STOP DISEASE

DAILY HEALTH CHECK

Signs to Observe:

- General mood and changes in behavior
- Fever or elevated body temperature
- Skin rashes, unusual spots, swelling or bruises
- Complaints of pain and not feeling well
- Signs/symptoms of disease (severe coughing, sneezing, breathing difficulties, discharge from nose, ears or eyes, diarrhea, vomiting etc.)
- Reported illness in child or family members

Use all of your senses . . .

- **LOOK** - for signs
- **LISTEN** - for complaints
- **FEEL** - for fever
- **SMELL** - for unusual odor

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Rev. 02/2022

Health and Safety Notes
California Childcare Health Program

Standard and Universal Precautions in the Child Care Setting

What are standard and universal precautions?

Universal precautions is the term used for the guidelines that were developed by the Centers for Disease Control and Prevention in the 1980s to reduce the spread of infection to health care providers and patients in health care settings.

Standard precautions is the new term used for an expansion of universal precautions, recognizing that any body fluid may hold contagious germs. They are still primarily designed to prevent the spread of bloodborne disease (disease carried by blood or other body fluids), but are also excellent measures to prevent the spread of infectious disease in group care settings such as child care facilities.

Why are standard precautions needed?

Standard precautions are designed to reduce the risk of spreading infectious disease from both recognized and unrecognized sources of infections. Germs that are spread through blood and body fluids can come at any time from any person. You may not know if someone is infected with a virus such as hepatitis B or HIV, and the infected person may not even know. This is why you must behave as if every individual might be infected with any germ in all situations that place you in contact with blood or body fluids.

What do standard precautions consist of?

Standard precautions include the following:

Hand washing

- after diapering or toileting children
- after handling body fluids of any kind
- before and after giving first aid (such as cleaning cuts and scratches or bloody noses)
- after cleaning up spills or objects contaminated with body fluids
- after taking off your disposable gloves
- remember that wearing gloves does not mean that you don't have to wash your hands!

Wear non-permeable gloves

- during contact with blood or body fluids which contain blood (such as vomit or feces which contain blood you can see)
- when individuals have cuts, scratches or rashes which cause breaks in the skin of their hands

Environmental disinfecting should be done regularly and as needed. In the child care setting this means cleaning surfaces and objects that are soiled with blood or body fluids with soap and water, and then applying an EPA registered disinfectant according to label instructions. Wear gloves whenever handling blood.

Proper disposal of materials that are soaked in or caked with blood requires double bagging in plastic bags that are securely tied. Send these items home with the child, or if you wash them, wash them sepa-rately from other items. Items used for procedures on children with special needs (such as lancets for finger sticks, or syringes for injections given by parents) require a special container for safe disposal. Parents can provide what is called a "sharps container" which safely stores the lancets or needles until the parent can take them home for disposal.

Standard precautions in child care settings vs. hospitals and clinics

Child care facilities follow the standard precautions in clinic and hospital settings with the following exceptions:

- Use of nonporous gloves is optional except when blood or blood-containing body fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials such as disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.

What else am I required to do?

The Occupational Safety and Health Administration (OSHA) also requires that all child care programs with staff (even family child care homes with assistants or volunteers) have an *Exposure Control Plan for Bloodborne Pathogens*. This plan must be in writing and include:

Exposure determination. This is a list of the job titles or duties which might put an individual in contact with blood or blood-containing fluids (such as first aid, nose blowing, diapering, etc.)

Methods of compliance. These are the ways you will assure your plan will work and which include written standard precautions and cleaning plans, training of staff in their use, and the availability of gloves.

Hepatitis B vaccination. This must be offered by the employer at no cost to staff. The vaccine series can begin either

- within 10 days of employment, or
- within 24 hours after a potential blood exposure (accidental contact with blood while administering first aid, diapering an infant with a bloody stool, etc.)

Note: Hepatitis B is a series of three shots which must be given on a specific schedule. Now that all children are required to have the series before entering care, child care providers should be at a reduced risk of getting hepatitis B in a child care setting.

Exposure reporting procedures. These are required and will tell staff what to do if something happens which puts an employee in contact with blood on their broken skin (cuts, scratches, open rashes or chapped skin) or on their mucous membranes (in the eye, mouth or nose). There are also record-keeping requirements to document the exposure situation, whether or not the employee received a free medical exam and follow-up, and that the employee was offered the hepatitis B vaccination if she/he did not already have the series.

Training on OSHA regulations. This must be provided to all staff at the time that they start work and must include:

- an explanation of how HIV (which causes AIDS) and HBV (which causes hepatitis B) are transmitted
- an explanation of standard precautions and the exposure control plan for your program.

For more information on OSHA requirements, contact the Cal/OSHA Consultation Service office.

References

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th ed. Pediatrics; 2019.

Child Care Law Center. (1994). *CalOSHA Regulations on Bloodborne Pathogens.* San Francisco, CA.

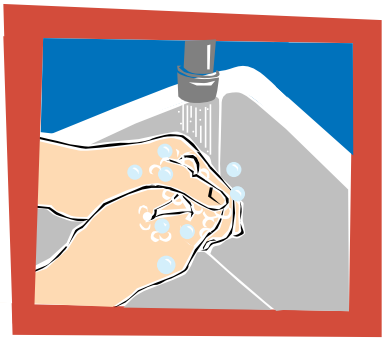
Donowitz, L.G. (1999). Infection control in the child care center and preschool. Fourth edition. Pennsylvania: Lippincott, Williams & Wilkins.

by Lyn Dailey, PHN Revised Nov. 2004, updated June Feb. 2019

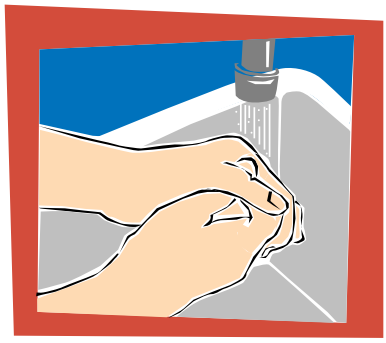
STOP DISEASE

WASH YOUR HANDS PROPERLY

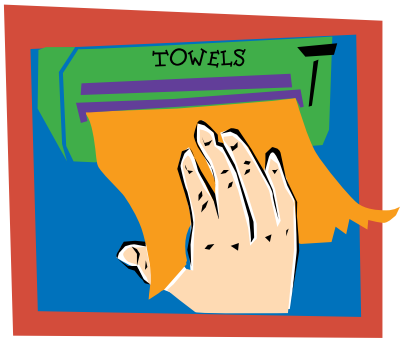
1. Wet hands and apply soap. Use warm running water; liquid soap is best.



2. Rub hands together vigorously for at least 20 seconds, scrubbing all surfaces.



3. Rinse hands well under running water until all the soil and soap are gone.



4. Dry hands with a fresh paper towel.

5. Turn off water with a paper towel—not with your clean hands.

6. Discard the used paper towels in a lined, foot-pedal canister.

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WHEN TO WASH YOUR HANDS

✔**Upon arrival for the day, after breaks, or when moving from one child care group to another;**

✔**Before and after:**

- Preparing food or beverages;
- Eating, handling food, or feeding a child;
- Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
- Playing in water that is used by more than one person;

✔**After:**

- Using the toilet or helping a child use a toilet;
- Diapering;
- Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
- Handling animals or cleaning up animal waste;
- Playing in sand, on wooden play sets, and outdoors;
- Cleaning or handling the garbage.
- Applying sunscreen and/or insect repellent.

Based on: Caring for Our Children, Online Database,2019, Standard 3.2.2.1

STOP DISEASE

GLOVING

1. Put on a clean pair of gloves.

2. Provide appropriate care.

3. Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.

4. Ball up the dirty glove in the palm of the other gloved hand.

5. With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch clean surfaces only to clean surfaces.

6. Discard the dirty gloves immediately in a step can. Wash your hands.

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Health & Safety Notes

Safe and Effective Cleaning, Sanitizing and Disinfecting

What are cleaning, sanitizing and disinfecting?

Sometimes these terms are used interchangeably, but they are not the same. They have different outcomes which the United States Environmental Protection Agency (EPA) defines as follows:

▶ To clean means to physically remove dirt, debris and sticky film from the surface by scrubbing, washing, wiping and rinsing. You can clean with a mild soap or detergent and water.

▶ To sanitize means to apply a product that reduces germs to safer levels. Sanitizing surfaces destroys enough germs to reduce the risk of becoming ill from contact with those surfaces.

▶ To disinfect means to apply a product that destroys nearly all germs when applied to hard, nonporous surfaces. Disinfecting is a higher level of germ killing.

What should I sanitize?

Sanitizing is recommended for food surfaces (dishes, utensils, cutting boards, high chair trays) and other objects intended for the mouth like pacifiers and teething toys.

What should I disinfect?

Disinfecting is recommended for hard non-porous surfaces such as toilets, changing tables, and other bathroom surfaces; blood spills and other potentially infectious body fluids like vomit, urine and feces.

How do I know which product to use?

Sanitizing and disinfecting products are called antimicrobials. These products kill bacteria, viruses, fungi and mold on hard surfaces. The EPA sets standards for products to make sure that they kill germs and don't pose serious immediate health hazards to people.

All products used to sanitize or disinfect must be registered with the EPA. Only products with EPA registration numbers on the label can claim they the kill germs if used as directed. Product labels have information about how to use it to sanitize or disinfect, and which germs are killed.

What about bleach?

Bleach is the most common product used for sanitizing and disinfecting in Early Care and Education (ECE) programs. If used correctly, bleach reliably sanitizes and disinfects hard, non-porous surfaces of most common and harmful bacteria and viruses. A small amount of bleach can be diluted with water and it is inexpensive.

Are there problems with bleach?

There are increasing concerns about the health effects of bleach, especially for children and staff with asthma. When bleach is applied to surfaces, fumes get into the air and can irritate the lungs, eyes and the inside of the nose. For staff who mix bleach solutions, contact with full strength bleach can be even more harmful and can damage skin, eyes and clothing.

SAFER WAYS TO DILUTE BLEACH

▶ USE ONLY EPA REGISTERED BLEACH and follow the directions on the label.

▶ Select a bottle made of opaque material.

▶ Dilute bleach with cool water and *do not use more than the recommended amount of bleach*.

▶ Make a fresh bleach solution daily; label the bottle with contents and the date mixed.

▶ Wear gloves and eye protection when diluting bleach.

▶ Use a funnel.

▶ Add bleach to the water rather than water to bleach to reduce fumes.

▶ Make sure the room is well ventilated.

SAFER USE OF BLEACH SOLUTIONS

▶ Before applying bleach, clean off dirt and debris with soap or detergent, then rinse with water.

▶ If using a spray bottle, apply bleach using a heavy spray instead of a fine mist setting.

▶ Keep the surface wet with bleach according to label instructions (use a timer). This is called contact time or dwell time.

▶ Sanitize when children are not present.

▶ Ventilate the room and allow surfaces to dry completely before allowing children back.

▶ Store all chemicals out of reach of children in a way that will not tip or spill.

▶ Never mix or store ammonia with bleach or products that contain bleach.

Caution: *Always follow label instructions! Undiluted bleach comes in different concentrations (e.g. 8.25%, 6%, 5.25% sodium hypochlorite). Read the label for exact dilution instructions.*

Are there alternatives to bleach?

Commercial products registered with the EPA as sanitizers or disinfectants may be used according to the directions on the label. Look for an EPA registration number. Follow instructions for dilution (different for sanitizing vs. disinfecting) and contact time. Check if the product is safe for food surfaces, if pre-cleaning is needed, and if rinsing is needed.

Some child care programs are using EPA registered products with hydrogen peroxide, citric acid or lactic acid as the active ingredient because they have fewer irritating fumes. In response to consumer demand, more of these products can be found in stores and online.

Non-chemical equipment, like dishwashers and steam cleaners, can be used to sanitize in c ertainsituations. New methods and technologies like high-quality microfiber cloths and mops us ed with soap and water can also reduce germs. More studies need to be done to see if these alternative methods work as well as chemicals to sanitize in ECE environments.

Resources and References:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. CFOC Standards Online Database. Aurora, CO; National Resource Center for Health and Safety in Child Care and Early Education; http://nrckids.org Accessed 3/14/2019. Appendix J and K

U.S. Environmental Protection Agency, Accessed 3/14/2019, What Are Antimicrobial Pesticides? www.epa.gov/pesticide-registration/what-are-antimicrobial-peticides#nph

Safer Cleaning, Sanitizing, and Disinfecting

Use the Right Tool for the Job

THE JOB: Remove dirt, grime, and some germs from most surfaces and objects.

THE RIGHT TOOL:
A Cleaner

- Remove clutter to make cleaning easier.
- Use a mild soap, detergent, or cleaning product.
- Use microfiber cloths and mops.
- Use a vacuum cleaner with a HEPA filter for carpets and other soft surfaces.

Routine cleaning is enough for most surfaces and objects.

THE JOB: Kill most germs on kitchen and food surfaces, utensils, and mouthed toys.

THE RIGHT TOOL:
A Sanitizer

- Use an EPA registered sanitizer after cleaning kitchen and food surfaces.
- Use a dishwasher with a sanitizing cycle for dishes, utensils, and mouthed toys.
- If you don't have a dishwasher, use an EPA registered sanitizer after cleaning dishes, utensils, and mouthed toys.

THE JOB: Kill nearly all the germs on surfaces soiled with blood or body fluids.

THE RIGHT TOOL:
A Disinfectant

- Use an EPA registered disinfectant for:
  - toilet and diapering areas and surfaces.
  - any surfaces soiled with blood, feces, or body fluids.
  - high-touch surfaces during a disease outbreak.

Always clean surfaces before applying a sanitizer or disinfectant!

