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Enrollment/Attendance/Daily Health Checks

1. Providing rationales on how not to exclude children on just having a fever and explain the fever free policy for 24 hours and how it is supported or not supported by the AAP
   - Managing Infectious Diseases in Child Care and Schools, 4th Ed. (Available from www.shop.aap.org) Chapter 4: Recognizing the Ill Child – Inclusion/Exclusion Criteria
     Three Key Criteria for Exclusion of Children Who Are Ill:
     1. Prevents child from participating in normal activities
     2. Needs more care than staff can provide without compromising health/safety of other children
     3. Poses risk of spread of harmful disease to others
   - Model Child Care Health Policies, 5th Ed. Section 11: Care of Children and Staff Who Are Acutely Ill or Injured
   - CFOC3 online:
     1. Standard 3.6.1.1 Inclusion/Exclusion/Dismissal of Children
     2. Standard 3.6.1.2 Staff Exclusion for Illness
     3. Appendix A: Signs and Symptoms Chart

2. There are questions about how to use the daily health check to monitor/assess general program infection control success. Programs say they follow this practice but “don’t write it down.”
   - Model Child Care Health Policies, 5th Ed. – Review and encourage use of Appendix M: Daily Health Check; Appendix N: Enrollment/Attendance/Symptom Record
   - Daily Health Check poster (North Carolina)
   - CFOC3 online:
     1. Standard 3.1.1.1: Conduct of Daily Health Check
     2. Standard 3.1.1.2: Documentation of the Daily Health Check
Supervision

1

Supervision of school aged children when they go to the bathroom since they need privacy.

DHS Regulation: See, hear, assess, direct. Privacy important – however safety always first priority- staff able to supervise by hearing. Stand near restroom door; easy access to assist child or if child needs help with interactions with other users of restroom. No public access to restrooms.

2

Please review the criteria for supervision during naps. Many rooms very dark and staff doing other things than watching the children.

- PA DHS Regulations 3270.113, 3280.113, 3290.113
  All children, regardless of age, should be supervised at all times, including when children are sleeping.
- CFOC3 online
  1. Standard 3.1.4.4 Scheduled Rest Periods and Sleep Arrangements

3

specific ratio of child's age or group, number of children and number of care giver

- PA DHS Regulations 3270.51, 3290.51 – Similar Age Level
- PA DHS Regulations 3280.52, 3290.52 – Ratio Requirements
- PA DHS Regulations 3270.52 – Mixed age level

4

Ideas to improve adult/child engagement during outdoor physical play.

- Develop and reinforce policies. Model Child Care Health Policies, 5th Ed. – Section 5: Physical Activity and Screen Time
- Let’s Move Child Care Technical Assistance Manual
- CFOC3 online
  1. Standard 1.1.1.1: Ratios for Small Family Child Care Homes
  2. Standard 1.1.1.2: Ratios for Large Family Child Care Homes and Centers
  3. Standard 1.1.1.3: Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities

5

Supervising group of children while managing children with challenging behaviors

- If staff are concerned about a child’s behavior or development, or uncertain as to how one affects the other, consult the parent. Recommend consultation with child’s health care provider as early as possible, even if just to be reassured that a child’s behavior and development are within a normal range.
- Model Child Care Health Policies, 5th Ed. – Section 2: Supervision and Provision of Social-emotional Supportive Care, B. Supervision of Children
- Care’s Kit: Creating Adaptations for Routines and Activities
  Designed for teachers/consultants involved in providing early care and education for children under age 6. Contains information on how to make adaptations for individuals or groups of children who are experiencing challenges during everyday routines and activities. ($25.00)

6

Systems to assist with tracking and counting children in their care

Use of cards or “charms” on a ring with children’s pictures and important information, e.g., name, birthdate, parent/contact number(s), allergies/food restrictions/special medications, classroom. When a child moves out of a group for any reason, the card/charm goes to the next staff person supervising the child.

- Model Child Care Health Policies, 5th Ed. Section 2 – Supervision and Provision of Social-Emotional Supportive Care; Appendix P: Staff Assignments for Active (Large-Muscle) Play

7

Best way to reinforce supervision with classroom staff

- Develop and reinforce policies. Model Child Care Health Policies, 5th Ed. – Section 2: Supervision and Provision of Social-emotional supportive Care
- Head Start – Active Supervision At-A-Glance: Six Strategies to Keep Children Safe
Social-Emotional Supportive Care

Resources and support to teachers when dealing with challenging behaviors. How to assess when the environment is unfit for the child and how can directors/staff provide the necessary support to parents when a child needs to transition to a different facility?

First consult with parent and determine if challenging behaviors are also occurring at home. Have parent seek evaluation of child with child’s health care provider to rule out any physical reason for behaviors.

After health care provider’s evaluation, may need to initiate contact for referrals re: concerns. Check with the local Early Learning Resource Center for access to Child Care Health Consultation, Infant/Toddler Consultation, Early Childhood Mental Health Consultation and School-Age Care Technical Assistance.

