits of inclusion of children with special needs and training on specific accommodations that any child in their classrooms may need. The knowledge of parents and health care professionals involved in the care of the child with special needs will be consulted to determine accommodations and or therapy requirements

- The individual written plan of care for children with special care needs will be followed in all emergency situations. _____ is responsible for making sure the plan shall be updated annually, at a minimum.

Reviewed by: _____Director/Owner

_____Health Professional

_____Staff

_____ Other

Effective Date and Review Date: _____

Child Abuse and Neglect Documentation and Reporting

Why:

Child care workers are mandated reporters of any child abuse or neglect and must follow state laws regarding reporting suspected cases.

Who and where:

This policy applies to all program staff at this child care program.

When:

Any abuse or neglect needs to be reported to Department of Child Safety as soon as a childcare worker is aware or suspects abuse or neglect.

Procedure:

Staff is trained to recognize the signs and symptoms of abuse and neglect and how to make reports to the Department of Child Safety and to Local law enforcement agencies.

All staff will receive this training as a part of their orientation process within 10 days of beginning work.

Recognizing Abuse and Neglect

Staff will receive training on the signs and symptoms of abuse and neglect listed below.
Physical abuse
Sexual abuse
Emotional abuse
Neglect

Immediate Interventions:
If a staff member reasonably believes that a child is the victim of abuse or neglect that staff member will notify the, the department of child safety and then the child care licensing department. Local law enforcement should also be called if a **staff member** is suspected of abuse or if the child is believed to be in immediate danger.
The suspected abuse should also be discussed with the child care administration.

It is the **responsibility of the staff member suspecting the abuse to report** to the Department of Child Safety or local law enforcement even if the administration personnel disagrees with the decision to report.

Suspected abuse or neglect should be documented in a record log designated for that purpose.

Documentation of the event will:

Include a word-for-word account of what the child said and who was present when the child revealed the abuse.

Always include the date, time, and names of everyone who heard what was said by the child.

Also include a careful description of the size, shape, color, location and of any obvious, physical injury. Use documents in appendix 11 to document.

Documentation of abuse and neglect events should be maintained for 12 months.

Abuse Hotline Phone Number:

1-888-SOS-CHILD (1-888-767-2445) Abuse hotline

Documentation Sheet for Possible Abuse/Neglect (see appendix 11)

http://www.azdhs.gov/documents/licensing/childcare-facilities/providers/forms/abuse_neglect_documentation.pdf

More detailed information can be obtained by going to the following web site:
https://dcs.az.gov/services/suspect-abuse-report-it-now

Reviewed by: _____ **Director/Owner**

_____**Health Professional**

_____**Staff**

_____ **Other**

Effective Date and Review Date: _____

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Child Care Health Consultant Role Policy

Why:

CCHC can provide expertise that the child care programs need in the areas of health and safety.

Who:

The Child Care Health Consultant

Where:

In the child care center

When:

Periodic visits or as needed visits to provide health and safety technical assistance, education, and resources.

Procedure:

- The CCHC can observe, advise, provide professional development, refer to community resources and provide technical assistance to program staff.
- Periodic or as needed visits by the CCHC help to improve quality of the programs performance.
- Meet with other consultants such as the coach, mental health specialist, and inclusion coach to be part of a team working together to help improve quality in the center.
- The CCHC is available to the center for onsite visits and by telephone.

Additional notes:
The name of our CCHC is _____

Our CCHC is affiliated with_____

Our Consultants's phone number is _____

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Diapering Policy

Why:

The diaper changing area/supplies have the potential to spread germs and disease. Following proper procedures and room set up will reduce the contamination of the setting (hands, furnishings and floors) and decrease the risk of the spread of illness.

Who:

All staff and volunteers at the childcare center.

Where and When:

Every time staff or volunteers change a diaper at the childcare center.

Procedure:

- Diaper changing table is sturdy, a convenient height (28”-32”), water proof and in good repair (no cracks)
- Diaper changing is only done in designated area and positioned to allow for supervision of all children.
- Diaper changing supplies shall be stored in an area inaccessible to children.
- Diaper changing tables will not be used to store any items and will be clear of all supplies.
- A sink is within reach of diaper changing table to allow for proper hand washing and a tightly covered, plastic lined, hands-free diaper pail is available in the diapering area.
- The child will be supervised by touch while on the changing table.

Diaper Changing Steps:

- Step 1: Get Organized: Prepare hands- free trash can then wash hands.
  Gather supplies needed before bringing child to diaper area:
  - Fresh diaper
  - Plastic bag for soiled cloths and clean clothes (if needed).
  - Wipes removed from the container.
  - Diaper cream, if appropriate, squeezed on to a tissue.
  - Disposable gloves (put on before touching soiled clothing/diaper and remove before touching clean diapers and surfaces).
- Step 2: Place child on changing table and clean child’s diaper area
  - Always have one hand on child.
  - Unfasten diaper, lift child’s legs to clean child’s bottom.
  - Remove stool and urine, cleaning from front to back and use a fresh wipe each time.
- Step 3: Remove soiled diaper and discard
  - Put soiled wipes in soiled diaper; fold forward without touching any surface and place in plastic-lined, covered, hands free garbage can.
  - Remove gloves and place in garbage can.
  - Use a disposable wipe to wipe staff hands and one wipe for child’s hands.

- Step 4: Put on clean diaper and dress child
  Slide fresh diaper under child.
  Use tissue to apply diaper cream, if necessary.
  Fasten diaper and dress.
- Step 5: Wash child's hands and return child to play area
  Use soap and water to wash child's hands.
- Step 6: Clean and sanitize diaper changing area
  Dispose of paper liner (if used) and clean visible dirt from changing table with soap and water.
  Wet entire surface with disinfecting solution.
  Let stand for at least two minutes. Let air dry or wipe with clean paper towel.
- Step 7: Wash hands and record diaper change in child's daily log
  Wash hands with soap and water for 20 seconds - turn off water with paper towel.
  Record in diaper log

Communication plan for staff and parents:

- Staff and volunteers will receive a written copy of this policy in their orientation packets before beginning work at the center.
- New staff will be given training before working with children in diapers.
- All staff will be trained when necessary and will be observed by_____ (staff name) monthly using the diaper monitor form (appendix 14).
- Written instructions are posted at all diaper changing locations.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Disaster Preparedness Policy

Why:

Child care settings must safeguard each child in care. All staff should be prepared to deal with any emergency that may happen during child care, in order to minimize the effects of such events. The center should ensure that a safe environment is maintained and a reasoned response made to various emergencies, written plans, policies, procedures and record-keeping are required.

Who and Where:

All staff and volunteers at the childcare center will adhere to this policy.

When:

At any time an emergency occurs while children and staff or volunteers are present at the childcare center.

Policy:

The facility shall follow a written plan for reporting and evacuating all occupants in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, bomb threat, or any other disaster that could cause damage to the facility or pose health and safety hazards to the children and staff. The following, at a minimum, shall be addressed in the Disaster Preparedness Plan:

- Evacuation to a safe and adequately-supplied place of refuge where children can receive care until parents or guardians arrive;
- Specific methods of safely evacuating infants and children with special needs;
- Staff roles and responsibilities in emergency situations, as well as periodic training and updates on all emergency procedures, including use of fire extinguishers;
- Arrangements for additional/back-up caregivers or substitutes, so that child: staff ratios are maintained during any emergencies;
- Transportation alternatives to urgent medical and dental care (hospital emergency room, medical or dental clinic, or other constantly-staffed facility known to caregivers and acceptable to parents);
- Provisions and directions for “Shelter in Place” at the facility when necessary.
- Practice of emergency evacuation procedures with drills on a monthly basis.

- Adequate stocking of First Aid Kits and Emergency Kits for children and staff, including after each use and a periodic review of contents.

- Identification and correction of facility hazards which could contribute to injuries during a disaster, i.e. fastening bookshelves and pictures to walls.

- Schedule reviews of staff members' ability to perform First Aid and documentation of their formal First Aid/CPR/UP training. Plans will be clear enough that a visitor to the facility could easily follow the instructions. Diagrammed evacuation routes will be posted in every room; floor plan layouts will show 2 alternative exits.

Communication Plan for Staff and Parents

Staff and volunteers will receive a written copy of this policy in their Orientation Packets before beginning work. All parents will receive a written copy of this policy in their Parent Handbook upon their child's enrollment. Written notification will be given of any updates. A copy of the Disaster Preparedness Plan will be posted on the parent and staff bulletin boards.

Notes and Appendix

See appendix 24-28
For additional info see Arizona Department of Health Website:
http://www.azdhs.gov/licensing/childcare-facilities/index.php#emergency-preparedness-home

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**
Effective Date and Review Date: _____

Emergency Procedures Policy

Why:

Emergencies can happen at any time. Serious medical emergencies include those in which a person is at risk of permanent injury or death, is unconscious or becoming increasingly less responsive, can't breathe, has complications after a blow to the head, and those in which a person's condition seems to be getting rapidly worse, or any other condition which cannot be managed with first aid procedures. Serious Medical emergencies need immediate attention.

Who:

All staff members according to roles assigned under Procedure**.**

Where:

On the grounds of the Child Care Center

When:

Anytime there is a situation that could be life threatening or cause serious injury to a child or staff member.

See Appendix 20: When to call Emergency Services

Procedure:

A) All staff members should be educated to recognize an emergency. In the event of a serious medical emergency involving a child or adult, a staff member stays with the victim and, if necessary, provides first aid.

B) Designated staff member contacts the Emergency Medical System and

- Describes the situation
- Gives the physical location of the emergency,
- Gives the center's phone number and stays on the line until told to hang up.

C) _____ (designated Staff member) contacts the parent or, if the parent cannot be reached, the child's emergency contact person.

D) Emergency transportation for necessary medical care is determined by the emergency response team and/or parent. A staff member follows the child to the hospital and remains with the child until the parent(s) arrive.

E) _____ (designated Staff) completes an injury/illness report form as soon after the incident as possible.

F) The incident report is signed by the parent. A copy of the incident report is given to the parent and a copy is kept on file at the center. Incident reports are kept _____ (location of file, e.g. child's file or in and injury accident logbook).

G) Incident reports are reviewed at least semiannually by _____ (designated staff).

Additional notes or appendix:
From Model Child Care Health Policies 5th Edition: Appendix Z: Situations that Require Medical Attention Right Away, and Appendix CC: Incident Report Form.
See Appendix 20: When to call Emergency Services

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Environmental Health Policy

Why:

Children are easily susceptible to many hazards in the environment. Examples of hazards are lead, smoke, pesticides, air pollution, and water. They need to be protected as their brains and bodies are still developing.

Who:

Anyone who works in the child care setting will protect children from environmental hazards.

Where and When:

In the child care center and surrounding areas when children are present.

Policy:

- All rooms are ventilated with fresh air as much as possible.
- Facilities built before 1978 are to be tested for lead.
- Toys are screened for lead using www.cpsc.gov
- The child care facility is kept clean.
- Children wash hands before eating, after playing outdoors, after playing with play dough, paint, or water, after using the bathroom.
- Leaded crystal glassware and imported pottery are not used.
- Only non-toxic art supplies, approved by the Art and Creative Materials Institute (ACMI) are used.
- A tobacco and smoke free environment is maintained.
- Pesticides are only used when children are off site and will not be back for at least 24 hours.
- Fruits and vegetables are washed before eating.
- Sanitation is not done while children are close.
- Only safe drinking water is given to children.
- Smoking is prohibited within sight of children.
- Only cold water is used for drinking, cooking, and preparing baby formula.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Family Style Dining Policy

Why:

To promote nutrition, development of motor skills, language, table manners, independence, relationship building, and social skills in children by eating together at child sized tables, with plates, napkins, and utensils.

Who:

All toddlers, preschool children, and assigned staff attending or working at the childcare center.

When and Where:

During all meals and snacks that occur at the childcare center.

Procedure:

- Children will sit on child size chairs at child size tables.
- Child size serving bowls, platters, utensils, and pitchers will be on the table so that children can pass foods to each other and serve themselves.
- Children decide what to put on their plates and how much to eat.
- Children will not handle foods that they are not eating or drinking and if they do, the food will be replaced by untouched food.
- Children will not be forced to eat food they do not want and will not be punished or ridiculed if they spill or drop food.
- Staff will sit at the table and eat with the children, encouraging children to try all foods available.
- Staff will direct and encourage a pleasant atmosphere and conversation, discussing the color, shape, and texture of foods served.
- Staff will be prepared for spills and accidents.
- Children who eat slowly will be given extra assistance and time, while children who complete the meal can clean their plate, wash their hands, and play quietly elsewhere.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Field Trip Policy

Why:

The child care facility is structured to provide a safe place for children to explore; however, other environments off-site aren't always as child-friendly. It's important to make outings as safe as possible while allowing children to learn from their experiences in a variety of settings.

Who:

All staff and volunteers will follow this policy during field trips.

Where and When:

This policy is in action anytime children are under the care of the childcare program but not on the facility's property.

.

Procedure:

- _____ will notify parents in advance of all field trips requiring transportation and any other special arrangements necessary.
- A parent or legal guardian will sign an informed consent form for all field trips requiring transportation and will be responsible for any fees. (Consent for Child Care Program Activities)
- A well-stocked first aid kit along with the children's emergency contact numbers will be taken on off-site activities.
- At least one staff person with current First Aid and CPR certification will accompany children on offsite activities.
- Field trips will be planned as part of the overall curriculum and/or children's interests and will provide learning opportunities through hands on participation.
- Whenever possible a caregiver will visit the site ahead of time to determine the safety of the location, what experiences the children may gain, and to plan the route of transportation.
- Additional staffing may be needed to provide adequate supervision and will be scheduled ahead of time for these off-site activities.
- At least one staff member will have a cell phone in case of emergency on all off-site activities.
- A specific caregiver will be assigned to each group of children. A staff member will always accompany children to a public restroom.

- Children will be counted before leaving the child care center, at least every 15 minutes during the field trip, at the time of departure for return to the child care center, and once they have reached the center to ensure that all children are accounted for.

