

Child Care Topics

Supplement for use
with Pediatric CPR, AED, and First Aid

Connecticut



Resources

For additional information please refer to:

National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition

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To download this document free of charge go to: <http://cfoc.nrckids.org/>

Child Information Gateway

<https://www.childwelfare.gov/>

Child Care Topics

Children are naturally curious about the world they are getting to know. Unfortunately, there are many things in that world that pose risks, some of them hazardous.

Anyone who cares for a child takes responsibility for his or her health and well-being. As a child care provider, it is important for you to understand the critical role you play in making sure children are protected.

So far, your training has centered on managing situations after an emergency has already developed or occurred.

A better approach to a medical emergency is to try and prevent one from happening at all.

The following pages contain child care topics focused on creating safe environments for children and preventing the occurrence of injury or illness to them.

Your Instructor may include some or all of the following topics in class. If topics are not covered, all of them are included here in your Student Guide for later review.

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Child Abuse and Neglect

Child abuse is any act that endangers or impairs a child's physical or emotional health and development. It may be physical violence, emotional injury, sexual abuse, or consistent neglect. To read the law in Connecticut go to: https://www.cga.ct.gov/current/pub/chap_319a.htm

Key Points

- In the United States, a national child abuse hotline has been established. The phone number is 1-800-4ACHILD. For additional information, you can visit online at www.childhelp.org
- In Connecticut, to report child abuse call: Child Abuse and Neglect Hotline: 1-800-842-2288

Signs of Physical Abuse

- Physical abuse can be mistaken for typical childhood injuries, such as bruises, burns, fractures, bites, cuts, and sprains.
- Be suspicious when injuries are inconsistent with child's abilities or the caregiver's story is inconsistent with the injury.
- Other suspicious situations include unexplained injury, recurring injuries, and multiple injuries at various stages of healing.
- Abuse injuries often show distinct shapes, such as bruises or welts in the shape of a hand or belt, or patterned burns, such as both palms or both feet.
- Behavioral responses can indicate possible physical abuse. A child may be wary of adult contact, wince or jump at sudden movements or show apprehension when other children cry, or show aggression or withdrawal. The child might appear to be anticipating something bad is happening.
- A child who is being abused may have difficulty learning or concentrating not related to other physical or psychological causes.
- Fear of the parent or guardian and/or crying when it is time to go home may indicate that a child is being physically abused.
- Parental behavior can also be an indicator that abuse is going on in a family. Some of those behaviors include:
 - Making unrealistic demands with regard to the child's performance.
 - Blaming the child for the child's problems at school or at home.
 - Denying that problems exist
 - Complaining that the child is worthless or a burden



Child Abuse and Neglect

Neglect

The signs and symptoms that indicate that a child may be neglected include:

- Physical signs of neglect include consistent hunger, poor hygiene, and/or inappropriate or inadequate dress.
- A consistent lack of supervision, especially in dangerous activities or areas or for long periods of time can lead to untended physical and/or emotional problems.
- Behavioral responses associated with neglect include the following:
 - Begging or stealing food
 - Extended stays at school (early arrival or late departure)
 - Constant fatigue
 - Listlessness or falling asleep in class
 - Alcohol or drug abuse
 - Delinquency (theft)
 - Being shunned by peers
- Parental behavior can also be an indicator that a child is being neglected. Some of those behaviors include:
 - Exhibits indifference towards his/her child
 - Behaves irrationally or bizarrely
 - Shows signs of alcohol or drug abuse
 - Appears to be chronically depressed

Emotional and Psychological Injury

- Emotional and psychological injury can be displayed by speech disorders, delayed emotional development, and failure to become engaged in regular activity.
- Behavioral responses that could indicate emotional or psychological injury include the following:
 - Habit disorders (sucking, biting, rocking)
 - Conduct disorders (antisocial, destructive)
 - Neurotic traits (sleep disorders, inhibition of play)
 - Psychoneurotic reactions (hysteria, obsession, compulsion, phobias)
 - Behavior extremes (compliant/passive, aggressive/demanding)
 - Overly adaptive behavior (inappropriately adult or infant)
- Parental behavior can also be an indicator that a child is being emotionally maltreated. Some of those behaviors include:
 - Puts the child down
 - Blames the child for his/her problems
 - Appears to be unconcerned about the child
 - Refuses to consider offers of help
 - Is cold, indifferent to, or openly rejects the child

Child Abuse and Neglect

Sexual Abuse

- Possible physical signs of sexual abuse include the following:
 - Difficulty in walking or sitting
 - Torn, stained, or bloody underclothing
 - Pain or itching in genital area
- Possible behavioral responses of sexual abuse include the following:
 - Fear of being left alone with someone
 - Poor self-image and peer relationships
 - Withdrawal, fantasy, or infantile behavior
 - Sleeping or eating problems (insomnia, nightmares, refusal to sleep alone, or sudden changes in habits, such as insisting on having the lights left on)
 - Unwillingness to change clothing or participate in physical education class
 - Bizarre, sophisticated, or unusual sexual behavior or knowledge inappropriate to age group
 - Runs away
 - Under the age of 14:
 - Becomes pregnant
 - Contracts a sexually transmitted disease
- Parental behavior can also be an indicator that a child is being sexually abused. Some of those behaviors include:
 - Overly protective of the child
 - Unusual limits on child's contact with others
 - Isolates child and self
 - Appears to be jealous and/or controlling with family members

If a child is showing signs and symptoms a recent sexual assault do not bathe the child or allow the child to have anything to eat or drink.

Avoid questioning the child about the incident until appropriate interviewing can be arranged.

However, if the child tells you about the incident, document the following information:

- Who is in the room
- What prompted the child to tell you
- What time the child told you

Child Abuse and Neglect

Shaken Baby Syndrome

- Shaking an infant or child is dangerous. Infants and small children have larger heads in proportion to the rest of their bodies. Shaking an infant or small child can cause serious injury. Injury may cause blindness, seizures, retardation, paralysis, and even death.
- Crying is often the trigger for shaking. The caregiver is often frustrated and loses control. It is important to know ahead of time what steps to take when an infant cries. It is important to understand normal crying patterns and when to call your health care provider or other support person for help when crying is creating a danger of abuse.
- Make sure that anyone who might care for the infant or child understands the dangers of shaking. Don't leave the infant or child with a caregiver who is overly stressed or has difficulty controlling his or her emotions. Don't leave an infant or child with anyone who may abuse drugs and thus not have normal control over his or her emotions and actions.
- Signs and symptoms of shaken baby syndrome will vary depending on the amount of force involved. Signs may range from minor irritability, lethargy, tremors, and vomiting — to seizures, coma, and death.

Mandated Reporting

Connecticut Department of Children and Families (DCF) Mandated Reporter Training

Mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. (Connecticut General Statutes §17a-101a)

Mandatory Reporter Training


- DCF will provide for any provider in the state that wishes to receive it.
- DCF will provide Mandated Reporter training and refresher training to all school district personnel that are deemed to be mandated reporters.
- DCF is also required, to provide the training program to all new school employees. Use the following website to get more information:
<http://www.ct.gov/dcf/cwp/view.asp?a=3483&Q=413540>

Child Abuse and Neglect

Mandatory Report Form

Use the following link to access the Mandatory Reporting Form pictured below: _

<http://www.ct.gov/dcf/lib/dcf/policy/pdf/dcf-136-Fillable.pdf>

REPORT OF SUSPECTED CHILD ABUSE/NEGLECT		
DCF-136 10/01/02 (Rev)		
 HOTLINE 1-800-842-2288		
Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report (DCF-136) to the Hotline. See the reverse side of this form for a summary of Connecticut law concerning the protection of children.		
<i>Please print or type</i>		
CHILD'S NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	AGE OR BIRTH DATE
CHILD'S ADDRESS		
NAME OF PARENTS OR OTHER PERSON RESPONSIBLE FOR CHILD'S CARE	ADDRESS	PHONE NUMBER
WHERE IS THE CHILD STAYING PRESENTLY IF NOT AT HOME?	PHONE NUMBER	DATE PROBLEM(S) NOTED
NAME OF HOTLINE WORKER TO WHOM ORAL REPORT WAS MADE	DATE OF ORAL REPORT	DATE AND TIME OF SUSPECTED ABUSE/NEGLECT
NAME OF SUSPECTED PERPETRATOR, IF KNOWN	ADDRESS AND/OR PHONE NUMBER, IF KNOWN	RELATIONSHIP TO CHILD
NATURE AND EXTENT OF THE CHILD'S INJURY(IES), MALTREATMENT OR NEGLECT.		
INFORMATION CONCERNING ANY PREVIOUS INJURY(IES), MALTREATMENT OR NEGLECT OF THE CHILD OR HIS/HER SIBLINGS.		
LIST NAMES AND AGES OF SIBLINGS, IF KNOWN.		
DESCRIBE THE CIRCUMSTANCES IN WHICH THE INJURY(IES), MALTREATMENT OR NEGLECT CAME TO BE KNOWN TO THE REPORTER.		
WHAT ACTION, IF ANY, HAS BEEN TAKEN TO TREAT, PROVIDE SHELTER OR OTHERWISE ASSIST THE CHILD?		
REPORTER'S NAME AND AGENCY	ADDRESS	PHONE NUMBER
REPORTER'S SIGNATURE	POSITION	DATE
WHITE COPY: TO DCF HOTLINE, 505 Hudson Street, Hartford, CT 06106		YELLOW COPY: REPORTER'S COPY

Child Abuse and Neglect

General Information Regarding the Reporting of Suspected Child Abuse

- If a child tells you that he or she is being abused, tell them that you believe them and that you are going to get some help with the situation.
- You will need to provide basic information such as name, age, and address. You will also need to provide the injuries or behaviors that lead you to believe that abuse is taking place.
- Mandated reporters are people in professions or occupations that have contact with children or whose primary focus is children. The law requires that they report suspected child abuse or neglect.

