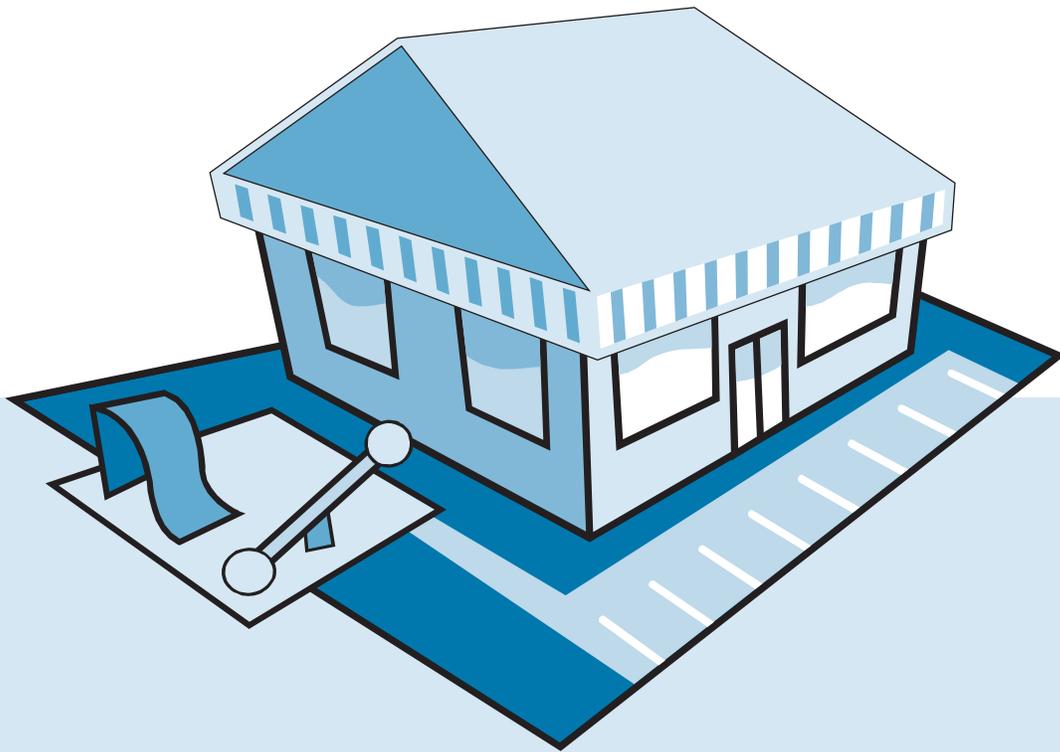


# Arizona Health and Safety Policy Manual



for **Child Care Centers**

Prepared by the Arizona State School Readiness Board  
Governor's Office of Children, Youth and Families  
Spring, 2006



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State School Readiness Board  
Governor's Office for Children, Youth and Families  
Phoenix, AZ

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(602) 542-3620

Downloadable version at:  
[http://www.governor.state.az.us/cyf/school\\_readiness/childcare\\_manual.html](http://www.governor.state.az.us/cyf/school_readiness/childcare_manual.html)

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The resources listed below have provided information and inspiration to create this manual for Arizona child care centers. We thank their writers and developers for their hard work and insight.

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care. (2002) *Caring for our children, national health and safety standards: Guidelines for out-of-home care programs* (2nd ed.) Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association.

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Special thanks to the writers of the curriculum developed for the National Training Institute for Child Care Health Consultants (NTICCHC), and to the NTICCHC staff at the University of North Carolina at Chapel Hill.

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## Forward

The *Arizona Health and Safety Policy Manual for Child Care Centers* has been prepared for you...child care program staff. While rules, regulations, and resource documents provide standards for programs, developing policies to meet those standards is left to individual child care programs. Uncertainty about what should be included in health and safety policies discourages child care staff from preparing policy documents for their centers. *The Arizona Health and Safety Policy Manual for Child Care Centers* contains policies, forms, and parent materials to help child care centers promote health and safety in their programs. *Arizona Health and Safety Policy Manual for Child Care Centers* is designed as a simple, easy to use supplement to Arizona Child Care Licensure Regulations.

The “fill-in-the-blank” format of the *Arizona Health and Safety Policy Manual for Child Care Centers* makes it easy for programs to develop their own policy manual. A Toolkit section, at the back of the manual, contains forms and links to materials that match pertinent policies. The *Arizona Health and Safety Policy Manual for Child Care Centers* has been reviewed for consistency with Arizona Department of Health Services Child Care Licensure Rules and *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*.

The *Arizona Health and Safety Policy Manual for Child Care Centers* was prepared by Arizona Child Care Health Consultants and the State School Readiness Board. Child Care Health Consultants are valuable resources for assisting with the development of health and safety policies but are not yet widely available in Arizona. Governor Janet Napolitano, through the efforts of the State School Readiness Board, is working to create a system of child care health consultants across the state. These nurses and health professionals are available to provide consultation, training and technical assistance to programs in matters of health and safety.

Thank you for partnering with us so that all children in Arizona are safe, healthy and ready to succeed!



Nadine Mathis Basha  
Chair, State School Readiness Board

# Acknowledgements

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We would like to thank Arizona Child Care Health Consultants  
**Kathleen M. Ford, RN, BC** and **Karen H. Liberante, RN, BC**  
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The nationwide effort by the U.S. Department of Health and Human Services, Health Resources and Services Administration; the U.S. Department of Health and Human Services, Maternal and Child Health Bureau; and the National Training Institute for Child Care Health Consultants to ready health and early childhood professionals to provide information on health and safety issues has led to a proliferation of information on child care health and safety. Information and guidelines from these organizations, as well as Arizona's own experience and written works, have informed the writing of this manual.

# How to Use This Manual

*Arizona Health and Safety Policy Manual for Child Care Centers* is intended for use by child care centers that already meet the criteria established for child care facilities licensure according to the Arizona Administrative Code, Title 9, Chapter Five. This manual does not include a restatement of these criteria.

In areas where health, early childhood education, and caregiving have progressed more rapidly than the rule-making process, we suggest policies and procedures for the care of young children that are more comprehensive than the criteria stated in the Arizona Administrative Code. For example, in 1995, the American Academy of Pediatrics issued a recommendation to place infants on their backs for sleep. Changes resulting from this recommendation have reduced the occurrence of Sudden Infant Death Syndrome (SIDS, also known as crib death) cases among U.S. children by half. However, back sleeping is not yet reflected in Arizona's child care facilities licensure criteria.

Please note that some conventions have been put into place for the ease of both the writers and the readers:

The term "health care provider" refers to many types of health professionals that provide services for children, including those making medical diagnoses and recommending treatment. "Health care provider" includes pediatricians, medical specialists, family practice physicians, nurse practitioners, and physician's assistants.

We use "parents" to refer to the adults legally responsible for the care and supervision of the child. We recognize that many children are in the care of foster parents, grandparents, other family members, etc.



The Computer icon directs you to forms or documents mentioned in the text or to additional resources. If you are using the portable document format (PDF) version of this manual, links can be activated by clicking on URL.

You will need Adobe Reader to view most of the forms and resources referenced in this manual. Get a free version of Adobe Acrobat Reader at: [http://www.adobe.com/products/acrobat/readstep2\\_allversions.html](http://www.adobe.com/products/acrobat/readstep2_allversions.html)

# Getting Started

1. Fill in the blanks to make the manual useful for daily operations, staff orientation and training, and for quick action in emergencies. Complete blank spaces with the information requested. For example, if the information needed is “responsible person,” this may be a name, but more likely will be a staff position, such as Director, Lead Teacher or Cook.
2. Review the manual. Determine which policies apply to your program. Make a list of supplies required and tasks to be completed before policies are put into place.
3. Tasks in numbered lists need to be completed in the specified order.
4. Discuss policy changes with staff and parents. Ask staff and parents to support your desire to provide quality care for children.
5. Documents such as the Statement of Services required by the Arizona Department of Health Services and your Parent Handbook may need to be updated to reflect new policies.
6. See the Resources and Toolkit sections in the back of the manual. The Resources section lists agencies, organization, and websites that may provide helpful information. The Toolkit section contains forms and links to materials your center can use to implement suggested policies.
7. Check the website at: [http://www.governor.state.az.us/cyf/school\\_readiness/childcare\\_manual.html](http://www.governor.state.az.us/cyf/school_readiness/childcare_manual.html) for updates to policies, forms, and materials, and for new information about efforts in Arizona to improve the quality of early childhood education programs in our state.
8. Review policies for needed revisions every six months. Document your review on the Review and Signature Page (pg. 74).

# Emergency Contacts

911

Our program's name is \_\_\_\_\_.

The address is \_\_\_\_\_.

The nearest major cross streets are \_\_\_\_\_.

Special instructions for finding facility \_\_\_\_\_.

Our phone number is \_\_\_\_\_.

Give:

1. The nature of the emergency
2. Address where you need help
3. Age of the victim
4. Condition of the victim (e.g.; conscious? breathing? bleeding?)
5. Your name

Do NOT hang up until the emergency operator or rescuers tell you to do so.

Have a copy of the Emergency Information and Immunization Record Card ready for emergency personnel.

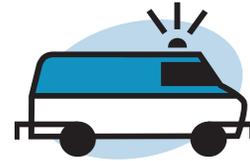
## Important Numbers:

Child Care Licensure: \_\_\_\_\_  
Child Protective Services: \_\_\_\_\_  
Fire: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Local Health Department: \_\_\_\_\_  
Poison Center: \_\_\_\_\_  
Police: \_\_\_\_\_  
Rape Crisis Center: \_\_\_\_\_  
Suicide Prevention Hotline: \_\_\_\_\_  
Woman's Shelter: \_\_\_\_\_  
Other: \_\_\_\_\_

AHCCCS 1-800-334-5283 KidsCare 1-877-764-5437

If Emergency Medical Services are activated, notify your licensing or certification agency within 24 hours.

# Emergency Procedures



## Serious Medical Emergencies

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.

1. 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.
2. The designated staff person 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
3. \_\_\_\_\_ (designated staff) contacts the parent or, if the parent cannot be reached, the child's emergency contact person.
4. 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.
5. \_\_\_\_\_ (designated staff) completes an injury/ illness report form as soon after the incident as possible.
6. The incident report is signed by the parent. A copy of the incident report is given to parent and a copy is kept on file at the center. Incident reports are kept \_\_\_\_\_ (location, e. g., child's file, injury accident logbook).
7. Incident reports are reviewed at least semiannually by \_\_\_\_\_ (designated staff).

# First Aid



## First Aid Staff

When children are in our care, staff with current training in age-appropriate CPR and first aid training are always on site. We encourage all staff to be CPR and first aid certified.

Staff trained in first aid and CPR accompany children on field trips and while children are being transported.

Staff treat an illness or injury as described in our first aid manual:

\_\_\_\_\_ (name of manual, e.g.; American Red Cross First Aid Manual)

An injury or illness and treatment is documented by

\_\_\_\_\_ (designated staff) in \_\_\_\_\_ (e.g.; Ouch Report, log book)

## First Aid Kits

\_\_\_\_\_ (designated staff) is responsible for assuring our first aid kit(s) are fully stocked.

## Contents of the First Aid Kit

- a) **Disposable, nonporous gloves (latex or vinyl)**
- b) **Scissors**
- c) **Antiseptic solutions or wipes, liquid soap**
- d) **Adhesive strip bandages in assorted sizes**
- e) **Bandage tape (adhesive tape)**
- f) **Sterile gauze pads**
- g) **Plastic bags (at least 1 gallon-size) for gauze, and other materials used in handling bloody items**
- h) Sterile flexible roller gauze
- i) Triangular bandages and elastic bandages (Ace™ type or similar product)
- j) Eye dressing
- k) Pen/pencil and note pad
- l) Cold pack
- m) Current first aid guide
- n) Coins for use in a pay phone
- o) Water
- p) Small plastic or metal splints
- q) Safety pins
- r) A non-glass thermometer
- s) Tweezers
- t) List of emergency phone numbers, parents' home and work phone numbers, and the Poison Control Center phone number

**Bolded items** are required by Arizona Child Care Center Rules.

First aid kit(s) is/are kept \_\_\_\_\_ (locations).

A fully-stocked first aid kit is located in each program vehicle that transports children and a fully-stocked kit is taken on all field trips.

## Updating the Emergency Plan

The names of all individuals certified for CPR and first aid, and the location of all first aid kits, are included our program's Emergency Plan located \_\_\_\_\_ (where).

The Emergency Plan is updated yearly by \_\_\_\_\_ (designated staff).



Recommended Accident, Evacuation and Emergency Plan  
[http://www.azdhs.gov/als/childcare/ccc\\_forms/emergency.pdf](http://www.azdhs.gov/als/childcare/ccc_forms/emergency.pdf)

Safety Information Flipchart  
<http://www.azdhs.gov/phs/owch/pdf/safety.pdf>

# Shelter-in-Place



We are prepared for both natural and man-caused emergencies. In Arizona, thunderstorms, flooding, overturned trucks, leaking railcars, or other dangerous situations may require us to remain in the building until authorities advise us that it is safe to leave or we are directed to evacuate.

If we are advised to Shelter-in-Place, everyone must remain in the building until authorities advise us it is safe to leave or evacuate. This is a precaution intended to keep everyone safe.

1. In the event this program is instructed by local authorities to Shelter-in-Place, children and adults, including visitors, will go to \_\_\_\_\_ (room or rooms), taking any cellular telephones with them.
  - In a weather emergency we will shelter in ground floor rooms.
  - In a chemical event emergency, we will shelter in top floor rooms.
  - We will choose interior rooms, with no windows or few windows, if available.
  - We will select rooms with a telephone and toilet, if possible.
2. \_\_\_\_\_ (designated staff) will bring the program's Disaster Supply Kit and Emergency Information and Immunization Record Cards into the shelter room(s).
3. \_\_\_\_\_ (designated staff) will close and lock all windows, exterior doors, and any other openings to the outside. If told there is danger of explosion, window shades, blinds, or curtains will also be closed. Also, if directed to do so by authorities \_\_\_\_\_ (designated staff) will:
  - Turn off all fans, heating and air conditioning systems.
  - Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around doors and any vents into the room(s).
4. \_\_\_\_\_ (designated staff) will place signs that say, "Sheltering-in-Place" in windows and on outside doors.
5. \_\_\_\_\_ (designated staff) will write down the names of everyone in the room and answer telephone inquiries from parents and authorities.
6. \_\_\_\_\_ (designated staff) is responsible for assuring our Disaster Supply Kit(s) is fully stocked and for rotating and replacing perishable supplies including food, water and batteries.

## Contents of the Disaster Supply Kit

Items for our Disaster Kit are selected to meet the needs of our location, the ages of the children in our program and their specific needs. We stock 3 days of supplies for the maximum number of children and adults who might be present.

Contents of the Disaster Supply Kit will include:

- Copies of Emergency Information and Immunization Record Cards for children and emergency information for adults
- Radio and extra batteries
- Flashlights and extra batteries
- Water (3 day supply) for drinking and sanitary needs
- Food (3 day supply, non-perishable)
- Manual can openers and items to open food containers
- Plastic/paper kitchen supplies
- Plastic garbage bags, large and medium size
- Paper towels
- Bleach
- Cleaner/sanitizer (Lysol™ or similar products)
- Soap
- Toilet paper
- Sanitary pads/tampons
- Hand sanitizer or moist hand wipes
- Lighter or matches
- Non-porous gloves (latex or vinyl)
- Pencils, pens, tape, paper
- Money (include small bills and coins)
- Hand tools (hammer, pliers, wrench, Phillips head and straight blade screwdriver)
- Duct tape
- Waxed paper, aluminum foil
- Books and games
- Diapers if needed (3 day supply)
- Bucket (a bucket with a trash can liner can serve as a toilet in an emergency)
- \_\_\_\_\_ (other item specific to your program)

# Emergency Evacuation Drills



There are a variety of emergency situations that require staff to relocate the children or remove them from harm's way. Our emergency evacuation plan can be found

\_\_\_\_\_ (where).

We practice this plan \_\_\_\_\_ (how often). Our practice includes:

- Evacuations to a safe place outside the building in the event of an emergency such as a fire or chemical hazard.
- Shelter-in-Place procedures, which contain the staff and children within the building, and proceeding according to directions from emergency personnel.
- Sounding an alert, by pre-arranged code, to persons within the building to avoid certain areas (such as the front lobby), in a situation where an immediate danger, such as the presence of an aggressive intruder (i.e., making verbal threats, has a weapon) is present.
- Identifying the location of telephones and/or securing immediate access to a cell phone that is adequately charged.
- Posting accurate maps of the premises showing the locations of exit doors, hallways, closets, windows, etc.
- Picking up and bringing along the crate/box containing the shoes of any napping children.
- Ensuring Emergency Information and Immunization Record Cards for each child are evacuated with the children.
- Ensuring an Evacuation Packet is evacuated with the children. The Evacuation Packet includes a facility map, and photos of each room, bathroom, hallway and storage area, etc., showing the locations of windows, furniture, equipment and doorways. Evacuation Packets should also include diapers, formula, bottles of drinking water, and emergency phone numbers. The Evacuation Packet is located \_\_\_\_\_ (where).

