Pennsylvania Chapter
American Academy
of Pediatrics

Mode[l] Child Car[e] Health Policie[s]

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Model Child Care Health Policies may be purchased from:

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1509 16th Street, N.W.
Washington, DC 20036-1426
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American Academy of Pediatrics
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Model Child Care Health Policies

Introduction

In 1991, the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) organized a process to write a set of model health policies for out-of-home child care. A group of pediatric nurses worked with policies submitted by over 100 child care programs (centers and family child care homes) as part of a study conducted by the Early Childhood Education Linkage System (ECELS) of the PA AAP. Also, the authors used the recommendations for written health policies in the 1992 publication of the American Public Health Association and American Academy of Pediatrics called *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.*

Since the publication of the 3rd edition of the *Model Child Care Health Policies* in 1997, thousands of copies have been in use in the field. Where child care providers and health professionals suggested revisions, these have been considered for the 4th edition. This edition reflects the current standards as published in the 2002, 2nd edition of *Caring for Our Children*. The standards are posted on the Internet at <http://nrc.uchsc.edu>.

Child care facilities of any type can use these model child care health policies by selecting the issues appropriate to the setting and revising the instructions accordingly. Providers who work in child care centers, small and large family child care homes, programs for ill children, facilities that serve children with special needs, school-age child care facilities, and drop-in facilities need to adapt the model policies to their special requirements. For example, many of the policies and sample forms are suitable for use in both child care centers and family child care homes. However, some policies are not needed in a family child care home setting where fewer children are in care. The model policies make the job of writing site-specific health policies easier. Add, delete, and adapt policies from the model as needed. Where there are blanks with cue words, insert site-specific information.

Child care programs operate under a variety of different federal and state regulations, funding and accreditation requirements. Be sure to modify the model policies to comply with the rules that apply to your program. An electronic copy of the text is is posted on the ECELS page of the PA AAP's Web site. <http://www.paaap.org>

You may modify and photocopy *Model Child Care Health Policies* for any use other than resale. To purchase a print copy of the model health policies with the appendices, contact the National Association for the Education of Young Children at 800/424-2460, extension 2001, or the American Academy of Pediatrics at 800/433-9016.

Workable policies require input from those affected by, those with expertise in, and those with authority over the issue being addressed. Have a health professional and an attorney who works with the facility review the completed, site specific, health policies. These professionals can check whether the final policies are legally appropriate and consistent with current child health practice. Annually, have staff, families, and the site's health consultant review the policies also.

Please send us your suggestions about how the health policies could be made more useful when they are revised again. Let us know how you are using them. We look forward to hearing from you and wish you quality in your work in child care.

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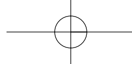

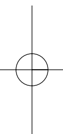

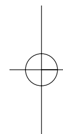

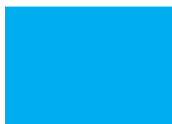

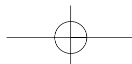

I. Admissions

A. Admissions Policy:

____
Name and address of facility
____

admits children from the ages of ________ (x) to ________ (y) without regard to race, culture, sex, religion, national origin, ancestry, or disability. When the parent or legal guardian of a child identifies that a child has special needs,

____
Name of Program Director

and the parent or legal guardian will meet to review the child's care requirements.

____
Name of Program

does not discriminate on the basis of special needs. The program accepts children with special needs as long as a safe, supportive environment can be provided for the child.

To help the program staff better understand the child's needs, the staff will ask the parent or legal guardian of a child with special needs to complete a "Special Care Plan" in conjunction with the child's health care provider(s). The program will attempt to accommodate children with special needs consistent with the requirements of the Americans with Disabilities Act. If the program is unable to accommodate the child's needs as defined by the child's health care provider(s) or the Individual Family Service Plan/Individual Education Plan without posing an undue burden as defined by federal law,

____
Name of Program Director

will work with the parent or legal guardian to find a suitable environment for the child.

B. Enrollment:

Prior to the child's attendance, a conference with the parent or legal guardian and the child is required to acquaint each new family with the environment, staff, and schedule for child care. During this visit, the parent or legal guardian will have a personal interview with

______________________________ (Staff title/name) and an opportunity to review the "Family Handbook" and other written materials maintained at the facility. Each child will spend ________ (length of visit) at the program with a parent or legal guardian before remaining in care without a family member.

The following forms will be completed and submitted to ______________________________ (Staff title/name) prior to the child's first day of attendance. The information in these forms will remain confidential and will be shared with other caregivers only as required to meet the needs of the child:

1) **Application for Child Care Services**–completed by parent or legal guardian. (Sample form in Appendix A)
2) **Child Health Assessment**–signed by the child's physician or certified registered nurse practitioner (CRNP). (Sample form in Appendix B)
3) **Child Care Emergency Information**–signed by a parent or legal guardian for each child enrolled. These forms will be updated by a parent or legal guardian every 6 months and whenever the information changes. (Sample form in Appendix C)
4) **Special Care Plan**–When the parent or legal guardian informs the facility staff that a child has a disability, a special care plan will be completed by a parent or legal guardian and/or health care provider(s) for that child. (Sample form in Appendix D) A parent or legal guardian may be asked to authorize release of information from providers of special services to help the child care provider coordinate the child's care. (Sample form in Appendix D)
5) **Consent for Child Care Program Activities**–completed by a parent or legal guardian. (Sample form in Appendix E)
6) **Child Care Agreement**–completed by a parent or legal guardian. (Sample form in Appendix F)

All incomplete forms will be returned to the parent or legal guardian for completion prior to the child's first day of attendance. If upon review of a child's health record it is determined that a significant health service (e.g., vision, hearing, or immunization) has not been done,

______________________________ (Staff title/name) will notify the parent or legal guardian. Health care referrals will be provided when requested or needed. The parent or legal guardian will be given 6 weeks or

____
insert period of time based upon
____
state requirements or program requirements if different

to obtain the required health services before the

child is considered for exclusion from the program. When an outbreak of a vaccine-preventable disease occurs in the child care facility, the parent or legal guardian may be asked to obtain special immunization. In the event of an outbreak, all children whose immunizations are not up-to-date with the current recommended schedule of the American Academy of Pediatrics and the U.S. Public Health Service will be excluded from child care until properly immunized. See section V. Health Plan, A. Child Health Services regarding children who are not immunized due to religious or medical reasons.

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by the child care facility, will be accessible only to the parent or legal guardian, and

____
child care director, child care provider, health/social service coordinator, health
counsultant, person designated by the state licensing department to review
records for licensing, validator from the
National Association for the Education of Young Children (NAEYC)
[choose applicable individuals and list names, if possible.]

Information concerning the child will not be made available to anyone, by any means, without the expressed written consent of the parent or legal guardian.

C. Daily Record Keeping/ Daily Health Checks:

For each child, two forms will be completed daily:

1) **Family/Caregiver Information Exchange** Upon daily arrival at the program site, each child will be observed by the caregiver for signs of illness/injury that could affect the child's ability to participate in the day's activities. (Instructions for Daily Health Check in Appendix G) The family will supplement these observations with an oral or written exchange of information with the child's caregiver. The written record of illness findings from these daily checks will be kept for at least 3 months to help identify outbreaks. (Sample form in Appendix G)

2) **Enrollment/Attendance/Symptom Record** The _______________ (staff and/or family member) will complete the Enrollment/Attendance/ Symptom Record to log attendance and any illness/injury the child is known to have. (Sample form in Appendix H) The E/A/S Records will be reviewed by _______________ (Staff title/name) to identify patterns of illness.

II. Supervision

A. Principle:

No child will be left unsupervised while attending the program. At least 2 staff will always be available if more than 6 children are in care. Caregivers will directly supervise infant, toddler, and preschool children by sight and hearing at all times, even when the children are sleeping. Children will never be left without a caregiver on the same floor-level as the children. School-age children will be permitted to participate in activities outside of the program and to visit friends off premises as approved by their parent or legal guardian and by their caregiver.

Caregivers will regularly count children on a scheduled basis, at every transition, and whenever leaving one area and arriving at another to confirm the safe whereabouts of every child at all times. Counting systems, such as a reminder tone that sounds at timed intervals, will be used to help staff remember to count.

_______________ (Staff title/name) will assign and reassign counting responsibility as needed. Staff will assess the environment for opportunities to improve visibility and hearing of child activities with such devices as convex mirrors and baby monitors.

B. Child:Staff Ratios:

Child:staff ratios followed by this program will always comply with the following requirements according to state regulations:

_______________ (child:staff ratios required by state regulations).

Our goal is to maintain the following national standards for child:staff ratios which are recommended by the American Academy of Pediatrics and the American Public Health Association whenever children are in care:

Age	Child:staff	Maximum Group Size
0 - 12 months	3:1	6
13 - 30 months	4:1	8
31 - 35 months	5:1	10
3-year-olds	7:1	14
4-5-year-olds	8:1	16
6-8-year-olds	10:1	20
9-12-year-olds	12:1	24

When there are mixed-age groups in the same room, the child:staff ratio and group size will be consistent with the age of the majority of the children when no infants or toddlers are in the mixed-age group. When infants or toddlers are in the group, the child:staff ratio and the group size for infants and toddlers will be maintained.

Child:staff ratios for family child care homes, for swimming, transporting, caring for ill children and children with identified special needs requiring more supervision, will comply with national recommendations of the American Academy of Pediatrics and the American Public Health Association as identified in *Caring for Our Children.*

A substitute may be employed or a volunteer assigned to assure that the required child:staff ratios are maintained at all times. Substitutes and volunteers will work under direct supervision and not be left alone with a group of children at any time. A substitute who is regularly employed as a caregiver by the facility and who is well-known by the children in the group will be considered staff and may function in the same way as the caregiver for whom the substitution is being made.

C. Supervision of Active (Large Muscle) Play:

Observation of active (large muscle) play in indoor and outdoor spaces will be as follows:

1) High-risk play areas (i.e., climbers, slides, swings and water play) will receive the most staff attention.

2) All children using playground or indoor play equipment will be supervised. No children will be permitted to go beyond a caregiver's range of direct supervision. Child:staff ratios will be at least as stringent as for other child care activities. Every child will be specifically assigned to a caregiver to be regularly counted to confirm their safe whereabouts at all times.

3) A written schedule will be prepared by

   ____
   Staff title/name

   and used to assign staff to supervise high risk areas. (Sample Form in Appendix I)

4) When swimming, wading or other gross motor play activities in collected water are part of the program, there will be 1:1 supervision of infants by adults, at least 2:1 supervision for toddlers, 4:1 supervision of preschool age children and 6:1 supervision for school-age children. Pushing, forced submersion of a child, or running shall be prohibited. Children shall not be allowed to bring non-water toys and flotation devices into the water play area.

D. Family/Staff Communication:

The facility will promote communication between families and staff by using written notes as well as informal conversations. Families are encouraged to leave written notes with important information so all the caregivers who work with the child can share the parent's communication. Caregivers will write notes for families on a daily basis for infants and toddlers, no less than weekly for preschool and kindergarten children, and no less than monthly for school age children. Staff will use these notes to inform families about the child's experiences, accomplishments, behavior, sleeping, feeding, and other issues related to personal care such as wet diapers and bowel movements for infants and toddlers.

III. Discipline

A. Philosophy of Discipline:

Caregivers will equitably use positive guidance, redirection, planning ahead to prevent problems, encouragement of appropriate behavior, consistent clear rules, and involving children in problem solving to foster the child's own ability to become self-disciplined. Where the child understands words, discipline will be explained to the child before and at the time of any disciplinary action. Caregivers will encourage children to respect other people, to be fair, respect property, and learn to be responsible for their actions.

Caregivers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable. Caregivers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior. Caregivers will use discipline that is consistent, clear, and understandable to the child.

B. Permissible Methods of Discipline:

For acts of aggression and fighting (e.g., biting, hitting, etc.) staff will set appropriate expectations for children and guide them in solving problems. This positive guidance will be the usual technique for managing children with challenging behaviors rather than punishing them for having problems they have not yet learned to solve. In addition, staff may:

1) Separate the children involved.

2) Immediately comfort the individual who was injured.

3) Care for any injury suffered by the victim involved in the incident.

4) Notify parents or legal guardians of children involved in the incident.

5) Review the adequacy of caregiver supervision, appropriateness of facility activities, and administrative corrective action if there is a recurrence.

Physical restraint will not be used except as necessary to ensure a child's safety or that of others, and then in the form of holding by another person as gently as possible only for as long as is necessary for control of the situation.

Medicines or drugs that will affect behavior will not be used except as prescribed by a child's health care provider and with specific written instructions from the child's health care provider for the use of the medicine.

Time-out will be used if other management techniques are ineffective. "Time-out" or removal of a child from the environment may be used selectively for children over 18 months of age who are at risk of harming themselves or others. The period of "time-out" will be just long enough to enable the child to regain self-control. As a general rule this period will not exceed one minute per year of age. Caregivers will monitor the effectiveness of "time-out" and seek the help of a mental health consultant when approved behavior management strategies do not seem to be effective.

C. Prohibited Practices (Child Abuse):

Caregivers will not use physical punishment or abusive language.

D. Suspected Child Abuse:

All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred.

______________________ (Staff title/name) will call ______________________ (phone number/agency name) to report suspected abuse or neglect. ______________________ (Staff title/name) will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, ______________________ (Staff title/name) will follow the guidance of the child protective agency regarding notification of the parent or legal guardian. Reporters of suspected child abuse will not be discharged for making the report unless it is proven that a false report was knowingly made.

Staff who are accused of child abuse may be suspended or given leave ______________________ (Specify with/without pay) pending investigation of the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. Parents or legal guardians of suspected abused children will be notified. Parents or legal guardians of other children in the program will be contacted by

______________________ (Staff title/name) if a caregiver is suspected of abuse so they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

IV. Care of Acutely ill Children

A. Admission and Exclusion:

The decision to exclude a child from care will be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and the other children in the group. (Check specific state regulations that may supersede the national standards on which this policy is based). The child care provider, not the child's family, makes the final determination about whether the acutely ill child can receive care in the child care program. Children will be excluded if:

1) The child's illness prevents the child from participating comfortably in activities that

the facility routinely offers for well children or mildly ill children.

2) The illness requires more care than the child care staff are able to provide without compromising the needs of the other children in the group.

3) Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact as defined in *Preparing for Illness*.

(See Exclusion Guidelines in *Preparing for Illness* available from NAEYC 800/424-2460, www.naeyc.org, and the American Academy of Pediatrics 800/433-9016, www.aap.org).

If the child care staff are uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a physician or nurse practitioner notifies the child care program that the child may attend. A child whose illness does not meet any of these conditions listed above *does not need to be excluded.*

B. Admission and Permitted Attendance:

Specific conditions that do not require exclusion are:

1) Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves. Exceptions include E. coli 0157:H7, shigella or Salmonella typhi.

2) Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness.

3) Children with a rash, but no fever or change in behavior.

4) Children with cytomegalovirus infection, parvovirus B19, HIV or carriers of hepatitis b.

C. Procedure for Management of Short Term Illness:

____
Staff title/name

will decide whether a child who is ill will be permitted to come for the day or remain in the program.

If a child appears mildly ill, but will be staying for the day:

1) The child's caregiver will complete a symptom record to document date, time, symptoms of illness. (Sample form in Appendix J)

2) The caregiver and the parent or legal guardian will discuss treatment and develop a plan for the child's care. The staff should contact the child's health care provider if the caregiver has questions or does not understand the instructions provided by the health care provider.

3) The caregiver will complete the symptom record during the period the child is in care and give a copy of the symptom record to the parent or legal guardian when the child leaves the program for the day.

If the child becomes ill during the time the child is in care:

1) The caregiver will notify ______________ (Staff title/name) and complete the symptom record.

2) ______________ (Staff title/name) will determine if the child may remain in the program or is too ill to stay in child care.

3) ______________ (Staff title/name) will call the parent or legal guardian.

4) The child's symptoms will be treated as agreed upon with the parent or legal guardian. The treatment will be written on the symptom record. The child will be reassured by the caregiver.

5) The symptom record will be given to the parent or legal guardian so that the parent or legal guardian has the information needed to continue the child's care and, if necessary, to consult the child's health provider for management of the child's illness.

6) If the child is too ill to stay in child care, the child will be provided a place to rest until the parent, legal guardian or designated person arrives. The child will be supervised at all times by someone familiar with the child. A child with a potentially communicable illness that requires that the child be sent home from child care will be provided care separate from other children with extra attention to hygiene and sanitation until the child leaves the facility.

D. Reporting Requirements:

Some communicable diseases must be reported to public health authorities so that control measures can be used. ______________ (Staff title/name) will obtain an updated list of reportable diseases from the local or state health authorities annually.

A copy of this list will be shared with each parent and legal guardian at the time of enrollment. In September, families and staff will be reminded to notify ______________________ (Staff title/name) within 24 hours after the child or staff has developed a known or suspected communicable disease and to inform ______________________ (Staff title/name) if any member of their immediate household has a reportable communicable disease. While respecting the legal boundaries of confidentiality of medical information, ______________________ (Staff title/name) will notify the appropriate health department authority about any suspected or confirmed reportable disease among the children, staff, or family members of the children and staff.

The telephone number of the responsible local or state health authority to whom to report communicable diseases is posted ______________ (location).

Families of children who may have been exposed to a child with a communicable disease or reportable condition will be informed about the exposure according to the recommendations of the local health department. (See Sample Letter in Appendix K)

E. Obtaining Immediate Medical Help:

All caregivers will obtain immediate medical help for the situations listed in Appendix L.

V. Health Plan

A. Child Health Services:

(Check state regulations which may differ from the national standards).

Immunizations will be required according to the current schedule recommended by the U.S. Public Health Service and the American Academy of Pediatrics (see www.aap.org).

Every January, ______________________ (Staff title/name) will check with the public health department or the American Academy of Pediatrics for updates of the recommended immunization schedule.

