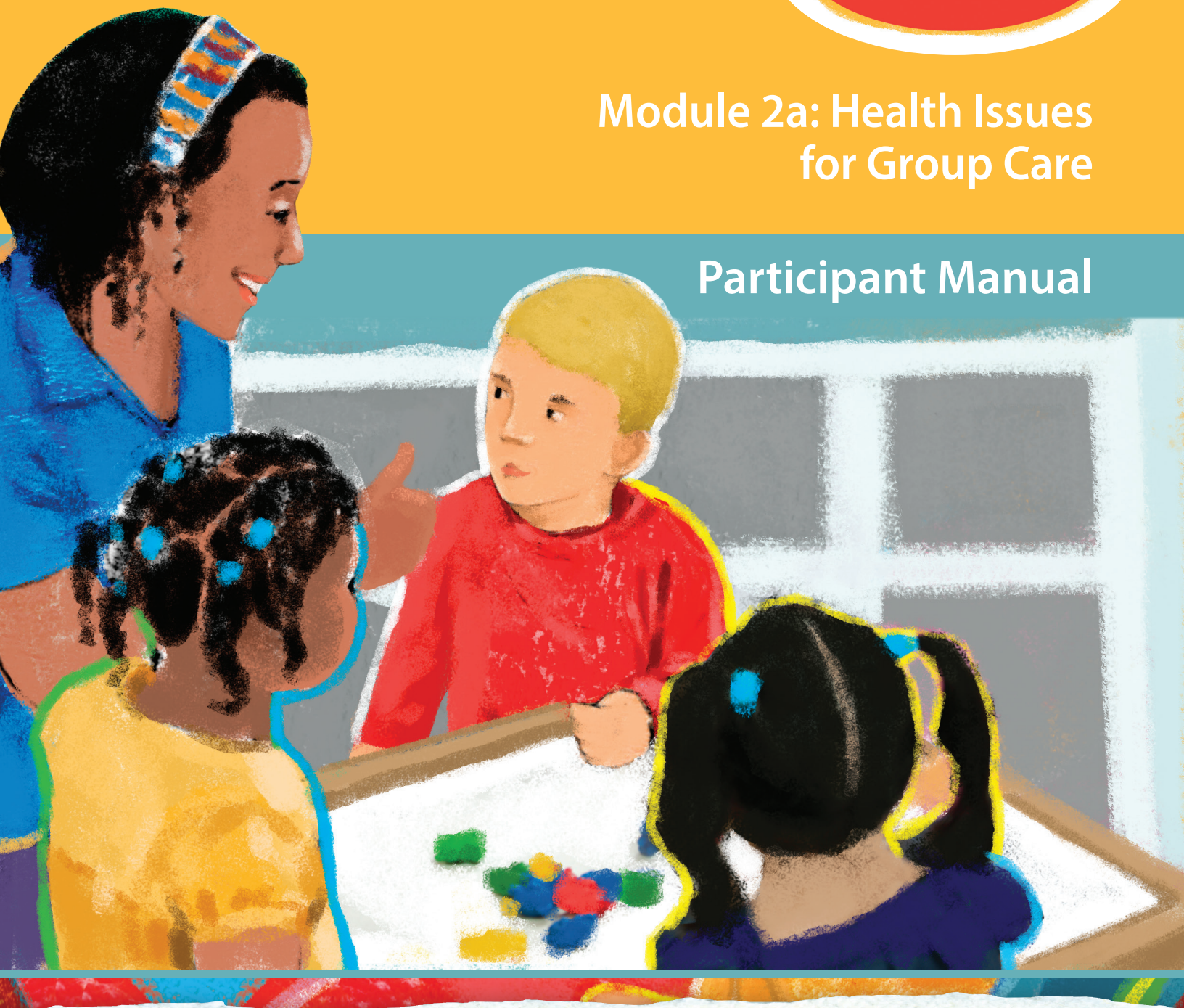


ECE Credential

Level 1

Module 2a: Health Issues
for Group Care

Participant Manual



Training brought to you by:



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Illinois Professional Development System

ECE Credential Level 1 Training

Module 2a: Health Issues for Children in Group Care

Participant Manual · Standardized Version

This training is Registry-approved and counts towards DCFS licensed program training hours for school-age and youth care.

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ECE Credential Level 1 Training *Module 2a: Health Issues for Children in Group Care*

Table of Contents

Learning Objectives.....	1
Agenda.....	1
Safety Standards and Guidelines	
National After School Association (NAA) Standards for Safety	5
School-Age Care Environment Rating Scale.....	5
Child Abuse	5-6
Mandated Reporting	6
Know Your Role!	6
Ways to Support the Family.....	6-7
If You Had a Magic Wand.....	7
Safe Environments	
Safe Environments.....	11
Indoor Environments	11
Creating a Safe Environment.....	11-12
Outdoor Environments	12
Benefits of Outdoor Play.....	12-13
Providing a Safe Outdoor Experience.....	13
Supervision for Varying Age Groups.....	14
Safety Off-Site/Field Trip	14-15
The Field Trip to the Museum	15
Potential Hazards and Prevention	
Safety Checklists	19
Outdoor Safety Checklist	19
Arrival and Departure.....	19-20
Departure.....	20
Transportation of Children and Youth	20
Transporting Children and Safety	21
Common Unintentional Injuries.....	21
First Aid	21
First Aid Kit.....	22

