Appendix A

Child Care Admission Agreement

_____
NAME OF EARLY CARE AND EDUCATION FACILITY

_____
ADDRESS

_____
PHONE

I, _____
TITLE/NAME OF STAFF MEMBER

confirm that this child care facility is open

_____
OPERATING DAYS AND HOURS.

Our facility is closed for the following holidays:

_____
HOLIDAYS WHEN FACILITY IS CLOSED.

I have provided, and you _____ have reviewed, accepted, and received a copy of,
PARENT/LEGAL GUARDIAN

the following procedures: (Check each as it is reviewed.)

- ☐ Payment of fees/deposits, late fees/refunds
- ☐ Drop-off and pickup and daily sign-in/sign-out
- ☐ Authorized individuals who may pick up my child(ren) and their responsibility to maintain current contact information
- ☐ Late pickup, nonattendance
- ☐ Contact of designated individuals in an emergency
- ☐ Passenger and pedestrian safety
- ☐ Family member access to the facility whenever the child is in care
- ☐ Exchange of information about the child with staff members, consultants, and the child's other health care, education, and social service professionals
- ☐ Content and confidentiality of records, release of information
- ☐ Infant sleeping practices (for children younger than 12 months)
- ☐ Documentation of routine health assessments, including immunizations and screening tests, and any conditions that require special accommodations for daily or emergency health or behavioral or developmental support for the child
- ☐ Inclusion/exclusion for illness
- ☐ Required clothing for messy activities, outdoor play, and diapering or toileting accidents
- ☐ Expected family involvement in the child care program

I, _____
PARENT'S NAME

The parent/legal guardian of

_____
CHILD

agree to the following: (Initial all that apply.)

_____ Pay fee per day/week/month on _____
DAY/DATE OF MONTH.

_____ The late payment fee is $ _____ .

_____ Late pickup fee for _____ is $ _____ .
MINUTES LATE

_____ Volunteer to work _____ hours a week with the program.
HOURS

_____ Comply with the program's policies and procedures.

_____ Obtain a special care plan from my child's health care professional(s) if my child requires any type of care other than what typical children of my child's age usually need.

_____ Provide this special care plan prior to my child's entry/reentry to care that specifies any emergency procedures, medications, or equipment that my child requires.

_____ Review this special care plan with my child's health care professional(s) each time my child receives health care services and ask to have the plan updated as needed.

_____ Whenever the special care plan is updated, provide a copy of the updated plan to the director of this child care program.

_____ Services to be provided as part of the child care fee (eg, transportation, meals) are

_____

_____

_____ Child's planned arrival time _____ Child's planned departure time _____ .

_____ Obtain routine health assessments (checkups, including immunizations) for my child according to the current schedule recommended by the American Academy of Pediatrics.

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

_____ Follow up on any medical, dental, or developmental needs of my child identified by my child's health care professional or by staff members of the child care program.

_____ Complete a daily sign-in/sign-out form, and stay until my child's teacher/caregiver welcomes my child and talks with me about plans for the day.

_____ Discuss with my child's teacher/caregiver _____ in advance how to
AMOUNT OF TIME
celebrate my child's birthday and any special customs for our family related to holiday celebrations.

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

_____ Complete medication forms and comply with medication administration procedures when requesting medication administration while my child is in the program.

_____ Provide program staff with _____ necessary for my child's care.
EG, LINENS, FULL CHANGE OF CLOTHING INCLUDING SHOES, TOOTHBRUSH

_____ Provide current information about how to contact me in an emergency situation, which I will update when changes occur and verify at least every 6 months.

_____ Agree to discuss with

_____
TITLE/NAME OF STAFF MEMBER

any concerns related to program operations.

_____ Provide the names and signed and dated photographs of designated persons to whom child may be released for facility records, understanding that these individuals will need to confirm their identity with a photo ID and signature that matches the photo and signature kept in facility records.

_____ Allow my child to be photographed or provide a current picture of my child for staff to carry whenever children are taken off-site or to post in my child's classroom for identification.

_____ _____
PARENT/LEGAL GUARDIAN SIGNATURE DATE

Note to program administrators: This agreement should be reviewed by legal counsel for your facility.
This is a contract. Many contracts for other types of services include more information than present on this form.

Appendix B

Application for Child Care Services/Enrollment Information

LEGAL NAME OF CHILD | BIRTH DATE | MALE/FEMALE

ADDRESS

CITY | STATE | ZIP CODE

PARENT/LEGAL GUARDIAN #1 | RELATIONSHIP

HOME ADDRESS

WORK ADDRESS

PHONE: HOME | CELL | BUSINESS

BUSINESS HOURS

E-MAIL

PARENT/LEGAL GUARDIAN #2 | RELATIONSHIP

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

WORK ADDRESS

PHONE: HOME | CELL | BUSINESS

BUSINESS HOURS

E-MAIL

DAYS/HOURS WHEN CARE IS NEEDED | REASON FOR ENTRY INTO CHILD CARE

TRANSPORTATION ARRANGEMENT TO AND FROM PROGRAM

COMPOSITION OF FAMILY

PARENT/LEGAL GUARDIAN'S FORMAL EDUCATION (#1) HIGHEST GRADE COMPLETED (#2) HIGHEST GRADE COMPLETED

LANGUAGE(S) SPOKEN AT HOME

ANY PREVIOUS CHILD CARE EXPERIENCE

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

SPECIAL NEEDS OF PARENTS (EG, INABILITY TO CLIMB STAIRS, DIFFICULTY LIFTING CHILD)

Disability or special needs of child (eg, medications, treatments, allergies, food intolerance, conditions, behaviors)
☐ No ☐ Yes *(Complete special care plan and Authorization for Release of Information forms.)*

USUAL EATING SCHEDULE

FOODS CHILD LIKES DISLIKES

ELIMINATION PATTERNS (TOILETING/DIAPERING)

THINGS THAT COMFORT CHILD SCARE CHILD

CULTURAL HABITS/HOME ISSUES THAT MAY AFFECT CHILD'S BEHAVIOR

What is the relationship of the child to the people listed on the Child Care Admission Agreement who are authorized to pick up this child from child care?

NAME AND RELATIONSHIP NAME AND RELATIONSHIP

NAME AND RELATIONSHIP NAME AND RELATIONSHIP

WHO WILL CARE FOR THE CHILD WHEN THE CHILD IS TOO ILL TO BE IN THE PROGRAM
(Complete the Emergency Contact and Pickup Information form.)

PARENT/LEGAL GUARDIAN'S SIGNATURE DATE

ENROLLMENT DATE

Appendix C

Child Health Assessment

Parent/legal guardian and teachers/child care providers fill in this part.

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

To parents: Be sure to sign a consent form for your child's teachers/caregivers and one for your child's health care professional to share information about your child's health with one another.

This facility requires that children who are enrolled in a group care setting have received age-appropriate preventive health services, including screenings and immunizations that meet the current recommendations of the American Academy of Pediatrics. This schedule is available on the Internet at http://pediatrics.aappublications.org/content/suppl/2007/12/03/120.6.1376.DC1/Preventive_Health_Care_Chart.pdf.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND EMERGENCIES (DESCRIBE, IF ANY) ☐ NONE	DATE OF MOST RECENT WELL-CHILD EXAM _____ This form may be updated (instead of completing a new form) at each checkup visit by the child's health care professional with dated, initialed notes or by attaching a printout of an electronic medical record note.
ALLERGIES TO FOOD OR MEDICINE (DESCRIBE IF ANY) ☐ NONE	

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

LENGTH/HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
_____, % _____	_____, % _____	_____, % _____	(Beginning at age 3)

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

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP, Tdap						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
ROTAVIRUS						
INFLUENZA						
HEPATITIS A						
HPV						
MENINGOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
BEHAVIOR		
LIPID RISK		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		NAME OF CHILD'S DENTIST

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

☐ NONE

NEXT APPOINTMENT—MONTH/YEAR:

PRINT HEALTH CARE PROFESSIONAL NAME (PEDIATRICIAN, FAMILY PRACTICE PHYSICIAN, OR PEDIATRIC/FAMILY PRACTICE NURSE PRACTITIONER)		SIGNATURE OF PHYSICIAN OR NURSE PRACTITIONER	
ADDRESS			
	PHONE	LICENSE NUMBER	DATE FORM COMPLETED OR UPDATED

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures
Prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
Age[a]	Prenatal[b]	Newborn[c]	3–5 d[d]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																																
Initial/interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/height and weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for length		●	●	●	●	●	●	●	●	●	●																					
Body mass index												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood pressure[a]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision		★	★	★	★	★	★	★	★	★	★	★	★	●[f]	●	●	●	★	●	★	●	★	●	★	★	●	★	★	●	★	★	★
Hearing		●[g]	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental screening[h]								●			●		●																			
Autism screening[i]											●	●																				
Developmental surveillance[h]		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/behavioral assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and drug use assessment																						★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION[j]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[k]																																
Newborn metabolic/hemoglobin screening[l]	◄	●	►																													
Immunization[m]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or hemoglobin[n]						★			●		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead screening[o]							★	★	●or★[p]		★	●or★[p]		★	★	★	★															
Tuberculin test[q]				★			★		★		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia screening[r]												★			★		★		★		★	★	★	★	★	★	★	★	◄	●	►
STI screening[s]																						★	★	★	★	★	★	★	★	★	★	★
Cervical dysplasia screening[t]																						★	★	★	★	★	★	★	★	★	★	★
ORAL HEALTH[u]							★	★	●or★[u]		●or★[u]	●or★[u]	●or★[u]	●[v]			●[v]															
ANTICIPATORY GUIDANCE[w]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

[a] If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

[b] A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456].

[c] Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.

[d] Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434].

[e] Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

[f] If the patient is uncooperative, rescreen within 6 months per AAP statement "Eye Examination and Vision Screening in Infants, Children, and Young Adults" (1996) [URL: http://aappolicy.aappublications.org/cgi/reprint/pediatrics;98/1/153.pdf].

[g] All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs " (2000) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798]. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics.* 2007;120:898–921.

[h] AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics.* 2006;118:405–420 [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405].

[i] Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics.* 2007;119:152–153 [URL: http://pediatrics.aappublications.org/cgi/content/full/119/1/152].

[j] At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.

[k] These may be modified, depending on entry point into schedule and individual need.

[l] Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.

[m] Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics.* Every visit should be an opportunity to update and complete a child's immunizations.

[n] See AAP *Pediatric Nutrition Handbook,* 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR Recomm Rep.* 1998;47(RR-3):1–36.

[o] For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036]. Additionally, screening should be done in accordance with state law where applicable.

[p] Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.

[q] Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases.* Testing should be done on recognition of high-risk factors.

[r] "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: http://circ.ahajournals.org/cgi/content/full/106/25/3143] and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics.* In press.

[s] All sexually active patients should be screened for sexually transmitted infections (STIs).

[t] All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).

[u] Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.

[v] At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.

[w] Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.)

● = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ◄—● —► = range during which a service may be provided, with the symbol indicating the preferred age

Appendix E

Refusal to Vaccinate

CHILD'S/ADULT WORKER'S NAME

CHILD'S PARENT'S/GUARDIAN'S NAME

I have had the opportunity to discuss the recommended vaccines and my refusal with my/my child's doctor or nurse, who has answered all of my questions about the recommended vaccine(s). I have had the opportunity to review a list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine on the Web site of the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/pubs/vis/default.htm.

I still decline the following nationally recommended immunizations:

Name of Vaccine	Check if Recommended for Age and Risk	Declined or Delayed; Initials and Date
Hepatitis B		
Diphtheria, tetanus, acellular pertussis (DTaP or Tdap)		
Diphtheria, tetanus (DT or Td)		
Haemophilus influenzae type b (Hib)		
Pneumococcal conjugate or polysaccharide		
Inactivated poliovirus (IPV)		
Measles-mumps-rubella (MMR)		
Varicella (chickenpox)		
Influenza (flu)		
Meningococcal conjugate or polysaccharide		
Hepatitis A		
Rotavirus		
Human papillomavirus (HPV)		
Other		

I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).
- That some vaccine-preventable diseases are common in other countries and that unvaccinated people could easily get one of these diseases while traveling or from a traveler who comes to anyplace in my community.
- Without receiving the vaccine(s) according to the medically accepted schedule, the consequences may include getting the disease that could increase the risk of certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness, as well as other severe and permanent effects.
- Spreading the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring staying at home for a prolonged time.

I agree to tell all health care and all education professionals in all settings what vaccines I/my child have/has not received. Lacking immunization may require isolation or immediate medical evaluation and tests that might not be necessary if the vaccines had been given.