______________________ (State health department/child care regulating body) regulations regarding attendance of children who are not immunized due to religious or medical reasons will be followed. Unimmunized children will be excluded during outbreaks of vaccine preventable illness as directed by the state health department.

Routine preventive health services will be required according to the current recommendations of the American Academy of Pediatrics. (see www.aap.org) Documentation of an age-appropriate health assessment should be obtained before, but is required no later than, 6 weeks

____

______________________ (program or state requirement, if different)

after the child starts receiving care. Parents or legal guardians are responsible for assuring that their children are kept up-to-date and that a copy of the results of the child's health assessment is given to the program.

A visit to the doctor for a special health assessment or new documentation is not required for admission if documentation of an age-appropriate health assessment is provided. Questions raised about the child's health will be directed to the family or (with permission of the parent or legal guardian) to the child's health care provider for explanation and implications for child care.

______________________ (Staff title/name) will check annually with the public health department or the American Academy of Pediatrics for updates of the schedule for routine preventive health services.

Children will not be excluded for failure to be immunized if they have an appointment for immunizations and have their immunizations initiated

within one month. A child whose immunizations are not kept up-to-date will be dismissed after three written reminders to the parent or legal guardian over a 3 month period.

______________________ (Staff title/name) will check the facility's records to be sure each child's immunization and other routine preventive health services are current ______________________ (frequency of checking) ______________________ (at least annual; more often for younger children). ______________________ (Staff title/name) will remind parents and legal guardians to provide documentation of health assessments.

B. Health Consultation:

______________________ (Name and phone number of Health Consultant who is child health physician, certified pediatric or family nurse practitioner, Physician's Assistant. Registered Nurse, Public Health Nurse or other licensed health professional with pediatric training) will provide ongoing consultation to the child care facility and will help develop and approve all written policies relating to health and safety. The health consultant will visit the facility to review and give advice on the health component.

______________________ (Frequency of visits: If the facility is a child care center, the health consultant will make monthly visits if the children in care are under 2 years of age or at least quarterly visits if all children are older than 2 or if the center is not open daily. If the facility is a family child care home, the health consultant will make an annual visit with quarterly telephone contacts or quarterly visits to the facility).

The health consultant will provide advice about accommodations required for children with specific health problems, design and review surveillance systems for injury and illness, assist with staff and family education, and be a source of contacts within the health care community. To serve as health consultants for child care, nutrition professionals, oral health professionals, mental health professionals and other health professionals should have pediatric credentials or advanced training in pediatrics.

C. Health Education:

Health education will be a part of the curriculum for staff, families and children. Topic areas for staff and families may include: nutrition, stress management, exercise, child development, prenatal care, management of chronic disease, substance abuse, safety, first aid, control of infectious disease, HIV/AIDS, and other topic areas based on community needs and interests.

Speakers and materials may be obtained from community hospitals, children's hospitals, voluntary health organizations, public health departments, health consultants, drug and alcohol programs, medical/oral health/nursing/mental health providers and organizations, health agencies, and local colleges and universities.

All health education activities and materials for children will be developmentally appropriate. Health practices will be integrated into daily routines and focused on topic areas such as Child Passenger Safety Week, Heart Month, Week of the Young Child, and Fire Prevention Month. Topic areas for children include: physical health, oral health, social health, emotional health, medication and substance abuse, safety, first aid, and preventing infectious diseases. (See *Caring for Our Children* for contact information on organizations who provide health education materials.)

Programs will notify parents and legal guardians if sensitive topic areas are included in the health education plan. Parents or legal guardians must notify the staff of the facility if they do not want their children to be involved in activities related to a specific topic.

VI. Medication Policy

A. Principle:

This facility will administer medication to children with written approval of the parent and an order from a health provider for a specific child or a specific condition for any child in the facility for whom a plan has been made and approved by ______________________ (Staff title/name).

Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, medication administration in child care will be limited to situations where an agreement to give medicine outside child care hours cannot be made. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the child care day.

B. Procedure:

______________________ (Staff title/name) will administer medication only if the parent or legal guardian has provided written consent, the medication is

available in an original labeled prescription or manufacturer's container that meets the safety check requirements in Appendix M. The facility must have on file the written or telephone instructions of a licensed clinician to administer the specific medication. (Sample form in Appendix M.)

1) For prescription medications, parents or legal guardians will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; and administration, storage and disposal instructions. For over-the-counter medications, parents or legal guardians will provide the medication in a child-resistant container. The medication will be labeled with the child's first and last names; specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.

2) Instructions for the dose, time, method to be used, and duration of administration will be provided to the child care staff in writing (by a signed note or a prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. This requirement applies both to prescription and over-the-counter medications.

3) A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child's name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and any precautions to follow. Example: children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise may take one dose of asthma medicine before vigorous active (large muscle) play; children who weigh between 25-35 pounds may be given 1 teaspoon of acetaminophen 160 mg/5cc (1 teaspoon) for up to two doses every four hours for fever. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto-injection device prescribed for that child (e.g., Epipen®). A child may only receive medication with the permission of the child's parent or legal guardian and when the staff person who will give the medication has demonstrated to a licensed health professional the skills required.

4) Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage.

5) Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.

6) A medication log will be maintained by the facility staff to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log (sample form in Appendix M).

7) Medication errors will be controlled by checking the following 5 items each time medication is given:

   a. Right child
   b. Right medicine
   c. Right dose
   d. Right time
   e. Right route of administration

When a medication error occurs, the Regional Poison Control Center and the child's parents will be contacted immediately. The incident will be documented in the child's record at the facility.

VII. Emergency Plan

A. First-Aid Kits:

First-aid kits will be located ______________ (state locations) ______________________________, kept inaccessible to children, and will be restocked following use to maintain the supply of items listed in Appendix N. Additionally, the kit will contain an emergency dose of medication for any child in the group who may require such medication (e.g. Epipen®, metered-dose inhaler for asthma, antihistamine for allergic reaction). An appropriately supplied first aid kit will be taken on trips (walking or vehicular) to and from the facility. ______________ (Staff title/name) will check the contents of the first aid kits and replace missing or expired items monthly. (Sample form in Appendix R)

B. Emergency Phone Numbers:

All caregivers will have immediate access to a device that allows them to summon help in an emergency.

The telephone numbers of the Fire Department, Police Department, Hospital, and Poison Control will be posted by each phone with an outside line. Emergency contact information for each child and staff member will be kept readily available. Telephone numbers for contractors who provide specific types of building repairs for this facility are kept in ______________ (location). These contractors can be called by ______________ (Staff title/name) for problems with electricity, heating, plumbing, snow removal, trash removal, and general maintenance. The list of emergency telephone numbers, and copies of emergency contact information and authorization for emergency transport will be taken along anytime children leave the facility in the care of facility staff.

Emergency phone numbers will be updated at least every 6 months. Emergency phone numbers will be verified by calling the numbers to make sure a responsive, designated person is available.

C. Lost or Missing Children:

1) To prevent lost or missing children, staff will count children frequently while on a field trip. A staff person will be responsible for performing a 'sweep' of the area or vehicle the children are leaving to be sure that no child is overlooked. Staff will identify and implement specific systems for speedy recovery of missing children, such as uniform, brightly colored T-shirts, accessible identification and contact information for the children, and instructions to older children about what to do if they separate from the group. Staff will not make the child's name visible to a stranger who might use the child's name to lure the child from the group. See XI, E. Route Planning and Trip Safety 1–8, for related policies.

2) If it is determined that a child is missing or lost, ______________ (Staff title/name) will immediately notify the local police or sheriff, the program director, the parents or legal guardian, and other authorities as required by state regulation. If on a field trip, the staff will notify the facility management to assist in the search for the child.

D. Child Abuse: (See Discipline)

E. Injuries or Illnesses Requiring Medical or Dental Care:

1) The caregiver who is with the child and who has had pediatric first aid training will provide first aid. See section XVI. Staff Policies, E. Training for pediatric first aid course content.

2) ______________ (Staff title/name) will activate the Emergency Medical Services (EMS) system by dialing ______________ (number) when immediate medical help is required. (See Appendix L for conditions requiring immediate medical help). ______________ (Staff title/name) will contact a parent or legal guardian or, if the parent or legal guardian cannot be reached, the alternate emergency contact person. The emergency facility used by the program is ______________ (name of facility). Prior to a specific medical emergency ______________ (Staff title/name) will contact the emergency facility to find out what procedures are followed for emergency treatment of children not accompanied by a parent or legal guardian. Emergency transport is provided by ______________ (identification of source of emergency transportation).

3) A staff member will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the

child. Child:staff ratios will be maintained at all times for the children remaining in the facility. ____________ (Staff title/name) will substitute for the missing caregiver in such emergencies.

4) ____________ (Staff title/name) will complete an injury report form (Sample form in Appendix O) as soon after the incident as possible. The form will be signed by the parent or legal guardian. Copies will be distributed to the parent or legal guardian, the child's record at the facility, and the facility's Injury Log.

5). Dental Emergencies:

____________ (Provider names) are the licensed providers who have agreed to accept emergency dental referrals of children and to give advice regarding a dental emergency unless otherwise indicated by the parent or legal guardian. Dental injuries will be given first aid as in 1 above. If emergency dental care is required, a staff member will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child.

F. Serious Illness, Hospitalization, and Death:

____________ (Staff title/name) will immediately notify the ____________ (name of any required agencies such as health department or state regulating agency) of a serious illness, hospitalization, or death of a child or staff member that occurs related to child care or during the child care day. ____________ (Staff title/name) will plan and carry out communication with staff, families, children, and the community as appropriate.

G. Media Inquiries:

Refer all media inquiries to ____________ (Staff title/name). Do not allow access by the media to the facility during a crisis situation. Media access will be prearranged at times when staff and families have been informed and when such visits will cause the least amount of disruption to the program.

VIII. Security and Evacuation Plan, Drills, and Closings

A. Security Plan:

1) Entrances will be protected from unauthorized access by keeping all doors into the facility locked (to the outside).

2) In the event of an admission of an individual who subsequently demonstrates threatening behavior ____________ (means of alarm) will be used to notify another adult to call the police and all caregivers to avoid the area where the threatening individual is located.

B. Evacuation Procedure:

1) Child:staff ratios will be maintained, and the children will be evacuated to ____________ (location).

2) Children who cannot walk out of the building on their own will be evacuated as planned in consultation with a fire safety professional:
   - Method used for infants and toddlers:
   - Method used for children with disabilities:

3) ____________ (Staff title/name) will check that each staff member knows a specific assignment as listed below:

Staff title/name	Assignment
Staff title/name	Assignment
Staff title/name	Assignment
Staff title/name	Assignment
Staff title/name	Assignment
Staff title/name	Assignment

4) Staff will count the children in each group being evacuated and count the children again when they reach the evacuation destination.

5) Staff will give children clear, simple instructions about exiting the facility. Children will stop their activities immediately at the sound of the alarm and proceed to the exit door.

6) ______________ (Staff title/name) will carry attendance and emergency contact information from the facility to the ______________ (location where evacuees will gather) and compare attendance at the ______________ (location where evacuees will gather) to the attendance sheet to be sure no children or staff have been left behind.

7) To assure complete evacuation has occurred, the last person to leave each part of the facility will conduct a final, thorough 'sweep' of all areas accessible to children (whether or not children are allowed in those areas). The facility will post a list of all areas to be checked as part of the 'sweep' in each part of the facility. The last person to leave will use the list of accessible areas to be sure each area is checked, then take the list to the ______________ (location where evacuees will gather). Each person who conducted a 'sweep' will sign the list of areas checked and give the list to ______________ (Staff title/name). If a child who should have been evacuated with the group is located as a result of a final 'sweep' during an evacuation drill, the director will investigate the circumstances that led to the failure to evacuate that child and plan how to avoid such problems in the future.

8) If reentry into the building is not possible, children will be evacuated to ______________ (name and location of the temporary shelter to be used in emergency) Staff should remain calm and speak to the children in a reassuring manner.

9) The temporary shelter will be stocked with supplies and materials necessary for the program to take care of children until parents, legal guardians or designated persons can take the children home.

10) Families will be notified by telephone or radio/television broadcast on ______________ (station call letters/numbers) The radio station/television station call letters are also listed in the Family Handbook.

11) Evacuation procedures will be posted in the facility at ______________ (locations).

12) Evacuation drills will be held monthly. The timing of the drills will be varied to include early morning, mealtimes, and nap times. Children will be appropriately prepared for and reassured during drills. ______________ (Staff title/name) will complete the Evacuation Drill Log at the end of each drill. (Sample Evacuation Drill Log in Appendix P)

13) At least one drill per year will be observed by a representative of the Fire Department or equivalent emergency or disaster planning personnel.

14) All new staff will receive preservice training on the evacuation plan.

C. Fire or Risk of Explosion:

1) Anyone who discovers smoke, fire or risk of explosion will pull the fire alarm located at ______________ (location), and notify ______________ (the proper authorities) by calling ______________ (phone number) from a safe location after being sure that evacuation of the building takes place.

2) Staff will follow the posted Evacuation Procedures.

3) The last person to leave a room will close the doors of that room.

4) ______________ (Staff title/name) are authorized to use the fire extinguisher where necessary and safe.

5) ______________ (Staff title/name) will report a fire or explosion to the child care licensing agency within 24 hours.

D. Power Failures:

1) Caregivers will comfort the children, explain the situation, and model for them how to remain calm.

2) ______________ (Staff title/name) will discover if the power outage is confined to the facility or includes the neighborhood or surrounding areas.

3) To activate the emergency lighting system in this facility, ______________ (Staff title/name) will check that a battery-operated system has been automatically activated, or will use some other system. Flashlights are stored in ______________ (location).

4) Unless the power failure is accompanied by an emergency situation requiring evacuation (e.g., fire, flood, etc.), children will be kept inside. Should it be necessary to leave the building, staff will follow emergency evacua-

tion procedures. Staff will look for and avoid any downed power lines.

5) ______________________ will call
Staff title/name
the local power facility at ______________,
phone number
explain the situation, and request assistance.

6) If weather conditions do not permit the maintenance of safe temperatures within the facility, families will be notified by telephone, radio or television broadcast on

______________________ .
station call letters/numbers

E. Closing Due to Snow/Storm:

1) If ______________________ decides
Staff title/name
prior to opening hours not to open the facility, families will be notified by telephone, radio or television broadcast on

______________________.
station call letters/numbers

2) If the facility must close during operating hours because of snow or storm,
______________________will notify
Staff title/name
families by telephone, radio or television broadcast on ______________ .
station call letters/numbers

3) If weather conditions prevent a parent or legal guardian from reaching the facility to recover a child, ______________________
Staff title/name
will care for the child (maintaining proper child:staff ratios) until such time as the parent or legal guardian can safely reclaim the child. If the parent, legal guardian, or emergency contact person cannot reclaim a child within ______________ , the child will be
amount of time
cared for at ______________ , where the
insert location
child will receive food, warmth, and have a place to rest. If children must remain at the child care facility, ______________ will use
Staff title/name
a three-day supply of emergency food, water, clothes, blankets, flashlights, diapers and other necessary articles stored in

____
storage location at the facility
to care for such children.

F. Floods, Tornadoes, Hurricanes, Earthquakes, Blizzards or Other Catastrophes:

1) ______________________ is
Staff title/name
responsible for contacting local Emergency Preparedness Authorities and obtaining written instructions for what to do in the event of emergency that may occur in the region.

2) Anyone who learns about a significant health or safety hazard will notify
______________________ by calling
Staff title/name
______________ so appropriate action
phone number
can be taken.

3) Staff will follow the appropriate, posted Emergency Procedures for the catastrophe and wait for authorities to arrive.

IX. Authorized Caregivers

A. Documentation of Authorized Caregivers:

____
Staff title/name
will maintain in the files, written authorization by the child's parent or legal guardian of the names, addresses, and telephone numbers of individuals whom the parent or the legal guardian have approved to care for the child, to pick up the child for them, and to take the child out of the facility on trips.

B. Sign-In/Sign-Out Procedure:

Caregiving adults who bring the child to, or remove the child from, the facility

____
parents, legal guardians and staff
will sign children in and out of the facility. This policy will be provided to families at the time of enrollment and will be strictly enforced.

C. Policy for Handling an Unauthorized Person Seeking Custody:

1) ______________________
Staff title/name
will contact the custodial parent or legal guardian named on the Application for Child Care Services.

2) Telephone authorization to release a child to someone who does not usually pick up the child will be accepted only in concert with prior written authorization from the custodial parent or legal guardian for such an exceptional release. The staff person who accepts such authorization will call the previously documented phone number of the parent to verify that the parent is activiating a phone authorization for release of the child. The staff person will document the results of this call in the child's record, as well as the time and to whom the custodial parent or legal guardian gave telephone authorization for release of the child.

3) No child will be released without the presence or permission of the custodial parent or legal guardian.

4) Any authorized person who is not recognized by the staff will be required to provide photo identification such as a driver's license, work or school ID before the child is released. The custodial parent or legal guardian may provide a photograph of authorized persons for pick up of the child which will be kept in the child's record at the facility.

5) ______________________ will
Staff title/name
notify the police if an unauthorized person seeks custody of the child.

D. Policy for Handling Persons Who May Pose a Safety Risk:

(Includes abusive parents or legal guardians and any adults who cannot take the child safely from the facility).

1) The child will not be released to anyone who cannot safely care for the child.

2) ______________________ will
Staff title/name
notify the police by calling ____________ to manage an adult under the apparent influence of drugs/alcohol or an individual who poses a safety risk.

3) ______________________ will
Staff title/name
contact the emergency contact person to make arrangements for the child's transport to a place of safety. If no one is available to care for the child, ______________________
Staff title/name
will contact child protective services for guidance.