Additional First Aid Needs	22
Poison Prevention	22
Medical Emergencies	23
Emergency Preparedness	
Emergency Preparedness	27
Prevention	27
Three Phases of Emergency Planning	27-28
Emergency Plans	28
Shelter In Place	28
Lockdown	28
A.L.I.C.E.	29
Video: Threats of Violence	29
Evacuation of Building	30
Fire	30
Hazardous Spill	31
Utilities and Maintenance	31
Extreme Weather	32
Missing Child	32
Children with Special Needs	33
Everyone Has a Role in Disaster Planning and Response	33
Example responsibilities	34
Knowing the Risks	34-35
Develop a Plan	35
Write an Emergency Preparedness Plan	35
Disaster Kits	36
Have a Communication Plan	36
Keep Families in the Loop	37
Communication Needs	37
Emergency Preparedness Best Practices	38
Safety Scenarios	38-40
Competency Checklist	41
Knowledge to Practice	42
Resources	
Illinois Child Care Resource and Referral (CCR&R) Agencies	45
Child Abuse and Neglect	46-47

Possible Signs of Abuse and Neglect	48
Article: Care Enough to Call	49-50
Article-Be Out There: There's a Reason They Call it the Great Outdoors.....	51-52
Article: Field Trip Safety Tips.....	53-54
Safety Checklists	55-56
Illinois Poison Center Fact Sheet.....	57
Emergency Situation and Procedures/Response Recommendations.....	58-62
Internal Assessment Checklist-Emergency Preparedness.....	63
Emergency Supply Checklist for Child Care Centers & Child Care Homes.....	64-65
Emergency Information Form for Children with Special Needs	66-67
Child Care Center/Child Care Homes Emergency Disaster Information Form for Parents/Guardians.....	68
Module 4b Activities.....	69-71
Helpful Websites	72-73

Learning Objectives

Following this training, participants will be able to:

- Identify the components of a healthy environment that serves children in a group care setting
- Discuss current health issues and practices that ensure the well-being of children
- Describe how overall good health practices support cognitive, social and emotional, motor, and language development in children
- Explain how health practices will be implemented and improved upon in your care setting

Agenda/Topics for Today's Training

Self-Reflection

Name or topic of your last module: _____

Reflect upon the last module you attended and answer the following. If this is your first module, you are not required to complete this section.

- What new skills have you started or what changes have you made as a result of the training?

- What has worked? What hasn't?

- What resources did you use from the training?

- What other knowledge did you gain as a result of the training?

Part 1: Prevention of Communicable Diseases

Communicable Diseases

What is the definition of communicable disease?

Why are communicable diseases easily spread in group care programs?

What are some common communicable diseases in the care setting?

A communicable disease is a sickness that can be passed from one person to another. Why are communicable diseases spread so easily in group care programs? The following are a few reasons:

- Young children have not built up immunities yet.
- Many children don't show symptoms of illness until after they have already exposed the other children.
- Diseases are spread by body fluids, human waste, direct skin-to-skin contact, touching objects with germs on them, and from droplets in the air that travel from one person to another.
- The early care and education environments for young children can often be conducive to the transmission of disease, i.e. young children may not have good hygiene practices yet (nose wiping, hand-washing), they wear diapers, they put things in their mouths, etc.
- Some diseases and viruses can remain on toys and equipment for many days.

As children get older, they are not immune from getting sick. School-age children can become sick easily. All it takes is a single child to bring a virus to school for the spreading to begin. Consider this common situation—a child who has a cold coughs or sneezes. The children sitting nearby inhale the infected respiratory droplets and the cold spreads.

Strategies to reduce the spread of communicable disease include:

- Tables, toys, and other hard surfaces are _____ daily
- " _____ " toys are removed from the _____ area
- Frequent _____ by adults and children
- Personal items such as _____, blankets, hats, and _____ are not shared
- _____ are used

A strategy that can cut down on the spread of germs in a child care setting is to use disposable items as much as possible. When providing group care, it is best to use paper towels and disposable tissues. Best

practice is not to use disposable utensils and dishes, so plan accordingly. These are a choking hazard to young children.

Barrier of Protection: The Use of Gloves

Gloves do not prevent contagious diseases from spreading; however, they do create a barrier of protection to reduce the risk of spreading and contracting a communicable disease.

Gloves are worn in the care setting for various activities such as diapering, assisting with toileting, handling food, and handling accidents/emergencies in which there is a risk of coming in contact with blood or bodily fluids. In any case, when you are going to be exposed to blood or bodily fluids, protect yourself first, and then treat/care for the child. For those with latex allergies, vinyl gloves can be used. Gloves should also be part of the first aid kit and disaster kit. If necessary, wear other protective clothing or eyewear, which could include an apron or face mask.

Specific procedures for wearing and disposing of gloves:

How to use gloves:

- Wash and dry your hands.
- Put on a clean pair of gloves.
- Provide the appropriate care, disposing of any contaminated materials in a leak-proof, plastic bag that can be tied or sealed.