I know that I may revisit this issue with my (child's) doctor or nurse at any time and that I may change my mind and accept vaccination any time in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

ADULT WORKER OR PARENT/GUARDIAN SIGNATURE DATE

WITNESS NAME (PRINT)

WITNESS SIGNATURE DATE

Reliable Immunization Resources for Educators and Parents/Legal Guardians

Web sites

1. **American Academy of Pediatrics (AAP) Childhood Immunization Support Program (CISP)**

   Information for providers and parents.

   www.aap.org/immunization

   www2.aap.org/immunization/pediatricians/refusaltovaccinate.html

2. **Immunization Action Coalition (IAC)**

   The IAC works to increase immunization rates by creating and distributing educational materials for health professionals and the public that enhance the delivery of safe and effective immunization services. The IAC "Unprotected People Reports" are case reports, personal testimonies, and newspaper and journal articles about people who have suffered or died from vaccine-preventable diseases.

   www.immunize.org/reports

3. **Centers for Disease Control and Prevention (CDC) National Immunization Program**

   Information about vaccine safety. Provide possible health consequences of non-vaccination and possible side effects of each vaccine.

   www.cdc.gov/vaccines/parents/index.html

   www.cdc.gov/vaccines/pubs/vis/default.htm

   www.cdc.gov/vaccines/hcp.htm

4. **National Network for Immunization Information (NNii)**

   Includes information to help answer patients' questions and provide the facts about immunizations.

   www.immunizationinfo.org/professionals

   www.immunizationinfo.org/parents

5. **Vaccine Education Center at Children's Hospital of Philadelphia**

   Information for parents includes "Vaccine Safety FAQs" and "A Look at Each Vaccine."

   www.vaccine.chop.edu

6. **Why Immunize?**

   A description of the individual diseases and the benefits expected from vaccination.

   www2.aap.org/immunization/families/faq/whyimmunize.pdf

7. **Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health**

   Provides an independent assessment of vaccines and vaccine safety to help guide decision-makers and educate physicians, the public, and the media about key issues surrounding the safety of vaccines.

   www.vaccinesafety.edu

8. Pennsylvania Immunization Education Program of Pennsylvania Chapter, AAP

Includes answers to common vaccine questions and topics, such as addressing vaccine safety concerns, evaluating anti-vaccine claims, sources of accurate immunization information on the Web, and talking with parents about vaccine safety.

www.paiep.org

9. Immunize Canada

Immunize Canada aims to meet the goal of eliminating vaccine-preventable disease through education, promotion, advocacy, and media relations. It includes resources for parents and providers.

www.immunize.cpha.ca/en/default.aspx

Handout

1. Immunization Action Coalition. Reliable sources of immunization information: where to go to find answers! http://www.immunize.org/catg.d/p4012.pdf. Accessed July 8, 2013

Books

1. Myers MG, Pineda D. *Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety Concerns.* Galveston, TX: Immunizations for Public Health; 2008
2. Offit PA. *Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure.* New York, NY: Columbia University Press; 2008
3. Offit PA. *Deadly Choices: How the Anti-Vaccine Movement Threatens Us All.* New York, NY: Basic Books; 2011
4. Mnookin S. *The Panic Virus: A True Story of Medicine, Science, and Fear.* New York, NY: Simon and Schuster; 2011
5. Offit PA, Moser CA. *Vaccines and Your Child: Separating Fact from Fiction.* New York, NY: Columbia University Press; 2011

Adapted with permission from the American Academy of Pediatrics. Refusal to Vaccinate. http://www2.aap.org/immunization/pediatricians/pdf/RefusaltoVaccinate.pdf. Accessed August 29, 2013

Appendix F

Staff and Child Emergency Contact and Child Pickup Information

(The information on this form is confidential, to be shared only with written consent of the source of the information.)

CHILD'S/STAFF MEMBER'S LEGAL NAME _____ BIRTH DATE _____

CHILD'S/STAFF MEMBER'S USUAL ARRIVAL TIME _____ USUAL DEPARTURE TIME _____

IF PART-TIME, WHAT DAYS? _____

DATE ENROLLED/WORKED IN PROGRAM _____ OTHER CURRENT ENROLLMENT/WORK ARRANGEMENTS _____

Contact Information

PARENT/LEGAL GUARDIAN/NEXT OF KIN #1 NAME _____

RELATIONSHIP _____

TELEPHONE NUMBERS _____
HOME CELL WORK

E-MAIL(S) _____

LANGUAGE(S) SPOKEN _____
PREFERRED OTHER LANGUAGES SPOKEN

WORK/SCHOOL NAME OF PARENT/LEGAL GUARDIAN _____ STUDENT? YES NO

WORK/SCHOOL ADDRESS:NAME OF SUPERVISOR/PRINCIPAL _____

PARENT/LEGAL GUARDIAN/NEXT OF KIN #2 NAME

RELATIONSHIP

TELEPHONE NUMBERS HOME CELL WORK

E-MAIL(S)

LANGUAGE(S) SPOKEN PREFERRED OTHER LANGUAGES SPOKEN

WORK/SCHOOL NAME OF PARENT/LEGAL GUARDIAN STUDENT? YES NO

WORK/SCHOOL ADDRESS

NAME OF SUPERVISOR/PRINCIPAL

Backup Emergency Contacts

(Individuals to whom a child may be released if parent/legal guardian is unavailable or who may be contacted in an emergency for a staff member or for a child.)

EMERGENCY CONTACT #1

RELATIONSHIP

TELEPHONE NUMBERS (CIRCLE ONE TO TRY FIRST.) HOME CELL WORK

E-MAIL(S)

LANGUAGE(S) SPOKEN PREFERRED OTHER LANGUAGES SPOKEN

EMERGENCY CONTACT #2

RELATIONSHIP

TELEPHONE NUMBERS (CIRCLE ONE TO TRY FIRST.) HOME CELL WORK

E-MAIL(S)

LANGUAGE(S) SPOKEN PREFERRED OTHER LANGUAGES SPOKEN

Household Members Who Live in the Child's/Staff Member's Home

Name	Relationship	Date of Birth/Age

(Attach extra sheets if needed to list additional household members.)

Child's/Staff Member's Usual Source of Medical Care

NAME

ADDRESS

TELEPHONE NUMBER

Child's/Staff Member's Usual Source of Dental Care

NAME

ADDRESS

TELEPHONE NUMBER

Child's/Staff Member's Health Insurance

NAME OF INSURANCE PLAN ID #

SUBSCRIBER'S NAME (ON INSURANCE CARD)

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

Name any concern that might require special care and be sure to complete the Emergency Information Form for Children/Staff Members With Special Needs. Expect and give permission for the center to post the name, photo, and type of health concern the child/staff member has that might require an emergency response, eg, food allergy, severe reaction to insect stings, asthma, blood sugar condition, medication problem.

Transport Arrangement in an Emergency Situation

In an emergency, the program will call 911. Usually, emergency medical services first responders will take sick or injured children to _____ and adult patients to _____.
NAME OF HOSPITAL NAME OF HOSPITAL

Parent/Legal Guardian/Staff Member Consent

As parent/legal guardian/staff member, I give consent for my child/me to receive first aid from facility staff and, if necessary, to be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. The information on this form may be shared with staff members who are responsible for supervision of my child/staff. I understand that I will be asked to sign separate consent forms for medication administration, release of confidential information, field trips, and special program activities.

For child pickup and emergencies: If I am unavailable for a routine or emergency pickup of a child, I give consent for the emergency contact person listed previously **to act on my behalf** until I am available. I understand that a photo ID and interview related to information on this form will be requested by staff members to be sure that the person picking up my child is a person who is listed on this form as a person who is authorized to do so. I agree to review and update this information whenever a change occurs and at least every 6 months.

DATE PARENT/LEGAL GUARDIAN'S/STAFF MEMBER'S SIGNATURE #1

DATE PARENT/LEGAL GUARDIAN'S/STAFF MEMBER'S SIGNATURE #2

DATE EMERGENCY CONTACT PERSON'S SIGNATURE #1

DATE EMERGENCY CONTACT PERSON'S SIGNATURE #2

Adapted with permission from Children's Village Child Care Center, Philadelphia, PA, Emergency and Pick-up Contact Information form, March 2013.

Appendix G

Special Care Plan Forms

Care Plan for a Child With Special Needs in Child Care

Today's Date _____

Full Name of Child	Birth Date	Child's Present Weight
Parent's/Legal Guardian's Name (Please * first person to contact.)	Cell/Home/Work Phone #	Signature for Consent*
Emergency Contact Person (Name/Relationship)	Cell/Home/Work Phone #	*Consent for health care professional to communicate with my child's teacher/child care provider to discuss information relating to this care plan
Primary Health Care Professional	Emergency Phone #	Authorization for Release of Information Form completed? ☐N/A ☐Yes ☐No
Specialty Provider	Emergency Phone #	Emergency Information Form for Children With Special Needs completed? ☐N/A ☐Yes ☐No
Specialty Provider	Emergency Phone #	Specialty Care Plan(s) completed? ☐N/A ☐Yes ☐No
Allergies No Yes If yes, please specify.		
Medical/Behavioral Concerns		
Needed Accommodations (Please describe accommodation and why it is necessary. Attach additional pages if needed to provide complete information.) Diet/Feeding Classroom Activities Nap/Sleep	Toileting Outdoor or Field Trips Transportation	

Recommended Treatment		
Medications to Be Given at Child Care Specify medications on Medication Administration Forms.	☐ No ☐ Yes	If yes, Medication Administration Forms completed? ☐ Yes ☐ No
Medications Given at Home	☐ No ☐ Yes	If yes, please list in additional information section or attach info.
Special Equipment/Medical Supplies	☐ No ☐ Yes	If yes, please list in additional information section or attach info.
Special Staff Training Needs	☐ No ☐ Yes	If yes, please list in additional information section or attach info.
Special Emergency Procedures	☐ No ☐ Yes	If yes, please list in additional information section or attach info.
Other Specialists Working With This Child	☐ No ☐ Yes	If yes, please list and indicate the role(s) of specialists who are working with the child.
Parent/Legal Guardian Signature Acknowledging Review of Above Information		
Additional Information/Comments on Child, Family, or Medical Issues		Additional Information Attached ☐ No ☐ Yes
Health Care Professional's Signature		Health Care Professional's Name Printed

Based on a form in the Children With Special Needs Self-Learning Module at www.ecels-healthychildcarepa.org.

BEHAVIORAL DATA COLLECTION SHEET

This sheet is intended to be used by caregivers to document a child's behavior that is of concern to them. The behavior may warrant evaluation by a health care provider, discussion with parents, and/or consultation with other professionals.

Child's name: _____ Date: _____

1. Describe behavior observed: (See below for some descriptions.)

   _____

2. Behavior noted from: _____ to _____
   (time) *(time)*

3. During that time, how often did the child engage in the behavior? (e.g. once, 2-5 times, 6-10 times, 11-25 times, >25 times, >100 times) _____

4. What activity(ies) was the child involved in when the behavior occurred? (e.g. Was the child involved in a task? Was the child alone? Had the child been denied access to a special toy, food, or activity?) _____

5. Where did the behavior occur? _____

6. Who was around the child when the behavior began? List staff, children, parents, others.

   _____

7. Did the behavior seem to occur for no reason? Did it seem affected by changes in the environment?

   _____

8. Did the child sustain any self-injury? Describe. _____

9. Did the child cause property damage or injury to others? Describe. _____

   _____

10. How did caregiver respond to the child's behavior? If others were involved, how did they respond?

    _____

11. What did the child do after caregiver's response? _____

12. Have parents reported any unusual situation or experience the child had since attending child care?

Child Care Facility Name: _____

Name of Teacher/Caregiver (completing this form): _____

Behaviors can include:

- *repetitive, self-stimulating acts*
- *self-injurious behavior (SIB) such as head banging, self-biting, eye-poking, pica (eating non-food items), pulling out own hair*
- *aggression / injury to others*
- *disruption such as throwing things, banging on walls, stripping*
- *agitation such as screaming, pacing, hyperventilating*
- *refusing to eat / speak; acting detached / withdrawn*
- *others*

Check a child's developmental stage before labeling a behavior a problem. For example, it is not unusual for a 12 month old to eat non-food items, nor is it unusual for an 18 month old to throw things. Also, note how regularly the child exhibits the behavior. An isolated behavior is usually not a problem.

S. Bradley, JD, RN,C - PA Chapter American Academy of Pediatrics
reviewed by J. Hampel, PhD and R. Zager, MD

SPECIAL CARE PLAN FOR A CHILD WITH BEHAVIOR CONCERNS

This sheet is intended to be used by health care providers and other professionals to formulate a plan of care for children with behavior concerns that parents and child care providers can agree upon and follow consistently.

Part A: To be completed by parent/legal guardian.