X. Safety Surveillance

A. Hazard Identification and Correction:

____
Staff title/name, with assistance of the parent or legal guardian, and/or child group
will conduct monthly inspections of the facility for hazards. The results of the site inspections will be reviewed by ______________________
Staff title/name
to arrange for correction of hazardous conditions identified. Written reports of the inspections and corrections will be kept in the program files. (Sample site inspection checklist is in Appendix Q)

1) Escape Hazards: ______________________
Staff title/name
will maintain and review with the staff annually a list of potential high risk locations/situations where a child might escape unnoticed from the group. Staff will use this list to plan for increased supervision in these high risk locations and situations. If such a high risk escape hazard is identified between annual reviews, staff will take action immediately.

2) Evacuation Hazards: ______________________
Staff title/name
will be responsible for establishing and updating a checklist of locations to be assessed during evacuation to assure complete surveillance of the building before an evacuation is declared complete. The checklist will identify usual and likely-to-be-forgotten locations such as: under a cot, behind a sofa, in a toy bin, in a closet, kitchen, or toilet room. (See VIII. Evacuation Procedure, B. 4)

B. Review of Injury Reports:

Whenever an injury occurs, a copy of a completed Injury Report Form will be filed in the Injury Log. (Sample Injury Report Form in Appendix O). The Injury Log will be reviewed by ______________________ and by the
Staff title/name
health consultant at least every three months to identify hazards for corrective action.

XI. Transportation and Field Trips

A. Daily Transport to and from the Program:

All motor vehicle transportation provided by parents, legal guardians or others designated by parents or legal guardians will include use of age-appropriate, and size-appropriate seat restraints

(car seats and/or seat belts). If the parent or legal guardian does not provide appropriate seat restraints or resists using them for their children, staff will remind them about the risk involved and any applicable laws that require use of restraints for transport of children. Staff may arrange for education of families and staff by local public safety and emergency personnel with specialized training. The trainer will be identified by the National Highway Traffic Safety Administration (800/424-9393) as an individual who has the necessary training. Restraints for children with special needs will be appropriate for the child.

Car seats that belong to individual children may be stored between arrival and departure in

_______________________________ (location).

Staff will encourage families to secure their children in seat restraints to assure that children arrive and leave the program safely.

The number of adults and children transported in the vehicle will be limited to the manufacturer's stated capacity for the vehicle.

B. Vehicular Requirements:

1) The vehicle will be licensed according to state law.

2) The vehicle will be insured for the type of transport being provided.

3) The vehicle will be equipped with a first aid kit and emergency information for all children being transported.

4) The vehicle will be air-conditioned when the temperature inside the vehicle exceeds 82 degrees F and heated when temperatures drop below 65 degrees F.

5) The vehicle will contain a two-way radio or car phone to communicate to a dispatcher at the facility.

6) A backup vehicle will be available at _______________ (location) and can be dispatched immediately in case of an emergency.

7) The following policy statements will be posted prominently and enforced in each vehicle: "No Smoking," "No Loud Radios or Tapes," and "Buckle Up! It's the Law."

8) Weekly _________________________ (Staff title/name) will inspect all vehicles and passenger restraint systems used by the facility to be sure they are kept clean and safe (interior and exterior).

9) The vehicle will be equipped with a notebook containing a weekly safety checklist with corrections made, injury report forms, and a trip sheet to record destination, mileage, times of departure and return, and a list of passengers.

C. Driver Requirements:

1) Requirements for drivers will apply to staff and any others who transport children on behalf of the facility.

2) Requirements for staff qualifications related to child abuse and criminal records will apply to drivers.

3) Drivers will hold a current state driver's license that authorizes them to operate the vehicle.

4) Drivers will be certified in Infant/Child First-Aid (including choke saving and rescue breathing for management of a blocked airway) as required of other staff.

5) Drivers will be instructed in child passenger safety precautions, including:
   - use of safety restraints.
   - permissible drop-off and pick-up sites.
   - how to check the vehicle before and after each trip for children who might be hiding in, under and behind the vehicle.
   - handling of emergency situations.
   - responsibility for supervision of children in usual and unusual circumstances that involve the vehicle or the passengers.

6) Drivers transporting children with special needs will receive a minimum of 6 hours training annually in the transport of children with special needs.

7) Drivers will not be responsible for correcting the behavior of children while operating the vehicle. Other staff will accompany the children who require monitoring and will assume responsibility for supervision. (Drivers will pull over to the side of the road to give children attention if necessary).

8) Drivers will be instructed in the completion of the weekly safety checklists, injury report forms, and trip sheets.

9) Drivers will obey the signs posted in the vehicle, will not use earphones while

driving, and will not have used alcohol for at least 12 hours prior to transporting children or operating the program's vehicles. Drivers will not take any medications that will impair their ability to drive. The program will require drug testing when necessary.

10) Drivers will know and keep instructions in the vehicle for the quickest route to the nearest hospital from any point on their route.

D. Seat Restraint Requirements:

1) Each child will be fastened in his/her own individual, correctly installed safety seat, seat belt, or harness federally approved for the child's weight, height, and age until they are at least 4 feet 9 inches tall and 80 pounds in weight. Infants will ride rearward facing at least until they reach 20 pounds and 12 months of age. Children in child seat restraints will not ride facing a passenger side airbag. The safety restraint device must display a label that says that the restraint meets federal Motor Vehicle Safety Standard 213. Car seat harness straps will be properly adjusted to fit the child who uses the seat.

2) Restraints will be installed and used according to the instructions provided by the manufacturer of the vehicle and the manufacturer of the seat restraint. Since the method of installation of car seats differs from one to another, car seats will be installed in vehicles under the control of the facility only by staff who have received training in the use of this equipment and in a manner verified as correct by an NHTSA-certified car seat technician.

3) Field trips will be limited to excursions where parents can drive their own children or the children are transported in a vehicle under control of the facility that is equipped with age-appropriate seat restraints for the children who will be traveling in them. The program will not assume responsibility for arrangements made by parents to have other parents transport their children. Monthly, ____________ ____________ (Staff title/name) will check the recall list maintained by the National Highway Traffic Safety Administration for car seats that cannot be used.

4) For children who travel in wheelchairs, the facility will provide 4-point tie-downs in a forward-facing direction and a three-point restraint system for the occupant separate from the wheelchair restraint. The tie-down system will be placed through the wheelchair in the exact location specified by the manufacturer. Only wheelchairs that are labeled as suitable for use in transportation will be used in the vehicle.

5) Compliance with the above policies will be determined by spot checks and interviews performed by the program director.

E. Route Planning and Trip Safety:

1) ____________ (Staff title/name) will map out all routes in advance, provide this information to drivers, parents, legal guardians and accompanying caregivers, and ensure adequate insurance coverage.

2) The location of rest rooms, sources of water and telephones will be determined in advance. Children may only use a public rest room if they are accompanied by a staff member.

3) All trip participants will wear identifying information that, for children, gives the program's name and phone number.

4) A parent or legal guardian will sign an informed consent form for trips for each child before each trip.

5) A first-aid kit, emergency contact information, and emergency transport authorization information for the children in the group will be taken on all trips.

6) Children will be counted every 15 minutes while on a field trip.

7) Walking trips:

- The children will learn pedestrian safety by caregiver role-modeling and verbal reinforcement. Caregivers will teach children to cross only at the corner, when traffic signals indicate it is safe to cross, and only after looking left, right and left again.
- Caregivers will keep younger children together through use of a travel rope (a knotted rope which is stretched between two caregivers and which the children

hold onto while they walk), by having an adult hold each child's hand, or by another means that keeps the child physically connected to an adult at all times. A designated adult will supervise the children at the front and another adult at the back of each group.

8) Motor vehicle trips:

- No child who is too small to use a shoulder-lap belt restraint and airbag system (as specified by the manufacturer of the vehicle) will ride in the front seat.
- If the vehicle is a school bus, before every trip in the bus, staff will instruct children and all adults using the bus about the 10 foot danger zone around the vehicle where the driver cannot see.
- Caregivers will interact with children who are awake while traveling by telling stories, singing songs, playing games, or talking about what the children see.
- Staff will explain rules of the road and provide a positive example by obeying these rules; children will be asked to point out and identify traffic warning signs.
- No child will be transported for more than an hour, one way, on a daily basis.
- ______________________ (Staff title/name) will be responsible for assuring all children are accounted for before the vehicle leaves the facility, when the children disembark at the destination, when the children reenter the vehicle at the trip location, and again when the children disembark from the vehicle upon return to the facility. Staff will conduct a 'sweep' of the vehicle each time the vehicle is parked to be sure that no child is left in the vehicle.
- The same child:staff ratios required at the facility will be maintained during transportation. The driver will not be counted as staff in the ratio for children under six years of age.
- Each child will be assigned to an adult for every part of the trip.
- Children will never be left alone in a vehicle or unsupervised by an adult.
- For children who have special needs for transportation, the facility will use a plan based on a functional assessment of the child's needs related to transportation that is filled out by the child's physician. This plan will address special equipment, staffing and care in the vehicle during transport.

XII. Sanitation and Hygiene

A. Handwashing:

1) Signs will be posted at each sink with the times when handwashing is required and the steps to follow.

2) All staff, volunteers, and children will wash their hands at the following times (as applicable):

a) upon arrival for the day, when moving from one child care group to another or coming in from outdoors

b) before and after:

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

c) after:

- diapering and toileting.
- handling bodily fluids (mucus, blood, vomit) and wiping noses, mouths, and sores.
- cleaning or handling garbage.
- handling pets or other animals.
- playing in sandboxes.

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

a) Moisten hands with water and apply liquid soap. Rub hands with soap and water for at least 10 seconds. Include between fingers, under and around nail beds, backs of hands and any jewelry.

b) Rinse hands well under running water with fingers down so water flows from wrist to finger tips. Leave the water running.

c) Dry hands with paper towel or approved drying device. Drying devices will not be

used unless there is a faucet that does not require the user to touch the faucet after the hands are washed.

d) Use a towel to turn off the faucet and, if inside a toilet room with a closed door, use the towel to open the door. Discard the towel in an appropriate receptacle.

e) Apply hand lotion, if needed.

If a child is too heavy to hold for handwashing at the sink, and cannot be brought to the sink for handwashing, use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hands. Then wipe the child's hands with a paper towel wet with clear water. Dry the child's hands with a fresh paper towel. Note: this method is less satisfactory than washing at the sink where the soil can be rinsed off in running water.

B. Diapering:

1) Diapering will be done only in a designated diapering area. Food handling will not be permitted in diapering areas.

2) Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices.

3) All containers of lotions and cleaning items are to be labeled with each child's name and instructions and stored off the diapering surface and out of reach of children.

4) All staff and volunteers will follow the following diapering procedures:

a) Collect all supplies, but keep everything off the diapering surface except the items you will completely use up during the diapering process: Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child's chest to the child's feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves (e.g. latex or vinyl, if used), a plastic bag for any soiled clothes, and a dab of any diapering cream if the baby uses it. Take the supplies out of the containers and put the containers away where they will not be touched during the diaper changing process.

b) Avoid contact with soiled items, and always keep a hand on the baby. Anything that comes in contact with stool or urine is a source of germs. These will have to be cleaned and sanitized after each diaper change where potential contact with soiled items occurred. Carry the baby to the changing table, keeping soiled clothing from touching the caregiver's clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home.

c) Unfasten the diaper, but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and report any skin problems such as redness.

d) Remove the soiled diaper, clean soiled surfaces, and then remove gloves.

1) Fold the diaper over and secure it with the tabs. Put it into a covered, lined, foot pedal-operated step can. If reusable diapers are being used, put the diaper into the plastic-lined step can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.

2) Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.

3) Remove the gloves if gloves are being used and put them directly into the step can.

4) Use a disposable wipe to wipe the caregiver's hands.

e) Put on a clean diaper–slide the diaper under the baby, adjust it, apply any skin cream if the child uses it, and fasten the diaper.

f) Clean the baby's hands, using soap and water at a sink if you can. If the child is too heavy to hold for handwashing and cannot stand at the sink, use disposable

wipes or soap and water with disposable paper towels to clean the child's hands. Dress the baby before removing him from the diapering surface. Take the child back to the child care area.

g) Clean and disinfect the diapering area.

1) Dispose of the table liner into the step can.

2) Clean any visible soil from the changing table.

3) Disinfect the table by spraying it so the entire surface is wet with bleach solution (1 tablespoon of household bleach to 1 quart of water; mixed fresh daily). Leave the bleach on the surface for 2 minutes. The surface can then be wiped dry or left to air dry.

h) Wash hands thoroughly as directed in XII A.3 above.

C. Toileting:

Toilets will be kept visibly clean. Toilets should be separate from the children's activity area. Children less than 5 years of age and older children who require assistance will be accompanied to the toilet by an adult.

Toilets will be adapted for independent use by the child. A non-slip plastic step, and a toilet seat adapter with a non-porous surface which is easy to wash and sanitize may be used. Daily, ______________________ (Staff title/name) will clean and sanitize the toilets, step stools, toilet seat adapters and other surfaces used by children for toileting and when visibly soiled.

Potties (potty chairs, training chairs) will not be permitted because of the risk of spreading infectious diarrhea. The only exception will be for individually assigned potties that will be used and stored only in the toilet room. After each use, ______________________ (Staff title/name) will empty the potty into the toilet, clean, and disinfect it. The utility sink that is designated for cleaning and sanitizing potties is in ______________ (location). This utility sink will be used for no other purpose.

______________________ (Staff title/name) will assure that toilet paper and holders, paper towels, soap dispensers, and disposable non-porous gloves are available within easy reach of all users.

______________________ (Staff title/name) will monitor toileting areas on a weekly basis to ensure that proper handwashing and cleaning procedures are followed.

Anyone who cleans toilets or potties will wear nonporous gloves. Staff who are involved with toileting or cleaning of toilets will adhere to handwashing routines before leaving the toilet room and again before food handling.

D. Facility Cleaning Routines:

The facility will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and ______________________ (Staff title/name) will be notified about the need for clean-up. When surfaces are soiled by body fluids or other potentially infectious material, they will be disinfected after they are cleaned with soap and water to remove all organic material. Surfaces will be disinfected using a (non-toxic) solution of $1/4$ cup of household bleach to one gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) made fresh daily by ______________ (Staff title/name). To disinfect, the surface will be sprayed until glossy. The bleach solution will be left on for at least 2 minutes before it is wiped off with a clean paper towel, or it may be allowed to air dry.

The facility will provide training for staff who are responsible for cleaning. Such training will include cleaning techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the United States Occupational Safety and Health Administration about the use of any chemical agents.

Routine cleaning of the facility will be supervised by ______________________ (Staff title/name) according to the schedule and procedures in Appendix R.

Caution will be used when shampooing rugs in areas used at any time for children to crawl. Facility cleaning requiring potentially hazardous chemicals will be scheduled to minimize exposure of the children.

E. Pets:

______________________ (Staff title/name) will be responsible for checking that the appropriate care instructions for pets are followed.

Pets will meet with the following guidelines:

1) Any pet or animal present at the facility, indoors or outdoors, must be in good health,

show no evidence of carrying any disease, and be a friendly companion for the children. Dogs, cats, and other furry animals, if allowed, will be immunized for any disease which can be transmitted to humans and will be maintained on a flea, tick, and worm control program. The following animals will not be permitted in child care:

- ferrets.
- turtles or other reptiles that can carry salmonella.
- birds of the parrot family.
- any wild or dangerous animals

2) Pets will be kept clean and housed in clean living quarters. Children will not be allowed access to the pet's food or excrement. Animal tanks and cages will be secured in such a manner that prevents children from climbing on the structure and prevents the structure from tipping over.

3) All pets will be enclosed in cages or separated by some other means from the children except when children are handling them under adult supervision. Children will not mouth pets or put their hands in their mouths after touching the pet or areas used by the pet. Pets will not be allowed in areas where food is prepared, stored or eaten.

4) Children, caregivers, and staff will follow proper handwashing procedures after handling animals.

5) In the event of an animal bite or scratch, procedures for first aid and notification of parents or legal guardians contained in these policies will be followed.

F. Plants:

______________________________ will be
Staff title/name
responsible for checking that all plants receive the appropriate care instructions and meet the following guidelines:

1) A list of poisonous plants, their appearance, location, and commonly produced reactions is available from local poison control centers. These plants will not be permitted in the facility environment.

2) No plants are permitted that are toxic, generate a lot of pollen, or that drop small flowers or leaves.

3) Plants will be regularly dusted. Children will not be allowed to put plants in their mouths.

4) Children, caregivers, and staff will follow proper handwashing procedures after handling plants.

5) In the event of contact with a poisonous plant, the regional poison control center will be consulted for instructions, emergency procedures will be followed, and the child's parent or legal guardian will be notified as soon as possible.

G. Toys:

______________________________ will be
Staff title/name
responsible for checking that all toys receive the appropriate care and meet the following guidelines:

1) ______________________________ will
Staff title/name
check toys accessible to children under 4 years of age using a small object tester or ruler. Objects are prohibited that have removable parts, or a diameter of less than $1^1/_4$ inch and a length of less than $2^1/_4$ inches, or are small enough to fit completely in a child's mouth. No latex balloons, plastic bags, and styrofoam objects can be accessible to children under 4 years of age.

2) Children in diapers will have only washable toys. Each group should have its own toys and not share toys with other groups.

3) All toys that are mouthed during the course of the day will be set aside in an inaccessible container before another child plays with the toy. Mouthed toys will be thoroughly washed with soap and water, and disinfected. Toys may be washed and disinfected by hand or by washing in a dishwasher. To wash and disinfect hard plastic toys: soak and scrub the toy in warm, soapy water. Use a brush to get the crevices clean. Rinse in clean water, then immerse the toy in a solution of bleach water as when washing dishes by hand. (See XIII B.13 below).

4) Cloth toys for children who are still mouthing toys will be limited to use by only one child and cleaned in a washing machine and dried in a clothes dryer every week, or more often if heavily soiled.