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2/2022

Safer Cleaning, Sanitizing, and Disinfecting

Choose Safer Products

Cleaners

- *Look for:*
  - A Safer Choice,
  - A UL ECOLOGO, or
  - A Green Seal logo
- *Avoid:*
  - Perfumes and dyes
  - Antibacterial ingredients

Sanitizers and Disinfectants

- *Look for:*
  - An EPA Registration Number
  - A Design for the Environment (DfE) logo https://tinyurl.com/DfElist
  - Safer active ingredients: citric acid, lactic acid, ethanol, or hydrogen peroxide
- *Avoid:*
  - Pressurized containers that spray fine mist
  - WARNING, DANGER, or POISON on the label

epa.gov/dfe

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Safer Cleaning, Sanitizing, and Disinfecting

Read and Follow the Label Directions

The most important source of information for using a cleaning, sanitizing or disinfecting product is the label on the product's container. Always follow label directions.

Sanitizers and Disinfectants

Check the label for **storage**, **disposal**, and **first aid directions** to know how to prevent unintended exposure and perform first aid in an emergency.

Check the label for:

- An **EPA Registration Number** to know if the product is a registered sanitizer or disinfectant
- **Dilution Instructions** to know if the product needs to be mixed with water and how much
- **Contact Time** to know how long the product needs to stay wet on the surface to kill germs
- A **Toxicity Signal Word** to know the product's toxicity level:
  - **Caution** — slightly toxic
  - **Warning** — moderately toxic
  - **Danger** — highly toxic
- **Personal Protective Equipment** (for example, gloves, eye protection) to know how to protect yourself from injury when using the product
- Sanitizer and disinfectant labels will say: **KEEP OUT OF REACH OF CHILDREN.**

DESIGN for the ENVIRONMENT Meets U.S. EPA DfE Product Criteria™ epa.gov/dfe

ECOLOGO

GREEN SEAL CERTIFIED

These logos mean the product meets the organization's standards to protect people and the environment.

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STOP DISEASE

DIAPERING PROCEDURES

1. **Get prepared.**
   - Gather all diapering supplies so they are within reach, including a diaper, wipes, a plastic bag for soiled clothes, and a plastic-lined, hands-free, covered can.
   - If diaper cream is needed, put some on a piece of facial tissue before you begin.
   - Cover the diapering surface with disposable paper.
   - Put on disposable gloves.

2. **Place the child on the diapering table.**
   - Remove bottom clothes and any soiled clothing.
   - Remove socks and shoes that cannot be kept clean.
   - Avoid contact with soiled items.
   - ALWAYS KEEP ONE HAND ON THE CHILD.

3. **Unfasten the diaper and clean the child's diaper area.**
   - With the soiled diaper under the child, lift the child's legs to clean the child's bottom.
   - Clean from front to back with a fresh wipe each time.

4. **Dispose of the diaper and soiled items.**
   - Put soiled wipes in the soiled diaper.
   - Remove the diaper and dispose of it in a plastic-lined, handsfree, covered can.
   - If the disposable paper is soiled, use the paper that extends under the child's feet to fold up under the child's bottom.
   - Remove gloves and dispose of them in hands-free can.
   - Use a fresh wipe to clean your hands.
   - Use a fresh wipe to clean the child's hands.

STOP DISEASE

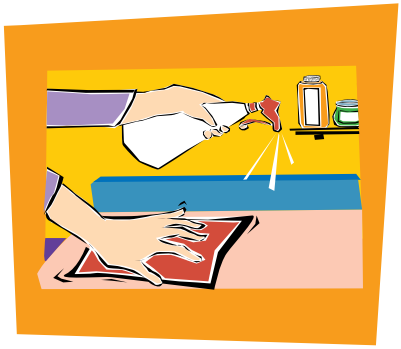
DIAPERING PROCEDURES

5. Put on a clean diaper and dress the child.

- Put a clean diaper under the child.
- Apply diaper cream with a tissue as needed.
- Fasten the diaper, and dress the child.

6. Wash the child's hands.

- Moisten hands and apply liquid or foam soap to hand surfaces from finger tips to wrists.
- Rinse with running water.
- Dry with a single use paper or cloth towel.
- Return the child to a supervised area away from the diapering table.



7. Clean and disinfect the diaper changing surface.

- Discard the paper liner.
- Remove any visible soil with soap and water.
- Apply EPA-registered disinfectant and use according to label instructions.
- Be sure to leave the disinfectant on the surface for the required contact time.

8. Wash your hands with soap and running water, and record the diaper change in a report for parents.

- Include the time of diaper change and diaper contents.
- Note any problems such as skin redness, rashes, or loose stool.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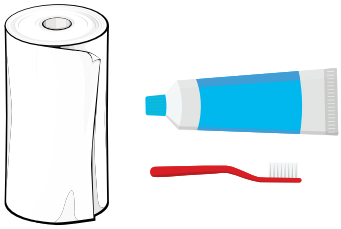
December 2012

STOP DENTAL DISEASE

TOOTHBRUSHING

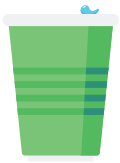
No Water Toothbrushing in Your Child Care Program

Build good oral health habits and reduce the risk of cavities by ending meal or snack time with this simple toothbrushing routine. *This method does not require spitting into a sink or rinsing with water.*



GATHER

- Small paper cups
- Fluoride toothpaste
- Soft bristle child-sized toothbrush labeled with the child's name
- Paper towels



SET UP

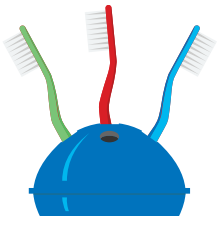
- Seat children in chairs at a table.
- Set a cup, the child's toothbrush, and a paper towel at each child's place.
- Place a dab of fluoride toothpaste (pea sized for children ages 3 years and up, rice grain sized for toddlers) on the rim of each child's cup.

BRUSH

- Children pick up the dab of toothpaste with their toothbrush.
- Encourage children to brush making small circles or using a back and forth motion.
- Encourage children to brush all tooth surfaces and tongue gently and thoroughly.

CLEAN UP

- Children spit any extra toothpaste into their cups. No rinsing is needed.
- Children wipe their mouths with their paper towels, and place the paper towels in their cups.
- Children put their toothbrushes in their cups.



STORE

- Wear gloves to rinse each of the toothbrushes separately with running water. Throw away the paper cup and paper towel.
- Place toothbrushes upright in a holder with at least two inches of space between slots so that toothbrushes do not touch each other. Remove gloves. Wash hands.

Note: Label each child's toothbrush with their name. Replace toothbrushes every three months or sooner if bristles are frayed, used by a sick child, or dropped on the floor.

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09/21

CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes

Healthy Air in Your Child Care Facility

KEY MESSAGES:

- **Spend Time Outdoors**
- **Safely Open Windows and Doors**
- **Maximize Ventilation and Filtration**

What is Healthy Air?

We breathe so often, it's easy to forget the air we breathe is important to our health. Breathing in provides the body with oxygen, and breathing out rids the body of waste like carbon dioxide.

The quality of the air we breathe affects the health and well-being of both children and adults. As we learned from the COVID-19 pandemic, viruses can spread through the air and make us sick. In addition, smoke and chemicals from cleaning products, furnishings, pesticides, air fresheners, and cosmetics can linger in the air and trigger breathing problems, allergies, and asthma. Poor air quality can also affect children's learning and behavior.

The easiest and most affordable way to increase fresh air is to go outside. You can adapt many activities to the outside environment. A sheltered space, like under a pergola, a shade sail, or a pop-up shelter offers protection from sun and weather so you can spend more time outdoors.

What Is Ventilation?

Ventilation moves fresh air from outside to replace stale or stuffy air inside. Ventilation clears odors, germs, and other harmful particles from the air. There are several ways to provide ventilation. Some are simple and low-cost. Others require big investments.

Simple Steps to Improve the Air in Your Facility

Safely open your windows: Opening windows is a simple and low-cost way to bring fresh outside air in and move stale inside air out. Open windows and doors on opposite sides of the rooms to create cross ventilation. Windows accessible to children should only open four inches or have a properly installed window guard.

Turn on a fan so it blows air away from people:

- Place a fan next to an open window, or use a fan designed to be safely secured in an open window, to blow the inside air out.
- Set ceiling fans to draw air upward. You may need to change the direction the blades turn.
- Use bathroom fans and kitchen fans that vent air to the outdoors.
- Address safety concerns for portable fans including tripping on cords, tipping, collisions, and other possible injuries.

Identify and manage sources of odors and unhealthy air: For example, use safer cleaning products; consider a policy for fragrance-free personal care products and perfumes; take out garbage daily; stay home when sick so you don't add germs to the air; and wear face masks according to public health advice.

What Is Filtered Air?

Air filters block and catch small particles and make the air healthier to breathe. Many buildings filter outdoor air through a heating, ventilation, air conditioning (HVAC) system. A new HVAC system is costly but may be a good long-term investment. If your building already has a HVAC system, make sure it works properly and gets regular upkeep. Refer to your HVAC system service manual for:

- What type of filter the system uses (use the highest rated filter possible);
- When to change the filter and how to check the fit of the filter;

continued

- How to adjust the settings to maximize outdoor air intake;
- How to adjust the settings to circulate and filter the air without heating or cooling;
- How to disable demand-control so the system doesn't turn on and off according to room temperature;
- How to adjust the settings or keep outdoor air out (if the outdoor air is unhealthy).

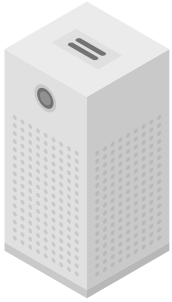
Filter Rating: A filter's Minimum Efficiency Reporting Values (MERV) rating reflects the size of the particles it can trap. Filters with higher MERV ratings block out smaller particles and clean the air better than those with lower ratings. A filter with a MERV rating of 13 or above is designed to block viruses that cling to exhaled droplets in the air. High efficiency particulate air (HEPA) filters trap even smaller particles.

How Can I Learn More about My Building's HVAC System?

Consult a qualified engineer or HVAC professional to check if your HVAC system is functioning properly. A licensed HVAC professional can check the air change per hour (ACH), advise on settings to maximize outdoor air intake or close the outdoor air intake, and make recommendations for regular upkeep.

Can I Use a Portable Air Cleaner?

Many homes and buildings do not have an adequate HVAC system, and some child care rooms do not have windows that open or can be safely opened. In this case, a portable air filtering device can be used to remove harmful particles in the air. There are many types of air cleaning devices. Check product information for the room size it can clean, the particle size that the filter traps, and its clean air delivery rate (CADR).



Some electronic air cleaners (ionizers) create ozone as a biproduct. Breathing ozone poses serious health risks. A mechanical air cleaning device that pulls air through a filter is a safer choice.

Will My Window Air Conditioner Clean the Air?

No. A window air conditioner is designed to cool the air. Most window units do not draw in outdoor air or have an adequate filter (MERV 13 or higher) to clean the air of viruses and other particles. Check your window air conditioner's operating manual to learn how it works and what kind of filter it uses.

Will Spraying Air Freshener Clean the Air?

No. Spraying air freshener adds chemicals to the air rather than clearing them. Air freshener sprays do not ventilate, do not take away the source of the odor, and do not filter the air.

Safety Tips

- Do not open windows if the outside air is unhealthy to breathe. For example, if the air outside is polluted with smoke from fires or with pesticides from agricultural spraying it could trigger asthma or have other adverse health effects.
- If portable fans are not safe to use when children are present, consider using them before children arrive, when children are playing outside, and at the end of the day after children are gone.
- Keep portable air cleaners out of children's reach by using barriers or protective screens.

Resources and References

Caring for Our Children Standard 5.2.1 *Ventilation, Heating, Cooling, and Hot Water,* and Standard 5.1.3.2 *Possibility of Exit from Windows,* American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. CFOC Standards Online Database. https://nrckids.org/CFOC/Database/5.2.1 Accessed 12/17/2020.

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American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) www.ashrae.org

This Health and Safety Note was made possible with funding from the Heising-Simons Foundation.

CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes

How to Find Out if Your Drinking Water Is Safe

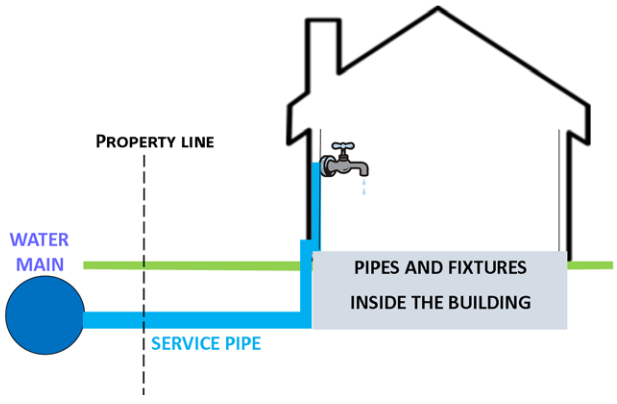
Drinking water is essential for children's health. According to the Healthy Beverages in Child Care Act (AB 2084), all licensed child care programs in California are required to have clean, safe, and accessible water readily available for children to drink throughout the day. Also, as of October 2017, all licensed child care centers in California and any family child care homes participating in the Child and Adult Care Food Program (CACFP) must offer water to children throughout the day.

What is done to ensure that drinking water is safe?

Tap water in the United States is generally safe. The Safe Drinking Water Act is a federal law that requires public water companies to test water regularly and meet strict federal standards. Water quality standards in California are even more rigorous than federal standards. Testing for water quality is done annually, and the results are sent to every customer in a Consumer Confidence Report (CCR). You can check the website of your local public water system for a current CCR.

How does tap water get to the faucet?

In most California communities, drinking water comes from a public water system where the water is collected, stored, tested for contaminants, and treated. The water then travels through large pipes (mains). Service lines (laterals) carry water from the mains to the building. Plumbing pipes carry water to the faucets (taps) inside the building.