Emergency drills are held on a routine basis, but are not formally scheduled. During the emergency drills staff proceed as though a real emergency were occurring.

The goal of Emergency Drills is to evacuate people from the building to a designated safe place within 2 minutes.

An emergency fire drill that takes place at nap time is conducted at least annually. This drill may necessitate a notice to parents, as children may be tired, cranky or frightened after the experience. It is vital that staff know what to do, as children are most likely to be frightened and uncooperative in an emergency situation.



Fire Drill and Smoke Detector Battery Check Log

<http://www.azdhs.gov/als/forms/ccgh5.pdf>

# Child Care Health Consultant



Our program utilizes the services of a Child Care Health Consultant (CCHC) or Child Care Nurse Consultant (CCNC). This person is a health or early childhood professional with special training in promoting health and safety in child care programs. The health consultant assists our program in developing care plans for children with special health care needs, creating health and safety policies that protect the health and safety of children and staff, reviewing children’s immunization and health records, and in a variety of other ways. The health consultant is available to us for on site visits and by telephone.

Our Consultant also assists us by providing health and safety-related staff trainings, and linking staff and families with community health resources.

The name of our Consultant is \_\_\_\_\_ (name and credential).

Our Consult is affiliated with \_\_\_\_\_ (organization).

Our Consultant’s phone number is \_\_\_\_\_.



“Health Consultants and Trainers”, Journal of the National Association for the Education of Young Children

<http://www.journal.naeyc.org/btj/200403/consultants.asp>

# Staff Orientation and Training



## Orientation

New staff who come to work for our program complete an orientation on critical health and safety issues before they work with children. Orientation of new staff is overseen by \_\_\_\_\_ (designated staff). New staff orientation always includes basic information related to:

Topic	Includes These Basics	Comment
Bloodborne pathogens	Recognizing risks Cleaning body fluid spills Hepatitis B vaccine	Include orientation to the facility's Exposure Control Plan
Caregiver health	Infectious disease Body mechanics and injury prevention Exposure to toxins Stress reduction	
Child abuse and neglect	Recognizing and reporting abuse/neglect Caring for abused/neglected children Documentation	
Communicable disease	Arrival health check Taking a temperature Exclusion guidelines Reportable diseases	
Medication management	Required documentation How to give/routes of administration	
Hygiene and sanitation	Hand washing Diapering procedures Room tasks Cleaning schedules	
Injury prevention	Safe playgrounds Indoor safety Drowning prevention Safe storage of toxic materials	Drowning prevention for programs with pools or swimming activities
Safe infant sleep	Back sleeping position Tummy time Bedding issues Crib maintenance Non-responsive infant	For infant caregivers and all staff and volunteers who may be assigned to the infant room
Sanitary food service	Hand washing Handling food service items Sanitizing food preparation/eating surfaces Infant formula preparation	
Sun safety	Outdoor play schedules Shade Use of sunscreen Appropriate clothing	Sun protection for children <i>and</i> staff

## Ongoing Staff Training

Our staff receive ongoing training related to health and safety through educational sessions provided by our program, training sessions with guest speakers, community college and university course work, and attendance at workshops and conferences. A minimum of 25% of staff training hours are in the areas of health and safety including the subject areas below:

Topic	Includes These Basics	How Often	Comment
Bloodborne pathogens	Recognizing risks Cleaning body fluid spills Hepatitis B vaccine	Annually	Give updates to the facility's Exposure Control Plan
Caregiver health	Infectious disease Body mechanics and injury prevention Exposure to toxins Stress reduction	Annually	
Child abuse and neglect	Recognizing and reporting abuse/neglect Caring for abused/neglected children Documentation	Every 2 years	
Child growth and development	Brain research Developmental screening	Every 2 years	
Communicable disease	Signs and symptoms Exclusion guidelines Reportable diseases Hand washing Diapering procedures Immunizations	Annually	
Emergencies	Emergency preparedness Shelter-in-place Evacuation Fire extinguisher Weather emergencies	Annually	
Enrolling children with special health care needs	Americans With Disabilities Act How to create a plan of care How to adapt activities	Every 2 years	Does NOT include training for care of specific child or condition
Environmental health	Clean air Toxic exposure prevention Waste disposal Noise reduction	Every 2 years	
Injury prevention	Safe playgrounds Indoor safety Drowning prevention Safe storage of toxic materials	Annually	Drowning prevention for programs with pools or swimming activities
Medical Home, KidsCare, AHCCCS	How to refer families for services Who may qualify Importance of well-child visits	Every 2 years	Keep appropriate application forms on site
Medication management	Required documentation How to give/routes of administration Precautions		
Nutrition	Healthy food Healthy eating behavior	Every 2 years	

Topic	Includes These Basics	How Often	Comment
Oral health	Tooth/mouth care Referring to oral health professionals	Every 2 years	
Safe infant sleep	Back sleeping position Tummy time Bedding issues Crib maintenance Non-responsive infant	Annually	For infant caregivers and all staff and volunteers who may be assigned to the infant room
Sanitary food service	Hand washing Handling food service items Sanitizing food preparation/eating surfaces	Annually	Include infant food/bottle service if appropriate
Sun safety	Outdoor play schedules Shade Use of sunscreen Appropriate clothing	Annually	Sun protection for children <i>and</i> staff
Transportation safety	Restraints Vehicle management Documentation Safe driving habits Transporting children with special needs		Content will depend on responsibilities

## Training Requirements

Annual, minimum training requirements for child care center staff are specified in the Arizona Child Care Rules and Regulations. \_\_\_\_\_ (designated staff) is responsible for assuring that all staff members meet these minimum requirements.

## Professional Recognition

We encourage staff to participate in the Statewide Child Care and Early Education Development System (S\*CCEEDS), a registry for child care and early education professionals. Whenever possible, we utilize trainers who are registered with the S\*CCEEDS system.

We also encourage staff to affiliate with local, state and national child care organizations, such as affiliates of the National Association for the Education of Young Children (NAEYC), National Early Childhood Program Accreditation Commission (NECPA), Association for Christian Schools International (ACSI), Association Montessori Internationale, American Montessori Society, and National Accreditation Commission for Early Care and Education. These organizations are a source of up-to-date information and professional support. They also hold workshops and conferences that can help satisfy the need for annual training.

# Enrolling Children for Care



Our program works collaboratively with parents to promote the health of children. When a child enrolls in our facility, we ask for information regarding the child’s health. Our program \_\_\_\_\_ (does or does not) ask for documentation of a health care provider’s physical examination of the child within the last six months.

During scheduled parent conferences, which take place \_\_\_\_\_ (how often), we update the child’s health information kept in our files, including information about developmental screenings and blood lead testing. We also discuss health-related staff observations and parents’ goals related to their child’s health.

## **The Emergency Information and Immunization Record Card (EIIRC)**

At enrollment, the Emergency, Information and Immunization Record (EIIRC) card is completed, dated and signed by the parent. This card is often referred to as the “blue card” because, traditionally, this form is on blue paper for easy identification of the original containing signatures.

The Emergency Information and Immunization Record Card (EIIRC) includes basic information regarding the child’s legal name, address, telephone numbers, birth date and parental custody status, as well as current information regarding the child’s general health, emergency contact names and phone numbers, names of health care provider(s), and a copy of the child’s immunization record. Every copy of the Emergency Information and Immunization Record Card (EIIRC) must have a copy of the child’s immunization record(s) attached.

Our Emergency Information and Immunization Record Cards (EIIRC) are filed in a three-ring notebook or a small file that is light and portable. The Emergency Information and Immunization Record Cards are to be evacuated with the staff and children during emergencies.

We ask parents to review and update the Emergency Information and Immunization Record Cards every three months in order to capture changes in phone numbers, family information and updated immunizations. \_\_\_\_\_ (designated staff) is responsible for this process.

## **Confidentiality**

Files containing information about daily activities, parental notifications, illness, injuries, or observations about a child are kept on-site, and are accessible to authorized staff. Confidential records are maintained in a locked, restricted filing system accessible to \_\_\_\_\_ (designated staff).

## HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 2002 has added increased protection of health records. Our program cannot directly call a child's health care provider to request information about the child's health status or recent visits. If we need information from the health care provider, we will ask parents to obtain the information for us. This includes immunization records, treatment information and medication requests, when needed. Parents may choose to sign a waiver that allows our program to speak directly with the child's health care provider. We may ask that this notice of waiver be placed on the medical chart kept by the child's health care provider.

While our program respects the privacy of a child's health information, we are required by law to disclose medical information for public health activities such as the investigation or reporting of communicable diseases, or reporting suspected child abuse and neglect. We may also be required to disclose information to law enforcement officers, Child Protective Services, Arizona Department of Health Services Office of Child Care Licensure staff or a coroner.

## Statement of Services

We provide a written Statement of Services to parents at the time of enrollment. Some of our health and safety procedures are found in the Statement of Services including:

- A description of the facility's child care service classifications
- Hours of operation
- Child enrollment and disenrollment procedures
- Charges, fees, and payment requirements for child care services
- Child admission and release requirements
- Discipline guidelines and methods
- Transportation procedures
- Field trip requirements and procedures
- Responsibilities and participation of parents in facility activities
- A description of all activities and programs
- Liability insurance carried by the licensee
- Medication administration procedures
- Emergency medical procedures
- A notice stating inspection reports are available upon request
- A provision stating that the facility is regulated by the Arizona Department of Health Services, including the Department's address and telephone number



Emergency Information and Immunization Record Card (English)  
<http://www.azdhs.gov/als/forms/ccgh11.pdf>

Emergency Information and Immunization Record Card (Spanish)  
<http://www.azdhs.gov/als/forms/ccgh12.pdf>

# Health Care for Kids



## Assuring Children Have Health Care

Our program believes that children's health care needs are best met by an ongoing relationship with a health care provider who is able to monitor the child's growth and development, provide routine preventive care (such as immunizations), and offer counseling to parents on health, psychological, and behavioral issues. The family also needs to be able to obtain care for a sick child and be referred to appropriate specialists when needed.

When uninsured children enroll in our program \_\_\_\_\_ (designated staff) will provide parents with information related to programs which may link the family with health care services. Each time the Emergency Information and Immunization Record Card (EIIRC) is updated we will ask about the child's current source of primary care and offer health program information.

### **KidsCare**

KidsCare is Arizona's health insurance for low-income children. Children age 18 and younger who qualify can get medical, dental and vision services. To qualify a child must be age 18 or younger, a resident of Arizona (either a U.S. citizen or a qualified eligible immigrant—regardless of the immigration status of the parents), not currently covered by other health insurance, and meet income guidelines. KidsCare is administered by the Arizona Health Care Cost Containment System (AHCCCS).

### **AHCCCS**

The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid program. AHCCCS was created to provide health care to those who cannot afford to pay for health insurance. There are eligibility/income requirements that applicants must meet in order to qualify for AHCCCS. Applicants must be residents of Arizona (either U.S. citizens or qualified eligible immigrants), not currently covered by other health insurance, and meet income guidelines.

### **Medical Home Project**

The Arizona Medical Home Project offers primary health care services to children from low-income families who have no other source of care. The Medical Home Project does not provide emergency care or care for chronic conditions. School nurses (and in some locations county public health nurses) assist families whose children need pediatric, dental or vision care with the application process.

### **County Health Department Well Child Services**

Many county health departments provide well child check-ups. County health departments can tell you about services that are available to children.

## Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Well child visits to a health care provider for assessments and screenings are important from infancy. Although every child is unique, there is a typical pattern of growth and development for each age. This pattern can be altered by heredity, disease, living conditions or injury. The effects of developmental delays or health conditions can often be minimized if recognized and treated early.

Well child check-ups for children covered by KidsCare or AHCCCS are standardized. That means visits take place at certain ages and that specific screenings and tests can be anticipated. This schedule is referred to as Early and Periodic Screening, Diagnostic and Treatment or EPSDT.

Although there is a link between Medicaid (AHCCCS) insurance coverage and EPSDT, the screening criteria serves as a desirable framework for health assessments by any health care provider for any child during the early years of growth and development.

The EPSDT Visit Schedule includes visits at these ages:

• At birth	• Eighteen months
• 3-4 days	• Two years
• By first month	• Three years
• Two months	• Four years
• Four months	• Five years
• Six months	• Six years
• Twelve months	• Every two years thereafter, throughout childhood and adolescence

EPSDT and other medically necessary services may be provided by physicians, dentists, nurse practitioners, psychologists, audiologists, etc, as well as other certified or licensed professionals recognized by the State of Arizona.

### Educating Parents About Routine Check-Ups

When we update children's immunization records, we ask about current health insurance coverage and recent visits to the health care provider. Information about recent visits and insurance coverage is recorded on our Medical Home Planning Guide by \_\_\_\_\_ (designated staff).

We take the time to talk with parents about the importance of routine check-ups and follow-up health care. If staff members notice changes in a child's health or that developmental milestones are not being achieved, they report their observations to \_\_\_\_\_ (designated staff). Parents are then encouraged to seek health care for their child.



Authorization for Release of Health Information (English and Spanish)

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_Auth\\_Release\\_Health\\_Information\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_Auth_Release_Health_Information_BOTH.pdf)

Medical Home Planning Guide

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_Medical\\_Home\\_Planning\\_Guide.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_Medical_Home_Planning_Guide.pdf)

# Immunizations



## Immunization Requirements

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 diseases when the child is exposed to germs. Children enrolled in our program must have a verifiable record of up-to-date immunizations.

- All children enrolled in our child care program must have written documentation of their current immunization status on file at the site. Adults who work or volunteer at our program must have documentation of their immunization history as a part of their employment record. All immunizations are monitored by \_\_\_\_\_ (designated staff).
- If a child has not received immunizations due to medical or religious reasons, a written exemption affidavit must be placed in our files. Medical exemptions are signed by a health care provider and parent. Religious exemptions must include a statement of the religious belief and must be signed by the parent on behalf of the child.
- We review the immunization records for children under the age of two on a quarterly basis, until the child's immunizations requirements are complete. We review the immunization records of children ages two and older annually, or until the immunization requirements are complete.
- When it is noted that children need immunizations, we notify parents in writing. If immunizations have not been received within 15 days, the child may not be accepted for care. The date the parent was notified of needed immunizations is recorded \_\_\_\_\_ (where).
- We never keep an original copy of a child's immunization record; this belongs to the parent. We make a photocopy of the immunization record and attach it to the Emergency Information and Immunization Record Card (EIIRC).

Accurate documentation of Immunization information includes:

- Child's full name
- Birth date; month, day and year
- Vaccine given; i.e., MMR or DTaP, etc.
- Number of the dose given in the series; i.e., Dose 1 or Dose 5
- Month, day and year of the immunization
- Health care provider or clinic name where immunizations were given

- Immunizations are received in a series, meaning that it takes a period of time and a specific number of doses for immunity to be complete. Some vaccines are combined into one "shot" or injection. This reduces the need for many injections. Example; MMR is a three vaccine injection for measles, mumps and rubella.

- Periodically, immunization requirements and schedules change. We frequently consult the state or local health department for the most current immunization schedule.
- All licensed and certified facilities/programs are audited once a year by the local (county) or state health department for immunization data, as required by the Centers for Disease Control and Prevention. This information is gathered nationwide and used to establish national vaccine needs and potential risk to vaccine preventable diseases in young children.

### **Recommended (but not required) Vaccines**

Although not required for attendance in child care centers (unless your child attends care in Maricopa County), hepatitis A vaccine is recommended for children. Hepatitis A is a viral infection of the liver that is easily spread in child care settings. Children may also spread the infection to their families. While most people who contract this disease recover, hepatitis A can cause many lost days from work, school and child care. Hepatitis A vaccine is included in the routine immunization series for children ages two and older. The hepatitis A vaccine is a two-dose series.

Streptococcal pneumococcal conjugate vaccine (PCV7) is recommended for children beginning at age two months, and given as a four-dose series. This vaccine protects against a serious form of bacterial meningitis. PCV7 is included in the routine immunization series for children.



