Chapter 3: HEALTH

Purpose of these Requirements

The requirements in this chapter provide the organized structure needed to promote healthy environments for children in child care. Healthy environments not only promote basic health in the areas of physical activity, nutrition and sleep, but also prevent sickness and injury by excluding children who have common symptoms of illness, providing the steps needed to administer medication correctly and providing the sanitary procedures needed in daily routines. Implementing these requirements helps children to develop trust in their environment and promotes learning and development in all areas.

Resources for health issues in child care:

- The document, **Health and Safety Resources for Child Care**, with health and safety contact information and websites, is in the Resource Section at the end of Chapter 1.
- For health and safety information and for a listing of child care health consultants, visit the North Carolina Child Care Health and Safety Resource Center website at www.healthychildcarenc.org or call 1-800-367-2229.

SECTION 1: HEALTH RECORDS

Requirement for Child's Health Assessment
NC General Statute 110-91(1) & Child Care Rule .1721(a)(1)

- Each child must have a health assessment before being admitted, or within 30 days following admission to a child care facility.
- The assessment must be completed and signed by one of the following:
  - a licensed physician
  - the physician's authorized agent who is currently approved by the North Carolina Medical Board, or comparable certifying board in any state contiguous to North Carolina
  - a certified nurse practitioner
  - a public health nurse meeting the Department's Standards for Early Periodic Screening, Diagnosis, and Treatment Program

- ☑ Each child must have on file a **Children's Medical Report** form or a form with the same information provided by the physician.
- ☑ The health assessment must be completed before being admitted or within 30 days of the child's start date in the program.
- ☑ The top portion of the sample form should be completed by the child's parent or guardian. A health care professional should complete the bottom portion.

☑ A health assessment is not required for a child who is and has been in normal health if the child's parent, guardian, or full-time custodian objects in writing to a health assessment on religious grounds which conform to the teachings and practice of any recognized church or religious denomination. The written statement must be maintained in the child's records. An objection based upon a "scientific" belief (i.e. a foreign substance or chemical may be harmful) or non-religious personal belief or philosophy (i.e. clean living, fresh air, pure water) is not considered to be a religious exemption and is not allowed under North Carolina law.

☑ A health assessment is not required for school age children. However, the operator must have a copy of the school-age child's immunization record on file.

☑ Review health assessment information carefully to see if there is health care information such as allergies, special diets, prior medical history, asthma, etc. that you need to be aware of to be able to provide proper care.


Additional forms are available in the resource section to assist parents and the operator with outlining an action plan for a child that has a specific chronic condition that may require emergency medical care. Refer to the following resource sheets:

- **Food Allergy Action Plan**
- **Asthma Action Plan**
- **Diabetes Action Plan**
- **Seizure Action Plan**

HH Although not required, request parents to update their child's health assessment information annually, after each annual well check visit to a physician, or when a child's medical condition changes, such as being diagnosed with an allergy to ensure you have the most up-to-date health information on file.


A sample **Children's Medical Report** form (health assessment) is located in the resource section of *Chapter 4- Records and Activities*. If you choose to develop your own health assessment form, it must include every item of information found on the sample form.

Requirement for Immunization Records
NC General Statute 110-91(1) & Child Care Rule .1721(a)(2)

- Each child must have an up to date record of immunization on file at the FCCH within 30 days of enrollment.
- A current immunization record showing child is age-appropriately immunized must remain on file for each child while in care.
- Every center must file an immunization report annually with the State Health Department as required by General Statute 130A-155(c).

- ☑ Child care operators must request documentation of immunizations for every child on the first day of attendance. If is the immunization record is not presented on the first day, the operator must notify the parent they have 30 calendar days from the first day of attendance to obtain the required immunizations for the child.
- ☑ Child care operators must request parents to provide a copy of each child's immunization (shot card) record whenever new immunizations are given.
- ☑ Child care operators must complete an **Annual Child Care Immunization Report**. Each FCCH should receive the forms with instructions in the mail each year. If the operator has questions about immunizations or needs information about completing the report, contact the NC Immunization Branch at 919-707-5550 or http://www.immunizenc.com/ChildCares.htm.
- ☑ When a child transfers to another child care program, the FCCH where the child previously attended, must, upon request, send a copy of the child's immunization record, at no charge, to the child care facility to which the child has transferred.
- ☑ Even though a school age child does not need a medical report on file at the FCCH, the operator must have a current copy of the immunization record.
- 🗁 A sample **Immunization History** form is located in the resource section of *Chapter 4- Records and Activities*.
- 🗁 For a list of vaccine names, abbreviations and brand names as well as a list of combination vaccines and their brand names refer to the resource section of this chapter.