5) Toys used by children who do not put these objects in their mouths will be cleaned at least weekly and when obviously soiled. Soap or detergent and water followed by clear water rinsing and air drying will be used. No disinfecting is required.

6) Water tables where more than one child plays in the same water will not be used unless the container and toys are disinfected before each use of the table, the children all wash their hands before they use the table, and staff supervise the water play closely to be sure no child drinks the water or has any contact between body fluids (from the child's nose, mouth, eye) and the water in the water table. An alternative to these precautions is to give each child a personal basin of water for play and supervise to be sure children confine their play to their own basin.

7) Toys that develop sharp edges, are coated with lead paint, have breakable glass, have screws that have unthreaded, or that present risks of injury from common use will be repaired or discarded.

H. Exposure to Blood and Other Potentially Infectious Materials:

1) Staff will follow the standard precautions for child care recommended by the Centers for Disease Control and Prevention in handling any fluid that might contain blood or other body fluids. Standard precautions require treating all blood, fluids that may contain blood or blood products, and other bodily fluids as potentially infectious. The instructions for implementing standard precautions are:

- Spills of body fluids, feces, nasal and eye discharges, saliva, urine and vomit should be cleaned up immediately.
- Use a barrier such as nonporous gloves (e.g., latex or vinyl) or sufficient quantity of paper or cloth to clean it up without hand contact with the spilled material.
- Be careful not to get any of the fluid you are handling in your eyes, nose, mouth or any open sores you may have.
- Clean and disinfect any surfaces, such as countertops and floors, on to which body fluids have been spilled.
- Discard fluid contaminated material in a plastic bag that has been securely sealed.
- Mops used to clean up body fluids should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible, and hung to dry completely.
- Be sure to wash your hands after cleaning any spill.

2) ______________________________ is
Staff title/name
responsible for: developing the Blood-borne Pathogens Exposure Plan (required by the United States Occupational Safety and Health Administration (OSHA) for any facility with employees), ensuring all staff members are trained in ways to protect themselves, and ensuring that the facility follows the recommendations for immunization against hepatitis b for those whose job includes the risk of exposure to blood. The facility's Bloodborne Pathogens Exposure Plan will conform to the requirements reflected in the model plan provided by OSHA.

XIII. Food Handling and Feeding Policy

A. Drinking Water:

Safe drinking water will be accessible to children who can serve themselves and offered between meals to all children, while indoors and outdoors. The drinking water source will be approved by the local health department. Staff will contact the local health department to be sure their source of water is free of lead, parasites, bacteria and other contaminants. Drinking water will be dispensed by personal water bottle, in drinking fountains, or by single-use paper cups.

Drinking water will be offered to children who are over 2 years of age after each snack or meal. Younger children will be offered water by caregivers during the day, such as between feedings. Caregivers will offer water to children more frequently when the temperature is above 80 degrees F.

B. Food Safety/Dishes, Utensils and Surfaces:

1) No one with signs of illness (including vomiting, diarrhea, open infectious skin sores), or who is known to be infected with

bacteria or viruses that can be carried in food, will be responsible for food handling.

2) Those who prepare food will not change diapers and vice-versa. Where more than one caregiver works in a facility, handwashing routines followed by those who prepare food will be monitored by ______________________ (Staff title/name) at least once a week. In family child care homes, where there is only one caregiver who must handle food and perform toileting and diaper changing, the caregiver will wash hands carefully after contact with stool and urine and before handling food.

3) Handwashing sink(s) will be separate from food-preparation sink(s).

4) Refrigerators will be maintained at a temperature below 40 degrees F, and freezers will be maintained below 0 degrees F.

5) All ground meat will be cooked to reach 160 degrees F; poultry breasts will reach 170 degrees F; dark meat poultry will reach 180 degrees F and pork will reach 160 degrees F. All other foods will be fully cooked to reach at least 140 degrees F.

6) Hot foods will be kept at or above 140 degrees F after they are fully cooked, and cold foods will be kept at or below 40 degrees F. These temperatures will be maintained until the foods are served. ______________________ (Staff title/name) will check food temperatures using a food thermometer. Freezers will maintain a temperature of 0 degrees F. Refrigerators and freezers will have thermometers which ______________________ (Staff title/name) will check weekly to be sure the appropriate temperature is being maintained. (See Appendix T for Refrigerator or Freezer Temperature Log.)

7) All food stored in the refrigerator except fresh, whole fruits and vegetables will be covered, wrapped, or protected from contamination.

8) Inside a refrigerator, cooked or ready-to-eat foods will be stored above raw foods that require cooking.

9) Food preparation, storage and service areas and equipment will be kept clean, sanitary, and will conform with national guidelines. (See *Caring for Our Children,* http://nrc.uchsc.edu).

10) Foods that do not require refrigerated storage will be kept at least 6 inches above the floor in clean, dry, well-ventilated storerooms or other approved areas. Storage will facilitate easy cleaning.

11) Containers will be of a type that protect food from rodents and insects. Dry, bulk foods (cereals) which are not in their original, unopened containers will be stored off the floor in clean metal, glass, or food-grade plastic containers with tight-fitting covers. These containers will be labeled and dated.

12) Medications requiring refrigeration will be stored as specified in VI. Medication Policy.

13) Cutting boards will be made of nonporous material and will be scrubbed with hot water and detergent and disinfected with bleach/water solution made of 1 tablespoon of household bleach to one quart of water between use for different foods. Boards with crevices and cuts will not be used.

14) A dishwasher will be used to wash dishes and food service utensils whenever possible. If dishes and utensils are washed by hand, the following procedure will be followed:

- Use a three compartment sink or three basins for the separate tasks of washing, rinsing, and disinfecting. No compartment that is used for this purpose will ever be used for handwashing or diaper changing activities. Use a dish rack with a drain board for drying. Where possible, cloth that can be laundered will be used instead of sponges. If a sponge is used during dish washing, it must be cleaned and disinfected between uses by being squeezed out in a bleach solution according to the instructions on the bleach container.
- In the first compartment, wash dishes and utensils in hot tap water with a dish washing detergent.
- In the second compartment, rinse the dishes and utensils thoroughly with hot tap water.

- In the third compartment, immerse the dishes and utensils for at least one minute in a solution of bleach water that contains 1½ tablespoons of bleach for each gallon of hot tap water that is at least 75 degrees F.
- Place the dishes in a rack to air dry. Do not use a dish towel to dry dishes or utensils.

15) Bottles, bottle caps, and nipples will not be reused without first being cleaned and disinfected.

16) Washable napkins and bibs will be laundered after each use; tablecloths will be kept clean.

17) Children who can feed themselves will sit in a chair that puts the table at a level between their waist and their mid-chest and allows their feet to rest on the floor or on a firm surface while they eat.

18) Food that has been served and not eaten from individual plates, containers and family-style serving bowls will be discarded.

19) Containers which hold organic material (food, soiled tissues) shall be covered with a tight-fitting lid. These containers will be closed after each use except when children are participating in clean up. Garbage/trash will be removed from the facility daily.

20) Cleaning agents will be stored separately from food. When cleaning agents or toxic materials are stored in the same room with food, these supplies will be kept in a clearly labeled, locked storage cabinet that is not used for food.

C. Food Brought from Home:

______________________ will
Staff title/name

inform parents or legal guardians of the food service plan of the facility and suggest ways to coordinate with this plan. (See Appendix S for Meal Pattern Requirements). The facility will supplement a child's home-provided meal if the nutritional content appears to be inadequate. The parent or legal guardian will be informed by staff if food brought from home is being supplemented on a regular basis. Caregivers will check for food allergies before providing any supplemental food.

In this facility, food may be brought from home under the following conditions: (for special occasions, for lunch, for snack). Meals may be provided by the family upon written agreement between the parent or legal guardian and staff.

1) Perishable food brought from home to be shared with other children must be store-bought and in its original package. Baked goods may be made at home if they are fully cooked, do not require refrigeration and were made with freshly purchased ingredients. There must be enough for all the children.

2) Lunch and snack foods brought from home will meet the guidelines of the Child and Adult Care Food Program for the types of foods and portion sizes. They will be prepared and transported in a sanitary fashion, including maintenance of safe food temperatures for perishable items.

______________________ will check
Staff title/name

the arrival temperature and storage requirements of food brought from home. Food that is not at a safe temperature when it arrives will be discarded. Perishable foods that require refrigeration will be kept below 40 degrees F. and perishable hot foods will be kept above 140 degrees until served. Food brought from home will be labeled with the child's name, the date, the type of food, and any need for temperature control.

3) Children will not be allowed to share food provided by the child's family unless the food is intended for sharing with all of the children.

4) Leftover food will be discarded. The only food that may be returned to the family is food that does not require refrigeration or holding at a hot temperature, that came to the facility in a commercially-wrapped package, and that was never opened.

D. Food Prepared at or for the Facility:

1) Menu Planning and Portion Control:

______________________ is responsible
Staff title/name

for menu planning and portions. Menu plans and food service routines will be reviewed

______________________ with a registered dietician
frequency

or person with comparable nutrition and food service expertise. (Check with children's hospitals, other pediatric health care facilities, or the health

department for qualified nutritionists). (See Appendix S for Meal Pattern Requirements).

2) Food Purchasing/Ordering:

______________________ is responsible
Staff title/name
for assuring that all purchased food meets the following requirements:

- Suppliers of food and beverage meet local, state, and federal codes.
- Purchased meats and poultry have been inspected and passed by federal or state inspectors.
- All milk products are pasteurized.

3) Food Preparation

Food will be prepared following the policies listed under B. Food Safety/Dishes, Utensils and Surfaces, above. In addition:

- Dry milk and milk products may be reconstituted in the facility for cooking purposes only, provided they are prepared, refrigerated, and stored in a sanitary manner, labeled with a date of preparation, and used or discarded within 24 hours of the date of preparation.
- Home-canned food, food from dented, rusted, bulging, or leaking cans, or food from cans without labels will not be used.
- Fruits and vegetables will be washed thoroughly with water before use.
- Frozen foods will be defrosted in the refrigerator, under cold running water, as part of the cooking process, or by using the defrost setting of a microwave oven, and never by leaving them at room temperature or in standing water, as in a pan or a bowl.
- Meat, fish, poultry, milk, and egg products will be refrigerated until immediately before use.
- Hot foods will be steamed for no longer than 30 minutes before covering and refrigerating.

E. Infant/Toddler Feeding:

______________________ will obtain
Staff title/name
and review a written description of each child's feeding history before the child enters the program. Consultants, including nurses, nutritionists, speech therapists, occupational therapists, and physical therapists may assist in the formation of individual feeding plans. (Check with children's hospitals, other pediatric health care facilities, or the health department for consultants). Otherwise, the following procedures will be used:

1) A caregiver trained in first-aid for choking will be present whenever infants or toddlers are being fed. No more than three infants will be fed by one caregiver. During feeding, the child's primary caregiver will sit near the child, make eye contact and communicate with the child.

2) Food will be cut up into 1/4 - 1/2 inch pieces for finger feeding by children who are six months of age and older. Utensils will be available to children who can use them.

3) Round, firm foods that might lodge in the throat of a child under 4 years of age are not permitted. These foods include hot dogs, whole grapes, peanuts, popcorn, thickly spread peanut butter, and hard candy.

4) When high chairs are used, caregivers will strap the child in securely and not rely solely upon the tray for restraint.

5) Caregivers will check that a child's hands are out of the way when attaching or detaching the tray from the chair.

6) Infants will not be allowed to stand in the high chair; older children will not be permitted to hang onto the high chair.

7) Trays, arms, and seats of high chairs will be cleaned and disinfected before and after each use. They will be stored out of the path of doors or walkways.

8) For bottle feeding, infants will either be held or fed sitting up. Bottle propping, feeding in cribs, beds or while using other sleep equipment, and carrying of bottles by young children will not be permitted.

9) Infants will be fed "on demand" to the extent possible, but at least every four hours and usually not more than hourly.

10) Infant meals and supplements (snacks) provided by the facility will contain at a minimum the food components specified in national guidelines. (See Appendix S). Food will be appropriate for a child's nutritional requirements and developmental stage specified in written instructions

obtained from the child's parent, legal guardian or health care provider.

11) The introduction of solid foods will be accomplished routinely between 4 and 6 months of age, as indicated by an individual child's nutritional and developmental needs after consultation with the parent or legal guardian. Modification of basic food patterns will be provided in writing by the child's health care provider.

12) After six months of age, children will be encouraged to self-feed to the extent that they have the necessary skills. They will be offered a choice of foods from a limited number of appropriate options. Caregivers will prepare food for self-feeding before presenting it to the child. Children will be encouraged, but not forced to eat a variety of foods.

13) Breastfeeding: Breastfeeding will be supported by providing a place for nursing mothers to feed their babies and by coordinating feeding routines in child care with the mother's schedule. Mothers who desire privacy for breastfeeding may use ________________________________.
location in the facility
Expressed breast milk may be brought from home if frozen or kept cold during transit. Fresh breastmilk must be used within 48 hours. Previously frozen, thawed breastmilk must be used within 24 hours. Bottles will be labeled with the child's name and the date the milk was expressed. Frozen breast milk will be dated and may be kept in the freezer located in ________________
location
for up to 3 months (a freezer that maintains a temperature of 0 degrees F). Frozen breast milk will be thawed under running cold water or in the refrigerator. Precautions appropriate to the handling of a body fluid will be followed. This includes good handwashing. Gloves are not required while feeding expressed breast milk, but breast milk should otherwise be treated as a body fluid. Caregivers who have open cuts or sores on their hands should practice universal precautions. In the event that breast milk is accidentally fed to an infant whose mother did not provide the breast milk fed to the child, the procedure outlined in Standard 3.027 of *Caring for Our Children* will be implemented to address the potential exposure of the infant to a virus-containing fluid.

14) Formula will be brought to the facility in a factory-sealed container. The formula will be in a ready-to-feed strength or prepared from powder or concentrate at the child care site. Formula will be diluted according to the instructions provided by the manufacturer or from the child's health provider, using water from a source approved by the local health department. Formula brought from home will be labeled with the child's name.

15) Only cleaned and disinfected bottles and nipples will be used. All filled bottles of breast milk or iron-fortified formula will be refrigerated until immediately prior to feeding, and will not be prepared and stored more than 24 hours before feeding occurs. Once open, liquid formula containers will be emptied into a glass or plastic container, the formula refrigerated and discarded after 48 hours. Any contents remaining in a feeding bottle after a feeding will be discarded.

16) Bottled breast milk or formula to be warmed will be placed in a pan of warm water at a temperature not to exceed 120 degrees F for five minutes, gently mixed, and temperature-tested before feeding. Bottled breast milk or formula will never be warmed in a microwave oven.

17) Only whole, pasteurized milk will be served to children younger than 24 months of age who are not on formula or breast milk. Only formula or breast milk will be served to infants under 12 months of age.

    Skim milk, reconstituted nonfat dry milk, and 1-2% milk will not be served to children younger than 24 months of age, except at the written direction of a parent or legal guardian and the child's health care provider.

18) Commercially packaged baby food will be served from a bowl or cup and not directly from the commercial container unless the entire container will be used for one feeding. Solids will be fed by spoon only, not by bottle. Uneaten food in dishes will be discarded.

F. Preschool/School-age Feeding:

1) Children will help with setting the table, serving food and cleaning the table. Where possible, family style service will be used to allow children to learn how to serve themselves.

2) Children will eat only when seated to decrease the possibility of choking.

3) Children will eat in social groups with a caregiver to guide and encourage, but not force appropriate conversation and eating behavior. If a child refuses to eat some type of food, staff will offer the food again a little later or prepared differently the next time.

4) Food will not be offered as a reward or denied as punishment.

5) Adults will not eat or drink anything the children are not allowed to have while the adults are in view of the children.

G. Feeding of Children with Nutritional Special Needs:

Children with special needs related to their ability to eat or a nutritional need will have an individual management plan that includes a written description of each child's feeding history, including prohibited foods, and substitute foods where applicable, as supplied by the parent, legal guardian and the child's health care provider on admission to the program.

XIV. Sleeping

A. Area for Sleeping/Napping:

Play, dining, and napping may be carried on in the same room (exclusive of bathrooms, kitchens, hallways, and closets), provided that:

1) The room is large enough to accommodate each activity in separated and isolated areas.

2) Programming is such that usage of the room for one purpose does not interfere with other uses (i.e., children playing loudly with toys while other children are trying to nap).

B. Handling of Sleeping Equipment:

1) ______________________________ will check
Staff title/name
that each crib, cot, sleeping bag, bed, mat, or pad is labeled with the name of the one child who uses it. Before sleep equipment can be used for a different child, all surfaces of the equipment will be cleaned and disinfected. Sleeping equipment will provide a firm surface for sleeping and will meet the safety standards of the U.S. Consumer Product Safety Commission. Bunk beds will not be accessible to children under 7 years of age. Sleeping surfaces are firm. Waterbeds and soft bedding materials such as sheepskin, quilts, comforters, pillows and granular materials (plastic foam beads or pellets) used in bean bags are not accessible to infants.

2) Infants will be put to sleep on their backs without loose bedding or soft objects. Children who can turn themselves over will be allowed to assume a sleeping position that is comfortable for them.

3) ______________________________ will check
Staff title/name
that cribs, cots, sleeping bags, beds, mats, or pads are placed at least three feet away from where any other child sleeps and that sleep surfaces are sanitary.

4) Bedding materials will be stored in such a way so that there is no contact between the sleeping surfaces of one child with the sleeping surfaces of another child or with surfaces that were in contact with the floor.

C. Bed Linen:

1) Children will be issued clean bed linen weekly and will have individually assigned spaces for sleeping. Children will not share bed linen. Clean linen will be provided by ______________________ .
the child's family or the facility

2) Seasonably appropriate covering will be provided.

3) Bed linen provided for cots, cribs, or playpens will be tight-fitting.