For more information on when and how to report and to see a list of mandated reporter professions, please visit:

<http://www.ct.gov/dcf/cwp/view.asp?a=2556&q=314388>

Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome, or SIDS, is the sudden and unexplained death of a baby under one year of age. Because many SIDS babies are found in their cribs, it is often referred to as “crib death” or “cot death.”

Key Points

- The exact cause of SIDS is not yet known. What is known is that SIDS is the leading cause of death in babies after one month of age.
- Most SIDS deaths occur in babies who are between two and four months old.
- Babies placed on their stomachs or sides to sleep are much more likely to die of SIDS than babies placed on their backs.
- African-American and Native American babies are twice as likely to die of SIDS as Caucasian babies.
- For more information about SIDS and the National Institute of Child Health and Human Development’s Back to Sleep campaign, visit www.nichd.nih.gov/sids/ or call toll-free, 800-505-2742.

Recommended Actions

- Place babies on their backs to sleep, even for naps.
- Place infants on their stomachs for “tummy time” when they are awake and being watched. This helps strengthen the neck and shoulder muscles and reduces flat spots on the back of their heads.
- If a flat spot on the back of the infant’s head is a concern, gently turn the infant’s head one direction or the other when putting the infant down for a nap or nighttime.
- Place infants on firm mattresses, not soft surfaces. Remove all fluffy and loose bedding from the sleep area. Prevent overheating and make sure the baby’s face and head stay uncovered during sleep.

Motor Vehicle Passenger Safety

Motor vehicle crashes are the leading cause of injury and death to children. The proper use of child safety seats and booster seats secured with seat belts reduces the risk of injury and death. The following Key Points provide general guidelines. Be sure to check your state's specific child restraint laws.

Key Points

- Proper use of seat belts and car seats will greatly reduce the risk of injury and death.
- Always lock car doors securely. Never leave a child unattended in a car.

Car Seats

- Children in Connecticut will need to be in a federally approved child restraint system (either a car seat or booster seat) until they are over 7 years old *and* over 60 pounds. When children are in a booster seat, they must use a lap and shoulder belt. Additionally, children must remain rear-facing in their car seat until they are at least one year old *and* 20 pounds.
- Car seats should be installed and used in accordance with manufacturer's instructions.
- Car seats should be secured in back seat only.
- A booster child safety seat shall be used when the child has outgrown a convertible child safety seat but is too small to fit properly in a vehicle safety belt.

Seat Belt Use

- All children under the age of thirteen should be transported in the back seat of a car and each child not riding in an appropriate child restraint system should have an individual lap-and-shoulder seat belt.



Recommended Actions

- Develop a policy for field trips which makes safety your top priority. Field trips need to be age appropriate.
- Make sure that car seats are in good condition and meet safety standards.

Teach Your Children

- Wait for a school bus where the driver can see you and wait until the driver gives you a signal to cross the street and enter the bus.
- Stay seated while the bus is moving and until the bus comes to a complete stop.
- Talk quietly or engage in quiet activities that are not distracting to the driver.
- Follow directions given by the school bus driver.
- Always use booster seats and wear seat belts.
- Do not share seat belts or sit on another person's lap.

Pedestrian and Bicycle Safety

Pedestrian and bicycle accidents are a leading cause of injury in children and the leading cause of severe closed head injuries. Bicycle helmets greatly reduce the risk of head injury. Teaching children good pedestrian habits will reduce the risk of injury and death.

Key Points

- Teaching children good habits will increase their safety when adults are not supervising.
- Helmets need to be introduced to children at an early age and be required for use with any wheeled equipment; i.e. bicycles, scooters, skateboards, roller blades.
- Helmets need to be worn flat on the head, not tipped back. The chinstrap needs to be snug. Helmets should be removed once children are no longer using wheeled equipment.
- Choose the right size tricycle or bicycle for each child. Buying a bike that's too big, so the child will grow in to it, can be dangerous.
- Enroll your children in a bicycle safety course.

Recommended Actions

- Check all equipment routinely for missing, loose, or damaged parts.

Teach Your Children

Bicycle

- All children should wear properly fitted and approved safety helmets.
- Use bike path or lane when possible; use bike routes that present the lowest potential for injury.
- Ride single file on street; same direction as traffic.
- Walk bicycles on sidewalks and in crosswalks.
- One person per bike; no riding on handlebars.
- Use a crosswalk to cross street; walk the bicycle.
- Obey traffic signs and symbols.
- Routes should be reviewed and approved in writing by the local police.

Pedestrian

- Look left, right, and left again and only cross when there is no traffic.
- Hold an adult's hand or the hand of another child when crossing the street.
- Use a sidewalk whenever possible.
- When a crosswalk is not available, children need to cross at a corner.
- When walking at dusk or at night, wear light colored clothing, use reflective tape on clothes and shoes, and carry a flashlight. Walk facing the traffic so you can see oncoming traffic and the drivers can see you.
- Never run out from between two parked cars.

Drowning Prevention

Drowning is one of the most common causes of death in children. Children's natural curiosity can lead them to hazardous situations involving water or other fluids.

Key Points

- In 2008, 745 children ages zero to 14 years died from drowning. Drowning is the second-leading cause of injury-related deaths in children ages one to 14 years.
- Children under one year of age most often drown in bathtubs, buckets, or toilets.
- Drowning among children ages one to four years mostly occurs in backyard pools. Most of these children are last seen in the home, have been out of sight less than five minutes, and are in the care of one or both parents at the time.
- Creeks, ponds, drainage ditches, and construction sites can also be hazardous.
- Nonfatal submersion injuries account for as many as five times the number of children that die from drowning. More than half of these children require hospitalization. Nonfatal drowning can cause brain damage that results in long-term disabilities.

Recommended Actions

- Be cautious around rivers and oceans where there are dangerous currents and tides, and where the depth may increase suddenly or unexpectedly. Always require everyone riding in a boat to wear an approved flotation device.
- Avoid leaving standing water in buckets or other container. Empty wading pools between uses.
- Do not leave children unattended in the bathroom or bathtub. Keep the lid on diaper pails. Keep the toilet seat lid down and secured.
- Provide swimming lessons for you and your children.
 - Watch children around water.
 - Never let children swim alone.
- Around any pool place a five foot high fence equipped with:
 - Self closing/latching gates
- Gates need to latch securely.
 - Latches out of reach, 55 inches from the ground.



Drowning Prevention

Teach Your Children

- Never swim without an adult around.
- Always use a personal flotation device (life jacket).
- Do not ride on the front of a boat.

Poison Prevention

Ingested poisoning is one of the most common childhood emergencies. More than half of all accidental ingestions of poison in the U.S. involve children who are five years old or younger.

If poisoning is suspected, call the poison center at 1-800-222-1222.

Key Points

- Medications are the leading cause of ingested poisoning in children.
- Poisonous plants account for many ingested poisoning cases. More information regarding poisonous plants is available online at www.poison.org/prevent/plants.asp.
- Lead poisoning can cause damage to the brain, kidneys, or blood cells. Children can get lead poisoning by eating old paint chips. They can also get lead poisoning by chewing on window sills, furniture, or toys made with lead paint.

Recommended Actions

- Lock up obvious poisons and mark them with Poison Control stickers.
- Use child-resistant bottle caps and follow prescription directions when giving or taking medicine. Return medication to a safe location after use. Warn grandparents and others to keep medications in a safe place.
- Turn on lights at night when giving or taking medicine.
- Keep products in their original containers. Don't treat vitamins or medicine like candy and, if possible, don't take medication in front of children. Keep food and medication separate. Dispose of expired medications properly. This includes both over the counter and prescription medications. Unused medications should be returned to the parent/guardian for disposal. Dispose of medications according to the recommendations of the U.S. Food and Drug Administration.
- Get rid of poisonous house or yard plants if you have young children. Label house and garden plants. Dispose of dead leaves.
- Identify and test any potential sources of lead paint, especially in older buildings. Prevent exposure if painting, sanding, or scraping paint inside or outside an older building.



Choking Prevention

Infants and toddlers have a tendency to put everything in their mouths. While obstructed airway maneuvers are very effective, prevention is your primary defense against choking.

Key Points

- Prepare and serve food appropriate to the age group.
- Don't give gum, small candy, peanuts, or grapes to infants or young children.
- Ensure that older children are not giving inappropriate food or toys to infants and young children.
- Keep small objects such as beads, marbles, coins, balloons, buttons, and paper clips away from infants and small children.
- Supervise infants and children more closely in areas which may not be child-proofed.

Recommended Actions

- Check the environment by crawling on your hands and knees to ensure that no objects are present which could become choking hazards.
- Buy or have available toys that are appropriate for the age and size of the child.

Teach Your Children

- Always sit while eating.
- Do not laugh or talk while chewing or swallowing.

Fall Prevention

Falls can result in serious injury. Children love to climb and participate in activities which carry the risk of falling. Supervise young children closely and teach older children to practice safe habits.

Key Points

- Children's heads are larger in proportion to their bodies as compared to adults. This increases the chance of falling head first and causing serious or even fatal head injuries.
- Teaching children good climbing habits will reduce risk of falls when adults can't be there to supervise.
- Children need to be supervised around stairs, porches, and balconies.
- Furniture needs to be in good condition and sturdy.

Recommended Actions

- Identify and remove potential hazards to reduce the risk of falling.
- Place gates at the top and bottom of stairways. Do not use accordion-style gates as children can get their heads caught in them.
- Place latches and guards on windows.
- Open windows from the top when possible. If windows are opened from the bottom, do not open more than 2–3 inches.
- Do not place furniture in front of windows.
- Check to see that children's furniture meets government safety standards.
- Cribs with drop sides should not be used. Lower the mattress as the child starts learning to stand. Put a child in a regular bed when he or she reaches 35 inches in height or can climb out of the crib.
- Use non-skid rugs.
- Do not allow children to stand in the bathtub.
- Do not use infant walkers, as they tip easily and have caused many injuries.
- Ensure soft surfaces under playground equipment.
- Monitor climbing activities.
- Keep one hand on an infant when on a changing table, couch, or bed.
- Choose the right size tricycle or bicycle for the child.
- Enroll children in bicycle safety programs.