 **Children in Child Care: What Shots Do They Need?** is a document in the resource section that will define and explain each abbreviated vaccine name used on children's immunization records.

 Additional resources are available from Immunize North Carolina. Visit www.immunizenc.com for the recommended immunization schedule for children and adults.

Health and Emergency Information
NC General Statute 110-91(1) & Child Care Rule .1721(a)(3)

The operator must maintain the Health and Emergency Information form for each child who attends on a regular basis, including his or her own preschool children.

- ☑ The completed **Child's Health and Emergency Information** form must be on file in the program on the child's first day of attendance.
- ☑ If you choose to create your own form, it must include the following information:
  - the child's name, address and date of birth
  - the names of individuals to whom the child may be released
  - the general status of the child's health
  - any allergies or restrictions on the child's participation in activities with specific instructions from the child's parent or physician
  - the names and phone number of the child's physician and preferred hospital
  - authorization for the operator to seek emergency medical care in the parent's absence
  - parent's signature
- ☑ Make sure each line on the **Child's Health and Emergency Information** form is completed.
- ☑ The authorization for emergency medical care is on the **Child's Health and Emergency Information** form. It must be signed by the child's parent or legal guardian.
- ☑ Update the information on the **Child Health and Emergency Information** form regularly to assure that current emergency information is always on file for each child.
- ☑ If a child needs to be taken to a medical facility, make sure the **Child's Health and Emergency Information** form is taken with the injured or ill child.

HH A copy of the **Child's Health and Emergency Information for FCCH's** form can be used in a vehicle to document children's emergency and identification information. You would need to add to the form the child's identifying information on an appropriate line, including eye and hair color, height and weight.

You can find a copy of the **Child's Health and Emergency Information** form in the resource section of *Chapter 4 – Records and Activities*.

Medication Administration Permission
General Statute 110-102.1A & Child Care Rule .1721(4)

- Written authorization is required any time prescription or over-the-counter medication is administered by the operator to children receiving care, including anytime medication is administered in the event of an emergency medical condition.
- The child's name, date, time, amount and type of medication given, and the name and signature of the person administering the medication must be recorded.

☑ An authorization to administer medication form must be completed prior to when medication is administered.

☑ The **Medication Administration Permission and Record** form can be used to document medication authorization or it can be documented on a separate form developed by the provider which includes the following information:

- child's name
- date
- time
- amount and type of medication given
- printed name and signature of the person administering the medication

☑ The completed **Medication Administration Permission and Record** must be kept on file during the time the medication is being administered and for at least six months after the medication is administered.

☑ More information about the authorization to administer medication form is provided in **SECTION 3: Medication** of this chapter.

Samples of the **Medication Administration Permission and Record, Permission to Administer Topical Ointment/Lotion/Powder and Permission to Administer Medication for Chronic Medical Conditions and Allergic**

Reactions are located in the resource section of *Chapter 4- Records and Activities.*

☑ In the event medication is given in error, if medical care is sought as a result, the incident must be reported to the consultant within seven days.


A form is provided in the resource section of this chapter for you to use to document when medication is given in error and actions you took to ensure the health of the child who received the medication.

Incident Reports
Child Care Rule .1721 (b)(3)

- An incident report must be completed each time a child receives medical treatment by a physician, nurse, physician's assistant, nurse practitioner, dentist, community clinic, or local health department, as a result of an incident occurring while the child is in the family child care home.
- The incident must be reported on a form provided by the Division. The report must be signed by the operator and the parent, and maintained in the child's file.
- A copy of the incident report must be mailed to a representative of the Division within seven calendar days after the incident occurs.

☑ This requirement applies when the parent or provider takes the child to the doctor after the incident just to be evaluated, even when the child receives no medical treatment.

☑ Some operators choose to complete an incident report any time a child is injured. However, the operator only needs to submit the report to the Division when the child is taken to the doctor to be evaluated.

☑ Remember to record incidents on the incident report log. Copies of the **Incident Report** form are in the resource section of *Chapter 4 – Records and Activities*.

Incident Logs
Child Care Rule . 1721(b)(4)

- An incident log must be filled out any time an incident report is completed.
- The log is to be cumulative, kept in a separate file and must be available for review by a representative of the Division.
- The log must be completed on the form provided by the Division.