4) Bed linen will not include fabrics or materials of animal origin other than wool (i.e., feathers, fur, animal hair, etc.).

XV. Smoking, Prohibited Substances, and Guns

The indoor and outdoor environment, and vehicles used by the program are designated as non-smoking areas. The use of tobacco in any form, alcohol, or illegal drugs is prohibited on the facility premises. Signs to this effect will be kept posted around the facility.

Possession of illegal substances or unauthorized potentially toxic substances is prohibited.

All child care providers and staff will maintain sobriety while providing child care. Caregivers, staff, or other adults who are inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances will be required to leave the premises immediately.

No guns or other lethal weapons will be in a center. In a home facility, any gun will be unloaded and ammunition and guns will be stored separate from one another, each under lock and key, in an area inaccessible to children. Parents or legal guardians will be informed if guns or ammunition are kept in the facility.

XIV. Staff Policies

The following requirements apply to staff who have any contact with the children or with anything with which the children come into contact. These policies supplement any other personnel policies.

A. Pre-employment Requirements:

1) All staff (volunteer and paid) who have any contact with the children or with anything with which the children come into contact, will have an initial, job-related health assessment performed within the 4 month period that begins three months before the employment date and ends one month after the employment date. (Sample Child Care Staff Health Assessment form in Appendix U). The staff health assessment will be signed by a licensed physician, physician's assistant, or CRNP, and will include:

- A health history.
- A physical examination.
- Vision and hearing screening.
- Once, before beginning work in a child care setting, all adults must have TB screening by the Mantoux method (intradermal, intermediate strength PPD injection with needle and syringe) to check for infection with TB, unless there is documentation that there has been a positive test result in the past of active TB that has been successfully treated. Repeated TB testing will not be required unless symptoms of possible TB or exposure to someone who has a high risk of TB occurs. All persons over 12 years of age in a family child care home who are present while the children are in care should receive initial TB tests even if they are not providing care. Anyone with a positive result from the Mantoux test should be evaluated by a physician, who will check for TB. Persons with active TB should not return to a child care setting until the local health department determines they are no longer contagious. Anyone with symptoms of active TB such as a cough that "won't go away," coughing up blood, weight loss, night sweats, or tiredness should not attend, work, or volunteer at a child care facility until a physician has completed an evaluation for TB.
- A review of immunization status for measles, mumps, rubella, diphtheria, tetanus, and polio. An assessment of the need for vaccines against varicella, influenza, pneumococcus, and hepatitis A and B, and risk from exposure to common childhood infections for which vaccines are not available, such as parvovirus and cytomegalovirus. The Occupational Safety and Health Administration requires that

employers of individuals who may be expected to incur occupational exposure to blood or other potentially infectious materials (e.g. providing first aid) must offer immunization against hepatitis b to such individuals either pre-exposure or immediately upon exposure.

- A review of occupational health concerns, including risk during pregnancy, if appropriate.

2) An assessment will be performed that considers orthopedic, psychological, neurological, or sensory limitations or communicable diseases that may impair the adult's ability to perform the essential functions of the job with accommodation or pose a significant likelihood of danger to the health and safety of the caregiver or others. The major occupational health hazards in child care are infectious diseases, stress, noise, injuries from back strain and biting, skin injury from frequent handwashing, and environmental exposures to art materials, indoor cleaning and disinfecting materials. All staff (volunteer and paid) are required to read and sign a statement of health risks related to working in child care.

3) A list of potentially hazardous materials present in the facility and Material Safety Data Sheets are available at ______________ (location). This information will be reviewed and updated by ______________ (Staff title/name) annually.

4) All staff (volunteer and paid) will provide two written references from persons who are not family members who can vouch that the prospective staff member is reliable and able to work well with children.

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

6) All caregivers will sign an agreement to abide by the policies of the program.

B. Benefits:

1) Medical insurance:

______________ (Identify coverage)

2) Vacation and Holidays:

______________ (Amount of annual leave and define holidays)

3) Sick leave:

______________ (Identify days/year of sick leave)

4) Retirement benefits:

______________ (Describe plan)

5) Personal leave:

______________ (Identify days/year of leave)

6) Substitutes for allowed absences:

______________ (List circumstances, such as training, for which substitutes are provided)

7) Other benefits:

______________ (Describe workers' compensation, parental leave,

______________ reduced child care fees, life insurance, educational

______________ and any other benefits for which employees are eligible)

C. Breaks:

All staff are entitled to breaks of ______________ (specify number of minutes) for each ______________ (specify number of consecutive hours worked) and ______________ (specify any other type of break).
All breaks will be scheduled by

______________ (Staff title/name).

Breaks may be taken only if child:staff ratios for supervision of the children can be maintained during the break period.

D. Ongoing Health Requirements:

1) On a daily basis, the administrator of the facility shall visually and verbally assess the staff (paid and volunteer) for signs of ill health. Staff may have their work limited or modified and be required by

______________ (Staff title/name)

to have a health assessment if the health status of the staff member, as it affects the ability of the person to continue to do the work required, is uncertain. Staff will report to their supervisor promptly and have a release from a health care provider to return to work for any of the following conditions:

- a condition that may significantly affect the person's ability to do the job (e.g., pregnancy, specific injuries, infectious diseases), or if the condition is likely to pose

a significant risk of harm to the health and safety of the person or others.

- a serious or prolonged illness.
- when promotion or reassignment to another role could be affected by health.
- plan to return from a job-related injury.
- liability issues (e.g. back injury, heart attack, stress, or mental illness).

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

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

3) No food or drink other than the food served by the program may be eaten in front of the children. Food brought to the program by staff will be stored in ______________ (location) and eaten only during break periods when the staff are away from the children.

4) Staff illness will be reported to ______________________ (Staff title/name) as soon as the condition is known during the day. Although disclosure cannot be required, staff who are infected with the human immunodeficiency virus or who are hepatitis B carriers may care for children provided they do not have open lesions that cannot be adequately covered or conditions that allow contact with their blood, and provided that they can competently perform their duties.

5) Staff will be excluded for illness in accordance with the exclusion guidelines listed in *Preparing for Illness*.

E. Training:

All new staff (paid and volunteer, including substitutes) will be oriented to the following:

1) The goals and philosophy of the program.

2) Regulatory requirements.

3) The written policies of the program with special emphasis on:

- the planned program of activities of the program.
- routines and transitions.
- acceptable methods of discipline.
- parent relationships.
- occupational health hazards such as back injuries and stress, infectious diseases, issues for pregnant workers, and environmental hazards.
- handwashing, diapering or underclothing changing, and surface sanitation techniques.
- standard precautions for handling body fluids.
- meal patterns, food preparation and handling.
- back-to-sleep positioning for infants.
- teaching health promotion to children and families.
- medication administration.
- recognizing symptoms of illness and when to exclude ill children.
- emergency procedures.
- child abuse prevention, recognition, and reporting.
- injury prevention and hazard recognition.
- compliance with the regulations of the United States Occupational Safety and Health Administration and the facility's Bloodborne Pathogen Exposure Control Plan.
- the names and ages of children whose care will involve the staff person and the developmental and special needs of these children.

Within 90 days of employment and every three years thereafter each staff member will successfully complete training in a pediatric first aid course that includes the following items: ability to demonstrate rescue breathing and management of a blocked airway, as well as the conditions listed in Standard 1.027 in *Caring for Our Children*.

At all times when children with special needs are in care and whenever children are swimming or wading, at least one staff member who is currently certified to provide Infant/Child CPR will be immediately available.

Ongoing training will be required for all paid and volunteer staff. Staff will not be expected to take responsibility for any aspect of care for which they have not been oriented or trained. Minimum training requirements for staff involved in independent direct care of children will include 30 hours in the first year of work (16 hours of the 30 hours in child development and 14 hours in child health, safety, and staff health). Each year after the first year, staff will be required to have at least 24 hours

of continuing education based on individual competency needs (16 hours in child development and 8 hours in child health, safety, and staff health).

In addition, staff will be required to receive training in ______________________ (list areas and amount of training required).

F. Performance Evaluation:

Staff are required to comply with the policies and procedures of the program. A review of a written self-evaluation and job performance will be conducted annually by ______________ (Staff title/name). When a staff member does not meet the minimum competency, the staff member will be placed on probation and assistance will be provided to help the staff meet the requirements for up to ____________ (time period). Competency will be measured by compliance with the policies and procedures contained in the following program documents:

1) These health policies

2) ______________________________ (list other program documents)

XVII. Design and Maintenance of the Physical Plant and Its Contents

The child care facility will meet or exceed federal, state, and local guidelines for physical plant contents and maintenance. (See *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs,* Second Edition.)

Cleaning of the facility will be performed according to guidelines written and monitored by ______________________________ (Staff title/name). (See Appendix R Cleaning Guidelines).

All potentially toxic materials such as pesticides, toxic cleaning materials, aerosol cans, and poisons will be used according to manufacturer's instructions and under the supervision of ______________________________ (Staff title/name). These materials are to be stored in ______________ (location) and be inaccessible to children.

In no instance will these materials be used so that children are exposed to any hazard. Examples include: no spraying of pesticides while children are present or onto surfaces touched by children; using caution when painting or renovating to minimize the children's exposure to paint fumes and lead.

XVIII. Review and Revision of Policies, Plans, and Procedures

______________________________ (Staff title/name) will make policies, plans, and procedures available to families, caregivers, staff, and consultants on an annual basis and whenever the policies are changed. Copies of standing policies will always be available for family or staff review during the facility's hours of operation. When a child is enrolled in the facility, parents or legal guardians will sign that they have read, have understood, and have agreed to abide by the content of the policies. When new staff members (paid or volunteer) are assigned to work in the facility, they will sign that they have read, have understood, and here agreed to abide by the content of the policies.

For Administrators and Consultants:

____

Policies Approved By — Date

For Staff and Parents or Legal Guardians:

____

Policies Reviewed, Understood, and Agreed to By — Date

For Staff:

I understand there are health risks related to working in child care. These include, but are not limited to, infectious diseases, stress, noise, injuries from back strain and biting, skin injury from frequent handwashing, and environmental exposures to art materials, indoor cleaning and disinfecting materials. I have been informed of these risks in detail and agree to follow established guidelines to reduce my exposure to these hazards. I agree to report these conditions to my supervisor and to obtain any necessary medical treatment if I am affected by any of these conditions.

____

Occupational Risks Reviewed, Understood, and Agreed to By — Date

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References

American Academy of Pediatrics and American Public Health Association, Washington, D.C., 2002. *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs,* 2d Edition.

(*Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* is posted on the Internet web site of the National Resource Center for Health and Safety in Child Care <http://nrc.uchsc.edu>. Many local libraries can provide access to the Internet for those who do not have computer, modem and software required.)

National Association for the Education of Young Children. *Healthy Young Children: A Manual for Programs.* Ed. Susan S. Aronson. National Association for the Education of Young Children. 4th edition. Washington, D.C., 2002.

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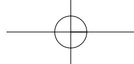
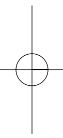
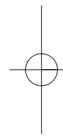
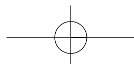
APPENDICES

A. Application for Child Care Services
B. Child Health Assessment
C. Child Care Emergency Information
D. Special Care Plan and Authorization for Release of Information
E. Consent for Child Care Program Activities
F. Child Care Agreement
G. Family/Caregiver Information Exchange and Instructions for Daily Health Check
H. Enrollment/Attendance/Symptom Record
I. Staff Assignments for Active (Large Muscle) Play
J. Symptom Record
K. Sample Letter to Families about Exposure to Communicable Disease
L. Situations That Require Medical Attention Right Away
M. Medication Consent and Log
N. First Aid Kit Inventory
O. Injury Report Form
P. Evacuation Drill Log
Q. Health and Safety Checklist
R. Cleaning Guidelines
S. Meal Pattern Requirements
T. Refrigerator or Freezer Temperature Log
U. Child Care Staff Health Assessment



Application for Child Care Services

Name of child: ______________________ Birthdate:_______________ Male/Female: _________________

Address: ____

City:_____________________________________ State:____________ Zip Code:________________

Parent/Legal Guardian #1: _______________________________________ Relationship: _____________

Home Address: ______________________________ Work Address: ______________________________

Phone (Home):______________________ Business: _______________ Business Hours: ______________

Parent/Legal Guardian #2: _______________________________________ Relationship: _____________

Home Address (If different from above): _____________________ Work Address: _______________________

Phone (Home):______________________ Business: _______________ Business Hours: ______________

Days/Hours when care is needed: _____________________ Reason for entry into child care:________________

Transportation arrangement to and from program:____

Composition of family:____

Legal guardian's formal education (#1): ________________________ (#2):____________________________
(highest grade completed) (highest grade completed)

Any previous child care experience:____

Our program does not exclude children with special needs if we can provide a safe environment. The following information is requested to help us plan care for your child.

Special needs of parents (e.g., inability to climb stairs, difficulty lifting child, etc.): ____________________________

Disability or special needs of child (medications, treatments, allergies, food intolerance, conditions, behaviors, etc.) ☐ no ☐ yes
(*Complete Special Care Plan and Authorization for Release of Information Form*)

Usual eating schedule: ____

Foods child likes:______________________________ dislikes: ___________________________________

Elimination Patterns (Toileting/Diapering):____

Things that comfort child: _________________________ scare child:_________________________________

Cultural habits/home issues that may affect the child's behavior: ___________________________________

Who is authorized to pick up this child from child care? ____

Who will care for child when he/she is sick: ____
(*Complete the Child Care Emergency Contact Information Form*)

Legal Guardian's Signature: _______________________ Date: _______________________________

Enrollment Date: ______________________________

Appendix B

Child Health Assessment

Parents & Child Care Providers fill-in this part.

CHILD'S NAME (LAST)	(FIRST)	PARENT/GUARDIAN
DATE OF BIRTH	HOME PHONE:	ADDRESS
CHILD CARE FACILITY NAME		
FACILITY PHONE	COUNTY	WORK PHONE

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): ☐NONE	Date of most recent well-child exam: ______
Allergies to food or medicine (describe, if any): ☐NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

Parents may write immunization dates, health professionals should verify and complete all data.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
______IN/CM %ILE______	______LB/KG %ILE______	______IN/CM %ILE______	(BEGINNING AT AGE 3) ______/______

PHYSICAL EXAMINATION	✓ + NORMAL	IF ABNORMAL–COMMENTS
HEAD/EARS/EYES/NOSE/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREASTS		
EXTREMITIES/JOINTS/BACK/CHEST		
SKIN/LYMPH NODES		
NEUROLOGIC & DEVELOPMENTAL		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

☐NONE

NEXT APPOINTMENT - MONTH/YEAR:

MEDICAL CARE PROVIDER SIGNATURE OF PHYSICIAN OR CPNP		SIGNATURE OF PHYSICIAN OR CPNP	
ADDRESS			
	PHONE	LICENSE NUMBER	DATE FORM SIGNED

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Child Care Emergency Information

Child's Name: ______________________ Birthdate: ______________________

Legal Guardian #1 Name: ______________________

Telephone Numbers: Home: ______________________ Work: ______________________

Legal Guardian #2 Name: ______________________

Telephone Numbers: Home: ______________________ Work: ______________________

Emergency Contacts (to whom child may be released if legal guardian is unavailable)

Name #1: ______________________

Address: ______________________

Telephone Numbers: Home: ______________________ Work: ______________________

Name #2: ______________________

Address: ______________________

Telephone Numbers: Home: ______________________ Work: ______________________

Child's Usual Source of Medical Care

Name: ______________________

Address: ______________________

Telephone Number: ______________________

Child's Usual Source of Dental Care

Name: ______________________

Address: ______________________

Telephone Number: ______________________

Child's Health Insurance

Name of Insurance Plan: ______________________ ID # ______________________

Subscriber's Name (on insurance card): ______________________

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

____

Transport Arrangement in an Emergency Situation

Ambulance service: ______________________ Child will be taken to: ______________________
(Parents/guardians are responsible for all emergency transportation charges)

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, including administration of Syrup of IPECAC if staff are so instructed by emergency medical service personnel, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above **to act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: ______________ Parent/Legal Guardian's Signature #1: ______________________

Date: ______________ Parent/Legal Guardian's Signature #2: ______________________

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Special Care Plan

Facility Name: ______________________________

Facility Address: ______________________________

Child's Name: ______________________________

Date of Birth: ____________________ Times and Days in Child Care: ____________

1. Describe the child's special need during group care: ______________________________

____

2. Child's present functional level and skills: ______________________________

____

3. What emergency or unusual episode might arise while the child is in care? How should the situation be handled? ________

____

(Prepare and maintain information on the "Emergency Form for Children with Special Needs" available from the American Academy of Pediatrics, www.aap.org)

4. Accommodation which the facility must provide for this child: ______________________________

____

a) Are there particular instructions for sleeping, toileting, diapering, or feeding? ____________

____

b) Will the child require medication while in care? If so, attach the physician's instructions for use of the child's medication. ______________________________

____

c) Are special emergency and/or medical procedures required? If so, what procedures are required? ________

____

d) What special training, if any, must staff have to provide that care? ____________

____

e) Are special materials/equipment needed? ______________________________

____

5. Other specialists working with the child (e.g., occupational therapist, physical therapist): ____________

____

Primary Case Manager: ____________________ Phone: ____________
(usually the doctor in charge)

Address: ______________________________

On-site child care facility case manager: ____________________ Phone: ____________

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Authorization for Release of Information

I, ______________________________ give permission for
(parent or legal guardian)

____
(professional/facility)

to release to ______________________________ the following information
(child care program)

____
(screenings, tests, diagnoses and treatment, or recommendations)

The information will be used solely to plan and coordinate the care of my child and will be kept confidential and may only be shared with ______________________________
(staff title/name)

Name of Child: ______________________________

Address: ______________________________

City: ____________________ State: __________ Zip Code: __________

Date of Birth: ____________________

____
Parent/Legal Guardian Signature Date

____
Witness Signature Date

____
Staff member to be contacted for additional information

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Consent for Child Care Program Activities

Name of Facility: ____________________

Address of Facility: ____________________

Name of Child: ____________________

Consent is given for the items initialed below:

Walking Trips

☐ Walking trips to the following locations: ____________________

Motor Vehicle Transportation

☐ Trips by the program in ____________ to the following locations:
vehicle

____

____

☐ Daily transportation by the program in: ____________________
vehicle

from: ____________________ to: ____________________
location location

Children will be restrained during vehicular transport by use of: ____________________

Special needs of the child during transport: ____________________

Swimming

☐ Swimming and/or wading at: ____________________
location

Other Activities (e.g., homework supervision, trips to neighborhood playgrounds, special trips)

☐ ____________________

Print Legal Guardian's Name: ____________________

Legal Guardian's Signature: ____________________ Date: ____________

[See separate consent forms for emergency care, medication administration, special dental, dietary or other needs.]