How to remove gloves:

- Pull off the glove by pinching the outside of the glove worn on one hand with the other hand on which you are still wearing a glove.
- Pinch the glove near the wrist, and pull the glove off so it ends up with its inside out.
- Ball up the dirty glove in the palm of the other gloved hand.
- Then insert one or two fingers of the ungloved hand inside the glove of the still-gloved hand, and pull off the second glove from the inside, ending up with its inside out.
- Discard gloves immediately in a plastic bag-lined step can.
- Wash your hands.

Tips for using gloves:

- Use gloves when contact with blood and blood-containing fluids is likely, particularly if the caregiver's hands have open cuts or sores. For instance, when providing first aid or changing a diaper with bloody diarrhea.
- Use when cleaning surfaces contaminated with blood or body fluids, such as large amounts of vomit or feces.
- Use when changing a diaper. While wearing gloves is optional for diaper changing, it is good protection to reduce the spread of disease.

- Use gloves that are latex or vinyl. Plastic food service gloves do not have the same protection.
- Wearing gloves does not replace the need to wash hands. Latex and vinyl gloves are a good barrier but may not be completely non-porous.
- Wearing gloves reduces contamination but does not eliminate it.
- Change gloves between contact with children. Do not reuse vinyl or latex gloves.
- If the gloves become contaminated while you are wearing them, be sure to remove them before touching clean surfaces.

Handwashing

Washing hands is the single most effective way of reducing the spread of infection. Proper and frequent hand washing reduces the spread of illness by at least 80%. The proper steps to washing hands includes:

1. Use soap and _____, running water.
2. Wet hands and add soap.
3. Rub hands vigorously for at least _____ seconds.
4. Wash all _____ of the hands, including the backs and between the fingers.
5. Rinse hands well under warm, running water.
6. Dry hands well with a _____.
7. Turn off the taps with the paper towel.
8. Dispose of the paper towel.
9. Apply _____, as needed.

Wash Hands Properly and Frequently

Wash your hands and have the children wash theirs before you begin your day.

Wash your hands before and after:

- Eating
- Handling food
- Feeding children
- Administering medication

Wash your hands after:

- Diapering
- Using the toilet or helping a child use the toilet
- Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, or touching mouths or sores
- Handling uncooked food, especially raw meat and poultry
- Playing in the sandboxes and watertables

- Handling art materials such as clay and paint
- Cleaning
- Handling the garbage
- Before and after water table
- Before and after any play activity

Disinfecting the Child Care Setting

Another way to cut down on the spread of germs and disease in a child care setting is to clean, sanitize, and disinfect the environment daily.

Soap and water removes dirt and soil from toys and equipment. Sanitizing kills germs from toys and equipment. One of the easiest techniques to use involves the use of a simple bleach solution. This must be made daily.

Please follow the recommendations on the bleach label for dilution. Bleach concentrations have change and generic bleach “recipes” are no longer recommended.

Please follow the guidelines on page _____ for sanitizing.

Diapering in a Group Care Setting

Diapering is a daily task that consumes a large part of the day and has the potential to spread germs and diseases through improper procedures.

When caring for children in groups settings, you are introducing new germs into the environment. Health and safety practices are stricter for group care than those used with families because of the introduction of new germs and more children.

In care settings with children under the age of three, there must be a designated area for diapering. This area must be away from food preparation areas. Just as a bathroom is a major source of germs, so is the diaper changing area.

Video and Activity Notes:

Part 2: Promoting Wellness

Promoting Wellness

One's physical health is a small part of overall wellness. Factors such as stress, conflict, and trauma can have an effect on a child's physical and emotional well-being.

Stress

- _____ response to events that make you feel threatened or unbalanced
- People of all _____ experience stress, tension, and _____
- Children's responses are _____ and _____
- Common _____ indicators in children can be: regression, _____ fears, and upset stomach

Stress is a physical response to events that makes one feel threatened or unbalanced. The stress response is the body's method of protection. At a certain point, however, stress stops being helpful and can start to cause damage to one's health, mood, relationships, and quality of life.

Young children, including babies and toddlers, do experience stress, tension, and even grief. Children's responses are unique and may be inconsistent with what parents and caregivers expect. Many children cannot verbalize their emotions. Observation and good record keeping can help a caregiver communicate with parents issues related to stress in the child's life. Common stress indicators in children include: regression, change in behavior or mood, depression, low self-esteem, unreasonable and extreme fears, problems with concentration, and physical symptoms such as headaches and stomachaches. Children may have trouble sleeping, be easily startled or frightened, and hear or see things that are not there.

Stress is typically associated with negative things in one's life. Remember, there is "good" stress too. The addition of a sibling, the beginning of a new school year, or trying out for the school play are all examples of "good" stress. Stress is stress and the body will react the same way to positive or negative stress. Recognizing stress in younger children and working with older children to cope with stress will impact the child's overall wellness.

Toxic Stress Derails Healthy Development Video Notes:

Wellness

Fresh Air, Exercise, and Walking

Children need _____ of uninterrupted outdoor play.

Parents do need to know that outdoor play is a part of the daily routine. It is said, "There is no bad weather; only bad clothing." Children should have appropriate outerwear for outdoor play. Setting clear expectations and policies with parents will communicate the importance of dressing children appropriately.

Nutritious Foods and Balanced Menus

_____ patterns are established during early childhood.

Planning meals that include nutrient dense foods will lay the foundation for healthy eating and provide the nutrients children need for growth.