Teach Your Children

- Always wear a helmet when riding a tricycle, bicycle, skateboard, roller blades, or participating in any other wheeled activity.
- Do not stand in the bathtub.
- Do not run on the deck around a swimming pool.

Fire and Burn Prevention

Fire and burns are major causes of injury and death in children. Planning ahead and following recommended prevention strategies can greatly reduce the risk of fire and burn injury and death.

Key Points

- Each home and facility needs a fire escape plan. The plan needs to specify a meeting place outdoors.
- Ensure babysitters are well qualified and familiar with your fire escape plan.
- Space heaters must be kept away from flammable materials.
- Close bedroom doors at night to slow the spread of smoke and fire should a fire occur.
- Ensure the wiring in your home or day care was done by a professional. Don't overload electrical circuits or outlets.

Smoke Detectors

- A smoke detection system should be installed in multi-room day care centers, with placement of detectors on each story, in front of doors to the stairway, and in the corridors of all floors occupied by the day care center.
- Detectors should also be installed in lounges, recreation areas, and all sleeping rooms in the day care center.

Portable Fire Extinguishers

- Fire extinguishers of the A-B-C type should be installed in a conspicuous location where they will be readily accessible and immediately available for use.
- The location shall be along the normal path of travel.
- The fire official having jurisdiction shall approve the proper type and number of extinguishers.
- Instructions for the use of the fire extinguisher should be posted on or near the fire extinguisher.
- The first priority is to remove the children from the facility safely and quickly.
- Fighting a fire is secondary to the safe exit of the children and staff.

Recommended Actions

- Develop a fire escape plan and practice using it. Check with local fire marshal for recommended/required frequency of drills.
- Set the thermostat on the hot water heater to 120 degrees Fahrenheit or lower.
- Check for and replace frayed cords on appliances.
- Cover electrical outlets with safety covers. Outlets you don't use can be covered with plastic. Keep appliance cords out of reach.
- Make sure bedrooms and sleeping areas have two exits.
- Dress children in fire-resistant clothing.
- Use the back burners on the stove. Turn pot handles away from the edge of the stove.
- Keep hot liquids away from the edge of counters and tables.
- Keep children away from fireplaces and wood stoves.
- Don't smoke in bed or on the couch.
- Keep matches and lighters away from children.

Fire and Burn Prevention

Teach Your Children

- Yell for an adult's help if there is a fire.
- If you think there is a fire behind a door, test the door for heat with the back of your hand. If warm or hot, do not open the door.
- Crawl low on the floor under smoke to escape fire.
- Stop, drop, and roll if your clothing catches fire.

Exposure to Cold Prevention

There are specific steps you can take to help ensure you and the children in your care will not suffer from the effects of exposure to cold conditions.

Key Points

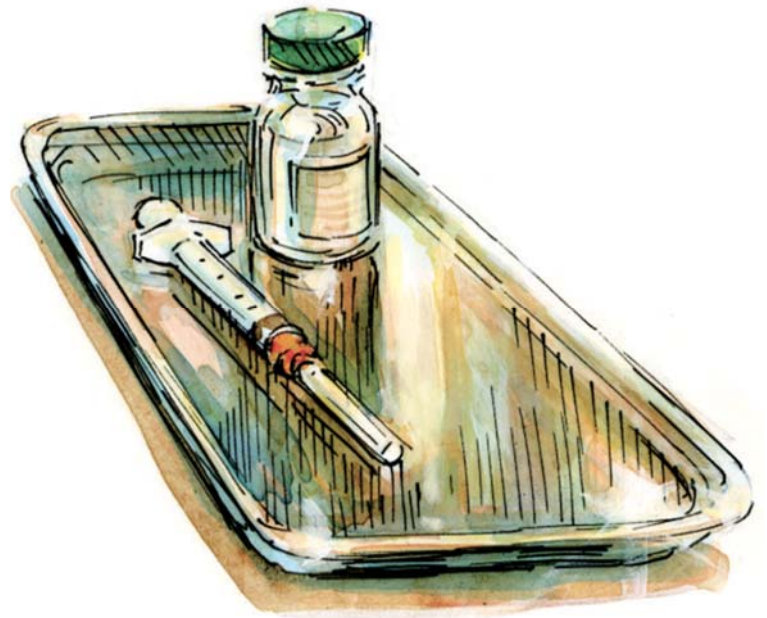
- Keep the room temperature warm. Infants and children require more heat than adults.
- Feed children nutritious food to ensure adequate calories for heat production.
- Listen to weather reports and don't venture out in hazardous conditions, if possible.
- Dress children in layers to trap heat.
- Keep children's clothing dry and keep the skin dry.
- Body heat is circulated via the bloodstream. Cover the head. A great deal of heat can be lost by exposing the rich network of blood vessels in the head.
- Wrap a scarf around the neck. This prevents heat loss from the large arteries in the neck.
- Have children wear loose-fitting gloves, socks, and footwear to allow for good circulation of the blood. Mittens are better for severe conditions as they cut down on the amount of exposed skin surface and allow the fingers to share warmth.
- Protect children from the wind. Wind chill greatly increases heat loss.
- Caregivers should avoid smoking, chewing tobacco, and drinking alcohol or caffeine during exposure to cold conditions. All of these substances affect circulation and may accelerate heat loss or tissue damage.
- It is important to test for circulation and sensation regularly by wiggling your fingers and toes to make sure you still have feeling. Watch for signs of frostnip and frostbite in yourself and those in your care. Don't ignore the early warning signs.
- Caregivers should check children's extremities for maintenance of normal color and warmth at least every 15 minutes.
- Dry children off promptly following bathing or swimming. Body heat is lost 25 times faster when the skin is wet than when it is dry.

Immunization

Immunization is designed to prevent the incidence of certain diseases. Young children are at greatest risk for complications resulting from illnesses such as measles, rubella, and pertussis.

Key Points

- All children in child care need to be current on their vaccinations. Children's files need to be updated on a regular basis for children under the age of two years.
- Because of near-universal use of immunization against diphtheria, tetanus, and polio, these diseases have become rare in the United States.
- Immunity acquired through immunizations or by having the disease is called active immunity. It is long lasting, since the body cells have learned to resist later invasions of the same disease-producing germs. Booster shots are periodic reinforcement, since some vaccines' effectiveness gradually diminishes.
- In rare circumstances, a child's physician may hold off on vaccinations due to illness. In these cases, keep a statement signed by the child's physician on file. If immunizations are not given because of a parent's religious or philosophical beliefs, keep a waiver signed by the parent in the child's file.
- If enough children enrolled in a child care facility are not immunized at all, it may be necessary to notify parents that the risk of spread of preventable diseases exists. Be aware of local or state regulation in regard to this.
- The American Academy of Pediatrics Web site www.aap.org maintains information on childhood immunizations including recommended immunization schedules.



Recommended Actions

- Review immunization records for all children in your care and identify any immunizations that are not current.

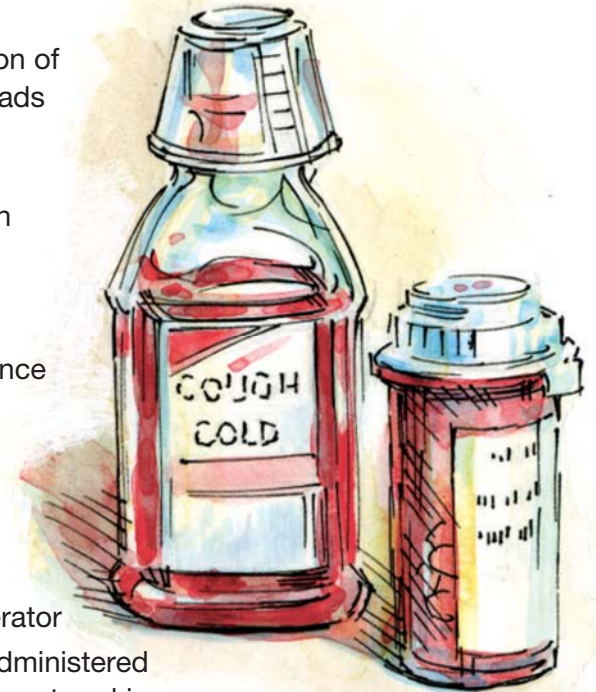
Handling and Administration of Medications

Proper storage, handling, and administration of medications is vital to the health and safety of the children in your care.

Key Points

- Become familiar with the regulations regarding the administration of medication in your state. For example, one state’s regulation reads as follows:

“The licensee shall develop and implement a written plan to record the administration of prescription and non-prescription medications and to inform the parent daily when such medications have been given.”
- In centers where the licensee chooses to handle medications, all prescription medications shall be centrally stored in accordance with the requirements specified below:
 - Medications shall be kept in a safe place inaccessible to children
 - Each container shall have an unaltered label with the child's name on it
 - Store any medication which requires refrigeration in a refrigerator
 - All prescription and non-prescription medications shall be administered with the written approval and instructions from the child’s parent and in accordance with label directions as prescribed by the child’s physician
 - The written document containing the approval and instructions shall be maintained in the child’s record
 - When no longer needed by the child, return medications to a parent
- Reye’s syndrome, a very serious disease, can appear after a flu-like infection, upper respiratory infection, or chicken pox. A link has been established between Reye’s syndrome and aspirin. Never give a child aspirin or aspirin-containing medications. Do not give products or foods containing salicylates or salicylic acid. For more information, visit the National Reye’s Syndrome Foundation’s Web site at www.reyessyndrome.org.



Recommended Actions

- Before using, read all labels on products for directions. Always turn on the lights at night and read the label when taking or giving medications.
- Store all medications separately from food.
- Ask for and use medications which are available in child-resistant packaging. Keep all medications out of reach and out of sight of children, preferably in a locked cabinet or closet.
- Medications should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal. Dispose of medications according to the recommendations of the U.S. Food and Drug Administration.
- Since children tend to imitate adults, avoid taking medications in front of them. Never describe medicine as candy.
- Keep a written record of when you administered medication.