Child's name: _____ Date of birth: _____

Parent name(s):_____ _____

Phone:_____ Cell: _____ E-Mail: _____

Parent emergency numbers: _____ _____

Child care facility/school name: _____ Phone: _____

Health care provider's name: _____ Phone: _____

Other specialist's name/title: _____ Phone: _____

Part B: To be completed by health care provider, pediatric psychiatrist, child psychologist, or other specialist.

1. Identify/describe behavior concern: _____
2. Possible causes/purposes for this type of behavior: (Circle all that apply.)

☐ medical condition _____ *(specify)*
☐ attention-getting mechanism
☐ gain access to restricted items/activities
☐ escape performance of task
☐ psychiatric disorder _____ *(specify)*
☐ tension release
☐ developmental disorder
☐ neurochemical imbalance
☐ frustration
☐ poor self-regulation skills
☐ other: _____

3. Accommodations needed by this child: _____

_____

4. List any precipitating factors known to trigger behavior: _____

_____

5. How should caregiver react when behavior begins? (Circle all that apply.)

ignore behavior
avoid eye contact/conversation
request desired behavior
use helmet*
physical guidance (including hand-over-hand)
model behavior
use diversion/distraction
use substitution
use pillow or other device to block self-injurious behavior (SIB)*
other: _____

_____

*directions for use described by health professional in Part D.

6. List any special equipment this child needs: _____

_____

7. List any medications this child receives:

Name of medication: _____ Name of medication: _____

Dose: _____ Dose: _____

When to use: _____ When to use: _____

Side effects: _____ Side effects: _____

_____ _____

Special instructions: _____ Special instructions: _____

_____ _____

If the child is to receive medication while in the early education/program, prescription and medication forms will be required.

8. Training staff need to care for this child: _____

_____

9. List any other instructions for teachers/caregivers: _____

_____

Part C: Signatures

Date to review/update this plan: _____

Health care provider's signature: _____ Date: _____

Other specialist's signature: _____ Date: _____

Parent's/Legal Guardian's signature(s): _____ Date: _____

_____ Date: _____

Child care/school director: _____ Date: _____

Primary caregiver/teacher signature: _____ Date: _____

Part D: To be completed by health care provider, pediatric psychiatrist, child psychologist, or other specialist.

Directions for use of helmet, pillow, or other behavior protocol: _____

_____

_____

_____

_____

_____

Updated May 2013 from an original form created by S. Bradley, JD, RN, C - PA Chapter American Academy of Pediatrics
reviewed by J. Hampel, PhD and R. Zager, MD
April, 1997

Appendix H

How to Use Special Care Plans

Definition

A *child with special needs* is a child who has or is at increased risk of chronic physical, developmental, behavioral, or emotional conditions and who requires health and related services of a type or amount beyond that required by children generally.

Which Enrolled Children Have a Special Need?

One in 4 children has a special need. Many early education and child care programs enroll children who have behavior concerns or a developmental delay. Some receive services from a specialist. Ideally, the specialist shares techniques the adults in the child's life can use to improve the child's everyday functioning. The sharing of special care plans helps provide better care for any type of special need—asthma, a seizure disorder, a peanut allergy, difficulty handling transitions, dealing with aggressive impulses, or a lag in acquisition of age-appropriate skills. An excellent way to learn more about children with special needs is to complete the online self-learning module from the Early Childhood Education Linkage System (ECELS) called "Caring for Children with Special Needs." Find and use the self-learning module on the ECELS Web site at www.ecels-healthychildcarepa.org by clicking "Professional Development/Training" in the main menu bar, and then selecting "Self-Learning Modules." In addition to the self-learning module, the ECELS Web site has many useful items related to caring for children with special needs.

Who Needs a Care Plan?

Child care staff members should have a special care plan for any child who has an ongoing medical, developmental, or behavioral condition. Care plans should specify daily care, including care for any situations in which the child might require special care, including an emergency. An excellent reference book for teachers/caregivers is the American Academy of Pediatrics (AAP) *Managing Chronic Health Needs in Child Care and Schools: A Quick Reference Guide,* edited by Elaine A. Donoghue, MD, FAAP, and Colleen A. Kraft, MD, FAAP. This book offers policies and procedures necessary to consider in child care and has more than 35 quick reference sheets for specific conditions.

Why Do Early Care and Education Program Staff Members Need Care Plans?

Teachers/caregivers need as much information as possible about the daily and emergency needs of all children. Include a "Care Plan for a Child With Special Needs in Child Care" and a "Special Care Plan for a Child With Behavior Concerns" in your facility's admission packet. This lets parents/legal guardians know what type of information the program needs. Ask parents/legal guardians to give the completed form to the program before the child's first day. The care plan information guides the education of staff members so they can properly care for the child. Every program needs general policies and procedures for medication administration. Each child who needs medication at home or while in the program should have the details specified in the care plan as well. Some children need special diets or adjustment of their activities or the environment. Some require an individual plan for medical and facility emergencies.

Who Is Responsible for the Care Plan?

Every adult involved in the child's care must know and be able to implement the plan. The child's health care professional should complete the care plan. The parent/legal guardian must help the health care professional understand what the child's program must know and the need to provide this information in nonmedical terms. For some children, the parent/legal guardian can complete most of the form. Then the health care professional should review and add any needed information. For a child with a complex condition, parents/legal guardians should schedule an office visit with the health care professional to discuss and complete the form, which will take more time than usually scheduled for a well-child checkup. The sections that apply to a specific child on the care plan are easy to fill out. Some children will have more than one health care professional or specialist who will contribute additional medical or educational information (eg, Individual Family Service Plan, Individual Education Plan).

What Should a Care Plan Include?

The care plan may be very simple or complex depending on the child's needs.

Possible content includes

- Contact information for families and doctors, including important subspecialists
- Medical condition(s) or behavioral concern(s)
- Allergies
- Medication(s)
- Medical procedure(s)
- Special diet
- Special instructions for classroom accommodation, napping, toileting, outdoor activity, or transportation
- Special equipment or supplies
- Special training or instruction staff may need

Completing the Care Plan for Children With Special Needs

A care plan should be updated to note changes in the child's medical condition or routinely whenever the child has a checkup according to the schedule recommended by the AAP. In many states, early education and child care programs use state-provided forms to collect health information about the child. Some of these forms have sections to note medical conditions, behavioral concerns, or medications which the child may require while in care. If the completed form indicates that any of these conditions exist, the early education and child care program should ask that the child's health care professional also complete a care plan. Following are details about parts of the care plan forms:

Child's Present Weight

The child's current weight is important for emergency medical services (EMS) providers to determine medication dosages in an emergency.

Parent's/Legal Guardian's Name

Be sure to put a * by the person you want to be contacted first and that person's work, home, and cell phone numbers.

Signature for Consent

Parents/guardians should be sure to give consent for health care professionals to communicate with early education and child care program staff members about this care plan. The health care professional may have a special form to sign to comply with the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that covers health professional communications. The HIPAA form specifies exactly what portions of the medical record parents want released. Early education and child care programs are not covered by HIPAA but should have a signed consent to share confidential information with the child's health care professional.

Specialty Provider

Children with chronic medical problems may have one or more specialists. For example, a child with severe asthma may have an allergist or pulmonary specialist who is primarily responsible for medication adjustments or determining when a visit to the emergency department is necessary. For some children, a pediatrician, nurse practitioner, or family doctor might make these decisions without involving a specialist.

Emergency Information Form for Children With Special Needs Completed

The American College of Emergency Physicians and AAP developed a separate form to collect the information needed by EMS and emergency health care professionals to take care of a child who is new to them. It summarizes the child's medical history. The child's health care professional should decide whether a child needs this form, and if so, complete it. (See Appendix I.)

Specialty Care Plan(s) Completed

For some children, a medical specialist or support group for their medical condition may have developed a care plan specific for their condition (eg, asthma, food allergies, seizures). Note whether the parent/legal guardian and health care professional prefer that child care staff members use these care plans. For a child with more than one chronic condition, a specialty care plan might best explain one condition, and the care plan might best explain another.

Needed Accommodations

Some conditions require adjustment of daily routines. For example, Anthony, age 3 years, has milk, nut, and hay allergies and asthma. Accommodations Anthony needs include having his food brought from home and only served to him for all his meals and special snacks for celebrations set aside for him. With a written, signed, and dated consent from the parent/legal guardian, the program should post a written list of his allergies and his photograph everywhere in the facility Anthony might go. Posting a picture of Anthony with a list of his allergies where all adults can see it will help avoid innocent exposures to his allergy triggers by substitutes, volunteers, and visitors. Everyone must be vigilant about hand washing on arrival at the program each morning to avoid inadvertently exposing Anthony to milk or nuts from someone else's breakfast. A nut-free classroom would be best. His teacher/caregiver wears a fanny pack or otherwise has immediate access to emergency medicine (eg, EpiPen), for which there is a prescription on file at the facility. In addition, if Anthony has a prescription for it, the immediately accessible emergency medication should include an inhaler with a spacer at all times. Everyone who is with Anthony during the day needs to recognize the symptoms of a severe allergic reaction and know where to access and how to use an EpiPen as well as an inhaler with a spacer, if necessary. To reduce the risk of a problem for Anthony, the program might plan a field trip to somewhere other than to a farm while Anthony is in the class.

Recommended Treatment

Daily or emergency treatments may be necessary. In our example, Anthony may need to use a nebulizer or an inhaler with a spacer to receive asthma medications. His teacher/caregiver will need to know how to properly assist Anthony with these treatments.

Medications to Be Given at Child Care

The AAP developed a packet of 3 medication administration forms for child care providers to use: Authorization to Give Medicine, to be completed by the parent; Receiving Medication, to be completed by the child care provider accepting the medication; and Medication Log, to be completed by the child care provider giving the medication. This packet is in Appendix X.

Medications Given at Home

Some children receive medication only at home for chronic conditions. In the event of an emergency, teachers/caregivers must be able to tell health care professionals about *all* medications a child receives.

Special Equipment/Medical Supplies

Teachers/caregivers must understand how to use, clean, and store equipment as well as how to obtain and dispose of supplies.

Special Staff Training Needs/Special Emergency Procedures

Teachers/caregivers must understand and be able to demonstrate whatever is needed for the child's condition. This includes any procedures, treatments, medication administration, and use of equipment and medical supplies. Staff members can acquire much of the needed information and some skills by reading materials on the Web sites of the AAP (www.aap.org) and Centers for Disease Control and Prevention (www.cdc.gov) and participating in workshops led by health professionals or using self-learning modules at the Web site of Early Childhood Education Linkage System (www.ecels-healthychildcarepa.org), a program of the Pennsylvania Chapter of the AAP. Some conditions may require hands-on training with health care professionals.

Other Specialists Working With This Child

Some children have a combination of physical, behavioral/emotional, and developmental chronic conditions. Teachers/caregivers need to know about all recommended therapies from psychologists; physical, occupational, and speech therapists; and other specialists.

Parent/Legal Guardian Signature Acknowledging Review of Form/ Health Care Professional's Signature

The child's health care professional and parents/legal guardians must review and acknowledge by their signatures the information that they are giving to the child's teacher/caregiver.

Based on a form in the Children With Special Needs Self-Learning Module at www.ecels-healthychildcarepa.org.

Appendix I

Emergency Information Form for Children With Special Needs

American College of Emergency Physicians®

American Academy of Pediatrics

DATE FORM COMPLETED	REVISED	INITIALS
BY WHOM	REVISED	INITIALS

LAST NAME:

NAME:	BIRTH DATE:	NICKNAME:
HOME ADDRESS:	HOME/WORK PHONE:	
PARENT/GUARDIAN:	EMERGENCY CONTACT NAMES & RELATIONSHIP:	
SIGNATURE/CONSENT*:		
PRIMARY LANGUAGE:	PHONE NUMBER(S):	

PHYSICIANS:	
PRIMARY CARE PHYSICIAN:	EMERGENCY PHONE:
	FAX:
CURRENT SPECIALTY PHYSICIAN:	EMERGENCY PHONE:
SPECIALTY:	FAX:
CURRENT SPECIALTY PHYSICIAN:	EMERGENCY PHONE:
SPECIALTY:	FAX:
ANTICIPATED PRIMARY EMERGENCY DEPARTMENT:	PHARMACY:
ANTICIPATED TERTIARY CARE CENTER:	

DIAGNOSES/PAST PROCEDURES/PHYSICAL EXAM:	
1.	BASELINE PHYSICAL FINDINGS:
2.	
3.	BASELINE VITAL SIGNS:
4.	
SYNOPSIS:	BASELINE NEUROLOGICAL STATUS:

*Consent for release of this form to health care providers.

LAST NAME:

DIAGNOSES/PAST PROCEDURES/PHYSICAL EXAM CONTINUED:	
MEDICATIONS:	SIGNIFICANT BASELINE ANCILLARY FINDINGS (LAB, X-RAY, ECG):
1.	
2.	
3.	
4.	PROSTHESES/APPLIANCES/ADVANCED TECHNOLOGY DEVICES:
5.	
6.	