- **Model Child Care Health Policies, 5th Ed. Section 3 – Planned Program, Teaching, and Guidance; Appendix G: Behavioral Data Collection Sheet and Special Care Plan for a Child with Behavior Concerns**
- **CFOC3 online**
  1. Standard 2.2.0.7: Handling Physical Aggression, Biting, and Hitting
  2. Standard 2.2.0.8: Preventing Expulsions, Suspensions, and Other Limitations in Services
  3. Standard 2.2.0.9: Prohibited Caregiver/Teacher Behaviors
  4. Standard 9.2.1.6: Written Discipline Policies
- **ECELS Webinar – Behavior: Managing Challenging Behaviors**
- **ECELS SLM – Behavior: Managing Challenging Behaviors in Young Children**
- **ECELS SLM – Behavior: Managing Challenging Behavior in School-Age Children**
- **ECELS Health Capsule: Behavior – How to Encourage Positive Behavior in Young Children**
- **ECELS Behavioral Data Collection Sheet**
- **Center for Early Childhood/Mental Health Consultation**

Increase noted in children who do not meet criteria for early intervention (mostly 3 to 5), but exhibit social/emotional/behavioral challenges that remain unaddressed. How to manage this given the new state expulsion guidelines.

- Include the child’s health care provider in evaluation and planning processes.
- **Reduction of Suspension and Expulsion in Early Childhood Programs in PA - Address prevention, professional development, referral and having a policy in place.**
- **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)**
- **CONNECT –** Early care and education staff and parents can call with questions about child (0 – 5 yrs.) development and resources. Contact the Helpline at 1-800-692-7288.
- **Early Intervention Technical Assistance**
- **Pennsylvania Positive Behavior Support**

Give some examples of what social-emotional supportive care means. Staff are not always sure what this means and why it is important.

- **Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI)**

Possibly a video demonstrating quality interactions between infants/caregiver during diapering and feeding, without emphasis on “correct diapering steps”?

- **Penn State Extension – Better Kid Care – On Demand Distance Education (https://extension.psu.edu/programs/betterkidcare/on-demand) – “Infant-Toddler Care: Language and Literacy” module**
Many providers are concerned about the length of time it takes when they make a referral for evaluation or mental health consult. The waiting list is a concern. More and more children seem to be enrolling with challenging behaviors and delayed social skills.

- Include the child’s health care provider in the evaluation and planning processes.
- Connect with local resources
- Identify ongoing professional development and other supports for staff
Developmentally Appropriate Care

1 Guidelines for staff about what they should expect developmentally for children at specified ages and how to meet children's needs based on where they are developmentally.
   - Centers for Disease Control and Prevention – Learn the Signs/Act Early
     1. Developmental Milestones
     2. Milestones in Action – photos and videos of developmental milestones

2 Out of doors, time for out of doors per day. Supervised tummy time for infants, time per day.
   - Develop and reinforce policies. Model Child Care Health Policies, 5th Ed. – Section 5: Physical Activity and Screen Time
   - CFOC3 online
     1. 3.1.3.1 - Active Opportunities for Physical Activity

3 Various screening tools; curriculum options
   Consult Early Learning Resource Center resources
   Consult STARS Quality Coach
   Examples may include but are not limited to: Ages and Stages / Ages and Stages SE
Behavior Management/Discipline

1. How to positively manage a child's negative behavior.
   - **Involve the child’s health care provider in evaluation and planning processes.**
   - **Refer to Q3 Social-Emotional Supportive Care for additional resources**

2. We can all learn additional methods of behavior management.
   - **CFOC3 online**
     1. [Standard 2.2.0.6: Discipline Measures – Discipline ≠ Teach and Guide (CFOC3)]
     2. [Standard 2.2.0.7: Handling Physical Aggression, Biting, and Hitting]
   - **ECELS Webinar – Behavior: Managing Challenging Behaviors**
   - **ECELS SLIM – Behavior: Managing Challenging Behaviors in Young Children**
   - **ECELS SLIM – Behavior: Managing Challenging Behavior in School-Age Children**
   - **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)**
   - **Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI)**
   - **Devereux**
   - **Second Step Social-Emotional Learning Program**
     - [The Incredible Years] – Series of evidence-based programs for parents, children, and teachers. Goal – prevent and treat young children's behavior problems and promote their social, emotional and academic competence.

3. Is a time out chair or area appropriate for discipline, with specific time limit, perhaps 3 to 5 minutes?
   - **CFOC3 online**
     1. [Standard 2.2.0.6: Discipline Measures – Discipline ≠ Teach and Guide (CFOC3)]
     2. [Standard 2.2.0.7: Handling Physical Aggression, Biting, and Hitting]
   - **ECELS Webinar – Behavior: Managing Challenging Behaviors** – As shared during the webinar, time out is an experience not a procedure. The goal is for staff and child’s attention to focus on appropriate / positive behaviors. If used, during a very brief time out (1 – 3 minutes based on child’s age). Child should not be able to get the teachers’ or other children’s attention.