- All children will wear identifying information that gives the facility's name and phone number but that is not readily visible to a stranger.

- While on walking trips the caregivers will model pedestrian safety and teach the children to only cross at the corner, when traffic signals indicate it is safe, and only after looking left, right and left again.

- Caregivers will keep younger children together on walking trips with the aid of a travel rope (a knotted rope) that the children hold onto which is stretched between 2 caregivers while they walk. Children may also hold the hand of an adult or use another means that keeps the child physically connected to an adult at all times.

- If a child has medication needs, _____ will be responsible for taking the medication on the field trip and administering it to the child as needed.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**
Effective Date and Review Date: _____

Food Safety Policy

Why:

It is important for child care centers to practice safe food storage and handling, and preparation to prevent the spread of food borne diseases to children.

Who:

This policy is for all staff who prepare, store, and serve food at the child care center.

Where and When:

Before, during, and after all meal and snack preparations, storage, and serving at this child care center.

Policy:

- All staff who store, prepare, and serve food will have completed training in safe food handling according to what is required by state licensing.
- All staff who prepare and serve food will have no signs of illness.
- Those who change diapers will not prepare and serve food.
- Hand washing sinks will be separate from food preparation sinks.
- Food preparation areas will be kept clean and sanitized.
- Food will be stored according to Caring For our Children guidelines: food storage chart (see appendix 16)
- Refrigerators will maintain a temperature of 40 degrees Fahrenheit or lower and freezers will maintain a temperature of 0 degrees Fahrenheit.
- All ground beef and pork will be cooked to 160 degrees Fahrenheit. Poultry will be cooked to 170 degrees Fahrenheit. Other foods will be cooked to reach temperatures listed on the Food Temperature Chart (see appendix 17).
- Food that has been served but not eaten will be thrown out.
- Cleaning products will be stored in original containers, away from food and out of reach of children.
- A dishwasher on hot cycle will be used to wash dishes and other utensils. If washed by hand, the following process will be used:
    - A 3 part sink will be used for washing, rinsing, and sanitizing.
    - The first sink will be used to wash dishes in hot water with dish detergent. The second sink will be used to rinse dishes in hot water. The third sink will be used to soak dishes for at least 1 minute in ½ teaspoon of bleach to 1 gallon of warm water.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Hand Washing Policy

Why:

Hand washing is the number one way to prevent the spread of disease.

Who:

All staff will be trained and are expected to practice the approved hand washing method. Staff will be monitored by the director on a regular basis to ensure good hand washing practice, using hand washing monitoring forms. (See appendix 13)

Where:

Hand washing will take place at sinks in the classroom. Signs will be posted at each sink with the hand washing steps to follow.

When:

All staff, volunteers, and children will wash their hands at the following times:

Upon arrival for the day, when moving from one child care group to another or coming in from outdoors.

Before and after:

- eating, handling food, or feeding a child
- giving medication
- playing in water that is used by more than one person

After:

- diapering and toileting
- handling bodily fluids (mucus, blood, vomit) and wiping noses, mouths, and sores and touching mouthed toys
- cleaning or handling garbage
- handling pets or other animals
- playing with sand or play dough

Procedure:

All staff, volunteers, and children will wash hands as follows:

1. Wet hands with water.
2. Apply liquid soap.
3. Scrub all surfaces of hands with soap and water for 20 seconds
4. Rinse hands well under running water, leave water running.
5. Dry hands with paper towel.
6. Turn off faucet with a paper towel

Discard paper towel into trash without touching the trash can.

Use of hand sanitizer:

Hand sanitizer may be used on all children age 2 and above at the times listed above. Please note the following conditions for sanitizer use: If hands are visibly dirty, soap and water must be used. Please note that children and adults must attempt soap and water hand washing after toilet use and diaper change and before and after meals according to state licensing regulations. The hand sanitizer can be used before meals if hands were re-contaminated after washing. Hand sanitizer must contain 60% to 95% alcohol, must be kept out of the reach of children at all times and its use needs to be supervised. It must be used according to directions.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Immunization Policy

Why:

Young children are at risk of contracting many serious diseases because of their immature immune systems. Immunizations help a child's immune system fight off disease when the child is exposed to germs.

Who:

All children enrolled in childcare in Arizona.

Where and When:

Every January, (staff name) _____ will check the Arizona department of health services website at http://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-home to determine which immunizations are required for children enrolled in childcare centers.

Children enrolled in the program must have a verifiable record of up-to-date immunizations. Records can be looked up in the Arizona State Immunization Information System (ASIIS) at https://asiis.azdhs.gov/

Procedure:

1. Upon enrollment a photocopy of the child's immunization record is obtained and kept with the Emergency Information and Immunization Record Card.

    - Accurate documentation of Immunization information includes:
        - Child's full name
        - Birth date – month, day and year
        - Vaccine given – i.e. – MMR, DTaP
        - Number of the dose given in the series
        - Month, day and year of the immunization
        - Health care provider or clinic name where immunizations were given

2. All children enrolled at the child care program must have written documentation of their current immunization status on file at the site. Immunizations are monitored by (staff name) _____.

3. All adults who work or volunteer at the child care program must have documentation of their immunization history as part of their employment record.

4. If a child has not received immunizations due to medical or religious reasons, a written exemption form will be kept on file. Medical exemptions are completed by a physician or nurse practitioner. Religious exemptions must include a statement of the religious belief and must be signed by the parent. Unimmunized children will be excluded during outbreaks of vaccine preventable illness as directed by the state health department. The "Request for Exemption to Immunization" form is filled out by the parent. (see appendix)

5. Immunization records for children under the age of two will be reviewed on a quarterly basis until the child's immunization requirements are complete. Immunization records of children ages two and older will be reviewed annually or until the immunization requirements are complete.

6. When it is noted that children need immunizations, the parent/guardian is notified in writing. If immunizations have not been received within 15 days, the child may not be accepted for care. The "Referral Notice of Inadequate Immunizations" form is used to notify parents. (see appendix 6)

7. _____ will complete the immunization data report and turn it in to the Arizona Department of Health Services on November 15th every year.

Notes:

For child care immunization forms, see appendix.

The recommended Immunization schedule is updated yearly and can be found on the Center for Disease Control (CDC) website at http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html or on the Arizona Department of Health Services website at http://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#vaccines-children-home

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Indoor Safety Policy

Why:

A safe environment reduces the risk of injury to children and staff.

Who:

Staff will be responsible for completing an Indoor Safety Check

(See “Indoor Safety Check List Appendix 10)

Staff will resolve hazardous situations and report anything that cannot be resolved to the director.

Where and When:

An Indoor Safety Check should be done in all indoor classrooms and play areas once a day.

Procedure:

All staff and/or volunteers will perform the following:

1. Assist children with clean-up of all activities to prevent injury.
2. Directly supervise infants, toddlers, and preschoolers by sight and hearing at all times. School age children should be within sight or hearing at all times.
3. Communicate safety rules that are consistent, reinforce desired behaviors and offer positive guidance and redirection.
4. Document in writing all injuries.
5. Staff and child health consultant will identify hazards for corrective action quarterly.
6. Address and act upon all hazards based upon the importance of the issue. Correct hazardous situations as quickly as possible.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Infant Feeding Policy

Why:

Nourishing, wholesome, and developmentally appropriate food is required for infants in child care to accommodate growth and development. All infant meals and snacks provided by the program meet the nutritional needs of young children. Menus are planned using the guidelines provided by the United States Department of Agriculture's Child and Adult Care Food Program (USDA-CACFP)

Who:

- Infant formula is provided by (parent or program).
- Baby foods are provided by (Parent or Program).
- (Designated staff) obtains from the child's parent or health care professions a written description of each child's feeding history and instructions before the child enters the program.
- The child's teachers/caregivers review and plan to follow the instructions

Where:

Infant rooms

When:

During feedings, meals and snacks

Procedure:

1. **Bottle and Infant Food Storage**
   - Infants younger than 12 months who are not fed human milk drink the formula recommended for them by their health care professional, not cow's milk.
   - Bottles will be labeled with the infant's name and date the bottle was prepared or the date the breast milk was expressed. Freshly expressed breast milk will be fed within 72 hours of collection.
   - Full bottles will be refrigerated immediately upon arrival at the center or after mixing, unless being fed to an infant right away.
   - Bottles will be stored in the coldest part of the refrigerator and not in the refrigerator door.
   - Used bottles and infant food fed from the jar will not be put back in the refrigerator for later use. They will be discarded after one hour.
   - Perishable foods will be stored below 45°. (Designated Staff) is responsible for monitoring the temperature of the refrigerator twice each day. A thermometer kept in the refrigerator will read between 35° and 45° at all times.
2. **Bottle and Infant Food Preparation**
   - Before preparing bottles or food, staff will wash their hands in the hand washing sink
   - Preparation surfaces will be cleaned and disinfected before preparing formula or food.
   - Microwave ovens and crock pots (or slow cookers) are not used to heat formula, breast milk or baby food (bottle warmers may be used according to manufacturer's instruction and shall be kept out of reach of children).

- Frozen breast milk is thawed overnight in the refrigerator and the bottle is warmed in a cup of warm water just before feeding. Never re-freeze thawed breast milk

Breast Milk Storage Guidelines		
Location of Storage	**Temperature That Should Be Maintained** (Check with a thermometer in frequently changed water in a glass.)	**Maximum Recommended Storage Duration**
Room Temperature	60°F–85°F (16°C–29°C)	• 3–4 hours optimal • 6-8 hours acceptable under very clean conditions
Refrigerator	<39°F (4°C)	• 72 hours optimal • 5-8 days under very clean conditions
Freezer	<0°F (-17°C)	• 6 months optimal • 12 months acceptable

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Adapted from Academy of Breastfeeding Medicine Protocol Committee. ABM clinical protocol #8: human milk storage information for home use for full-term infants (original protocol March 2004; revision #1 March 2010). *Breastfeeding Med.* 2010; 5(3):127–130. http://www.bfmed.org/Media/Files/Protocols/Protocol%208%20-%20English%20revised%202010.pdf. Accessed August 30, 2013

- Human milk is heated separately from other bottles in warm water or bottle warmer. Water used to heat human milk is discarded after each use.
- All unused, filled bottles of formula or breast milk will be returned to the parent at the end of each day.
- Medication is never added to breast milk or formula except with the written instruction of the health care provider.
- Powdered formula cans will be dated when opened and stored in a cool, dry place for up to one month.
- Bottles will <u>be/not be</u> reused at this facility. Parents should pack enough clean, empty bottles to last throughout the day. If a bottle must be re-used, they will be washed by a 3-sink method (wash, rinse, sanitize) or in the dishwasher at sanitizing temperature.

3. Feeding Procedure

- Infants are fed on cue of hunger (such as opening the mouth or making suckling sounds) unless the parent or child's primary care provider gives written instructions otherwise. Feedings will stop when the infant seems to be satisfied or starts to fall asleep.
- When possible, a consistent caregiver will be assigned for infant feedings.

- Infants who are not ready to use a bottle independently while seated in a feeding chair are always held for the bottle-feeding so that the caregiver can make eye contact during the feeding.
- Caregivers should not bottle feed more than one infant at a time.
- Bottle propping or taking bottles into the sleep/rest area is not permitted.
- Infant's bottles may be warmed if the infant prefers it, but milk and food do not have to be warm.
- Warming of formula and solid food is done under running tap water or by being put for not more than 5 minutes in a container of water that is nor warmer than 120°F.

- Accidental Feeding of Human Milk to the Wrong Infant: No infant is fed the expressed human milk of another infant's mother. In the event that human milk is accidentally fed to the wrong infant, other than to a same-aged sibling, the procedure outlined in CFOC3 will be implemented to address the potential exposure of the infant to a virus-containing fluid (CFOC3 Std. 4.3.2.4)

4. Progression to use of cups and utensils

- Teachers/caregivers offer fluids from a cup as soon as the child seems ready to learn this drinking method, usually around 6 months of age, with a goal to wean to a cup by 12 months of age.
- Older infants and toddlers are encouraged to hold and drink from a child-sized cup and to feed themselves with child-sized spoons and forks as well as to use their fingers for self-feeding.
- Spill resistant cups are not provided and are discouraged.
- Styrofoam cups, plates and bowls and disposable utensils are not permitted.

5. Seating for Infants and Toddler Feeding

- High chairs and other types of infant feeding furniture will meet the ASTM standards for safety.
- Infants and toddlers are seated according to manufacturer's instructions
- Teachers/caregivers use the safety straps to hold the child securely in place.
- Children are spaced so that they cannot share food.
- Teachers/caregivers check to make sure that a child's hands are out of the way when placing or removing the tray from the chair.
- Children are supervised at all times while in their feeding chairs.
- Trays, arms, and seats of feeding chairs are cleaned and sanitized before and after each use.

6. Infant Food

- Feeding of Solid Foods can begin when the infant's health care professional indicates that the baby is ready for foods in addition to human milk or infant formula (generally between 4 to 6 months of age). As parents introduce foods to infants at home, they may be added to their child's feeding instructions for our program.

- When parents provide food from home, it will be labeled with the child's name and dated. Perishable foods will be stored below 45°F.
- No egg whites (allergy risk) or honey (botulism risk) will be given to children under 12 months of age.
- Allergy list will be posted in food preparation areas and eating areas and should be visible to all.
- Commercially prepared baby food is fed from a dish and not from the factory sealed container. Any uneaten food will be discarded.
- Food is cut up into ¼ inch pieces for infants and ½ inch pieces for toddlers to use for finger feeding by children who are 6 months and older.
- Round, firm and compressible foods that might lodge in the throat of a child younger than 4 years are not permitted. These foods include but are not limited to hot dogs, whole grapes, peanuts, popcorn, thickly spread peanut butter, hard candy and marshmallows. See Appendix 18: Choking Hazards.
- Children's hands are washed before and after feeding.

Additional notes or appendix:

- **See Appendix 18: choking hazards**

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____.

Medication Administration Policy

Why:

- Medications can be crucial to the health and wellness of children. When possible, a child's parents and physician should try to minimize the need for medications while in child care. Administering medication requires skill, knowledge and careful attention to detail.