What if I get my water from a privately-owned water source?

Some child care providers get their water from ground-water wells, springs, or surface water instead of a public water system. California Community Care Licensing (CCL) regulations require an on-site inspection of privately-owned water sources and a laboratory report that shows the water is safe to drink. Contact your local public health department, the California Department of Public Health, or a licensed commercial laboratory for information about testing your water. Contact your regional child care licensing office for more information about child care regulations: www.ccld.ca.gov/res/pdf/CClistingMaster.pdf.

How can water get contaminated?

- Water can be contaminated at its source (for example, in reservoirs, groundwater, and rivers). However, public water systems treat this water to make it safe to drink. Water treatment includes removing contaminants and making the water less corrosive to pipes. When water leaves a public water system it is considered safe.
- Water can be contaminated after it leaves the public water system. As water flows through older plumbing, small pieces of lead can flake off of pipes and lead can leach into the water. Also, water standing in pipes or fixtures with lead solder can absorb lead. Homes and buildings built before 1986 are more likely to have pipes, solder, or fixtures that contain lead.

What are the health risks of drinking contaminated water?

Regular exposure to contaminants can cause serious illnesses and developmental problems in children. For example, lead can cause children to have lower IQ scores, learning disabilities, and difficulty paying attention. There is no known level of lead exposure

continued

that is considered safe, especially for children under age 6. Fortunately, you can test a water sample to find out if it has lead.

How can I get my water tested?

Most likely your water is safe to drink. However, if you are concerned about the safety of the drinking water in your building, a certified laboratory can test the water from individual faucets. The laboratory will either mail you supplies to collect water samples or send a technician to collect samples. Local public health departments, CACFP, or other advocacy groups may provide low-cost or free water testing for families and child care providers with financial need.

To find out more about testing your water:

- Contact your local public water system, or
- Call the Safe Drinking Water Hotline at 800-426-4791, or
- For a list of Certified Laboratories visit: www.epa.gov/dwlabcert/contact-information-certification-programs-and-certified-laboratories-drinking-water

What else can I do if I'm not sure the water from my tap is safe?

- Use only cold tap water from your faucet. Hot water dissolves lead from pipes more quickly. Generally, it is safer to use only cold tap water for drinking, cooking, and mixing infant formula.
- Clean your faucet screens and aerators which can collect particles and debris.
- If you haven't run the water for six hours, flush the faucets used for cooking or drinking by running the water for 30 seconds. Flush for up to two minutes (or until the water feels cooler) if the building is large or if the water has been sitting in the pipes for days or weeks. Water used to flush pipes can be collected and used for other purposes, such as watering non-edible plants and lawns.
- Consider using a water filter. Filters that are certified for National Safety Foundation (NSF) American National Standards Institute (ANSI) standard 53 remove lead and copper from drinking water. Always check product information labeling, and change filters according to the manufacturer's instructions.

What about drinking bottled water instead of tap water?

If your tap water is safe, there is no reason to buy bottled water. In fact, there are fewer regulations for testing bottled water than tap water. Many resources go into producing and transporting bottled water. After the water is consumed, even more resources are used in the recycling and disposal process. These activities can harm our environment. In addition, most bottled water does not contain fluoride. Fluoride reduces the risk of tooth decay (cavities).

What about water filters?

Most people do not need to filter their tap water. However, water filters can be used to make water taste better or remove contaminants. Many devices for filtering water are available to consumers including: filter pitchers, small faucet-mounted filters, and "whole-house" filter systems.

- If your water is safe but you simply prefer the taste of filtered water, filter pitchers or faucet-mounted filters may be used. Some filters remove fluoride and other minerals such as calcium and magnesium.
- If you need to filter out contaminants, use a device that is certified by NSF. Not all water filters remove lead. (NSF certified product listings with information about specific contaminants can be found at http://info.nsf.org/Certified/DWTU/listings_leadreduction.asp?ProductFunction=053|Lead+Reduction&ProductFunction=058|Lead+Reduction&ProductType.)

What about water vending machines?

Some consumers use water vending machines to fill their own containers. A water vending machine dispenses tap water with some extra filtering. These machines may become contaminated if they are not properly maintained and inspected. Water from water vending machines may not contain fluoride.

What do I do if my tap water is contaminated?

Do not use contaminated water for drinking, cooking, making formula, or making ice. Instead, use bottled water until you have a reliable filtering system or the underlying problem is fixed (for example, lead free plumbing is installed).

If you participate in CACFP, bottled water or filtering equipment may be allowable costs, but be sure to get approval from your CACFP sponsor or California Department of Education nutrition consultant before making any purchases. If you find your water contains lead, notify the families of the children you care for so that their blood lead levels can be tested. Your local public health department can assist with testing children for lead.

continued

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes
California Childcare Health Program

Pets in the Child Care Setting

Many child care providers who care for children in their homes have pets, and many centers include pets as part of their educational program. Pets can be excellent companions. They meet the emotional needs of children and adults for love and affection. Caring for pets also gives children an opportunity to learn how to be gentle and responsible for others. Contact with pets can be fun and teach children about life, death and unconditional love. However, child care providers need to know about potential health and safety risks before making the decision to keep pets in child care.

What are the health and safety risks?

Allergies: Many children are allergic to animals and may have symptoms when they are around them. About 25 percent of allergic people are sensitive to dogs or cats, and cats generally cause more allergy problems than dogs. A child who is allergic to dogs or cats may also be sensitive to other common pets such as rabbits, guinea pigs or hamsters.

Injuries: Dog and cat bites are the most reported types of injuries caused by pets. The tearing and puncture wounds they produce can also cause infections.

Infections: Certain animals carry viruses, bacteria and other potential infections that can be passed on to people. Diseases that can be transmitted from animals to people are called zoonotic diseases. Zoonotic diseases can spread through direct contact with infected animals or their stool, insects that bite or live on animals, and infections that live in the environment where the animal lives.

What are some diseases we can catch from animals?

Salmonellosis: This disease is caused by salmonella bacteria and transmitted to humans by eating food contaminated with the feces of an infected pet. Many animals, such as chickens, iguanas, geckos and turtles are carriers of salmonella, but do not appear ill themselves.

Rabies is usually a viral infection of wild animals such as raccoons, skunks, bats and foxes, but can spread to domestic animals and humans by a bite or scratch.

Diarrhea can be caused by Campylobacter and parasites such as giardia, and is associated with infected dogs, cats, birds and farm animals.

Cat-scratch disease causes fever and swollen glands, and is usually transmitted by kittens.

Ringworm is a fungal skin infection which can be spread from dogs, cats, rabbits and guinea pigs.

Toxoplasmosis can affect anyone, but is very dangerous to unborn babies, causing birth defects. Humans catch this illness through contact with cat waste.

Psittacosis, an illness like pneumonia, can be transmitted by infected parrots and other exotic birds.

Who is at higher risk?

Pregnant women, infants, the elderly and people with weak immune systems such as those born with inherited immune deficiencies, AIDS/HIV and those receiving chemotherapy, are at higher risk of catching zoonotic diseases.

Which animals are not appropriate?

Some pets, particularly exotic pets such as iguanas, turtles, snakes, spiders and tropical fish may not be appropriate for the child care setting. Aggressive dogs especially hybrid wolf-dogs that have become increasingly popular in recent years, are potentially dangerous to humans, including their owners. Check with a veterinarian if you are unsure whether a particular pet is appropriate for children, and check with the local health department for regulations and advice regarding pets in child care. Venomous or poisonous animals are not appropriate for young children to handle under any circumstances.

What can you do to protect the health and safety of children?

To minimize the health and safety risks associated with pets, child care providers can take the following steps:

Reduce the risk of allergy problems

- If your child care setting has a pet, tell parents before they enroll a child, in case allergies may require the parents to make other child care arrangements.
- Do not bring animals into rooms used by children whose asthma is triggered by animals.
- To control allergy risks, confine the pets to a limited area that you can clean easily. Keeping the animal clean and brushed helps, too.

Protect children from injury and bites

Children commonly treat animals as if they were humans. They may hug or hit them or expect them to behave like another child and cause an aggressive response. These expectations increase when they observe that adults give animals human-sounding names, treat animals like people and tell stories about animals that act like humans. To prevent injuries:

- Before bringing and introducing any animal, learn about the usual behavior of that type of animal and get to know the individual pet. Since children's behavior can threaten an animal, be sure you know how the animal behaves when frightened.
- Make sure that children are introduced to pets in a quiet, controlled setting.
- Teach children how to behave around pets. They need to learn not to feed or provoke the pet, and that removing the pet's food or disturbing a sleeping pet upsets them. Always keep their faces and fingers away from a pet's mouth, beak or claws.
- All pets, whether kept indoors or outside, must be in good health, show no evidence of disease, and be friendly toward children.
- Child care providers must be present when children play with animals. Be ready to remove a child immediately if an animal shows signs of distress or the child treats the animal inappropriately.
- Keep pet food and dishes out of children's reach.
- Do not let children pet an animal that is in a cage, pen or tied up. Children should not put their fingers through openings in a cage.
- Do not let children interact with a mother animal or her babies while she is with them.

Prevent infections

- Children and providers should wash their hands after contact with any animal, its belongings or cage.
- Dogs or cats should be appropriately immunized (check with the veterinarian) and be kept on flea, tick and worm control programs. Proof of immunizations should be kept in a safe place.
- Keep your pets clean. Dogs and cats use their tongues to clean themselves, so try to discourage pets from licking the children and vice versa.
- Keep pet living quarters clean; dispose of pet waste immediately. Litter boxes should never, ever be accessible to children. Keep children away from areas where animals urinate.
- Keep sandboxes covered when not in use to prevent pets from using them as litter boxes.
- Pregnant providers should avoid contact with cat feces; someone else should dispose of cat litter daily.
- Teach children to avoid wild animals when taking hikes, walks or field trips.

What should you do if an animal bites a child in your care?

- Remove the animal to a secure setting away from children.
- Notify parents at once.
- Get medical help immediately if the wound is large, deep or bleeding heavily.
- Use disposable gloves and wash the wound thoroughly with soap and water.
- Control bleeding, elevate the body part that was bitten, and apply a clean bandage.

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By A. Rahman Zamani, MPH (September 19, 2001)

UCSF **California Childcare Health Program** • cchp.ucsf.edu

Health & Safety Notes

Keeping Children Safe from Pests and Pesticides

California State Licensing regulations for child care state that child care settings should take measures to be free from rats and insects. The national standards in *Caring for our Children* tell us that the potential health hazards to children caused by the presence of pests should be reduced. What does this mean to the child care provider? Since pesticides can also pose a health threat to young children, finding ways to reduce or eliminate exposure to pests while reducing or eliminating exposure to pesticides is an environmental concern that every early care and education professional needs to address.

Why control pests in child care?

Diseases that are spread by insects and rodents can be passed to young children. Normal behaviors in young children such as crawling, mouthing toys and other objects along with natural curiosity and exploration make toddlers particularly vulnerable to diseases carried by pests. Common pest-related hazards in child care settings include:

- Flies and cockroaches may spread disease.
- Mosquitoes may carry disease.
- Cockroaches can cause allergies and asthma attacks.
- Yellow jacket stings are painful and can be life threatening to those with allergies.
- Spiders may inflict painful bites and some may pose a health risk.
- Mice and rats may contaminate food, trigger asthma attacks, carry disease and cause structural damage to buildings, pipes and electrical wiring.
- Termites cause structural damage to buildings and wood furniture.

Why are children vulnerable to pesticide exposure?

The behaviors that make young children vulnerable to diseases carried by pests (crawling, mouthing toys, etc.) can also expose children to the pesticides that have been applied to control pests. Pound for pound, children eat, drink and breathe more than adults. Thus, if pesticides are in their environment, they can have higher exposures than adults. Combined with the fact that their brains, immune systems and organs are immature and still developing, children can suffer both short-term and long-term health problems from pesticide exposure.

What health risks are associated with pesticide use?

With the exception of poison baits, as little as 1 percent of pesticides applied indoors reach the targeted pest (AAP, 2003). As a result, pesticide residues are left on surfaces and in the air of the treated building. Outdoor application of pesticides may fall on non-targeted organisms, outdoor furniture and play areas and be tracked indoors. Acute symptoms such as nausea, headache, dizziness and respiratory irritation may occur from exposure to pesticides. Studies have shown that children who are exposed to pesticides also have a higher incidence of chronic health problems such as neurological disorders, leukemia and other cancers and have a greater risk of developing asthma (IPM Institute, 2004).

Integrated Pest Management

Integrated Pest Management (IPM) is a pest control program that minimizes pesticide exposure. Despite the convenience and availability of pesticides, there are many ways to control pests without the use of chemicals. IPM controls pests by combining biological, mechanical, cultural, physical and chemical methods in a way that minimizes health and environmental risks. IPM provides the least toxic alternative. It is based on inspection and knowledge of the pests' biology and habits to determine the methods that would best control the pests with the lowest possible exposure to pesticides. Chemicals

are only used as a last resort. IPM is endorsed and promoted by the Environmental Protection Agency.

Why are education and communication important?

The common sense strategies of IPM require the combined efforts of teachers, kitchen staff, parents, custodians and groundskeepers. Education and communication are essential to promote the necessary changes in habits and attitudes. A licensed IPM professional can suggest the best strategies for controlling pests in your child care setting.

Cultural controls and sanitation. Modify the activities in the child care facility to make the environment less hospitable to pests.

- Restrict food consumption to certain areas.
- Empty trash cans at the end of the day rather than letting them sit over night.
- Store food in containers with tightly fitting lids.
- Clean dishes, utensils, and surfaces soiled with food as soon as possible after use and at the end of each day.
- Clean garbage cans and dumpsters regularly.
- Collect and dispose of litter daily.

Physical controls. Use barriers or other materials to exclude pests from an area.