Emergency Information and Immunization Record Card (English)  
<http://www.azdhs.gov/als/forms/ccgh11.pdf>

Emergency Information and Immunization Record Card (Spanish)  
<http://www.azdhs.gov/als/forms/ccgh12.pdf>

Guide to the Requirements of the Arizona School Immunization Law for Parents of Children Entering School or Child Care (English)  
[http://www.azdhs.gov/phs/immun/pdf/immun\\_req\\_eng\\_parents.pdf](http://www.azdhs.gov/phs/immun/pdf/immun_req_eng_parents.pdf)

Guide to the Requirements of the Arizona School Immunization Law for Parents of Children Entering School or Child Care (Spanish)  
[http://www.azdhs.gov/phs/immun/pdf/immun\\_req\\_spa\\_parents.pdf](http://www.azdhs.gov/phs/immun/pdf/immun_req_spa_parents.pdf)

Recommended Adult Immunization Schedule  
<http://www.cdc.gov/nip/recs/adult-schedule-bw.pdf>

Recommended Child and Adolescent Immunization Schedule (English and Spanish)  
<http://www.cdc.gov/nip/recs/child-schedule-bw-print.pdf>

Referral Notice of Inadequate Immunization (English)  
<http://www.azdhs.gov/als/forms/ccgh9.pdf>

Referral Notice of Inadequate Immunization (Spanish)  
[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_referral\\_notice\\_inadequate\\_immunize\\_SPA.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_referral_notice_inadequate_immunize_SPA.pdf)

Request for Exemption to Immunization (English)  
<http://www.azdhs.gov/als/forms/ccgh10.pdf>

Request for Exemption to Immunization (Spanish)  
[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_request\\_exempt\\_immunization\\_SPA.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_request_exempt_immunization_SPA.pdf)

Staff Immunization Record Card  
[http://www.azdhs.gov/als/childcare/ccc\\_gh\\_forms/staff\\_immune.pdf](http://www.azdhs.gov/als/childcare/ccc_gh_forms/staff_immune.pdf)

# Guidelines for Excluding Sick Children and Staff



## Arrival Health Check

Each day when a child arrives at our program, \_\_\_\_\_ (designated staff) will greet the child and adult as the child is signed in. Before the adult leaves the premises, staff will determine if the child has signs or symptoms of a communicable disease, if the child has been well for the last 24 hours, and if there are visible, new injuries. Significant observations will be noted in the program's Illness and Injury Log by the staff member making the observations.

If a child's temperature needs to be taken, or if discussion of the child's condition is needed, this will take place in the \_\_\_\_\_ (where) to respect the privacy of the child and adult.

## Signs and Symptoms for Exclusion

Individuals arriving with the following signs and symptoms, or who develop them while at our program, cannot remain in the program.

- Fever of 100° axillary (under the arm) if other signs and symptoms of illness are present (e.g. diarrhea, rash, earache, sore throat)
- Fever of 101° axillary (under the arm) or greater, even if no other signs and symptoms are present
- Sores that are open, infected, or not easily covered
- Vomiting more than twice in 24 hours\*
- Diarrhea\*
- Earache\*
- Red eyes with discharge
- Lice or nits
- Red, draining eyes
- Lice or scabies
- Undiagnosed rash
- Not feeling well enough to participate in the day's activities
- Unusual mood or behavior that will make it difficult for staff to care for other children in the program

\* Teething is NOT an acceptable explanation for these conditions. Exclude as if teething were not taking place.

## When A Child Becomes Sick During the Day

If a child develops signs and symptoms of illness during the caregiving day, the child will be separated from the other children and be continually cared for in \_\_\_\_\_ (where).

The parent will be contacted by \_\_\_\_\_ (designated staff) using the phone numbers listed on the Emergency Information and Immunization Record Card or other phone number provided for the day, and recorded \_\_\_\_\_ (where).

Parents are expected to pick up sick children within the hour to prevent the spread of infection to other children and staff, and to allow the child time to rest, recover, and be treated for the illness.

Our program follows exclusion and return-to-care guidelines listed on the Arizona Department of Health Service's Communicable Disease Flipchart or as advised by the local health department. However, if program staff have concerns about a child's ability to remain in care or return to care, a note from the child's health care provider may be required.

Illness and infestation is documented on our program's Illness and Infestation Log by \_\_\_\_\_ (designated staff).



Communicable Disease Flipchart  
<http://www.azdhs.gov/phs/owch/pdf/commndiseases.pdf>

Is Your Child Well Enough to Be In Care Today? Poster  
[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_stoplighposter\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_stoplighposter_BOTH.pdf)

Log of Illness and Infestation  
[http://www.azdhs.gov/als/childcare/ccc\\_forms/illness.pdf](http://www.azdhs.gov/als/childcare/ccc_forms/illness.pdf)

# Reporting Communicable Diseases



Arizona laws require our program to report when children or staff are diagnosed with specific communicable diseases. Additionally, Arizona law requires that we report outbreaks of some other infections. An “outbreak” is usually defined as more than three children in a group or 10% of the facility’s population.

In our program, \_\_\_\_\_ (designated staff) is responsible for making these reports to the local health department.

Reports are made within 5 working days for most illnesses.

Communicable Disease Reports, which are submitted by mail, are sent to \_\_\_\_\_ (mailing address).

Reports may also be faxed to \_\_\_\_\_ (fax number).

Some illnesses require a report be made by telephone. Telephone reports are called into \_\_\_\_\_ (phone number).

## Report Contents:

1. Name, address, and telephone number of the center and person making the report
2. Name of the illness being reported
3. Date and time of the onset of illness
4. Number of rooms affected
5. Number of children and adults who attend the program
6. Name, date of birth, age, address and telephone number of the sick person and whether this is a staff person or child
7. Immunization dates of individuals who are sick if the illness is a vaccine preventable disease

## Reportable Diseases

 May be reported by telephone

-  Campylobacteriosis  
Conjunctivitis (pinkeye) (outbreaks only)
-  Cryptosporidiosis  
Diarrhea, nausea, or vomiting (outbreaks only)
-  Escherichia coli O157:H7
-  Haemophilus influenzae type b: invasive disease  
Giardiasis
-  Hepatitis A
-  Measles
-  Meningococcal Invasive Disease  
Mumps
-  Pertussis (whooping cough)
-  Rubella (German measles)
-  Salmonellosis  
Scabies (outbreaks only)
-  Shigellosis  
Streptococcal Group A infection (outbreaks only)  
Tuberculosis  
Varicella (chickenpox)

We document all communicable disease reports we have made \_\_\_\_\_ (where).



Communicable Disease Report Form

[http://www.azdhs.gov/phs/oids/downloads/cdr\\_form.pdf](http://www.azdhs.gov/phs/oids/downloads/cdr_form.pdf)

Communicable Disease Reporting Requirements Statute

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_disease\\_report\\_statute.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_disease_report_statute.pdf)

Communicable Disease Reporting Requirements for Schools, Child Care Establishments and Shelters

[http://www.azdhs.gov/phs/oids/pdf/admin\\_req.pdf](http://www.azdhs.gov/phs/oids/pdf/admin_req.pdf)

Dear Parent and/or Health Care Provider Letter (English & Spanish)

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_dear\\_parent\\_health\\_provider\\_letter\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_dear_parent_health_provider_letter_BOTH.pdf)

# Infection Control



## General Hygiene

It is more pleasant for children and adults to work and play in a tidy facility. It is also easier to carry out cleaning and sanitizing tasks in a tidy facility.

In our program, routine cleaning and sanitizing of surfaces is an important way of preventing the spread of communicable diseases.

- Cleaning is a process of removing surface dirt, soil and grime from surfaces. This can include tasks like sweeping or vacuuming, followed by washing with detergent and water and rinsing with clean water.
- Sanitizing reduces the number of disease-causing germs on surfaces. Sanitizing products, like dilute bleach solutions and quaternary ammonium compounds, are used on food utensils, pacifiers, and surfaces.
- Disinfecting is the act of killing most germs with very high heat or commercial germicidal agents.

For each cleaning and disinfection task, staff know who is responsible for doing the task, how often the task must be done, the procedure for doing the task, the supplies necessary to do the task and who is responsible for assuring needed supplies are restocked.

Staff who are supervising children are not simultaneously assigned to cleaning and sanitizing tasks. \_\_\_\_\_ (designated staff) is responsible for ensuring needed supplies are restocked.

## Sanitizers

In our program we use the products listed below. All bottles of cleaners and sanitizers are labeled with the contents and recipe. A Material Data Safety Sheet (MSDS) for these products is on file \_\_\_\_\_ (where).

Recipes for using liquid chlorine bleach (5.25% sodium hypochlorite)

Sanitizing Solutions	Amount of Bleach	Amount of Water
Spray/ Bucket Solutions General cleaning and sanitizing	1 tablespoon 1/4 cup	1 quart 1 gallon
Soaking Solution Dishes, mouthed toys. Soak for 2 minutes, air dry.	1 tablespoon	1 gallon
Diaper Area Solution* Recipe required by ADHS rules	1/2 cup	1 quart

\* See link to guidelines, next page.

- \_\_\_\_\_ (designated staff) is responsible for mixing bleach solutions each day

## Quaternary Ammonium Compounds

- Our program uses \_\_\_\_\_ (name of product). This product is appropriate for the surfaces on which it will be used and is used according to the manufacturer's label instructions, including dilution and contact time with surfaces.

## Laundry

Our program bags contaminated laundry where it became soiled. We do not carry unbagged, contaminated laundry across the facility to the laundry room.

Soiled children's clothing will not be rinsed in the facility. Bulk stool or vomit may be dumped into a toilet. Clothing will be placed in a plastic bag, labeled with the child's name, and placed in a plastic-lined container reserved for this purpose. Soiled clothing will be sent home with the child.

Our program washes laundry in hot water (165°F) for 20 minutes or adds 1 to 1 and 1/2 cups household bleach (5% sodium hypochlorite) to the washer, along with laundry detergent, in a regular wash cycle.

## Cleaning Supplies

Paper towels, which are used in a single area and then discarded, are preferred for cleaning. Sponges harbor germs and should not be used.

All brooms, dust pans, brushes and other items used for cleaning contaminated areas should be inaccessible to children. Mops should be rinsed after each use and hung above ground level to dry.

## Cleaning Schedule

Development of a schedule, which can be posted as a reminder of responsibilities, will help to assure that facilities are cleaned and sanitized.



Cleaning, Disinfecting and Sanitizing Guidelines  
<http://www.azdhs.gov/als/forms/ccgh1.pdf>

Selecting an Appropriate Sanitizer  
[http://nrc.uchsc.edu/CFOC/HTMLVersion/Appendix\\_I.html](http://nrc.uchsc.edu/CFOC/HTMLVersion/Appendix_I.html)

C = clean S = sanitize

Area	C	S	How Often?	With What?	Person Responsible
<b>Child Care Areas</b>					
Countertops, tabletops, crib teething rails	x	x	Daily and when soiled Before and after food is served	spray/bucket bleach solution	
Cubbies	x		Weekly	spray/bucket bleach solution	
Bare floors	x	x	Mop daily	commercial floor cleaning product	
Small rugs	x		Vacuum daily Launder weekly or when visibly soiled	laundry detergent	
Carpets and large area rugs (preschool rooms)	x		Vacuum daily Shampoo every 3 months or when visibly soiled, must be dry when children return	commercial carpet cleaning product	
Carpets and large area rugs (infant and toddler rooms)	x		Vacuum daily Shampoo monthly or when visibly soiled, must be dry when children return	commercial carpet cleaning product	
Nap pads or cots	x	x	Daily	spray/bucket bleach solution	
Napping sheets/blankets	x		Weekly or when soiled	laundry detergent	
Cribs and crib mattresses	x		Weekly, or when soiled and between use by different infants	spray/bucket bleach solution	
Door and cabinet handles	x	x	Daily and when visibly soiled	spray/bucket bleach solution	
Telephone receivers	x	x	Weekly	spray/bucket bleach solution	
Mouthed toys, pacifiers, food utensils	x	x	After use by an individual child May be sanitized in a dishwasher reaching at least 140 ° F	bleach soaking solution	
Toys (not contaminated with body fluids)	x		Weekly	spray/bucket bleach solution	
Dress-up clothes, stuffed toys	x		Weekly and when head lice or skin infection is identified in the room	laundry detergent	
Water tables	x	x	Between use by groups	spray/bucket bleach solution	
Trash cans	x	x	Weekly or when visibly soiled Empty daily	spray/bucket bleach solution	
Food preparation and food service areas	x	x	Before and after food activity; between preparing raw and cooked foods	spray/bucket bleach solution	
Eating utensils	x	x	After each use; do not reuse single-use food service items	bleach soaking solution	
Refrigerator	x	x	Monthly or when visibly soiled	spray/bucket bleach solution	
<b>Toilet/Diapering Area</b>					
Handwashing sinks, faucets, counter tops, soap dispensers, cabinet handles, floors	x	x	Daily and when visibly soiled	spray/bucket bleach solution	
Toilet seats, flush handles, door knobs, stall handles	x	x	Daily and when visibly soiled Keep floors dry	spray/bucket bleach solution	
Toilet bowls/urinals	x	x	Daily	spray/bucket bleach solution	
Diaper changing surfaces	x	x	Before and after each use	spray/bucket bleach solution	
<b>Any surface contaminated with body fluids</b>	x	x	Immediately	spray/bucket bleach solution	

# Hand Washing



Hand washing is a disease prevention practice that must be done correctly and at the appropriate time to be effective. To meet basic hygiene and sanitation standards, all children, staff, and volunteers in our program include hand washing during daily routines.

We teach young children how and when to wash their hands. We regularly monitor and assist children with this activity. Children who are not able to wash their own hands have their hands washed at appropriate times by staff.

Moistened towelettes or wipes are not used for routine hand washing. These disposable products are intended for use when access to a sink, liquid soap and running water is not possible, such as field trips, at the park, or in a vehicle.

Alcohol-based hand sanitizers are not appropriate for children. We limit the use of alcohol-based hand sanitizers to adults. Alcohol-based hand sanitizers are kept in areas that are inaccessible to children. If children must use them, it is for situations where there is no visible soil on hands, where hand washing facilities are not available, and when an adult supervises the amount of product dispensed and rubs the child's hands together cleaning all areas.

Hand washing sinks and the surrounding areas are cleaned and sanitized routinely to prevent cross contamination to children and adults from dirty water, soiled paper products, faucet handles, etc.

## Hand Washing Supplies

- Warm, running water, with “mixit”-type faucets for temperature control
- Sinks that drain quickly and completely
- Sinks at the appropriate height for children to use safely
- Liquid handsoap, preferably anti-bacterial, in a wall-mounted or pump dispenser
- Single-use, disposable paper towels or commercial hand-drying blowers
- Plastic-lined, trash container for soiled paper towels

## **Hand Washing Steps**

1. WET the hands with warm, running water.
2. APPLY LIQUID SOAP in a very small amount.
3. WASH the fronts, backs and in between the fingers using gentle pressure (friction) while rubbing the hands together.
4. RINSE all soap and soil from the hands with running water, allowing the used water to go down the drain.
5. DRY the hands completely with a disposable paper towel or commercial hand-blower dryer. It may take more than one paper towel to dry the hands.
6. Turn off the water with the used or a clean paper towel to prevent re-contaminating the clean hands with germs and soil from the faucet handles.
7. Discard paper towels immediately into trash container. Do not use for anything else.

## **Appropriate Hand Washing Times**

### **Adults**

1. When first arriving at the program
2. Before and after giving First Aid, changing bandages or taking a temperature
3. Before and after preparing food activities, meals or snacks
4. Before and after giving medications or treatments
5. After using the toilet or assisting a child to use the toilet
6. After diapering a child
7. After prolonged coughing/sneezing episodes
8. After caring for or handling pets or their cages/enclosures
9. After tending to a sick child, adult or pet
10. After handling items soiled with body fluids such as blood, stool, urine, mucus, saliva, vomit or drainage from infected eyes, nose, sores, etc.

## Children

1. When arriving at the program
2. Before eating meals or snacks
3. Before activities that can include fingers or items that can go into the mouth, such as clay, play dough, water table or food, etc.
4. After using the toilet or having a diaper changed
5. After playing with animals or pets
6. After prolonged coughing, sneezing, vomiting or wiping at the nose and mouth
7. After outdoor play, especially if before meals or nap time
8. After messy activities

## Responsibilities

Hand washing supplies are purchased by \_\_\_\_\_ (designated staff).

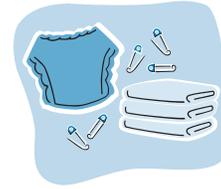
\_\_\_\_\_ (designated staff) is responsible for restocking supplies in the sink areas.



Wash Your Hands! Poster

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_washyourhands.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_washyourhands.pdf)

# Diapering



Attention to sanitary diapering of infants helps prevent the spread of infectious diseases.

## Diapers

In our program we routinely use disposable diapers provided by \_\_\_\_\_  
(parents or program).

- If the parent supplies the diapers for the child, we label the package with the child's first and last name and store them within reach of the diapering area. If we provide diapers, parents complete a written permission statement allowing us to use the specific brand of diapers we have selected. We store them according to size, within easy reach of the diapering area.
- Disposable, moistened wipes must be stored in the original container to preserve moisture. Individual containers, brought by the parent/guardian must be labeled with the child's name. If we supply moistened wipes, parents complete a written permission statement allowing us to use the specific brand of wipes we have selected. We remove (with clean hands or freshly gloved hands) only the number of wipes that are needed for one diaper change at a time.
- Diapering supplies are not stored on the diapering surface.
- Over-the-counter diaper ointments must be purchased by the parent for the child and labeled with the child's name.
- If a prescription ointment (like Nystatin) is to be applied, a Medication Permission Form must be completed and signed by the parent. The ointment is labeled with the child's name, locked up and must be applied by the individual designated to give medications.
- We request extra sets of outer clothing for diapered children as clothing can be soiled by leaks from diapers or from spills of food or formula.

## Diapering Supplies and Equipment

- A diapering area must be located away from food preparation or art activity areas and be a non-absorbent, seamless, smooth and sturdy diapering surface.
- A sink for hand washing, with running water between 86°F and 110°F degrees, must be located adjacent to the diapering area and should not be shared with other groups or activities unrelated to diaper changing.
- Anti-bacterial, liquid handsoap from a dispenser, should be adjacent to the sink.