Factors that Contribute to the Spread of Disease

There are a number of factors that contribute to the spread of disease in child care settings. Understanding and avoiding these factors will reduce the incidence of disease.

How Infection Occurs

In order for a pathogen to cause a disease or infection, there are certain conditions that must be met. This is sometimes referred to as the “chain of infection”:

- A pathogen must be present.
- There must be an adequate quantity of the pathogen to overwhelm the immune response.
- There must be a suitable entry site for the pathogen to enter the body (such as a break in the skin, or the mucous membranes of the mouth, nose or eyes).
- The person must have a susceptibility to the pathogen, such as a weakened immune system or a pre-existing condition that makes a person more likely to become infected.

Exposure to a pathogen does not mean that a disease will occur. It depends on whether all conditions of the chain of infection are present. By eliminating at least one condition, infection will not occur.

Direct and Indirect Disease Transmission

Contact transmission is the most common form of transmitting diseases and virus. There are two types of contact transmission: direct and indirect.

Direct contact transmission occurs when there is physical contact between an infected person and a susceptible person. Direct contact infections spread when disease-causing microorganisms pass from the infected person to the healthy person via direct physical contact with blood or body fluids. Examples of direct contact are touching, kissing, sexual contact, contact with oral secretions, or contact with body lesions.

Indirect contact transmission occurs when there is no direct human-to-human contact. Contact occurs from a reservoir to contaminated surfaces or objects, or to vectors such as mosquitoes, flies, mites, fleas, ticks, rodents or dogs. Indirect contact infections spread when an infected person sneezes or coughs, sending infectious droplets into the air. If healthy people inhale the infectious droplets, or if the contaminated droplets land directly in their eyes, nose or mouth, they risk becoming ill. Droplets generally travel between three and six feet and land on surfaces or objects including tables, doorknobs and telephones. Healthy people touch the contaminated objects with their hands, and then touch their eyes, nose or mouth.

Illnesses that spread through contact transmission include:

- Chicken pox
- Common cold
- Conjunctivitis (Pink Eye)
- Hepatitis A and B
- Herpes simplex (cold sores)
- Influenza, measles
- Mononucleosis
- Fifth disease
- Pertussis

Child Care Topics

- Adeno/rhino viruses
- Neisseria meningitidis
- Mycoplasma pneumonia

Prevention

Frequent and thorough hand washing is the best method to prevent disease transmission. Regular disinfection of frequently touched surfaces such as doorknobs, handles, handrails, restroom surfaces, medical instruments, computer keyboards, phones, office supplies and children's toys will also help prevent transmission. Using barriers such as gloves, masks or condoms can help avoid the spread of germs. Many infections can be prevented by keeping healthy with attention to good personal hygiene.

Infectious vs. Communicable Diseases

Infectious diseases are caused by pathogens that enter the body and cause harm. Infectious diseases may or may not be contagious, or spread from one person to another. For example, infectious diseases may occur from contact with diseased animals or insects (such as Lyme disease) but are not spread from person to person. Communicable diseases such as influenza, tuberculosis, and measles, are easily spread from one person to another.

Airborne and Droplet Transmission

The main differences between these two modes of transmission are the size of the particles that contain pathogens, and how far they can travel. Airborne transmission occurs when smaller particles from droplet residue or dust containing certain pathogens are suspended in the air and then inhaled. Because the residue or dust particles are smaller, they can travel much greater distances than droplets. Tuberculosis is primarily an airborne disease.

Droplet transmission or respiratory droplet transmission generally involves larger particles and a shorter distance of travel from coughing, sneezing, or talking. Actual distances may vary depending on the environment and circumstances, but 3 feet is generally mentioned. Droplet transmission can occur either directly or indirectly.

Intestinal Tract Transmission

Infections can be transmitted to the intestinal track through bacteria and parasites. Those bacteria and parasites include:

- Salmonella (food poisoning)
- Shigella (person-to-person)
- E Coli (person-to-person, contaminated food, contact with manure)
- Giardia (water, person-to-person)
- Cryptosporidium (drinking water, recreational water)

Signs and symptoms of intestinal tract infections are:

- Fever
- Loss of appetite
- Vomiting
- Weight loss
- Dehydration
- Mucus or blood in stool

Key Points

- The following situations may contribute to the spread of disease in the child care setting:
 - Staff who care for children as well as prepare food
 - Staff who circulate among different age groups
 - High child-to-caregiver ratio
 - Limited bathroom facilities with many children sharing a bathroom
 - Children in diapers intermingling with children not in diapers
 - Young children in diapers, particularly toddlers, who are mobile, have no concept of hygiene, and constantly place objects in their mouths
 - Diaper changing areas that do not have sinks
 - Improper disposal of soiled diapers
 - Large numbers of children together in a single room
 - Small room size relative to the number of children cared for in the room
 - Wading pools that are used by children, without frequently changing the water
 - Children and staff handling pets
 - Sand boxes that are not covered

Recognizing Ill Children

Parents and child care staff need to recognize when a child has become ill. Common signs and symptoms include:

- Fever
- Rash
- Vomiting
- Diarrhea
- Lethargy

However, fever may be a symptom of a contagious or serious illness. Some children with fever will not be admitted to the program until the child is examined by a health professional. Such children include those who fit the following description.

A child with:

- An oral temperature of 101°F or greater
- A rectal temperature of 102°F or greater
- An axillary (armpit) temperature of 100°F or greater, who also has behavior changes or other signs or symptoms of illness

Temperature Taking

To get an accurate reading of a child's temperature, Use the following guidelines:

Rectum

- If using a glass thermometer, be sure that it is a rectal thermometer (the bulb is fatter than on an oral thermometer).
- Clean the thermometer with cool, soapy water and rinse.
- Shake it so that the mercury inside goes below 36°C (96.8°F).

Child Care Topics

- Cover the silver tip with petroleum jelly (such as Vaseline).
- Place the baby on his back with his knees bent.
- Gently insert the thermometer in the rectum, about 2.5 cm (1 inch), while holding it with your fingers.
- After at least 2 minutes, remove the thermometer and read the temperature.
- Clean the thermometer.

Mouth

Because a glass thermometer can break if a child bites down on it, this method is not recommended for children younger than 5 years old.

- Clean the thermometer with cool, soapy water and rinse.
- Shake the thermometer so that the mercury inside goes below 36°C (96.8°F).
- Carefully place the tip of the thermometer under your child's tongue.
- With the child's mouth closed, leave the thermometer in place for 3 to 4 minutes.
- Remove the thermometer and read the temperature.
- Clean the thermometer.

Armpit

This method is usually used to check for fever in newborns and young children. If the child is under 2 years of age, and you find a fever, confirm it by taking a rectal temperature.

- Use a rectal or oral thermometer.
- Clean the thermometer with cool, soapy water and rinse.
- Shake the thermometer so that the mercury inside goes below 36°C (96.8°F).
- Place the tip of the thermometer in the center of the armpit.
- Make sure the child's arm is tucked snugly against the body.
- Leave the thermometer in place for at least 4 minutes.
- Remove the thermometer and read the temperature.
- Clean the thermometer.

Ear

- Use a clean probe tip each time, and follow the manufacturer's instructions carefully.
- Gently tug on the ear, pulling it up and back. This will help straighten the ear canal, and make a clear path inside the ear to the ear drum.
- Gently insert the thermometer until the ear canal is fully sealed off.
- Squeeze and hold down the button for one second.
- Remove the thermometer and read the temperature.

Normal Temperature

Now that you've taken the temperature, check the following chart to see whether your child has a fever. The normal temperature range varies, depending on what method you used.

Measurement method	Normal temperature range
Rectum	36.6°C to 38°C (97.9°F to 100.4°F)
Mouth	35.5°C to 37.5°C (95.9°F to 99.5°F)
Armpit	34.7°C to 37.3°C (94.5°F to 99.1°F)
Ear	35.8°C to 38°C (96.4°F to 100.4°F)

Child Care Topics

Rashes can be another indicator that a child is ill. The following table describes a number of illnesses that are indicated by the development of a rash.

Illness	Rash Description	Other Symptoms	Agent	Period of Communicability	Exclusion/Attendance
<i>Chickenpox</i>	<ul style="list-style-type: none"> Rash begins on face and trunk and progresses to extremities where it is most concentrated Lesions progress from flat to raised and become a vesicle before crusting; several stages are present at the same time Vesicles are very itchy “Break-through” cases may have a mild flat and raised rash that may be itchy 	Low-grade fever and malaise	Herpes Zoster virus	Up to 5 days prior to onset of rash until lesions have crusted over (usually 7 days) or in cases of “break-through” disease until the lesions have faded	Exclude from school and public gatherings until vesicles become dry or lesions have faded
<i>Fifth Disease (erythema infectiosum)</i>	<ul style="list-style-type: none"> Rash begins as a slapped-cheek appearance with warmth to the cheeks that may disappear before progresses to the trunk, extremities and feet Flat and raised red rash that appears “lace-like” Rash may be itchy 	Low-grade fever, malaise and mild cold symptoms	Human parvovirus (B-19)	7 days prior to onset of rash	<p>Recommend exclusion if fever is present, individual is no longer contagious after appearance of rash</p> <p>Pregnant women with illness or exposure need to seek medical advice</p>
<i>Hand/Foot and Mouth Disease (vesicular stomatitis with exanthema)</i>	<ul style="list-style-type: none"> Rash begins as small red spots that blister and become ulcers on the tongue, gums and inside of cheeks and progresses to a rash that is located on the palms of hands, soles of feet and appear on the buttocks and genitalia. Flat and raised red spots that may form blisters No itch — oral lesions can be very painful 	Low-grade fever, sore throat and malaise prior to onset of rash	Enteroviruses	Acute stage of illness and possibly longer — virus is shed in the stool	Recommend exclusion during first 2–3 days of acute illness. May consider exclusion for those with oral blisters who drool or have lesions on hands that are weeping.
<i>Measles</i>	<ul style="list-style-type: none"> Rash begins at hairline and ears progressing to trunk, arms and legs Flat and raised, pinkish-red, color changes to reddish-brown and becomes confluent on trunk Slight itch (if any) 	High fever, malaise, cough, coryza conjunctivitis, runny nose, Koplik spots	Measles virus	4 days before onset of rash through 4 days after the rash appears	<p>Index Case: Exclude from school and contact with individuals outside home for 4 days after appearance of rash</p> <p>Contacts: Contacts with no history of immunization excluded until 14 days after onset of last measles case.</p>