- Caulk cracks and openings.
- Fill in access holes in walls.
- Seal around electrical outlets.
- Use trash cans with tightly fitting lids.
- Empty and thoroughly clean cubbies and storage areas at least twice a year.
- Reduce clutter in which pests can hide.
- Keep vegetation, shrubs and wood mulch at least one foot away from structures.
- Keep window and door screens in good repair.
- Use physical traps. Be aware that in the child care setting, traps can be a hazard and must be placed out of reach of children. This includes sticky traps, snap traps and fly traps.

Biological controls. Identify the problem or pest before taking action.

- Look for the root of the problem, not just the symptoms of a pest problem.
- Inspect and monitor pest populations.
- It is very important to reduce pests' access to food, water and shelter.

Chemical controls. As a last resort, the careful use of pesticides may be necessary.

- Always use a licensed professional with experience in IPM when applying chemicals.
- Use bait, traps or gels in cracks, wall voids, and in spots that are out of reach of children. Avoid sprays, powders and "bomb" applicators.
- Schedule pesticide application for times when the building and grounds are not occupied.
- Use spot treatments as needed, rather than area-wide applications or regularly scheduled applications.
- Store all chemicals in a locked cabinet.

Attitude Adjustment

Increase your tolerance for pests that are just a nuisance and don't spread disease. To control these pests, always make use of non-chemical strategies first. Pests that do not pose immediate health threats but are a nuisance include:

- **Weeds** may invade playing fields or playgrounds or be aesthetically unpleasing. Pull by hand.
- **Ants** may gather in eating and play areas. Keep areas clean. Use non-toxic alternatives.
- **Fruit flies** may appear in kitchens. Keep food and garbage covered.
- **Meal moths** may infest food storage. Dispose of infested food. Store food in containers with tightly fitting lids.
- **Head lice** may appear on children. Have parents consult their health care provider for treatment.

References and Resources

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by Bobbie Rose, RN (02/06)

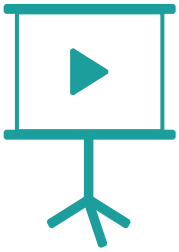
Healthy Schools Act Requirements for Public K-12 Schools and Child Care Centers

IDENTIFY

Choose an IPM coordinator who will make sure the requirements of the HSA are met.

PLAN

Create a plan for IPM and publish it on the school, district, or child care center website. If a website does not exist, include the plan in the annual written notification.

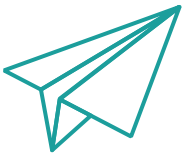


TRAIN

Provide annual Healthy Schools Act training to all teachers, staff, and volunteers who use any pesticides, including exempt pesticides.

POST

Post warning signs in the area where a pesticide will be applied, at least 24 hours before and 72 hours after the application.



NOTIFY

Send an annual notification to all parents, guardians, and staff of all pesticides expected to be applied during the year.

RECORD

Keep records of pesticide applications, and file these records for at least 4 years.

REGISTER

Give parents, guardians, and staff the opportunity to register to be notified 72 hours in advance of individual pesticide applications.

REPORT

Submit annual pesticide use reports to DPR by January 30 for the previous year's applications. Only report pesticide use by school personnel.

Visit our website: http://apps.cdpr.ca.gov/schoolipm/

Questions? Email us at: school-ipm@cdpr.ca.gov

dpr Department of Pesticide Regulation

[SCCIPM 08 (05/2019)]

California School & Child Care IPM

INTEGRATED PEST MANAGEMENT:
CARING FOR YOUR OUTDOOR ENVIRONMENT

Sandboxes

- Separate the sandbox from other play equipment such as slides or swings.
- Make sure the sandbox has adequate drainage so water does not puddle or pool.
- Use smooth-surfaced, fine pea gravel or washed sand that's labeled for sandboxes. Do not use sand that's used as construction material or collected from a site that uses harmful materials.
- When not in use, keep the sandbox covered with a lid or other covering that keeps pests out.

Garbage and Recycling

- Use the outdoor waste bins provided by your local waste hauler. Request more bins if your garbage or recycling regularly overflows.
- Set bins at least 50 feet away from entrances to home or play yard and keep on pest-proof pavement such as concrete.
- Keep the bin area free from spilled liquids or waste.
- Make sure that every outdoor waste bin has a tight-fitting lid.
- Rinse your recycling and bins regularly.
- Regularly rinse green waste bins for food scraps and yard trimmings that are collected by your waste hauler.

PESTS IN THE SANDBOX

- Don't use sprays or foggers in the sandbox. These are dangerous for children and don't kill pests hiding in the sand.
- Avoid using chemicals to clean or disinfect the sandbox.
- If you see or smell urine, feces, pests, or other hazards, replace the sand with fresh sand or fresh fine pea gravel.

PREVENT FUTURE PEST PROBLEMS

- Before each use, make sure sand play areas are free of pests and other dangers like sharp objects, cat, and other animal feces.
- Keep the play area clear of food, garbage, and standing water because these attract pests.
- Replace sand as often as necessary to keep the sand clean and free of pests, feces, and other hazards.

ON-SITE COMPOSTING

Composting provides a wonderful opportunity to teach children about environmental sustainability. Unfortunately, compost left in the open can attract unwanted pests. Instead, choose a closed compost bin.

- Closed compost systems make it more difficult for pests to access the contents and have fewer odors.
- They often come with handles that make turning the compost easy, even for children.
- As with waste bins, set the closed compost bin system on a pest-proof surface such as concrete.

PESTS IN GARBAGE AREA

- If you use rodent bait stations or yellowjacket traps, make sure they're placed out of children's reach.

California Immunization Requirements for

Pre-Kindergarten

(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry[1]:

Age When Admitted	Total Number of Doses Required of Each Immunization[2,3]				
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib	
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib	
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib	
15 through 17 months	3 Polio	3 DTaP	2 Hep B		1 Varicella
		On or after the 1st birthday:		1 Hib[4]	1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B		1 Varicella
		On or after the 1st birthday:		1 Hib[4]	1 MMR

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hib = Haemophilus influenzae, type B vaccine
Hep B = hepatitis B vaccine
MMR = measles, mumps, and rubella vaccine
Varicella = chickenpox vaccine

Instructions:

California pre-kindergarten (child care or preschool) facilities are required to check immunizations for all new admissions and at each age checkpoint.

Unconditionally Admit a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.*

Conditional Admission Schedule for Pre-Kindergarten

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
Hib #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose

Conditionally Admit any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil's age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- is younger than 18 months and has received all the immunizations required for the pupil's age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations.*

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The pre-kindergarten facility shall notify the pupil's parent or guardian of the date by which the pupil must complete all remaining doses.

*In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

Questions?

See the California Immunization Handbook at ShotsForSchool.org

NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of: _____

Our records show that your child needs the following immunization(s) (shots) to meet the requirements of the California School Immunization Law, Health and Safety Code Sections 120325-120375.

VACCINE	MISSING DOSE(S) MARKED BELOW					DEADLINE
Polio	☐ #1	☐ #2	☐ #3	☐ #4		_____
DTaP (Tdap/Td if 7 years or older)	☐ #1	☐ #2	☐ #3	☐ #4	☐ #5	_____
MMR	☐ #1	☐ #2				_____
Hib (preschool only)	☐ #1	☐ #2	☐ #3	☐ #4		_____
Hepatitis B	☐ #1	☐ #2	☐ #3			_____
Varicella (chickenpox)	☐ #1	☐ #2				_____
Tdap (for 7th-12th grade)	☐ #1					_____

YOU NEED TO DO ONE OR MORE OF THE FOLLOWING IMMEDIATELY:

1. If your child has already received all of these immunizations marked above, bring us the immunization record so that we can update our files. Your child's record must include a date for the immunizations checked above and the doctor's/clinic's name.

2. If your child has not received the immunizations marked above, bring this form along with your child's immunization record to your doctor or local health department to get the missing doses. Bring us your child's updated immunization record after every immunization visit until all of the required immunizations have been received.

3. If any of these immunizations were not given to your child because of medical reasons, please bring us a medical exemption form issued using the CAIR-Medical Exemption website by your child's doctor (MD or DO licensed in California).

According to state law, we cannot allow your child to attend unless we receive proof that the above requirements are met by this date: _____

For more information on pre-kindergarten and school immunization requirements, visit ShotsForSchool.org. If you have any questions or require additional information, please call _____.

Sincerely,

STAGES OF GROWTH AND DEVELOPMENT, RISK OF INJURY, AND PREVENTION TIPS

Stage of Development	Characteristics	Types of Injuries	Prevention Tips
Young Infants (birth to 6 months old)	• Eat, sleep, cry • Have strong sucking reflexes • Begin grasping and rolling over unexpectedly • Need support of head and neck • Sit with support	• Falls from couches, tables, changing tables and bed • Burns from hot liquids • Choking and suffocation • SIDS (Sudden Infant Death Syndrome) • Heat-related illness	• Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface. • Always check water temperature before bathing infant. Set hot tap water temperature below 120° F. • Install smoke alarms and check the batteries twice a year. • Don't drink hot liquids around infants. • Keep small objects and toys away from infants. • Place infants on their backs to sleep, on a firm mattress, in an empty crib. • Do not use soft bedding in a baby's sleeping area. • Properly install and use approved child passenger safety seats in the back seat facing the back of the car. • Never leave infants in a car. • Keep infants out of direct sunlight.
Mobile Infants (6-12 months old)	• Sit with minimal or no support • Play with open hands • Reach for objects • Mouth objects and toys • Are increasingly curious • Want to test, touch and shake objects • Become increasingly mobile from crawling to cruising to walking. • Want to explore • Pull and push objects • Spend more time outside • Imitate older children and adults • Begin eating table food.	• Vehicle occupant injury • Falls • Burns from hot liquids • Choking and suffocation • SIDS (Sudden Infant Death Syndrome) • Shaken Baby Syndrome • Heat-related illness • Drowning	• Properly install and use approved child passenger safety seats in the back seat, facing the back of the car. • Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface. • Always check water temperature before bathing infant. Set hot tap water temperature below 120° F. • Keep small objects and toys away from the baby. • Place infants on their backs to sleep, on a firm mattress, in an empty crib. • Do not use soft bedding in a baby's sleeping area. • Never shake a baby, even playfully. • Never leave infants in a car. • Do not use walkers and other walker-type equipment. • Keep hot foods and liquids out of the reach of children. • Put guards around radiators, hot pipes and other hot surfaces. • Always carefully supervise; never leave a child alone in or near any water (including tubs, toilets, buckets, swimming pool or any other containers of water) even for a few seconds. • Provide shade in outdoor areas. • Ask families to try new foods at home first

Stage of Development	Characteristics	Types of Injuries	Prevention Tips
Toddlers (1-3 years old)	• Like to go fast • Are unsteady • Try to reach objects • Run • Walk up and down stairs • Like to climb • Push and pull objects • Can open doors, drawers, gates and windows • Throw balls and others objects • Begin talking, but cannot express needs • Begin to eat a greater variety of foods	• Motor vehicle injuries • Falls • Burns • Poisoning • Choking • Drowning • Child abuse • Heat-related illness • Pull over accidents • Collisions with objects and other children	• Put toddler gates on stairways and keep any doors to cellars and porches locked. • Show child how to climb up and down stairs. • Remove sharp-edged furniture from frequently used areas. • Turn handles to back of stove while cooking. • Teach child the meaning of "hot." • Keep electric cords out of child's reach. • Use electric outlet covers or furniture to cover used and unused outlets. • Store household products such as cleaners, chemicals, medicines and cosmetics in high places and locked cabinets. • Check for sources of lead in the environment. • Avoid giving child peanuts, popcorn, raw vegetables and any other food that could cause choking. • Toys should not have small parts. • Watch children carefully during arts and crafts projects for mouthing of paints, brushes, paste and other materials. Use nontoxic supplies. • Always carefully supervise; never leave a child alone in or near any body of water even for a few seconds. • Check floors and reachable areas carefully for small objects such as pins, buttons, coins, etc. • Never leave toddlers in a car. • Provide shade in outdoor areas. • Take water breaks.
Preschoolers (3-5 years old)	• Begin making choices • Have lots of energy • Seek approval and attention	• Traffic injuries • Burns • Playground injuries • Poisoning • Tools and equipment • Heat-related illness	• Check and maintain playground equipment and the outdoor environment. • Provide age and weight-appropriate equipment. • Provide an impact surface under and around play equipment to absorb shock. Use specifically approved surface materials. • Check that children are dressed appropriately to avoid strangulation (e.g., no drawstrings on shirt, jackets, etc.). • Store household products, medicines and cosmetics out of children's sight and reach. • Check for sources of lead in the environment. • Teach child the difference between food and nonfood. • Use nontoxic supplies. • Store garden equipment, scissors and sharp knives out of reach. • Teach child the safe use of tools and other equipment, and supervise carefully when using. • Never leave children in a car. • Provide shade in outdoor areas. • Take water breaks.