- Single-use, disposable paper towels should be available for drying hands and as a paper barrier on the diapering surface, if needed.
- Disposable diapers, sized appropriately for the children in the group, should be within reach of the diapering area.
- At least 2 waterproof, sanitary containers with waterproof liners (plastic bags) and tight fitting lids; one container for soiled diapers and one container for soiled clothes should be available.
- Single-use, disposable latex or vinyl gloves should be available.
- Disposable, moistened wipes, with staff access to the storage container, selecting for one diaper change at a time, should be available.
- One spray bottle with mild soap and water mixture for cleaning should be available.
- One spray bottle with fresh 1:10 bleach and water mixture should be available for sanitizing.
- Self-closing, plastic bags for soiled outer clothing should be available.
- A change of clothing for each diapered child should be provided by the parent.
- Diapering Log, with current date, child's name, time-of-day, observations and caregiver's signature should be kept adjacent to the diapering area.

### **Diapering Steps**

We never leave a child unattended on the diapering surface.

1. Check supplies before bringing the child to the diapering surface.
2. Place the child on the diapering surface and remove outer clothing to the diaper. Note: if a child has visible stool, urine or blood on outer clothing, place a disposable paper towel or exam table paper on the diapering surface before starting the diapering steps.
3. Put on latex gloves and limit touching items not related to the diapering process.
4. Remove the soiled diaper.
5. Place the soiled diaper in a plastic-lined, soiled diaper container.
6. Remove any soiled clothing and place it in a self-closing, plastic bag. Label the bag with the child's name and placed it in a second, plastic-lined container.

7. Clean the child's bottom with a disposable wipe. Discard the wipe(s) in the soiled diaper container. At this time, discard any paper products placed between the child and the diapering surface for contamination protection.
8. Remove gloves at this time and discard with the soiled diaper. Take care to remove gloves by peeling them off the hands so they are inside out.

NOTE: These gloves are considered contaminated at this point in the process. It is important to avoid contaminating the clean diaper and clean outer clothing.

9. With your clean, ungloved hands, put a clean diaper on the child then redress the child.
10. Wash child's hands, regardless of age, with anti-bacterial soap and running water.
11. Return the child to the activity area, crib or into the care of another adult.
12. Discard any unused or contaminated wipes, gloves, paper towels, etc., that have been placed on the diapering surface.
13. Clean and disinfect all contaminated surfaces.
14. Wash your hands with anti-bacterial soap and water.
15. On the Diapering Log, document the name of the child, current date, time-of-day and any observations of importance to the parent or other staff. Sign the Diapering Log.



Diaper Changing Log

[http://www.azdhs.gov/als/childcare/ccc\\_gh\\_forms/diaper.pdf](http://www.azdhs.gov/als/childcare/ccc_gh_forms/diaper.pdf)

Diaper Changing Procedure Chart

[http://www.azdhs.gov/als/childcare/ccc\\_gh\\_forms/diaper\\_chart.pdf](http://www.azdhs.gov/als/childcare/ccc_gh_forms/diaper_chart.pdf)



## Contact With Body Fluids

Even healthy people can spread infection through direct contact with body fluids including blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc.

In our program, staff act to prevent exposure to body fluids by:

- Covering any open cuts or sores on children or staff with a bandage, gloves, or clothing.
- Wearing vinyl or latex gloves for tasks where blood or body fluids are present such as:
  - Cleaning up vomit, stool, blood, urine, pus, and body fluids or other secretions
  - Changing bandages, especially if blood, pus or signs of infection are present
  - Cleansing or controlling bleeding wounds, or broken skin, such as nosebleeds, tooth loss, cuts, scrapes, etc.
  - Changing diapers, especially with loose stools
  - Handling linens, clothing, diapers, equipment or surfaces that have been soiled with blood, vomit, stool, urine or body fluids
- Whenever a child or staff comes into contact with any body fluids, the area (hands, etc.) will be washed immediately with soap and warm water and dried with paper towels.
- All surfaces in contact with body fluids will be cleaned immediately with soap and water and disinfected with an agent such as bleach in the concentration used for disinfecting body fluids ( $\frac{1}{4}$  cup bleach/gallon of water or 1 tablespoon/quart).
- Used latex or vinyl gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container.
- Hands are always washed with soap and water after removing gloves.
- Any brushes, brooms, dustpans, mops, etc., used to clean up body fluids will be soaked in a disinfecting solution, and rinsed thoroughly. After soaking, cloth items and mops should be washed with hot water in a washing machine. All items are hung off the floor to dry completely. Cleaning equipment is stored safely out of children's reach.

- Disposable diapers, diaper wipes, gloves, bandages, and paper towels, etc., used to clean contaminated areas, must be placed in a plastic bag and sealed before disposal in the general trash.
- All clothing soiled with body fluids must be changed. Children's clothes will be put in a closed, plastic bag and sent home with the child's parent. All clothing that has been soiled with urine, vomit, stool, blood or other body fluids will be placed into a separate plastic bag, labeled with the owner's name and placed in a lined, plastic container. Soiled clothing will not be placed in cubbies or diaper bags.
- Items to be laundered at the program will be bagged where they became soiled. Unbagged, contaminated laundry will not be carried across the facility to the laundry room.
- Wash contaminated laundry in hot water (165°F) for 20 minutes. Add 1 - 1½ cups household bleach (5% sodium hypochlorite) to the washer along with laundry detergent in a regular wash cycle. Automatic clothes dryers on hot settings assist in the germ killing process.
- **Hands are always washed after handling soiled laundry or equipment or any other potential exposures to body fluids.**

### **Blood Contact or Exposure**

When a staff person or child comes into contact with blood (e.g., staff provides first aid to a bleeding child) or is exposed to blood (e.g., blood from one person enters the cut or mucous membrane of another person), the staff person will inform \_\_\_\_\_ (designated staff) immediately, and follow the procedure outlined in the center's Exposure Control Plan for referral medical care.



Keeping Safe When Touching Blood or Other Body Fluids, A Self-Learning Module For Early Education and Child Care Providers (includes a fill-in-the blank Exposure Control Plan)  
<http://www.ecels-healthychildcarepa.org/content/Keeping%20Safe%20When%20Touching%20Blood%20or%20Other%20Body%20Fluids%2012-04.pdf>

OSHA Bloodborne Pathogens Standard  
[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_OSHA\\_bloodborne\\_pathogen.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_OSHA_bloodborne_pathogen.pdf)

# Environmental Health



Because children are susceptible to environmental hazards known to be detrimental to human health, we act to protect them in these ways:

## Lead

Lead is a highly toxic metal found in the environment, especially in paint and lead-tainted soil. Lead does not break down over time. If our facility was built before 1978, we have had our facility examined by a certified professional to determine that lead is not present in our building.

If our facility is near a busy road or highway, our soil has been tested for lead.

Lead testing was completed by \_\_\_\_\_ (professional)  
on \_\_\_\_\_ (soil, paint, other) on this date \_\_\_\_\_ (date).

These recommendations were made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Repairs were completed \_\_\_\_\_ (date).

We also do these things to reduce the risk of lead exposure in our facility:

- If present, our vinyl mini-blinds are lead-free.
- We keep the child care facility clean. We dust regularly with a damp cloth and have a doormat outside each exterior door to reduce dust being tracked indoors. We vacuum floors daily and change the vacuum bag when it is two-thirds ( $\frac{2}{3}$ ) full.
- Children wash their hands before eating and after playing outdoors.
- Mouthed toys are washed daily and between use by individual children.
- Children are served a diet rich in iron and calcium such as dark green vegetables and dairy products.
- We store food and liquids only in containers made of glass, plastic, or stainless steel, not in leaded crystal glassware, or imported or old pottery as these are likely to contain lead.
- We check all arts and crafts materials and toys for lead content. Arts and crafts materials made after 1990 state “conforms to ASTM-4236” and have no health warnings.

## **Air Pollution**

Pollution, including tobacco smoke, mold, carbon monoxide, ozone, particles from burning materials, chemical vapors, smoke, soot and dust particles in the air may be harmful to children who breath them. Pollution can cause burning eyes, a stuffy nose, and trouble breathing, including asthma episodes, in children and adults. We do these things:

- Open windows and doors to provide fresh air from outside.
- Properly maintain our air filtering system.
- Vent the clothes dryer to the outside of the building.
- Have exhaust fans in bathrooms and kitchens.
- Promptly repair roof, pipe, and basement leaks.
- Maintain a tobacco smoke-free environment.
- Make sure art materials meet ASTM standards.
- Insure appropriate ventilation when using art materials.
- Check local media alerts for days when children should play indoors, such as days when there are ozone alerts.

## **Pesticides**

We limit the use of pesticides and herbicides in our program. We use non-chemical means of controlling pests and weeds. If it is necessary to use pesticides or herbicides they are applied by a licensed professional when children are not present. Material Safety Data Sheets (MSDS) for all chemicals used in pest control are kept on file \_\_\_\_\_ (where).

We wash all fruits and vegetables under running water before preparing and serving them to children.

If our facility is located next to an area where spraying of pesticides and herbicides may occur (power lines, golf courses, agricultural areas), we have determined which products are used and how often in order to assess whether an hazardous situation may occur.

## **Safe Water**

We follow the recommendations of the Arizona Department of Health Services and the local health department to ensure children in our care have safe water.

- Our source of water is \_\_\_\_\_ (name of supplier).
- If a private water supplier:
  - The water system owner/manager is \_\_\_\_\_.

- The water system owner/manager's phone number is \_\_\_\_\_  
(phone number).
- Copies of water tests are obtained \_\_\_\_\_ (how often) and kept  
\_\_\_\_\_ (where).
- In case of a water emergency, we provide drinking water by \_\_\_\_\_  
(source).
- We obtain maintenance records on the water system every \_\_\_\_\_  
(how often) and keep them \_\_\_\_\_ (where).

### **On-Site Sewage System (Septic System)**

We follow the recommendations of the Arizona Department of Health Services and the local health department in the maintenance of our septic system.

- Our system is pumped \_\_\_\_\_ (how often).
- The company who maintains our septic system is \_\_\_\_\_
- The phone number of the company that maintains our septic system is  
\_\_\_\_\_ (phone number).
- To help with the general maintenance of our septic system, we:
  - Do not flush strong chemicals such as drain cleaners, paint thinners or floor cleaners
  - Keep cars and heavy equipment off the drain field
  - Fix all leaks on faucets and toilets
  - Reduce water usage
  - Monitor for signs of failure such as foul odors inside or outside, gurgling sounds in the plumbing, sewage on the ground, backed-up sewage inside the building and slow draining fixtures
- If our septic system fails, we notify the local health department and our licensing specialist.



# Pet Health

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## Pets In Our Classrooms

The decision to have pets in our classrooms is made with great care and approved by \_\_\_\_\_ (designated staff). Pets of any kind require good care and their enclosures require cleaning. Some pets bite and scratch or are frightened of children. A new child in the classroom may have allergies that require the pet be removed from the facility. All these issues require consideration before we decide to have a pet in our facility. Parents will be notified if a new pet is planned for their child's classroom.

## Pet Guidelines

- Animals are chosen carefully for temperament and safety. We do not keep or allow visits from ferrets, turtles, iguanas, lizards or other reptiles, birds of the parrot family, or any wild or dangerous animals.
- No live animals are allowed in food preparation areas.
- Pet enclosures are not placed near areas where children eat or food is served.
- Children and adults wash their hands after handling or feeding animals.
- Children do not clean cages.
- All animals are properly cared for and provided clean water, appropriate food, clean cages, and vaccinations.
- Food preparation/service facilities and supplies are not used to clean animal cages or aquariums.
- Animal food is stored separately from human food. Animal food is kept tightly closed to prevent insect infestations.
- Uneaten food is removed from cages promptly.
- We plan for the care of pets during holidays, weekends and vacations.

# Medication Management



It is best if children receive medications at home. Many medications can be scheduled so children will not have to receive them while in care. However, at our program, the director, and designated staff are trained to safely administer medications and/or perform medication delivery treatments to children in our care.

All instructions regarding dosage and administration route (amount, frequency, and how it goes into the body) for giving medications are followed carefully. We cannot administer a medication differently from the instructions on the medication's label without verifiable written instructions from the child's health care provider. This includes prescription and over-the-counter medications.

In our facility the Director designated to administer medications or treatments is \_\_\_\_\_ (first and last name of designated staff).

The facility staff members designated to administer medications or treatments are \_\_\_\_\_ (designated staff).

Each day the name of the person responsible for giving medications is posted \_\_\_\_\_ (where).

## Medication Management Guidelines

- We have a current medication resource book, to help answer questions about medications or reactions : \_\_\_\_\_ (name of book).  
The medication resource book is kept \_\_\_\_\_ (where).
- A written permission form is on file, identifying the child and instructions for the medication or treatment to be given.
- We never administer the first dose of a medication to a child, even if the child has previously taken the medication.
- Medication is never transferred from its original container into another container.
- We do not stock medications for general use with enrolled children.
- All medication measures, applicators and treatment equipment are clean and sanitary for each use.
- All non-disposable medication measures, applicators and treatment equipment are labeled with the child's first and last name.

- We return any unused medication to the parent when the date has expired or the medication is no longer being administered to the enrolled child.
- If a child absolutely refuses or spits out the medication, we document the time and name of the missed dose but do not re-dose. \_\_\_\_\_  
(designated staff) will notify the parent of the missed dose.

We always wash our hands before preparing to give medications or treatments.

### **Six “Rights” of Medication Administration**

Staff who give medications always assure these “Rights:”

- The Right medication
- The Right dose
- The Right child
- The Right time
- The Right route
- The Right documentation

### **Parent/Guardian Written Permission**

A written medication consent (permit, authorization) is required for all non-prescription (also called over-the-counter) and prescription medications and/or treatments administered by staff. This written consent form includes, but is not limited to:

- First and last name of the enrolled child
- Name of the medication and medication strength
- Dosage of the medication; how much and how often
- Method of administration, mouth, on the skin, drops in the eye, etc.
- Date the medication was prescribed; not more than two weeks old (Exceptions may be medications used infrequently for specific crisis intervention.)
- A diagnosis for the medication (why the medication is given)
- Prescription number and pharmacy name, if prescription medication
- Instructions, step-by-step, for specific treatments
- Parent/guardian printed name and signature
- Contact phone number for the parent in case of an emergency or for questions

Blank Medication Permission forms are kept \_\_\_\_\_ (where).

Currently active medication/treatment permission forms are kept \_\_\_\_\_ (where).

Past (completed) medication/treatment permission forms are kept \_\_\_\_\_ (where).

### **Container Labels**

Both prescription and over-the-counter medication must come to our facility in their original containers. To be within legal guidelines, medications must be clearly identified by name and be within designated expiration dates. A medication container label must include:

- Child's first and last name
- Date the medication was prescribed or recommended by the Health Care Provider, with expiration dates clearly marked
- Name of the medication and medication strength
- Method of administration, for example: by mouth, on the skin, in the eye, etc.
- Dosage of the medication, how much and how often
- Name of the health care provider who prescribed or recommended the medication
- Special considerations or information regarding the medication, i.e., give with food, do not crush, avoid direct sunlight, clean the wound first, etc.
- All prescription medications must have the name and phone number of the pharmacy clearly indicated. Use this number to clarify instructions or answer specific questions about the medication's use or adverse reactions.

### **Medication Storage**

All medications, non-prescription or prescription, must be stored out of reach of children and in a locked cabinet or container.

- Medications requiring refrigeration are stored in a locked, leak-proof container placed on the bottom shelf of a designated refrigerator.
- Medications are not stored in the door of the refrigerator. Medications are not stored under dripping or uncooked foods. Should the packaging of a food item be damaged or leaking or if the food is uncooked, we move the medications to a shelf above the food item in order to avoid contamination of the 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 containers. ( i.e., Tylenol, prescription bottles, eye drops, etc.)
- Any specialized treatment equipment (breathing machines, diabetes monitoring, etc.) must be labeled with the child's first and last names and be stored out of reach of children when not in use.

Refrigerated medications are stored \_\_\_\_\_ (where).

Non-refrigerated medications are kept \_\_\_\_\_ (where).

Specialized treatment equipment is kept \_\_\_\_\_ (where).

### **Medication Documentation Guidelines**

We document the administration of medications and treatments immediately when given in order to prevent errors.

Documentation forms include a place for:

- Child's first and last name
- Current date
- Name and prescription number (if any) of medication
- Time medication or treatment was given
- Dosage of medication (treatment) given
- Signature of the adult administering the medication or treatment. (Initials only are not acceptable, as they are not a clear identifier of the "giver.")
- Record any refusal, changes in behavior, or symptoms of a reaction and any actions taken after giving medication.
- Record the date a medication was stopped. Send unused or empty medication containers home with the parent or guardian.

In our program, administered medications and treatments are documented \_\_\_\_\_ (where).



Medication Consent Form  
<http://www.azdhs.gov/als/forms/ccgh7.pdf>

# Food Service



## Parent-Provided Meal Service

(Facility does not have a licensed kitchen or parent chooses to provide meals)

Parent-provided lunches will be placed in the designated refrigerator by \_\_\_\_\_ (designated staff). All items will be pre-cooked.