4. Any guidance on the new expulsion/suspension policy?
   - **Involve the child’s health care provider in evaluation and planning processes.**
   - **Model Child Care Health Policies, 5th Ed. Section 3: Planned Program, Teaching, and Guidance**
   - **OCDEL Relationships Matter: Reducing Suspension and Expulsion in Early Learning video** (24 min)
     “Expulsions and suspensions are not child behaviors; they are adult decisions.” Dr. Walter Gilliam


Nutrition (Food Brought from Home; Infant/Toddler Feeding; Breastfeeding)

1. Providing strategies for directors/staff on implementation of policies for what's developmentally appropriate meals/snacks for children whose parents bring food from home
   - Model Child Care Health Policies, 5th Ed. (MCCHP5) Section 4: Nutrition, Food Handling and Feeding
   - Best Practices for Healthy Eating (Nemours Health and Prevention Services)
   - Infants and Toddlers: Nutrition and Physical Activity Best Practices Webinar
   - NAEYC Early Learning Standards and Accreditation Criteria & Guidance for Assessment Revised April 1, 2017 (Search Nutrition)

2. Suggestions for centers to provide to parents regarding lunches brought from home. They need concrete easily to prepare so the children get something other than lunchables. Also something about serving size.
   - My Child Doesn’t Eat the Lunch I Pack! What Do I Do?
   - My Plate Lunch Bag Ideas
   - Tips for Packing a Healthy School Lunch

3. How to align Food subsidy portions requirements with feeding practices / The new updates to the CACFP program. I have 4 programs leave the CACFP program with the changes. This is a concern of mine. / Updates and rules to follow to be in compliance
   - Child and Adult Care Food Program (CACFP): Nutrition Standards for CACFP Meals and Snacks

4. Caregivers expecting toddlers to eat themselves also the question about when children can bottle feed themselves vs expectation for us to hold children while they are taking a bottle.
   - CFOC3 online
     1. Standard 4.3.1.8: Techniques for Bottle Feeding
Physical Activity and Screen Time

1. Centers need activities for the children and staff to do together both inside and outside.
   - **PA Nutrition Education Network: Keystone Kids Go Colorful!** [Supplemental Activities and Resource Guide](#)
   - **Color Me Healthy Music**

2. Adult led PA is often lacking. How to encourage caregivers to participate and incorporate more movement at circle time?
   - Develop and reinforce policies. *Model Child Care Health Policies, 5th Ed.* – Section 5: Physical Activity and Screen Time
   - **Let’s Move Child Care Technical Assistance Manual**
   - **Best Practices for Physical Activity (Nemours Health and Prevention Services)**
   - **CFOC3 online**
     1. Standard 3.13.1: Active Opportunities for Physical Activity
     2. Standard 3.13.4: Caregivers'/Teachers' Encouragement of Physical Activity
     3. [Healthy Weight - Motion Moments videos: Infants/Toddlers/Preschool](#)
   - **ECELS Infants and Toddlers: Nutrition and Physical Activity Best Practices Webinar**
   - **ECELS Moving and Munching: Supporting Physical Activity and Nutrition in Early Learning Programs Self-Learning Module**

3. What is the screen time for children? My understanding is this is different per age of child.
   - **CFOC3 online**
     1. Standard 2.2.0.3: Screen Time / Digital Media Use
     2. Standard 3.1.3.4: Caregivers'/Teachers' Encouragement of Physical Activity
   - **Nemours**

4. What is appropriate use of technology in care settings?
   - **Zero to Three. (Screen Time Resources)**
   - **Keystone STARS Performance Standards**
Safe Sleep Practices and Rest Equipment

1. When are pack n plays ok to be used in child care/centers? When can an infant safely sleep on a mat?
   - Consumer Product Safety Commission (CPSC) - Keep Baby Safe in Play Yard Space

2. How to get it through to the care givers to check the children frequently and BACK TO SLEEP for infants.
   - PA DHS Regulations 3270.113, 3280.113, 3290.113 Supervision of Children
     All children, regardless of age, should be supervised at all times, including when children are sleeping.
   - PA DHS Regulations 3270.119, 3280.119, 3290.118 Infant Sleep Position Infants shall be placed in the sleeping position recommended by the American Academy of Pediatrics unless there is a medical reason an infant should not sleep in this position. The medical reason shall be documented in a statement signed by a physician, physician’s assistant or CRNP and placed in the child’s record at the facility.
   - ECELS Safe Sleep and Reduce the Risk of SIDS Self-Learning Module
   - ECELS Infant Safe Sleep Webinar
   - CFOC online
     1. Standard 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction
     2. Standard 3.1.4.3: Pacifier Use
   - MCCHP Section 5: Daytime Sleeping, Evening, Nighttime, and Drop-in Care

3. How to support parents to practice safe sleep at home. How to transition from swaddling.
   - CFOC online
     1. Standard 3.1.4.2: Swaddling

4. Use of blankets in cribs or over children's heads “they need to go to sleep that way”, enough space to get cots far enough apart to keep kids healthy
   - CFOC online
     1. Standard 5.4.5.1: Sleeping Equipment and Supplies
Sanitation and Hygiene; Diapering; Toileting; Cleaning, Sanitizing and Disinfecting; Exposure to Potentially Infectious Material

1. Nobody understands sanitizing and disinfecting since everyone is using something different. Southwest Key does have a worksheet that I find useful for staff to know what they need to know about there product
   - ECELS Health Capsule [Clean / Sanitize / Disinfect: Which Product to Choose and When to Use](#)
   - CFOC3 online
     1. [Appendix J: Selecting an Appropriate Sanitizer or Disinfectant](#)
     2. [Appendix K: Routine Schedule for Cleaning, Sanitizing and Disinfecting](#)

2. A choice (pros/cons) matrix of appropriate products for each purpose. (Bleach, H2O2, ETOH, others) What about aerosol products?
   - No recommendations for specific products – focus on EPA- Approved. Use CFOC3 online [Appendix J: Selecting an Appropriate Sanitizer or Disinfectant](#)
   - [Eco-Healthy Child Care® Fact Sheets](#)
     1. Household Chemicals: Aerosol sprays - such as deodorants, hair sprays, carpet cleaners, furniture polish and air fresheners - spew invisible droplets of chemicals into the air. The invisible droplets are inhaled by children and can trigger asthma and allergy symptoms.