Child Care Agreement

I, ______________________________, the legal guardian of ______________________
agree to the following: (Initial all that apply)

__________ Pay fee per day/per week of __________.

__________ Volunteer to work ______________ hours a week with the program.

__________ Follow the procedures in the program handbook.

__________ Obtain a Special Care Plan if applicable.

__________ Day payment to be made is ______________.

__________ Services to be provided as part of the child care fee (transportation, meals, etc.) are:

____.

__________ Child's arrival time ______________ Child's departure time ______________.

__________ Late fee $ ______________.

__________ Obtain health assessments for my child according to the schedule recommended by the American Academy of Pediatrics.

__________ Notify ______________ when my child is scheduled for routine health visits, and obtain a form to complete and return.

__________ Cooperate with ______________ in the follow up of any medical, dental, or developmental needs of my child.

__________ Complete a daily admission form and have my child observed by a member of the staff before I leave each day.

__________ Notify the teacher ______________ in advance if I plan a birthday celebration for my child.
(specify time)

__________ Notify the staff when my child is ill or any family member has a contagious disease.

__________ Complete a medication consent form when requesting medication administration.

__________ Provide the program staff with ______________________ necessary for my child's care.
(linens, clothing, toothbrush)

__________ Provide information on how to contact me in an emergency situation which I will update when changes occur and every 6 months.

__________ Agree to discuss my concerns with ______________________________.
(staff member's name)

__________ Notify a teacher and sign my child in and out every time my child arrives and departs with me or a person I authorize.

__________ Designated persons to whom child may be released are: ______________________.

____.

____

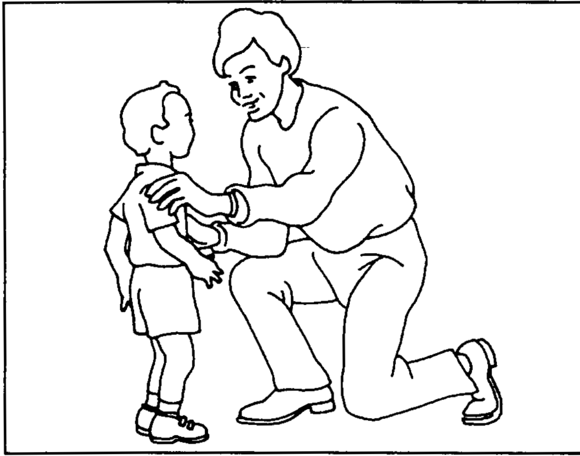
Legal Guardian Signature Date

This agreement should be reviewed by the legal counsel for your facility. Contracts usually include more information than present on this form.

Family/Caregiver Information Exchange

Week of: ____________		Eating			Sleeping			Mood/Behavior	Stool	Urine	Other
		Normal	Less	More	Normal	Less	More		# of times	# of times	symptoms of illness, family issues
MON	At Home										
	Child Care AM										
	PM										
TUE	At Home										
	Child Care AM										
	PM										
WED	At Home										
	Child Care AM										
	PM										
THU	At Home										
	Child Care AM										
	PM										
FRI	At Home										
	Child Care AM										
	PM										

Instructions for Daily Health Check



1. Be at the child's level so you can interact with the child even if talking with the parent.
2. Check:
   - behavior typical or atypical for time of day and circumstances
   - appearance

     skin: pale, flushed, rash (feel the child's skin by touching affectionately)

     eyes, nose, mouth: Note color; are they dry or is there discharge? Is child rubbing eye, nose, or mouth?

     hair: in a lice outbreak, look for nits

     breathing: normal or different; cough
   - report of parent on how child seemed to feel or act at home
   - sleeping normally?
   - eating/drinking normally? When was last time child ate or drank?
   - any unusual events?
   - bowels and urine normal? When was last time child used toilet or was changed?
   - any evidence of illness or injury since the child was last participating in child care

Illustration by Jack Hankinson

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Enrollment/Attendance/Symptom Record

9/02

Group________________________

Month 20____

Name	Age in Months	Daily Hours in Care	For each child, each day: code top box “+” = present, or “O” = absent, or N = not scheduled code bottom box “O" = well, or with the numbers from bottom of the page																														
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Total Placed on Register:

Number of days facility was open:

Symptom Codes: 1 = Asthma, wheezing; 2 = Behavior change with no other symptom; 3 = Diarrhea; 4 = Fever; 5 = Headache; 6 = Rash; 7 = Respiratory (cold, cough, runny nose, earache, sore throat, pink eye); 8 = Stomachache; 9 = Urine problem; 10 = Vomiting; 11 = Other (specify on back)

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Staff Assignments for Active (Large Muscle) Play

Week of:	Climbers	Swings	Slides	Riding Toys	Other
MON					
TUE					
WED					
THU					
FRI					

Appendix J

Symptom Record

Child's Name: ______________________________

Date: ____________________ Symptom: ____________________

When symptom began, how long it lasted, how severe, how often? ____________________

____

Any change in child's behavior? ____________________

____

Child's temperature: __________ Time taken: __________ (Circle: axillary (armpit), oral, rectal, or ear canal)

How much and what type of food and fluid did the child take in the past 12 hours? ____________________

____

How many and how typical/normal was urine and bowel movement, in the past 12 hours? ____________________

____

Circle or write in other symptoms:

runny nose	sore throat	cough	vomiting	diarrhea	wheezing
trouble breathing	stiff neck	rash	trouble urinating	pain	
itching	trouble sleeping	earache	headache	stomachache	

Other symptoms: ____________________

Exposure to medications, animals, insects, soaps, new foods: ____________________

____

Exposure to other people who were sick; who and what sickness? ____________________

____

Child's other problems that might affect this illness: asthma, anemia, diabetes, allergy, emotional trauma) ____________________

____

What has been done so far? ____________________

____

Advice from the child's clinician: ____________________

____

Name of person completing this form: ____________________

Sample Letter to Families about Exposure to Communicable Disease

Name of Child Care Program: ____________________

Address of Child Care Program: ____________________

Telephone Number of Child Care Program: ____________________

Date: ____________________

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having: ____________________

Information about this disease:

The disease is spread by: ____________________

The symptoms are: ____________________

____

The disease can be prevented by: ____________________

____

____

What the program is doing: ____________________

____

____

____

What you can do at home: ____________________

____

____

____

____

If your child has any symptoms of this disease, call your doctor to find out what to do. Be sure to tell your doctor about this notice. If you do not have a regular doctor to care for your child, contact your local health department for instructions on how to find a doctor, or ask other parents for names of their children's doctors. If you have any questions, please contact:

____________________ at (________)____________________

(Caregiver's name) (Telephone number)

Appendix L

Situations That Require Medical Attention Right Away

In the two boxes below, you will find lists of common medical emergencies or urgent situations you may encounter as a child care provider. To prepare for such situations:

1) Know how to access Emergency Medical Services (EMS) in your area.
2) Educate Staff on the recognition of an emergency.
3) Know the phone number for each child's guardian and primary health care provider.
4) Develop plans for children with special medical needs with their family and physician.

At any time you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.

Call Emergency Medical Services (EMS) immediately if:

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- The child has difficulty breathing or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and a loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.

After you have called EMS, remember to call the child's legal guardian.

Some children may have urgent situations that do not necessarily require ambulance transport but still need medical attention. The box below lists some of these more common situations. The legal guardian should be informed of the following conditions. If you or the guardian cannot reach the physician within one hour, the child should be brought to a hospital.

Get medical attention within one hour for:

- Fever in any age child who looks more than mildly ill.
- Fever in a child less than 2 months (8 weeks) of age.
- A quickly spreading purple or red rash.
- A large volume of blood in the stools.
- A cut that may require stitches.
- Any medical condition specifically outlined in a child's care plan requiring parental notification.

Approved by the American Academy of Pediatrics Committee on Pediatric Emergency Medicine, January 2001.

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Medication Consent and Log

Child's Name ______________________________

PARENT COMPLETE THIS SECTION
I give permission to administer medication to my child as stated below:

STAFF COMPLETE THIS SECTION

Date	Parent's Signature	Name of Medication/ Any Side Effects to Watch For	To Be Given		Amount Each Dose/ By Route , e.g., Mouth, Nose, Ear	Refrigeration?	Safety Check	Time Given	Staff Initials	Date Given	Reaction/Notes
			Date	Time							

Safety Check:

1. Child resistant container
2. Original prescription or manufacturer's label with the name and strength of the medication and physician's directions for use (phone or written)
3. Name of child on container is correct for both first and last names
4. Current date on prescription/expiration label covers period when medication is to be given
5. Name and phone number of licensed health professional who ordered medication on container or on file
6. Instructions are clear for dose, route, and time to give medication

Appendix N

First Aid Kit Inventory

ITEM	DATE CHECKED (Restock after each use and inventory monthly)				
Disposable, nonporous gloves (use to protect hands from contact with blood or body fluids)					
Sealed packages of antiseptic (use for cleaning)					
Scissors (use for cutting tape or dressings)					
Tweezers (use to remove splinters)					
Non-glass thermometer (use for taking temperature)					
Bandage tape (hold gauze pads or splint in place)					
Sterile gauze pads (cleaning injured area and covering cuts and scrapes)					
Flexible roller gauze (hold gauze pad, eye pad, or splint in place)					
Triangular bandage (supporting injured arm or hold a splint in place)					
Safety pins (pin triangular bandage)					
Eye dressings					
Pen/pencil and note pad (writing down information and instructions)					
Syrup of ipecac (to be used only with instruction from or poison control center — check expiration date)					
Cold pack (for bumps and bruises when away from ice)					
Current American Academy of Pediatrics or American Red Cross Infant/Child first aid resource or equivalent guide (instructions)					
Coins (for use in pay phone)					
Poison control telephone number					
Water (bottled or a water source for cleaning injured areas and handwashing)					
Small plastic metal splint (to immobilize an injured finger)					
Liquid soap for washing hands					
Any emergency medication needed for a child in the group (e.g., bee/insect sting kit—if child with severe allergy is in care). Be sure to keep written instructions for use with the medication.					
INITIALS OF PERSON WHO CHECKED					

KEEP OUT OF THE REACH OF CHILDREN

Adapted from *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.*

Injury Report Form

Fill in all blanks and boxes that apply.

Name of Program: ______________________________ Phone: ______________

Address of Facility: ____

Child's Name: ________________________ Sex: M F Birthdate:___ /___ /___ Injury Date:___ /___ /___

Time of Incident: _____:_____ am / pm Witnesses: ______________________________

Name of Legal Guardian/Parent Notified:________________ Notified by:__________ Time Notified: _____:_____ am / pm

EMS (911) or other medical professional ☐ Not notified ☐ Notified Time Notified: _____:_____ am / pm

Location where incident occurred: ☐ playground ☐ classroom ☐ bathroom ☐ hall ☐ kitchen ☐ doorway ☐ large muscle room or gym ☐ office ☐ dining room ☐ stairway ☐ vehicle ☐ on field trip ☐ unknown ☐ other (specify)______

Equipment/product involved: ☐ climber ☐ slide ☐ swing ☐ playground surface ☐ sandbox ☐ trike/bike ☐ hand toy (specify): ____

☐ other equipment (specify):______________________________________

Cause of injury: (describe) ______________________________________

☐ fall to surface; estimated height of fall ______ feet; type of surface: ________________
☐ fall from running or tripping ☐ bitten by child ☐ motor vehicle ☐ hit or pushed by child ☐ injured by object
☐ eating or choking ☐ insect sting/bite ☐ animal bite ☐ injury from exposure to cold ☐ other (specify):_________

____

Parts of body injured: ☐ eye ☐ ear ☐ nose ☐ mouth ☐ tooth ☐ other part of face ☐ other part of head ☐ neck
☐ arm/wrist/hand ☐ leg/ankle/foot ☐ chest ☐ back ☐ buttocks ☐ genitals ☐ other (specify): ______________

Type of injury: ☐ cut ☐ bruise or swelling ☐ puncture ☐ scrape ☐ broken bone or dislocation ☐ sprain ☐ crushing injury
☐ burn ☐ loss of consciousness ☐ unknown ☐ other (specify): ____________________________

First aid given at the facility: (e.g., comfort, pressure, elevation, cold pack, washing, bandage): ______________

____

Treatment provided by:____

☐ no doctor's or dentist's treatment required
☐ treated as an outpatient (e.g., office or emergency room)
☐ hospitalized (overnight) # of days: ____________________

Number of days of limited activity from this incident: ________ Follow-up plan for care of the child: ______________

Name of supervisor notified: ________________________________ Date notified: __________

Corrective action needed to prevent reoccurrence:___________________________________

Name of official/agency (if any) notified: __________________________ Date: ______________

Signature of staff member completing this report: ____________________ Date: ______________

Signature of Legal Guardian/Parent:_____________________________ Date: ______________

copies: 1) child's folder, 2) parent, 3) injury log

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Evacuation Drill Log

Select a location in the building for the site of a "pretend" fire which would change the usual evacuation route. Plan and conduct an evacuation drill using alternate exits.

DATE	TIME	"PRETEND" FIRE LOCATION	LENGTH OF TIME TO EVACUATE	NUMBER OF CHILDREN	NAME/SIGNATURE OF PERSON OBSERVING DRILL

Health and Safety Checklist

Use this checklist to find hazards. Whenever a hazard is found, fix it if you can. If you can not fix it, make a note of it and plan to get it fixed.

Safety checks should be done at least once a month. Having different people do the safety checks helps find more hazards. The more people who are involved in watching for hazards, the more they will help fix hazards whenever they see them. Safety is everyone's business!

The PA Chapter of the American Academy of Pediatrics does not accept any liability associated with the assessment of a child care facility using this checklist, pages 1–13.

General Indoor Areas

Yes	No	
☐	☐	Guns, projectile toys, darts, and cap pistols are not kept in the child care setting.
☐	☐	Floors are smooth and have nonskid surfaces. Rugs are skid-proof.
☐	☐	Doors to places that children can enter, such as bathrooms, can be easily opened from the outside by a child or by an adult.
☐	☐	Doors in children's areas have see-through panes so children are visible to anyone opening the door.
☐	☐	Doors have slow closing devices and/or rubber gaskets on the edges to prevent finger pinching.
☐	☐	Glass doors and full-length windows have decals on them that are at the eye levels of both children and adults.
☐	☐	Windows cannot be opened more than 6 inches from the bottom.
☐	☐	All windows have closed, permanent screens.
☐	☐	Bottom windows are lockable.
☐	☐	Walls and ceilings have no peeling paint and no cracked or falling plaster.
☐	☐	The child care setting is free of toxic or lead paint and of crumbly asbestos.
☐	☐	Safety covers are on all electrical outlets.
☐	☐	Electrical cords are out of children's reach. Electrical cords are placed away from doorways and traffic paths.
☐	☐	Covers or guards for fans have openings small enough to keep children's fingers out.
☐	☐	Free-standing space heaters are not used.
☐	☐	Pipes, radiators, fireplaces, wood burning stoves, and other hot surfaces cannot be reached by children or are covered to prevent burns.
☐	☐	Nobody smokes or has lighted cigarettes, matches, or lighters around children.
☐	☐	Tap water temperature is 120° Fahrenheit or lower.
☐	☐	Trash is covered at all times and is stored away from heaters or other heat sources.
☐	☐	Drawers are closed to prevent tripping or bumps.
☐	☐	Sharp furniture edges are cushioned with cotton and masking tape or with commercial corner guards.
☐	☐	Emergency lighting equipment works.
☐	☐	Regular lighting is bright enough for good visibility in each room.
☐	☐	Enough staff members are always present to exit with children safely and quickly in an emergency.
☐	☐	All adults can easily view all areas used by children.

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General Indoor Areas (cont.)

Yes No

- ☐ ☐ Pets are free from disease, are immunized as appropriate, and are maintained in a sanitary manner.
- ☐ ☐ Poisonous plants are not present either indoors or outdoors in the child care areas.
- ☐ ☐ All adult handbags are stored out of children's reach.
- ☐ ☐ All poisons and other dangerous items are stored in locked cabinets out of children's reach. This includes medicines, paints, cleansers, mothballs, etc.
- ☐ ☐ Pesticides are applied only to surfaces that children cannot reach and surfaces not in direct contact with food.
- ☐ ☐ A certified pest control operator applies pesticides while observed by a caregiver.
- ☐ ☐ Cots are placed in such a way that walkways are clear for emergencies.
- ☐ ☐ Children are never left alone in infant seats on tables or other high surfaces.
- ☐ ☐ Teaching aids such as projectors are put away when not in use.
- ☐ ☐ A well-stocked first aid kit is accessible to all caregivers.
- ☐ ☐ Non-porous gloves are readily available for caregivers in all areas where child care is provided.
- ☐ ☐ Heavy equipment or furniture that may tip over is anchored.