In an emergency, a small variety of packaged foods are available to serve to a child who has no lunch.

Lunches will be regularly reviewed to ensure the content meets the needs of growing children. \_\_\_\_\_ (designated staff) can provide more information about nutritious foods for lunches.

We will provide milk or juice to a child if milk or juice is not provided by the parent.

## Food Service Provided By the Facility

All meals and snacks provided by our 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.

- Menus are posted at least one week in advance.

At 1 year of age, babies on formula can switch to whole cow's milk. Children under two years of age need fat for brain development. At their second birthday, if growth is steady, the child can switch to low-fat or non-fat milk.

All food served to children by this program will come from an approved and inspected source (grocery store, bakery, restaurant).

- Home-prepared foods including birthday cupcakes and holiday treats will not be served to children.

If our program does not have a licensed kitchen for food preparation, snacks will consist of items packaged in single-servings by the commercial producer and that can be served without mixing, chopping, etc.

Fresh water is available to children throughout the day in each classroom or activity area and outdoors.

## **Caterers**

Only caterers approved and inspected by the local health department are contracted to supply food for this program.

## **Food Service Activities**

All food preparation activities will be carried out as described in the Arizona Food Code and local applicable rules and regulations.

- Our program's cook and \_\_\_\_\_ (designated staff) have current food handler's cards awarded by the local health department.
- Food preparation and food service staff do not change diapers until food handling activities are completed for the day.

## **Dishwashing**

Our program washes dishes using a mechanical dishwasher or a 3-compartment dishwashing area approved by the local health department.

When dishwashing is not available, our program uses disposable plates, cups and utensils that are used once then discarded.

# Nutrition



We are concerned that the food served to children in our program be healthy and nutritious in order to support the growth and development of young children.

- All meals and snacks provided by our 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). We strive to prepare tasty and nutritious foods which:
  - contain essential nutrients and food energy;
  - have the right balance of carbohydrate, fat, and protein;
  - are obtained from a variety of foods that are available, affordable, and enjoyable;
  - reflect the cultural and ethnic heritage of our community;
  - use whole, fresh or fresh frozen rather than canned fruits and vegetables or juice;
  - use whole grain breads and cereals;
  - use boiled or baked rather than fried foods.
- Lunches brought from home will be reviewed regularly to ensure the content meets the needs of growing children. \_\_\_\_\_ (designated staff) can provide more information about nutritious foods for lunches.
- Menus created by \_\_\_\_\_ (designated staff) are posted at least one week in advance so that parents have an opportunity to review and comment on foods that may contain allergens their child is unable to eat.

At 1 year of age, babies on formula can switch to whole cow's milk. Children under two years of age need fat for brain development. At their second birthday, if growth is steady, the child can switch to low-fat or non-fat milk.

We limit foods high in sugar and fat such as cakes and cookies. Soda is not served.

## Helping Children Develop Healthy Attitudes About Food

In our program, children learn that food is a source of energy for growing and active play.

- Meals and snacks are served at the same time each day.
- Children are served portion sizes recommended by United States Department of Agriculture's Child and Adult Care Food Program Meal Patterns (USDA-CACFP).

- If still hungry, a child may have additional servings.
- Second servings on vegetables, fresh fruit, and whole grain breads and cereals are offered first.
- We do not insist that children clean their plates.
- We do not use food as a comfort, reward, or distraction.
- We do not withhold food as a form of discipline.
- Staff create a pleasant environment for meals and snacks.
  - Meal and snack times are not a time for lecturing or punishing.
- Staff model healthy food behaviors.
  - Staff and children eat meals together.
- We gently encourage the development of self-help skills and table manners.

## Food Safety

We avoid foods that can cause choking such as nuts, popcorn, hard candy, large marshmallows, large bites of meat, raw vegetables, hot dogs, cherry tomatoes, whole grapes, etc.

- Round foods are cut into strips before serving.
- If children do not yet have their “grinding teeth” (molars), which come in between 13 and 19 months, raw vegetables are steamed until soft (but not mushy) before being served.
- When serving peanut butter to young children, we always use the creamy variety and spread it thinly on bread or crackers.
- Staff always supervise children when they are eating.



CACFP Meal Patterns

[http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal\\_Patterns.htm#Infant\\_Breakfast](http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Patterns.htm#Infant_Breakfast)

# Infant Feeding



All infant meals and snacks provided by our 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).

In our program, infant formula is provided by \_\_\_\_\_ (parent or program). Baby foods are provided by \_\_\_\_\_ (parent or program).

## Bottle and Infant Food Storage

- Full bottles will be refrigerated immediately upon arrival at the center or after mixing, unless being fed to an infant right away.
- Bottles are labeled with the infant's name and the date the bottle was prepared or the date the breast milk was expressed.
- 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°F. \_\_\_\_\_ (designated staff) is responsible for monitoring the temperature of the refrigerator twice each day. A thermometer kept in the refrigerator will read between 35°F and 45°F at all times.

## 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 are not used to heat formula, breast milk or baby food.
- Frozen breast milk is thawed overnight in the refrigerator and the bottle is warmed in a cup of warm water just before feeding.

<b>BREAST MILK STORAGE GUIDELINES</b>				
	<b>Room Temperature</b>	<b>Refrigerator</b>	<b>Home Freezer</b>	<b>-20°C Freezer</b>
Freshly expressed breast milk	1 hour	48 hours	3-6 months	6-12 months
Thawed breast milk (previously frozen)	Do not store	24 hours	Never refreeze thawed milk	Never refreeze thawed milk

- All unused, filled bottles of formula will be returned to the parent at the end of each day.
- Bottles to be re-used will be washed by a 3-sink method (wash, rinse, sanitize) or in the dishwasher.
- Powdered formula cans will be dated when opened and stored in a cool, dry place for up to one month.
- Medication is never added to breast milk or formula except with the written instruction of the health care provider.

### **Infant Food**

- 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.
- As parents introduce foods to infants at home, they may be added to their child's feeding instructions for our program.
- Bottles are used for the first year, however, sippy cups may be introduced at 5-6 months of age. Sippy cups are used while the infant is sitting in a high chair and as part of the meal.
- No egg whites (allergy risk) or honey (bacteria risk) will be given to children under 12 months of age.
- Children 12-23 months will be given whole milk, unless the child's parent and health care provider have submitted a written request that the child be fed low-fat milk or a non-dairy milk substitute.

### **Feeding Infants**

- Infants will be held with heads slightly elevated while bottle feeding.
- Bottle propping is never allowed.
- When feeding an infant, staff will respond to hunger cues (e.g., fussiness, crying, opening mouth as if searching for a bottle/breast, hands to mouth, turning to caregiver or food, etc.) and signs the infant has had enough (e.g., falling asleep, decreased sucking, relaxing, pulling or pushing away).

- When infants can hold their own bottles, they are held or placed in a high chair or other seat for feeding.
- Infants will eat from plates and utensils on appropriately sanitized surfaces, such as feeding station tables and high chair trays.
- A bottle provided to an infant in the crib may only contain water. (This will reduce early tooth decay and ear infections.)
- Chopped, safe, table foods (no larger than ¼ inch cubes for infants and ½ inch cubes for toddlers) are encouraged after 10 months of age.
- Cups and spoons are encouraged by 9 months of age.
- Bottles and sippy cups are used by infants as part of the meal or snack. Bottles and sippy cups are removed at the end of the meal or snack, before the child is returned to the crib or play area. Children will eat from plates and utensils or appropriately sanitized surfaces, including high-chair trays.

### **Supporting Breastfeeding Mothers and Infants**

Our program recognizes that breast milk contains a unique mixture of nutrients that promote brain development, growth, digestion and protection from illness in the infant. We support breastfeeding throughout the first year and for as long as the infant and mother choose to continue breastfeeding. We support breastfeeding in these ways:

- \_\_\_\_\_ (designated staff) will create a plan with the parent to allow the infant to be fed on demand by the mother or with expressed breast milk.
- \_\_\_\_\_ (designated staff) will make sure that breast milk is stored and handled appropriately.
- A quiet place for mothers to nurse their babies is always available.
- We assure that an infant receives only the breast milk intended for that infant by making sure bottles are carefully labeled with the child's first and last name. A marker with waterproof ink and moisture-resistant tape are available at the refrigerator for labeling bottles. All staff and volunteers know both the first and last name of an infant for whom they are preparing a bottle and are directed to carefully read the name on the bottle.
- Gloves are not worn to feed expressed breast milk to an infant. However, gloves are worn to clean up a large spill of breast milk.
- If an infant receives breast milk not meant for that infant, the child's parents will be notified by \_\_\_\_\_ (designated staff) and a recommendation to contact the infant's health care provider will be made. The health care provider may order a baseline test for HIV immediately and again up to nine months later.

The status of the infant's hepatitis B immunizations will also be checked. Parents will be reassured that the risk of transmission of HIV through this type of mix-up is very low.

- \_\_\_\_\_ (designated staff) will contact the mother whose breast milk was fed to the wrong infant and describe the situation. This mother will be asked if she has ever had an HIV test and if she is willing to share the results with the parents of the child who received the wrong breast milk. If she does not know or has never had an HIV test, a call to her health care provider will be recommended with a suggestion that results be shared with the parents of the infant who received the wrong breast milk.

# Safe Infant Sleep



When parents enroll an infant in this program, a copy of our program’s Infant Sleep Policy is provided by the staff member assisting with the enrollment documentation.

All new staff and volunteers receive orientation on this program’s Infant Sleep Policy. All care giving staff and volunteers receive an annual update on this program’s Infant Sleep Policy.

Parent information literature from the American Academy of Pediatrics, First Candle, the Association of SIDS and Infant Mortality Programs, the National Institutes of Health and other recognized authorities on infant health will be readily available to parents.

\_\_\_\_\_ (designated staff) is responsible for restocking this literature.

## Sleep Position

- \_\_\_\_\_ (designated staff) will assure that infants who have not reached their first birthday are always placed on their backs for sleep.
- Infants who are easily able to turn from front to back and back to front, will be placed on their backs for sleep, but may then choose their own sleeping position (usually age 6 months or later).
- Infants will be placed in a side-lying or stomach sleeping position only when a written request from the infant’s doctor has been received by the program. Care giving staff will then be directed by \_\_\_\_\_ (designated program administrator) in the placement of the infant for sleep.
- Unless specified by the infant’s doctor, positioning devices that restrict the infant’s movement in the crib will not be used.

## Sleeping Environment

In our program, all infants will sleep in a crib. Car seats, swings, and infant seats, etc. are not designed for safe sleeping.

- Our cribs meet Arizona Department of Health Services, Office of Child Care Licensure Child Care Facility Rules. \_\_\_\_\_ (designated staff) will complete a safety check of cribs each week to assure that each crib frame:
  - ✓ feels solid and mattress supports are secure;
  - ✓ has no loose, missing, or broken hardware (nuts, bolts, screws);
  - ✓ has no cracked or peeling paint;

- ✓ has no splinters or rough edges;
  - ✓ with drop-side latches is working properly and that latches securely hold the sides when raised; and
  - ✓ has a mattress that fits snugly in the crib frame and is covered with a tightly fitted sheet.
- Cribs are located away from windows, wall hangings, electrical and window-covering cords, and other dangerous items.
  - Cribs do not contain bumper pads, pillows, soft toys, fleece cushions or thick blankets.
  - Our program places infants in the feet-to-foot sleeping position. Feet-to-foot means the baby's feet are at the bottom of the crib, a light blanket is placed no higher than the baby's chest, arms outside the blanket, and the blanket is tucked in around the crib mattress.
  - No items are strung from one side of the crib to the other.
  - Coverings are never placed over the crib or over the infant's face.



A Child Care Provider's Guide to Safe Sleep  
<http://www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf>



# Child Abuse and Neglect

Child abuse and neglect occur in families from all socioeconomic, ethnic, and educational backgrounds.

## Staff Training

Our staff is trained to recognize the signs and symptoms of abuse and neglect and how to make reports to Child Protective Services or to local law enforcement agencies.

- All staff receive this training as a part of their orientation process within 10 days of beginning work. \_\_\_\_\_ (designated staff) is responsible for providing this orientation.
- Every two years, our program arranges with Child Protective Services, the local university, community college, health department or other recognized resource to provide expert training on child abuse and neglect. The training will include an opportunity to ask questions. At this session, our program's written policies related to reporting abuse and neglect are reviewed.

## Recognizing Abuse and Neglect

Staff receive training on the signs and symptoms of abuse and neglect listed below. However, staff are reminded that while these signs and symptoms can be indicators of abuse, they would usually be accompanied by changes in the behavior of the child and/or the person abusing the child.

Physical abuse may be due to harsh or out-of-control punishment. Frequently physical abuse results from a violent, explosive situation. Added stress or substance abuse (including alcohol) is often present in the home. Observe for:

- Bruises, particularly in soft, fleshy areas such as the upper ear or ear lobes, neck, upper arms, inner thighs, cheeks, mouth and lips, etc.
- Bruises that have distinctive shapes or patterns such belt marks, looped electrical cords, hand shape, etc.
- Burns or other injuries resulting from cigarettes, or in unusual places such as the soles of the feet, back, or buttocks
- A variety of bruises, cuts or burns in different stages of healing
- Human bite marks
- Hair loss or bald spots

Sexual abuse is any contact between a child and adult where the child is used for a sexual purpose such as fondling, indecent exposure, child pornography, intercourse, or exploitation. Sexual abuse is usually associated with threats of harm, thereby insuring secrecy. Observe for:

- Pain or itching of the genitals
- Bruises or bleeding of the genitals
- Strange or unpleasant odors from the genitals, even after bathing
- Difficulty in walking or sitting
- An unusual or chronic fear of going home
- Advanced knowledge of sexual acts, words or slang terminology
- “Sexy” language, precocious sex play, excessive curiosity about sexual matters
- Sudden changes in behavior
- Fear of closed doors, showers, or bathrooms
- When a child reveals he or she has been sexually abused

Emotional abuse generally involves verbal abuse, or extended periods of silence or indifference. Lasting effects can include poor self-image and lowered self-esteem. Observe for:

- Fear of adult contact
- Poor friendship skills
- Aggressive or acting out behavior
- Speech disorders (stuttering, etc.)
- Severe withdrawal
- Making negative comments about self
- Being overly anxious to please adults

Neglect occurs when a child could be harmed by what the parent or guardian does not do. This generally involves malnutrition, inappropriate clothing for age or weather, chronically-soiled clothing and/or a lack of adult supervision. Observe for:

- Constant hunger
- Tiredness, no energy
- Frequent need for a bath or other personal care
- Need for medical or dental attention
- Frequent absences from school
- Clothes which are dirty or wrong for the weather
- Falling asleep in class
- Constantly stealing or hoarding objects or food

Endangerment through drug-exposure occurs when a child is exposed to the use or manufacture of dangerous drugs or the harmful chemicals used in manufacturing dangerous drugs, whether in a structure, such as a home, or a vehicle. There is no clear single sign of exposure to drugs or drug manufacturing. However, observe for:

- Signs of physical neglect
- Fast or difficult breathing from exposure to toxic chemicals
- Fast heart beat
- Eye or skin irritation, or chemical burns

### **Immediate Interventions**

When a child arrives at our program with bruises, cuts or burns, etc., we document it \_\_\_\_\_ (where).

- If staff believe an injury may have a logical explanation, the injury may be discussed with the parent to further assess the situation.
- If we suspect abuse, \_\_\_\_\_ (designated staff) will contact child protection authorities. In Arizona, call 1-888-767-2445 (1-888-SOS-CHILD) or police for instructions.
- If we believe a child is in immediate danger, \_\_\_\_\_ (designated staff) will call local law enforcement (911, police, sheriff, Department of Public Safety).
- If the parent or legal guardian of the child is suspected of abuse, we will follow the guidance of Child Protective Services or law enforcement agency regarding notification to the parent or legal guardian.
- Documentation of the event will:
  - Include a word-for-word account, without any editing, of what the child said and who was present when the child revealed the abuse. Additionally, record the child's emotional state, gestures, and facial expressions and what was happening at the time 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 drainage of any obvious, physical injury and if necessary, a drawing describing the injury.
- A written report to Child Protective Services and Office of Child Care Licensure will be completed within 48 hours.
- Office of Child Care Licensure will be notified within 24 hours that a report of abuse has been made. This will be followed with a written report within three days. A copy of this documentation should be kept for 12 months.

## Accusations of Abuse Made Against Program Staff

If a staff member is accused of child abuse, a report will be made immediately to local law enforcement and the child's parent will be notified by \_\_\_\_\_ (designated staff). During the ensuing investigation, our program will follow the advice of law enforcement and our attorney regarding suspension or reassignment of the accused staff member to tasks unrelated to the care of children.

Our program prevents accusation of child abuse by:

- Conducting the arrival health check each day and documenting any injuries or physical marks the child may have.
- Always having at least 2 staff on-site.
- Making sure all rooms are easily observed through windows, doors or by other means.
- Providing staff rest breaks \_\_\_\_\_ (when) for time periods of \_\_\_\_\_ (how long).
- Being sensitive to "touch" issues for both children and adult.
- Having clear discipline and child guidance policies.
- Providing staff training on child development and behavior management.
- Hiring staff and screening volunteers only after completing personal and professional reference checks and fingerprint clearances.
- Making periodic staff observations and supervision with recommendations for job improvement.