CALIFORNIA CHILDCARE HEALTH PROGRAM

Model Health & Safety Policies

Safe Sleep Policy for Infants in Child Care Programs

All child care providers at _____ [program name] will follow safe sleep recommendations for infants to reduce the risk of Sudden Infant Death Syndrome (SIDS), other sleep-related infant death, and the spread of contagious diseases:

1. Infants will always be put to sleep on their backs until one year of age.
2. Infants will be placed on a firm, flat mattress, with a fitted crib sheet, in a crib that meets the Consumer Product Safety Commission safety standards.
3. No toys, mobiles, soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or extra bedding will be in the crib or draped over the side of the crib.
4. Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult. Infants will not be dressed in more than one extra layer than an adult.
5. The infant's head will remain uncovered for sleep. Bibs and clothing with hoods or ties will be removed.
6. Swaddling is not allowed in child care, per Child Care Licensing regulations.
7. Infants will be actively observed by sight and sound.
8. Sleeping infants up to 24 months of age will be physically checked every 15 minutes for signs of distress or overheating. The checks will be recorded in a log.
9. Infants will not be allowed to sleep on a sofa/couch, chair cushion, bed, pillow, or in a car seat, stroller, swing or bouncy chair. If an infant falls asleep anyplace other than a crib, the infant will be moved to a crib right away.
10. An infant who arrives asleep in a car seat will be moved to a crib.
11. Infants will not share cribs, and cribs will be spaced 3 feet apart.
12. Infants may be offered a pacifier for sleep, if provided by the parent. Pacifiers will not be attached by a string to the infant's clothing and will not be reinserted if they fall out after the infant is asleep.
13. Each infant up to 12 months will have an Individual Infant Sleeping Plan (LIC 9227). When the infant is able to roll back and forth from back to front, the parent will update and sign Section C, and parent and provider will sign Section D. Once Sections C and D are filled and signed, the infant will be put to sleep on their back and allowed to assume a preferred sleep position.
14. Our child care program is a smoke-free and vape-free environment.
15. Our child care program supports breastfeeding.
16. Awake infants will have supervised "Tummy Time".

Image from Eunice Kennedy Shriver National Institute of Child Development (NICHD)

References & Resources

Caring for Our Children National Health and Safety Performance Standards at http://nrckids.org/CFOC/Database/3.1.4.1

Moon, R., Carlin, R., Hand, I. and The Task Force on Sudden Infant Death Syndrome and the Committee on Fetus and Newborn. (2022). Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics, 150(1): e2022057990. Accessed at https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022

California Department of Social Services (2020). Provider Information Notice 20-24-CCP "Recently Approved Safe Sleep Regulations in Effect." Accessed at https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN%2020-24-CCP.pdf

** This policy reflects the safe sleep research as of February 2024*

CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes

Safe Infant Sleep: Reducing the Risk of SIDS and Other Sleep-Related Infant Deaths

When a seemingly healthy infant dies suddenly and unexpectedly in a child care program, it can be devastating; not only for the family of the child, but also for the child care provider and other families in the program. Safe infant sleep practices and environments reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths.

SIDS is the death of an infant younger than 1 year of age that can't be explained after a thorough scene investiga- tion, autopsy, and review of the clinical history. Ninety percent of SIDS deaths occur before an infant reaches 6 months of age. SIDS deaths peak between 1 and 4 months of age. Risk factors for SIDS include: unsafe sleep practices and environments; a critical period of development; and the individual vulnerability of an infant. Other sleep-related infant deaths (such as suffocation, asphyxia, entrapment, and strangulation) have similar risk factors.

Studies show that deaths from SIDS in child care programs were more likely to occur during the first week. SIDS deaths were more likely to occur when infants were:

- used to sleeping on their backs at home and were placed on their stomachs for sleep in child care,
- allowed to sleep in an unsafe sleep environment in child care (for example: a car seat, stroller, futon, pillow, or bean bag) (Kassa, Moon, Colvin, 2016).

The American Academy of Pediatrics (AAP) recommends a safe infant sleep environment and safe infant sleep practices to reduce the risk for SIDS and other sleep-related infant deaths. (AAP, 2016)

Infant Sleep in Licensed Child Care Programs in California

To reduce the risk of SIDS and other sleep-related infant deaths, licensed child care providers in California are required to:

- Place infants up to 12 months old on their backs for sleeping.
- Use a crib or portable crib (play yard) that meets the United States Consumer Product Safety Commission (CPSC) safety standards with a firm mattress made for that size crib. Cover it with a tightly-fitted sheet that is the correct size for the mattress.
- Assign a crib or play yard to each infant, and place only one infant in a crib.
- Remove any loose articles or objects, including blankets, pillows, toys and stuffed animals in, attached to, or draped over the side of the crib. Do not use bumper pads. Remove bibs, clothing with ties or hoods, and jewelry. Do not cover an infant's head while sleeping.
- If an infant falls asleep before being placed in a crib, move the infant to a crib as soon as possible. Do not allow infants to sleep on a couch, sofa, armchair, cushion, futon, bed, or pillow; or in a car seat, stroller, swing or bouncy chair.
- Observe sleeping infants by sight and sound at all times.
- Physically check sleeping infants every 15 minutes for signs of distress or overheating. Keep a log of the time, date, and infant's name for each 15-minute check.
- Offer a pacifier, if provided by the infant's family. Do not attach a pacifier to a string or ribbon to be worn around an infant's neck or fastened to an infant's clothing. Infants may not share pacifiers.
- Do not swaddle infants for sleep. Do not dress infants in clothing that is meant to swaddle them, for example clothing that uses weights or Velcro to restrict their movement.
- Sleep sacks can not be used in Family Child Care Homes and require a waiver in Child Care Centers. Use a footed sleeper instead.

continued

- Complete an Individual Infant Sleeping Plan (LIC 9227) for all infants up to 12 months old. This plan must be signed and dated by the infant's parent or guardian.
- Once an infant can roll from their back to their stomach and stomach to their back, fill out Section D of the Individual Infant Sleeping Plan (LIC 9227), and notify the parent or guardian to sign and date the form. Continue to place the infant on their back for sleep. If the infant changes position, the infant may remain in the position.

What Else Can Child Care Providers Do?

Enforce no-smoking laws and regulations

Infants who are exposed to smoke have a higher risk of dying from SIDS. California Child Care Licensing Regulations prohibit smoking in licensed child care centers and in family child care homes. California law prohibits smoking in a car when children are present.

Provide healthy Air

Provide a sleeping area that is well ventilated (the air should not be stuffy and stale) and at a temperature that is comfortable for a lightly clothed adult.

Be breastfeeding friendly

Breastfeeding is associated with a lower risk of SIDS. In many cases, returning to work is a barrier to breastfeeding. Support mothers to continue breastfeeding after their maternity leave is over and they return to their work or school schedules. For detailed information on how to support breastfeeding families (including a sample policy; an infant feeding plan template; and information on safely handling, storing, and feeding breastmilk),see *Supporting Breastfeeding Families, a Toolkit for Child Care Providers*.

Educate families and provide professional development for staff

Discuss safe infant sleep practices with families. Include information about: room-sharing without bed-sharing, breastfeeding, not allowing infants to routinely sleep in car seats, not smoking around infants, and keeping up with scheduled immunizations.

Distribute written handouts, and put up posters on your walls or bulletin boards. Provide information about safe sleep upon enrolling new families.

Provide staff development on the principles of safe infant sleep. Closely monitor staff compliance with your safe sleep policy. Review your emergency response system with all staff members on a regular basis.

Reach out to the SIDS Coordinator at your local health department for support with family education and staff development.

Provide supervised "Tummy Time" when infants are awake

Tummy time is important for infant growth and development. It builds muscle strength and coordination in the head, neck, shoulders, abdomen, and back that are needed to reach important developmental milestones (such as how to push up, roll over, sit up, crawl, and pull to a stand). Infants must be awake and supervised for Tummy Time. See the CCHP Health & Safety Note, *Tummy Time for Infants*.

Ensure crib safety

Do not resell, donate or give away a crib that does not meet the current crib standards. CPSC recommends disassembling an old crib before discarding it. Local public health departments and advocacy groups can help provide low-cost or free cribs or play yards for families and child care providers with financial need.

If a baby is found unresponsive with no breathing or pulse, begin CPR and call 9-1-1.

References & Resources

Moon, R., Carlin, R., Hand, I. and The Task Force on Sudden Infant Death Syndrome and the Committee on Fetus and Newborn. (2022). Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics, 150(1): e2022057990. Accessed at https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022

Caring for Our Children National Health and Safety Performance Standards at http://nrckids.org/CFOC/Database/3.1.4.1

California Department of Public Health Sudden Infant Death Program, SIDS Coordinators. https://www.cdph.ca.gov/Programs/CFH/DMCAH/SIDS/Pages/Sites.aspx

Kassa, H., Moon, R., Colvin, J., Risk Factors for Sleep-Related Infant Deaths in In-Home and Out-of-Home Settings, Pediatrics, November 2016

United States Consumer Product Safety Center (CPSC) Cribs. https://www.cpsc.gov/safety-education/safety-guides/kids-and-babies/cribs

California Department of Social Services (CDSS), Child Care Licensing, Safe Sleep in Child Care. https://www.cdss.ca.gov/inforesources/child-care-licensing/public-information-and-resources/safe-sleep

Los Angeles Department of Public Health, Supporting Breastfeeding Families, a Toolkit for Child Care Providers. http://www.publichealth.lacounty.gov/mch/CAH/Breastfeeding_toolkit_May2016_C.PDF

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date

Authorized Representative's Name (Primary Contact)	Phone Number

Authorized Representative's Name (Secondary Contact)	Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in:

☐ Crib ☐ Play Yard ☐ Other (Specify) _____

What are the Infant's usual sleeping hours?

_____ _____

_____ _____

What is the infant's average length of the Infant's nap(s) during the day time?

_____ minutes _____ hours

Does the infant use a pacifier?

☐ Yes ☐ No ☐ Sometimes

If **yes**, brand: _____

SECTION C: INFANT'S ABILITY TO ROLL

My child, _____ is able to roll from their back to their stomach and stomach to their back beginning _____ / _____ / _____.

Authorized Representative Signature	Date

SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date

Authorized Representative Signature (To be completed no later than the next business day following observation)	Date

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? ☐ Yes ☐ No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature	Date

SAMPLE

INFANT SLEEP OBSERVATION FORM

Instructions: Write the infant's name at the top of the page. Check sleeping infants *every 15 minutes* for signs of distress or overheating including: labored breathing, flushed skin color, increased body temperature, restlessness, or any other signs of distress. Write the date and time. Initial for no signs of distress.

Infant's Name (First, Last) ____

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials
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Shaken Baby Syndrome/Abusive Head Trauma

Pediatric abusive head trauma is an injury to the skull or brain of an infant or young child due to inflicted blunt impact and/or shaking. The term "shaken baby syndrome" describes a set of symptoms seen in infants who have sustained a head injury from shaking. Medical professionals have recommended replacing the term "shaken baby syndrome" with the term "abusive head trauma" because it includes the various ways a child could suffer a head injury as a result of abuse such as: shaking; dropping; throwing; hitting; or hitting child's head against a surface or object while shaking.

Long term Effects of Abusive Head Trauma

Children who are victims of abusive head trauma may experience mild to severe injuries. The following may occur as a result of the bleeding or damage caused by abusive head trauma: partial or total blindness; hearing loss; paralysis; problems with motor development; seizure disorders; cerebral palsy; sucking and/or swallowing disorders; intellectual disabilities; speech and language delay or disability; problems with executive function; and attention, memory, and behavior problems. Because of the serious nature of these injuries, it is crucial that child care providers have policies in place for preventing and identifying shaken baby syndrome/abusive head trauma.

Developmental Vulnerabilities and Abusive Head Trauma

Infants are especially vulnerable to abusive head trauma. Their fragile brains and skulls are rapidly developing and a sudden impact can cause irreversible injury. In addition, infants are unable to express their needs and feelings using words. Instead, they cry. A phase of alarming crying is considered a normal developmental phase in young infants. Caregiver anger or frustration over prolonged crying is associated with the risk for shaking that can result in serious injury or death. Other risk factors for abusive head trauma in infants and young children include: having special needs; having multiple siblings; living in poverty; and having colic or other kinds of pain and discomfort.

Caregiver Training

The first step to protect young children from shaken baby syndrome/abusive head trauma is to raise awareness through education. All child care providers who work with infants and young children need periodic training in preventing abusive head trauma. Training should include 1) strategies for coping with a crying, fussy, or distraught infant or child and 2) information on how to recognize the signs of shaken baby syndrome/abusive head trauma.

Strategies for Coping with a Crying Infant or Child

All babies cry. While it can be difficult to hear, the following strategies can help a caregiver act safely when faced with a persistently crying baby.

Manage your stress and practice self-care. Be aware of your feelings of increasing frustration or anger, and use a calming strategy that works for you. For example, take a few deep breaths or breathe deeply while counting to ten. If you are unable to bring your frustration under control on your own, then find a way to take a break from the situation without leaving children unsupervised, such as:

- Asking a coworker to take over with a challenging child,
- Asking for another assignment,
- Taking a short break.

Learn about typical infant development and how to manage infant crying. Try different techniques for soothing crying infants. Some babies cry more and other babies cry less, but it is normal for babies to cry. For more information about understanding and managing crying, see Extension Alliance for Better Child Care: Tips for Child Care Providers to Soothe a Crying Baby https://childcare.extension.org/tips-for-child-care-providers-to-soothe-a-crying-baby

The following child care setting mitigations to reduce shaken baby syndrome/abusive head trauma are acceptable per California Child Care Licensing Regulations for providers who may be alone in family child care homes:

- The child care provider may designate a qualified substitute provider who can provide relief to a child care provider who is stressed by a baby's crying. It is appropriate to ask someone to help take care of a crying baby while the care provider gets some respite. In licensed child care, the only acceptable substitutes are those who have been fingerprint-cleared and meet all necessary requirements established by Title 22 and the Health and Safety Code.
- The parent/guardian may also designate an emergency contact, in addition to herself/himself, that can be called if the baby's crying is alarming.
- If a child care provider realizes that a baby's crying is a trigger for the provider's negative stress reactions, that provider should consider not providing care to infants.

Remember: it is never okay to shake or strike a child.