Immunizations

All children in licensed child care need to have proper immunizations. Providers should also have on file a copy of the child's most recent physical. While licensing standards require this to be updated every two years, having parents provide a physical annually will provide you with recent information and allow you the ability to address any needs sooner.

Please note that as of January 1, 2016 licensed staff who care for children under the age of six need to have on file proof of immunizations of Tdap (whooping cough, tetanus, and diphtheria), and the MMR (mumps, measles, and rubella).

Additional Wellness Topics:

Regular physicals: _____

Good hygiene: _____

Dental care: _____

Plenty of rest: _____

2015 Recommended Immunizations for Children from Birth Through 6 Years Old

Age	Icon	Immunization
Birth		HepB
1 month		HepB
2 months		RV
4 months		RV, DTaP, Hib, PCV, IPV
6 months		RV, DTaP, Hib, PCV, IPV
12 months		HepB, DTaP, Hib, PCV, IPV
15 months		DTaP
18 months		DTaP
19-23 months		DTaP
2-3 years		DTaP
4-6 years		DTaP

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.



For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
 or visit
<http://www.cdc.gov/vaccines>



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS
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Health Challenges to Children

Allergies

- Can develop at any _____ of life
- Consider how children with allergies are _____
- How is the _____ “cared for” to support children with allergies

Children and adults can have allergic reactions from things they touch, eat, or breathe. Recommend that parents consult with health professionals and nutritionists when the children in your care have allergies. When children have mild allergies, the most effective approach is to figure out the causes of the allergic reaction and avoid exposing the children to them.

Studies have shown that child care centers are a significant source for indoor allergens. To reduce allergens from spreading, children’s clothing is not allowed to touch other children’s clothing, so if cubbies are used for more than one child, clothing must be kept in a separate, non-plastic bag. Also, centers and family child care homes that have carpeted areas tend to have higher concentrations of allergens than non-carpeted facilities.

Asthma

Asthma is typically triggered by _____ in the environment.

Asthma is a common reaction to inhaled allergens, but not always. Changes in the weather, family history, obesity, and other respiratory conditions can trigger an asthma attack.

Secondhand Smoke

- Licensing prohibits _____ in child care areas
- Exposure puts infants at a greater risk of _____
- Children exposed to second hand smoke have more _____, asthma attacks, and are prone to bronchitis and _____
- Rates of exposure have declined steadily the past 25 years

While there has been a decline in exposure to secondhand smoke, there are several demographic groups that are at a higher risk of being exposed to second hand smoke. Those groups include: those living in multi-family housing (apartments/condos), low-income families, and African Americans, who have the highest rate of exposure (47 %) compared to Hispanics (24%) and Caucasians (22%).

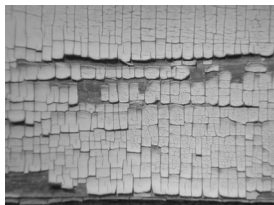
Lead Poisoning

Approximately 2% of the children under the age of 5 in Illinois have reported elevated levels of lead in their blood stream. It is estimated that this number may be higher as many children go untested.

Children at highest risk when:

- Practicing oral exploration
- Crawling/playing on floors

The Lead Poisoning Prevention Act of 2006 requires child care providers who receive child care assistance payments to provide families with information about the dangers of lead at least once a year.



Lead based paints, typically chip in a geometric pattern



Enamel and latex based paints typically flake or chip in strips and peel away.

Part 3: Policies

Policies

Providers need to establish and communicate policies in regards to overall health issue to parents. Some of the policies are dictated by licensing standards and other regulations. Providers may wish to have their own policies that go above and beyond the minimum required with licensing. For instance, a medical report for an infant is valid for two years according to DCFS licensing standards. As a provider, you may wish to have a new report submitted to you annually.

Illness Guidelines

Another way to promote wellness is to have and to enforce an illness policy. Children with a contagious disease or illness should not be in group care environments.

What are some symptoms that may result in a child being sent home?

If these symptoms are present, it is wise to remove or separate the child from the other children in the care setting as these symptoms are often the signs of a contagious infection. Be sure to check with licensing guidelines for a complete listing of symptoms that may prevent a child from participating in child care.

It is the provider's responsibility to clearly communicate with parents/ guardians when their children are too ill to attend and when they can return to the care setting. Promote wellness by following guidelines when children have contagious diseases or illnesses.

When establishing illness policies, ask the following questions:

- Can a mildly ill child be cared for?
- Can a child recovering from an illness be cared for?
- How are parents informed of the need to keep a child home or pick up a child from care?

When is a Child too Sick to be in Care?

Many times when children have an infection they have been contagious long before the symptoms occur. Because other children in your care have already been exposed, excluding ill children will do nothing to control the spread of the contagious infection.

There are times though when a child, care provider or parent/ guardian may have an infection that poses a risk to others and should not be in your care setting. The following are suggested criteria the American Academy of Pediatrics has for care settings. Licensed care providers must follow Illinois state guidelines.