Who:

- Medication administration will be done by only designated staff that have completed the approved Medication Administration Training. A record of training will be kept on file.

Where:

- Medications are administrated at _____ (e.g. Director's office, specific counter area in classrooms)
- Medications are stored in a locked cabinet in the classroom _____ (describe room location and where key is kept)
- Life threatening/rescue medications are kept _____(e.g. in a fanny pack with teacher) rescue meds are carried on person when going outdoor and on field trips)
- Medications requiring refrigeration are stored in a locked box inside refrigerator_____

  (Specify area in refrigerator and where the key is located)

Procedure:

This facility will adhere to the 6 Rights of Medication Administration:

1. Right Child	**3. Right Dose**	**5. Right Route**
2. Right Medication	**4. Right Time**	**6. Right Documentation**

- Prescription and non-prescription medication (over-the-counter) requires an order by the prescribing health care professional for a specific child with written permission of the parent/guardian.

- Families should check with the child's physician to see if a dose schedule can be arranged that does not involve the hours the child is in the child care facility.

- The first dose of any new medication should always be given at home to observe for possible adverse effects.

- Medications must be labeled and in the original container. The label must include the child's name, date filled, prescribing clinician's name, pharmacy name and phone number, dosage instructions and relevant warnings. *CFOC standard Medication 3.6.3.1*
- Parents are responsible for providing all medications and supplies to the school/child care program.
- A staff member will not administer any medication that has been transferred from one container to another**.**
- In most situations, children should not transport medications to and from childcare; this includes medication placed in a diaper bag or backpack.
- Special arrangements must be considered regarding the safe transport of medications for children attending field trips.
- Program staff may not deviate from the written authorization from the Health Care Provider with prescriptive authority.
- Prior to administering medications to an enrolled child, program staff will wash hands following proper hand washing steps.
- Designated staff member measures liquid medications for oral administration using a measuring cup, spoon, or dropper specifically made for measuring liquid medication. ADHS Licensing - A.C.C. R9-3-316(4)(a)

Written Authorization must include:

- First and last name of the child
- Name of the medication.
- The prescription number (if any).
- Instructions for administration including the dosage, route of administration, starting and ending dates of the medication to be administered, and the times and frequency of administration.
- Reason for the medication.
- Signature of the child's parent and
- Date of signature. *ADHS Licensing - A.C.C. R9-5-516(B)(3), & R9-3-316(B)(3)*

Non-Prescription Medication:

- A staff member will administer a non-prescription medication provided by a parent for an enrolled child only from a container prepackaged and labeled for use by the manufacturer, which has a valid expiration date and is labeled with the enrolled child's name.
- A staff member will not administer a non-prescription medication to an enrolled child inconsistent with the instructions on the non-prescription medication's label, unless the facility receives written authorization from the enrolled child's health care provider. *ADHS Licensing - A.C.C. R9-5-516(4)(b)(c)(d), & R9-3-316(4)(c)(d)(e)*

- Topical diaper preparations, sunscreen and lotion only need a parental written request and parental provision of the products. The product must be provided in the original container and not have an expired expiration date. The product must be labeled with the child's first and last name. Program staff ensure that the product is kept inaccessible to children. Program staff will not apply talcum powder even with a parental request due to the high risk of damage to delicate lung tissue should the child breath in the talc.

Emergency Medications:

- Except in an emergency, injections may only be provided to enrolled children in accordance with the Arizona State Licensing listed below. *ADHS Licensing - A.C.C. R9-5-516(C)(D)(E), & R9-3-316(C)(D)*

- In an emergency an individual can give an injection to an enrolled child, following all the rules for prescription medications. *A.R.S. §§ 32-1421(A) (1) and 32-1631(2).*

- All other injections need to have authorization from and be given by a licensed health care provider.

- The child care program or group home will allow an enrolled child to receive an injection only after obtaining a written authorization from a licensed health care provider. The program will maintain the health care provider's written authorization on facility premises for 12 months from the date of authorization**.**

- Emergency Medications may be kept in the activity area where the staff member and enrolled child are present.

- Nebulized medications and emergency injections such as (Epi-Pen®), glucagon, and insulin require a written health care plan or instructions completed by the child's health care provider.

Program staff maintains documentation of all medications administered to an enrolled child on the Medication Log. Documentation must contain:

- Name of the enrolled child;
- Name and amount of medication administered and the prescription number (if any);
- Date and time the medication was administered; and
- Signature of the staff member who administered the medication to the enrolled child; and
- Director or certificate holder maintains the documentation on facility premises for 12 months after the date the medication is administered.
- Medication errors need to be documented on Medication Incident Report Form and reported to the parents/guardian immediately.
- Wrong medication or overdose must be reported to Poison Control.

A medication error is any situation that involves any of the following:

- Forgetting to give a dose of medication
- Giving more than one dose of the medication
- Giving the medication at the wrong time

- Giving the wrong dose
- Giving the wrong medication
- Giving the wrong medication to the wrong child
- Giving the medication by the wrong route
- Forgetting to document the medication

DO NOT INDUCE VOMITING UNLESS INSTRUCTED BY POISON CONTROL.
POISON CONTROL NUMBER IS: 1-800-222-1222

Handling and Storage of Medications:

- Medications administered in child care prescription and non-prescription are stored out of reach of children and in a secure, locked, clean container and under conditions as directed by the health care provider or pharmacist.

- Medications that require refrigeration are stored in a locked, leak-proof container placed on the bottom shelf of a designated refrigerator separated from food OR in a separate and locked refrigerator used only for medication.

- Medications for staff are stored in a separate, locked container. The medication must be clearly labeled with the staff person's name and be in the original medicine container.

- Program staff must count and record the quantity of controlled substances (e.g., Ritalin®) received from the parent, in the presence of the parent

- Program staff will return all unused prescription and non-prescription medications to a parent when the medication prescription date has expired or the medication is no longer being administered to the enrolled child and have the parent sign and date that they have received it.

Additional notes or appendix:
See appendix for medication administration consent form

Reviewed by: _____Director/Owner
_____Health Professional
_____Staff
_____ Other
Effective Date and Review Date: _____

Monitoring Growth and Development Policy

Why:

To identify age appropriate milestones in children and recognize children who would benefit from support.

Who:

Staff will work in collaboration to monitor a child's development with parents/guardians and in conjunction with the child's primary care provider, health education, mental health and early intervention consultants.

When:

A child will be screened within 30 days of enrollment to the program and at least twice a year thereafter, and/or when developmental concerns become apparent to staff and/or parents/guardians.

Procedure:

- Written consent from parents/guardians will be obtained prior to screening.
- The consent form will state the rational for screening and which screening tool to be used, for example Ages and Stages Questionnaire - ASQ-3.
- The screening tool utilized will be age appropriate and a nationally validated tool.
- Staff will screen in the child's primary classroom, limit distractions, and try each activity with the child.
- The program will schedule parent/guardian conferences to review results of screening.
- Staff will explain results to parents/guardians honestly, with sensitivity, and without using technical terminology.
- If the screening of the child results in any concern about the child's development, after consultation with the parents/guardians, the child should be referred to his/her primary care provider, or appropriate agency for further evaluation.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Nutrition Policy

Why:

To support the best possible growth and development and promote healthy lifestyles, nutritious foods will be served. A pleasant mealtime environment will be promoted with positive role models to guide children in establishing lifelong healthy eating patterns.

Who:

The director will advise parents of nutrition and feeding policies upon admission to the program. Staff will observe and support children's healthy eating habits and hunger/ fullness cues. Parents will provide center with any dietary restrictions or allergies.

Where and When:

Throughout the facility during meals and snacks.

Procedure and Practices:

Menu Planning

- Menus are planned by staff with knowledge of nutrition and Child Adult Care Food Program (CACFP) meal patterns for children.
- A cycle of menus for meals and snacks of at least four weeks will be available that changes with the season.
- Menus include a variety of new, familiar, and healthy foods.
- Written menus are posted and shared with families and staff.

Nutrition Guidelines for Children

- Meals and snack will be healthy, safe and meet nutrition requirements according to CACFP/USDA guidelines and Arizona Department of Childcare Licensing.
- Meals and snacks will emphasize nutrient-rich foods including: fruits, vegetables, whole grains, low-fat or non-fat dairy, lean meats, skinless poultry, fish, eggs, legumes, nuts and seeds.
- Healthy food preparation techniques will be used.
- Beverages provided for children (age 1 and older) will consist only of:
    - Whole milk for children age 12 months to 24 months.
    - Low-fat (1%) or fat-free unflavored milk for children ages 2 and older.
    - 100% juice – 4-6 oz.
        - No juice served to children younger than 12 months.
        - Only served 2 times a week, with a meal or snack.
    - Water – visible and available at all times indoors, outdoors and at mealtime.

Parent-Provided Meals and Snacks

- When meals and snacks are provided from home for a child's consumption, families support safe and healthy eating by providing nutrient-rich choices that meet CACFP/USDA Meal Patterns for Children.
    - Foods provided by parents are healthy choices from the CACFP/USDA meal components of grains and bread, meat and meat alternatives, vegetables and fruits. Please refrain from sending highly processed meats, chips, cookies, candy, desserts and sugary drinks.

Mealtime Guidelines

- Meals and snacks will be served in a clean and pleasant setting, and in an eating environment that provides children with a relaxed, enjoyable climate.
- The eating environment will have:
    - Adequate space to eat
    - Clean and pleasant surroundings
    - Appropriate eating dishes and utensils
    - Access to hand washing facilities before and after meals
- Meals and snacks will be served at the same time each day.
- Food will not be
- Used as a comfort, reward or distraction.
- Food will not be withheld as a form of discipline.
- Staff will encourage children to try new food but never force, coax or bribe children to eat.
- Staff will model behaviors for healthy eating and positive body image. They will not consume unhealthy foods and beverages such as candy, chips and soda in front of the children.
- Round, firm foods that might lodge in the throat of a child under 4 years of age are not permitted. These foods include hotdogs, whole grapes, large bites of meat and raw vegetables. Vegetables may be steamed, hotdogs, meat and grapes may be cut in small pieces for safe service.
- Staff always supervises children when eating.

Special Dietary Needs

- With appropriate medical documentation, modified meals and snacks will be prepared for children at the program or provided by parents of children, with food allergies or other special dietary needs.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Oral Health Policy

Why:

To promote safe and effective oral hygiene practices among children and to provide oral health education to parents which promotes regular tooth brushing/oral care in the home.

Who:

Staff, parents, and children who attend or work at the child care center

Where:

In this child care program.

Procedure/General Guidelines for Promoting Oral Health:

- All staff receive annual education about children's oral health, including information on identifying children who need dental care.
- Each year, children are educated about the care of their teeth in an age-appropriate manner. This may include a visit from a nurse, dentist or other dental health professional.
- A monthly age appropriate oral health theme is part of the curriculum per ADHS Empower guidelines: http://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php#resources-policies-homeNutrition
- Meals that are low in sugar are provided. Sweet fluids like juice or soda are never placed in infant bottles without written instruction from the infant's health care provider. Pacifiers are kept clean and never dipped in honey or other sweet liquid.
- Teething infants are given cooled teething rings to comfort painful gums. Teething rings and/or pacifiers are cleaned and sanitized after each use, when soiled, and at the end of the day.
- Bottles and Sippy cups are used for meals and snacks while the child is being held or seated. Children are weaned from bottles or no-spill cup to drink from a regular cup as soon as the child shows interest and learns to do so.
- Referrals are made to community resources for dental care when needed.

Additional Notes:

For Oral Care/Tooth Brushing Procedure, see appendix 21

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Playground Safety Policy

Why:

Outdoor play is an important part of a child's physical development. Play in a safe outdoor environment promotes good health and reduces the risk of injury to children. Supervision is a key component to keeping children safe on the playground.

Who:

Each morning assigned staff members will be responsible to check the playground using the Daily Playground Checklist (Appendix 9) before children are allowed to play.

Administrative staff will be notified of any hazards that are found on the playground after the daily inspection.

Where:

Outdoor play area

When:

Each morning before outdoor play begins.

Procedures:

Playground area will be assessed using the playground checklist. (Appendix 9)

Staff members will ensure that the hazards are removed or made inaccessible, or repaired immediately and will notify administration for follow-up.

Administrative staff will be notified of any hazards that are found on the playground after the daily inspection and will take action to correct the deficiencies.

Administrative staff will be responsible to determine if any limitations in outdoor play needs to be considered. Limitations in outdoor play would be enforced when there is a weather advisory issued for the area.

Staff members will take a first aid kit out for use on the playground. The kit will be kept out of children's reach.

Basic rules that all children and staff are informed of will be enforced to ensure safety on the playground.

Staff will actively supervise children while playing outdoors. Staff will be positioned for best view of children and not congregating together.

Children will be dressed appropriately for outdoor play.

All injuries occurring during outdoor play will be documented on a center form. Parents will be notified by telephone or in writing.

Sandboxes will be covered when not in use.

The outdoor play area will be enclosed by a fence to aid in supervision and protect children from intruders.

Children will have access to drinking water while playing outdoors to prevent dehydration.

Riding toys will be spokeless, capable of being steered, sized appropriately for the child, have a low center of gravity, and be in good condition and free of sharp edges and protrusions.

Helmets will be used for all riding toys with a wheel-base of more than 20". Helmets will meet CPSC or American Society for Testing and Materials (ASTM) guidelines.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Physical Activity Policy

Why:

Physical Activity is important to children's health and development. It is important that staff become positive role models and supporters for children as they learn to live healthy lives. All children are encouraged to participate in physical activity opportunities that are age appropriate, varied and fun.

Who:

All children have continuous opportunities to develop and practice gross motor and movement skills appropriate for their age. Staff will engage in physical activities with children.

Where:

Physical activity should take place indoors and outdoors.

When:

Physical activity will be offered throughout the day. Sedentary time will be limited to fewer than 60 minutes at a time, except when sleeping.