3. Why do I need soap and water first?? still a lot of sprays like Lysol used to cut down on odors and other things to sanitize and disinfect, using dish cloths and dish towels vs paper towels because we go through so many paper towels
   - First – any surface must be visibly clean. Sanitizers and disinfectants are not effective if the surface is visibly soiled. “Clean” is not a smell. Some children and staff have allergies and asthma and scented products may cause reactions. Paper towels recommended or use dish cloth/towel once, throw into laundry and use a new dish cloth/towel next time it is needed. Lots of laundry. Is this more cost-effective for your program?
   - [Eco-Healthy Child Care® Fact Sheets](#)
     1. Household Chemicals
     2. Indoor Air Quality

4. A T/A from the Key told an infant staff person that using soap on a diapering surface was not necessary if no visible soil was present/that she could just spray disinfectant. Is this correct? Are diaper cream and sunscreen considered over-the-counter medications requiring permission and application records?
   - First – any surface must be visibly clean. Use of soap and rinse with water before used of disinfecting solution on diapering surface essential. Sanitizers and disinfectants are not effective if the surface is visibly soiled.
   - PA DHS requires parent permission for use of diaper cream and sunscreen. No use of bulk sunscreen or diaper cream. Label individual items for each child however no health care provider prescription required. (This differs from best practice recommendation found in CFOC3 Standard 3.4.5.1: Sun Safety Including Sunscreen
   - [MCCHP5 Section 8: Environmental Health](#) (Sun safety policy differs from PA DHS Regulations – mentions use of bulk supplies of products which is not currently allowed in PA. MCCHP5 Permission Form will need adaptations.)
   - [MCCHP5 Appendix T: Sun Safety Permission Form](#) (PA DHS Regulations do not allow bulk use of products. – MCCHP5 Permission Form will need adaptation.)
Environmental Health

1. Indoor Air Quality, proper ventilation, sanitizing and disinfecting when needed.
   - *CFOC3 online* - *Chapter 5: Facilities, Supplies, Equipment, and Environmental Health*
   - *MCCHP5 Section 8: Environmental Health*
   - *Eco-Healthy Child Care® Fact Sheet:*
     1. Household Chemicals

2. We need simple examples of what environmental health is that the staff can do, not what the owners and directors need to do.
   - *ECELS Indoor Air Quality Self-Learning Module*
   - *Environmental Protection Agency* (resources for school and child care)

3. Fact sheet about risks with fragrance products, air fresheners, essence pots, etc.
   - *Eco-Healthy Child Care® Fact Sheet:*
     1. Indoor Air Quality

4. Checklists are so extensive we don't have time to do them.
   - *CFOC3 online*: *Environmental Health in Early Care and Education Compliance/Comparison Checklist*
   - *Health and Safety Checklist for Early Care and Education Programs* – CA Child Care Health Program (Environmental Health, page 10)
   - *Health and Safety Checklist User Manual* – CA Child Care Health Program
Transportation (Motor Vehicle; Bicycle/Tricycle; Pedestrian Safety; Field Trips)

Ideas for supervision around field trips.

- **MCCHP Section 9: Transportation (Motor Vehicle, Bicycle/Tricycle, or Other Wheeled Toys), Pedestrian Safety, and Field Trips**
- **CFOC3 online**
  1. Standard6.5.1.1: Competence and Training of Transportation Staff
- **PADHS Regulations 3270.113, 3280.113**

  (a) Children on the facility premises and on facility excursions off the premises shall be supervised by a staff person at all times. Outdoor play space used by the facility is considered part of the facility premises.

  (1) Each staff person shall be assigned the responsibility for supervision of specific children. The staff person shall know the names and whereabouts of the children in his assigned group. The staff person shall be physically present with the children in his group on the facility premises and on facility excursions off the facility premises.

  (2) The requirement for supervision on and off the facility premises includes compliance with the staff:child ratio requirements in §3270.51—3270.55 (relating to staff:child ratio).

- **PA DHS Regulation 3290.113**

  (a) Children on the facility premises and on facility excursions off the premises shall be supervised by a staff person at all times. Outdoor play space used by the facility is considered part of the facility premises. The requirement for supervision on and off the facility premises includes compliance with the staff:child ratio requirements in §3290.51 and 3290.52 (relating to maximum number of children; and ratio requirement).

Most centers do not transport children and it was covered in the Basic course. We need to discuss helmets and pedestrian safety. How they can teach or show the children how to walk safely.

- **MCCHP5 Section 9: Transportation (Motor Vehicle, Bicycle/Tricycle, or Other Wheeled Toys), Pedestrian Safety, and Field Trips** encourage to have periodic safety seat checks at the centers.

Use of bus transport for preschool age and appropriate restraints.

- **CFOC3 online**
  1. Standard6.5.1.1: Competence and Training of Transportation Staff

Most don’t have a clue. Lack of helmets at facilities

- **CFOC3 online**
  1. Standard6.4.2.1: Riding Toys with Wheels and Wheeled Equipment
  2. Standard6.4.2.2: Helmets
  3. Standard6.4.2.3: Bikes Routes

Transportation safety Medical conditions for children transported by bus or van

- **CFOC3 online**
  1. Standard6.5.1.1: Competence and Training of Transportation Staff

Last October PA made some changes to the transportation laws. Are the slides regarding transporting children still accurate in the current Health and Safety Basics: Requirements for Certification course?