Toys and Equipment

Yes No

- ☐ ☐ Toys and play equipment have no sharp edges or points, small parts, pinch points, chipped paint, splinters, or loose nuts or bolts.
- ☐ ☐ All painted toys are free of lead.
- ☐ ☐ Toys are put away when not in use.
- ☐ ☐ Toys that are mouthed are washed after each use.
- ☐ ☐ Children are not permitted to play with any type of plastic bag, balloon or latex/vinyl gloves.
- ☐ ☐ Toys are too large to fit completely into a child's mouth and have no small, detachable parts to cause choking. No coins, safety pins, or marbles for children under 4 years of age.
- ☐ ☐ Infants and toddlers are not permitted to eat small objects and foods that may easily cause choking, such as hot dogs, hard candy, seeds, nuts, popcorn, and uncut round foods such as whole grapes and olives.
- ☐ ☐ Toy chests have air holes and a lid support or have no lid. A lid that slams shut can cause pinching, head injuries or suffocation.
- ☐ ☐ Shooting or projectile toys are not present.
- ☐ ☐ Commercial art materials are stored in their original containers out of children's reach. The manufacturer's label includes a reference to meeting ASTM Standards.
- ☐ ☐ Rugs, curtains, pillows, blankets, and cloth toys are flame-resistant.
- ☐ ☐ Sleeping surfaces are firm. Waterbeds and soft bedding materials such as sheepskin, quilts, comforters, pillows, stuffed toys, and granular materials (plastic foam beads or pellets) used in bean bags are not accessible to infants where they sleep.
- ☐ ☐ Babies are always put down to sleep on their backs.
- ☐ ☐ Hinges and joints are covered to prevent small fingers from being pinched or caught.

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Toys and Equipment (cont.)

Yes No

☐ ☐ Cribs, playpens, and highchairs are away from drapery cords and electrical cords.

☐ ☐ Cribs, playpens, and highchairs are used properly and according to the manufacturer's recommendations for age and weight. Cribs have no corner posts.

☐ ☐ Cribs have slats placed 2⅜ inches apart or less and have snug-fitting mattresses. Mattresses are set at their lowest settings and sides are locked at their highest settings.

☐ ☐ Toys are not hung across the cribs of infants who can sit up.

☐ ☐ Rattles, pacifiers, or other objects are never hung around an infant's neck.

☐ ☐ Infant walkers are not used.

☐ ☐ Five gallon buckets are not accessible to infants and toddlers.

Hallways and Stairs

Yes No

☐ ☐ Handrails are securely mounted at child height.

☐ ☐ Handrails are attached to walls for right-hand descent, but preferably are attached to the walls on both right and left sides.

☐ ☐ Stairway gates are locked in place when infants or toddlers are nearby. Gates should have openings small enough to prevent a child's head from fitting through. No accordion-type gates are used.

☐ ☐ Doorways to unsupervised or unsafe areas are closed and locked unless the doors are used for emergency exits.

☐ ☐ Emergency exit doors have easy-open latches.

☐ ☐ Safety glass is used in all areas of potential impact.

☐ ☐ Caregivers can easily monitor all entrances and exits to keep out strangers.

☐ ☐ Stairways and hallways are clear of objects that can cause a fall.

Kitchen and Food Preparation and Storage Areas

Yes No

☐ ☐ Caregivers always wash hands before handling food.

☐ ☐ Caregivers always wash children's hands before mealtimes.

☐ ☐ Trash is always stored away from food preparation and storage areas.

☐ ☐ Refrigerator temperature is monitored by thermometer and is kept at or below 40° Fahrenheit.

☐ ☐ All perishable foods are stored in covered containers at 40° Fahrenheit or lower.

☐ ☐ Hot foods are kept at 140° Fahrenheit or higher until ready to be eaten.

☐ ☐ Pest strips are not used.

☐ ☐ Cleansers and other poisonous products are stored in their original containers, away from food, and out of children's reach.

Kitchen and Food Preparation and Storage Areas (cont.)

Yes	No	
☐	☐	Nonperishable food is stored in labelled, insect-resistant metal or plastic containers with tight lids.
☐	☐	Five gallon buckets are not accessible to children.
☐	☐	Refrigerated medicines are kept in closed containers to prevent spills that would contaminate food.
☐	☐	Food preparation surfaces are clean and are free of cracks and chips.
☐	☐	Eating utensils and dishes are clean, free of cracks, chips and lead.
☐	☐	Appliances and sharp or hazardous cooking utensils are stored out of children's reach.
☐	☐	Pot handles are always turned towards the back of the stove.
☐	☐	An ABC-type fire extinguisher is securely mounted on the wall near the stove.
☐	☐	All caregivers know how to use the fire extinguisher correctly and have seen a demonstration by members of the fire department.
☐	☐	There is a "danger zone" in front of the stove where the children are not allowed to go.
☐	☐	A sanitarian has inspected food preparation and service equipment and procedures within the past year.
☐	☐	Children are taught the meaning of "hot."
☐	☐	Trash is stored away from the furnace, stove, and hot water heater.
☐	☐	Kitchen area is not accessible to children without constant adult supervision.
☐	☐	Caregivers do not cook while holding a child.
☐	☐	Hot foods and liquids are kept out of children's reach.
☐	☐	Stable step stools are used to reach high places.

Bathrooms

Yes	No	
☐	☐	Stable step stools are available where needed.
☐	☐	Electrical outlets have safety covers or are modified to prevent shock.
☐	☐	Electrical equipment is stored away from water.
☐	☐	Cleaning products and disinfectants are locked in a cabinet out of children's reach.
☐	☐	Toilet paper is located where children can reach it without having to get up from the toilet.
☐	☐	If potty chairs are used, they are easy to clean with a bleach solution in a utility sink used only for that purpose, if possible.
☐	☐	Potty chairs are not used in the food preparation or dining areas, and potty chairs cannot be reached by children when they are not in use.
☐	☐	There are enough toilets so children do not have to stand in line.
☐	☐	Caregivers and children always wash hands after toileting and diaper changing.
☐	☐	The changing of diapers or soiled underwear is done in a special, separate area away from food and play.

Bathrooms (cont.)

Yes No

☐ ☐ The diapering or changing table has rails to keep the child from rolling off.

☐ ☐ Trash cans for diapers, tissues, and other materials that come in contact with body fluids can be opened with a step pedal and are lined with a plastic bag, emptied daily, and kept clean.

☐ ☐ Paper towels and liquid soap are readily available at the sink.

☐ ☐ Thermometers are used to check that water temperatures are between 120° and 130° Fahrenheit or lower. The lower the water temperature, the safer it is for young children.

☐ ☐ Cosmetics are stored out of children's reach.

☐ ☐ Bathtubs have skid-proof mats or stickers.

☐ ☐ Children take baths only when adults can supervise.

☐ ☐ Children are never left alone on a changing table, bed, or any other elevated surface.

☐ ☐ Children are never left unsupervised in or near water.

Active Play Areas (Indoor Areas and Playgrounds)

Yes No

☐ ☐ The active play area offers a wide range of parallel and interactive activities.

☐ ☐ Water for drinking and first aid is available near the play area.

☐ ☐ A well-stocked first aid kit is accessible to all caregivers during outdoor play.

☐ ☐ A file is available containing the name and address of the manufacturer of each piece of equipment.

☐ ☐ The file also contains records of equipment purchase, installation, inspection, maintenance and CPSC/ASTM approval.

☐ ☐ For old equipment, the file contains documentation of safety provided by an inspector who is certified by the National Playground Safety Institute (703) 858-2148.

Surfacing

Yes No

☐ ☐ Measure the highest point that a child can climb to (critical height). For swings, the critical height is measured from the pivot point where the swing is suspended down to the ground. For elevated structures with guard rails, the critical height is measured from the top of the guard rail down to the ground. The highest accessible part for platforms with protective barriers is the deck. For all other structures, the critical height is measured from the highest point of the structure down to the ground.

☐ ☐ Surfaces underneath indoor and outdoor play equipment that children can climb are covered with impact-absorbing material according to the CPSC recommendations for critical height.

☐ ☐ The following surfacing materials are not in use underneath indoor and outdoor play equipment that children can climb: asphalt, concrete, soil or hard-packed dirt, grass, turf, linoleum, or carpeting.

☐ ☐ The dirt in the play area has been tested and found free of toxic materials, including lead.

☐ ☐ There are no toys or objects (including surfacing material) with a diameter small enough to completely fit in a child's mouth accessible to children who are still placing objects in their mouths.

Depth Required for Tested Shock-Absorbing Materials for Use under Play Equipment

These data report tested drop heights for specific materials. All materials were not tested at all drop heights. Choose a surfacing material that tested well for drop heights that are equal to or greater than the drop height of your equipment.

Height of Playground Equipment (feet)	Shock-absorbing Substance	Minimum Depth Required Uncompressed (inches)	Minimum Depth Required Compressed (inches)
4	Coarse Sand	--	9
5	Fine Sand	6	9
	Coarse Sand	6	--
	Medium Gravel	6	9
6	Double Shredded Bark Mulch	6	--
	Engineered Wood Fibers	6	9
	Coarse Sand	12	--
	Fine Gravel	6	9
	Medium Gravel	12	--
7	Wood Chips	6	--
	Double Shredded Bark Mulch	--	9
	Engineered Wood Fibers	9	--
	Fine Gravel	9	--
9	Fine Sand	12	--
10	Wood Chips	9	9
	Double Shredded Bark Mulch	9	--
	Fine Gravel	12	--
10-12	Shredded Tires (see note 4 below)	6	--
11	Wood Chips--Double Shredded	12	--
	Double Shredded Bark Mulch	12	--
>12	Engineered Wood Fibers	12	--

Notes:
1. The testing of loose-fill materials was done by the CPSC in accordance with the voluntary standard for playground surfacing systems, ASTM F1292. CPSC reported these data as critical heights for varying depths of material. Since most users of the standard want to know what surfacing is required for a given piece of equipment that has a known fall height, the authors of *Caring for Our Children* converted the CPSC table to start from the known drop height, rather than a specific depth and type of surfacing material. Where CPSC offers no data, the table shows a dash (--). These playground surfacing requirements apply to play equipment whether it is located indoors or outdoors.
2. Fall height is the maximum height of the structure or any part of the structure for all stationary and mobile equipment except swings. For swings, the fall height is the height above the surface of the pivot point where the swing's suspending elements connect to the supporting structure.
3. Protective surfacing recommendations do not apply to equipment that the child uses standing or sitting at ground level like sand boxes or play houses that children do not use as a climber.
4. For shredded tires, the CPSC recommends that users request test data from the supplier showing the critical height of the material when it was tested in accordance with ASTM F1292.
5. Surfacing materials are available as two types, unitary or loose-fill. These recommendations for depth of materials apply to the loose-fill type. For unitary surfacing materials, the manufacturer should provide the test data that show a match between the critical height shock-absorbing characteristics and the fall height of the equipment where the surfacing is used.
6. Since the depth of any loose-fill material could be reduced during use, provide a margin of safety when selecting a type and depth of material for a specific use. Also provide a means of containment around the perimeter of the use zone to keep the material from moving out into surrounding areas, thereby decreasing the depth in the fall zone. Depending on location, weather conditions, and frequency of use, provide maintenance to insure needed depth and loosening of material that has become packed. By placing markers on the support posts of equipment that indicate the correct level of loose-fill surfacing material, users can identify the need for maintenance work.

Reference: United States Consumer Product Safety Commission. *Handbook for Public Playground Safety.* Washington, D.C.: U.S. Consumer Product Safety Commission: 1997. Publications 325.
Reprinted from *Caring for Our Children, National Health and Safety Performance Standards,* 2d ed. (Washington, DC: AAP & APHA, 2002), 435.

Fall Zones

Yes No

☐ ☐ Fall zones (the areas onto which a child falling from or exiting from a piece of play equipment would be expected to land) do not overlap.

☐ ☐ Impact-absorbing surfacing material extends at least 6 feet beyond all sides of the equipment.

☐ ☐ For to-fro swings: the impact-absorbing surfacing material extends in front and in back of the swings a distance that measures twice the height of the swing beam.

☐ ☐ For slides: the impact-absorbing surfacing material extends at least 6 feet from the end of the slide chute—or—a distance that equals the height of the slide platform + 4 feet, **whichever is greater**. (It is not necessary for surfacing material to exceed 14 feet).

Protrusion & Entanglement

Yes No

☐ ☐ All metal edges are rolled.

☐ ☐ There are no equipment pieces that could catch clothing. There are no strings or loose items on children's clothing or around children's necks that could get caught on play equipment.

☐ ☐ Any exposed bolts do not protrude more than two threads beyond the face of the nut; exposed bolts have no burrs or sharp edges.

☐ ☐ There are no open "S" hooks.

Entrapment

Yes No

☐ ☐ There are no openings in any pieces of active play equipment between 3½ and 9 inches that could cause head entrapment.

Equipment Spacing

Yes No

☐ ☐ There are at least 6 feet of use space on all sides of each piece of equipment.

☐ ☐ Play equipment pieces are spaced at least 12 feet apart from each other (each has its own 6 foot use space).

☐ ☐ Traffic patterns are designed to prevent children from bumping into each other.

Trip Hazards

Yes No

☐ ☐ All anchoring devices, such as footings and bars at the bottom of climbers, are below the playing surface.

☐ ☐ There are no exposed tree / plant roots.

☐ ☐ Changes in elevation are made obvious by the use of brightly colored visual or other barriers.

Appropriate Activities & Equipment

Yes	No	
☐	☐	Age-specific play areas are separated by distance or a physical barrier.
☐	☐	Equipment is warranted by the manufacturer as suitable for the age of the users (2–5 years and 5–12 years) according to ASTM Standard F1487-95.

Pinch, Crush, & Shearing Points

Yes	No	
☐	☐	All spaces are too big or too small to entrap a child's finger.
☐	☐	All wooden parts are smooth and without splinters.
☐	☐	All corners are rounded, especially at exit ends and sides along a slide bed.
☐	☐	Exposed ends of tubing have caps that cannot be removed without tools.

Guardrails, Handrails, and Safety Barriers

Yes	No	
☐	☐	Guardrails or protective barriers are used to prevent inadvertent or unintentional falls off elevated platforms.
☐	☐	For preschool children: elevated surfaces more than 20 inches high have a guardrail or protective barrier; those more than 30 inches high have a protective barrier (an enclosing device that is intended to prevent both inadvertent and deliberate attempts to pass through the barrier).
☐	☐	For school age children: elevated surfaces more than 30 inches high have a guardrail or protective barrier; those more than 48 inches high have a protective barrier.
☐	☐	Handrails are child hand-hold size, and are at waist to shoulder height of the child users (22"–38").
☐	☐	Boundaries such as painted lines or dividers separate play equipment from walking areas.
☐	☐	Bike or trike riding areas are separate from other areas.
☐	☐	Playgrounds are fenced in.

Unsafe Equipment

Yes	No	
☐	☐	There are no heavy swings or swings made out of wood, metal, or other rigid materials.
☐	☐	There are no animal figure swings.
☐	☐	There are no multiple-use occupancy swings (swings used by more than one child at a time) other than tire swings.
☐	☐	There are no swing sets with more than 2 swings per bay.
☐	☐	There are no rope swings; all ropes are anchored at both ends.
☐	☐	There are no trapeze bars.
☐	☐	Any see-saws present have a spring centering device for children 2-5 years of age. If see saws are used, there must be a shock absorbing material required to cushion seat impact on surface and the maximum height of the seat above the protective surfacing must not exceed 5 feet.
☐	☐	There are no trampolines.

Maintenance

Yes No

☐ ☐ Daily checks include: broken glass, animal waste, trash, toxic plants or plant debris, damage by vandals, displaced surfacing, broken equipment, chipping paint, puddles of water, insect hazards, need for lubrication of moving parts.

☐ ☐ All hardware fasteners, permanent coverings, or connecting devices are tight and cannot be removed without tools.

☐ ☐ All surfaces are intact.

☐ ☐ All structures are sturdy enough that they will not move or tip over when the weight of an adult is put against them.

☐ ☐ There is no peeling paint. (Lead in peeling paint on play equipment is a common hazard.)

☐ ☐ All ropes are tight and strands cannot be pulled apart.

Supervision

Yes No

☐ ☐ All areas where children can play are in view of an adult at all times.

☐ ☐ Every child is accounted for at all times by a supervising adult. Some method of assuring that no child is hidden or missing from the group must be used.

☐ ☐ When children must leave the play area to use the toilet, to get first aid, or for any other reason, supervision of the child who leaves and the children who remain in the play area is secure and consistent.

☐ ☐ Children are prevented from playing in a way that challenges them beyond their abilities or that puts others at risk of significant injury.

Slides

Yes No

☐ ☐ The impact-absorbing surfacing material extends at least 6 feet from the end of the slide chute -or- a distance that equals the height of the slide platform + 4 feet, **whichever is greater.** (It is not necessary for surfacing material to exceed 14 feet).

☐ ☐ Slides are no taller than 6½ feet and have side rims at least 4 inches high.

☐ ☐ Slides have an enclosed platform at the top for children to get into position to slide.

☐ ☐ Slide ladders have flat steps and a handrail on each side. For users 2-12 years of age, steps are ≤ 9 inches apart. Rungs are ≤ 12 inches apart. (If steps are ≤ 9 inches apart, check for entrapment).

☐ ☐ Slide beds have a flat surface at the bottom to slow children down and are sloped at no greater than a 30 degree angle overall.

☐ ☐ Slides with metal beds are shaded to prevent overheating.

Sand

Yes No

☐ ☐ Sand digging areas are in the shade.

☐ ☐ Sand digging areas are contained by smooth frames.

☐ ☐ Sand is covered when not in use to prevent infectious disease and injury risk when animals and insects get into it.