Procedure:

Infants (Birth to 11months):

- Staff will engage young children in short periods of supervised tummy time (3-5 minutes) and increase up to 30 minutes as child shows enjoyment.
- Staff will include up to 30 minutes per day in curriculum for physical activities that safely support infant developmental milestones.
- Outdoor time 2-3 times a day, as tolerated in a safe setting supervised by an adult.
- Screen time is not permitted.

Toddlers (1 through 2 years old):

- 60-90 minutes or more of physical activity a day with opportunities for moderate to vigorous physical activity. (This can be completed in small doses of 10 minutes throughout the day)
- 45 minutes will be adult led physical activity and 45 minutes will be free play.
- 60-90 minutes of daily outdoor time in a safe setting supervised by an adult.
- Staff will encourage participation in physical activities that are age appropriate and fun.
- Screen time is not permitted.

Preschoolers (3 through 5 years old):

- 120 minutes or more of physical activity a day with opportunities for moderate to vigorous physical activity. (This can be completed in small doses of 10 minutes throughout the day)
- 60 minutes will be adult led physical activity and 60 minutes will be free play.

- 60-90 minutes of daily outdoor time in a safe setting supervised by an adult.
- Staff will encourage participation in physical activities that are age appropriate and fun.
- If screen time is allowable, staff will provide no more than three hours of screen time per week, unless screen time engages children in physical activity or is used for educational purposes.

Physical activity will never be used nor withheld as a punishment.

Information on screen time (English/Spanish) will be made available to families once per year.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Safe Infant Sleep Policy

Why:

Children need sleep for health and growth, and it is part of their routine when in child care. For infants safe sleep practices must follow the national recommendations to reduce the risk of sleep related deaths, including sudden infant death syndrome (SIDS) and suffocation.

Who:

All staff who care for infants

Where and When:

Anytime an infant is sleeping in the childcare center.

Procedure:

- All staff will always put infants to sleep on their backs.
- Infants who are easily able to turn from back to front and front to back will be placed on their backs for sleep, but may then choose their own sleeping position.
- Other positions for sleep for infants can only happen with a note from a physician.
- Positioning devices that restrict the infant's movement in the crib will not be used unless specified by a physician.
- All infants will sleep in a crib placed on a firm mattress, with a fitted sheet, in a crib that meets the Consumer Product Safety Commission Safety Standards.
- No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or extra bedding will be in the crib or draped over the side of the crib.
- Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult. Infants will not be dressed in more than one extra layer than an adult.
- If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used.
- The infant's head will remain uncovered for sleep. Bibs and hoods will be removed.
- Sleeping infants will be actively observed by sight and sound.
- Infants will not be allowed to sleep on a couch, chair cushion, bed, pillow, or in a car seat, swing or bouncy chair. If an infant falls asleep anyplace other than a crib, the infant will be moved to a crib right away.
- An infant who arrives asleep in a car seat will be moved to a crib.
- Infants will not share cribs, and cribs will be spaced 3 feet apart.
- Infants may be offered a pacifier for sleep, if provided by the parent.
- Pacifiers will not be attached by a string to the infant's clothing and will not be reinserted if they fall out after the infant is asleep.
- The child care program is a smoke-free environment.
- The child care program supports breastfeeding.

- Infants who are awake will have supervised “Tummy Time” at least once a day.

While swaddling infants may help them sleep better, this practice is not recommended in child care. Swaddling can be associated with an increased risk of abnormal hip development and if the swaddling cloth becomes loose bedding it can be a risk for sudden unexpected infant death (SUID) which is the category that SIDS falls under.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Cleaning, Sanitizing, and Disinfecting Policy

Why:

Regular and thorough cleaning, sanitizing, and disinfecting of toys, surfaces, equipment, and rooms helps to prevent transmission of illness.

Who:

- All staff members are responsible for maintaining cleaning, sanitizing and disinfecting practices within the classrooms.
- Food service staff will be responsible for maintaining cleaning, sanitizing, and disinfecting practices in kitchen areas.
- Designated staff members will be responsible for preparing sanitizing and disinfecting solutions daily following procedure below.

Where:

Facility wide

When:

- Daily
  - Eating/ food prep surfaces (before and after use)
  - Diapering surfaces (before and after use)
  - Countertops
  - Floors
  - Drinking fountains, sinks, bathroom door knobs, trash cans
  - Toilets, seats, flush handles
  - Mouthed toys, washable toys

- Weekly
  - Low shelves
  - Chairs (especially backs)
  - Play and learning areas, cloth toys
  - Refrigerators
  - Cot frames, cribs
  - Door knobs, light switches, hard surfaces frequently touched by children

- Monthly
  - Carpets
  - All other shelves
  - Walls, doors

Definitions:

Cleaning: Process that removes dirt and debris by scrubbing, washing, rinsing.

Sanitizing: Process that reduces the number of disease causing germs to a safe level by using a sanitizing solution.

Disinfection: Process that eliminates virtually all germs by using a bleach or commercially prepared germicide/ or heat.

Procedure:

1. Preparation
   - Sanitizer and disinfectant solutions should be disposed of every evening and mixed every morning at the start of the day.
   - Appropriate measures should be taken when mixing bleach solutions including wearing gloves and protective eye wear.
   - Only U.S. Environmental Protection Agency (EPA)-registered products that have an EPA registration number on the label can make public health claims that can be relied on for reducing or destroying germs. The EPA registration label will also describe the product as a *cleaner*, *sanitizer*, or *disinfectant*.
   - Solutions should be prepared according to product label.
   - To minimize exposure to fumes, cool water should be added first followed by appropriate measured amount of bleach.
   - Each classroom should have two sets of solutions: 1 set that includes a soapy water solution and sanitizer solution and a 2nd set that also includes a soapy water solution and disinfectant solution (stronger). The stronger solution is used for diapering and toileting areas.
   - Each set should be labeled with type of solution (contents) and date prepared.

2. Usage (For sanitizing or disinfecting)
   - First apply soapy water solution to clean, and wipe off using paper towel.
   - Next, apply appropriate solution (either sanitizer or disinfectant) and allow to sit for at least 2 minutes before wiping with paper towels.

Additional notes or appendix:

*****Always prepare, store and use bleach away from the children**.**

See appendix 7 for cleaning schedule and appendix 19 for bleach mixing instructions.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Security Policy

Why:

Childcare facilities must guard against individuals who may be dangerous to the children in their care.

Who:

All staff and volunteers will follow this policy while at the childcare center or on field trips.

Where and When:

The policy will be enforced at the childcare center and on field trips.
.

General Procedure:

- All staff members, employed or volunteer, regular or substitute, receive background screening before they are allowed on the premises when children are present.
- Facility entrances are observed by a staff member and maintained locked from the outside but easily opened from the inside in case of emergency.
- The location and layout of outdoor play areas are intended to prevent easy access by strangers or vehicles from the street. In addition, the areas are protected by fences with gates that reduce the potential for a child to exit without an adult.
- Staff members have a way to signal for help if anyone displays threatening behavior.
- Everyone who enters and exits the facility must use the sign-in/sign-out procedure and document name, contact number, reason for being in the facility (e.g., parent/legal guardian, enrolled child, visitor, vendor, consultant), and time in and out of the facility
- A daily attendance record is maintained for all the children in the facility which identifies the arrival and departure times as well as the person who brings and picks up the child.
- The child's teacher/caregiver will contact the parent/legal guardian within an hour of delayed arrival if the parent/legal guardian has not informed the program that the child will be absent.
- Custody issues or court orders will be copied and kept on file. Staff members will be alerted to any relevant custody issues or court orders.

Procedure for child pick up

- Individuals authorized to pick up a child are listed in the child's file along with that person's photograph, signature, and relationship to the child.
- Children will not be released to anyone who does not have permission from the child's parent/guardian to pick up the child.
- When an authorized person cannot pick up the child, another individual may pick up a child from child care if that person is authorized to do so by the parent/guardian. This may happen with a phone conversation in which the parent/guardian provides identifying information (e.g., a secret word) or written consent from the parent/legal guardian with identifying information, and confirmed by a return call to the parent/legal guardian before release of the child

- If an unauthorized individual wants to pick up a child, the parent/guardian should be contacted immediately. If the parent/guardian does not authorize this person to pick up their child, information about the individual should be documented and the individual should be asked to leave. If the individual does not leave the police will be contacted immediately and given a detailed description of the individual and any other useful information.
- If a parent/legal guardian arrives who is intoxicated or otherwise incapable of bringing the child home safely or if a noncustodial parent attempts to claim the child without consent of the custodial parent, a staff member will call the police to handle the situation.
- If no one arrives to pick up a child, staff will attempt to reach each contact listed in the child's record. If these efforts fail, the facility will *[PROCEDURE FOR WHERE THE CHILD WILL GO AND LENGTH OF TIME BEFORE CHILD PROTECTIVE SERVICES IS NOTIFIED].* A second episode of failure to pick up the child as expected will result in *[INDICATE DISCIPLINARY ACTION].* Any subsequent episodes will result in a consultation with child protective services.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

Staff Health Policy

Why:

Quality child care is dependent upon a quality workforce. Staff health is an important component of quality.

Who:

All staff (volunteer and paid), who have any contact with the children or with anything with which the children come into contact.

Where:

At this child care program

When:

Upon hire and throughout employment.

Procedure:

- An applicant is required to possess a fingerprint clearance card according to Arizona Department of Health standards. A fingerprint clearance application must be mailed within 7 working days from start date of employment or volunteer work.
- A physical examination is required.
- Vision and hearing screening may be required.
- Before beginning work in a child care setting, all adults must have TB screening by the Mantoux to check for infection with TB. All persons over 12 years of age in a family child care home who are present while the children are in care should receive a TB test even if they are not providing care. Persons with active TB should not work in a child care setting until the local health department determines they are no longer contagious.
- A review of immunization status for measles, mumps, rubella, diphtheria, tetanus, and polio. An assessment of the need for vaccines against varicella, influenza, pneumococcus, and hepatitis A and B, and risk from exposure to common childhood infections for which vaccines are not available, such as parvovirus and cytomegalovirus
- A review of major occupational health concerns, including risks during pregnancy. The major occupational health hazards in child care are exposure to infectious diseases, stress, noise, injuries from back strain and biting, skin injury from frequent hand washing, and environmental exposures to art materials, indoor cleaning and disinfecting materials. All staff (volunteer and paid) are required to read and sign a statement of health risks related to working in child care.
- All staff (volunteer and paid) will provide two written references from persons who are not family members who can vouch that the prospective staff member is reliable and able to work well with children.

- A check of public records for history of conviction of a crime against children (Child Abuse Registry) will be completed prior to any caregiver's contact with children. All potential employees, substitutes, and volunteers will be required to attest to any previous convictions, in particular, whether they have ever been convicted of any crime against children or other violent crime. A volunteer's or employee's failure to fully disclose previous convictions will be viewed as automatic grounds for dismissal.
- All caregivers will sign an agreement to abide by the policies of the program.

A. Ongoing Health Requirements:

1) On a daily basis, the administrator of the facility shall visually and verbally assess the staff (paid and volunteer) for signs of ill health. Staff may have their work limited or modified and be required by (staff title/name) _____ to have a health assessment if the health status of the staff member, as it affects the ability of the person to continue to do the work required, is uncertain. Staff will report to their supervisor promptly and have a release from a health care provider to return to work for any of the following conditions:

- If there is a condition that may significantly affect the person's ability to do the job (e.g., pregnancy, specific injuries, infectious diseases), or if the condition is likely to pose a significant risk of harm to the health and safety of the person or others.
- After a serious or prolonged illness.
- When promotion or reassignment to another role could be affected by health.
- When planning to return from a job-related injury.
- In the case of liability issues (e.g. back injury, heart attack, stress, or mental illness).

2) _____is responsible for observing all adults in the facility (staff members, volunteers, visitors) for signs of obvious ill health and directing those who are ill or injured to go home. Staff members and volunteers who are ill or injured (at the facility or elsewhere) report their condition immediately to their supervisor, who arranges for a substitute.

3) All staff (volunteer and paid) will supply and annually update or verify the following information in writing:

- Emergency contacts (next of kin).
- Name, address, birth date, training, experience, and educational background.

4) No food or drink other than the food served by the program may be eaten in front of the children. Food brought to the program by staff will be stored in (location) _____ and eaten only during breaks.

5) Although disclosure cannot be required, staff who are infected with the human immunodeficiency virus or who are Hepatitis B carriers may care for children provided they do

not have open lesions that cannot be adequately covered or conditions that allow contact with their blood, and provided that they can competently perform their duties.

B. Breaks:

All staff are entitled to breaks of _____ (specify number of minutes) for each _____ (specify number) of consecutive hours worked) and _____ (specify any other type of break). All breaks will be scheduled by _____ (Staff title/name) Breaks may be taken only if child: staff ratios for supervision of the children can be maintained during the break period.

Reviewed by: _____Director/Owner

_____Health Professional

_____Staff

_____ Other

Effective Date and Review Date: _____

Professional Development/Training Policy

Why:

Staff can maintain and improve their competence.

Who:

All who work in the child care setting including paid or volunteer staff.

Where:

Onsite/Offsite/Online by a trained Early Childhood Educator or a trained Health Care Educator/Child Care Health Consultant. For more information about training opportunities, contact the local Child Care Resource and Referral Agency(CCRRA),the local chapter of the American Academy of Pediatrics(AAP), the Healthy Care America Project.

When:

30 hours of training prior to being able to assume their job responsibilities.
30 hours in the first year
24 hours every year after that

Procedure:

- All staff who provide direct care for children must have current documentation of satisfactory completion of training in pediatric first aid and pediatric CPR skills.
- Water Safety Training is required at all times when children with special needs are in care and whenever children are swimming or wading. At least one staff member must be available who has successfully completed training in basic water safety, proper use of swimming pool rescue equipment, and infant/child CPR.
- Staff who care for special needs children must review that child's special care plan and receive training from a health care professional to perform any medical procedures or administer medication which the child requires.
- Staff who care for infants must receive professional development to ensure they understand the use of safe sleep practices to prevent sleep-related deaths.
- Staff who handle food must have specialized training in safe and healthful food preparation and service.