 A copy of the **Incident Log** is located in the resource Section of *Chapter 4- Records and Activities*.

SECTION 2: INFECTIOUS AND CONTAGIOUS DISEASES

In FCCHs, children and the caregiver work and play together in close areas, sharing germs. Germs spread quickly and children can infect others before developing symptoms. During the winter months, there is a higher concentration of germs inside because less fresh air circulates the air. Also, children and adults spend more time indoors during the winter months, which increases their exposure to germs. Refer to SECTION 8 - OUTDOOR PLAY to learn more about the benefits of outdoor play. Following sanitation procedures such as handwashing and sanitizing, helps reduce the spread of disease causing germs.

Check out this resource:
Handwashing is the single most effective way to cut down on the spread of infectious diseases. Proper and consistent handwashing reduces the risk of spreading germs. To access handwashing posters, visit the NC Child Care Health and Safety Resource Center at www.healthychildcarenc.org.

Infectious and Contagious Disease Control
Child Care Rules .1718a(6), .1720(b)

- You must provide a quiet, separate area for children too sick to remain with other children.
- You must notify parents immediately if their child becomes too sick to remain in care.
- You may care for mildly ill children, but children who are too sick must be excluded from your program.

☑ Children with any of the following symptoms may not remain in care:

- Fahrenheit temperature of 100 degrees when taken under the arm or 101 degrees when taken orally.

- Sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and with increased stool water.
- Two or more episodes of vomiting within a 12 hour period.
- Red or pink eye(s) with white or yellow eye discharge. Child may return to care 24 hours after treatment has begun.
- Scabies or lice.
- Chicken pox or a rash suggestive of chicken pox.
- Tuberculosis. Child may return to care after a health professional states the child is not infectious.
- Strep throat. A child may return to care 24 hours after treatment has begun.
- Pertussis or whooping cough. Child may return to care five days after appropriate antibiotic treatment.
- Hepatitis A virus infection. Child may return to care one week after onset of illness or jaundice.
- Impetigo. Child may return to care 24 hours after treatment has begun.

☑ If a child is not able to participate in regular activities, regardless of symptoms, the child may not remain in care.

☑ When a physician or other health professional issues a written order to separate a child from other children, the child may not remain in care.

☑ The quiet, separate area for sick children must be in a place that is easy for you to supervise. For example, appropriate areas could be a cot or a mat on the other side of the room or near the doorway of the next room. The area must be where you can see and hear the child and respond to them quickly.

HH Sometimes children will not have a fever, but they are too sick to remain in child care. For example, a child that is not able to go outside due to an ear infection, or is not able to take part in the activities of the whole group because they have a cold, must be excluded from care.

HH Prevent the spread of germs in your FCCH by putting mouthed toys in a bin until the toys have been cleaned and sanitized.

HH For advice on the exclusion of children from child care due to health issues, please call your local health department, contact the NC Child Care Health and Safety Resource Center at 1-800-367-2229, or use the **Communicable Diseases and Exclusion from Child Care** chart.

 For a list of illnesses and diseases and how to handle the exclusion of children, see the document, **Communicable Diseases and Exclusion from Child Care,** in the resource section of this chapter.

 Conducting daily health checks is an effective way to reduce the spread of infectious diseases. A daily health check includes observing the child for signs of illness and talking with the parent about how the child is feeling. A sample **Daily Child Care Health Check** form is located in the resource section of this chapter.

 Six tips for germ control can be found in the article, **Maintaining a Sanitary Child Care Environment**, in the resource section of this chapter.

 A document providing guidance on how to prevent the spread of diseases that are transmitted by body fluids, **Cleaning Up Body Fluids**, is in the resource section of this chapter.

 During flu season, there are occasions when concerns rise about flu outbreaks. To prepare for the potential effects of a wide spread flu use the guide, **Child Care and Preschool Pandemic Influenza Planning Checklist**, that can be found at www.pandemicflu.gov/plan/preschool.html. Taking steps now to prepare could prevent potential disruption of your service. A copy of this checklist is also in Appendix D of theFCCH Handbook.

Recognizing Common Symptoms of Illnesses
Child Care Rule .1720(a)(10)

 You must be able to recognize common symptoms of illnesses.

 Check with your local CCR&R, Smart Start partnership, community college or local child care association for workshops or classes you might attend on recognizing symptoms of childhood illnesses.

 A local child care health consultant, medical advisor, or physician is someone you can call to discuss questions regarding unfamiliar medical symptoms a child may be exhibiting.