Child Care Topics

Illness	Rash Description	Other Symptoms	Agent	Period of Communicability	Exclusion/Attendance
<i>Pityriasis rosea</i>	<ul style="list-style-type: none"> Rash begins as an initial (herald) patch in ½ of cases that is salmon-pink, scaly and enlarges in size to about 0.5" that is on the trunk or upper extremities. Within 21 days secondary lesions spread over the trunk and extremities Secondary lesions are red and scaly Rash is usually itchy 	None	Inflammatory skin disease	Not a communicable condition — treated with anti-pruritic therapy	Do not exclude
<i>Rubella</i>	<ul style="list-style-type: none"> Rash begins on face and progresses to trunk within 24 hours Flat and raised pink, discrete, rash that may be absent and often fades or turns red without desquamation. Most evident after hot shower Slight to no itch 	Low-grade fever, joint pain (adolescents and adults), enlarged and tender lymph nodes at the back of the neck	Rubella virus	7 days prior to the onset of rash through 4 days after the rash appears	<p>Index Case: Exclude from school and contact with individuals outside the home for 7 days after the onset of rash</p> <p>Contacts: Students without proof of immunity are excluded until 23 days after the onset of last rubella case</p> <p>Pregnant women with illness or exposure need to seek medical advice</p>
<i>Scabies</i>	<ul style="list-style-type: none"> Rash is manifested as crusts, vesicles, pustules, blisters or tiny papules that are usually very itchy Most common in webs of fingers, hands, wrists, armpits, groin and elbows 	Scratching of rash can become infected with <i>Streptococcal</i> or <i>Staphylococcal</i> bacteria	<i>Sarcoptes scabiei</i>	From time of infection until 1 day after treatment	Exclude from school until 1 day after treatment.
<i>Scarlet Fever</i>	<ul style="list-style-type: none"> Rash begins upper chest and progresses to trunk, neck and extremities within 24 hours Pinkish-red pinhead spots that blanch under pressure and feel similar to sandpaper (can often be felt easier than seen) 	<p>High fever, sore throat and nausea. The tongue is covered with white "fur" before peeling and developing into strawberry tongue.</p> <p>Diagnosis is made with positive throat cultures for strep</p>	Group A Strep	Onset of symptoms until 24-48 hours after treated with antibiotics	Exclude until at least 24 hours after beginning antibiotic therapy
<i>Shingles</i>	<ul style="list-style-type: none"> Unilateral rash in a line distribution of a sensory nerve Clusters of blisters on a red base that scab in 3–5 days No itch — can be painful 	Pain, itching or tingling in the area where the rash develops (prior to the appearance of rash), fever, headache, chills and nausea	Herpes Zoster virus	<p>From the time blisters appear until lesions have crusted over</p> <p>Susceptible persons who come in direct contact with lesions would acquire chickenpox, not shingles</p>	<p>Do not exclude if site of infection can be covered as the individuals are not considered to be highly contagious</p> <p>Individuals who are immunosuppressed are at the greatest risk for getting shingles</p>

Communicable Disease Guidelines

The following guidelines can be helpful in identifying, understanding, and preventing the transmission of diseases common in children.

Cytomegalovirus

Incubation: N/A

Symptoms: Fever, sore throat

Transmission: From mother to baby at birth; contact secretions with infected infant

Communicable: 3 to 8 weeks after exposure

Restrictions: None

Transmission Prevention: Strict hand washing procedures after diapering and toileting

Chicken Pox (Varicella)

Incubation: 14–16 days

Symptoms: Fever, skin eruption with blister like lesions

Transmission: Airborne or direct contact w/vesicle fluid

Communicable: 1-2 days before outbreak, till blisters dry have dried

Restrictions: Until all blisters have dried

Transmission Prevention: Vaccination and isolation of sick individuals

Diarrheal Diseases:

- Salmonellosis
- Shigellosis
- Giardiasis
- Rotaviral Enteritis
- E Coli 0157:H7
- Cryptosporidiosis
- Campylobacteriosis

Incubation: Varies from 6-14 hrs.

Symptoms: Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific cause.

Transmission: Fecal-oral route, through contaminated articles, food/beverages and hands. Throughout acute infection and as long as organisms are in stool

Restrictions: Exclude until diarrhea is gone for 24 hours or as advised by local health department and physicians

Transmission Prevention: Proper hand washing, sanitize all contaminated articles and

Equipment: Keep diapering and food service tasks and items separate. Notify parents. Check with health consultant for specifics. Notify local health department when clusters of cases occur.

Child Care Topics

Head Lice:

Incubation: Eggs hatch in 7 days/1 week (can multiply in 8-10 days, lives 20-30 days).

Symptoms: Severe itching; small lice eggs closer than ¼” to nits on hair. Bumpy rash on nape of neck, behind ears and/or crown of head may appear after persistent infestation.

Transmission: Direct contact with infested individual or their clothing, article to article contact, i.e. coats, blankets and hats

Communicable: As long as live lice remain on an infested person, or until eggs are ¼” away from scalp

Restrictions: Until after child and household is treated

Transmission Prevention: Vacuum to get rid of lice in environment; wash all clothing and bedding in hot soapy water for 20 minutes; notify parents; keep all children’s personal items and clothing separate

Scabies

Incubation: 2-6 weeks-initial exposure; 1-4 days re-exposure

Symptoms: Mite burrows under skin; red, itchy rash tends to be in lines or burrows usually on wrists, elbow creases or between fingers

Transmission: Skin to skin contact; shared clothing

Communicable: Until mites are destroyed

Restrictions: Exclude for 24 hours after treatment completed

Transmission Prevention: Notify parents; wash all clothing and bedding in hot soapy water for 20 minutes; keep all children’s personal items and clothing separate

Impetigo

Incubation: 4-10 days staphylococcus; streptococcus 1-3 days

Symptoms: Blisters, crusts, scabs on skin which are flat and yellow may be weeping

Transmission: Direct contact with infected area or with nasal discharges from infected child

Communicable: When weeping, crusted lesions are present

Restrictions: Exclude until on antibiotic Rx for 24 hours and lesion no longer “weeping” and forming yellow crust

Transmission Prevention: Child and staff wash hands frequently throughout day; Notify parent; wear disposable gloves when treating; cover draining lesions with dressing

Measles

Incubation: 8 to 12 days from exposure

Symptoms: Fever, red eyes, cough, spots on tongue and mouth, blotchy rash 3rd and 7th day, usually lasting 4 to 7 days

Transmission: Droplet and direct contact with nasal or throat secretions

Communicable: 7-18 days from exposure

Restrictions: From time of initial fever till 4 days after rash appears

Transmission Prevention: Hand washing after contact with secretions and vaccination

Child Care Topics

Pertussis

Incubation: 7 to 10 days from exposure

Symptoms: Irritating cough can last 1-2 months-Often has a typical “whoop”

Transmission: Direct contact with oral or nasal secretions

Communicable: 6-20 days

Restrictions: 5 Full days after antibiotics

Transmission Prevention: Hand washing after handling secretions; covering mouth during coughing; then hand washing

Pink Eye: (conjunctivitis)

Incubation: Bacterial: 24-72 hrs. Viral: Usually 12-72 hrs.

Symptoms: Tearing, swollen eyelids, redness of eyes, purulent discharge from eyes

Transmission: Contact with discharges from eye, nose or mouth; contaminated fingers and shared articles

Communicable: During active symptoms and while drainage persists

Restrictions: Exclude until drainage/secretion of eye is gone or on antibiotic Rx for full 24 hours.

Transmission Prevention: Notify parents; wash all items used by child; good hand washing by staff and children; check all children for symptoms for 3 days

Rubella

Incubation: 14 to 21 days from exposure

Symptoms: Low grade fever; headache, mild redness of eyes, fine rash

Transmission: Contact with nasal and throat secretions

Communicable: 14-23 days

Restrictions: 7 days from onset

Transmission Prevention: Vaccination and strict hand washing procedures

Strep Throat/Scarlet Fever

Incubation: 1-3 days (rarely longer)

Symptoms: Red, painful throat, fever. May develop rash (Scarlet Fever)

Transmission: Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.

Communicable: 2 days before symptoms until on antibiotic Rx for 24- 48 hours; untreated cases 10- 21 days

Restrictions: Exclude until on antibiotic Rx for full 24 hours and no fever; must be treated for 10 days

Transmission Prevention: Notify parents; sanitize all articles use by child; proper hand washing; notify local health department when cluster of cases of the symptoms, sore throat and fever, occur

Ringworm

Incubation: (Varies by site) Mainly: 4-10 days

Child Care Topics

Symptoms: Red Scaling, itchy, circular lesions and broken hairs from skin/head

Transmission: Personal contact with infected humans or animals, skin to skin contact or with contaminated articles

Communicable: As long as lesions/infection is active; some lesions may not be seen with the human eye

Restrictions: If on Rx, may return; otherwise exclude unless lesions are coverable

Transmission Prevention: Wash all items used by infected child, cover lesions, proper Hand washing; notify parents

Fifth Disease

Incubation: 4-28 days, average 16 to 17 days

Symptoms: Mild or no fever, “slapped cheek” rash spreading throughout body, lacy rash on arms or legs; rash may recur with sunlight, warm bath or exercise.