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Swings

Yes	No	
☐	☐	Swings are located away from other equipment and activities.
☐	☐	Swing footings are stable and buried below the ground or covered by protective surfacing.
☐	☐	There is no corrosion evident on hooks or chains.
☐	☐	There are no “A” frames with horizontal cross bars present.
☐	☐	Tot swings are in a separate bay from the other swings.
☐	☐	Swing hangers are spaced wider than the seats, not less than 20 inches.
☐	☐	There is a minimum space of 24 inches between seats and 30 inches between the swing and supporting structure.
☐	☐	The distance between the bottom of the seat and the protective surface is at least 12 inches.

Multi-Axis Tire Swings

Yes	No	
☐	☐	Tire swings do not share a bay with any other type of swing or are mounted on any structure with other play components.
☐	☐	There are no exposed steel belts in steel-belted radial tire swings.
☐	☐	There are drain holes in tire swing tires.
☐	☐	The minimum clearance between tire and support structure is 30 inches.
☐	☐	The tire swing itself weighs less than 35 pounds.

Climbers

Yes	No	
☐	☐	Climbers have a safe way off for children who cannot complete the activity.
☐	☐	No places exist where children can fall more than 18 inches onto any component of the climber.
☐	☐	Connections between ropes, cables, or chains are securely fixed.
☐	☐	There are no arch climbers or sliding poles accessible to preschoolers.
☐	☐	Horizontal ladders and overhead rings are used only by children who are over 5 years of age. Chinning bars may be used by 4 year olds.

Merry-Go-Rounds

Yes	No	
☐	☐	The platform is continuous, approximately circular.
☐	☐	There are no components, including handgrips, that extend beyond the perimeter of the platform.
☐	☐	Unless the merry-go-round is tub shaped, there are 1–1½ inch handgrips available.
☐	☐	There are no accessible shearing or crush points.
☐	☐	Peripheral speed of rotation is limited to 13 feet per second.

Spring Rocking Equipment

Yes No

- ☐ ☐ The seat accommodates only the intended number of users at one time.
- ☐ ☐ There are hand grips and foot rests for each seating position.
- ☐ ☐ Handgrips are between 1–1½ inches in diameter; minimum length 3 inches for one hand, and 6 inches for two hands.
- ☐ ☐ Foot rests are a minimum width of 3½ inches.
- ☐ ☐ Seats are not less than 14 inches nor more than 28 inches above platform surface.

Other Hazards

Yes No

- ☐ ☐ There is no litter or animal feces in the play area that may attract insects, hide hazards, and harbor infectious disease agents.
- ☐ ☐ There are no attractive climbing hazards (such a trees) that are accessible from an object placed underneath them.
- ☐ ☐ There are no toxic or thorny plants present.
- ☐ ☐ There is a fence that encloses the play area.

Please explain your plan to fix or take out of play any items checked “No.”

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Swimming Pools

Yes	No	
☐	☐	All pools and ponds are enclosed with four-sided fencing that is resistant to climbing, is at least five feet high, comes within 3½ inches of the ground, and has openings no greater than 3½ inches.
☐	☐	Fence openings have self-closing latching gates with the latch at least 55 inches from the ground.
☐	☐	Walk areas around the pool have a nonskid surface.
☐	☐	The pool and pool maintenance have been inspected and approved by the local health department within the past year.
☐	☐	Small, portable wading pools are not used for group water play.
☐	☐	Equipment is available and used every two hours while children are in the water to test and maintain the pH of the water between 7.2 and 8.2.
☐	☐	Water temperatures are maintained between 82° F and 93° F while the pool is in use.

Emergency Preparedness

Yes	No	
☐	☐	All caregivers have roles and responsibilities in case of fires, injury, or other disasters.
☐	☐	One or more caregivers certified in infant and child first aid and where children swim or children with disabilities are in care, one or more caregivers certified in infant and child CPR are always present.
☐	☐	All first aid kits have the required supplies. The kits are stored where caregivers can easily reach them in an emergency.
☐	☐	Caregivers always take a first aid kit on trips.
☐	☐	Smoke detectors and other alarms are tested monthly.
☐	☐	Each room and hallway has a fire escape route clearly posted.
☐	☐	Emergency procedures and telephone numbers are clearly posted near each phone.
☐	☐	Children's emergency phone numbers are posted near the phone and can be easily taken along in case of an emergency evacuation.
☐	☐	Emergency procedures include the following:

- How to phone emergency medical services (EMS) system
- Transportation to an emergency facility
- Notification of parents
- Where to meet if the child care setting is evacuated
- Plans for an adult to care for the children while a caregiver stays with injured children. This includes escorting children to emergency medical care.
- Alternate location for care is known to staff and parents, and is stocked with essential supplies (formula, diapers, toys, first aid supplies).

Emergency Preparedness (cont.)

Yes	No	
☐	☐	All exits are clearly marked and free of clutter.
☐	☐	Doors and gates all open out for easy exit.
☐	☐	Children are taught to report if they or anyone else is hurt.
☐	☐	Children are taught the words *stop* and *no*. Caregivers avoid using those words unless there is danger.
☐	☐	Children are taught their own telephone number, address, and parent's work numbers.
☐	☐	Children are taught how to phone EMS (911).
☐	☐	Children are taught how to Stop, Drop, Roll, Cool in case their clothes catch fire.
☐	☐	Children are taught to point out any matches they find to an adult.

Vehicles

Yes	No	
☐	☐	All vehicles are licensed according to state law and insured for the type of transport being provided.
☐	☐	All drivers are licensed and instructed in child passenger safety.
☐	☐	Everyone, during every ride, uses age-appropriate safety restraints.
☐	☐	Staff encourage correct use of age-appropriate seat restraints by parents.
☐	☐	Drivers use child-resistant door locks when the vehicle is in motion.
☐	☐	All vehicles are locked when not in use.
☐	☐	A well-stocked first aid kit is in the vehicle for every ride.
☐	☐	The caregiver has on hand current emergency contact information when driving children.
☐	☐	Trip plans include how to manage emergencies.
☐	☐	Children wear identification when transported.
☐	☐	Pickup and drop-off points are safe from traffic.
☐	☐	Infant seats are installed correctly, with seats facing the rear of the car until the child reaches 12 months of age. Infants must ride in the back seat.
☐	☐	Driver knows where children are before putting vehicle in reverse.
☐	☐	Bicycles and other riding toys are stable, well-balanced, and of the appropriate size. They do not have broken parts.
☐	☐	Children use helmets approved by ANSI (American National Standards Institute) or Snell Memorial Foundation when riding bikes, and other riding toys that have a wheel base of 20 inches.
☐	☐	Young bikers know traffic rules.
☐	☐	Children do not horse around while riding bikes and do not ride in the street.
☐	☐	Young children never cross the street without an adult. Children should know rules for crossing the street.
☐	☐	No child should ride in the front seat of a vehicle unless the child meets the criteria for front seat occupancy of the National Highway Traffic Safety Administration (800) 424-9393.

Adapted, courtesy of the American Red Cross, from *The American Red Cross Child Care Course,* Health & Safety Units, 1990, pp. 38-44. This checklist is authorized for use by child care providers. All other usage is strictly prohibited without the express approval of the American Red Cross.

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Cleaning Guidelines

AREA	CLEAN	SANITIZE	FREQUENCY
Classrooms/Child Care/Food Areas			
Countertops/tabletops, Floors, Door and cabinet handles	X	X	Daily and when soiled.
Food preparation & service surfaces	X	X	Before and after contact with food activity; between preparation of raw and cooked foods.
Carpets and large area rugs	X		Vacuum daily when children are not present. Clean with a carpet cleaning method approved by the local health authority. Clean carpets only when children will not be present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas and when soiled.
Small rugs	X		Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces and toys that go into the mouth or have been in contact with saliva or other body fluids	X	X	After each child's use, or use disposable, one-time utensils or toys.
Toys that are not contaminated with body fluids. Dress-up clothes not worn on the head. Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, wash cloth and machine-washable cloth toys. (None of these items should be shared among children.)	X		Weekly and when visibly soiled.
Blankets, sleeping bags, Cubbies	X		Monthly and when soiled.
Hats	X		After each child's use or use disposable hats that only one child wears.
Cribs and crib mattresses	X		Weekly, before use by a different child, and whenever soiled or wet.
Phone receivers	X	X	Weekly.
Toilet and Diapering Areas			
Handwashing sinks, faucets, surrounding counters, soap dispensers, door knobs	X	X	Daily and when soiled.
Toilet seats, toilet handles, door knobs or cubicle handles, floors	X	X	Daily, or immediately if visibly soiled.
Toilet bowls	X	X	Daily.
Changing tables, potty chairs (Use of potty chairs in child care is discouraged because of high risk of contamination).	X	X	After each child's use.
General Facility			
Mops and cleaning rags	X	X	Before and after a day of use, wash mops and rags in detergent and water, rinse in water, immerse in sanitizing solution, and wring as dry as possible. After cleaning and sanitizing, hang mops and rags to dry.
Waste and diaper containers	X		Daily.
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool, or blood	X	X	Immediately, as specified in STANDARD 3.026.

Reprinted from *Caring for Our Children, National Health and Safety Performance Standards,* 2d ed. (Washington, DC: AAP & APHA, 2002), 106. Based on Standard 3.028, p.104.

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Meal Pattern Requirements

Age	Breakfast	Lunch or Supper	Snack (midmorning or midafternoon)
Infants Birth through 3 months	4 to 6 ounces formula[1] or breast milk[2,3*]	4 to 6 fluid ounces formula[1] or breast milk[2,3]	4 to 6 fluid ounces formula[1] or breast milk[2,3]
Infants 4 months through 7 months	4 to 8 fluid ounces formula[1] or breast milk[2,3] 0 to 3 tablespoons infant cereal[1,4]	4 to 8 fluid ounces formula[1] or breast milk[2,3] 0 to 3 tablespoons infant cereal[1,4] 0 to 3 tablespoons fruit and/or vegetable	4 to 6 fluid ounces formula[1] or breast milk[2,3]
Infants 8 months through 11 months	6 to 8 fluid ounces formula[1] or breast milk[2,3] 2 to 4 tablespoons infant cereal[1] 1 to 4 tablespoons fruit and/or vegetable	6 to 8 fluid ounces formula[1] or breast milk[2,3] 2 to 4 tablespoons infant cereal[1] AND/OR 1 to 4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas OR 1/2 to 2 ounces cheese OR 1 to 4 tablespoons cottage cheese, cheese food, or cheese spread OR 1 to 4 tablespoons fruit and/or vegetable	2 to 4 fluid ounces formula[1], breast milk,[2,3] or fruit juice[5] 0 to 1/2 slice bread[4,6] OR 0 to 2 crackers[4,6]

[1] Infant formula and dry infant cereal shall be iron fortified.

[2] It is recommended that breast milk be served in place of formula from birth through 11 months.

[3] For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

[4] A serving of this component shall be optional.

[5] Fruit juice shall be full strength.

[6] Bread and bread alternatives shall be made from whole-grain or enriched meal or flour.

* breast milk is a commonly used term for human milk.

Reference: United States Department of Agriculture. *Building Blocks for Fun and Healthy Meals: A Menu Planner for the Child and Adult Care Food Program.* Washington, D.C. 2000.

Reprinted from *Caring for Our Children, National Health and Safety Performance Standards,* 2d ed. (Washington, DC: AAP & APHA, 2002), 426–27.

Meal Pattern Requirements (cont.)

AGE	Children 1-2 Years of Age	Children 3-5 Years of Age	Children 6-12 Years of Age
BREAKFAST			
Milk *	1/2 cup	3/4 cup	1 cup
Vegetable or Fruit or Juice (100%)	1/4 cup	1/2 cup	1/2 cup
Grains/Breads (enriched or whole grain)	1/2 slice* (or 1/2 serving)	1/2 slice* (or 1/2 serving)	1 slice* (or 1 serving)
- or cold dry cereal	1/4 cup (or 1/3 oz.)	1/3 cup (or 1/2 oz.)	3/4 cup (or 1 oz.)
- or cooked cereal	1/4 cup	1/4 cup	1/2 cup
SNACK *(select two of the following four components)*			
Milk *	1/2 cup	1/2 cup	1 cup
Vegetable or Fruit or Juice (100%)**	1/2 cup	1/2 cup	3/4 cup
Meat or meat alternative	1/2 ounce	1/2 ounce	1 ounce
- or yogurt (plain or sweetened)**	2 oz (or 1/4 cup)	2 oz (or 1/4 cup)	4 oz (or 1/2 cup)
Grains/Breads (enriched or whole grain)	1/2 slice* (or 1/2 serving)	1/2 slice* (or 1/2 serving)	1 slice* (or 1 serving)
LUNCH/SUPPER			
Milk *	1/2 cup	3/4 cup	1 cup
Meat or poultry or fish	1 ounce	1 1/2 ounce	2 ounces
- or cheese	1 ounce	1 1/2 ounces	2 ounces
- or cottage cheese, cheese food, or cheese spread	2 ounces (1/4 cup)	3 ounces (3/8 cup)	4 ounces (1/2 cup)
- or egg	1 egg	1 egg	1 egg
- or cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
- or peanut butter, soynut butter or nut or seed butters	2 Tablespoons	3 Tablespoons	4 Tablespoons
- or peanuts, soynuts, tree nuts or seeds	1/2 ounce	3/4 ounce	1 ounce
- or yogurt	4 ounces (or 1/2 cup)	6 ounces (or 3/4 cup)	8 ounces (or 1 cup)
- or an equivalent quantity of any combination of the above meat/meat alternative			
Vegetables and/or Fruits (2 or More)	1/4 cup (total)	1/2 cup (total)	3/4 cup (total)
Grains/Breads (enriched or whole grain)	1/2 slice* (or 1/2 serving)	1/2 slice* (or 1/2 serving)	1 slice* (or 1 serving)

POINTS TO REMEMBER:

- Keep menu production records.
- The required amount of each food must be served.
- Use full-strength (100%) juice.

* Or an equivalent serving of an acceptable grains/breads such as cornbread, biscuits, rolls, muffins, etc., made of whole grain or enriched meal or flour, or a serving of cooked enriched or whole grain rice or macaroni or other pasta products.

** For snack, juice or yogurt may not be served when milk is served as the only other component.

Reference: United States Department of Agriculture. *Building Blocks for Fun and Healthy Meals: A Menu Planner for the Child and Adult Care Food Program.* Washington, D.C. 2000.

Refrigerator or Freezer Temperature Log

Refrigerator or Freezer Temperature Log for Year ____

Jan		Feb		March		April		May		June		July		Aug		Sept		Oct		Nov		Dec		Date
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Temperature	Initials

For each workday, find the date, record the temperature and then put your initials in the next box. To make it clear whose initials are on this form, print your name and put your initials beside it at the bottom of this form. Use extra sheets if needed.

Appendix U

Child Care Staff Health Assessment

********** Employer should complete this section. **********

Name of person to be examined: ______________________

Employer for whom examination is being done: ______________________

Employer's Location: ______________________ Phone number: __________

Purpose of examination: ☐ pre-employment (with conditional offer of employment) ☐ annual re-examination

Type of activity on the job: ☐ lifting, carrying children ☐ close contact with children ☐ food preparation
☐ desk work ☐ driver of vehicles ☐ facility maintenance

********** Part I and Part II below must be completed and signed by a licensed physician or CRNP. **********

Based on a review of the medical record, health history, and examination, does this person have any of the following conditions or problems that might affect job performance or require accommodation?

Date of exam: __________

Part I: Health Problems (circle)

visual acuity less than 20/40 (combined, obtained with lenses if needed)? ....yes ....no
decreased hearing (less than 20 db at 500, 1000, 2000, 4000 Hz)?....yes ....no
respiratory problems (asthma, emphysema, airway allergies, current smoker, other)? ....yes ....no
heart, blood pressure, or other cardiovascular problems?....yes ....no
gastrointestinal problems (ulcer, colitis, special dietary requirements, obesity, other)? ....yes ....no
endocrine problems (diabetes, thyroid, other)?....yes ....no
emotional disorders or addiction (depression, drug or alcohol dependency, difficulty handling stress, other)?..yes ....no
neurologic problems (epilepsy, Parkinsonism, other)? ....yes ....no
musculoskeletal problems (low back pain, neck problems, arthritis, limitations on activity) ....yes ....no
skin problems (eczema, rashes, conditions incompatible with frequent hand washing, other)? ....yes ....no
immune system problems (from medication, illness, allergies and susceptibility to infection)? ....yes ....no
need for more frequent health visits or sick days than the average person? ....yes ....no
other special medical problem or chronic disease that requires work restrictions or accommodation?....yes ....no

Part II: Infectious Disease Status

Immunizations now due/overdue for:

dT (every 10 years)....yes ....no
MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957) ....yes ....no
polio (OPV or IPV in childhood)....yes ....no
hepatitis B (3 dose series)....yes ....no
varicella (2 doses or had the disease)....yes ....no
influenza....yes ....no
pneumococcal vaccine....yes ....no

Female of childbearing age susceptible to CMV or parvovirus? ....yes ....no
Evaluation of tuberculosis status shows a risk for communicable TB? ....yes ....no
Mantoux test date__________ Result______________________

(Tuberculosis status must be determined by performing the Mantoux test (intradermal, intermediate strength PPD injection with needle and syringe) for persons not previously tested positive for tuberculosis infection. For individuals over 55 years of age, anyone with pulmonary symptoms, or immune deficiency, the Mantoux test should be performed twice if the first test is negative. The second test should be performed 1-3 weeks after the first test. Anyone with a previously positive Mantoux test who has symptoms suggestive of active TB should have a chest x-ray. All newly positive Mantoux tests should be followed by x-ray evaluation.)

Please attach additional sheets to explain all "yes" answers above. Include the plan for follow up.

__________ __________ __________ MD / DO / CRNP
(Date) (Signature) (Printed last name) (Title)

Phone number of licensed physician, physician's assistant, or CRNP: ______________________

I have read and understand the above information.

__________ ______________________
(Date) (Patient's Signature)