- All staff members receive annual instruction related to prevention and response to suspected child abuse and neglect (child maltreatment).These educational sessions include prevention and recognition of child maltreatment; the risk of shaking infants and toddlers; and exposure of children to violence committed on others. Staff members should learn how to promote

protective factors to prevent child maltreatment, identify signs of stress in families and link those who exhibit signs of stress with resources. All staff members annually review with their supervisors how to carry out their legal responsibility to be a mandated reporter of suspected child abuse or neglect.

- All staff are advised about occupational risks related to their role and how to protect themselves from these risks.
- All staff receive education about how to adopt responsive and respectful approaches to cultural and ethnic diversity for all coworkers, families, and communities involved with the facility.

Additional notes:

Pre-service Training: Thirty clock hours of orientation that should include:
Health, psychosocial, and safety issues for out of home child care facilities.
Goals and philosophy of the program.
Emergency Procedures.
Reading and Review of policies.
Regulatory/accreditation/quality improvement recognition requirements.
(See CFOC Standard 1.4.1 for more details.)

Continuing Education /Professional Development: Thirty clock hours the first year (16 hours in brain and child development and 14 hours in child health, safety, and staff health). Each year after the first year twenty four hours required (16 hours in early brain and child development and 8 hours in child health, safety, and staff health). (See CFOC Standard 1.4.4.1 for more specific details).

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**
Effective Date and Review Date: _____

Sun Safety Policy

Why:

Research shows a multitude of negative health conditions from overexposure to the sun. It is important to protect young children from over exposure to sun in order to prevent these negative effects.

Who:

All staff, children, and parents.

When and Where:

When planning and involved in outdoor activities.

Procedure:

The (name of child care facility) agrees to follow the precautions below for all outdoor activities:

- Ask the child's family to apply sunscreen (chose one with SPF 15 or higher) prior to arriving at child care facility.
- Ask the child's family to provide a hat, sunglasses, and/or long sleeved, light colored clothing for their child that staff will put on the child when outdoors. Closed shoes, worn with socks, will protect the ankles and tops of feet.
- Parents will be informed that all sunglasses should be shatterproof and must block UV-A and UV-B rays. Sun glasses labeled "Meets ANSI Z80.3 General Purpose UV requirements" or Meets ANSI Z80.3 Special Purpose requirements are best. Sunglasses should be labeled with the owner's name.
- Check with the child's family before applying sunscreen. Since some children may have an allergy to sunscreen products, a medication permission form must be completed prior to the application of sunscreen.
- Provide shade during outdoor activities.
- Limit outdoor activities between the hours of 10 a.m. and 4 p.m., when the UV rays are at the highest level.
- Regularly check the UV Index for the intensity of the sun's rays and plan for outdoor activities accordingly: (http://www.epa.gov/sunwise/uvindex.html).
- Be a role model for sun-safe practices.
- Limit sun exposure for children under 12 months old.
- Follow guidelines in the Empower guide book on protecting infants, toddlers and older children from harmful sun rays. (see guide book) http://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php#resources-policies-home

Information on sun safety (in English and Spanish) will be available to the families at least once per year.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**
Effective Date and Review Date: _____

Toilet Learning Policy

Why and Who:

Learning to use the toilet is an important developmental milestone. **Parents** and **providers** must be partners and support each other during this process to make it as easy and smooth as possible. Plans about each child's toilet training needs are to be developed by the caregiver and parent together.

Where:

Toilet learning takes place in the childcare center and in the home. Learning and discussions about toileting take place in the classroom and in the home, outside and inside the bathroom. The restroom in both the home and the childcare center should be well stocked with the supplies to be used during the actual toilet use.

When:

The right time for toilet learning will be different for every child. It is important to look for clues that the child is ready. The decision should be based on the child's developmental level not the adult's eagerness to start. It is recommended the process not begin before 24-27 months of age.

To be successful child must be able to:

- cooperate with adults
- stay dry for at least two hours at a time during the day or be dry after naps
- understand words about the toileting process
- have regular and predictable bowel movements
- express verbally, through facial expressions or posture the need to eliminate
- follow instructions
- get to and from the bathroom area help and pull diapers or pants up and down (see California Childcare Health Program Toilet Learning)

Make toilet learning part of normal curriculum, reading stories, singing songs, discussing various steps of toileting, and taking trips to the bathroom. Training should be given to caregivers upon hire, and practices assessed on a regular schedule.

If the child shows resistance to learning, he or she may not ready for the process or find it too stressful. Let the child guide the process. If a power struggle occurs stop the training and start again at another time.

Procedure:

Parents and Caregivers should:

- Talk about signs that indicate the child is ready to begin toilet learning.
- Agree on how to work on the toilet learning process together.
- Use normal routines to establish regular toileting times to help make toileting a habit.

- Encourage practice runs to the toilet whenever the child gives a signal (facial expressions, grunting, holding genitals, squirming).
- Help children understand the association between relieving themselves and the bathroom by taking them there, talking about relieving themselves then flush the toilet and explain where the waste goes.
- Teach proper hygiene habits. Show children how to wipe carefully from front to back, and to always wash their hands after using the toilet.
- Try to keep the child's daily schedule, routines and rituals consistent between home and child care. Try to take them to the toilet before they relieve themselves.so they can experience success.
- Use the same words to describe body parts, urine, and bowel movements at home and in child care. It is best to use proper terms that will not offend, confuse or embarrass the child or others.
- Read the same or similar books about using the toilet at home and in child care.
- Give the child opportunities to ask questions and watch for reactions that will show how the child perceives and feels about using the toilet.
- Use the same method of praise and reinforcement at home and in child care. Rewards such as food or candy aren't recommended. Verbal praise is best.
- Handle toileting accidents the same at home and in child care. Provide plenty of changes of clothing for the child in care so there is always clean clothing in the event of an accident.
- Taking children to the toilet when they indicate they have the need is important, watch for signs.
- Establish a regular schedule and try to put the child on the toilet **before** they relieve themselves. Be consistent. (See California Childcare Health Program Toilet learning)

In child care centers, if changing the disposable diaper/pull-up occurs in the restroom the changing procedure should be posted.

Discussion and approval by your Arizona Department of Health Services Office of Child Care Licensing Surveyor is recommended regarding a suitable area for changing a **pull-up, which is considered a diaper**. Note: "Changing a child from the floor or on a chair puts the adult in an awkward position and increases the risk of contamination of the environment" (Caring for Our Children, p. 108, 2011).

A changing table is recommended for all soiled and wet diaper changes. The table allows for a well-organized procedure. Steps are recommended for older children so the adult does not have to lift a heavy child. This can promote independence of the child and help reduce the risk of back injury for the adults.

If a decision is made to change a wet diaper in the restroom the procedure listed in "Appendix 8: Changing Diapers, Pull ups, and Soiled Underwear**"** is recommended. The procedure is the same as changing a diaper. Sanitary practice is very important because disease causing germs are found even in wet diapers/pull-ups.

All "Pull-ups" that are soiled with stool must be changed on a changing table.

Special notes:

Safety is of special consideration when placing a child on a toilet Never leave a child unattended. Unsupervised access to toilet areas is unacceptable even when fostering independence during toilet learning

Give plenty of encouragement and praise. Never force a child to sit on the toilet. Accidents are just that; expect urine and soiling “accidents”. Avoid using harsh language when an accident occurs and work to build a child’s success and self-esteem with verbal rewards and praise.

Consider **not** offering objects (i.e. candy, stickers) as praise, since this may affect other toilet trained children to regression in hopes of winning a “prize”.

Reviewed by: _____**Director/Owner**
_____**Health Professional**
_____**Staff**
_____ **Other**

Effective Date and Review Date: _____

References:

CARING FOR OUR CHILDREN, National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition. American Academy of Pediatrics, American Public Health Association, and U.S Department of Health and Human Services. 2014

Model Child Care Health Policies, 5th Edition, 2013 (AAP)
http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies

Arizona Health and Safety Policy Manual for Child Care Centers (2006)
https://extension.arizona.edu/sites/extension.arizona.edu/files/resources/cchc_manual.pdf

Early Head Start National Resource Center:
http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspps/1304/1304.23%20Child%20nutrition..htm

Arizona Department of Health Services
http://www.azdhs.gov/documents/licensing/childcare-facilities/providers/forms/abuse_neglect_documentation.pdf

Arizona State Department of Child Services
https://dcs.az.gov/services/suspect-abuse-report-it-now

Healthy Childcare PA: http://www.ecels-healthychildcarepa.org/section.cfm?subID=42&scope=all

California Childcare Health Program:
http://www.ucsfchildcarehealth.org/html/pandr/trainingcurrmain.htm

All About the ITERS-R : A detailed guide in words and pictures to be used with the ITERS-R. New York: Teachers College Press. Cryer, D., Harms, T., & Riley, C. (2004).

AZ Empower Pack Policy for Sun Safety Policy #2.
http://azdhs.gov/empowerpack/documents/empower-guidebook.pdf
http://azdhs.gov/empowerpack/documents/Sunwise.pdf

Arizona Empower Pack Policy
http://azdhs.gov/documents/prevention/nutrition-physical-activity/empower/resources-policies/empower-guidebook.pdf

Kentucky Child Care Health Consultation Program http://www.cchckentucky.org

Best Practices for Healthy Eating, Nemours Health & Prevention Services, Version 3, 2013,
https://d3knp61p33sjvn.cloudfront.net/media-resources/ECELC/C2P2/LS2/ECE_Program_Participants/BestPracticesHealthyEating-Eng.pdf

Indiana Family and Social Services Division:
http://www.in.gov/fssa/carefinder/2750.htm

Arizona Empower Pack Policy for Physical Activity Sample Policy #1
http://azdhs.gov/documents/prevention/nutrition-physical-activity/empower/resources-policies/empower-guidebook.pdf

Best Practices for Physical Activity, Nemours Health & Prevention Services, Version 3, 2013, https://d3knp61p33sjvn.cloudfront.net/media-resources/ECELC/C2P2/LS3/ECE_Program_Participants/English_PhysicalActivityGuide_FINAL.pdf

EMPOWER Guidebook: 2nd Ed. Ten Ways to Empower Children to Live Healthy Lives, Standards for Empower Child Care Facilities in Arizona: http://azdhs.gov/empower-program/documents/resources-policies/empower-guidebook.pdf

Maricopa County Human Services Department, Education Division, Head-Start Zero- Five Program, Oral Health, Policy Number 1.15

*This format is adapted from and used with permission of: National Training for Child Care Health Consultants, UNC, 2000

APPENDIX

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Medical Exemption Form

Arizona law requires that schools, preschools and child care facilities obtain this form in order for a child to be exempted from immunization requirements for medical reasons.

This is the official ADHS-provided form used by licensed physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached; or 3) the child has a documented medical history of Varicella (chicken pox) disease.

Child's Name _____ Date of Birth_____

To be completed by a licensed physician or registered nurse practitioner to exempt a child from school or child care immunization requirements.

Printed Name of Physician or Nurse _____

Signature of Physician or Nurse _____Date_____

Please list each vaccine included in the exemption and the reason for the exemption:

_____

_____

_____

Please indicate whether this is a **permanent** exemption ☐ or a **temporary** exemption ☐

If the exemption is temporary, please list the date the exemption ends _____

Parent/Guardian Section:

1. I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend childcare and/or school until the risk period ends, which may be up to 3 weeks or longer.

2. I am aware that additional information about vaccine preventable diseases, vaccines, and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services. (www.azdhs.gov/phs/immun/).

Parent/Guardian Signature_____Date_____

Arizona Revised Statutes 15-873, http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=15, and Arizona Administrative Code, R9-5-305, http://apps.azsos.gov/public_services/Title_09/9-05.pdf, and R9-6-706, http://apps.azsos.gov/public_services/Title_09/9-06.pdf describe the requirements for medical exemptions in childcare and school settings.

ADHS Immunization Program Office http://www.azdhs.gov/phs/immunization/ July 1, 2013 (rev: 10/1/16)

ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona law requires that preschools and child care facilities use this official ADHS form to document a religious beliefs exemption to immunization.

Religious Beliefs Exemption Form

For Childcare, Preschool and Head Start Programs

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

☐	**Diphtheria (DTaP, Tdap, Td):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials_____ Date_____
☐	**Tetanus (DTaP, Tdap, Td):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials_____ Date_____
☐	**Pertussis (Whooping Cough) (DTaP, Tdap):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials_____ Date_____
☐	**Polio:** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials_____ Date_____
☐	**Measles, Mumps, Rubella (MMR):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials_____ Date_____
☐	**Haemophilus Influenza type b (Hib):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials_____ Date_____
☐	**Hepatitis B:** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials_____ Date_____
☐	**Hepatitis A:** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials_____ Date_____
☐	**Varicella (Chickenpox):** I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials_____ Date_____

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child. Initials_____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immun/).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend childcare for up to 3 weeks or until the risk period ends.