- **Summary of Pennsylvania's Child Passenger Protection Laws**
- Pennsylvania Department of Transportation: Child Passenger Safety
- National Highway Traffic Safety Administration: Car Seats and Booster Seats
Health Plan (Child Health Assessment; Staff Health Assessment; Oral Health)

1. Simple methods to include oral health in the program. Head Start has a good outline to do tooth brushing at the table. I don't know many centers that want to address this issue.
   - **MCCHP5 Section 10: Health Plan**
   - **CFOC3**
     1. Standard 3.1.5.1: Routine Oral Health Activities
     2. Standard 3.1.5.2: Toothbrushes and Toothpaste
     3. Standard 3.1.5.3: Oral Health Education
   - **ECELS Self-Learning Modules**
     1. Oral Health
     2. Oral Health Basics
   - **Head Start Classroom Circle Brushing Quick Reference Guide**

2. Resource References for policy and procedure.

3. In what ways does HIPAA apply to child care centers?
   - **CFOC3**
     1. Standard 3.5.0.1: Care Plan for Children with Special Health Care Needs
   - **MCCHP5**
     2. Managing Chronic Health Needs in Child Care and Schools
        1. Information Exchange on Children With Health Concerns Form
        2. Consent for Release of Information Form
        3. Parent/Health Professional Release Form
        4. Sample Consent Form to Obtain Health Insurance Portability and Accountability Act (HIPPA) Privacy- Protected Information From a Child’s Physician or Primary Health Care Provider

4. Yesterday I spoke with a Drs. office who sent a well child summary and declined to complete the required physical form or even sign the form. The nurse said “everyone else” accepts the summary only. How do I convince them to complete the form when they are so resistant?
   - There is no required physical form – just the DHS Child Health Report that may be used. If all areas noted on DHS Child Health Report are present on the form used by the Health Care Provider’s office – it is OK.
   - Stress importance of compliance with PA DHS Regulations 3270.131; 3280.131; 3290.131 Health Information

(a) The operator shall require the parent of an enrolled child, including a child, a foster child and a relative of an operator or a facility person, to provide an initial health report no later than 60 days following the first day of attendance at the facility.

1. The initial health report for an infant must be dated no more than 3 months prior to the first day of attendance at the facility.

2. The initial health report for a young toddler must be dated no more than 6 months prior to the first day of attendance at the facility.

3. The initial health report for an older toddler or preschool child must be dated no more than 1 year prior to the first day of attendance at the facility.

4. The initial health report for a school-age child must be dated in accordance with the requirements for medical examinations for school attendance in 28 Pa. Code §23.2 (relating to medical examinations).

(b) The operator shall require the parent to provide an updated health report in accordance with the following schedules:

1. At least every 6 months for an infant or young toddler.

2. At least every 12 months for an older toddler or preschool child.
(c) A health report must be written and signed by a physician, physician’s assistant or a CRNP. The signature must include the individual’s professional title.

(d) The health report must include the following information:

(1) A review of the child’s health history.

(2) A list of the child’s allergies.

(3) A list of the child’s current medication and the reason for the medication.

(4) An assessment of an acute or chronic health problem or special need and recommendations for treatment or services, including information regarding abnormal results of screening tests for vision, hearing or lead poisoning.

(5) A review of the child’s immunized status according to recommendations of the ACIP.

(6) A statement of the child’s medical information pertinent to diagnosis and treatment in case of emergency.

(7) A statement that the child is able to participate in child care and appears to be free from contagious or communicable disease.

(8) A statement that age-appropriate screenings recommended by the American Academy of Pediatrics were conducted since the time of the previous health report required by this section.

(e) The facility may not accept or retain an infant 2 months of age or older, a toddler or a preschool child at the facility for more than 60 days following the first day of attendance at the facility unless the parent provides written verification from a physician, physician’s assistant, CRNP, the Department of Health or a local health department of the dates (month, day and year) the child was administered immunizations in accordance with the recommendations of the ACIP.

(1) The facility shall require the parent to provide updated written verification from a physician, physician’s assistant, CRNP, the Department of Health or a local health department of ongoing vaccines administered to an infant, toddler or preschool child in accordance with the schedule recommended by the ACIP.

(2) Exemption from immunization must be documented as follows:

   (i) Exemption from immunization for religious belief or strong personal objection equated to a religious belief must be documented by a written, signed and dated statement from the child’s parent or guardian. The statement shall be kept in the child’s record.

   (ii) Exemption from immunization for reasons of medical need shall be documented by a written, signed and dated statement from the child’s physician, physician’s assistant or CRNP. The statement shall be kept in the child’s record.

(3) The facility shall implement dismissal policies in accordance with the Department of Health regulation in 28 Pa. Code §27.77 (relating to immunization requirements for children in child care group settings).