MANAGEMENT DATA:	
ALLERGIES: MEDICATIONS/FOODS TO BE AVOIDED	AND WHY:
1.	
2.	
3.	
PROCEDURES TO BE AVOIDED	AND WHY:
1.	
2.	
3.	

IMMUNIZATIONS (mm/yy)											
Dates						Dates					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis: Indication: Medication and dose:

COMMON PRESENTING PROBLEMS/FINDINGS WITH SPECIFIC SUGGESTED MANAGEMENTS		
Problem	Suggested Diagnostic Studies	Treatment Considerations

COMMENTS ON CHILD, FAMILY, OR OTHER SPECIFIC MEDICAL ISSUES:	
Physician/Provider Signature:	Print Name:

Appendix J

Authorization for Release of Information

I, _____, give permission for
PARENT OR LEGAL GUARDIAN (PRINT)

_____
PROFESSIONAL/FACILITY

to release to _____ the following information:
RECEIVING PROFESSIONAL/AGENCY

_____
CONCERNS, SCREENINGS, OBSERVATIONS, DIAGNOSES AND TREATMENTS, RECOMMENDATIONS

This consent is voluntary and may be withdrawn by written notice at any time. The information will be used solely to plan and coordinate the care of my child, will be kept confidential, and may only be shared with

_____
TITLE/NAME OF STAFF MEMBER

Child's Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

_____
PARENT/LEGAL GUARDIAN SIGNATURE DATE

_____
WITNESS SIGNATURE DATE

_____
STAFF MEMBER TO BE CONTACTED FOR ADDITIONAL INFORMATION

Appendix K

Consent for Child Care Program Special Activities

Name of Facility: _____

Address of Facility: _____

Child's Legal Name: _____

Consent is given for the items initialed as follows:

Walking Trips

☐ Walking trips to the following locations: _____

Motor Vehicle Transportation

☐ Trips by the program in: _____ to the following locations:
VEHICLE

_____

_____

☐ Daily transportation by the program in: _____
VEHICLE

from: _____ to: _____
LOCATION LOCATION

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

Special needs of the child during transport: _____

Swimming

☐ Swimming or wading at: _____
LOCATION

Other Activities (eg, homework supervision, trips to neighborhood playgrounds, special trips)

☐ _____

Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian's Signature: _____ Date: _____

(See separate consent forms for emergency care, medication administration, and special dental, dietary, or other needs.)

Appendix L

Family/Teacher–Caregiver Information Exchange Form

Week of _____		Eating			Sleeping			Mood/ Behavior	Stool	Urine	Other
		Normal	Less	More	Normal	Less	More		# of times	# of times	Symptoms of illness, family issues
MON	At Home										
	Child Care am										
	Child Care pm										
TUES	At Home										
	Child Care am										
	Child Care pm										
WED	At Home										
	Child Care am										
	Child Care pm										
THUR	At Home										
	Child Care am										
	Child Care pm										
FRI	At Home										
	Child Care am										
	Child Care pm										

Appendix M

Instructions for Daily Health Check

1. Adjust your position to be at the child's level so you can interact with the child even if talking with the parent.
2. Listen to what the family and child tell you and what you see for the following:
    - Complaints about not feeling well.
    - Any suggestion that the child has symptoms of illness or injury.
        - Any symptom or unusual behavior
        - Any bowel problem
        - Any change in usual sleeping/eating/drinking routines
        - When the child most recently ate, used the toilet, had a diaper change, or slept
    - Observed behavior is typical or atypical for time of day and circumstances.
    - Appearance, feel, and look of child's body while touching the child affectionately
        - Skin: pale, flushed, visible rash, unusually warm or cold to the touch, bruises, discomfort when touched.
        - Eyes, nose, mouth: dry or have discharge. Is the child rubbing an eye, nose, or mouth? Is the child sneezing or drooling?
        - Hair: In a lice outbreak, look for nits.
        - Breathing: normal or different, coughing.

Any unusual events, illness in the family, or other experience that might have involved the child.

Appendix N

Enrollment/Attendance/Symptom Record

Group _____ **Month** _____ **20**____

For each child, each day: Code top box **+** = present, **O** = scheduled but absent, or **N** = not scheduled. Code bottom box **O** = well or choose from the symptom codes from the bottom of this page.

Legal Name	Age (Months)	Daily Hours in Care	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	24	28	29	30	31

SYMPTOM CODES

1 = Asthma, wheezing
2 = Behavior change with no other symptom
3 = Diarrhea
4 = Fever
5 = Headache
6 = Rash
7 = Respiratory (eg, cold, cough, runny nose, earache, sore throat, pinkeye)
8 = Stomachache
9 = Urine problem
10 = Vomiting
11 = Other (Specify on back.)

Appendix O

Daily and Monthly Playground Inspection and Maintenance

For a more comprehensive and updated indoor and outdoor health and safety facility and performance checklist, see "ECELS Health and Safety Checklist 2011 with References" at www.ecels-healthychildcarepa.org (search for "ECELS Health and Safety Checklist"). The "ECELS Health and Safety Checklist" includes references for each item to *Caring for Our Children*, *Stepping Stones,* and the Infant/Toddler Environment Rating Scale-Revised and Early Childhood Environment Rating Scale-Revised. Another useful checklist is America's Playgrounds Safety Report Card.[*CFOC3* Appendix EE] See additional details in the *Public Playground Safety Handbook* at www.cpsc.gov/PageFiles/122149/325.pdf and *Outdoor Home Playground Safety Handbook* at www.cpsc.gov/PageFiles/117306/324.pdf.

Note: The facility inspection and maintenance program should include all recommendations supplied by the manufacturer(s) of play equipment in the facility. Add these recommendations to the items in the checklist in daily, monthly, and biannual inspections.

NAME OF CENTER OR HOME-BASED PROGRAM NAME OF STAFF DOING INSPECTION

Daily Playground Inspection

(Enter date.) Circle **Y** once if no problem; circle **Y** and **N** each once if a problem is found and fixed; circle **N** twice if problem found but not fixed.

M	T	W	TH	FRI	HAZARD
DATE	DATE	DATE	DATE	DATE	
Y / N	Y / N	Y / N	Y / N	Y / N	1. The entire playground has adequate drainage and is clean/free of trip hazards and hazardous debris/objects (eg, rocks, tree stumps, sticks, litter).
Y / N	Y / N	Y / N	Y / N	Y / N	2. Use zones are free of all obstacles (minimum 3 feet use zone around toddler equipment; 6 feet around all other play equipment).
Y / N	Y / N	Y / N	Y / N	Y / N	3. Check for and take action to remove or repair unsafe or damaged equipment (ie, broken, worn, loose, or missing parts; rust; peeling paint; splinters; sharp edges; cracks/holes; protruding bolts; noticeable gaps; exposed concrete footers; open S hooks; head entrapment openings in guardrails or between ladder rungs that measure between 3.5 and 9 inches).
Y / N	Y / N	Y / N	Y / N	Y / N	4. Rake loose-fill surfacing in areas where it has been displaced.
Y / N	Y / N	Y / N	Y / N	Y / N	5. Sweep loose-fill surfacing, sand, and other debris off of equipment platforms and solid surfaces (eg, asphalt, unitary rubber).
Y / N	Y / N	Y / N	Y / N	Y / N	6. Height of equipment for age of users, type/depth/area of surfacing in fall zones meets the US Consumer Product Safety Commission and ASTM guidelines (See *Handbook for Public Playground Safety,* 2010, excerpts at the end of this form*).
Y / N	Y / N	Y / N	Y / N	Y / N	7. If water tables are used, change water between groups of children; empty, wash, and sanitize water tables and water toys at end of day and prior to use by other classrooms.
Y / N	Y / N	Y / N	Y / N	Y / N	8. Empty trash cans.
Y / N	Y / N	Y / N	Y / N	Y / N	9. Make sure that portable and fixed play structures more than 30 inches high are spaced at least 9 feet apart.
Y / N	Y / N	Y / N	Y / N	Y / N	10. Other (eg, check for animal excrement, litter).

*Excerpts from the *Handbook for Public Playground Safety*, 2010, US Consumer Product Safety Commission, Washington, DC accessed 7/1/2013 at www.cpsc.gov/PageFiles/122149/325.pdf.

Monthly Playground Inspection

(Enter month.) Circle **Y** once if no problem; circle **Y** and **N** each once if a problem is found and fixed; circle **N** twice if problem found but not fixed.

						HAZARD
MONTH	**MONTH**	**MONTH**	**MONTH**	**MONTH**	**MONTH**	
Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	1. Check for and take action on unsafe or damaged equipment (eg, broken parts, rust/peeling paint, splinters, sharp edges, cracks, protruding bolts, gaps, head entrapments).
Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	2. Check for and tighten or replace loose or missing hardware, caps, or plugs.
Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	3. Verify that elevated surfaces (eg, platforms, ramps) have intact guardrails to prevent falls. Check for and replace all moving parts that show wear.
Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	4. Rake loose-fill surfacing to ensure that it is at its proper depth in all areas of use zones.
Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	5. Check all vegetation; clear out hazardous or poisonous weeds; prune dead branches in bushes or trees.

Manufacturers' Specification*

EQUIPMENT	LOCATION	INTENDED AGE OF USERS	TYPE & DEPTH OF SURFACING	USE ZONE**

*See *Handbook for Public Playground Safety*, 2010, excerpts at the end of this form.
**No. of feet around equipment where there is nothing other than surfacing material.

Corrective Action Plan

Hazard to Be Fixed	Person Responsible	Action Needed to Fix Hazard	Date to Be Completed	Date Completed

Examples of Age-Appropriate Equipment		
Toddler Ages 6–23 months	• Climbing equipment under 32" high • Ramps • Single file stepladders • Slides (See CPSC Handbook, paragraph 5.3.6)	• Spiral slides less than 360 degrees • Spring rockers • Stairways • Swings with full bucket seats
Preschool Ages 2–5 years	• Certain climbers (See CPSC Handbook, paragraph 5.3.2) • Horizontal ladders less than or equal to 60" high for ages 4 and 5 • Merry-go-rounds • Ramps • Rung ladders • Single file stepladders	• Slides (See CPSC Handbook, paragraph 5.3.6) • Spiral slides up to 360 degrees • Spring rockers • Stairways • Swings—belt, full bucket seats (2–4 years) & rotating tire
Grade School Ages 5–12 years	• Arch climbers • Chain or cable walks • Freestanding climbing events with flexible parts • Fulcrum seesaws • Ladders—horizontal, rung, & step • Overhead rings (See CPSC Handbook, paragraph 5.3.2.5) • Merry-go-rounds • Ramps	• Ring treks • Slides (See CPSC Handbook, paragraph 5.3.6) • Spiral slides more than one 360-degree turn • Stairways • Swings—belt & rotating tire • Track rides • Vertical sliding poles

(from *CPSC Handbook for Public Playground Safety*, 2010, Table 1: p 8)

Fall Heights

(CPSC *Handbook for Public Playground Safety,* 2010, p 41)

5.3.10 Fall height and use zones not specified elsewhere … the following general recommendations should be applied:

- The fall height of a piece of playground equipment is the distance between the highest designated playing surface and the protective surface beneath it.
- The use zone should extend a minimum of 6 feet in all directions from the perimeter of the equipment.
- The use zones of two stationary pieces of playground equipment that are positioned adjacent to one another may overlap if the adjacent designated play surfaces of each structure are no more than 30 inches above the protective surface and the equipment is at least 6 feet apart.
- If adjacent designated play surfaces on either structure exceed a height of 30 inches, the minimum distance between the structures should be 9 feet.
- Use zones should be free of obstacles.

Surfacing

(CPSC Handbook for Public Playground Safety, 2010, p. 8-10)

2.4.2 Selecting a surfacing material

There are two options available for surfacing public playgrounds: unitary and loose-fill materials. A playground should never be installed without protective surfacing of some type. Concrete, asphalt, or other hard surfaces should never be directly under playground equipment. Grass and dirt are not considered protective surfacing because wear and environmental factors can reduce their shock absorbing effectiveness. Carpeting and mats are also not appropriate unless they are tested to and comply with ASTM F1292. Loose-fill should be avoided for playgrounds intended for toddlers.

Appropriate Surfacing

- Any material tested to ASTM F1292, including unitary surfaces, engineered wood fiber, etc.
- Pea gravel
- Sand
- Shredded/recycled rubber mulch
- Wood mulch (not CCA-treated)
- Wood chips

The U.S. Consumer Product Safety Commission
Washington, D.C. 20207 (2008)

"Never Put Children's Climbing Gyms On Hard Surfaces, Indoors Or Outdoors"

"The U.S. Consumer Product Safety Commission (CPSC) is warning parents and daycare providers that children's… climbing equipment should not be used indoors on wood or cement floors, even if covered with carpet, such as indoor/outdoor, shag or other types of carpet. Carpet does not provide adequate protection to prevent injuries."