Documentation Sheet for Possible Abuse/Neglect  
<http://www.azdhs.gov/als/forms/ccgh4.pdf>



## Oral Health

Our program believes that “baby teeth” are important for eating, for guiding the permanent teeth into place as children grow and for self-esteem. Children whose teeth are not healthy cannot chew vitamin-rich foods, lose baby teeth that are saving space for permanent teeth and know their teeth are unattractive. These children may suffer from pain in their mouths that makes it hard for them to play and learn.

### General Guidelines for Promoting Oral Health

We protect children’s teeth by doing these things:

- All staff receive 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 community helper such as a nurse, dentist or other dental health professional.
- We plan menus around foods that are low in sugar. We include plenty of protein and calcium-rich foods like milk, cheese, and eggs, and foods with vitamins C and D.
- 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 are sanitized after each use.
- We discuss the introduction of a cup (for example sippy cup) at 6 months of age and weaning from the bottle at 12 months of age with the child’s parents.
- Bottles and sippy cups are used for meals and snacks while the child is being held or is seated.

### Mouth Care

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

- In our program children ages \_\_\_\_\_ (children’s ages) actively participate in toothbrushing during the caregiving day.

- To prevent infections from spreading through germs found in saliva and blood, toothbrushes are labeled with individual children's names. Children do not share toothbrushes.
- An adult actively supervises toothbrushing.
- Children over the age of two use a pea-sized dab of fluoridated toothpaste (if toothpaste is used during brushing).
- Disposable cups are used for rinsing, then discarded.
- Toothbrushes are rinsed with plain water and stored in an upright position to air dry (not touching each other) in a cabinet or mesh-covered holder. Toothbrushes are not stored in the vicinity of flushing toilets.
- Toothbrushes are replaced when bristles are no longer in good condition (every few months).



Anticipatory Guidance for Early Childhood Care Providers

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_antici\\_guidance\\_early\\_childhood\\_providers.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_antici_guidance_early_childhood_providers.pdf)



## Weather Safety

We encourage outdoor play every day when weather and air quality conditions permit. When outdoor temperatures seem uncomfortable, are above 90°F or lower than 30°F, including wind chill, scheduled outdoor play activities and times may be altered. Children with asthma and other respiratory health conditions play inside on days when local health authorities determine that air quality is unhealthy, such as during an ozone alert. Children should be dressed in clothing appropriate for weather conditions.

### Sun Safety

We are concerned about sun safety all year around, but particularly late spring through the early fall season, when the sun's rays are the strongest.

Sunburn, skin cancers, and cataracts later in life can be the result of childhood sun exposure. Even on days when the temperature seems only pleasantly warm, cloudy days or hazy days, skin and eyes should be protected from the sun.

Each spring we include information about sun protection in \_\_\_\_\_ (where, parent newsletter, special communication, poster). Each year we provide staff training about sun safety, including how to recognize the signs of heat stress and how to give first aid for heat-related illness.

### Amount of Time Children and Adults Spend in the Sun

Because the sun is most intense between 10 a.m. and 3 p.m., we limit the amount of time children are outdoors during these hours.

- We provide plenty of shade for children to play under.
- We are aware that water, snow, sand and cement reflect the sun's rays and cause sunburn.

### Appropriate Clothing for Children and Adults

We suggest sun protective clothing for children and adults.

- Light-colored, loose-fitting, lightweight, cotton clothing, which covers arms and legs, best protects delicate skin from the sun's burning rays.
- Wide-brimmed hats will help protect faces, necks, and ears.
- Closed shoes, worn with socks, will protect the ankles and tops of feet.

## Sunscreen/Sunblock Creams and Lotions

We ask parents to provide a bottle of SPF 15 (or higher numbered) sunscreen lotion or cream and SPF 15 (or higher numbered) lip balm, labeled with their child's name.

- Parents must first determine their child is not allergic to the sun protection products provided for the child's caregiving day.
- Our program's medication permission form must be completed for the sunscreen/sunblock products.
- Parents are asked to apply sunscreen to exposed areas of their child before bringing the child to our program each day.
- We apply sunscreen and lip balm 20 minutes before children are to go outdoors for periods 10 minutes or longer.
- We reapply sunscreens after water play.
- For swimming activities, we recommend waterproof sunscreen.
- We store sunscreen out of reach of children.

## Sunglasses

Children and adults with light-colored eyes are vulnerable to damage from the sun's rays, including the development of cataracts over time.

- Sun glasses can protect both children's and adult's eyes. Toy sun glasses, however, can be harmful to children's eyes.
- Children's glasses should be shatterproof. All sun glasses 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 are labeled with the owner's name.



Child Care Weather Watch

<http://www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf>



## Physical Activity

Our program believes that physical activity is important for children of all ages. Physical activity is fun, promotes development of children's large muscles, and provides opportunities to feel successful. When organized games or sports are a part of physical activities, children learn to cooperate with one another and develop good sportsmanship.

Our plan for physical activity is reviewed quarterly by \_\_\_\_\_ (designated staff) and includes providing indoor and outdoor play in safe, supervised, environments and involving all age groups.

- **Infants**

Infants are always placed on their backs for sleep. While awake, and on a clean, safe surface, infants are placed on their tummies at least twice a day for 15 minutes to strengthen the neck, back and shoulders. During this time, a caregiver will interact with the infant (gentle stroking, talking, singing, calling attention to colorful toys on the left, the right and straight ahead). As the infant gets older, placing toys just out of reach will encourage reaching and crawling.

- **Toddlers**

Children in our toddler classes accumulate at least 30 minutes of physical activity each day through games and movement activities such as marching with musical instruments, music songs accompanied by physical action (the Hokey Pokey for, example), or acting out stories with lots of vigorous movement. A minimum of \_\_\_\_\_ (how long; at least 60 minutes) is provided for unstructured, vigorous play.

- **Preschoolers**

Children in our preschool classes accumulate at least 60 minutes of physical activity each day through structured games, music with movement, etc., and a minimum of \_\_\_\_\_ (how long; at least 60 minutes) is provided for unstructured, vigorous play. Children are not sedentary for more than 60 minutes at a time except, when sleeping.

- **School-age Children**

Children in our school-age classes are provided with an opportunity for at least 60 minutes of vigorous activity, whether unstructured play or organized games and sports.

# Playgrounds



Outdoor play is an important part of children's activities. Outdoor play encourages children's large muscle development and balance, and is a great way to experience many science concepts. We protect children's safety on the playground in these ways:

Children are protected from intruders, busy traffic and noise by a fence in good condition.

Children are actively supervised and visible to adults while playing outdoors. A roster, which includes each child's name, is checked as children move outdoors, return to the classroom, and periodically during outdoor time to be sure all children are present.

Equipment has been carefully chosen for the ages of the children using the equipment. Inappropriate equipment (too tall or not appropriate for the skills of children) is made inaccessible to children who should not use it.

Ground cover under playground equipment is at least the depth specified in regulation. Our ground cover is \_\_\_\_\_ (what kind and how deep) and is measured \_\_\_\_\_ (how often and by whom) and replaced as needed. Our ground cover is raked each week by \_\_\_\_\_ (designated staff) to remove debris and prevent impaction.

A safety check of all equipment is conducted monthly by \_\_\_\_\_ (designated staff) using \_\_\_\_\_ (name of checklist), and repairs are requested immediately. Equipment in need of repairs is not used. New and completed checklists are filed \_\_\_\_\_ (where).



Safety Information Flipchart, Playground Safety Checklist (pages I/P-16)  
<http://www.azdhs.gov/phs/owch/pdf/safety.pdf>

# Transportation Guidelines



Whether our program provides transportation directly or by contract with a common carrier, we act to ensure the safety of children being transported.

## Vehicles

All vehicles that transport children are licensed, registered and insured in the name of our program according to the laws of Arizona.

- Current registration and proof of insurance documents are kept in the vehicle. A copy of these documents is also on file at our program and is kept \_\_\_\_\_ (where).
- Vehicles used to transport children are maintained in safe operating condition.
- A record of routine vehicle service and all repairs is maintained for each vehicle and a copy is kept on file at our program \_\_\_\_\_ (where).
- A weekly check list of services, repairs needed or completed, and general cleanliness is used with each vehicle.
- A record of routine vehicle service and all repairs is maintained for each vehicle and a copy is kept on file at our program \_\_\_\_\_ (where).
- Each vehicle carries a large towel or blanket, flashlight, and a container of fresh water or bottled water for emergencies.
- Vehicles are appropriately equipped with seat belts and, as appropriate, approved and securely attached safety seats for each occupant.
- Every vehicle carries a First Aid Kit containing the required supplies. \_\_\_\_\_ (designated staff) is responsible for ensuring our first aid kit(s) are fully stocked.
- Our vehicles carry a list of phone numbers for emergencies, including the program site and emergency services for the occupants and the vehicle.
- A copy of the Emergency Information and Immunization Record Card, with verifiable immunization records attached, is carried in the vehicle for each child and adult.
- We carry an accurate log of the occupants in transit.
- All of our vehicles must have air conditioning and heating. Temperatures are adjusted when the interior vehicle temperature drops below 50°F or rises above 80°F.

## Drivers

All drivers for our program (both regular and volunteer drivers) are investigated.

- No person with a record of child abuse, a criminal record of crimes of violence or sexual molestation will be allowed to transport children.
- No staff person with driving restrictions on their fingerprint clearance card will be allowed to transport children.
- All drivers must be age 18 or older and have a valid Arizona driver's license appropriate for the vehicle being driven.
- Each driver must meet teacher-caregiver qualifications.
- Each driver's name and drivers license number is kept on file at the program site.
- Each driver and alternate driver has completed training on first aid and CPR.
- Occasional, volunteer drivers are informed on basic safety policies of the program before transporting children.
- Each driver must ensure the use of securely fastened seat belts for each occupant of the vehicle.
- Drivers under the influence of drugs, alcohol, or medications that impair driving ability or having a mental or physical status that could impair driving ability or judgment never transport children.

## Transportation Guidelines

- All drivers who are responsible for routine transportation services are familiar with the preplanned route, the pick-up or drop-off times and the stops along the route before transporting children. The route plan is kept on file at the site. The route plan includes directions to the nearest hospital, fire station and law enforcement facility.
- When volunteers drive for field trips or occasional transportation needs, the route is made clear to drivers by \_\_\_\_\_ (designated staff member).
- No smoking of any kind is allowed in vehicles while transporting children
- The use of ear phones for radios, cassette players, etc., is not allowed while transporting children.
- Children are never left unattended in a vehicle.
- Children are not allowed to open or close the doors of vehicles.

- Safe loading and unloading areas have been identified.
- Our vehicles are clearly marked so children can find them easily.
- Vehicle doors always remain locked when the vehicle is in motion.
- The emergency brake is always set and keys are removed before exiting the vehicle.
- A visual check from front to back at the end of each trip assures no child is left in the vehicle.
- Children are reminded to talk in soft voices, stay seated at all times, wear their seat restraints and keep arms, legs and heads inside the vehicle.
- Children who have special health care needs and are being transported by our program will have an individual transportation plan that includes the use of appropriate restraints, medications which may need to accompany the child and management of emergencies.

## **Field Trips**

Our program may provide occasional field trips for children.

Our field trip procedures are included in our program's Statement of Child Care Services. Parents receive a copy of this document when children are enrolled.

A separate field trip permission form is completed for one-time special events. This form will contain information specific to the day's event including the name, address, and phone number of the destination, the time of departure and return. Only children with written permission from a parent can attend a field trip. Verbal permission will not substitute for written permission.

Before transporting children to the field trip site, a route is selected and safe loading and unloading areas are identified. Emergency facilities that may be accessed on the route are identified. Route information is shared with each person who will be transporting children to the field trip site. \_\_\_\_\_ (designated staff) is responsible for assuring these steps are completed.

An individual certified in CPR and First Aid is always with children—even while they are being transported to the field trip site.

If a vehicle is transporting children on behalf of our program but is not owned by our program (for example, an employee or parent driving children for a field trip), \_\_\_\_\_ (designated staff) will obtain copies of the vehicle's registration and the driver's license and driver's proof of insurance and put the documents \_\_\_\_\_ (where), and will supply the driver with a complete first aid kit, two towels or blankets, and a copy of the Emergency Information and Immunization Record Card (EIIRC), with immunization records attached, for each child riding in that vehicle.

An accurate roster of the children on the trip is maintained. Attendance is taken:

- At the beginning of the trip (while boarding of the vehicle)
- Upon arrival at the field trip destination
- Each hour while at the field trip destination
- When preparing to leave (or boarding the vehicle)
- When re-entering the facility at the end of the field trip

Drinking water is always available for children on the field trip.



Field Trip Permission Slip (English)  
<http://www.azdhs.gov/als/forms/ccgh14.pdf>

Field Trip Permission Slip (Spanish)  
[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_fieldtrip\\_SPA.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_fieldtrip_SPA.pdf)

# Children With Special Health Care Needs



Our program welcomes children with special health care needs. These needs may be as straightforward as a food allergy or perhaps more complex, such as a child with asthma or a child who needs assistance to move from place-to-place.

We believe that all children benefit from this inclusive environment by giving them the opportunity to learn skills that will help them get along in a world that includes people with differing abilities.

Our teachers receive additional training in caring for children who have special needs and who are enrolled in our facility. When included in the child's individual plan, collaboration with specialized therapists such as speech-language pathologists, occupational therapists, and physical therapists may take place in our facility. This provides teachers with opportunities to increase their knowledge about specific developmental areas and the child's needs.

## Developing a Care Plan

Development of a child-specific health care plan is an important step in preparing to serve a child with special health care needs. This plan is different from the Individual Education Plan. In our facility, the person responsible for overseeing the development of the care plan is \_\_\_\_\_ (designated staff). Development of a care plan can take several weeks, which is a reasonable time frame for gathering needed information, enrollment, planning procedures and conducting staff training.

## Gathering Information

At the time of enrollment we ask parents to provide a copy of any existing plan for the child that may be reviewed, adopted and followed by our program. If no plan exists, we will ask for written instructions for providing care for a child until a written plan is developed. This plan will be developed within 30 days.

Persons who may have information our program needs to plan for a child include health care providers, therapists, social workers, public health nurses, nutritionists, behavioral health specialists and others involved in caring for the child. An Authorization for Release of Health Information may need to be completed by the parent.

## Agreements

In addition to our program's regular agreement for providing care for all children, additional contracts may be necessary including a Release and Waiver of Liability, related to certain procedures or other agreements. It is also important to be clear about who is responsible for providing special equipment or supplies, and how our staff will communicate with parents.

When all the information that is needed has been received and agreements are in place, a detailed plan is created. This plan will be signed by the parent and \_\_\_\_\_ (designated staff). All care plans are reviewed and revised as needed at least every six months.

If all necessary supplies are onsite, physical adaptations needed to ensure the child's safety have been made, and staff are prepared to care for a child, including understanding how to handle emergencies that may occur, the child may begin attending our program.

If there are difficulties associated with providing care for a child with special health care needs, we will work with the parent to modify the plan of care or determine what other steps need to be considered.



Authorization for Release of Health Information (English and Spanish)

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_Auth\\_Release\\_Health\\_Information\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_Auth_Release_Health_Information_BOTH.pdf)

ECELS Project Fact Sheets; A Collection on Certain Medical Conditions and Special Needs

<http://www.ecels-healthychildcarepa.org/content/FS-Fact%20Sheets-all%202-8-05.pdf>

Sample Asthma Care Plan (English)

<http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20M.pdf>

Sample Asthma Care Plan (Spanish)

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_asthma\\_plan\\_SPA.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_asthma_plan_SPA.pdf)

Sample Food Allergy Action Plan (English)

<http://www.foodallergy.org/actionplan.pdf>

Sample Food Allergy Action Plan (Spanish)

<http://www.foodallergy.org/spanishaction.pdf>

Sample Diabetes Care Plan (English and Spanish)

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_diabetes\\_plan\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_diabetes_plan_BOTH.pdf)

# Staff Health



Our program believes that quality care for children depends on staff who are healthy and ready to interact with energetic children. We recognize that caring for young children on a daily basis carries health risks and we act to reduce those risks.

## Infectious Disease Risks

Staff are exposed to infectious diseases while caring for children's needs. These infections are spread through respiratory secretions; contact with stool; skin contact with infected hair, skin, and infected objects; and contact with infected blood or other body fluids.

- Staff immunizations for vaccine-preventable diseases are reviewed upon hire and monitored annually by \_\_\_\_\_ (designated staff). All child care staff:
  - have completed a primary series for tetanus and diphtheria, and should receive boosters every 10 years. Staff who work with infants should receive vaccine providing protection against pertussis (Tdap) if it has been five years since the last dose of Td.
  - have been immunized or certified immune by a health care provider against measles, mumps, rubella, poliomyelitis, varicella-zoster (chickenpox), and hepatitis .
  - receive influenza immunization as recommended for people 50 years of age and older and pneumococcal polysaccharide vaccine as recommended for staff 65 years of age or older.
- Staff are regularly monitored for appropriate hand washing and are retrained as needed.
  - Hand washing sinks are supplied with running water, soap and paper towels. \_\_\_\_\_ (designated staff) is responsible for restocking hand washing sink supplies
- Cleaning and sanitation routines are regularly monitored by \_\_\_\_\_ (designated staff).
- Vinyl and/or latex gloves are provided for tasks requiring contact with potentially infected body fluids.
- Some infections carry an increased risk for the fetus of a pregnant caregiver (rubella, cytomegalovirus, chickenpox, Parvovirus B19).