Signs of Shaken Baby Syndrome/Abusive Head Trauma

As a child care provider, you may be the first to recognize when a child has been a victim of abusive head trauma. It's important to know the signs and respond so that the child can receive medical attention as quickly as possible. In many cases there are no symptoms at all, but in more severe cases an infant or young child may have:

- Difficulty staying awake,
- Irritability, lack of smiling,
- Poor sucking or swallowing, decreased appetite, or vomiting
- Decreased muscle tone,
- Inability to lift the head,
- Difficulty breathing, blue color (due to lack of oxygen),
- Unequal pupil size,
- Inability to focus the eyes or track movement,
- Bleeding around the eyes,
- Bulging or swelling of the head, forehead, or soft spot
- Bruises around the head, neck, or chest
- Rigidity of the body,
- Tremors, seizures,
- Coma.

Playground Safety Tips for **PARENTS**

HEADS UP CONCUSSION

As a parent, you play an important role in keeping your child safe on the playground. This sheet will help you learn how to spot a concussion and protect your child from concussion or other serious brain injury each time you take your child on an outdoor play adventure.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I HELP KEEP MY CHILD SAFE?

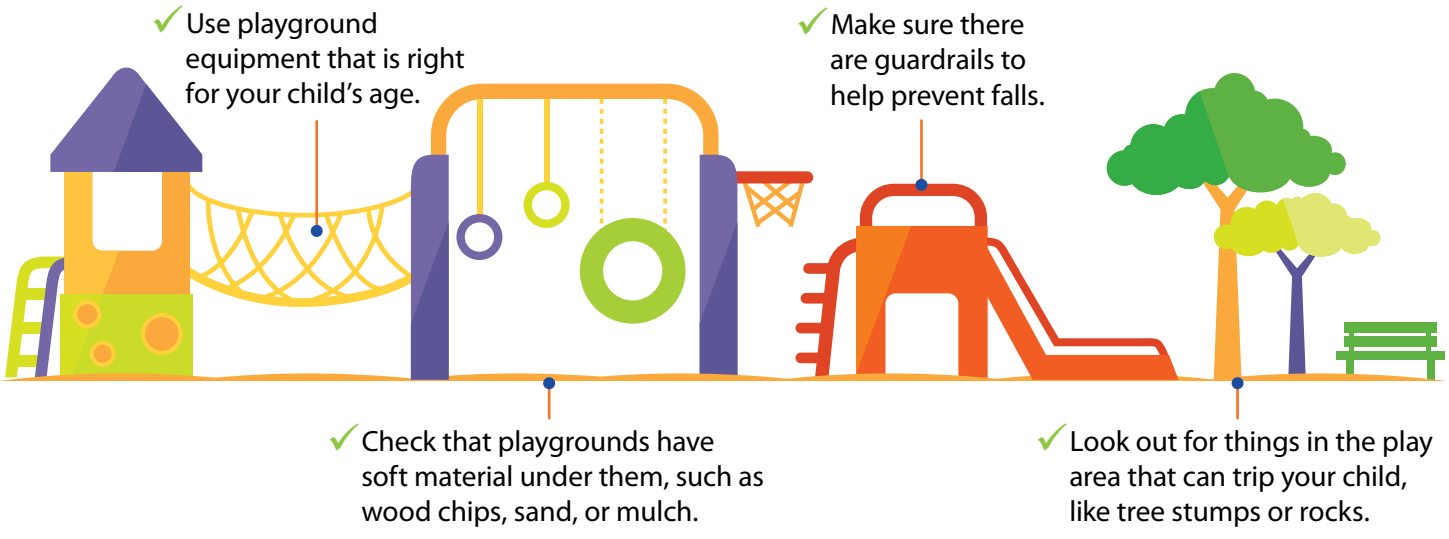
Playgrounds are important places for children to have fun, explore, and grow. Children learn through play and need opportunities to take risks, test their limits, and learn new skills through free play. Playgrounds can also put children at risk for concussion.

On the playground, children are more likely to get a concussion or other serious brain injury when using:

1. **Monkey Bars**
2. **Climbing Equipment**
3. **Swings**[1]

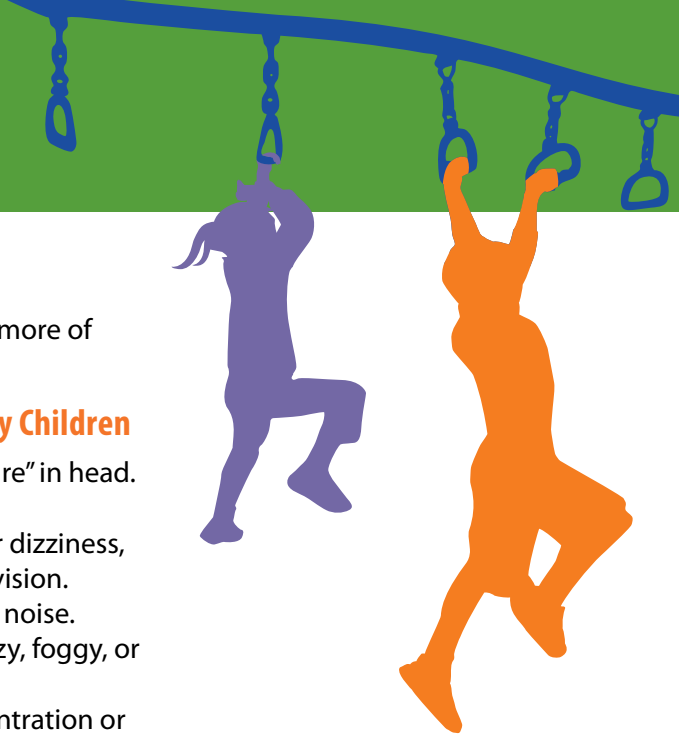
[1] Cheng T et al. Nonfatal playground-related traumatic brain injuries among children, 2001-2013. *Pediatrics*, 2015.

To help keep children safe:



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Be HEADS UP on the Playground



HOW CAN I SPOT A POSSIBLE CONCUSSION?

After a fall or a bump, blow, or jolt to the head or body, look for one or more of these signs and symptoms of a concussion:

Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

If you see any of these signs or symptoms and think your child has a concussion, or other serious brain injury, seek medical attention right away. Remember, signs and symptoms may show up right after the injury, or may not appear or be noticed until hours or days after the injury. While most children with a concussion feel better within a couple of weeks, some will have symptoms for months or longer.

How can you help your child lower their chance of getting a concussion?

Plan ahead.

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure that the child is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions, or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

You can download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to your physician or other health care provider.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP

Health and Safety Notes
California Childcare Health Program

Child Abuse Prevention

What is child abuse?

Child abuse is a non-accidental injury or pattern of injuries to a child for which there is no reasonable explanation. It is a very sensitive issue that needs to be carefully handled.

There are different types of child abuse. In *physical abuse*, children are slapped, hit, kicked or pushed, or have objects thrown at them, causing wounds, broken bones or other injuries. Severe physical abuse can cause major injury, permanent physical or emotional damage, or even death. *Sexual abuse* includes a wide range of sexual behavior, including fondling, masturbation, intercourse or involving children in pornography. *Emotional abuse* involves humiliation, dishonoring or other acts carried out over time that terrorize or frighten the child. *Neglect* means not feeding or caring for a child's basic needs or not adequately supervising a child.

Child abuse is usually a pattern of behavior, not a single act. Children are most often abused by parents, stepparents or other caregivers.

You can protect children from abuse

Reporting suspected child abuse is difficult, but the children you care for trust you to protect them from people who might hurt them. *Respond to your "gut" feeling and take actions that may save a child from harm!*

All child care providers are required by law (mandated) to make a report to their local Child Protective Services agency if they have a **reasonable suspicion** that a child in their care has been abused or neglected. This includes child care center directors, teachers and aides, family child care providers, and school-age child care providers. The center or agency you work for is not allowed to fire or discipline you for making a report, even if your supervisor disagrees with you.

What is reasonable suspicion?

Reasonable suspicion is the legal term used in California's child abuse reporting law. Reasonable suspicion means the suspicion is based on facts that would cause a reasonable person to suspect child abuse.

Remember, you don't have to be sure that abuse or neglect has occurred, but you must have a reasonable suspicion. You cannot be punished for reporting child abuse, but if you do not report, you can be punished. You can call your local Child Protection Services agency for advice if you are not sure. Call 9-1-1 if the child is in immediate danger or if the child needs urgent medical care.

Behaviors suggesting abuse or neglect

The following behaviors could indicate abuse or neglect. ***Remember that all children occasionally act in these ways.***

- Mood swings.
- Fear of certain people.
- Grouchiness or irritability.
- Is "too good," does not test boundaries.
- Uses manipulative behavior to get attention.
- Low self-esteem.
- Unexplained developmental delays.
- Inability to get along with other children.
- Is wary of adult contact, rejects affection.
- Has a vacant expression, cannot be drawn out.
- Seeks constant affection from anyone; is very clingy.
- Complains frequently of stomach aches or other pains; vomits.

What should you do if you suspect abuse?

You must report it.

1. It may help to talk to other staff members to see what they think. But even if they disagree with your opinion, *if you have a reasonable suspicion of abuse or neglect, you must report it*. It is your legal responsibility. Remember, you cannot get in legal trouble for making a report, only for not making one when you have reason to suspect abuse.

2. Make a report by phoning the local Child Protective Services agency (CPS) or, in an emergency, call the police. You will also need to fill out a form and send it to CPS within 36 hours. You have the right to get information from CPS about what happens to the family after the report is made.

3. Tell the CPS worker about your relationship with the family and ways you can support the family.

4. After making your report, be sure to call your Community Care Licensing evaluator and tell him or her of the situation. This protects you from possible complaints by the parents and lets the evaluator know you are acting responsibly.

Reporting suspected child abuse can be difficult

Thinking about child abuse can feel bad, and taking action can be difficult. Even though you care very much about the child and know your legal duty, you may still:

- Doubt your own judgment and feel disbelief that this family could commit child abuse.
- Fear that the parents may threaten or harm you or the child.
- Fear that you will lose your job or that the child will be withdrawn from your program.
- Feel nervous about dealing with authorities because of bad past experiences.
- Have strong emotions about child abuse because of your own family experiences.

All of these feelings are normal reactions to a stressful situation. While carrying out your responsibility to report suspected abuse, don't forget your own feelings. Find the emotional support you need.

Should you talk to the child's parents?

Whether you talk to the child's parents will depend on the situation, your relationship with the family, and where the abuse occurred. Think about whether talking to the parents might put the child in danger. If you are unsure, talk it over with the Healthline staff or the social worker at the Child Protective Services agency.

If you do talk to the parents, tell them that you made a report and what you said. Explain that you were required by law to do this. Tell them how the process works and what might happen next. Even though you may feel angry or scared, remember the parents need help and support to find a way out of the abuse cycle. Ask what you can do to help and offer information about local support services.

What should you say to the staff, the other families and the children?

When you make a report, talk to the people at the Child Protective Services agency to find out what will happen next. Remember that the family has a right to privacy. Information about them is confidential unless they give you permission to share it with specific people. You can tell those staff members who work with the child that a report has been made and what to expect.

Other parents may be aware of the problem. You can reassure them that their children are not in danger without telling them any confidential information. You can simply say that you have concerns about the child and are doing whatever you can to help. If the child has left your care, you can just say that he/she has gone on to another program; you don't need to say why.

You may also need to say something to the other children in your program. If the child leaves, you can simply tell the other children that he/she has left, and that you will miss him/her. If the child is receiving extra attention, you can explain to the others that you are helping make sure that he/she is okay, which takes extra time. You should add that you would do the same for them if they needed help.

What you can do to prevent child abuse

Child care settings are the only places where young children are seen day after day by people trained to observe their appearance, behavior and development. You may be the first person to suspect and report abuse and neglect. You also may be the biggest source of support and information available to the parents you serve. You can:

- Give families information on child development and appropriate discipline.
- Model good child care practices.
- Build a trusting relationship with families and discuss concerns.
- Help families establish positive relationships with their children.
- Refer families to community resources and support services.
- Inform parents that you are required to report suspected child abuse.
- Know the signs of parent burnout so you can offer support.
- Have a parent-staff workshop at your center with information about the issues.
- Educate young children about their right to say no.

Indicators of the three types of child abuse*

Physical Signs

Neglect and Emotional Abuse

The child:

- Is underweight or small for age
- Is always hungry
- Is not kept clean
- Is inappropriately dressed for weather
- Has not received needed medical care

Physical Abuse

The child:

- Has unexplained bruises or welts in unusual places
- Has several bruises or welts in different stages of healing, in unusual shapes, or in clusters
- Has unexplained burns
- Has unexplained broken bones or dislocations
- Has unexplained bites or explanation for injury differs from that of a parent or caretaker

Sexual Abuse

The child:

- Has difficulty walking or sitting
- Is wearing torn, stained or bloody underwear
- Has pain, swelling or itching of genitals
- Has bruises, cuts or bleeding on genitals or anal area
- Feels pain when urinating or defecating
- Has a discharge from the vagina or penis, or a sexually transmitted disease

Behavioral Signs

Neglect and Emotional Abuse

The child:

- Begs for or steals food
- Frequently arrives at child care early and leaves later than expected
- Has frequent, unexplained absences
- Is overtired or listless

Physical Abuse

The child:

- Tells you he has been hurt by parents or others
- Becomes frightened when other children cry
- Says the parents or caretakers deserve to be punished
- Is afraid of certain people

Sexual Abuse

The child:

- Acts withdrawn, over-involved in fantasy, or much younger than age
- Displays sophisticated or bizarre sexual knowledge or behavior
- Exhibits excessive or unusual touching of genitals
- Tells you that he/she has a secret he/she is not allowed to tell anyone
- Tries to hurt him/herself

**Many of these indicators also occur with children who have not been abused. Look for clusters of indicators, and do not reach the conclusion that a child has been abused too quickly. Remember, you must report your reasonable suspicion of abuse.*

Produced by the California Childcare Health Program
and the California Consortium to Prevent Child Abuse through a grant from the Pacific Mutual Foundation

California Childcare Health Program • http://cchp.ucsf.edu

Local Resources on Child Abuse Reporting and Prevention

(fill in the phone numbers of your local resources and post)

Child Protective Services Agency: _____

Child Abuse Prevention Council: _____

Warm Line for Counseling: _____

Note: A warm line may be run by peers or volunteers. Warm lines do not provide urgent, professional, mental health services

Local Law Enforcement: _____

Domestic Violence/Rape Crisis: _____

Counseling/Mental Health Services: _____

Other Child Abuse Counseling/Parent Support Services: _____

Remember:

- Never hit or physically injure a child, physically restrain a child, belittle a child, or deprive a child of food, sleep or toileting.
- If you feel you may hurt a child—take a break, talk to a co-worker, call your local child abuse prevention program, council or warm line.
- If you are working with families from a different culture, you might consult with a local resource, i.e. Asian Resources, Indian Health Services, etc.
- It is always a good idea to keep very careful notes when you are concerned about a child. Record your observations, the circumstances, time and date. Date and sign all notes.
- Note any significant changes in the child's contacts with others.
- **And above all, remember—if you suspect abuse, you *must* report it.**

Be Prepared...