Children should not be in care if they have:

- An illness that prevents them from comfortably participating in program activities.
- An illness that results in a greater need for care than what you can provide without compromising the health and safety of other children.
- A fever, is lethargic, irritable, persistently cries, has difficulty breathing, or manifests other symptoms of possible severe illness.
- Diarrhea or stools that contain blood or mucus.
- E coli O157:H7 or Shigella infection, until diarrhea resolves and two stool cultures are negative for these organisms.
- Two or more episodes of vomiting in 24 hours, unless vomiting is determined to be caused by a noncommunicable condition and there is no danger of dehydration.
- Mouth sores, unless the health care provider states that it is not infectious.
- A rash with a fever or behavior change, until a health care provider has determined that the illness is not a communicable disease.
- Conjunctivitis, until they have been examined by a health care provider and are approved for readmission with treatment.
- Tuberculosis, until a health care provider states that they are not infectious.
- Impetigo, until 24 hours after treatment has been initiated.
- Strep throat, until 24 hours after treatment has been initiated.
- Head lice, until after the first treatment.
- Scabies, until after treatment has been given.
- Chickenpox, until all lesions have dried and crusted (usually 6 days).
- Whooping cough, until 5 days of appropriate antibiotic therapy have been completed.
- Mumps, until 9 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis A virus (HAV) infection, until 1 week after onset of illness or jaundice (if symptoms are mild).

It is important to be mindful of the “typical” behavior of each individual child. Many cases need to be considered on an individual basis. Exclusion for illness is not always a strict policy. The main point to remember is “if the health of the other children is being compromised” then the child needs to be excluded from care.

It is your responsibility as a care provider to clearly communicate with parents/ guardians when their children are too ill to attend and when they can return to the care setting.

When is a Child too Sick to be in Care?

- Upon placing their child in care, parents/guardians need to receive a copy of your health policy.
- Help parents/guardians with alternate care plans before the fact. Many times parents/guardians don't think about alternate care plans upon enrollment. They think that their plans are in place when they choose care with you and are not thinking about what they will do when their children are ill.

When children are in group care, they may get more colds or mild illnesses than other children. In some cases, separating a mildly ill child from the rest of the children is not necessary. In most cases the child has already been contagious before symptoms occur.

If you feel the child is too ill to be in care, you should do the following:

- Call the parent/guardian to pick their child up from care.
- Separate her/him from the other children. Provide a quiet, comfortable space where you can continue to observe her/him as well as supervise the other children.
- Inform all the families in your care of the possible exposure to the illness and the need to watch for certain symptoms in the other children.

After a child with a contagious illness leaves your care setting, sanitize items that she/he may have used. Wash and bleach her/his bedding and cot. Sanitize toys and items she was using. If you have been holding her/him, change your smock

or shirt before holding another child and of course, WASH YOUR HANDS.

Used with permission from Parents as Teachers National Center, Inc.