- Pregnant staff should receive health counseling about the possible risks of cytomegalovirus (CMV) infection to their unborn baby. Testing for serum antibodies to CMV is available for female child care workers of childbearing age. Women who have antibodies to CMV have a low risk of having a baby affected by congenital CMV infection.

## **Musculoskeletal Injuries**

Child care staff are at increased risk for muscular and skeletal injuries to the back, neck, arms and legs from frequent heavy lifting and carrying (e. g., children), sitting on the floor or in child-size chairs with insufficient or no back support, kneeling, squatting, and reaching to a variety of heights.

- Our program provides education in proper body mechanics to understand the importance of posture in preventing strain on the lower back, and education in proper lifting and carrying techniques. This education is provided by \_\_\_\_\_ (designated staff) and conducted \_\_\_\_\_ (how often).
- We provide furniture and fixtures at appropriate adult height.
- We encourage regular exercise, stretching and good posture for increased strength and flexibility and maintenance of proper body weight to prevent straining back muscles
- Use of appropriate shoes (closed-toe, low heel, comfortable and shock-absorbing) will be monitored by \_\_\_\_\_ (designated staff).

## **Falls**

Falls from slips and tripping, and falls from an elevation such as a ladder, chair, or down stairs are seen in child programs. When falls occur, the back is the area most often injured, followed by joint injuries, e.g., wrist, elbow, shoulder, ankle, knee and hip. These guidelines will help to prevent falls:

- Toys, equipment and other clutter are kept out of walking areas.
- Spills and wet areas are cleaned up immediately.
- Staff will not carry large objects in such a way that the view of the path ahead is obstructed.
- Staff will not stand on chairs or other furniture for any reason. Stepladders are located \_\_\_\_\_ (where).

## **Environmental Hazards**

Constant exposure to cleaning and sanitizing products may cause ear, nose, and throat irritation and/or headaches. With repeated exposure, loss of coordination, nausea, and damage to the liver, kidneys and central nervous system may result. To prevent illness related to this kind of exposure our program:

- Selects products with a low toxicity level.
- Uses all cleaning products only for their intended purpose and according to the manufacturer's recommendations.
- Stores cleaning products in their original containers so that safety information is not lost, and where they out of reach of children.
- Assures all cleaning products, are labeled and have a Material Data Safety Sheet (MSDS) on file. MSDSs are kept \_\_\_\_\_ (where). Staff review labels and MSDSs prior to using any cleaning product to ensure the product is used as directed.

## **Stress in the Child Care Environment**

Our program recognizes the demands of caring for young children may result in stress. High activity levels, noise, physical demands, long hours, relationships with co-workers and parents, and unclear expectations can contribute to stress. Caregiving staff who experience stress may find that providing a nurturing environment for the children in their care is difficult. To reduce stress our program:

- Has written job descriptions and personnel policies to insure staff are clear about their responsibilities.
- Holds regular staff meetings so that members can share feelings and concerns and feel supported by supervisors and colleagues.
- Involves staff in program decisions so that they feel control over their work environment.
- Regularly schedules part-time staff or trained volunteers to assist during the busiest times of the day so staff can take breaks or provide individual attention to children.
- Ensures someone is always available so staff members who feel overwhelmed by the demands of the job can take a break from the children.
- Provides two, regularly scheduled breaks for staff each day. A walk outdoors is suggested.

## Health Care

Staff who do not have a resource for health care are provided with a list of community resources for free and low-cost health care. Current applications for public-funded health care programs are also kept on file \_\_\_\_\_ (where). These resources are regularly reviewed to ensure they are current by \_\_\_\_\_ (designated staff).



Organization of Teratology Information Services Fact Sheets (frequently asked questions about exposures during pregnancy)

[http://otispregnancy.org/otis\\_fact\\_sheets.asp](http://otispregnancy.org/otis_fact_sheets.asp)

Recommended Adult Immunization Schedule

<http://www.cdc.gov/nip/recs/adult-schedule.pdf>

# Review and Signature Page

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These health and safety policies were reviewed on \_\_\_\_\_ (date) by \_\_\_\_\_ and \_\_\_\_\_ (center director and owner).

These health and safety policies were reviewed on \_\_\_\_\_ (date) by \_\_\_\_\_ and \_\_\_\_\_ (center director and owner).

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These health and safety policies were reviewed on \_\_\_\_\_ (date) by \_\_\_\_\_ and \_\_\_\_\_ (center director and owner).

# Early Childhood Resources

## Arizona Department of Economic Security

<http://www.de.state.az.us/ASP/default.asp>

1 (800) 352-8168

WIC (Women, Infants & Children) Program

*Food stamps, supplemental food programs, nutrition information*

1 (800) 252-5942

Child Care Administration

*Child care home providers, child care subsidy programs*

(602) 279-3140

Department of Developmental Disabilities

*Children's developmental health services and information*

(602) 542-0419

## Arizona Department of Education (ADE)

<http://www.ade.state.az.us>

Information Switchboard: 1 (800) 352-4558

Child and Adult Care Food Programs (CACFP)

*Menus, nutrition information, food cost reimbursement programs for child care*

(602) 542-8700

At-Risk Preschool Information: (602) 364-1530

## Arizona Department of Health Services

<http://www.azdhs.gov>

Office of Child Care Licensing (OCCL)

<http://www.azdhs.gov/als/childcare>

*Monitors and licenses child care homes and facilities, information and access to state approved forms*

Phoenix: (602) 364-2536

Tucson: (520) 628-6540

Office of Disease Prevention and Immunizations

Immunizations: (602) 364-3630

Arizona Health Care Cost Containment System

*Medicaid/low-income health insurance*

Phoenix: (602) 417-4000

KIDSCARE

*Income-eligible children's health insurance*

Toll Free: 1 (877) 764-5437

Phoenix: (602) 417-5437

Arizona Early Intervention Program (AZEIP)

*Early intervention programs for children birth to 3 years, screening and referral information*

Toll Free: 1 (888) 439-5609 Maricopa: (602) 200-9820

Office for Children With Special Health Care Needs

*Information about health and social services for children and their families*

(602) 542-1860

## Arizona State School Readiness Board

[www.governor.state.az.us/cyf/school\\_readiness/index\\_school\\_readiness.html](http://www.governor.state.az.us/cyf/school_readiness/index_school_readiness.html)

Access to early childhood education information, forms and downloadable version of the Arizona Health and Safety Policy Manual for Child Care Centers

(602) 542-3620

## Child Care Resource and Referral (CCR&R)

<http://arizonachildcare.org>

Statewide information on training resources and referrals to lawfully operating child care providers

Toll Free: 1 (800) 308-9000    Phoenix: (602) 244-2678    Tucson: (520) 325-5778

Association for Supportive Child Care (ASCC)

Provides oversight for a variety of child care related programs and training opportunities

(480) 829-0500

S\*CCEEDS

Early childhood/child care staff training recognition system that enrolls child care providers and keeps records on completion of training focusing on early childhood issues

Toll Free: 1 (800) 905-4389

## Child Protective Services (CPS)

24 hour referral for abuse or neglect

Child Abuse Hotline: 1 (888) 767-2445

## County Health Departments

Disease reporting, disease and health information, environmental health, kitchen inspections, immunizations and public health nursing/nurse consultants

Apache County - St. Johns: (928) 337-7525

Coconino County - Flagstaff: (928) 522-7800

Graham County - Safford: (928) 428-1962

LaPaz County - Parker: (928) 669-1100

Mohave County - Kingman: (928) 753-0743

Pima County - Tucson: (520) 740-8315

Santa Cruz County - Nogales: (520) 375-7900

Yuma County - Yuma: (928) 317-4550

Indian Health Services - Window Rock: (928) 871-5811

Cochise County - Toll Free: (800) 423-7271

Gila County - Globe: (928) 425-3189

Greenlee County - Clifton: (928) 865-2601

Maricopa County - Phoenix: (602) 506-6900

Navajo County - Holbrook: (928) 524-4750

Pinal County - Coolidge: (520) 866-6753

Yavapai County - Prescott: (928) 771-3122

## Other Health and Safety Resources

### Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care Programs, 2nd Edition

American Academy of Pediatrics, American Public Health Association, U.S. Department of Health and Human Service Office of Maternal and Child Health

<http://nrc.uchsc.edu/CFOC/>

### Communicable Disease Flip Chart

Kathleen Ford, B.S.N., R.N., B.C. and Karen Liberante, B.S.N., R.N., B.C.

<http://www.azdhs.gov/phs/owch/pdf/commdiseases.pdf>

### Safety Information Flip Chart

Kathleen Ford, B.S.N., R.N., B.C. and Karen Liberante, B.S.N., R.N., B.C.

<http://www.azdhs.gov/phs/owch/pdf/safety.pdf>

# Toolkit

## Alphabetical Listing of Forms

### **Anticipatory Guidance for Early Childhood Care Providers**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_antici\\_guidance\\_early\\_childhood\\_providers.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_antici_guidance_early_childhood_providers.pdf)

### **Authorization for Release of Health Information (English and Spanish)**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_Auth\\_Release\\_Health\\_Information\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_Auth_Release_Health_Information_BOTH.pdf)

### **CACFP Meal Patterns**

[http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal\\_Patterns.htm#Infant\\_Breakfast](http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Patterns.htm#Infant_Breakfast)

### **A Child Care Provider's Guide to Safe Sleep**

<http://www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf>

### **Child Care Weather Watch**

<http://www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf>

### **Cleaning, Disinfecting and Sanitizing Guidelines**

<http://www.azdhs.gov/als/forms/ccgh1.pdf>

### **Communicable Disease Flipchart**

<http://www.azdhs.gov/phs/owch/pdf/commdiseases.pdf>

### **Communicable Disease Report Form**

[http://www.azdhs.gov/phs/oids/downloads/cdr\\_form.pdf](http://www.azdhs.gov/phs/oids/downloads/cdr_form.pdf)

### **Communicable Disease Reporting Requirements Statute**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_disease\\_report\\_statute.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_disease_report_statute.pdf)

### **Communicable Disease Reporting Requirements for Schools, Child Care Establishments and Shelters**

[http://www.azdhs.gov/phs/oids/pdf/admin\\_req.pdf](http://www.azdhs.gov/phs/oids/pdf/admin_req.pdf)

### **Dear Parent and/or Health Care Provider Letter (English & Spanish)**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_dear\\_parent\\_health\\_provider\\_letter\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_dear_parent_health_provider_letter_BOTH.pdf)

### **Diaper Changing Log**

[http://www.azdhs.gov/als/childcare/ccg\\_gh\\_forms/diaper.pdf](http://www.azdhs.gov/als/childcare/ccg_gh_forms/diaper.pdf)

### **Diaper Changing Procedure Chart**

[http://www.azdhs.gov/als/childcare/ccg\\_gh\\_forms/diaper\\_chart.pdf](http://www.azdhs.gov/als/childcare/ccg_gh_forms/diaper_chart.pdf)

### **Documentation Sheet for Possible Abuse/Neglect**

<http://www.azdhs.gov/als/forms/ccgh4.pdf>

### **ECELS Project Fact Sheets; A Collection on Certain Medical Conditions and Special Needs**

<http://www.ecels-healthychildcarepa.org/content/FS-Fact%20Sheets-all%202-8-05.pdf>

### **Emergency Information and Immunization Record Card (English)**

<http://www.azdhs.gov/als/forms/ccgh11.pdf>

### **Emergency Information and Immunization Record Card (Spanish)**

<http://www.azdhs.gov/als/forms/ccgh12.pdf>

### **Field Trip Permission Slip (English)**

<http://www.azdhs.gov/als/forms/ccgh14.pdf>

**Field Trip Permission Slip (Spanish)**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_fieldtrip\\_SPA.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_fieldtrip_SPA.pdf)

**Fire Drill and Smoke Detector Battery Check Log**

<http://www.azdhs.gov/als/forms/ccgh5.pdf>

**Guide to the Requirements of the Arizona School Immunization Law for Parents of Children Entering School or Child Care (English)**

[http://www.azdhs.gov/phs/immun/pdf/immun\\_req\\_eng\\_parents.pdf](http://www.azdhs.gov/phs/immun/pdf/immun_req_eng_parents.pdf)

**Guide to the Requirements of the Arizona School Immunization Law for Parents of Children Entering School or Child Care (Spanish)**

[http://www.azdhs.gov/phs/immun/pdf/immun\\_req\\_spa\\_parents.pdf](http://www.azdhs.gov/phs/immun/pdf/immun_req_spa_parents.pdf)

“Health Consultants and Trainers,” Journal of the National Association for the Education of Young Children

<http://www.journal.naeyc.org/btj/200403/consultants.asp>

**Is Your Child Well Enough to Be In Care Today? Poster**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_stoplightposter\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_stoplightposter_BOTH.pdf)

**Keeping Safe When Touching Blood or Other Body Fluids, A Self-Learning Module For Early Education and Child Care Providers** (includes a fill-in-the blank Exposure Control Plan)

<http://www.ecels-healthychildcarepa.org/content/Keeping%20Safe%20When%20Touching%20Blood%20or%20Other%20Body%20Fluids%2012-04.pdf>

**Log of Illness and Infestation**

[http://www.azdhs.gov/als/childcare/ccc\\_forms/illness.pdf](http://www.azdhs.gov/als/childcare/ccc_forms/illness.pdf)

**Medical Home Planning Guide**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_Medical\\_Home\\_Planning\\_Guide.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_Medical_Home_Planning_Guide.pdf)

**Medication Consent Form**

<http://www.azdhs.gov/als/forms/ccgh7.pdf>

**Organization of Teratology Information Services Fact Sheets**

[http://otispregnancy.org/otis\\_fact\\_sheets.asp](http://otispregnancy.org/otis_fact_sheets.asp)

**OSHA Bloodborne Pathogens Standard**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_OSHA\\_bloodborne\\_pathogen.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_OSHA_bloodborne_pathogen.pdf)

**Recommended Accident, Evacuation and Emergency Plan**

[http://www.azdhs.gov/als/childcare/ccc\\_forms/emergency.pdf](http://www.azdhs.gov/als/childcare/ccc_forms/emergency.pdf)

**Recommended Adult Immunization Schedule**

<http://www.cdc.gov/nip/recs/adult-schedule-bw.pdf>

**Recommended Child and Adolescent Immunization Schedule** (English and Spanish)

<http://www.cdc.gov/nip/recs/child-schedule-bw-print.pdf>

**Referral Notice of Inadequate Immunization** (English)

<http://www.azdhs.gov/als/forms/ccgh9.pdf>

**Referral Notice of Inadequate Immunization** (Spanish)

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_referral\\_notice\\_inadequate\\_immunize\\_SPA.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_referral_notice_inadequate_immunize_SPA.pdf)

**Request for Exemption to Immunization** (English)

<http://www.azdhs.gov/als/forms/ccgh10.pdf>

**Request for Exemption to Immunization** (Spanish)

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_request\\_exempt\\_immunization\\_SPA.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_request_exempt_immunization_SPA.pdf)

**Safety Information Flipchart**

<http://www.azdhs.gov/phs/owch/pdf/safety.pdf>

**Sample Asthma Care Plan (English)**

<http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20M.pdf>

**Sample Asthma Care Plan (Spanish)**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_asthma\\_plan\\_SPA.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_asthma_plan_SPA.pdf)

**Sample Diabetes Care Plan (English and Spanish)**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_diabetes\\_plan\\_BOTH.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_diabetes_plan_BOTH.pdf)

**Sample Food Allergy Action Plan (English)**

<http://www.foodallergy.org/actionplan.pdf>

**Sample Food Allergy Action Plan (Spanish)**

<http://www.foodallergy.org/spanishaction.pdf>

**Selecting an Appropriate Sanitizer**

[http://nrc.uchsc.edu/CFOC/HTMLVersion/Appendix\\_I.html](http://nrc.uchsc.edu/CFOC/HTMLVersion/Appendix_I.html)

**Staff Immunization Record Card**

[http://www.azdhs.gov/als/childcare/ccc\\_gh\\_forms/staff\\_immune.pdf](http://www.azdhs.gov/als/childcare/ccc_gh_forms/staff_immune.pdf)

**Wash Your Hands! Poster**

[http://www.governor.state.az.us/cyf/school\\_readiness/manual/FORM\\_washyourhands.pdf](http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_washyourhands.pdf)

# Anticipatory Guidance for Early Childhood Care Providers

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>BIRTH – 6 MONTHS</b>	<input type="checkbox"/> Review nutrition and eating habits <input type="checkbox"/> No napping or sleeping with the bottle <input type="checkbox"/> Encourage introduction of “sippy” cup <input type="checkbox"/> Begin tooth brushing with no toothpaste as soon as first baby tooth erupts <input type="checkbox"/> Juice in “sippy” cup only
<b>9 MONTHS</b>	<input type="checkbox"/> No juice in bottle <input type="checkbox"/> Reinforce brushing <input type="checkbox"/> No bottle in bed
<b>12 MONTHS</b>	<input type="checkbox"/> Check teeth and mouth <input type="checkbox"/> Help identify a “dental home” <input type="checkbox"/> Reinforce brushing <input type="checkbox"/> Discuss mouth and tooth injury prevention <input type="checkbox"/> Have dentists’ emergency numbers handy
<b>15 MONTHS</b>	<input type="checkbox"/> Reinforce brushing
<b>18 MONTHS</b>	<input type="checkbox"/> Check teeth and mouth <input type="checkbox"/> Reinforce brushing
<b>24 MONTHS</b>	<input type="checkbox"/> Refer all children to dentist <input type="checkbox"/> Reinforce brushing, begin using pea-size drop of fluoride toothpaste <input type="checkbox"/> Reinforce injury prevention and response
<b>36 MONTHS AND OLDER</b>	<input type="checkbox"/> Reinforce brushing with fluoride toothpaste <input type="checkbox"/> Reinforce injury prevention and response

<b>Oral Observations</b>					
	#1		#2	#3	
Date	No visible problems	Possible Problems	Urgent		Comments

## Authorization for Release of Health Information

This authorizes \_\_\_\_\_ to obtain the confidential information specified below from the following agencies/individuals:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

The information to be released will be used for professional purposes only and consist of records and evaluations on:

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I understand that by law, I do not have to release this information. However, I choose to do so voluntarily. I understand that I may cancel this authorization at any time unless the information has already been sent. The authorization will automatically expire one year from the date listed below.