(4) The facility shall comply with the annual immunization reporting requirements in accordance with the Department of Health regulation in 28 Pa. Code §27.77.
Injury Prevention and Site Safety Checks

1 Simple safety checklist would help
   • ECELS Family Child Care Health and Safety - Self Learning Module
   • American Academy of Pediatrics Healthy Child Care America Safety and Injury Prevention Curriculum

2 Information of what to do with data collected from their incident tracking. How to analyze the data.
   • ECELS Active Play SLM
   • ECELS Active Play SLM
   • ECELS Active Play; Reducing Risk and Promoting Health Webinar
   • Model Child Care Health Policies, 5th Ed. Appendix CC: Incident Report Form

3 Updated Environmental Checklist
   • Refer to Q10 – Environmental Health
Children with Special Needs and Disabilities

1. More resources about specific special health needs and support/ resources for staff on challenging behaviors and disabilities.
   - *Managing Chronic Health Needs in Child Care and Schools*: Available for purchase from [www.shop.aap.org](http://www.shop.aap.org)
   - *Cara’s Kit: Creating Adaptations for Routines and Activities*
     Designed for teachers/consultants involved in providing early care and education for children under age 6. Contains information on how to make adaptations for individuals or groups of children who are experiencing challenges during everyday routines and activities. ($25.00)

2. Teachers and directors need to be more comfortable with asking questions to speak with families about their child's special needs.
   - [ECELS Children with Medical and Developmental Special Needs, Inclusive Practices - Self Learning Module](#)
   - [CFOC3 online](#)
     1. [Special Collection: Caring for Children with Special Health Care Needs (CSHCN) in Early Care and Education – Applicable Standards](#)

3. Suggestions to improve the family/care provider/health provider triad of communications / not using plans, "I can't deal with this so we don't take these children" Caregivers ask about ratio when they have several children in care with special needs or disabilities
   - [ECELS Children with Medical and Developmental Special Needs, Inclusive Practices - Self Learning Module](#)
   - [ECELS Care Plan for Children with Special Needs and Process to Enroll](#)
   - [CFOC3 online](#)
     1. [Standard 1.1.3: Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities](#)
Medication Administration

When is it OK to have a policy to not administer over the counter medication?

I have had many questions about the logistics of expensive, life saving medication traveling with a child. It is unrealistic to expect families to purchase several epi-pens, etc. so that each location where the child might be has one. What is the best method for making sure staff have access to the medication if/when necessary.

- If a child needs life saving medications, may need to have medication at multiple locations. If staff are transporting/traveling with the child, person assigned to supervise child can keep the medication in a fanny pack with special care plan and emergency contact information.

How to correlate this with special needs. What ought to be written in the comment space of the documentation sheet.

"we stopped giving meds" is the response I have had recently

- Review DHS Regulations below re: “reasonable accommodation”
- Medicines can be crucial to the health and wellness of children. Administration of medicines is unavoidable as increasing numbers of children entering child care take medications.

Keeping Medication at the center if it routinely given

Good training information

CFOC3 Standards 3.6.3: Medications

MCCHP5 Section 10: Health Plan, Appendix X: Medication Administration Packet

ECELS Medication Webinar

PA DHS Regulations 3270.133, 3280.133, 3290.133 Child Medication and Special Diets

The operator shall make reasonable accommodation in accordance with applicable Federal and State laws to facilitate administration of medication or a special diet that is prescribed by a physician, physician’s assistant or CRNP as treatment related to the child’s special needs. Facility persons are not required to administer medication or special diets which are requested or required by a parent, a physician, a physician’s assistant or a CRNP but are not treatment related to the child’s special needs. When medication or special diets are administered, the following requirements apply:

(1) A prescription or nonprescription medication may be accepted only in an original container. The medication must remain in the container in which it was received.

(2) A staff person shall administer a prescription medication only if written instructions are provided from the individual who prescribed the medicine. Instructions for administration contained on a prescription label are acceptable.

(3) The label of a medication container must identify the name of the medication and the name of the child for whom the medication is intended. Medication shall be administered to only the child whose name appears on the container.

(4) Medication shall be stored in a locked area of the facility or in an area that is out of the reach of children.
(5) Medication shall be stored in accordance with the manufacturer’s or health professional’s instructions on the original label.

(6) A parent shall provide written consent for administration.

(7) An operator is responsible to establish and maintain a medication log if prescription or nonprescription medication is administered. A log must include the following minimum information:

(i) The name of the medication.

(ii) The name of the child receiving the medication.

(iii) A requirement for refrigeration.

(iv) The amount of medication administered.

(v) The date of administration.

(vi) The time of administration.

(vii) The initials of the staff person who administered the medication.

(viii) Special notes related to problems of administration.

(8) If a special diet is prescribed for a child and if the diet is administered to the child, written instructions and the parent’s written consent shall be retained in the child’s file.
Health Education for Staff and Children

1. Knowing when certain illnesses do not require exclusion.
   
   
   Three Key Criteria for Exclusion of Children Who Are Ill:
   
   1. Prevents child from participating in normal activities
   2. Needs more care than staff can provide without compromising health/safety of other children
   3. Poses risk of spread of harmful disease to others

   - *Model Child Care Health Policies*, 5th Ed. Section 11: Care of Children and Staff Who Are Acutely Ill or Injured

2. Discuss the needs for continuing education of staff in health and safety because this is not required anymore. Many of the staff need to have material review and updates.

   - *MCCHP5 Section 16: Human Resources/Personnel Policies*

3. Immunizations are just as important for the caregiver as it is for the children. Do the centers monitor the immunizations of staff?