Guide to Childhood Illnesses

ILLNESS	WHAT YOU SEE	WHAT TO DO	WHEN CAN CHILD GO BACK TO CHILD CARE?
5th DISEASE (Erythema infectiosum)	Fever, headache and very red cheeks. Lace-like rash on chest, stomach, arms and legs that lasts 3 days to 3 weeks. You may see the rash off and on. Usual for ages 5-14 and is unusual in adults.	Consult with child's doctor and ask about using over the counter pain/fever medicine. Give child plenty of fluids. Prevent scratching by trimming fingernails and putting gloves on the child during the night. Pregnant women exposed to this disease should consult with their doctor.	Keep child home if fever is present.
CHICKEN POX (Varicella)	Itchy, blistery rash with mild fever. Blisters usually occur in clumps and are more commonly seen on the stomach, chest and back. After several days, blisters scab over. Some children have only a few blisters, others can have several hundred.	Consult with child's doctor. Calamine lotion or cool baking soda in water bath can help to reduce itching. Prevent scratching by trimming fingernails and putting gloves on the child during the night.	Child should stay home, until all the blisters are crusted with no oozing scabs
COLD SORES & MOUTH SORES	Fever, painful, small, fluid-filled or red blisters on mouth, watery eyes, sore throat, chills and tiredness associated with the common cold, croup, pneumonia, respiratory syncytial virus (RSV), bronchitis and ear infections.	The sores should be kept as dry and covered as possible. Do not allow children to share toys.	If the child is drooling and has sores, consult child's doctor before returning to child care. Otherwise, child does not need to miss child care.
EAR, NOSE AND CHEST INFECTIONS	May include mild symptoms such as cough, runny nose, watery eyes, sore throat, chills and tiredness associated with the common cold, croup, pneumonia, respiratory syncytial virus (RSV), bronchitis and ear infections.	Make sure the child gets plenty of rest. Ask child's doctor about using over the counter pain or fever medicine. The child and those caring for him should wash their hands often. Seek medical treatment immediately if child has the following signs of difficulty breathing: -Blue or gray skin around the nose, mouth or fingernails -Struggles to breathe -Makes noisy, high-pitched sounds when breathing	Child who is listless or with fever should stay home. Child without fever does not need to miss child care as long as child can participate easily in activities.
DIARRHEA	The child's bowel movements are more frequent, loose and watery than usual. Stool may contain blood.	Make sure the child gets plenty of rest and give a diet of clear liquids. Breastfeeding can continue. If symptoms continue, fever occurs, or if blood appears in stool, call your doctor. The child and care givers should wash hands frequently.	Child can go back to child care when diarrhea is gone and the child feels better. *There are special exclusion rules for E. coli O157:H7 and Shigella
FEVER	An increase in body temperature above normal. It does not always indicate serious illness. A fever may be present if the child's temperature is 101 degrees measured by the mouth. The most common causes of fever in children are sickness, teething and recent vaccination.	Call child's doctor if your child is uncomfortable or has a change in behavior. If a child under 8 weeks of age has an armpit temperature of 100 degrees, call your doctor.	Child does not need to stay home unless child has a fever AND behavior changes, signs or symptoms of illness.
FLU (Influenza)	Fever, chills, sore throat, cough, headache, muscle aches, extreme sleepiness. Some children may develop pneumonia with influenza. Children with influenza may have nausea, vomiting or diarrhea but never without respiratory symptoms.	Consult with child's doctor. Make sure child gets plenty of rest. Ask doctor about over-the-counter fever/pain relievers and antiviral medicine. All children older than six months are recommended to get an influenza vaccination every year.	Child can go back to child care after the child feels well.
HEPATITIS A	Stomach pain, sick feeling, fever and diarrhea. Skin and white part of eyes might turn yellow.	Consult with child's doctor IMMEDIATELY.	Child can go back to child care one week after the start of symptoms.
IMPETIGO	Skin sore with a yellow, honey colored scab. It may ooze and drain. Most sores are on the face, around the nose and mouth.	Consult with child's doctor. Your doctor may give you medicine and will tell you how to take care of the sores. The child and care givers should wash hands frequently.	Child can go back to child care 24 hours after the child started medicine from the doctor.
LICE (Pediculosis)	Lice (bugs) and eggs (nits) in hair near scalp, especially on top of head, behind ears, and back of neck causing scalp to itch.	Use regular shampoo and cream rinse daily for 14 days. Comb hair everyday with a fine toothed comb while cream rinse is still in the hair.	There is no need for child to be sent home from child care the day of diagnosis and should be allowed to return after first treatment. Call 800-369-2229 and request "Getting Rid of Head Lice" brochure.
MENINGITIS (Viral or Bacterial)	Fever, headache and stiff neck are common symptoms in anyone over 2 years old. Newborns and small infants may appear over-sleepy or inactive, be irritable, vomit or feed poorly.	Consult with child's doctor IMMEDIATELY. Viral meningitis is only spread when someone has contact with an infected person's stool. Bacterial meningitis can be spread through the air, so close contacts may be given medicine to prevent illness.	Children with bacterial meningitis may return to child care 24 hours after starting antibiotics. Children with viral meningitis may return when feeling better.
MRSA – community acquired (Methicillin resistant Staph aureus)	A boil or pimple that can be swollen red and painful and have drainage. Often mistaken for a spider bite.	Consult with child's doctor. Treat and cover all open wounds. Reinforce hand washing and environmental cleaning.	Child or staff does not need to stay home if the wound is covered.
MUMPS	Rare in children with 2 doses of the measles, mumps and rubella vaccine. Fever, swollen and sore glands at the jaw. Sometimes children also have a cough and runny nose.	Consult with child's doctor and ask about using over the counter pain/fever medicine. Give plenty of liquids.	Child can go back to child care 5 days after start of symptoms or until symptoms are gone, whichever is longer.
PINK EYE (Purulent Conjunctivitis)	Eyes are red/pink with creamy or yellow discharge and the eyelids may be matted after sleep. Eyelids and around the eyes may be red, swollen and painful.	Consult with child's doctor. Child without fever should continue to be watched for other symptoms by parents or child care providers.	Child may return to child care when all symptoms are gone.
RASH ILLNESS	Usually red, splotchy areas on the skin, sometimes with bumps that may or may not be whitish in color. Child may have a fever or behavioral change.	Consult with child's doctor if child develops a fever and acts differently with the rash.	If the child has no fever or behavioral change with rash, then the child may return to child care.
RINGWORM	Ring shaped, scaly spot on skin or head. May leave a lighter spot on skin or a flaky patch of baldness on head. May have a raised donut-shaped appearance.	Consult with child's doctor. Ringworm is spread by direct skin to skin contact. Cover the area to prevent spread. Do not let your child share personal items (combs, brushes, clothing, towels, bedding). Dry skin thoroughly after washing and wash bathroom surfaces and toys daily.	Child does not need to miss child care. Child should not go to the gym, swimming pools or play contact sports. It is important to know that treatment may take at least 4 weeks.
SCABIES	Severe itching that can be worse at night. You may see small red bumps on the skin or burrows between fingers, on wrists or elbows, in armpits, or on waistline.	Consult with child's doctor.	Child can go back to child care 24 hours after first treatment.
STREP THROAT	Sore throats can be due to many causes. Strep throat is a severe form of a sore throat. Common symptoms include: sore throat, hard to swallow, fever, enlarged glands and extreme fatigue.	Consult with child's doctor. Give all medicine for the entire time directed. Antibiotics are not recommended for treatment without a positive laboratory test.	Child can go back to child care 24 hours after antibiotics are started.
VOMITING	Common causes of vomiting are sickness and upset stomach.	Consult with child's doctor if fever is present. Call doctor immediately if child is unable to keep fluids down for more than 24 hours.	Child can return to child care once symptoms are gone.
WHOOPING COUGH (Pertussis)	Persistent, deep-sounding cough. Some children may have a "whoop" sound in cough. Some may vomit or lose their breath during and after coughing.	Consult with child's doctor. Give all prescribed medicine for the entire time directed. Doctor may prescribe medicine to close contacts to prevent illness.	Child can go back to child care after 5 days of antibiotics or 21 days of cough if no antibiotics are given.