Child's Name _____ Date of Birth (month/day/year)_____

Parent/Guardian Signature_____ Date (month/day/year)_____

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First Aid Kit Checklist (check inventory monthly) **Date**

Disposable latex free gloves					
Scissors					
Tweezers					
Non-glass, non-mercury thermometer					
Bandage tape					
Sterile gauze pads					
Flexible roller gauze					
Triangular bandages					
Safety pins					
Eye patch or eye dressing					
Pen/pencil and note pad					
Cold pack					
Current AAP first aid manual					
Cell phone					
2 liters of sterile water					
Liquid soap and hand sanitizer					
Tissues					
Wipes					
Adhesive strip bandages					
Flashlight					
Whistle					
Battery powered radio					

Created using Caring for Our Children Standard 5.6.0.1CARING FOR OUR CHILDREN, National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition. American Academy of Pediatrics, American Public Health Association, and U.S Department of Health and Human Services. 2014

Maricopa County Public Health
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Conditions requiring exclusion:

- **Appears to be severely ill**
- **Fever:** Auxiliary (under the arm) temperature of 100° Fahrenheit, if other signs and symptoms of illness are present (ie – diarrhea, rash, earache, sore throat)
- **Fever:** Auxiliary (under the arm) temperature of 101° Fahrenheit or greater, even if no other signs and symptoms are present.
- **Diarrhea:** defined by 2 or more watery stools not caused by a changes in diet, stool that cannot be contained in diaper or use of toilet.
- **Blood in stool:** not explained by dietary changes, medication or hard stools.
- **Vomiting:** If child has vomited two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-infectious condition and the child is not in danger of dehydration.
- **Abdominal pain (persistent):** that pain continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
- **Conjunctivitis (Pink Eye):** A child should be excluded for bacterial conjunctivitis. They may return after treatment has started and are able to participate in activities.
- **Mouth sores:** Exclude if mouth sores is coupled with drooling
- **Impetigo:** Exclude until 24 hours after treatment has begun with a health providers return note.
- **Head Lice:** Children should be excluded at the end of the day, until after the first treatment. An additional treatment is needed 7 to 10 days later to kill the eggs that have hatched. Using a nit comb is the most effective way to remove lice.
- **Pinworms:** Children should be excluded for 24 hours after treatment has begun.
- **Rash:** with fever and/or behavior change.
- **Scabies:** Children should be excluded until 24 hours after treatment is begun.
- **Streptococcal pharyngitis (Strep Throat)**, excluded until 24 hours after treatment has been begun.
- **Varicella-zoster (Chicken pox):** Exclude until all the lesions have dried and formed scabs, usually within six days of onset of rash. Outbreaks should be reported to the health department.
- **The (Name of center) reserves the right to exclude any child that may seem contagious and could infect other children in the child care center.**

The following diseases must be reported to the health department and the child may not return to child care until such time as determined by the health department:

- **Hepatitis A**
- **Measles**
- **Mumps**
- **Pertussis: (Whooping Cough)**
- **Tuberculosis:** Tuberculosis (TB)

Un-immunized staff and children must be excluded if directed by the health department.

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WeArePublicHealth.org

Reportable Communicable Diseases

- Campylobacteriosis
- Conjunctivitis: acute (outbreaks only)
- Cryptosporidiosis
- Diarrhea, nausea, or vomiting (outbreaks only)
- Enterohemorrhagic *Escherichia Coli*
- Haemophilus influenza: invasive disease
- Hepatitis A
- Measles (rubeola)
- Meningococcal invasive disease
- Mumps
- Pertussis (whooping cough)
- Rubella (German measles)
- Salmonellosis
- Scabies (outbreaks only)
- Shigellosis
- Smallpox
- Streptococcal Group A infection (outbreaks only)
- Varicella (chickenpox)

Arizona's Administrative Code that lists those communicable diseases that need to be reported to the health department.
http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#reporting-schools

Un-immunized staff and children must be excluded if directed by the health department.

Referral Notice of Required Immunizations in Child Care and Preschool

Child's Name_____ Date of Birth_____

Notification Date_____ **Due Date** _____

The chart below shows the ages when vaccines are required for child care and preschool attendance in Arizona. Proof of immunizations must be attached to the child's emergency card. **PLEASE BRING YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORD** to show proof of the doses circled below. This is due within 15 days of the notification date.

0-1 month	**Hepatitis B #1**
2 months	**Hep B #1 + DTaP #1 + Polio #1 + Hib #1**
4 months	**Hep B #2 + DTaP #2 + Polio #2 + Hib #2**
6 months	**Hep B #2 + DTaP #3 + Polio #2 + Hib #2-3**
12 months	**Hep B #3 + DTaP #3 + Polio #3 + Hib #2-3 + MMR #1 + Varicella #1**
15 months and older	**Hep B #3 + DTaP #4 + Polio #3 + Hib #3-4* + MMR #1 + Varicella #1 + Hep B #4** **(if Hep B #3 was given before 24 weeks of age)** ***The last dose of Hib #3-4 is required at 12 months or later. A Hib dose given at or after 15 months meets all Hib requirements. Hib is not required for children 5 years and older.**
Maricopa County Only	**12 months and older: Hepatitis A #1** **18 months and older: Hepatitis A #2** **(6 months after Hep A #1)**

Additional immunizations required at kindergarten entry are not included on this form. Visit http://www.azdhs.gov/phs/immunization/school-childcare/requirements.htm for information.

Medical and Religious Beliefs exemption forms are available in Arizona preschool/child care settings.

- Medical exemptions must be completed by the child's physician or nurse practitioner on the form provided by the Arizona Department of Health Services.
- Religious exemptions must be completed by the child's parent/guardian on the form provided by the Arizona Department of Health Services.

***Child Care Provider**: The chart above shows when immunizations are required. Upon enrollment, check to see if the child has all the doses needed for his or her age group. If the child appears to be missing any doses, circle the missing doses. Write the child's name, date of birth and the current date at the top of the form. Use this same form whenever you need proof of additional immunizations. Keep a copy of each completed form for your records.

Cleaning Schedule

Clean and sanitize = weaker solution

Clean and disinfect = stronger solution

HOW OFTEN	MATERIAL/ITEM	SOLUTION USED
DAILY	Hard surface or washable toys and or items frequently mouthed by children. Crib rails Crib Sheets (or before use of another child) Bathroom door knobs, sinks, faucet handles Toilets, seats, and flush handles Water tables (if used that day) Trash cans Telephone receivers Drinking fountains Countertops Floors Kitchen counter	Clean and Sanitize(Soaking) Clean and Sanitize Clean/Launder (per licensing) Clean and Disinfect Clean and Disinfect Clean and Sanitize Clean and Disinfect Clean and Disinfect Clean and Disinfect Clean and Disinfect Clean and Sanitize Clean and Sanitize
Weekly	Cots, Cribs, Mats (or before use by another child) Cot or Mat sheets and Blankets(or before use by another child) Door knobs, light switches, hard surfaces touched by children on regular basis. Chairs (especially the backs) Pet areas "Housekeeping" learning/play areas & items Cloth toys, dramatic play clothes & items Low shelves Refrigerators	Clean and Sanitize Clean(launder) Clean and Disinfect Clean and Disinfect Clean and Sanitize Clean(launder) Clean and Sanitize Clean(launder) Clean and Sanitize Clean and Sanitize
Monthly	Carpets, Shelves, walls, doors.	Clean and Sanitize
Before Use	Food preparation areas Food serving (tables and high chair trays)	Clean and Sanitize Clean and Sanitize
After Use	Diapering area surfaces Food preparation areas(tables and high chair trays) Food preparation items (dishes, utensils, equipment) Pacifiers(one per child)	Clean and Disinfect Clean and Sanitize Clean and Sanitize Boil 1 minute/Use dishwasher
Immediately	Surfaces soiled blood, urine, stool, mucus, vomit, nasal discharge. Surfaces soiled with blood or excessive body fluids.	Clean and Disinfect or Laundry/Soaking solution for Body Fluids and Blood(Follow directions for cleaning up Body fluids).

Clean: To remove dirt and debris by scrubbing, washing, or rinsing. (Soap and water or Launder)

Sanitize: Reduces the number of disease causing germs to a "safe level" by using a sanitizing solution.

Disinfect: Killing disease causing germs on surfaces by using disinfecting solutions such as bleach or commercially prepared germicides or by using physical agents such as high heat.

Child Care Health Consultation Program – July 2013

Changing Diapers, Pull-ups and Soiled Underwear

The following guidelines are for use in child care centers, group homes and family day care homes where diapering and toilet training occurs. The ERS Authors, *Caring for Our Children 3rd Edition Standards*, DPW Certification Regulations and ECELS guidance were used in the creation of this document.

Soiled/Wet Diapers*	Soiled/Wet Pull-ups and Underwear*
1. **Adult washes their hands.** (Only if prior to changing the diaper, pull up or underwear it is "checked" by reaching into it to see if a change is needed)	
2. **Gather all supplies for the diaper change and place on or near the changing surface above the child's head.** (Enough wipes for the process removed from container, clean diaper, a plastic for soiled clothing, and clean clothes if needed) **If used**: disposable gloves, dab of diaper cream on disposable towel, changing table paper (enough to reach from child's shoulders to their feet)	2. **Gather supplies for the change process and place on or near the changing surface outside the contaminated area.** (Enough wipes for the process removed from container, clean pull up or underwear, clean clothes and a plastic bag for soiled clothing if needed) **If used**: Paper liner (large enough to stand on and fold over if needed), disposable gloves
3. **Place the child on the changing table and remove clothing to access diaper keeping the clothing out of the contaminated area.** Never leave the child unattended on a changing table or countertop. If clothing is soiled place in a plastic bag to send home.	3. **Consider whether to change the child lying down or standing up.** (If child will be changed lying down follow the procedure for diapers)
4. **Unfasten diaper leaving it under the child.**	4. **If using paper liner, have child stand on paper.**
5. **Use wipes to clean child's bottom from front to back and place inside the soiled diaper or directly into a lined, hands-free covered trash can. Use each wipe for only one swipe.**	5. **To avoid contamination of clean shoes, socks and clothing, remove unsoiled clothing and set aside.** (If the child's shirt is clean it is helpful to have them hold their shirt up above their waist during the change.)
6. **Fold the soiled surface of the diaper inward over the used wipes and place the bundle in the trash can.** If gloves were used discard them at this time into the same trash can.	6. **Remove soiled clothing and place in a plastic bag to send home. If a pull-up was used, remove by pulling the sides apart and discard it in a lined, hands-free covered trash can. If underwear was used remove from the child doing your best to avoid contamination of surfaces and place with clothes in the bag.**
7. **Use a wipe to remove soil from your hands and throw it in the trash can. Use another wipe to remove soil from the child's hands and throw it in the trash can.**	7. **If paper liner was used check for soil around the child and fold paper over if needed so there is a clean surface to stand on.**
8. **If paper liner was used, check for soil under the child and fold paper up from the child's feet to cover the area and create a clean surface under child's bottom.**	8. **Clean the child's skin around their pull-up/underwear area, wiping from front to back using each wipe for only one swipe. Place each used wipes in the trash can.** If gloves were used discard them at this time in the trash can.
9. **Put on the clean diaper and diaper cream if needed and redress the child.**	9. **Use a wipe to remove soil from your hands and throw it in the trash can. Use another wipe to remove soil from the child's hands and throw it in the trash can.**
10. **Wash the child's hands and return them to the group without touching other surfaces. Store bagged, soiled clothing for parents in an area inaccessible to children.**	10. **Assist the child, as needed, in putting on a clean pull-up or underwear and getting redressed, including socks and shoes. Supervise the washing of the child's hands and their return to the group without touching other surfaces.**
11. **Dispose of paper liner in trash can if used. Clean visible soil from changing table and disinfect the surface with bleach/water solution or an EPA approved product according to directions.**	11. **Store bagged, soiled clothing for parents in an area inaccessible to children. Dispose of paper liner in trash can if used. Clean visible soil from changing area and disinfect the surface with bleach/water or an EPA approved product according to directions.**
12. **Adult washes hands. Record the change in the child's log.**	12. **Adult washes hands. Record the change in the child's log.**
Handwashing Procedure: 1. Moisten hands with water and use liquid soap 2. Rub hands together away from water for 20 seconds 3. Rinse hands free of soap under running water	4. Leaving water running, dry hands with a clean paper towel or an air blower 5. Turn off faucet using paper towel 6. Throw the used paper towel into a hands-free trash can

***Note: All changes must be completed on a surface that can be disinfected after use. Because changing a child from the floor level or on a chair puts the adult in an awkward position and increases the risk of contamination it is recommended that a changing table be used when possible. (*CFOC, 3rd Edition*)**

PA Early Learning Keys to Quality - 2012

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Safety Checklist

1. Do surfaces around playground equipment have at least 6- 12 inches of proper protective surface material ? yes / no

2. Does that protective surfacing extend at least 6 feet in all directions from play equipment? yes / no

3. Are you sure there is no dangerous hardware, like open "S" hooks or protruding bolt ends? yes / no

4. Are you sure there are no spaces that could trap children, such as openings that measure between 3.5 inches and 9 inches? yes / no

5. Are play structures more than 30 inches high spaced at least 9 feet apart? yes / no

6. Did you make sure there are no tripping hazards, like exposed concrete footings, tree stumps, and rocks? yes / no

Indoor Safety Checklist for Child Care

Items:	Yes	No	N/A	Notes
1. All electrical outlets are covered.				
2. No strings or cords on clothing, toys, name tags or accessible anywhere to children. (Window cord not accessible to children)				
3. No Loose or frayed electrical cords that can cause injury.				
4. No Tripping Hazards-loose rugs, toys picked up after use.				
5. Doors in children's area have see-through area so children are visible and doors into places children can enter are easily opened by the child or the adult.				
6. Heavy doors have slow closing devices and/ or rubber gaskets on the edges to prevent pinch injuries.				
7. No Heavy objects or furniture that can be pulled down by a child or thing stacked high that can be pulled down.				
8. Walls and ceilings have no peeling paint, have no cracked or falling plaster and are free of toxic or lead paint and crumbling asbestos.				
9. Medicines, cleaning products, or other substances that are labeled "Keep out of reach of children" are inaccessible.				
10. Poisonous plants not present indoors or outdoors.				
11. No open stair wells accessible.				
12. Bleach solution not used when children can inhale the spray.				
13. Adult purses and diaper bags out of reach.				
14. Water temperature is 120 degrees F or lower.				
15. No pot handles, stove controls accessible.				
16. All furniture is in good repair.				
17. No walkers that can move across the floor or bean bag chairs.				
18. Furniture arranged to provide optimal supervision.				

19. No designated play areas in front of doors.				
20. Staff do not pick up infants or toddlers by arm or hand.				
21. No walkers that can move across the floor or bean bag chair.				
22. Children do not use Styrofoam of any kind.				
Infants/Toddlers only:				
23. No small objects for 3 years or under that can cause choking hazard. List: Beaded eyes on stuffed toys, "google eyes" for art projects, cotton balls, beaded necklaces or bracelets jingle bells.				
24. No plastic bags, Styrofoam, or foam objects within reach of children.				
25. Thumbtacks and staples out of reach of children				
26. No unsupervised access to any container of water (e.g. toilets, 5 gallon buckets, wading pool, or fountain.)				
27. Diaper table has at least a 6 in. raised edge.				
28. Cribs slats measure 2 3/8 in apart or less.				
29. Crib Mattress fits snugly				
30. No Toys in cribs				
Emergency Items				
31. Emergency procedures posted, practice drills recorded each month.				
32. Working telephone with up to date phone numbers of parents and emergency numbers.				
33. Fire Extinguishers available.				
34. First Aid accessible in each room, fully stocked.				