Based on a form in the Head Bumps Matter Self-Learning Module at www.ecels-healthychildcarepa.org.

Appendix P

Staff Assignments for Active (Large-Muscle) Play

WEEK OF _____	CLIMBERS	SWINGS	SLIDES	RIDING TOYS	OTHER
MON					
TUES					
WED					
THU					
FRI					

Appendix Q

Refrigerator or Freezer Temperature Log

Refrigeration or Freezer Temperature Log for _____ **(Year)** _____

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

Temperature	Initials

Date	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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17												
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24												
25												
26												
27												
28												
29												
30												
31												

Safe Food Temperatures[CFOC3 Std. 4.8.0.6]

Refrigerators: 41°F or lower

Freezers: 0°F or lower

Initials	Print Legal Name

Appendix R

Using Stored Human Milk

1. Fresh milk is better than frozen milk. Use the oldest milk in the refrigerator or freezer first.
2. The baby may drink the milk cool, at room temperature, or warmed. Infants may demonstrate a preference.
3. It is best to defrost human milk in the refrigerator overnight, by running under warm water, or by setting it in a container of warm water. Studies done on defrosting human milk in a microwave demonstrate that controlling the temperature in a microwave is difficult, causing the milk to heat unevenly. Although microwaving milk decreases bacteria in the milk much like pasteurization does, microwaving also significantly decreases the anti-infective quality of human milk, which may reduce its overall health properties for the infant.
4. Once frozen milk is brought to room temperature, its ability to inhibit bacterial growth is lessened, especially by 24 hours after thawing. Previously frozen human milk that has been thawed for 24 hours should not be left out at room temperature for more than a few (about 3) hours.
5. There is little information on refreezing of thawed human milk. Bacterial growth and loss of antibacterial activity in thawed milk will vary depending on the technique of milk thawing, duration of thaw, and amount of bacteria in milk at the time of expression. At this time, no recommendations can be made on the refreezing of thawed human milk.
6. Once a baby begins sucking on a bottle of expressed human milk, some bacterial contamination occurs in the milk from the baby's mouth. The duration of time the milk can be kept at room temperature once the baby has partially fed from the cup or bottle would theoretically depend on the initial bacterial load in the milk, how long the milk has been thawed, and ambient temperature. There have been no studies done to provide recommendations in this regard. Based on related evidence, it seems reasonable to discard the remaining milk within 1 to 2 hours after the baby is finished feeding.
7. Expressed human milk does not require special handling (ie, universal precautions) as is required for other bodily fluids such as blood. It can be stored in a workplace refrigerator where other workers store food, although it should be labeled with child's legal name and date. Mothers may prefer to store their milk in a personal freezer pack.
8. Uncontaminated human milk naturally contains nonpathogenic bacteria and is important in establishing neonatal intestinal flora. These bacteria are probiotics—they create conditions in the intestine that are unfavorable to the growth of pathogenic organisms. If a mother has breast or nipple pain from what is considered to be a bacterial or yeast infection, there is no evidence that her stored expressed milk needs to be discarded. Human milk that appears stringy, foul, or like it has pus in it should not be fed to the baby.

Milk Storage Guidelines

Location of Storage	**Temperature That Should Be Maintained** (Check with a thermometer in frequently changed water in a glass.)	**Maximum Recommended Storage Duration**
Room temperature	60°F–85°F (16°C–29°C)	• 3–4 hours optimal • 6–8 hours acceptable under very clean conditions
Refrigerator	<39°F (4°C)	• 72 hours optimal • 5–8 days under very clean conditions
Freezer	<0°F (-17°C)	• 6 months optimal • 12 months acceptable

Adapted from Academy of Breastfeeding Medicine Protocol Committee. ABM clinical protocol #8: human milk storage information for home use for full-term infants (original protocol March 2004; revision #1 March 2010). *Breastfeeding Med.* 2010;5(3):127–130. http://www.bfmed.org/Media/Files/Protocols/Protocol%208%20-%20English%20revised%202010.pdf. Accessed August 30, 2013

Appendix S

Fact Sheet: Choking Hazards

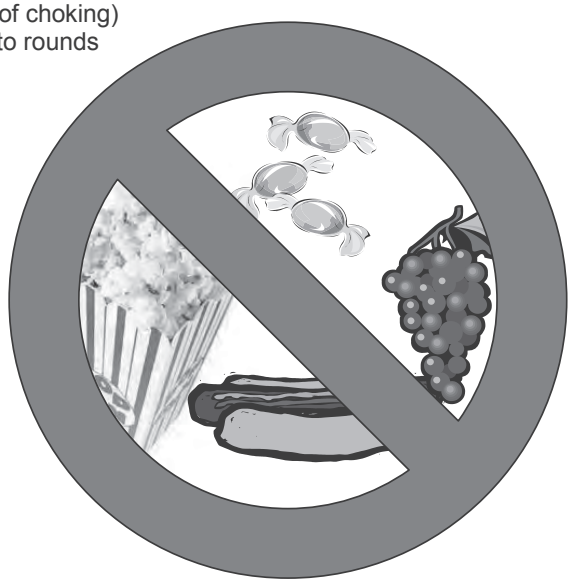
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Pennsylvania Chapter

FACT SHEET: Choking Hazards

Children under the age of 4 should not be offered foods that are round, hard, small, thick and sticky, smooth, compressible, dense, or slippery. Caring for Our Children Standard 4.5.0.10

EXAMPLES OF HAZARDOUS FOODS

- hot dogs (food that is the most common cause of choking) and other meat sticks, whole or sliced into rounds
- hard candy
- peanuts and other nuts
- seeds
- raw peas, raw carrot rounds
- hard pretzels or chips
- rice cakes
- whole grapes
- popcorn
- spoonfuls of peanut butter
- marshmallows
- chunks of meat larger than can be swallowed whole



Remember: Children should be seated and supervised while eating.

EASY WAYS TO MAKE FOODS SAFER

Food	Kind of Change
Hot dog	Substitute a more nutritious food; if hot dogs must be served, cut them in quarters lengthwise, then cut the quarter lengths into small pieces.
Whole grapes	Cut in half lengthwise
Nuts	Chop finely
Raw carrots	Chop finely or cut into thin strips
Peanut butter	Spread thinly on inch sized pieces of cucumber, fruit or bread mix with applesauce and spread thinly on bread
Fish or meat with bones	Carefully remove the bones and cut into small pieces

NON-FOOD CAUSES OF CHOKING CARING FOR OUR CHILDREN STANDARD 6.4.1.2

- latex balloons (the most common cause of non-food item causing choking)
- small objects, toys, and toy parts (per Consumer Product Safety Commission, less than 1.25" in diameter and between 1" and 2.25" deep; some recommend a more stringent limit of keeping objects away from young children that have a diameter of less than 1.75")

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: AAP; Washington, DC: American Public Health Association.
STD 4.5.0.10: Foods that Are Choking Hazards; STD 6.4.1.2: Inaccessibility of Toys or Objects to Children Under Three Years of Age.
Online at: http://www.nrckids.org.

Appendix T

Sun Safety Permission Form

Please provide the following materials and give our staff permission to use the indicated measures to help your child stay safe in the sun while in our care:

I _____
NAME OF PARENT(S)/LEGAL GUARDIAN(S)

agree to supply the following for my child _____ :
LEGAL NAME OF ENROLLED CHILD

1. Wide-brimmed (±3" brim) hat that shades the face, ears, and neck
2. Child-sized sunglasses, polycarbonate or impact-resistant, labeled with 99% to 100% UV lens protection, or prescription glasses with UV protective coating
3. Broad-spectrum (UVA and UVB), PABA (preferably alcohol) free sunscreen, SPF 15 or greater, that is not an aerosol or spray (or participate in our facility's bulk purchase of sunscreen by paying _____ for purchase of
   $X.XX

   _____
   BRAND-NAME SUNSCREEN
4. Lip balm with SPF 15 or greater
5. Light-colored, lightweight, tightly woven, long-sleeved shirts and long pants

I give permission for my child to receive applications of sunscreen following the manufacturer's instructions.

I understand that sunscreen will be applied 15 to 30 minutes before going outside and every two (2) hours as recommended by the manufacturer.

_____
PARENT/LEGAL GUARDIAN (PRINT)

_____
PARENT/LEGAL GUARDIAN (SIGNATURE)

_____
FACILITY (EARLY LEARNING OR SCHOOL-AGE PROGRAM) DATE

Sun Safety Permission Form shall remain in effect unless _____ receives written changes.
TITLE/NAME OF STAFF MEMBER

(A physician's signature should not be required for the use of sunscreen. However, if state regulations require a health care professional's signature on this form, add it here.)

_____
HEALTH CARE PROFESSIONAL (SIGNATURE) DATE

Based on a form in the Sun Safety Self-Learning Module at www.ecels-healthychildcarepa.org.

Appendix U

Routine Schedule for Cleaning, Sanitizing, and Disinfecting

Make copies of this guide to use as a checklist on a periodic (eg, monthly) basis to maintain these routines

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			
	• Floors			Clean			Sweep or vacuum, then damp mop (consider microfiber damp mop to pick up most particles)
	• Machine washable cloth toys				Clean		Launder
	• Dress-up clothes				Clean		Launder
	• Play activity centers				Clean		
	• Drinking Fountains			Clean, Disinfect			

Routine Schedule for Cleaning, Sanitizing, and Disinfecting, *continued*

Areas		Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
Child Care Areas, *continued*	• Computer keyboards		Clean, Sanitize				Use sanitizing wipes, do not use spray
	• Phone receivers			Clean			
Toilet & Diapering Areas	• Changing tables		Clean, Disinfect				Clean with detergent, rinse,* disinfect
	• Potty chairs		Clean, Disinfect				
	• Handwashing sinks & faucets			Clean, Disinfect			
	• Countertops			Clean, Disinfect			
	• Toilets			Clean, Disinfect			
	• Diaper pails			Clean, Disinfect			
	• Floors			Clean, Disinfect			Damp mop with a floor cleaner/ disinfectant
Sleeping Areas	• Bedsheets & pillowcases				Clean		Clean before use by another child
	• Cribs, cots, & mats				Clean		Clean before use by another child
	• Blankets					Clean	

*The Pennsylvania Chapter of the American Academy of Pediatrics notes that cleaning diaper-changing surfaces with detergent and rinsing with water is necessary only if there is visible soil on the diaper-changing table after removing the disposable paper on which the child was changed. If the surface has no visible soil, the surface doesn't need to be cleaned before disinfecting it.

Adapted from Academy 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.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2011:442–443

Appendix V

Major Occupational Health Hazards

Infectious Diseases and Organisms	
General Types of Infectious Diseases	Human immunodeficiency virus (HIV)
Diarrhea (infectious)	Impetigo
Respiratory tract infection	Influenza and H1N1
	Lice
Specific Infectious Diseases and Organisms	Measles
Adenovirus	Meningitis (bacterial, viral)
Astrovirus	Meningococcus *(Neisseria meningitidis)*
Caliciviruses	Mumps
Campylobacter jejuni/coli	Parvovirus B19
Chickenpox (varicella)	Pertussis
Clostridium difficile	Pinworm
Cytomegalovirus (CMV)	Ringworm
Escherichia coli (STEC)	Rotavirus
Giardia intestinalis	Rubella
Haemophilus influenzae type b (Hib)	*Salmonella* organisms
Hepatitis A	Scabies
Hepatitis B	*Shigella* organisms
Hepatitis C	*Staphylococcus aureus*
Herpes 6	*Streptococcus,* Group A
Herpes 7	*Streptococcus pneumoniae*
Herpes simplex	Tuberculosis
Herpes zoster	
Injuries and Noninfecious Diseases	
Back injuries	Dermatitis
Bites	Falls
Environmental Exposure	
Art materials	Noise
Cleaning, sanitizing, and disinfecting solutions	Odor
Indoor air pollution	Outdoor air pollution
Stress	
Fear of liability	Insufficient professional recognition
Inadequate break time, sick time, and personal days	Lack of adequate medical/dental health insurance
Inadequate facilities	Responsibility for children's welfare
Inadequate pay	Undervaluing of work
Inadequate recognition	Working alone/Isolation
Inadequate training	

Adapted from Academy 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.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2011:426

Appendix W

Child Care Staff Health Assessment *CFOC3* Std. 1.7.01

Employer should complete this section.

Name of person to be examined: _____

Employer for whom examination is being done: _____

Employer's location: _____ Phone number: _____

Purpose of examination: ☐ preemployment (with conditional offer of employment)
☐ annual reexamination

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

Parts I and II must be completed and signed by a licensed physician or certified registered nurse practitioner.