Administering Medication

Examples of types of medication that may be administered with parent permission include:

- _____ - ointments such as sunscreen and diaper rash creams; eye drops
- _____ - liquid; capsules; tablets
- _____ - allergy; asthma
- _____ - EpiPen; insulin*

*must have training to administer injectable medications

Medications come in various forms. Medications can be used as prevention (sunscreen), allow a child to return to care (antibiotics), assist in an emergency (EpiPen), or treat a chronic health condition (asthma). Regardless of the type, parent permission is needed to administer medications.

Best practices as outlined by the American Academy of Pediatrics includes parents administering prescription medications at home. At times, it may be necessary for the child care provider to administer medications.

Illinois requirements:

- _____ staff
- Prescription medication shall be administered as required by a _____, subject to the receipt of appropriate _____ from parents
- _____ medications given only to the child whose _____ is on the label
- _____ dispensed in accordance to manufacturer's directions
- Provider maintains proper _____

There are several specific Illinois requirements for administering medication. A specific staff person shall be designated to administer and properly document the dispensation of the medication each day. Prescription medication shall be administered as required by a physician, subject to the receipt of appropriate releases from parents which shall be on file and regularly updated. Prescription medication shall be used only for the child named on the label. Over-the-counter medications may be dispensed in accordance with manufacturer's instructions when provided by the parent with written permission. The day care center shall maintain a record of the dates, times administered, dosages, prescription number, if applicable, and the name of the person administering the medication.

Steps to Administering Medication

(source: *Healthy Child Care America – Medication Administration in Early Care and Child Care Settings*)

1. Prepare

- Wash hands
- Take out medication
- Verify label and permission form
- Measure proper dosage

- Record time

2. Administration

- Communicate with child
- Wash child’s hands
- Position child (if needed)
- Never force a child to take medication. If the child refuses, notify the parents.

3. Finish

- Complete log and sign
- Clean measuring device
- Wash hands
- Observe child for any side effects

Administering Medication Activity:

Complete the medicine log using the following information:

Per parent permission and instructions, today before lunch you gave Nick one 125 mg capsule of Depakote sprinkles. Shortly after waking from his nap at 2:30 PM, you notice a rash on Nick’s forearms.

Group Activity: Recording the Dose of Medication: Nick

Medication Log	
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER	

Name of child _____ Weight of child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

Comments/Observations:

Cultural Practices Surrounding Health and Health Care

Culture includes customs, skills, ideas, values, and norms that are transmitted from one generation to the next. Every culture has its own customs that have a significant influence on one's health.

Culture impacts personal hygiene, medical care, immunizations, nutrition, and child rearing practices.

Providers and teachers play a vital role in respecting one's culture and creating an awareness of health practices needed to ensure a healthy care environment. Being respectful of one's culture, yet adhering to policy, can be tricky. Provide tools to parents that support policy, as well as listen to parents in regards to their cultural practices.

Complete the chart by providing an example of how culture can impact each health practice:

Health Practice	Cultural Impact
Diet	
Personal Hygiene	
Immunizations	
Breastfeeding	
Co-sleeping	
Types of treatments - acupuncture, herbal, prescription	

Competency Checklist

Reflect on your understanding of the following competencies:

- Show the steps in proper handwashing procedure.
- Show the steps in proper diapering procedure.
- Show the procedures for proper cleaning of equipment, toys, and surfaces.
- Identify ways to include health principles within the child care environment and daily routine.
- Describe how good health supports cognitive, social and emotional, motor, and language development of children.
- Describe approaches to teaching children about health, cleanliness and fitness as part of daily routines.
- Identify typical signs of mild illness.
- List steps to follow in caring for children who are mildly ill.

- Describe how conflict, stress, and trauma affect children's health and emotional well-being.
- Identify a cultural practice surrounding health and health care.
- Identify typical signs of communicable diseases.
- Recall regulations for excluding children who are ill.
- Recall state child care licensing standards that relate to health.
- Identify responsibilities of child care personnel in dispensing medication to individual children.
- Use a file of local resources for teaching children about health, cleanliness, and fitness.
- Identify reasons for requiring immunizations for young children.

Resources

Hand Washing Songs and Finger Plays

1. Sung to tune of Twinkle Twinkle Little Star (takes about 20 seconds, the perfect length for washing hands)

Twinkle, Twinkle, little star
See how clean my two hands are
Soap and water wash and scrub
Get those germs off rub a dub
Twinkle, Twinkle, little star
See how clean my two hands are.

2. Sung to tune of Row, Row, Row your Boat (Sing two times through for the correct length of time)

Wash, wash, wash your hands
After work and play.
Scrub and rinse and
Shake and dry
To wash the germs away.