Transmission: Sneezing & coughing on others, contact with mucus or saliva contaminated articles

Communicable: Prior to onset of rash

Restrictions: None

Transmission Prevention: Wash hands frequently; sanitize all articles used by children; pregnant women should tell health care provider if they have been in contact with an infected person

Meningitis

Incubation: Bacterial: 1-10 days (usually less than 4 days); Viral: varies

Symptoms: Fever, headache, vomiting, chills, neck pain or stiffness, muscle spasm, irritability

Transmission: Sneezing & coughing on others, contact with mucus or saliva, contaminated articles, or fecal-oral route depending upon organism involved

Communicable: Bacterial; non-communicable 24 hours after starting antibiotic Rx; Viral-Prolonged period

Restrictions: Exclude, return with Dr.’s permission after treatment

Transmission Prevention: Notify parents and local health department; clean and sanitize all articles; proper hand washing

Hepatitis A

Incubation: 15-50 days; average 25-30 days

Symptoms: Upset stomach, tired, dark colored urine, light colored stool, yellowish skin & eyes, fever, jaundice (often jaundice not present in children under 5 years), abdominal pain and diarrhea

Transmission: Fecal-oral route, through contaminated articles, food/beverages and hands

Communicable: Two weeks prior to jaundice until 1 week after jaundice (yellow) appears; if no jaundice one week prior until 2 weeks after symptoms

Restrictions: Exclude for 2 weeks or until 1 week after jaundice

Transmission Prevention: Proper hand washing; sanitize all contaminated articles and equipment; notify parents and local health department; Immune Globulin for the staff and child contacts should be considered

Hand, Foot & Mouth (Coxsackie Virus)

Incubation: Up to 6 days, usually 3-6 days

Symptoms: Small blisters with reddened base primarily on hands, feet, mouth, tongue, buttocks or throat

Child Care Topics

Transmission: Direct contact with nose and throat secretions and with feces

Communicable: During acute stage of illness (virus may stay in stools for several weeks)

Restrictions: Self-limited, exclude during acute symptoms (serious in young infants); lesions should not be weeping

Transmission Prevention: Proper hand washing, don't share cups, glasses, etc., sanitize all contaminated articles, boil eating utensils for 20 minutes

Rosella

Incubation: 5-15 days

Symptoms: High sudden fever, runny nose, irritability, followed by rash on trunk

Transmission: Susceptible person has direct contact; (children under 4 maybe susceptible, usually only children under 2)

Communicable: Uncertain

Restrictions: Exclude until fever down for 24 hrs.

Transmission Prevention: Notify parents, proper hand washing

RSV (Respiratory Syncytial Virus)

Incubation: 1-10 days

Symptoms: Fever, runny nose, cough, and sometimes wheezing

Transmission: Virus spread from respiratory secretion (sneezing, coughing) through close contact with infected persons or contaminated surfaces or objects

Communicable: Just prior to symptoms and when febrile

Restrictions: Exclude until child has no fever and can tolerate normal activities

Transmission Prevention: Frequent and proper hand washing, sanitize all contaminated articles; do not share items such as cups, glasses and utensils; proper disposal of tissue when used for nasal and respiratory secretions

Prevention

The following sections of this supplement provide information on how to prevent the spread of disease:

- Daily Health Inspection
- Hand-Washing Procedures
- Diaper-Changing Procedures
- Surface Sanitization
- Food Handling and Nutrition

Daily Health Inspection

A daily health inspection is a head-to-toe check of a child's emotional and physical well-being.

Key Points

- This brief check is performed when a child initially arrives for child care and whenever a change in the child's behavior or appearance is noted while that child is in care. It is used to screen children for potential illnesses that could be spread to other children.
- It is also used as a reference for the child's health throughout care. A change in appearance may indicate a child is becoming ill.
- By recognizing children's illnesses early, providers can keep the disruption for the child care center minimal and may help assure the child's illness remains minor.

Recommended Actions

- The following is one approach to a daily health inspection. While the parent is still with the child, quickly check:
 - Face — Is it flushed, hot/warm/cool to your touch?
 - Eyes — Are they clear, runny, swollen, or have pus in the corners?
 - Skin — Color, bites, bruises, swelling, sores, temperature, rash, or spots?
 - Nose — Excessively runny, stuffy, sneezy?
 - Mouth/Throat — Throat reddened, white patches, sore?
 - Ears — Is child pulling on them, are they draining, is the child hard of hearing?
 - Chest — Can you hear the child breathe, wheeze, cough?
 - Neck — Swollen neck glands, stiff neck?
 - Mood — Happy, sad, cranky, unusual behavior?
- Ask the parent about hidden symptoms such as diarrhea, unusual urine or stool, and vomiting.
- Ask the child how he or she feels! Get the child's input.
- When you record the child's daily health, note only when something seems different in the child's appearance. Focus on signs and symptoms rather than the illness.
- If you suspect a child is ill, separate the child from the rest of the children and follow established isolation procedures.

Hand-Washing Procedures

The best way to reduce disease risk in your center is to see that staff and children follow recommended hand-washing procedures.

Key Points

- Hand-washing is the simplest and most effective method of reducing the spread of infectious disease.
- Caregivers need to wash their hands:
 - When they arrive in the morning, after breaks, or when moving from one child care group to another
 - Before and after preparing or serving food
 - Before and after giving medications
 - After diapering a child, wiping his nose, or cleaning up bodily fluids
 - After going to the bathroom or helping a child in the bathroom
 - After cleaning or handling the garbage
- Children’s hands need to be washed in the following circumstances:
 - When they arrive in the morning
 - Before they eat or drink
 - After they use the toilet or have their diapers changed
 - After they’ve touched a child who may be sick
 - When they leave the center at the end of the day



Recommended Actions

- Purchase or create your own hand-washing posters and place them in appropriate areas of your center where they are clearly visible, i.e., over each sink, in the changing area, in food preparation areas. This will help caregivers learn and remember the policies in your center.
- Encourage parents and other adults to follow the same hand-washing routine.

Hand-Washing Technique

- Use soap, preferably liquid.
- Use warm running water which drains out. Don’t use a stoppered sink or container. A common container of water spreads germs.
- Rub your hands vigorously until a soapy lather appears, with hands out of the water stream, and continue for at least twenty seconds. This action removes germs.
- Wash all surfaces, including the back of the hands, wrists, between fingers, and under fingernails.
- Rinse your hands well. Leave the water running.
- Dry your hands with a single-use towel.
- Turn off the water using a paper towel instead of bare hands. The faucet is considered “dirty” at all times.
- Dispose of towel without touching the trash container.
- The use of alcohol-based hand sanitizers is an alternative to traditional hand washing with soap and water by children over twenty-four months of age and adults on hands that are not visibly soiled.

Diaper-Changing Procedures

The risk of illness and injury to both children and caregivers will be reduced if proper diaper-changing procedures are followed.

Key Points

- During diapering, never leave a baby unattended even for a moment.
- Check to be sure the supplies you need are ready. Place a roll of paper or disposable towel on diapering surface where the child will be.
- Lay the child on the diapering surface, taking care to hold the child only with your hands if the diaper is soiled. Remove whatever clothing cannot be kept out of the area where stool or urine may be to prevent contamination.
- Remove soiled diaper and soiled clothes. Put disposable diapers in a plastic bag or hands-free plastic-lined receptacle. Put soiled clothes in a plastic bag to be taken home.
- Clean the child's bottom with a pre-moistened disposable towelette or a damp paper towel. Then dispose of the towelette or paper towel in the plastic bag or plastic-lined receptacle. Remove the paper towel from beneath the child and dispose of it the same way.
- Wipe your hands with a pre-moistened towelette or a damp paper towel. Dispose of it in the plastic bag or plastic-lined receptacle.
- Diaper or dress the child. Now you can hold the child close to you.
- Wash the child's hands and return the child to the crib or group.
- Clean and disinfect the diapering area and any equipment and supplies you touched. Use an EPA-registered disinfectant to disinfect*. Then wash your hands.

* The concentration of some bleach solutions sold in stores is now higher than it has been in the past. With multiple concentrations available, it is no longer possible to provide a generic bleach recipe for sanitizing and disinfecting. Use an Environmental Protection Agency (EPA) registered product (including bleach) and follow the label instructions for use.

For more information, visit: <http://cfoc.nrckids.org/bleach/bleach.cfm>.

Surface Sanitization

The risk of illness will be greatly reduced if proper sanitation procedures are followed at all times.

Key Points

- Be sure all facilities and supplies are washed with soap and water then disinfected using an EPA registered disinfectant* that kills bacteria, viruses, and parasites. Store disinfectant out of reach of children in the bathroom, diapering area, and kitchen.
- If you use a commercial disinfectant, consult the label or manufacturer to determine whether it will be effective and to determine what strength of solution is necessary.
- Wash surfaces first with soap or detergent and water. Spray on sanitizing solution and allow to air dry. Replace solution daily.
- With the exception of book and paper supplies, everything accessible to children in day care needs to be washable with soap and water.



Recommended Actions

- Follow recommended cleaning and disinfecting guidelines to reduce illness and injury.
 - Clean diaper-changing area, toilets, and potty chairs after every use with soap and water to remove visible soil. Spray with sanitizing solution and air dry.
 - Thoroughly clean bathroom and kitchen areas one or more times daily. Wash and disinfect floors, low shelves, and refrigerator every week.
 - Wash and sanitize all mouthed toys daily or between uses by more than one child. Maintain toys of ill children separately. Stuffed toys need to be machine washable.
 - Sanitize wading pools after each use.
 - Disinfect cribs and cots weekly. Change linen when wet or soiled.
 - Remove food and litter from play areas.
 - Vacuum daily.

* The concentration of some bleach solutions sold in stores is now higher than it has been in the past. With multiple concentrations available, it is no longer possible to provide a generic bleach recipe for sanitizing and disinfecting. Use an Environmental Protection Agency (EPA) registered product (including bleach) and follow the label instructions for use.

For more information, visit: <http://cfoc.nrckids.org/bleach/bleach.cfm>.