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

Date of examination: _____

Part I: Health Problems

	(circle)	
Visual acuity less than 20/40 (combined, obtained with lenses if needed)?	☐ yes	no ☐
Decreased hearing (less than 20 dB at 500, 1,000, 2,000, 4,000 Hz)?	☐ yes	no ☐
Respiratory problems (asthma, emphysema, airway allergies, current smoker, other)?	☐ yes	no ☐
Heart, blood pressure, or other cardiovascular problems?	☐ yes	no ☐
Gastrointestinal problems (ulcer, colitis, special dietary requirements, obesity, other)?	☐ yes	no ☐
Endocrine problems (diabetes, thyroid, other)?	☐ yes	no ☐
Emotional disorders or addiction (depression, drug or alcohol dependency, difficulty handling stress, other)?	☐ yes	no ☐
Neurologic problems (epilepsy, Parkinson disease, other)?	☐ yes	no ☐
Musculoskeletal problems (low back pain, neck problems, arthritis, limitations on activity)?	☐ yes	no ☐
Skin problems (eczema, rashes, conditions incompatible with frequent hand washing, other)?	☐ yes	no ☐
Immune system problems (from medication, illness, allergies, susceptibility to infection)?	☐ yes	no ☐
Need for more frequent health visits or sick days than the average person?	☐ yes	no ☐
Dental problems assessed in a dental examination within the past 12 months?	☐ yes	no ☐
Other special medical problem or chronic disease that requires work restrictions or accommodation?	☐ yes	no ☐

Part II: Infectious Disease Status

The following immunizations are due/overdue per recommendations for adults in contact with children. Include those listed as follows and any others currently recommended by the Centers for Disease Control and Prevention at www.cdc.gov/vaccines:

Tdap (once, no matter when the most recent Td was given)	☐ yes	no ☐
MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957)	☐ yes	no ☐
Polio (OPV or IPV in childhood)	☐ yes	no ☐
Hepatitis B (3-dose series)	☐ yes	no ☐
Varicella (2 doses or had the disease)	☐ yes	no ☐
Influenza	☐ yes	no ☐
Pneumococcal vaccine	☐ yes	no ☐

Other vaccines _____

Female of childbearing age susceptible to CMV or parvovirus who needs counseling about risk?	☐ yes	no ☐
Evaluation of TB status shows a risk for communicable TB?	☐ yes	no ☐

Check test used. ☐ Tuberculin skin test (TST) ☐ Interferon gamma release assay (IGRA) test

Test date _____ Result _____

The results and appropriate follow-up of a tuberculosis (TB) screening, using the TST or IGRA, is required once on entering into the child care field with subsequent TB screening as determined by history of high risk for TB thereafter. Anyone with a previously positive TST or IGRA who has symptoms suggestive of active TB should have a chest x-ray. All newly positive TB skin or blood tests should be followed by x-ray evaluation.

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

MD
DO
CRNP

DATE SIGNATURE PRINTED LAST NAME TITLE

Phone number of licensed physician, physician assistant, or certified registered nurse practitioner:

_____

I have read and understand this information.

DATE PATIENT'S SIGNATURE

Appendix X

Medication Administration Packet

Authorization to Give Medicine
Page 1—To Be Completed by Parent/Guardian

CHILD'S INFORMATION	
NAME OF FACILITY/SCHOOL	TODAY'S DATE
NAME OF CHILD (FIRST AND LAST)	DATE OF BIRTH
NAME OF MEDICINE	
REASON MEDICINE IS NEEDED DURING SCHOOL HOURS	
DOSE	ROUTE
TIME TO GIVE MEDICINE	
ADDITIONAL INSTRUCTIONS	
DATE TO START MEDICINE	STOP DATE
KNOWN SIDE EFFECTS OF MEDICINE	
PLAN OF MANAGEMENT OF SIDE EFFECTS	
CHILD ALLERGIES	

PRESCRIBERS' INFORMATION	
PRESCRIBING HEALTH PROFESSIONAL'S NAME	PHONE NUMBER

PERMISSION TO GIVE MEDICINE		
I hereby give permission for the facility/school to administer medicine as prescribed above. **I also give permission for the teacher/caregiver to contact the prescribing health professional about the administration of this medicine.** **I have administered at least one dose of medicine to my child without adverse effects.**		
PARENT OR GUARDIAN NAME (PRINT)		
PARENT OR GUARDIAN SIGNATURE		
ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER

Receiving Medication
Page 2—To Be Completed by Teacher/Caregiver

NAME OF CHILD
NAME OF MEDICINE
DATE MEDICINE WAS RECEIVED _____/_____/_____

SAFETY CHECK

- ☐ 1. Child-resistant container.
- ☐ 2. Original prescription or manufacturer's label with the name and strength of the medicine.
- ☐ 3. Name of child on container is correct (first and last names).
- ☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.
- ☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.
- ☐ 6. Copy of Child Health Record is on file.
- ☐ 7. Instructions are clear for dose, route, and time to give medicine.
- ☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.
- ☐ 9. Child has had a previous trial dose.
- Y ☐ N ☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

TEACHER/CAREGIVER NAME (PRINT)
TEACHER/CAREGIVER SIGNATURE

Medication Log
Page 3—To Be Completed by Teacher/Caregiver

NAME OF CHILD	WEIGHT OF CHILD

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Medicine					
Date					
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Medicine					
Date					
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Report. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Teacher/caregiver signature

RETURNED to parent/guardian	**Date**	**Parent/guardian signature**	**Teacher/caregiver signature**
DISPOSED of medicine	**Date**	**Teacher/caregiver signature**	**Witness signature**

MEDICATION INCIDENT REPORT				
DATE OF REPORT			SCHOOL/CENTER	
NAME OF PERSON COMPLETING THIS REPORT				
SIGNATURE OF PERSON COMPLETING THIS REPORT				
CHILD'S NAME				
DATE OF BIRTH			CLASSROOM/GRADE	
DATE INCIDENT OCCURRED			TIME NOTED	
PERSON ADMINISTERING MEDICATION				
PRESCRIBING HEALTH CARE PROVIDER				
NAME OF MEDICATION				
DOSE			SCHEDULED TIME	
DESCRIBE THE INCIDENT AND HOW IT OCCURRED (WRONG CHILD, MEDICATION, DOSE, TIME, OR ROUTE?)				
ACTION TAKEN/INTERVENTION				
PARENT/GUARDIAN NOTIFIED?	YES	NO	DATE	TIME
NAME OF THE PARENT/GUARDIAN WHO WAS NOTIFIED				
FOLLOW-UP AND OUTCOME				
ADMINISTRATOR'S SIGNATURE				

Preparing to Give Medication

This is a checklist to use at your child care facility/school to make sure that your program is ready to give medication.

1. Paperwork

- ☐ Parent authorization to give medications is signed.
- ☐ Health care professional authorization or instructions are on file.
- ☐ Child Health Record is on file.

2. Medication checked when received

- ☐ Properly labeled.
- ☐ Proper container.
- ☐ Stored correctly.
- ☐ Instructions are clear.
- ☐ Disposal plan is developed.

3. Administering medication

- ☐ Area is clean and quiet.
- ☐ Staff is trained.
- ☐ Hands are washed.
- ☐ The 5 rights are followed—right child, medication, dose, time, and route.
- ☐ Child is observed for side effects.

4. Documentation

- ☐ Medication log is completed fully and in ink.

Reference: Academy 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.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2011:474–478

The *Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings* is available for reproduction at www.healthychildcare.org/HealthyFutures.

Appendix Y

Symptom Record

Name of facility/school: _____

Child's legal name: _____

Date: _____ Symptom(s): _____

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

_____

Any change in child's behavior? _____

_____

Child's temperature: _____ Time taken: _____ (Circle: axillary [armpit], oral, rectal, ear canal, other [specify]) _____

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

_____

Number of times of urination: _____ and bowel movements: _____

How typical/normal were urine and bowel movements in the past _____ hours? _____

_____

Circle or write in other symptoms:

Cough	Headache	Runny nose	Stomachache	Trouble urinating	Other pain (specify) _____
Diarrhea	Itching	Sore throat	Trouble breathing	Vomiting	_____
Earache	Rash	Stiff neck	Trouble sleeping	Wheezing	_____

Other symptoms: _____

Any medications in the past 12 hours (name, time, dose)? _____

Any exposure to animals, insects, soaps, new foods, or new environments? _____

_____

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

_____

Child's other problems that might affect this illness (eg, asthma, allergy, anemia, diabetes, emotional trauma, seizures): _____

_____

What has been done so far? _____

_____

Advice from the child's health care professional: _____

_____

Name of person completing this form: _____

Relationship of person completing this form to the child: _____

Appendix Z

Situations That Require Medical Attention Right Away

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

1. Know how to access emergency medical services (EMS) in your area.
2. Know how to reach your poison center—call Poison Help, the national number that connects with the poison center in your region: 1-800-222-1222.
3. Educate staff members about recognition of an emergency. When in doubt, call EMS.
4. Know how to contact each child's parent/legal guardian and have on file consent from the parent/legal guardian to contact the child's primary health care professional in an emergency.
5. Develop plans for dealing with an emergency for children with special health care needs with their family and primary health care professional.
6. Document what happened and what actions were taken. Share this information verbally and in writing with parents/legal guardians.
7. Determine contingency plans for times when there may be power outages, transportation issues, phone communication problems, etc.

Call emergency medical services (EMS) immediately if

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- The child has difficulty breathing or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large or deep or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated (eg, sunken eyes, lethargic, not making tears, not urinating).
- Multiple children are affected by injury or serious illness at the same time.
- When in doubt about whether to call EMS, make the call.
- After you have called EMS, call the child's parent/legal guardian.

Some children may have urgent situations that do not necessarily require ambulance transport but still need medical attention without delay. The following box lists some of these situations. The parent/legal guardian should be informed of the following conditions and the need to get prompt medical attention. If you or the parent/legal guardian cannot reach the physician within one hour, the child should be brought to a hospital.

Get medical attention within one hour for

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

*Fever is defined as a temperature above 100°F (37.8°C) axillary (in the armpit), above 101°F (38.3°C) orally, or above 102°F (38.9°C) rectally, or as measured by an equivalent method.

Appendix AA

Sample Letter to Families About Exposure to Communicable Disease

Name of Child Care Program: _____

Address of Child Care Program: _____

Telephone Number of Child Care Program: _____

Date: _____

Dear Parent or Legal Guardian:

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

Information about this disease

The disease is spread by: _____

The symptoms are: _____

_____

The disease can be prevented by: _____

_____

_____

What the program is doing: _____

What you can do at home: _____

_____

_____

_____

_____

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

_____ ( )

TEACHER/CAREGIVER'S NAME PHONE NUMBER

Appendix BB

First Aid Kit Inventory

ITEM	DATE CHECKED (Restock after each use and inventory monthly.)				
Water (bottled or a source of running water to clean injured areas and to remove visible soil from hands); liquid soap (to remove visible soil); and paper towels (to absorb/dry wet surfaces)					
Alcohol-based hand sanitizer (for hand hygiene where running water is not available)					
Disposable, nonporous gloves (to protect hands from contact with blood or body fluids)					
Sealed packages of antiseptic disposable wipes (to remove soil from hands prior to using hand sanitizer)					
Scissors (to cut tape or dressings)					
Tweezers (to remove splinters or ticks)					
Non-glass digital thermometer (to take temperature)					
Bandage tape (to hold gauze pads or splint in place)					
Sterile gauze pads, wrapped sanitary pads (to clean injured area, soak up body fluids, cover cuts and scrapes)					
Nonstick dressing (to cover abrasions)					
Flexible roller gauze (to hold gauze pad, eye pad, or splint in place)					
Adhesive bandages of different sizes (to cover wounds of children older than 4 years; not for younger children because they are a choking hazard)					
Elastic bandage (to put pressure on a bruised or swollen area, hold cold pack in place)					
Triangular bandage (to support injured arm, hold splint in place)					
Safety pins (to pin triangular bandage)					
Eye dressings: soft eye patch or piece of gauze (to bandage lid closed over scratched eye); alternative: paper cup cut down to make a short cap over injured eye					
Pen/pencil and notepad (to write down information and instructions)					
Plastic bags (to dispose of contaminated items)					

ITEM	DATE CHECKED (Restock after each use and inventory monthly.)				
Cold pack (to control swelling and bleeding from bumps and bruises when away from ice); wrap the cold pack in thin cloth before putting it against skin to avoid cold damage to tissues					
Current nationally recognized pediatric first aid instructions (from the American Academy of Pediatrics or the American Heart Association)					
Poison Help telephone number (1-800-222-1222)					
Small plastic metal splint (to immobilize injured finger if splinting to adjacent finger is not practical)					
Emergency medications for children as specified in special care plans that indicate possible need such as auto-injectable medication for a severe allergy or hypoglycemic reaction (to provide a rapid response to emergency); include in kit or in a fanny pack carried by teacher/caregiver responsible for child					
Whistle (to call attention to location of injured person)					
Flashlight					
Battery-powered radio (to receive instructions for community emergency)					
Initials of person who checked the kit contents					

KEEP KIT ACCESSIBLE TO ADULTS AND INACCESSIBLE TO CHILDREN.