   - *MCCHP5 Section 16: Human Resources/Personnel Policies; Appendix W: Child Care Staff Health Assessment*
   
   - *CFOC3 online Standard 7.2.0.3: Immunization of Caregivers/Teachers*
   
   - Centers for Disease Control and Prevention (CDC) - [Recommended Immunizations for Age: Adult](https://www.cdc.gov/vaccines/hcp/policy/)


   - *Sample information from PA Key Early Learning Standards Infant/Toddler: Health, Wellness and Physical Development – Learning About My Body*

### Older Toddler

<table>
<thead>
<tr>
<th>Standard</th>
<th>Concepts and Competencies</th>
<th>Supportive Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1OT.C</td>
<td>The learner will:</td>
<td>The adult will:</td>
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<tr>
<td></td>
<td>- Explore health food options.</td>
<td>- Model healthy eating while sitting with child at the table.</td>
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<tr>
<td></td>
<td>- Choose between healthy food options.</td>
<td>- Provide a choice of two or more nutritional foods.</td>
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<td>- Participate in discussions about food options.</td>
<td>- Provide a variety of healthy choices at snack or mealtime.</td>
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<td>- Read books about healthy food choices.</td>
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<td></td>
<td>- Discuss healthy and non-healthy food choices.</td>
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<td></td>
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<td>- Engage children in a healthy cooking experience.</td>
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<td></td>
<td></td>
<td>- Display My Plate near mealtime.</td>
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<tr>
<td></td>
<td></td>
<td>- Participate in Color Me Healthy or other nutrition-specific professional development.</td>
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</tbody>
</table>
Care of Children and Staff Who Are Ill or Injured

Exclusion policies need to be reviewed.

  
  Three Key Criteria for Exclusion of Children Who Are Ill:
  1. Prevents child from participating in normal activities
  2. Needs more care than staff can provide without compromising health/safety of other children
  3. Poses risk of spread of harmful disease to others

- *Model Child Care Health Policies, 5th Ed.*, Section 11: Care of Children and Staff Who Are Acutely Ill or Injured

- CFOC3 online:
  1. Standard 3.6.1.1 Inclusion/Exclusion/Dismissal of Children
  2. Standard 3.6.1.2 Staff Exclusion for Illness

We have to come to work whether we are sick or not because we don't have enough staff, no supervision plan in place if this actually happens during business hours

- Consider developing a substitute pool with a nearby program.

Many staff feel children should go home—even after sharing the “when to exclude” from Health and Safety Basics for Certification and Caring for our Children guidance

- Use *Model Child Care Health Policies, 5th Ed.*, Section 11: Care of Children and Staff Who Are Acutely Ill or Injured to develop program-specific policies and inform parents in Family Handbook of these policies

- Follow “When to Exclude from Group Setting” recommendations found in the Quick Reference Sheets from *Managing Infectious Diseases in Child Care and Schools, 4th Ed.* No permission is necessary to make single copies of the Quick Reference Sheets for noncommercial, educational purposes.

Regulation 3270.132 says a child must be accompanied by a staff person if sent to the hospital. Can the staff person follow in their own vehicle or must they be in the ambulance with the child?

- PA DHS Regulations 3270.132; 3280.132; 3290.132. Emergency medical care
  
  (a) If emergency medical care is needed for a child, the parent shall be contacted as soon as practical in the best interest of the child. If the parent cannot be reached, the operator shall record in writing the reason emergency care was required and the attempts made to inform the parent.

  (b) A staff person shall accompany a child to a source of emergency care and shall remain with the child until the parent assumes responsibility for the child's care.

  (c) An operator shall document the manner in which emergency treatment was sought and obtained. File documentation shall include information referenced at §3270.20(c) (relating to reporting injury, death or fire).

Per DHS: Program staff person needs to ride in the ambulance with the child and continue supervision of and support for the child. Can not follow in own vehicle.
Health Dept. nurse recently did not want to accept a report from us related to children we have at our center diagnosed with the flu outbreak. Aren't we on the same side?

- Influenza is a Pennsylvania Reportable Disease if confirmed by a laboratory and must be reported within 5 days of diagnosis to the PA Department of Health. Clinical laboratories must report the diagnosis within 24 hours.

Suggestions for management of supervision for all children during first aid for one, especially during low census times when only two providers onsite. See italicized information below.

- National American Academy of Pediatrics Pediatric First Aid for Caregivers and Teacher (PedFACTs), 2nd Ed. course provides an Overview of the 4Cs of Pediatric First Aid:
  1. **Check** – Survey the scene / Hands-off ABCs (Appearance, Breathing, and Circulation) and Hands-on ABCDEs (Appearance, Breathing, Circulation, Disability, and Everything else. This step will help you figure out what is wrong, how serious it is, and what to do next.
  2. **Call for help** – You might need to get assistance from other staff or adults to help care for the ill or injured child or you might need someone to supervise other children who are present. Obtain the child’s Care Plan if one is available. For any serious/life-threatening problem, or if Care Plan directs, call or ask someone to call EMS.
  3. **Care** – Based on what is wrong, take action to care for the injured/ill child.
  4. **Complete** – Complete follow-up steps. Notify parent. Talk with the Child who received first aid and address any concerns. Talk with other children or adults who saw the situation or first aid activities. Fill out required documentation, such as an incident report form.