Food Handling and Nutrition

Illness can result from eating contaminated food and water. Education and training of staff can minimize the risk of such illness.

Key Points

- Important to a child's health and development is nourishing food that is clean, safe, and developmentally appropriate for children.
- The leading factors which contribute to food-borne illness are the following:
 - Poor personal hygiene
 - Failure to maintain hot temperatures, heat cold food fast enough, or cool hot food fast enough
 - Preparation of food more than one day in advance
- Some germs do not change the look, smell, or taste of food. Careful selection, handling, and preparation are your primary safeguards.
- 90% of all food-borne illnesses are directly related to food that was stored at improper temperatures. Bacteria growth is highest between 40 and 140 degrees Fahrenheit (4 to 60 degrees Celsius).



Recommended Actions

- Try not to wash hands in the same sink as used for food preparation. If you must, thoroughly clean the sink after washing your hands.
- Do not prepare food if you are ill or have open sores.
- Keep fingers out of your nose, eyes, and mouth and your hair
- Do not allow infants or children to be placed on food preparation surfaces.
- Do not touch the eating or drinking surfaces of clean plates and glasses.
- Do not taste food using the same utensils used in preparation or serving, or use your hands or non-handled items, such as bowls, to scoop food.
- Do not directly handle food items that will not be cooked.
- Use only meat from inspected and approved facilities. Use drinking water from approved community or public water systems. Use pasteurized milk from a state-inspected dairy. Use only clean whole eggs with intact shells.
- Reject cans that have large dents, are rusted, bloated, or leaking.
- Store foods below 40 degrees Fahrenheit (4 degrees C) or above 140 degrees Fahrenheit (60 degrees C).
- Offer nutritious meals and snacks to young children on a regular basis. Guidelines for good nutrition and sanitation set by the U.S. Department of Agriculture, can be found online at www.fns.usda.gov/fns/.
- A child's diet may need to be modified for reasons related to allergies, food idiosyncrasies, or other identified medical issues. Written instructions for any modifications need to be included in the child's records and carried out accordingly.

Field Trips

Field trips can be fun and educational. It is the responsibility of the caregiver to provide a safe environment for the children going on field trips.

Key Points

- Field trip activities and duration need to be appropriate to the age group.
- When transporting infants and children, make certain they are transported only in sections of vehicles designed for and equipped to carry passengers and that infant and child safety restraints have been properly installed.
- Ensure the infants and children remain in these restraints while transporting them.
- When child care staff transport children, whether by staff vehicle or vehicle owned by the child care facility, the following must be considered:
 - The vehicle and driver have the proper licensing and insurance needed for transporting children
 - A signed permission form from the authorized parent/guardian is available, allowing the child to be transported by child care staff
 - Staff/child ratio must be maintained to ensure the safety of the children and to alleviate distractions to the driver. Parents and volunteers can be used to ensure appropriate ratio of adults to children
 - Children, preschool age or younger, exit the vehicle on the same side of the street as the building they will enter
 - When children are transported to their homes, the driver remains until the child has been received by an authorized person
 - A child is never left unattended in a vehicle
 - There is a plan in place in case of vehicle breakdown or accident

Recommended Actions

- Obtain signed permission slips for each child. Take an emergency medical form for each child on the trip.
- Always carry a cell phone or two-way radio for communication.
- Provide children with durable tags to wear that include the name and contact information of your organization.
- Fill out a written attendance sheet prior to leaving and returning. Take a roll call before departure.
- Have adequate food and water available.
- Each vehicle should be equipped with a first aid kit, emergency identification and contact information for all children being transported, and a way to call for help (cell phone).
- When transporting children with chronic medical conditions (such as asthma, diabetes, or seizures), their emergency care plans and supplies or medications must be available.
- The responsible adult must be trained to recognize and provide the required first aid care in the event of an emergency.
- Vehicles should be locked when not in use and checked after use to make sure no child is left unintentionally in a vehicle.

Emergency and Disaster Preparedness

There are many kinds of disasters which may require you to evacuate your child care facility. Are you prepared?

Key Points

- Be sure to have safety stickers and posters in place. All phones must have a 911 sticker. Display poison control posters prominently. The Poison Control Hotline number is 1-800-222-1222 and covers the entire United States. You can call this number 24/7 to reach a poison expert. You can also call the same number to order stickers, magnets, and brochures.
- Planning and practicing what to do before an emergency arises is the best approach to dealing with one.
- Prepare emergency supplies and equipment you may need, including water, food, first aid kits, flashlights, radios, and batteries. Mark where your utility (gas, water, and electric) turn-off valves are located.
- Prepare vital documents, such as children's emergency forms, emergency contact forms, and transportation releases. You may wish to have duplicate originals packed in a lightweight carry case, ready to go in case of emergency.
- Schedule regular emergency drills in accordance with your state's regulations, even if you care for fewer than six children. Always be prepared.
- Leave low-lying areas if there is a risk of flooding. Do not attempt to cross bridges or roads that are flooded.
- Securely fasten loose articles outside that may be affected by high winds. Open a door or window on the wind-protected side of buildings. For a tornado, seek shelter underground or in a room in the center of a building. If outdoors, find a ditch or ground depression to lie in.
- After an earthquake, do not use matches, lighters, open flames, or operate electrical switches until you are sure there are no natural gas leaks. Sparks from electrical switches could cause an explosion. Shut off natural gas if you smell the characteristic warning smell.
- Never burn charcoal, or use propane or kerosene heaters indoors. Carbon monoxide poisoning may occur if the area is inadequately ventilated.

Recommended Actions

- Have a written, posted evacuation plan. Indicate the location of room and building exits and designate an outdoor meeting place.
- If you are a single-home child care provider, prepare a plan for evacuation with your child care children. Think through this situation carefully.
- Try to notify family members if you evacuate. If possible, post a message indicating where you have relocated.
- Check all appliances, including water heaters, to make sure they are all secured from movement and connected to the fuel source with flexible lines.
- Install latches on doors and cabinets in the bathroom and kitchen to hold the door closed during heavy shaking.
- Identify and move poisons, toxic substances, or solvents in breakable containers located in high or dangerous places.

Fire Extinguisher Operation

Early use of a fire extinguisher on a small fire can prevent large losses in property damage and significant injury, including death.

Key Points

- Fire extinguishers must only be used in situations where the safety of the user is ensured. They provide limited extinguishing capability and are not designed to be used on large, rapidly growing fires.
- Fire extinguishers are classified as to their intended use, matching the type of fuel involved. Careful planning in selection can help meet the expected needs of the extinguisher.
- Train all staff on how to use a fire extinguisher. Have extinguishers inspected at least once a year.

Recommended Actions

- Do not delay the notification and evacuation of building occupants in order to use a fire extinguisher. Make sure someone is activating 911 or your emergency plan and notifying the local fire department.
- If the fire is too large or you are unable to extinguish it quickly, leave the building immediately.
- Perform basic fire extinguisher operation by using the **PASS** method:
 - Pull and remove the pin in the handle
 - Aim the nozzle of the extinguisher at the base of the fire
 - Squeeze the handle to begin the flow of the contents through the nozzle
 - Spray the contents from side to side at the base of the flames
- Never turn your back on an extinguished fire. Always back away, observing the situation and being prepared if the fire re-ignites.



Outdoor Safety

There are many considerations for the health and safety of children outdoors.

Key Points

- Be alert to children with respiratory disease, such as asthma. Cool air, pollutants, and rapid changes in air temperature can trigger asthma attacks in some children.

Play Areas

- Use fences to protect children from hazardous areas. Play areas need to be free of debris and electrical hazards. A proper ratio of adults to children is necessary for adequate supervision.
- Playground surfaces
 - Appropriate material needs to be under and around all climbing and moving equipment. No concrete or asphalt.
 - Impact absorbing materials on the surface of the playground should be checked at least monthly.
 - If surfaces are compressed, they should be turned over or raked up to increase softness.
 - All surfaces should be inspected every day for glass and other debris.
 - Loose fill surfaces should be hosed down and raked to remove hazardous, dangerous, or unsanitary materials.
 - Due to the potential for infection, sand is not an appropriate ground covering where pet or animal waste can accumulate.
- Outdoor play areas should be clean and safe. Check for and remove:
 - Garbage
 - Glass
 - Sharp rocks
 - Stumps/roots
 - Toxic plants
 - Anthills, beehives, and wasp nests
 - Unprotected utility equipment
 - Any other material that may be harmful or cause injury
- Check playground equipment regularly for:
 - Missing or broken parts
 - Protrusion of nuts and bolts
 - Rust and chipping or peeling paint
 - Sharp edges, splinters, and rough surfaces
 - Stability of handholds
 - Visible cracks
 - Stability of non-anchored large play equipment (e.g. playhouses)
 - Wear and deterioration

Outdoor Safety

- Check for and remove broken, excessively worn, or decaying equipment or structures.
- The size of equipment needs to be appropriate to the age group. Climbing heights need to be limited so no child falls from an excessive height. Equipment must have no openings that can trap a child's head.
- Swings need to be constructed appropriately; situated away from walls, fences, and other play spaces; and have no protruding pieces.
- Moving parts need to be free of worn bearings and defects that pinch, shear, and crush. Structures should provide adequate safety bars, railings, and rungs for children.
- Plants, shrubs, and trees need to be nontoxic and not attract dangerous insects. Sandboxes need to contain sterilized sand or pea gravel.
- If the facility has a water play area, the area should:
 - Conform to all state and local health regulations
 - Not include hidden or enclosed spaces
 - Have a non-slip surface
 - Not have sudden changes in depth of water
 - Not have drains, streams, water spouts, or hydrants that create strong suction or water-jet forces
 - Have toys and equipment made of sturdy plastic or metal
 - Be regularly inspected for glass, trash, animal excrement, and other foreign material

Recommended Actions

- Allow outdoor play time each day for children and make sure they are properly dressed for the weather.
- Check local air quality advisories if pollution is a factor in your location.
- Make sure there is safe access for children to all play equipment.
- Check equipment for sharp edges, protruding elements, broken parts, and toxic materials.