References:

Iters pg. 28-29 taken from list of indoor safety hazards.

Ecers page 32-33 taken from list of major hazards.

Caring For Our Children, 3rd Edition. See outline to list standards used to identify safety hazards indoors.

Appendix 13: Suspected Child Abuse/Neglect Report Form

Today's Date:					
Circle Day of Week:	M	Tu	W	Th	F

CHILD INFORMATION						
Last Name	First Name		Middle Name		AKA	
Social Security No. Gender: M F	Ethnicity	Date of Birth	Age	Grade	Height	Weight
Home Address		City		Zip	Home Phone	

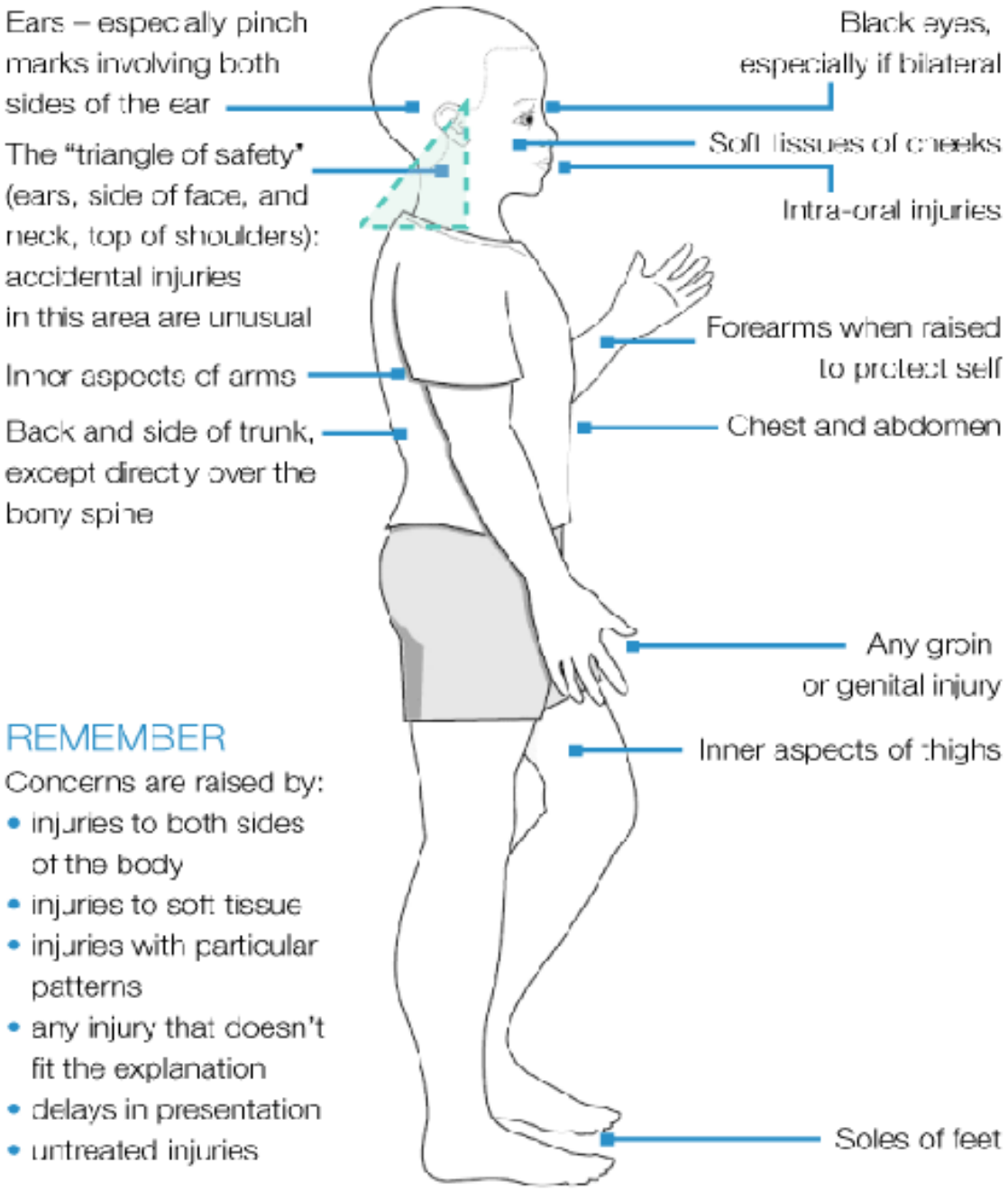
COMPOSITION OF FAMILY (WHO LIVE IN HOUSEHOLD)						
Last Name	First Name	Gender	Relation to Student	Work Phone	Cell Phone / Pager No.	✓ If Alleged Perpetrator

ALLEGED PERPETRATOR(S) AND/OR WITNESS(ES) (IF NOT LISTED ABOVE)					
Last Name	First Name	Gender	Relation to Student	Address/Phone No.	✓ If Alleged Perpetrator

Nature of suspected abuse or neglect: (Check ☑ all that apply)			
☐ Physical Abuse	☐ Sexual Abuse	☐ Neglect	☐ Other

How and when did school/agency become aware of the situation (include name of personnel who first learned of abuse).	
What were the child's responses to the following four questions (use exact quotes and verbatim language).	
1.	What happened?
2.	Who did it?
3.	When did it happen?
4.	Where did it happen?
Additional information volunteered by the child (use exact quotes and verbatim language whenever possible). **Note:** Please attach additional pages whenever needed.	
Observation of the child's injury(ies) (if any):	

Suspicious Injuries



REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries

WASH YOUR HANDS!

WET

LIQUID SOAP

WASH 20 SECONDS

RINSE

DRY

TURN OFF FAUCET WITH PAPER TOWEL

Maricopa County Public Health
WeArePublicHealth.org

WHEN TO WASH HANDS

When:
- Arrival
- Coming from Outside
- Changing Classes
- When Visibly Dirty

Before and After:
- Touching/Serving Food
- Eating
- Feeding Children/Babies
- Giving Medications
- Playing with Water
- Playing with play dough

After:
- Diapering
- Using the Toilet
- Helping with Toileting
- Touching Body Fluids
- Blowing Noses
- Playing Outside

Handwashing Observation Checklist

FIRST THINGS FIRST

Directions:

1. Observe at least 5 Opportunities for Handwashing.
2. For each Opportunity, assess if all 6 steps were completed in the **CORRECT ORDER.**
3. Write the Opportunity # next to the Opportunity observed
4. If an Opportunity was missed - handwashing was not even attempted - write 'Missed' next to the Opportunity
5. Review results with staff/coworkers and problem-solve together ways to ensure that effective handwashing takes place

Date: _____ **Staff Observed:** _____

Room: _____ **Observation Completed By:** _____

Opportunities Before and After:		
Before	Activity	After
	Eating	
	Handling food	
	Feeding a child	
	Giving medication	
	Playing in water	
	Diapering - SIaT	

Opportunties After:	
	Arriving in the classroom (Arrival Hand Wash)
	Moving from one classroom to another
	Diapering - child
	Toileting - both provider and child
	Handling bodily fluids
	Handling pets or animals
	Playing in sandboxes
	Cleaning or handling garbage
	Returning from Outside Play

Six Steps of Handwashing Were Completed Each Time						
Opportunity Number:		#1	#2	#3	#4	#5
1	Wet Hands					
2	Apply Soap					
3	Wash*					
4	Rinse					
5	Dry					
6	Turn off water with towel					

Notes:

* Scrub outside of the water for **20 seconds best practice**

Revised 8.22.11

Diaper Change Monitor Form

Diaper Changing Steps	Observation			Improvement Notes
	Yes		No	
Prepares hands free trash can				
Washes hands				
Gathers supplies before starting (wipes, diaper, gloves). Supplies should be laid on a clean area near diaper table but not on table, if possible				*if using non-absorbent paper liner large enough to cover the changing surface, (child's shoulder to feet), put on the diaper table now.
Put on disposable gloves				
Place child on the diaper table				
Remove clothing to access diaper. Leave soiled diaper under child, until finished wiping child. (If clothes soiled placed in plastic bag to be taken home).				
Use wipes to clean child's bottom from front to back and lay them on the soiled diaper.				
Looked for any skin problems.				
Dispose of soiled wipes and diaper into a plastic lined hands free covered container.				*leave non-absorbent paper liner under child, if spills fold over
REMOVED SOILED GLOVES				
Use a wipe to remove soil from your hands – trash can				
Use a wipe to remove soil from child's hands – trash can				
Place clean diaper under child. Diaper and dress child.				
Wash child's hands and return to group.				*use correct procedure
CLEAN AND DISINFECT the diapering surface				
WASH ADULT HANDS				*use correct procedure
Document diaper change on changing log – report problems				

***Only use paper liner if it is non-absorbent (paper towel

Safe Diapering Steps

1. Prepare trash can/Wash hands Gather supplies/Glove.

2. Open diaper/Clean front to back.

3. Dispose of diaper/wipes /gloves.

4. Wipe your hands/child's hands.

5. Apply clean diaper, redress child.

6. Wash child's hands.

7. Clean and disinfect the table.

8. Wash your hands/record.

★ A child's diaper must be changed as soon as it is soiled.

Proper Cooking Temperatures for Safe Food At Home

Note: There are three important temperatures to remember when cooking meat or eggs at home: Eggs and all ground meats must be cooked to **160°F**; poultry and fowl to **165°F**; and fresh meat steaks, chops and roasts to **145°F.**

CONSUMER COOKING TEMPERATURE CHART for MEATS and EGGS	
Use a thermometer to check temperatures. *Cook to the internal temperatures listed below in degrees Fahrenheit*	
FRESH MEATS	
Ground meats (veal, beef, lamb, pork, deer, moose, elk or caribou)	160°F
Fresh beef, veal, lamb, pork, deer, moose, elk or caribou steaks, chops and roasts	
• recommended minimum temperature	145°F
• medium	160°F
• well done	170°F
Leftover cooked meats	165°F or safe to eat cold if properly cooled and stored
POULTRY and GAME BIRDS	
Ground chicken and turkey	165°F
Whole chicken, turkey, duck and goose	165°F
Poultry breasts and roasts; thighs and wings	165°F
Casseroles, all stuffing and reheated leftovers	165°F
Fully-cooked poultry	165°F or safe to eat cold if properly cooled and stored
FISH AND SHELLFISH	
Fish and shellfish, any type	145°F
RABBIT	
Rabbit	160°F
HAM	
Fresh (raw) ham or shoulder	160°F
To reheat precooked ham	140°F
EGGS AND EGG DISHES	
Eggs	Cook until yolk and white are firm.
Egg dishes; egg based sauces and custards	160°F

Reference: Cook: Heat it Up Chart.Partnership for Food Safety Education. May 2011.

MINNESOTA MDH DEPARTMENT of HEALTH

Food Safety Center
PO Box 64075
St. Paul, Minnesota 55164-0975
651-201-4500, TDD/TTY 651-201-5797
www.health.state.mn.us/foodsafety

Prevent Choking!

Do not serve these food to children under the age of 4

Spoonfuls of peanut butter
Mini marshmallows
Large chunks of meat
Nuts, seeds peanuts
Raw carrots
Fish with bones
Dried fruit
Hot dogs
Hard Candy
Popcorn
Raw peas
Whole grapes
Ice cubes
Raisins
Pretzels and chips

Easy Ways to Change Food to Make Them Safe

Hot Dogs: Cut into quarters lengthwise, then cut into small pieces

Whole grapes: Cut in half lengthwise

Nuts: Chop finely

Raw carrots: Chop finely or cut into thin strips

Peanut butter: Spread thinly on crackers or mix with applesauce and cinnamon and spread thinly on bread

Fish with bones: Remove the bones

Raisins: cooked in foods

Washington State Department of Health

DOH 970-216 January 2015

Disinfecting and Sanitizing with Bleach
Guidelines for Mixing Bleach Solutions for Child Care and Similar Environments

Preparation Tips

- **Prepare** a fresh bleach solution each day in a well-ventilated area that is separate from children.
- **Label** bottles of bleach solution with contents, ratio and date mixed.
- **Use cool water. Always add** bleach to cool water, **NOT** water to bleach.
- **Wear** gloves and eye protection.
- **Prepare** solution in an area with an eye wash.

Disinfecting Solutions For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.			
Water	**Bleach Strength* 2.75%**	**Bleach Strength* 5.25-6.25%**	**Bleach Strength* 8.25%**
1 Gallon	1/3 Cup, plus 1 Tablespoon	3 Tablespoons	2 Tablespoons
1 Quart	1½ Tablespoons	2¼ Teaspoons	1½ Teaspoons
Sanitizing Solutions For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, pacifiers, floors, sleep mats, etc.			
1 Gallon	1 Tablespoon	2 Teaspoons	1 Teaspoon
1 Quart	1 Teaspoon	½ Teaspoon	¼ Teaspoon

Disinfection of non-porous non-food contact surfaces can be achieved with 600 parts per million (ppm) of chlorine bleach. To make measuring easier, the strengths listed in this table represent approximately 600-800 ppm of bleach for disinfecting, and approximately 100 ppm for sanitizing. Chlorine test strips with a measuring range of 0–800 ppm or higher can also be used to determine the strength of the solution.

Contact your local health jurisdiction for further instructions on cleaning and disinfecting if specific disease or organisms are identified as causing illness in your program.

***Use only plain unscented bleach** that lists the percent (%) strength on the manufacturer's label. Read the label on the bleach bottle to determine the bleach strength. For example, Sodium Hypochlorite...6.25% or 8.25%.