Finger plays

Five Little Germs (use your fingers or flannel board)

Five little germs, sitting in a row
The first one said, "On hands, I like to grow."
The second one said, "I like to fly in the air."
The third one said, "I don't care."
The fourth one said, "I travel on a sneeze."
The fifth one said, "Wash your hands? Oh, please!"
Swish goes the water
Bubble goes the soap
And the five little germs
Down the drain they float.

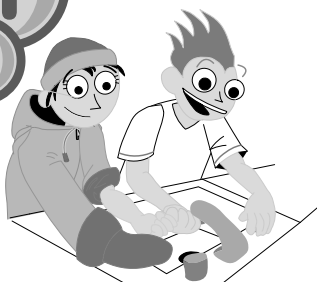
Hand Washing Poster



The 6 Steps of Handwashing

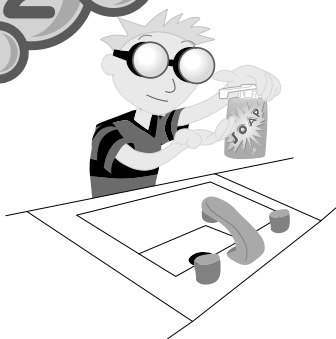


1



Step #1:
Wet your hands with warm water.

2



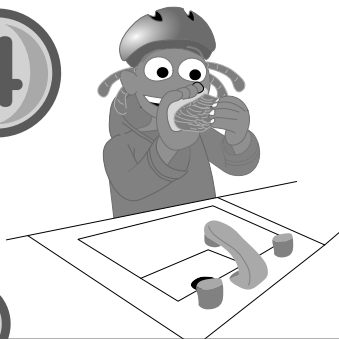
Step #2:
Apply soap.

3



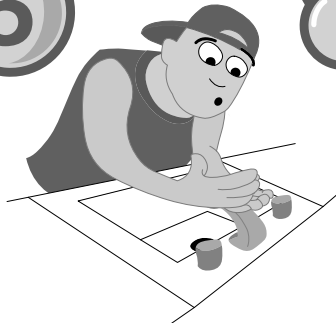
Step #3:
Rub your hands together, and even get between those fingers for 20 seconds.

4



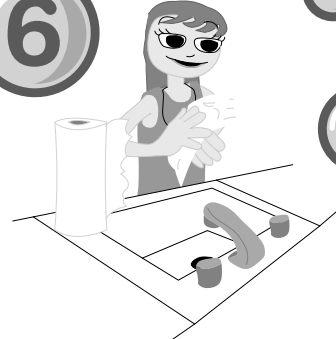
Step #4:
Don't forget your fingernails. Use a nailbrush if you have one.

5



Step #5:
Rinse the germs away.

6



Step #6:
Dry your hands.

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www.scrubclub.org
(888) 99-SAFER

Proper Diapering and Hand Washing Procedures

Diapering:

1. Gather all materials needed BEFORE placing child on clean surface. This includes removing wipes from the container.
2. Always change children's diapers or clothing on a smooth, non-absorbent, easily cleanable surface.
3. A new pair of DISPOSABLE, non-permeable gloves must be worn during each diaper change to protect your health. Gloves are only required in family child care if a child has watery or bloody stools.
4. Place child on diapering table. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
5. Remove soiled diaper and place into lined, hands-free, covered trash container. (To limit odor, seal in a plastic bag before placing into trash container.)
6. Use wipes to clean child's bottom from front to back.
7. Use a wipe to remove soil from adult's hands.
8. Use another wipe to remove soil from child's hands.
9. Throw soiled wipes into lined, hands-free trash container.
10. Put on clean diaper and redress child.
11. Place child at sink and wash hands following the "hand washing procedure."
12. Spray diapering surface with a soap-water solution to clean. Wipe dry with disposable towel.
13. Spray diapering surface with bleach-water solution and wait at least 2 minutes before wiping with disposable towel or allow to air dry. The surface cannot be sprayed and immediately wiped. Change Bleach Solution Daily!
14. Wash own hands using the "hand washing procedure," without contaminating any other surface.

Hand washing:

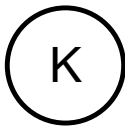
1. Wet hands under warm running water.
2. Lather both hands well and scrub vigorously for at least 15 seconds.
3. Rinse hands thoroughly under warm running water.
4. Dry both hands with a new single-use towel or automatic dryer.
5. For hand-held faucets, turn off the water using a disposable towel instead of bare hands to avoid recontamination of clean hands.

Additional Resource (Optional): *Henry the Hand, Champion Handwasher*

<http://www.henrythehand.com/>

Log for Bleach Water

DATE	INITIAL	DATE	INITIAL	DATE	INITIAL



Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
Food Areas						
• Food preparation surfaces	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
• Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; Use of an automated dishwasher will sanitize
• Tables & highchair trays	Clean, Sanitize	Clean, Sanitize				
• Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
• Food preparation appliances		Clean	Clean, Sanitize			
• Mixed use tables	Clean, Sanitize					Before serving food
• Refrigerator					Clean	
Child Care Areas						
• Plastic mouthed toys		Clean	Clean, Sanitize			
• Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boil for one minute
• Hats			Clean			Clean after each use if head lice present
• Door & cabinet handles			Clean, Disinfect			

**Placeholder for Cleaning vs. Sanitizing poster -
tried to place it and it said the PDF is password
protected?**