Before anything happens, complete this resource sheet and put it by your phone. Call your local Child Protective Services (CPS) agency to learn more about their procedures and ask them to send you report forms to keep in your file. Inform parents when they enroll their child that you are a mandated reporter.

rev. 3/01, 02/17

FREE ONLINE TRAINING

Starting in 2018, Mandated child abuse reporting training is required for all licensed child care providers in California (AB 1207). *Mandated Reporter Training for Child Care Workers* satisfies the requirements of AB 1207.
Please visit: http://mandatedreporterca.com for the free online training.

HEAT-RELATED ILLNESSES

WHAT TO LOOK FOR	WHAT TO DO

HEAT STROKE

- High body temperature (103°F or higher)
- Hot, red, dry, or damp skin
- Fast, strong pulse
- Headache
- Dizziness
- Nausea
- Confusion
- Losing consciousness (passing out)

- Call 911 right away-heat stroke is a medical emergency
- Move the person to a cooler place
- Help lower the person's temperature with cool cloths or a cool bath
- Do not give the person anything to drink

HEAT EXHAUSTION

- Heavy sweating
- Cold, pale, and clammy skin
- Fast, weak pulse
- Nausea or vomiting
- Muscle cramps
- Tiredness or weakness
- Dizziness
- Headache
- Fainting (passing out)

- Move to a cool place
- Loosen your clothes
- Put cool, wet cloths on your body or take a cool bath
- Sip water

Get medical help right away if:

- You are throwing up
- Your symptoms get worse
- Your symptoms last longer than 1 hour

HEAT CRAMPS

- Heavy sweating during intense exercise
- Muscle pain or spasms

- Stop physical activity and move to a cool place
- Drink water or a sports drink
- Wait for cramps to go away before you do any more physical activity

Get medical help right away if:

- Cramps last longer than 1 hour
- You're on a low-sodium diet
- You have heart problems

SUNBURN

- Painful, red, and warm skin
- Blisters on the skin

- Stay out of the sun until your sunburn heals
- Put cool cloths on sunburned areas or take a cool bath
- Put moisturizing lotion on sunburned areas
- Do not break blisters

HEAT RASH

- Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)

- Stay in a cool, dry place
- Keep the rash dry
- Use powder (like baby powder) to soothe the rash

CS280226

EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.

LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.

Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
  Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
  If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
  Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water**
  Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.

(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

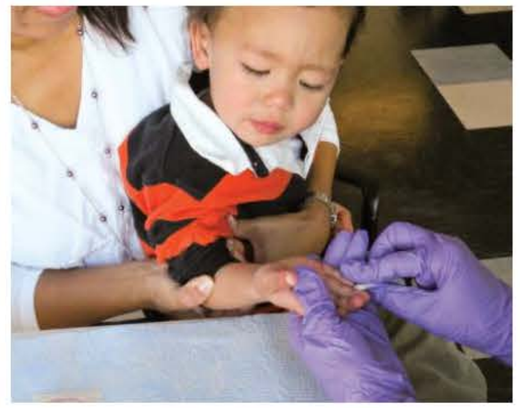
- For information on testing your water for lead, visit the Environmental Protection Agency at their website or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.

POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website, or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

PUB 515 10/2019

CALIFORNIA CHILDCARE HEALTH PROGRAM

Health and Safety Notes
California Childcare Health Program

Young Children and Disasters

Disasters and trauma

After experiencing a disaster—whether it is a flood, earthquake, fire, or human caused event, children may react in ways that are difficult to understand. Even if children are not physically injured, the emotional response can be strong. They may act clingy, irritable or distant, and although they are very young and do not seem to understand what is going on, they are affected as much as adults. Adult fears and anxieties are communi- cated to children in many ways. The experience is more difficult for them, as they do not understand the connec- tion between the disaster and all the upheaval that follows. They need reassurance that everything is all right.

There is a wide range of "normal" reactions for children following a disaster, most of which can be handled with extra support at home, child care and school. In some cases, professional intervention may be needed, despite everyone's best efforts. Early intervention can help a child avoid more severe problems.

Message to parents

Some ways to provide reassurance after a disaster are:

- Try to remain calm.
- Remember the effect and anxiety produced by watching television coverage or listening to the radio. Keep TV/radio/adult conversations about the disaster at a minimum around young children.
- Spend extra time being close to your child(ren).
- Answer all questions as honestly and simply as possible. Be prepared to answer the same questions over and over. Children need reassurance to master their fears.
- Spend extra time with your child at bedtime—soothing and relaxing time—talking, reading or singing quietly.
- Spend extra time with your child when bringing them to child care—they may be afraid you will not come back.
- Try to return to a normal routine as soon as possible to restore a sense of normalcy and security.
- Don't promise there won't be another disaster. Instead, encourage children to talk about their fears and what they can do to help in case of disaster. Tell them you will do everything you can to keep them safe.
- Be patient and understanding if your child is having difficulties.
- Never use threats. Saying, "If you don't behave an earthquake will swallow you up," will only add to the fear and not help your child behave more acceptably.
- Consider how you and your child can help. Children are better able to regain their sense of security if they can help in some way.
- Share your concerns with your child's teacher or child care provider. Consider assistance from professionals trained to work with disaster victims.

Message to child care providers

You can be a support and resource to parents by helping them understand behavioral and emotional responses. Be sensitive to how parents feel when they are separated from their children in a disaster. It may be very helpful for parents, children and you to take some extra time when dropping off children in the morning. A group meeting to reassure parents, discuss your response to their children's reactions, and review your emergency plan will help everyone feel more secure.

Help children cope by reenacting how the disaster felt and talking about their fears so they can master them. Talk about being afraid, and practice what you will do the next time a disaster strikes. Because young children think the world revolves around them, children may need reassurance that they did not cause the disaster.

Consider referring a family for professional help if any of the behaviors on the following page persists two to four weeks after the disaster. Children who have lost family members or friends, or who were physically injured or felt they were in life-threatening danger, are at special risk for emotional disturbance. Children who have been in previous disasters or who are involved in a family crisis may also have more difficulty coping.

rev. 06/16

Typical Reactions of Children Following Disaster

Children Ages 1 to 5

Children in this age group are particularly vulnerable to changes in their routines and disruption of their environments. Dependent on family members for comfort, they may be affected as much by the reactions of family members as by the disaster. Focus on reestablishing comforting routines, providing opportunity for nonverbal and verbal expression of feelings, and reassurance.

Regressive Reactions

- Bedwetting
- Thumbsucking
- Fear of darkness
- Fear of animals
- Fear of "monsters"
- Fear of strangers

Emotional/Behavioral Reactions

- Nervousness
- Irritability
- Uncooperative
- Hyperactivity
- Tics
- Speech difficulties
- Anxiety about separation from parents
- Shorter attention span
- Aggressive behavior
- Exaggeration or distortion of disaster experience
- Repetitive talking about experiences
- Exaggeration of behavior problems

Physiological Reactions

- Loss of appetite
- Overeating
- Indigestion
- Vomiting
- Bowel or bladder problems
- Sleep disorders and nightmares

How to Help

- Give additional verbal assurance and ample physical comforting.
- Provide comforting bedtime routines.
- Permit the child to sleep in the parents' room on a temporary basis.
- Encourage expression of emotions through play activities including drawing, dramatic play, or telling stories about the experience.
- Resume normal routines as soon as possible.

Children Ages 5 to 11

Regressive behaviors are especially common in this age group. Children may become more withdrawn or more aggressive. They might be particularly affected by the loss of prized objects or pets. Encourage verbalization and play enactment of their experiences. While routines might be temporarily relaxed, the goal should be to resume normal routines as soon possible.

Regressive Reactions

- Increased competition with younger siblings
- Excessive clinging
- Crying or whimpering
- Wanting to be fed or dressed
- Engaging in habits they had previously given up

Emotional/Behavioral Reactions

- School phobia
- Withdrawal from play group and friends
- Withdrawal from family contacts
- Irritability
- Uncooperative
- Fear of wind, rain, etc.
- Inability to concentrate and drop in level of school achievement
- Aggressive behavior
- Repetitive talking about their experiences
- Sadness over losses
- Overreaction to crises or changes in the environment

Physiological Reactions

- Headaches
- Complaints of visual or hearing problems
- Persistent itching and scratching
- Nausea
- Sleep disturbance, nightmares, night terrors

How to Help

- Give additional attention and ample physical comforting.
- Insist gently but firmly that the child accept more responsibility than younger siblings; positively reinforce age-appropriate behavior.
- Reduce pressure on the child to perform at his or her best in school and while doing chores at home.
- Reassure the child that his competence will return.
- Provide structured but not demanding chores and responsibilities.
- Encourage physical activity.
- Encourage verbal and written expression of thoughts and feelings about the disaster; encourage the child to grieve the loss of pets or toys.
- Schedule play sessions with adults and peers.

Active Supervision at-a-Glance

SIX STRATEGIES TO KEEP CHILDREN SAFE

The following strategies allow children to explore their environments safely. Infants, toddlers, and preschoolers must be directly supervised at all times.

Set Up the Environment

Set up the environment so you can supervise children and are always able to reach them if necessary. Keep spaces clutter-free and place furniture so you can observe the whole room.

Position Staff

Plan where you and other staff position yourselves to see and hear all children. Make sure there are clear paths to where children are playing, sleeping, and eating. This allows you to react quickly when necessary and stay close to children who may need additional support.

Scan and Count

Always be aware of where every child is and what they are doing. Scan the entire environment and count children frequently, especially during transitions when moving from one location to another.

Listen

Listen closely to children to identify signs of potential danger. Specific sounds or the absence of them may be reason for concern. Listen for signs that a child is getting upset or for sounds in the environment, such as bells on the door that alert you when a child leaves or enters the room.

Anticipate Children's Behavior

Use what you know about each child's temperament, developmental abilities, interests, and skills to predict what the child may do next. Pay attention to changes in a child's mood or health and anticipate when they may wander off, get upset, or take a dangerous risk.

Engage and Redirect

Offer support by using what you know about each child's individual needs and development. Encourage children to solve problems on their own and help them develop solutions if needed. Offer different levels of assistance or redirection depending on each child's needs.

Office of Head Start • National Center •

National Center on
Health, Behavioral Health, and Safety

1-888-227-5125
health@ecetta.info
https://eclkc.ohs.acf.hhs.gov/health

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new! California Car Seat Law Changes

EFFECTIVE JANUARY 1, 2017

NEW ADDITION

Starting January 1, 2017, children under 2 years old must be rear facing unless they weigh 40 pounds or more, or are 40 inches tall or more.

Children must be properly buckled in a car seat which is rear facing until age 2

CURRENT LAW

Children under age 8 must be buckled into a car seat or booster in the back seat.

Children age 8 or older, or who are 4'9" or taller, may use the vehicle seat belt if it fits properly with the lap belt low on the hips, touching the upper thighs, and the shoulder belt crossing the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat.

Everyone in the car must be properly buckled up.

Most children will outgrow an infant seat before age 1

- The next step is a convertible car seat.
- Rear facing is 5 times safer than forward facing.
- The American Academy of Pediatrics recommends that children ride rear facing to the highest weight or height allowed by the car seat manufacturer.

Kaitlyn's Law

It's against California law to leave a child who is 6 years of age or younger alone in the car without the supervision of a person at least 12 years old if:

1. The keys are in the ignition or the car is running, or
2. There is a significant risk to the child.

FINES & PENALTIES

For each child under 16 who is not properly secured, parents (if in the car) or drivers can be fined more than **$500** and get a point on their driving records.

Keep your children safe. It's the law!

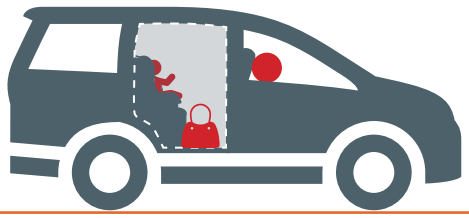
For answers to your child safety seat questions, contact your local health department or **visit cdph.ca.gov/vosp**.

PARK. LOOK. LOCK.

Never leave a child alone in a car.
Remember to A-C-T.

A Avoid Heatstroke

Avoid heatstroke-related injury and death by never leaving a child alone in a car, not even for a minute. And make sure to keep your car locked when you're not inside so kids don't get in on their own.



C Create Reminders

Keep a stuffed animal or other memento in your child's car seat when it's empty, and move it to the front seat as a visual reminder when your child is in the back seat. Or place and secure your phone, briefcase or purse in the backseat when traveling with your child.

T Take Action

If you see a child alone in a car, call 911.
Emergency personnel want you to call.
They are trained to respond to these situations.

SAFE KIDS WORLDWIDE®

Trunk Entrapment Safety Tips

Everything you need to know to keep your kids safe from trunk entrapment.