INITIALS	PRINT NAME

Sources: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care. Standard 5.6.0.1: first aid and emergency supplies. In: *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2011:257–258, and American Academy of Pediatrics, National Association of School Nurses. *PedFACTs: Pediatric First Aid for Caregivers and Teachers.* 2nd ed. Burlington, MA: Jones & Bartlett Learning; 2014

Appendix CC

Incident Report Form

Fill in all blanks and boxes that apply.

Name of Program: _____ Phone: _____

Address of Facility: _____

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

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

Name of Parent/Legal Guardian 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 ☐ Gym
☐ Office ☐ Dining Room ☐ Stairway ☐ 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
☐ Exposure to Cold ☐ Other (specify): _____

Parts of Body Injured: ☐ Eye ☐ Ear ☐ Nose ☐ Mouth ☐ Tooth ☐ Part of Face ☐ Part of Head
☐ Neck ☐ Arm/Wrist/Hand ☐ Leg/Ankle/Foot ☐ Trunk
☐ Other (specify): _____

First Aid Given at the Facility (eg, comfort, pressure, elevation, cold pack, washing, bandage): _____

_____

Treatment Provided by: _____
☐ No doctor's or dentist's treatment required
☐ Treated as an outpatient (eg, 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: _____

_____
SIGNATURE OF STAFF MEMBER DATE

_____
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

Copies: 1) Child's folder. 2) Parent. 3) Injury log file.

Appendix DD

Child Care Initial Rapid Damage Assessment

In the aftermath of a disaster, as soon as it is safe to do so, it is imperative to communicate the condition of your facility as well as status of your program with your local Child Care Licensing/Regulatory Compliance Office as soon as possible but no later than 2 days after the incident. Remember, safety comes first! In an event of an emergency, call 911. Make sure staff and children are safe.

The Child Care Initial Rapid Damage Assessment tool was created to standardize the initial rapid damage assessment of the child care community and to be better able to efficiently and effectively respond to situations by providing appropriate assistance and information to families, child care facilities, regulatory agencies, emergency management agencies, and the community.

Objectives of the Child Care Initial Rapid Damage Assessment

- To rapidly assess overall losses to child care facilities
- To rapidly assess interruptions in services provided by child care programs
- To rapidly assess the number of children and staff impacted by the disaster
- To determine the overall operational capability and capacity of the child care community immediately after a disaster
- To inform emergency management officials and community decision makers of the damages sustained by the child care community
- To record available and/or needed resources to support the response and recovery of the child care community

Notes:

Reviews and/or updates to Emergency Preparedness Plans should be done within a 1-year period from the date the plan was written, updated, or reviewed.

- Make sure all reviews and updates to the Emergency Preparedness Plan are documented and dated. Keep a dated record of all changes made to the plan.
- Sign and date the plan after updates are made.
- Send a signed, dated copy of all updated plans to the appropriate county emergency management agency (EMA).
- Post the most current emergency plan in a conspicuous location, one that is easy for substitute staff, volunteers, parents, and program licensing/certification inspectors to see.

Date of Incident: _____ Time/Duration of Incident: _____

Brief Description of Incident: _____

_____

Date of the Assessment: _____ Time/Duration of Assessment: _____

Assessor's Organization:			
Address:	City:	State:	Zip:

Assessor's Name:	Phone:	Fax:
	E-mail:	

Name of Facility	**Facility ID**	**Address**	
		STREET	
		CITY	
		COUNTY	ZIP

Name of Director	**Director Cell**	**Alternative Person-in-Charge & Contact Info**

Facility Contact Details				
PHONE	E-MAIL	FAX	ALTERNATIVE 1	ALTERNATIVE 2

Type of Early Education/Child Care Program

☐ Center ☐ Accredited Center ☐ Home-based (family child care or group home) ☐ Government

☐ Tribal ☐ Private Nonprofit ☐ Other ☐ Not Sure

Type of Insurance

☐ Property ☐ Hurricane ☐ Flood (Structure) ☐ Flood (Contents) ☐ Tornado ☐ Other (specify) ☐ None

What approximate payment is expected from the insurer? _____

Is the building insured to cover the cost of repairs? ☐ Yes ☐ No

Damages

What is your assessment of the damage? ☐ Completely destroyed ☐ Partially destroyed ☐ Little or no evidence of damage

Do you have photos of the damages sustained? ☐ Yes ☐ No

Is street access available? ☐ Yes ☐ No

Were indoor materials damaged or lost? ☐ Yes ☐ No

Was outdoor equipment damaged lost? ☐ Yes ☐ No

Were appliances damaged or lost? ☐ Yes ☐ No

Were stored food, water, and/or other emergency supplies lost? ☐ Yes ☐ No

Describe any major EXTERIOR damages such as new or enlarged cracks, broken windows, etc:

Damage/Problem	Location of Damage/Problems	Detailed Descriptions
Main entrance		
Other entrances		
Walls		
Windows		
Roof and/or basement		

Describe any major INTERIOR damages:

Damage/Problem	Location of Damage/Problems	Detailed Descriptions of Damage
Ceiling		
Walls		
Doors		
Floor/Carpet		
Water Leaks		
Toilet		
Light fixtures		
Supplies		
Desks		
Play equipment		

Other useful information:

_____

_____

Employee/Child Status:

	Total #	# Absent	# Injured	# Sent to Hospital	# Dead	# Unaccounted for	# Released to Parents	# Being cared for
Staff								
Children								
Others								

Source of Damage (Check all that apply.)

☐ Flood ☐ Fire ☐ Wind/Wind-driven rain ☐ Earthquake ☐ Other

Estimate of Damages

Repairs	Contents	Total
$	$	$

Operation/Program

Is the facility open? ☐ Yes ☐ No

If yes, what are the hours of operation? (_____AM/PM — _____AM/PM)

If no, what are the reasons? ☐ Structural damage ☐ No electricity ☐ No water ☐ Flooding

☐ Staff shortage ☐ Other _____

If no, what are the factors that most impact your ability to reopen?

☐ Return of electricity ☐ Return of water ☐ Return of staff

☐ Ability to complete forms to receive assistance

☐ Once forms submitted approval and receive financial assistance

☐ Financial assistance to replace lost or damage materials in classrooms

☐ Families returning to area or enrolling children returning

☐ Other _____

If not open, when is the anticipated reopen date and hours of operation? (Please call back for any future updates.)

Date:_____ (_____AM/PM — _____AM/PM)

If you are currently temporarily closed, are you and/or your staff interested in working in other child care facilities for a limited time? ☐ Yes ☐ No

Do you have the capacity to serve additional children? (If you are not at capacity) ☐ Yes ☐ No

If yes, how many additional children would you be able to accept? _____

Ages and numbers of additional children who could be accepted:

Infants _____ Toddlers_____ Preschool _____ School-age _____

Do you have a generator system? ☐ Yes ☐ No ☐ Working ☐ Not working

What supplies or materials would you need immediately to continue or resume your program?

Note: This information will be passed onto the emergency management agencies and assistance organizations, but the provision of the items to your sites cannot be guaranteed.

_____

_____

_____

Is the building owned by the agency/organization that operates the program? ☐ Yes ☐ No

Is any part of the building rented by the program or any other entity? ☐ Yes ☐ No

Is the facility a Head Start program? ☐ Yes ☐ No

Does the facility participate in the state child care assistance program? ☐ Yes ☐ No

Does the facility participate in the state nutrition program? ☐ Yes ☐ No

Number of children served pre-disaster		Number of children served post-disaster (at the time of assessment)	
_____	Infants	_____	Infants
_____	Toddlers	_____	Toddlers
_____	Preschoolers	_____	Preschoolers
_____	School-age	_____	School-age

Number of employees pre-disaster _____

Current number of employees (at the time of assessment) _____

Number of employees planning to return to work post-disaster _____

Utility

Is telephone access available at your facility?	☐ Landline	☐ Cell	☐ Both	☐ Neither
Is there electricity available at your facility?	☐ Generator-based	☐ Normal	☐ None	
Is there water available at your facility?	☐ Normal service	☐ Bottled	☐ None	

Disaster Applications

Have you completed/submitted a disaster application with FEMA? ☐ Yes ☐ No

Have you completed/submitted a disaster application with the Small Business Association? ☐ Yes ☐ No

Other Notes, Comments, Questions That Need to Be Addressed

Adapted with permission from Save the Children. Child Care Initial Rapid Damage Assessment, a tool created by child-focused and emergency management partners in Harris County, TX, including Collaborative for Children, Child Care Licensing, Harris County Office of Homeland Security and Emergency Management, and Save the Children.

Appendix EE

Sample Letter of Agreement With Emergency Evacuation Site

Letter of agreement between _____ and
NAME OF CHILD CARE CENTER

_____.
NAME OF EMERGENCY EVACUATION SITE

INFORMATION ABOUT CHILD CARE FACILITY	INFORMATION ABOUT EVACUATION SITE
NAME OF FACILITY	NAME OF FACILITY
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER(S)
NAME OF CONTACT PERSON(S)	NAME OF CONTACT PERSON(S)
HOURS OF OPERATION	HOURS OF OPERATION
NUMBER OF CHILDREN AND STAFF POTENTIALLY EVACUATING	AREA AVAILABLE FOR CENTER OCCUPANCY AT EVACUATION SITE IN SQUARE FEET

Driving directions from child care center to evacuation facility:

_____

_____

_____

_____

_____

(Attach map with directions from child care center to evacuation facility to this agreement.)

Check off items that the evacuation site will provide in an emergency:

☐ Water ☐ Telephone
☐ Food ☐ People to assist
☐ Transportation ☐ Other _____

_____ agrees to serve as an emergency evacuation
NAME OF EVACUATION FACILITY

site for _____
NAME OF CHILD CARE CENTER

Signatures

_____
AUTHORIZED EVACUATION SITE REPRESENTATIVE DATE

_____
CHILD CARE CENTER DIRECTOR DATE

Adapted with permission from the Pennsylvania Better Kid Care, Penn State University, www.betterkidcare.psu.edu/page14.html. See the Better Kid Care Web site for an open, on-demand professional development activity related to emergency planning, as well as emergency planning sample forms and guides for home-based programs (family child care homes, group homes) in English and Spanish.

Appendix FF

Sample Letter to Parents About Evacuation Arrangements

Date letter distributed: _____

Dear Parents,

Our child care center's philosophy is to keep your child(ren) safe at all times when in our care. With recent world and local events, we have developed an emergency plan that will be put into place in the event that special circumstances require a different type of care. Plans for these special types of care are reviewed annually. Staff members have been instructed about the appropriate response. The local emergency management is aware of these plans. The specific type of emergency will guide where and what special care will be provided.

- **Shelter at the site:** This plan would be put into place in the event of a weather emergency or unsafe outside conditions or threats. In this plan, children will be cared for indoors at the center and the center may be secured or locked to restrict entry. Parents will be notified if they need to pick up their children before their regular time.
- **Evacuation to another site:** This plan would be put into place in the event that it is not safe for the children to remain at the center. In this situation, staff has predetermined alternate sites for care. The choice of site is determined by the specific emergency and what would be an appropriate alternate site.
- **Method to contact parents:** In the event of an emergency, parents will be called, a note will be placed on the door, and radio/TV stations will be alerted to provide more specific information. You can also check for information on our Web site _____ or call our main office at _____ – _____ – _____ . Depending on the distance from the center, the children will walk or be transported to the alternate site.
- **Emergency ends/reuniting with children:** When the emergency ends, parents will be informed and reunited with their children as soon as possible. The contact methods listed above will be used to inform parents.

The purpose for sharing this information with you is not to cause you worry but to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of your child(ren). In the event of an actual emergency, please do not call the center—it will be important to keep the lines open. If you have questions regarding this information, talk with the center director or your child's teacher.

Sincerely,

_____

SIGNATURE OF CHILD CARE CENTER DIRECTOR

This sample letter may be downloaded from www.betterkidcare.psu.edu/page14.html.

Appendix GG

Evacuation Drill Log

Select a location in the building for the site of a pretend fire and other types of hazards that would change the usual emergency procedure. Plan and conduct an emergency drill varying the type and location of the emergency.