Safety Around Animals

Interaction with animals can be an educational and enriching activity for children. However, animals can also be a serious safety hazard for children.

Key Points

- Make sure all pets and caged animals, such as rabbits, hamsters and birds, are healthy and not carrying diseases.
- A child may “play” with an animal to the point that it may lash out at the child in order to protect itself.
- A mother animal may attack a child if she senses that her offspring may be endangered.
- Immediately wash hands after contact with animals

Recommended Actions

- Never leave children alone with an animal.
- When visiting a farm, use common sense and make sure children follow directions when interacting with the animals.
- Teach children to treat all animals with respect.
- Do not allow children to approach wild or domestic animals that are on their own. They could carry disease or cause injury.

Teach Your Children

- Ask permission before petting a dog you don't know.
- Stay away from dogs that are chained up, behind fences, or running loose.
- Stay away from dogs when they are eating or sleeping.
- Don't tease dogs or play tug-of-war with them.
- Let the dog sniff the back of your hand and make sure it's friendly before petting it.
- Stay away from dogs when they are playing or fighting with other dogs.



Indoor Safety

At home or in any child care operation, special sanitation and environmental design are needed to protect children from injury and transmission of disease.

Key Points

- Facilities need to be structurally sound and hazard-free. Local building codes need to be followed.
- Equipment and furnishings should be placed to help prevent collisions and injuries.
- Floors, walls, and ceilings should be easy to clean and free from cracks, bare concrete, dampness, splinters, sliding rugs, and uncovered telephone jacks or electrical outlets.
- Carpeting should be kept clean and in good condition. It should be nonflammable and nontoxic.
- In accordance with the Americans with Disabilities Act (ADA), facilities need to have access for children who have disabilities or use wheelchairs. Provisions must be in place for the efficient evacuation of these children in an emergency.
- Administrative offices, kitchens, staff rooms, boiler or maintenance rooms, janitorial supply closets, laundry facilities, flammable or combustible storage, and rooms that are used for any purpose involving toxic or hazardous materials need to be separate from child care areas.
- Doors need to have finger-pinch protection and windows need to have guards which protect children from falling out of windows. Local guidelines and those set by the U.S. Consumer Product Safety Commission (www.cpsc.gov) need to be followed.
- In bathroom areas, walls up to a height of five feet and floors must be covered with an impervious surface. Impervious surfaces prevent deterioration and mold, and ensure clean and sanitary surfaces. Floors and walls in bathroom and toilet areas must be kept clean and free of filth and disease-producing germs.



Emergency Exits and Lighting

- Emergency exits should be labeled and visible at all times.
- Corridors and pathways leading to exits must be kept free of obstructions.
- Emergency exits should have proper signs.
- Each floor occupied should have no less than two exits.
- Emergency lighting must be installed in hallways, stairwells, and at building exits.

Indoor Safety

Electrical Safety

- Proper installation of outlets and fixtures helps to prevent electrical shock, electrical burns, and fires.
- Outlets and fixtures should be installed according to local electrical codes and certified by an electrical code inspector.
- Safety covers and shock protection devices should be used for all electrical outlets that are accessible to children not yet of school-age.
- Outlet covers that a child can remove by taking out a plug from the socket should not be used. Use safety covers that are spring-loaded.
- New installations in areas accessible to children should use ground-fault circuit-interrupter (GFCI) receptacles.
- Keep electrical devices unplugged and away from water sources, such as a sink, tub, shower areas, or swimming/wading pools.
- The use of extension cords is discouraged.
- Electrical cords should be kept out of children's reach.
- Electric space heaters should not be accessible to children. They should:
 - Have a protective covering to keep hands and objects from the heating element
 - Be certified by a recognized testing laboratory, such as Underwriters Laboratories
 - Be kept at least three feet from curtains, papers, furniture and any flammable object

Supplies

- Bathrooms should be supplied with:
 - Liquid soap, hand lotion, and paper towels or other hand-drying devices
 - Toilet paper
 - Single-use cloth or disposable paper towels
- Do not allow towel sharing.
- Tissues and disposable towels should be discarded into an appropriate waste container after use.
- Potentially harmful supplies should be locked away from and inaccessible to children. This can include:
 - Prescription and over-the-counter medications
 - Poisons
 - Cleaning supplies
 - Harmful chemicals
 - Equipment and tools
 - Any substance with a warning label stating it is harmful or that it should be kept out of the reach of children
- Refrigerated medication shall be stored in a secure container to prevent access by children and avoid contamination of food.

Indoor Safety

Ventilating, Heating, and Cooling

- Electric fans, if used, must be inaccessible to children. Use only fans bearing the safety certification mark of UL (Underwriters Laboratories) or ETL (Electrotechnical Laboratory).
- Ventilation systems must provide fresh air flow into your facility and maintain a temperature between 68 and 75 degrees Fahrenheit in winter months and 74 to 82 degrees in summer months. Never expose children to cigarette smoke.
- Heating systems need to be inspected and cleaned annually by a certified heating contractor. A protective screen must be in place for any exposed heating equipment capable of high surface temperature.
- Fireplaces and fireplace inserts must be inaccessible to children. Fireplaces must be properly drafted and equipped with a safety screen. Chimneys need to be cleaned once a year or as often as necessary to prevent an excessive buildup of burn residue. An adult must be present when fireplaces are used in areas occupied by children.

Furnishings and Equipment

- Equipment, materials, furnishings, and play areas need to be sturdy and kept in good repair. Follow all recommendations of the U.S. Consumer Product Safety Commission to avoid common safety hazards.
- Separate sleeping and resting areas reduce the spread of disease from one child to another. Do not allow children to share a bed or bedding with another child. An individual bed, crib, or cot needs to be available for any child who spends more than four hours a day at a facility.
- Use clean bedding. Do not use plastic bags or loose plastic material as a covering.
- Cribs, cots, sleeping bags, beds, mats, or pads should be kept at least three feet apart, unless a screen separates them. If screens are provided, they should be arranged so that staff can see and have access to each child.
- Additional information for “Sleeping Equipment and Supplies” is available online from the National Resource Center for Health and Safety in Child Care at nrckids.org.
- It is vital to ensure the furniture used for infants and children is safe and free from defects. Unstable furniture can cause serious injury or even death.
- All furniture used by children should be durable and child-sized. Tables should be at waist height of the children. Furniture needs to have smooth surfaces with no protruding staples or other hardware that could cause injury. Caps or plugs on tubing need to be firmly attached.
- Toy chests with attached lids are prohibited.
- Bassinets or cradles need to have sturdy bottoms and wide bases for stability. Legs need to have strong, effective locks to prevent folding while in use. Mattresses need to be firm and fit snugly.
- Changing tables need to have safety straps to prevent falls, and drawers or shelves that are easily accessible without leaving a child unattended.
- Cribs slats must be in place, without damage, and spaced no more than $2\frac{3}{8}$ inches (60 mm) apart. Crib mattresses must fit snugly with less than two fingers-width between the edge of the mattress and crib sides. Mattress supports need to be securely attached to the head- and footboards.
- Corner posts on cribs need to be no higher than $\frac{1}{16}$ inch (1+ mm) than the head- or footboard to prevent entanglement. Head- and footboards must not have cutouts that allow for head entrapment.
- The minimum height from the top of the mattress to the top of crib rail should be no less than 20 inches.
- Cribs with drop sides should not be used.
- Highchairs must have easy-to-use waist and crotch restraining straps that are independent of the tray. The tray must lock securely.
- A highchair must have a wide, stable base and an effective locking device to keep the chair from collapsing.
- Hook-on chairs need to have a restraining strap to adequately secure a child and a clamp that locks onto the table for added security. The chair needs to have a warning to never place the chair where the child can push the chair off with his feet.

Toy Safety

Each year toy-related injuries serious enough to require hospital emergency room treatment are reported. To protect children from toy-related injuries, toys need to be selected carefully and children need to have proper supervision while at play.

Key Points

- Select toys that are age-appropriate and designed for the interest and skill level of the child. When selecting toys, the following hazards need to be avoided:
 - Sharp Edges — Avoid glass or metal toys that may break, exposing sharp edges
 - Small Parts — Check toys for parts small enough to be swallowed or become lodged in a child’s windpipe, ears, or nose
 - Loud Noises — Loud noise can damage a child’s hearing. Watch for warning labels on toys which produce sounds
 - Cords and Strings — Toys with long strings, cords, loops, or ribbons can become caught or wrapped around a child’s neck, resulting in strangulation
 - Sharp Points — Avoid toys which could have sharp points when broken, or internal parts which may be sharp if exposed
 - Propelled Objects — Avoid toys that are capable of projecting objects not intended for use in the toy
 - Electricity — Electric toys with heating elements are recommended for use by children over eight years of age. Instruct children to use electric toys with caution and only with proper adult supervision
- All toys and play equipment should be routinely checked for splinters, sharp edges, rust, and weak or damaged parts.
- Toys that have been “mouthed” by a toddler need to be sanitized before another child plays with them.
- Some toys are suitable for disinfecting by placing in a dishwasher.

Teach Your Children

- Put away toys and play equipment after use to prevent trips and falls.

General Safety

- General safety topics found in the MEDIC First Aid PediatricPlus Student Guide:
 - First Aid Kit contents
 - Emergency Action Plan
 - Accessing EMS

Notification of Parent/Guardian

- When an emergency occurs, first aid must be given and EMS called.
- The parent/guardian or parent/guardian's emergency contact person should be called as soon as practical.
- A staff member should accompany the child to the hospital and will stay with the child until the parent/guardian or emergency contact person arrives.

Identification of Children

- A record shall be maintained on each child to include:
 - Child's information form (Master Card) listing the child's name, birth date, sex, date of admission, name and phone number of child's physician and dentist, dietary restrictions, and allergies; signed and dated by the parent
- The provider shall maintain the confidentiality and security of all children's records.