A photocopy of this release is as valid as the original.

\_\_\_\_\_  
Parent/Authorized Representative Date

\_\_\_\_\_  
Witness Date

## **Autorización para Divulgación de información**

Por medio de la presente autorizo a \_\_\_\_\_ para que obtenga la información confidencial especificada enseguida de las dependencias/personas siguientes:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

La información que se divulgará se usará con fines profesionales solamente y consistirá en registros y evaluaciones referentes a:

Nombre del Niño: \_\_\_\_\_

Domicilio: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

Entiendo que de conformidad con la ley, no tengo que divulgar esta información. Sin embargo, opto por hacerlo voluntariamente y entiendo que puedo cancelar esta autorización en cualquier momento, a menos que la información ya se haya enviado. La autorización terminará automáticamente un año después de la fecha mencionada enseguida.

Una fotocopia de esta divulgación es tan válida como el original.

\_\_\_\_\_  
Padre/Madre/Representante Autorizado

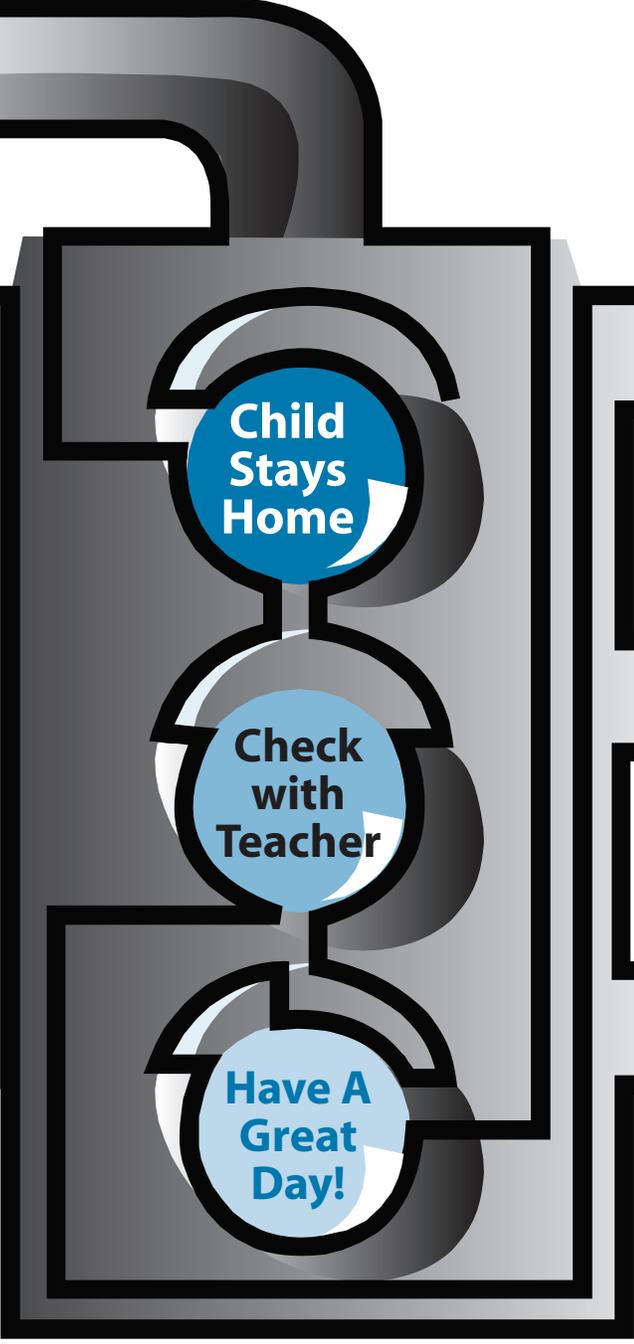
\_\_\_\_\_  
Fecha

\_\_\_\_\_  
TestigoFecha

# Is Your Child Well Enough to Be In Care Today?

The arrival health check needs to be completed every day, before the person responsible for the child leaves.

*Working Together  
Keeps Everyone Healthier!*



**Child  
Stays  
Home**

**Check  
with  
Teacher**

**Have A  
Great  
Day!**

## **Red Light**

Fever over 100 degrees (underarm)  
Open/infected sores not easily covered  
Vomiting more than twice in 24 hours  
Diarrhea  
Earache  
Red eyes with discharge  
Lice/nits  
Not well enough to participate in activities  
**CHILD NEEDS TO STAY HOME TODAY**

## **Yellow Light**

Runny nose  
Cough  
Rash  
Been to doctor, hospital, emergency room  
Not acting as usual  
Family member is ill  
**CHECK WITH CHILD'S TEACHER**

## **Green Light**

Feeling well today  
Has been well for the last 24 hours  
**HAVE A GREAT DAY!**

**\*EXAMPLE\***

## Medical Home Planning Guide

Child's Name Mary Warren Date of Birth 12/9/02

Today's Date	Child's Age in Months	Health Insurance Name	Indicate any problems in the notes section					Blood Hgb or HCT	Lead
			Check-up Date	Hearing	Vision	Oral Health			
6/10/04	30	KidsCare	4/15/04						
12/12/04	36	None	4/15/04						
1/15/05	37	None	1/14/05	x			x		

Notes:

12/12/05 Referred to Pima County Health Department Public Health Nursing for assistance with getting Kids Care or AHCCCS. Will be seen in PCHD Well Child Clinic on 1/14/05

1/15/05 Mom says she was told child is anemic. Got a bottle of Iron at PCHD. Will go back in 1 month. Saw KidsCare worker at clinic

This form is reviewed each time the EIIRC card is reviewed

## Medical Home Planning Guide

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date	Child's Age in Months	Health Insurance Name	Indicate any problems in the notes section					Blood Hgb or HCT	Lead
			Check-up Date	Hearing	Vision	Oral Health			

Notes:

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This form is reviewed each time the EIIRC card is reviewed

**Care Plan and Health Information**      **Diabetes**      Enrollment Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Daytime phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

**Insulin:** Type/name of Insulin \_\_\_\_\_ dosage \_\_\_\_\_ Who gives it? \_\_\_\_\_

Typical injection times: Circle all that applies.

**AM** 6:00 7:00 8:00 9:00 10:00 11:00 12 noon **PM** 1:00 2:00 3:00 4:00 5:00 6:00 7:00

**Glucose Blood Testing:**    9 "finger poke" blood test

Name of glucose monitoring tool \_\_\_\_\_ Parent supplied? Y N

Normal blood sugar range \_\_\_\_\_ Over this number is HIGH \_\_\_\_\_ Below this number is LOW \_\_\_\_\_

Supplies: Latex gloves    1:10 bleach solution    Alcohol swabs    Paper towels    Table/chair    BandAids  
 OSHA approved lancet and contaminated items disposal container    Self closing-plastic bags

*Training* for Glucose Blood Test done by \_\_\_\_\_ Date \_\_\_\_\_  
 for these Teachers, Caregivers and Alternates.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Is this child able to understand and fully co-operate with the blood testing procedure? Yes No

Tips for the staff: \_\_\_\_\_

<p><b>High Blood Sugar</b>                  Caused by stress, emotional upset, being sick, missing an insulin injection, too much food, and lack of exercise.</p> <p>Blood test is higher than normal for this child and/or;</p> <p>Upset stomach (nausea)                  Very Thirsty                  Frequent urination (peeing)                  Fruity smell to breath                  Fast breathing                  Very tired or 'slow moving"</p> <p>Treatment for high blood sugar is generally an Insulin injection or increasing exercise.</p>	<p><b>Low Blood Sugar</b>                  Caused by too little food, too much insulin, too much time between meals/snacks, lots of exercise and excitement and some medicines.</p> <p>Blood test is lower than normal for this child and/or <i>fast onset</i> of ;</p> <p>Shakiness or jittery                  Fast heartbeat                  Dizziness                  Irritable                  Hungry                  Weakness or fainting</p> <p>Treatment for low blood sugar is swallowing a quick source of glucose or simple sugar foods.</p>
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## Meal Planning and Nutrition Guidelines for the Child with Diabetes.

" A Food Plan is on file for this child.

Meals and snacks must be scheduled at the same time each day for consistency and management. Indicate time of day to schedule food intake for this child.

Breakfast\_\_\_\_ snack\_\_\_\_snack\_\_\_\_ Lunch\_\_\_\_ snack\_\_\_\_snack\_\_\_\_ Dinner\_\_\_\_ snack\_\_\_\_

Indicate developmental stage for feeding skills: Circle all that apply.

Bottle only Cup with help Self cup Finger foods Uses spoon/fork Eats regular table foods

Is your child allergic to any foods? Describe\_\_\_\_\_

What foods does your child like?\_\_\_\_\_Dislike\_\_\_\_\_

What foods/beverages must NEVER be given to this CHILD\_\_\_\_\_

## EMERGENCY

### Quick acting sources of sugar, given in emergency situations and on hand at all times.

Give immediately if blood sugar level count is below \_\_\_\_\_or with symptoms of low blood sugar. These items are stored \_\_\_\_\_(where)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_  
First choice

Never permit a child to exercise or participate in active play when stabilizing a low blood sugar.

**In case of Emergency Call 9-1-1 or Activate Emergency Medical Personnel then immediately call;**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

### Exercise and Activity:

Please indicate any activities or exercise which must require your permission or special notification prior to including your child. Unless specifically designated, your child will be included in all age appropriate activities scheduled for daily routines in the setting.

In general, my child can eat the same foods as served to other children of the same age, while meeting approved dietary guidelines and participate in activities geared to his/her developmental stage.

Please notify me of changes in posted menus or prior to anticipated special occasions. These changes in schedules may require adjustments in my child's feeding schedule, dietary needs or Insulin injections.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Plan de Cuidados e Información de Salud Diabetes** Fecha de Registro \_\_\_\_\_

Nombre del Niño \_\_\_\_\_ Sobrenombre \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

Padre/Madre/Tutor \_\_\_\_\_ Teléfono en el Día (Trabajo) \_\_\_\_\_ (Casa) \_\_\_\_\_

Médico \_\_\_\_\_ Teléfono \_\_\_\_\_ Dirección \_\_\_\_\_

**Insulina:** Tipo/nombre de insulina \_\_\_\_\_ dosificación \_\_\_\_\_ ¿Quién la proporciona? \_\_\_\_\_

Horario típico de inyección: Encierre en un círculo todo lo que proceda.

**AM** 6:00 7:00 8:00 9:00 10:00 11:00 12:00 **PM** 1:00 2:00 3:00 4:00 5:00 6:00 7:00

**Prueba de Glucosa en Sangre:**  Prueba de sangre mediante “pinchazo en un dedo”

Nombre de la herramienta de monitoreo de glucosa \_\_\_\_\_ ¿proporcionada por los padres? SI NO

Rango normal de glucosa en sangre \_\_\_\_\_ Mayor que este número es ALTO \_\_\_\_\_ Menor que este número es BAJO \_\_\_\_\_

Suministros: Guantes de látex Solución blanqueadora 1:10 Torundas en alcohol Toallas de papel Mesa/silla Curitas Recipiente para disposición de lancetas y artículos contaminados aprobado por OSHA Bolsas de plástico con cierre automático

*Capacitación* para Prueba de Glucosa en Sangre efectuada por \_\_\_\_\_ Fecha \_\_\_\_\_ para estos Maestros, Personas que Prestan Cuidados y Suplentes.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

¿Puede el niño entender y cooperar totalmente al aplicar el procedimiento de prueba de sangre? Si No

Recomendaciones para el personal: \_\_\_\_\_

<p><b>Glucosa Alta en Sangre</b> Ocasionado por estrés, trastorno emocional, estar enfermo, falta de una inyección de insulina, demasiado alimento y falta de ejercicio.</p> <p>La prueba de sangre es más alta que lo normal para este niño y/o presenta:</p> <p>Trastorno estomacal (náuseas) Mucha Sed Micción frecuente (orinar) Respiración con olor a fruta Respiración acelerada Muy cansado o con “movilidad lenta”</p> <p>El tratamiento de glucosa alta es generalmente una inyección de insulina o el aumento del ejercicio.</p>	<p><b>Glucosa Baja en Sangre</b> Ocasionado por muy poco alimento, demasiada insulina, demasiado tiempo entre comidas/refrigerios, demasiado ejercicio y excitación y algunos medicamentos.</p> <p>La prueba de sangre es más baja que lo normal para este niño y/o <i>presentación inmediata</i> de:</p> <p>Tambaleo o agitación Ritmo cardíaco acelerado Mareo Irritabilidad Hambre Debilidad o desfallecimiento</p> <p>El tratamiento de glucosa baja en sangre es la ingesta de una fuente de azúcar de acción rápida o alimentos con azúcar simple.</p>
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## Planeación de Comidas y Pautas de Nutrición para Niños con Diabetes

El expediente de este niño incluye un Plan de Comidas

Las comidas y refrigerios deben programarse al mismo tiempo todos los días por consistencia y administración. Indique la hora del día para programar la ingesta de alimentos de este niño.

Desayuno \_\_\_\_ refrigerio \_\_\_\_ refrigerio \_\_\_\_ Almuerzo \_\_\_\_ refrigerio \_\_\_\_ refrigerio \_\_\_\_  
Comida \_\_\_\_ refrigerio \_\_\_\_

Indique la etapa de desarrollo de las habilidades de alimentación: Encierre en círculo todo lo que proceda.

Botella solamente Taza con ayuda Taza sin ayuda Come con los dedos Usa cuchara/tenedor Come los alimentos que se ingieren normalmente en la mesa

¿Es su niño alérgico a cualesquier alimentos? Describa \_\_\_\_\_

¿Qué alimentos le gustan a su niño? \_\_\_\_\_ No le gustan \_\_\_\_\_

¿Qué alimentos no deben dársele NUNCA a este NIÑO? \_\_\_\_\_

### EMERGENCIA

**Fuentes de azúcar de acción rápida, proporcionados en situaciones de emergencia y disponibles siempre.**

Administre inmediatamente si el nivel de glucosa en sangre es menor que \_\_\_\_\_ o presenta síntomas de glucosa baja en sangre.

Estos artículos se guardan en \_\_\_\_\_ (indique el lugar).

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Primera opción

Nunca permita que el niño haga ejercicio o participe en juegos activos cuando se le esté estabilizando la glucosa baja en sangre.

**En caso de Emergencia Llame al 9-1-1 o Movilice al Personal Médico de Emergencias y luego llame inmediatamente a:**

1. Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_ Parentesco con el niño \_\_\_\_\_

2. Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_ Parentesco con el niño \_\_\_\_\_

### Ejercicio y Actividad:

Indique por favor cualesquier actividades o ejercicio que deba requerir su autorización o aviso especial antes de incluir a su niño. A menos que se señale específicamente, su niño se incluirá en todas las actividades propias de su edad programadas para las rutinas diarias en el establecimiento.

En general, mi niño puede comer los mismos alimentos que se sirven a otros niños de la misma edad, siempre que se cumplan las pautas dietéticas aprobadas y participar en las actividades adaptadas a su etapa de desarrollo.

Por favor notifíqueme los cambios en los menús establecidos o antes de las ocasiones previstas especiales. Estos cambios en los programas pueden requerir ajustes en el programa de alimentación, necesidades dietéticas o las inyecciones de insulina de mi niño.

Firma del Padre/Madre \_\_\_\_\_ Fecha \_\_\_\_\_

# WASH YOUR HANDS!

## HEALTHY HANDWASHING HOW-TO