Learn how to keep the car trunk off limits and teach children to be cautious in and around cars with some basic tips.

- Make sure to lock your vehicle, including doors and trunk, when you're not using it. Keep keys and remote entry fobs out of children's sight and reach.
- Teach kids that trunks are for transporting cargo and are not safe places to play.

- Show older kids how to locate and use the emergency trunk release found in cars manufactured after Sept. 1, 2001. Very young children may not have the strength or ability to open the release bar.

- Keep rear fold-down seats closed to help prevent kids from climbing into the trunk from inside your car.
- If your child is missing, get help and check swimming pools, vehicles and trunks. If your child is locked in a car, get him or her out as quickly as possible and dial 911 immediately. Emergency personnel are trained to evaluate and check for signs of heatstroke.

A combination of poor ventilation and high temperatures make trunk space a dangerous place for children. From 2005 to 2009, trunk entrapment resulted in the death of 16 children in the United States.

SAFE KIDS WORLDWIDE™

Driveway Safety Tips

Everything you need to know to keep your kids safe around driveways.

Kids love cars, and when they see a parked car, they don't even think about the possibility of getting hurt or seriously injured. That's why parents have to. Many preventable injuries and deaths occur in driveways or parking lots when drivers are unaware that children are near vehicles. Tragically, these drivers are often family members or friends of the injured child. But these injuries are easily prevented by following a few simple tips.

Check Your Car and Driveway for Kids

- We know you're often in a hurry, but before you drive away, take a few seconds to walk all the way around your parked car to check for children.
- When checking for kids around your vehicle, see if anything that could attract a child such as a pet, bike or toy, is under or behind your vehicle before getting in and starting the engine.
- Designate an adult to supervise and find a safe spot for children to wait when nearby vehicles are about to move and make sure the drivers can see them.

Lend a Hand to Younger Kids

- Accompany little kids when they get in and out of a vehicle. Hold their hands while walking near moving vehicles or in driveways and parking lots or on sidewalks.

Each year, more than 9,000 children are treated in emergency rooms for injuries that occurred while they were unattended in or around motor vehicles.

Limit Play in the Driveway

- Work with your kids to pick up toys, bikes, chalk or any type of equipment around the driveway so that these items don't entice kids to play.
- Identify and use safe play areas for children, away from parked or moving vehicles. Teach kids to play in these areas instead of in, around or behind a car. Consider making your driveway a toy-free zone.
- Don't allow children to play unattended in parking lots when cars are present.

Health and Safety Notes
California Childcare Health Program

Field Trip Safety Tips

Taking a day trip with young children can provide wonderful learning opportunities to enrich and extend your curriculum—but day trips are not for the faint of heart! However, with careful planning, adequate staffing and a spirit of adventure, adults and children can safely enjoy outings. Below is important information to consider when planning and making field trips with young children.

Research your destination before you take a trip

Before selecting a field trip site, providers/teachers should consider why they are taking children on this field trip. Is this an activity that can only take place away from the child care program, such as a visit to a children's theater? Or could this experience occur just as well at the program site? For example, if you want children to learn about firefighters, you can visit the local fire station or instead you might ask your local fire department to come to your site with their equipment and a firetruck.

Be sure the destination you have chosen is safe and appropriate for young children. If possible, visit the site in advance of announcing the trip. Look at the site from a safety perspective, such as potential falls, entrapments, choking/poisoning hazards, etc. Remember, destinations such as parks, zoos, or landmarks are usually not "child-proofed." Talk to others who have visited already, preferably those who have gone there with young children.

Find out if there are accessible restrooms and a supply of running water. What are the best times to visit to avoid large crowds? Are there generally many other groups of children at the same time? Are there hazards such as unfenced bodies of water, loose animals, poisonous plants, or stairs without secure railings? Does the trip require a long walk through a parking lot or along a busy street? Gathering this type of information ahead of time will help you choose an appropriate destination.

Obtain written consent for each participating child

A permission slip specific to the trip should be distributed to families ahead of time, to be completed by the parents or guardians. The permission slip should include details about the trip, the date on which it will occur, the destination and its address, the mode(s) of transportation to be used, and the estimated times of the group's departure and return.

In addition to permission to attend, the permission slip should also include consent for emergency care if required during the trip. Parents must provide contact information so that the parent or a designated contact can be reached immediately to assume responsibility in the event of an emergency. Make sure the information you take with you is current. Only children whose parents have signed and returned a permission slip should participate.

Maintain staffing requirements

During travel and at your destination, maintain the appropriate ratio of staff to children at all times. Parents should be welcome, and having additional adults around will certainly make the logistics of travel easier. However, parent participation must comply with current licensing regulations, and parent volunteers are not to be counted as substitutes for trained child care staff.

Use child safety restraints

If your trip requires traveling in cars or vans, each participating child must travel in a car safety seat or booster that is appropriate for their age and weight. Preferably, parents will provide a seat that is already set up to fit the child to minimize the amount of time spent fidgeting and adjusting straps and buckles on the day of the trip.

Older children should buckle the lap belt and shoulder belt. Never double-buckle children in seat belts; each child should have his or her own seat belt to provide the best possible protection.

Bring important health and safety materials with you

Assemble a first aid kit and designate one staff member to carry it in a backpack or fanny pack. Contents should include:

- Disposable nonporous gloves
- Adhesive bandages of assorted shapes/sizes
- Gauze pads/rolls and bandage tape
- Scissors and tweezers
- Thermometer (not made of glass)
- Eye dressing
- Cold pack
- Bottled water
- Sunscreen
- Small splints
- Soap or disposable hand wipes
- Plastic bags for disposal of soiled materials
- A simple first aid guide or chart
- Any emergency medications potentially needed by participants
- List of emergency phone numbers, parent contact information, and poison control numbers
- A functional cell phone or coins for pay phones
- A pen or pencil and a small notepad, for taking down emergency notes or instructions

In addition, carry with you the care plans describing any special health needs of participating children. For example, if a participating child has asthma, the kit should contain the care plan as well as any medications or equipment he or she may need. Transport medications in a back pack, and keep them at the appropriate temperature. Check medications for special storage instructions (for example, does it need to be refrigerated or kept out of sunlight?). Ice packs may be used if medications need to be kept cool. Do not leave medications in vehicles as they can reach high temperatures in a short time.

Plan for safe and nutritious food

If your trip will include a meal or snack, be sure to prepare food safely. Perishable items are generally not practical, since they require refrigeration or packing in ice. If the destination doesn't offer drinking fountains, participants will need to carry water to drink to prevent dehydration. The ability of children to carry their own backpacks or lunch sacks will depend on their ages and developmental levels. At the very least, for a short trip, a nutritious snack should be carried by the adults and distributed to the children at an appropriate time.

Maintain basic hygiene

Practice hand washing prior to eating, even when you are away from your site. It may be necessary to carry hand sanitizer to accomplish this, if there is no access to clean running water on your trip.

Identifying labels, and apparel

Identify the children in your group with a special sticker, or even matching tee-shirts. Ready visual identification of the children in your group is especially helpful where there are many groups of young children present.

Bring a roster sheet of participants

Bring a roster sheet of participants. An accurate list of children who have been signed in on the day of the trip is crucial. Use this list to conduct frequent exact head counts. Count the children as you leave the program, once they are in the vehicle(s), as they exit the vehicle(s), and when they get into the designated building or area. The roster should also allow for a parent or designated contact to sign out a child during the trip, if necessary.

References and Resources

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition. cfoc.nrckids.org

State of California Department of Social Services, Community Care Licensing Division, Title 22

Planning a Field Trip. childcarecentral.org

Field trip safety: www. childhealthonline.org/field_trip_safety.htm.

by EileenWalsh,RN,MPH (updated 5/2016).

School Bus Safety Tips

Everything you need to know to keep your kids safe in and around the school bus.

Taking the bus for the first time is a big step for your child. Help your kids get a gold star in bus safety by following these tips.

- Walk with your kids to the bus stop and wait with them until it arrives. Tell kids to stand at least three giant steps back from the curb as the bus approaches and board the bus one at a time.
- Teach kids to wait for the bus to come to a complete stop before getting off and never to walk behind the bus.

- If your child needs to cross the street after exiting the bus, he or she should take five giant steps in front of the bus, make eye contact with the bus driver and cross when the driver indicates it's safe. Teach kids to look left, right and left again before crossing the street.
- Instruct younger kids to use handrails when boarding or exiting the bus. Be careful of straps or drawstrings that could get caught in the door. If your children drop something, they should tell the bus driver and make sure the bus driver is able to see them before they pick it up.
- Drivers should always follow the speed limit and slow down in school zones and near bus stops. Remember to stay alert and look for kids who may be trying to get to or from the school bus.
- Slow down and stop if you're driving near a school bus that is flashing yellow or red lights. This means the bus is either preparing to stop (yellow) or already stopped (red), and children are getting on or off.

School buses are the safest mode of motorized transportation for getting children to and from school, but injuries can occur if kids are not careful and aware when getting on and off the bus.

Protect Your Back

Follow these recommendations to reduce the risk of injury while you care for young children.

National Center on

Health, Behavioral Health, and Safety

1-888-227-5125
health@ecetta.info
https://eclkc.ohs.acf.hhs.gov/health

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1 USE BACK SUPPORT AND STRETCH

Avoid sitting on the floor too long without back support

Use the wall, furniture, or large pillow for back support

Do stretching exercises

2 LIFT SMART

Don't lift children with your back

As you lift, bend your knees and keep the child close to you

3 AVOID TWISTING WHILE LIFTING

Avoid twisting your body when lifting

Point your feet in the direction of the lift

4 AVOID CARRYING HEAVY LOADS

Don't carry heavy loads by yourself

Carry lighter loads

Use a cart, or get a co-worker to help you

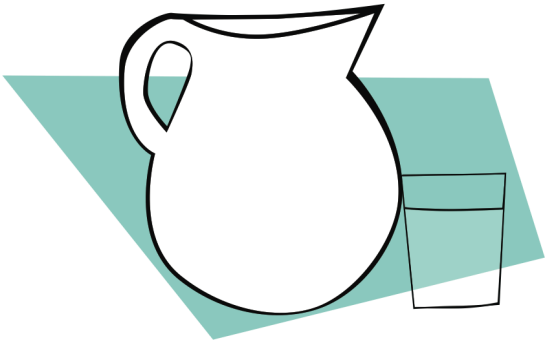
Healthy Beverages in Child Care

Research shows that unhealthy beverages are a big part of the childhood obesity problem. In 2010, California passed legislation to establish nutrition standards for beverages served in licensed child care centers and family child care homes. These standards went into effect on January 1, 2012.

Only unflavored, unsweetened, **nonfat** (fat free, skim, 0%) or **lowfat** (1%) **milk** can be served to children 2 years of age or older.

No beverages with added sweeteners, natural or artificial, can be served, including sodas, sweet teas, juice drinks with added sugars, flavored milk and diet drinks.

A maximum of **one serving** (4 to 6 ounces for 1-6 year olds*) of **100% juice** is allowed per day.



Clean and safe drinking water must be available at all times, including meals and snacks.

*serving size as per *Preventing Childhood Obesity in Early Care and Education Programs*, American Academy of Pediatrics

CALIFORNIA FOOD POLICY ADVOCATES

California Childcare Health Program
cchp.ucsf.edu

03/2013

Sunshine Child Development Program Nutrition Policy

SUNSHINE CDP

FOOD SERVED

Sunshine CDP is enrolled in the Child and Adult Care Food Program (CACFP). Meals and snacks served at Sunshine CDP follow the CACFP meal pattern.

Meals are served at:

- 8:00am Breakfast
- 10:30am Snack
- 12:30pm Lunch
- 4:00pm Snack

Weekly menus are posted. We follow a three week menu cycle to provide a variety of food options.

We encourage children to try new foods, but do not force nor bribe children to eat.

Food is not used as a reward or punishment.

A staff member eats with children to model and promote healthy eating behaviors.

Holidays are celebrated with healthy foods or non-food activities.

In keeping with California law for licensed child care, sweetened beverages are not served to children.

FOOD BROUGHT FROM HOME

We encourage families to provide healthy food, including fruits, vegetables, and whole grains in meals and snacks brought from home.

Birthdays are celebrated with healthy foods or non-food activities. Families are invited to share a favorite story, song, game, or family tradition. Talk to the director for ideas to make your child feel special on their birthday!

FOOD ALLERGIES

If a child enrolled in our program has a life-threatening food allergy confirmed by a health care provider, we ask families not to bring the food into the facility. We discard food that could cause an allergic reaction if it is brought in. We work with the child's family and their health care provider to develop an allergy action plan for all children with food allergies.

Injury Report Form

Fill in all blanks and boxes that apply

Name of Program: _____ Phone: _____

Address of Facility: _____

Child's Name: _____ Sex: M F Birthdate:___/___/___ Incident Date:___/___/___

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

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

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

Location where incident occurred: ❑ playground ❑ classroom ❑ bathroom ❑ hall ❑ kitchen ❑ doorway
❑ large muscle room or gym ❑ office ❑ dining room ❑ unknown ❑ other (specify) _____

Equipment/product involved: ❑ climber ❑ slide ❑ swing ❑ playground surface ❑ sandbox ❑ trike/bike ❑ hand toy

(specify):_____

❑ other equipment (specify): _____

Cause of injury: (describe) _____

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

_____

Parts of body injured: ❑ eye ❑ ear ❑ nose ❑ mouth ❑ tooth ❑ other part of face ❑ other part of head ❑ neck
❑ arm/wrist/hand ❑ leg/ankle/foot ❑ trunk other (specify):_____

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

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

_____

Treatment provided by:_____

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

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

_____

Corrective action needed to prevent reoccurrence: _____

Name of official/agency notified: _____ Date: _____

Signature of staff member: _____ Date: _____

Signature of Legal Guardian/Parent: _____ Date: _____

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