Date	Time	Pretend Fire or Hazard Type and Location	Length of Time to Evacuate/ Shelter in Place/Lockdown	Number of Children	Name/Signature of Person Observing Drill

Appendix HH

What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms

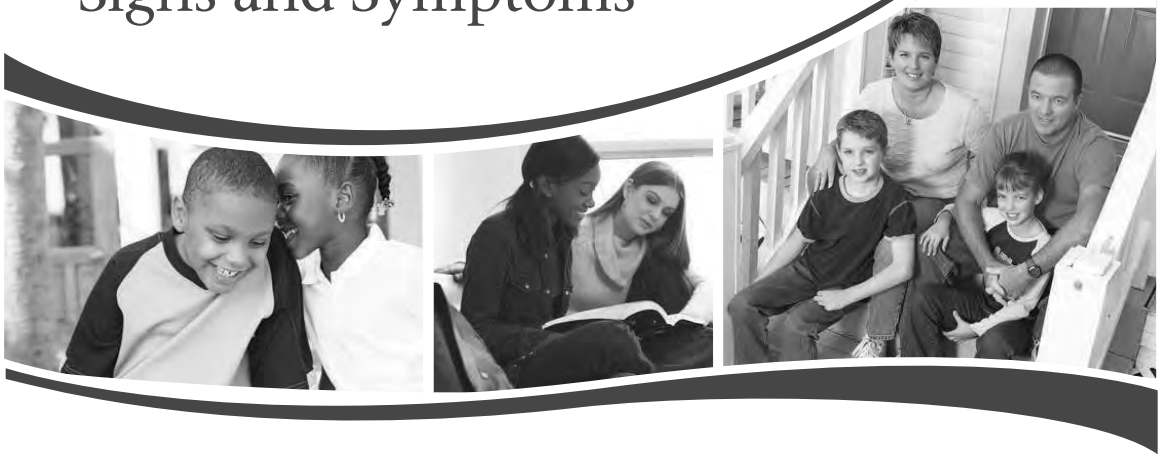
Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

FACTSHEET

July 2013

Disponible en español
https://www.childwelfare.gov/pubs/factsheets/ques.cfm

What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms



The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination. This factsheet is intended to help you better understand the legal definition of child abuse and neglect, learn about the different types

What's Inside:

- How is child abuse and neglect defined in Federal law?
- What are the major types of child abuse and neglect?
- Recognizing signs of abuse and neglect
- Resources

Use your smartphone to access this factsheet online.

Children's Bureau

Child Welfare Information Gateway
Children's Bureau/ACYF/ACF/HHS
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
https://www.childwelfare.gov

of abuse and neglect, and recognize the signs and symptoms of abuse and neglect. Resources about the impact of trauma on well-being also are included in this factsheet.

How Is Child Abuse and Neglect Defined in Federal Law?

Federal legislation lays the groundwork for State laws on child maltreatment by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum:

"Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm."

Most Federal and State child protection laws primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers. Some State laws also include a child's witnessing of domestic violence as a form of abuse or neglect.

CHILD ABUSE AND NEGLECT STATISTICS

- *Child Maltreatment*
  This report summarizes annual child abuse statistics submitted by States to the National Child Abuse and Neglect Data System (NCANDS). It includes information about child maltreatment reports, victims, fatalities, perpetrators, services, and additional research: http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment
- Child Welfare Outcomes Report Data
  This website provides information on the performance of States in seven outcome categories related to the safety, permanency, and well-being of children involved in the child welfare system. Data, which are made available on the website prior to the release of the annual report, include the number of child victims of maltreatment: http://cwoutcomes.acf.hhs.gov/data/overview

What Are the Major Types of Child Abuse and Neglect?

Within the minimum standards set by CAPTA, each State is responsible for providing its own definitions of child abuse and neglect. Most States recognize the four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. Signs and symptoms for each type of maltreatment are listed below. Additionally, many States identify abandonment and parental substance abuse as abuse or neglect. While these types of maltreatment may be found separately, they often occur in combination. For State-specific laws pertaining to child abuse and neglect, see Child Welfare Information Gateway's State Statutes Search page: https://www.childwelfare.gov/systemwide/laws_policies/state/

Information Gateway's *Definitions of Child Abuse and Neglect* provides civil definitions that determine the grounds for intervention by State child protective agencies: https://www.childwelfare.gov/systemwide/laws_policies/statutes/define.pdf

Physical abuse is nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child.[1] Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

Neglect is the failure of a parent, guardian, or other caregiver to provide for a child's basic needs. Neglect may be:

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment)[2]
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

Sometimes cultural values, the standards of care in the community, and poverty may contribute to maltreatment, indicating

[1] Nonaccidental injury that is inflicted by someone other than a parent, guardian, relative, or other caregiver (i.e., a stranger), is considered a criminal act that is not addressed by child protective services.

[2] *Withholding of medically indicated treatment* is a specific form of medical neglect that is defined by CAPTA as "the failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions..." CAPTA does note a few exceptions, including infants who are "chronically and irreversibly comatose"; situations when providing treatment would not save the infant's life but merely prolong dying; or when "the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane."

the family is in need of information or assistance. When a family fails to use information and resources, and the child's health or safety is at risk, then child welfare intervention may be required. In addition, many States provide an exception to the definition of neglect for parents who choose not to seek medical care for their children due to religious beliefs.[3]

Sexual abuse includes activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Sexual abuse is defined by CAPTA as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."

Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child. Emotional abuse is almost always present when other types of maltreatment are identified.

Abandonment is now defined in many States as a form of neglect. In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time. Some States have enacted laws—often called safe haven laws—that provide safe places for parents to relinquish newborn infants. Child Welfare Information Gateway produced a publication as part of its State Statute series that summarizes such State laws. *Infant Safe Haven Laws* is available on the Information Gateway website: https://www.childwelfare.gov/systemwide/laws_policies/statutes/safehaven.cfm

Substance abuse is an element of the definition of child abuse or neglect in many States. Circumstances that are considered abuse or neglect in some States include the following:

- Prenatal exposure of a child to harm due to the mother's use of an illegal drug or other substance
- Manufacture of methamphetamine in the presence of a child
- Selling, distributing, or giving illegal drugs or alcohol to a child
- Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child

[3] The CAPTA amendments of 1996 (42 U.S.C.A. § 5106i) added new provisions specifying that nothing in the act be construed as establishing a Federal requirement that a parent or legal guardian provide any medical service or treatment that is against the religious beliefs of the parent or legal guardian.

For more information about this issue, see Child Welfare Information Gateway's *Parental Drug Use as Child Abuse* at https://www.childwelfare.gov/systemwide/laws_policies/statutes/drugexposed.cfm

Recognizing Signs of Abuse and Neglect

In addition to working to prevent a child from experiencing abuse or neglect, it is important to recognize high-risk situations and the signs and symptoms of maltreatment. If you do suspect a child is being harmed, reporting your suspicions may protect him or her and get help for the family. Any concerned person can report suspicions of child abuse or neglect. Reporting your concerns is not making an accusation; rather, it is a request for an investigation and assessment to determine if help is needed.

Some people (typically certain types of professionals, such as teachers or physicians) are required by State law to make a report of child maltreatment under specific circumstances—these are called mandatory reporters. Some States require all adults to report suspicions of child abuse or neglect. Child Welfare Information Gateway's publication *Mandatory Reporters of Child Abuse and Neglect* discusses the laws that designate groups of professionals as mandatory reporters: https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm

For information about where and how to file a report, contact your local child protective services agency or police department.

Childhelp National Child Abuse Hotline (800.4.A.CHILD) and its website offer crisis intervention, information, resources, and referrals to support services and provide assistance in 170 languages: http://www.childhelp.org/pages/hotline-home

For information on what happens when suspected abuse or neglect is reported, read Information Gateway's *How the Child Welfare System Works*: https://www.childwelfare.gov/pubs/factsheets/cpswork.pdf

Some children may directly disclose that they have experienced abuse or neglect. The factsheet *How to Handle Child Abuse Disclosures*, produced by the "Childhelp Speak Up Be Safe" child abuse prevention campaign, offers tips. The factsheet defines direct and indirect disclosure, as well as tips for supporting the child: http://www.speakupbesafe.org/parents/disclosures-for-parents.pdf

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision

- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home
- Is reluctant to be around a particular person
- Discloses maltreatment

The Parent:

- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs
- Shows little concern for the child

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

The above list may not be *all* the signs of abuse or neglect. It is important to pay attention to other behaviors that may seem unusual or concerning. In addition to these signs and symptoms, Child Welfare Information Gateway provides information on the risk factors and perpetrators of child abuse and neglect fatalities: https://www.childwelfare.gov/can/risk_perpetrators.cfm

Signs of Physical Abuse

Consider the possibility of physical abuse when the **child:**

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver
- Abuses animals or pets

Consider the possibility of physical abuse when the **parent or other adult caregiver:**

- Offers conflicting, unconvincing, or no explanation for the child's injury, or provides an explanation that is not consistent with the injury
- Describes the child as "evil" or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child
- Has a history of abusing animals or pets

Signs of Neglect

Consider the possibility of neglect when the **child:**

- Is frequently absent from school
- Begs or steals food or money

- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the **parent or other adult caregiver:**

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child:**

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment

Consider the possibility of sexual abuse when the **parent or other adult caregiver:**

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **child:**

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the **parent or other adult caregiver:**

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child

THE IMPACT OF CHILDHOOD TRAUMA ON WELL-BEING

Child abuse and neglect can have lifelong implications for victims, including on their well-being. While the physical wounds heal, there are several long-term consequences of experiencing the trauma of abuse or neglect. A child or youth's ability to cope and even thrive after trauma is called "resilience," and with help, many of these children can work through and overcome their past experiences.

Children who are maltreated often are at risk of experiencing cognitive delays and emotional difficulties, among other issues. Childhood trauma also negatively affects nervous system and immune system development, putting children who have been maltreated at a higher risk for health problems as adults. For more information on the lasting effects of child abuse and neglect, read Child Welfare Information Gateway's factsheet *Long-Term Consequences of Child Abuse and Neglect*: https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm

The National Child Traumatic Stress Network's webpage What Is Child Traumatic Stress offers definitions, materials on understanding child traumatic stress, and several Q&A documents: http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts

The Monique Burr Foundation for Children's brief *Speak Up Be Safe: The Impact of Child Abuse and Neglect* explains the immediate and long-term consequences of child abuse and neglect to child, family, school, and community well-being: http://www.moniqueburrfoundation.org/SUBS/Resources/Impact_of_Abuse_and_Neglect.pdf

The National Council for Adoption's article "Supporting Maltreated Children: Countering the Effects of Neglect and Abuse" explains several issues common to children that have experienced abuse or neglect and offers suggestions for parents and caregivers on talking with children and helping them overcome past traumas: https://www.adoptioncouncil.org/images/stories/documents/NCFA_ADOPTION_ADVOCATE_NO48.pdf

ZERO TO THREE produced *Building Resilience: The Power to Cope With Adversity*, which presents tips and strategies for helping families and children build resilience after trauma: http://www.zerotothree.org/maltreatment/31-1-prac-tips-beardslee.pdf

Resources

Child Welfare Information Gateway's web section on child abuse and neglect provides information on identifying abuse, statistics, risk and protective factors, and more:
https://www.childwelfare.gov/can/

The Information Gateway Reporting Child Abuse and Neglect webpage provides information about mandatory reporting and how to report suspected abuse:
https://www.childwelfare.gov/responding/reporting.cfm

The National Child Abuse Prevention Month web section provides tip sheets for parents and caregivers, available in English and Spanish, that focus on concrete strategies for taking care of children and strengthening families:
https://www.childwelfare.gov/preventing/preventionmonth/tipsheets.cfm

Information Gateway also has produced a number of publications about child abuse and neglect:

- *Child Maltreatment: Past, Present, and Future:*
  https://www.childwelfare.gov/pubs/issue_briefs/cm_prevention.pdf
- *Long-Term Consequences of Child Abuse and Neglect:*
  https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf
- *Preventing Child Abuse and Neglect:*
  https://www.childwelfare.gov/pubs/factsheets/preventingcan.pdf
- *Understanding the Effects of Maltreatment on Brain Development:*
  https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

The Centers for Disease Control and Prevention (CDC) produced *Understanding Child Maltreatment*, which defines the many types of maltreatment and the CDC's approach to prevention, in addition to providing additional resources:
http://www.cdc.gov/violenceprevention/pdf/cm_factsheet2012-a.pdf

Prevent Child Abuse America is a national organization dedicated to providing information on child maltreatment and its prevention:
http://www.preventchildabuse.org/index.shtml

The National Child Traumatic Stress Network strives to raise the standard of care and improve access to services for traumatized children, their families, and communities:
http://www.nctsn.org/

Stand for Children advocates for improvements to, and funding for, programs that give every child a fair chance in life: http://stand.org/

A list of organizations focused on child maltreatment prevention is available in Information Gateway's National Child Abuse Prevention Partner Organizations page: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=21&rate_chno=19-00044

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