  (purchase participant manual: [www.jblearning.com](http://www.jblearning.com) ~ $22.25 + S/H)
Security

Methods to assess the type of system needed, and its appropriate use. Ex: how to get parents and staff not to hold door open for unknown person.

- Consider Family Newsletter article, bulletin board display and/or discussion at parent meeting to focus on safety/security related to program policy and priority that only staff can approve any persons entering the facility.
- *MCCHP* Section 12: Security
- *CFOC3* online
  1. [Standard 9.2.4.1: Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents](#)
  2. [Standard 9.2.4.2: Review of Written Plan for Urgent Care](#)
  3. [Standard 9.2.4.3: Disaster Planning, Training, and Communication](#)
Emergency Preparedness

Resources/ Guidelines for appropriate evacuation plans/ lock down/ shelter in place/ active shooting

- *MCCHP5 Section 13: Emergencies and Disasters; Appendix EE: Sample Letter of Agreement with Emergency Evacuation Site; Appendix FF: Sample Letter to Parents about Evacuation Arrangements*
- Collaborate with local authorities e.g. EMS coordinators and township supervisors
- *CFOC3 online*
  1. *Standard 5.4.5.2: Cribs (Evacuation Cribs)*
  2. *Standard 9.2.4.1: Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents*
  3. *Standard 9.2.4.2: Review of Written Plan for Urgent Care*
  4. *Standard 9.2.4.3: Disaster Planning, Training, and Communication*
  5. *Standard 9.2.4.5: Emergency and Evacuation Drills/Exercises Policy*
  6. *Standard 9.2.4.6: Use of Daily Roster During Evacuation Drill*
  7. *Standard 9.4.1.16: Evacuation and Shelter-in-Place Drill Record*

- Active shooter – requires specialized training
Child Abuse and Neglect (Child Maltreatment)

1. Review prevention methods and how to identify families at risk and referral services
   - ECELS Child Abuse and Neglect (Child Abuse Mandated Reporter) Self-Learning Module
   - ECELS Child Abuse and Neglect (Child Abuse Mandated Reporter) workshop
   - Family Support Alliance
   - Strengthening Families Through Early Care and Education; Protective Factors – Center for the Study of Social Policy

2. What can we do to build better parenting supports to decrease this?
   - ECELS Child Abuse & Neglect (Maltreatment)-Resource & Reference List (Document Packet)

3. director not direct care staff handle this

Remember – all staff (direct care included) are mandated reporters.

- Call police if the child or staff is in immediate danger.
- Ask the child what happened. (How did injury occur?)
- Document observable injuries. Refer to the Daily Health Check for that day.
- Keep detailed records.
- Decide if there is reasonable cause to suspect abuse/neglect. Remember – all staff (direct care included) are mandated reporters.
- If yes, make the report immediately and directly to ChildLine either electronically at www.compass.state.pa.us/cwis or by calling 1-800-932-0313.
- After making the report to ChildLine, mandated reporters are required to immediately notify the person in charge (follow the facility policy that is in place).
- If the report is called in to ChildLine, a written report of suspected child abuse, a CY 47 form, must be completed and forwarded to the county Children and Youth agency within 48 hours. If the report is made electronically, a CY 47 form is not required.

- Child Welfare Portal – Report suspected child abuse online
- CFOSC online
  1. Standard 3.4.4.1: Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation
  2. Standard 3.4.4.2: Immunity for Reporters of Child Abuse and Neglect
  3. Standard 3.4.4.3: Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma
  4. Standard 3.4.4.4: Care for Children Who Have Been Abused/Neglected
  5. Standard 3.4.4.5: Facility Layout to Reduce Risk of Child Abuse and Neglect
  6. Standard 10.3.3.1: Credentialing of Individual Child Care Providers
  7. Standard 10.3.3.2: Background Screening
Staff Health

1 support for staff who are burned out
   • ECELS Caring for the Caregiver workshop
   • MCCHP5 Section 16: Human Resources/Personnel Policies
   • CFOC3
     2. Appendix B: Major Occupational Health Hazards

2 TB screening needs to be reviewed.
   • CFOC3
     1. Standard 1.7.0.1: Pre-Employment and Ongoing Adult Health Appraisals, Including Immunization
     2. Appendix E: Child Care Staff Health Assessment

3 Examples of program actions to meet CFOC standards and Stars standards that did not involve large money investments.
   • Share the expense of a child care health consultant with another program
   • Become a breast-feeding friendly early care and education program
   • Use Model Child Care Health Policies to develop policies for staff health

4 plans not in place for this in most facilities
   • Staff Health Protection Policy and Procedures
   • MCCHP5 Section 16: Human Resources/Personnel Policies
   • CFOC3
Smoking, Prohibited Substances and Weapons

1. Examples of policy. References to smoking and drug cessation programs.
   - *MCCHP5* Section 15: Smoking, Prohibited Substances, and Weapons
   - *CFOC3* online
     1. **Standard 3.4.1.1: Use of Tobacco, Electronic Cigarettes, Alcohol and Drugs**
     2. **Standard 5.2.9.1: Use and Storage of Toxic Substances**
     3. **Standard 9.2.3.15: Policies Prohibiting Smoking, Tobacco, Alcohol, Illegal Drugs, and Toxic Substances**

2. Distance from building smokers can smoke
   - *CFOC3* online
     1. **Standard 3.4.1.1: Use of Tobacco, Electronic Cigarettes, Alcohol and Drugs**