Steps to Follow

- **Clean** the surface with soap and water before disinfecting or sanitizing.
- **Rinse** with clean water and dry with paper towel.
- **Apply** chlorine bleach and water solution to the entire area to be disinfected or sanitized.
- **Air dry** for at least 2 minutes.

This chart was created by the Disinfection Workgroup led by the Washington State Department of Health. Workgroup members consist of staff from the Department of Early Learning, Snohomish Health District, Local Hazardous Waste Management Program in King County, Washington State Department of Ecology, the Coalition for Safety and Health in Early Learning, and the Washington State Department of Health.

For people with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

When to Call Emergency Medical Services

Call EMS if:

- the child is unconscious, semi-conscious or unusually confused.
- the child's airway is blocked.
- the child is not breathing.
- the child is having difficulty breathing, shortness of breath or is choking.
- the child has no pulse.
- the child has bleeding that won't stop.
- the child is coughing up or vomiting blood.
- the child has been poisoned.
- the child has a seizure for the first time, a seizure that lasts more than **5** minutes, or an atypical seizure.
- the child has injuries to the head, neck or back.
- the child has sudden, severe pain anywhere in the body.
- the child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care.)
- the child's condition could worsen or become life-threatening on the way to the hospital if not transported by EMS.
- moving the child could cause further injury.
- the child needs the skills or equipment of paramedics or emergency medical technicians.
- distance or traffic conditions would cause a delay in getting the child to the hospital.
- The child has been given an epi pen for an allergic reaction.

If any of the above conditions exist, or if you are not sure, it is best to call EMS.

Sources: American Red Cross & American College of Emergency Physicians

Oral Care/Tooth Brushing Procedure:

As soon as the first tooth comes in, begin talking to parents about care of their child's teeth.

Children age's _____actively participate in oral care/tooth brushing during the caregiving day.

- **Infants Under Age One:**
  - Once daily after a meal or feeding
  - staff will wash their hands and apply gloves
  - slightly moisten a clean fresh piece of sterile gauze
  - cover a finger with the gauze and gently wipe infant's gums
  - Only water, not toothpaste, will be used to clean the gums/teeth since an infant will likely swallow the toothpaste.

- **Children Less Than two Years and Greater Than One Year:**

  Swish or Swallow program:

  Children are given a small cup of drinking water

  The staff demonstrate swishing and swallowing the water to remove excess food particles and to allow for the fluoridated water (if applicable) to rinse the teeth.

  Tooth brushing program:

  The Staff wash their hands

  Use a tissue to cover handle of toothbrush or apply gloves

  Wet the child's soft-bristled toothbrush under running water

  Dispense a smear of toothpaste inside the lip of a small paper cup

  Brush the child's teeth for two minutes

  When brushing is completed, wipe the excess toothpaste from outside of the mouth and rinse the toothbrush thoroughly with tap water after each use.

  The toothbrush is returned to the child's designated and labeled toothbrush holder and allowed to dry.

  Staff should wear gloves if contact with a child's oral fluids is anticipated.

- **Children Age Two and Over:**
  - The staff wash their hands
  - Use a tissue to cover handle of toothbrush or apply gloves
  - Dispense a pea-sized amount of fluoridated toothpaste inside the lip of a small paper-cup
  - Use a tissue to cover handle of toothbrush
  - Wet each child's toothbrush under running water
  - Hand the wet toothbrush and paper cup with toothpaste to each child and allow child to scoop the toothpaste from inside the cup using their toothbrush
  - Supervise and model the appropriate tooth brushing technique.
  - Thorough tooth brushing takes two minutes – playing music will encourage children to brush until the song ends.

- Children dispose the paper cups in the trash.
- Staff rinse the toothbrushes thoroughly with tap water after each use or staff may allow the children to rinse their toothbrushes with tap water under close supervision.
- Children's hands are washed following tooth brushing.
- The toothbrush is returned to the child's designated and labeled toothbrush holder and allowed to dry.

Hygienic Use and Storage of Toothbrushes:

- A child's personal toothbrush will be provided by the parent/guardian or by center. Children will never share toothbrushes. Toothbrushes with soft, rounded, polished bristles are recommended.
- Labeling of toothbrushes and toothbrush holders: To prevent use by another child, toothbrushes and toothbrush holders will be clearly marked with the child's name using a permanent marker.
- Discarding toothbrushes: Toothbrushes will be discarded after three months, or when the bristles appear worn or splayed. If a toothbrush has been contaminated or used by another child, it will be discarded. If a child is absent due to illness, the old toothbrush should be discarded and the child be given a new toothbrush.
- Toothbrush storage: Toothbrushes should be stored in an upright position in the child's labeled spot in well-ventilated and mesh covered holder to allow proper airing and prevent the contact of the child's toothbrush with the other toothbrushes. Toothbrush holders will be cleaned and sanitized weekly or if needed sooner. Toothbrush and toothbrush holders are not stored in the vicinity of flushing toilets.

Appropriate Tooth Brushing Technique:

- Horizontal Scrub: Children should use a horizontal scrub technique. The brush is placed horizontally on the tooth along the gum line and moved back and forth with a scrubbing motion.
- Brush All Sides of Teeth: Children should brush all three sides of their teeth – the outsides, insides, and chewing surfaces.
- Brush tongue: Important to teach children to brush their tongue.
- Staff can demonstrate if center has teeth model and model toothbrush.

EMPOWER Guidebook: 2nd Ed. Ten Ways to Empower Children to Live Healthy Lives, Standards for Empower Child Care Facilities in Arizona: http://azdhs.gov/empower-program/documents/resources-policies/empower-guidebook.pdf

Maricopa County Human Services Department, Education Division, Head-Start Zero- Five Program, Oral Health, Policy Number 1.15

*This format is adapted from and used with permission of: National Training for Child Care Health Consultants, UNC, 2000

Arizona Department of Health Services Bureau of Child Care Licensing

MEDICATION CONSENT FORM

First & Last Name of **CHILD**:			
Type/Name of Medication:	Prescription #:	Dosage**:**	Route (method)*:
Start date:	End Date:	Times & frequency:	
REASON:			
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.			
Date of authorization:	Signature (parent/guardian):		

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

_____

_____

* Injections: Attach health care provider's written authorization.

****

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:	**YES**	**NO**
Is the medication consent form complete?	D	D
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?	D	D
Is the full name of the child on the container?	D	D
Is the prescription or over-the-counter medication current?	D	D
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?	D	D

Staff initials:_____

Please use the second page to document administration of the medication.

Name of Child

DATE	NAME OF MEDICATION	RX#	DOSE	TIME	FULL SIGNATURE of AUTHORIZED STAFF

Emergency Preparedness

Emergency Disaster Contact Form

In order to assist the entire child care community during an emergency or disaster situation, please have a facility representative contact the Bureau of Child Care Licensing (BCCL) with the following information:

NAME of facility:		
ADDRESS of facility:		
Working Telephone Number:		CDC/SGH #:

BEFORE declaration of a disaster/emergency		
Please provide the following information, if possible, to your regional office or your Licensing Surveyor.		
Would you be willing to exceed your capacity on a temporary basis?	YES ☐	NO ☐
Would you be willing to re-locate to a temporary site, if necessary?	YES ☐	NO ☐
Are you aware of a possible temporary site to which you could relocate?	WHERE:	
Do you have a working emergency generator?	YES ☐	NO ☐
Do you have an email address BCCL can use to send you information related to a disaster?	NO ☐ YES ☐	
Do you have a cell phone number BCCL can use to send you a text message related to a disaster?	NO ☐ YES ☐	
Your Licensing Surveyor:		
Your regional BCCL office telephone number:		

AFTER declaration of a disaster/emergency		
Contact your local regional BCCL office and provide the following information:		
Can you operate at full capacity?	YES ☐	NO ☐
Can you operate at partial capacity? YES	Number of children you can care for:	
Can you only operate at an emergency temporary site?	WHERE:	
CANNOT OPERATE and need assistance RELOCATING children in your care.	☐	

Bureau of Child Care Licensing Regional Offices

Phoenix Metro/Yuma Areas:
150 North 18th Avenue, Suite 400
Phoenix, Arizona 85007
Phone: (602) 364-2539
Fax: (602) 364-4768

Tucson Area:
400 West Congress, Suite 100
Tucson, Arizona 85701
Phone: (520) 628-6541
Fax: (520) 628-6537

Flagstaff/Northern Arizona Area:
2532 N 4TH Street #352 (mail only)
Flagstaff, Arizona 86004
Phone: (800) 615-8555
Fax: (602)- 364-4768

Be Prepared

A Guide for Disaster Emergency Evacuation Preparation

EMERGENCY EVACUATION PLAN

In the event of an emergency or a disaster situation that requires an evacuation of _____, one of the following plans shall be implemented. In all situations, the caregiver/director in charge when evacuating shall:

- Take an accurate attendance/attendee list of staff and children
- Account for all children and staff as they board/depart vehicles
- Bring any necessary medications/supplies and emergency records for all staff and children
- Take a cellular phone if available to be used for emergency notifications

1. If the emergency environment is confined to the immediate area of the child care facility – e.g., fire or toxic fumes – and the children cannot stay on the premises, the children will be taken to _____ by (method of transportation) _____, where they will remain accompanied by caregivers while family/guardian/emergency contacts are notified of the situation and arrangements are made for either the transporting home or a continuation of care for the remainder of the day. The place of safety should be close by and within walking distance, if appropriate.

   In the event of exposure to toxic materials or gases and a physical examination is recommended, children will be transported by _____ to _____, where they will be examined and family/guardian/emergency contacts will be notified.

2. If the emergency is more widespread and encompasses a larger area (such as a neighborhood or several homes) due to a non-confined environmental threat – e.g., toxic fumes from a spill, floodwaters, wild fire, etc. – and the children cannot remain in the area, the children will be taken to _____, by _____, where they will remain accompanied by caregivers while family/guardian/emergency contacts are notified of the situation and arrangements are made for either the transporting home or a continuation of care.

3. In the event of a major environmental hazard requiring a larger area evacuation such as several neighborhoods, a city/town or geographical area, due to a large non-confined hazard, e.g. a nuclear incident, earthquake, hurricane, etc., children will be transported to a Red Cross designated mass shelter by _____ where they will remain accompanied by caregivers while family/guardian/emergency contacts are notified of the situation and arrangements are made for their pick up.

EMERGENCY PREPAREDNESS

Making Sense/Getting Ready

I. Emergency Supplies Kit

- ☐ Water – amounts will vary according to storage capability and transportation feasibility
- ☐ Food – non-perishable foods, can opener
- ☐ Filter masks
- ☐ Moist towelettes for sanitation
- ☐ Plastic sheeting, duct tape and garbage bags to seal the room
- ☐ Flashlight and extra batteries
- ☐ Battery powered radio and extra batteries
- ☐ First aid kit
- ☐ Wrench, pliers, scissors/knife - to turn off utilities, open or cut things - & pens/ pencils/paper
- ☐ Unique needs: daily meals, infant formula, diapers and important documents

II. Communications Plan

- ☐ Consider a notification plan (I'm ok plan). Who will be the main contact by phone or emails?
- ☐ Watch television or listen to the radio for official instructions as they become available.
- ☐ Create a plan to shelter in place (staying put and creating a barrier).
- ☐ Create a plan to evacuate.
  - Decide how to assemble everyone and anticipate where to go.
  - Choose destinations, alternative routes and other means of transportation.
- ☐ Know other emergency plans for schools, neighbors, etc.

III. Accommodation Plan for Facilities

- ☐ Highly allergic, compromised immune system, preemies, special needs children should be evacuated immediately.
  a. Designate staff to assist in the evacuation of children with special needs or in emotional distress. These staff members must have knowledge of cognitive, social development, etc. to help young children flee from a critical or dangerous situation and to have the ability to encourage children to follow directions.
  b. **NOTE**: *Children react to new or stressful situations in a variety of ways due to their developmental level, temperaments, experience and skills. Some hide, run, scream, hold on to things or people, cry, become immobile, etc.*
- ☐ Designate staff to evacuate children, take them to a safe place, notify parents and reunite children with their families.
- ☐ Preserve and pack formula and breast milk.
- ☐ Preserve and pack medications and emergency record cards.
- ☐ Have a system in place to confirm that all children and staff members are accounted for and safe.

Office of Child Care Licensing (7/10)

Be Prepared

A Guide for Disaster Emergency Evacuation Preparedness

Emergency Numbers

Name of Facility: _____

Name/Company	Contact name/Town	Telephone number
Director / Provider		
Ambulance		
Fire		
Poison Control		
Police (local)		
Local Health Department (state)		
Local Health Department (county or city)		
Building Inspector		
Host Facility Liaison		
State Licensing Surveyor		
Health Consultant		
Gas Company		
Air Conditioning		
Appliance Repair		
Cleaning/Maintenance		
Copy Machine		
Electric Company		
Electrician		
Glass Company		
Heating Company		
Locksmith		
Plumber		
Snow removal		
Flood/water damage		
Taxi		
Trash Removal		
Water Department		
Landlord		

This list is not intended to be comprehensive. You are encouraged to include any other contacts that could be helpful prior, during or after a disaster or emergency event.

Be Prepared
A Guide for Disaster Emergency Evacuation Preparedness

Evacuation Checklist

Item	*Responsible Staff Member*	*Check-off*
Contact list for CHILDREN'S families		☐
Contact list for STAFF families		☐
Children's Emergency Information		☐
Medications/Medical Supplies		☐
Charged Cell Phone		☐
First Aid Kit		☐
Flashlights w/ extra batteries		☐
Battery operated radio w/ extra batteries		☐
Hand Sanitizer/cleansing agent/disinfectant		☐
Wet wipes and tissues		☐
Disposable cups		☐
Water & non-perishable food		☐
Diapers for infants		☐
Formula for infants		☐
Blankets		☐
Vehicle keys		☐
		☐

Locations for items to get, or tasks to do:		*Responsible Staff Member*	*Check-off*
First Aid Kit			☐
Emergency supplies			☐
Cell phone			☐
Electricity shut off			☐
Water shut off			☐
Air vent shut off			☐

G:\Administration\DEEP\Be Prepared Evacuation Checklist (5/12)