 Turn to the local resource section of this handbook and list the contact information for your local child care health consultant, medical advisor, or physician.

Emergency Medical Situations
Child Care Rule .1720(a)(8)

You must have a working telephone within the FCCH. Telephone numbers for the fire department, law enforcement office, emergency medical service and poison control center shall be posted near the telephone.

See the resource section of this chapter for a chart that will help you determine whether or not certain situations require immediate medical attention.

See *Chapter 4-Records and Activities* for a sample **Emergency Telephone Numbers** chart.

See Appendix D of this handbook for **Emergency Preparedness Resources.**

SECTION 3: MEDICATION

Though the child care rules do not require you to administer medication to children, the Americans with Disabilities Act (ADA) requires that programs make reasonable accommodations for children with special needs, including special health care needs. Children with chronic health conditions like asthma, diabetes, allergies, sickle cell anemia, or seizure disorders may only be able to attend child care if medication can be given on site. For more information on the ADA refer to the handout in the resource section titled, "Commonly Asked Questions Related to Giving Medicine in Child Care." If your program chooses to administer medication or must administer medication due to the American with Disabilities Act, it is imperative that staff receive training in medication administration procedures and that policies are established to reassure parents and staff that the program strives to administer medications safely. In all cases, you must follow the guidelines in the child care requirements.

Check out these resources:

- Contact a local child care health consultant to assist you in training and policy development. To locate a child care health consultant in your area, visit the NC Child Care Health and Safety Resource Center's website at www.healthychildcare.org for a listing of child care health consultants by county or call the Resource Center at 1-800-367-2229.
- Complete training on Medication Administration. This is a comprehensive course developed by the UNC-Chapel Hill and the Division of Child Development that covers the roles of child care providers, health care providers, and parents in giving medication in child care. The child care requirements and best practice for administering medication safely in child care is discussed. Participants learn how to identify, store, measure, and dispose of medication properly in child care. Time is allotted to introduce how to develop a medication administration policy reflective of best practice and current requirements for your facility. Contact your local child care resource and referral, local health department, or

the NC Child Care Health and Safety Resource Center at 1-800-367-2229 to access a trainer.

Administering Medication
NC General Statute 110.102.1A &
Child Care Rules .1720(c)(1),(A); .1721(a)(4)

- No prescription or over-the-counter (OTC) medication and no topical, ointment, repellent, lotion, cream or powder shall be administered to any child without written instructions and authorization from the child's parent, a physician, or other authorized health professional. A record of the authorization must be maintained at your program.
- No drug or medication shall be administered for non-medical reasons, such as to induce sleep.
- Willfully administering medication without written authorization can result in a Class A1 misdemeanor charge. Willfully administering medication without written authorization that results in serious injury to a child can result in a Class F felony charge.

☑ It is illegal to intentionally give a child medication without written authorization from the child's parent.

☑ It is the parent's responsibility to provide all the documentation and materials required to legally and safely administer medication.

A sample **Permission to Administer Medication** form is in the resource section of *Chapter 4 – Records and Activities*.

Documentation of Medication Administration
Child Care Rule .1720(c)(13)

- Any time you administer prescription or OTC medication to any child in care, the child's name, date, time, amount and type of medication given, and the name and signature of the person administering the medication must be documented.
- You must keep documentation for administering medication for at least six months.

☑ Written authorization to administer medication must include the child's name, the specific name of the medication, dosage instructions, the beginning and end dates the medication is to be given the child, the parent's signature, and the date the parent signed the authorization form.

☑ Parents must provide detailed instructions on the dosage of medication and specific times the medication is to be given. Medication can not be administered on an "as needed" basis.


A sample **Permission to Administer Medication** form is in the resource section *Chapter 4 – Records and Activities*.

☑ When you document the administration of medication on the **Permission to Administer Medication** form or on a separate form, you must keep the administration of medication record on file during the time period the medication is being administered and for at least six months after the medication is administered.

☑ Only one medication can be listed on each **Permission to Administer Medication** form.

☑ Check the expiration dates of the medicine you receive. No expired medications can be given to children.

☑ If you have questions concerning whether medication provided by the parent should be administered, you may decline to give the medication without signed, written dosage instructions from a licensed physician or authorized health professional. It is always your option to refuse to administer any medication. This question should be discussed, however, prior to enrollment so that children who need the medication will get it when needed.

☑ No documentation is required for applications of OTC topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders.


For a copy of the *Steps to Administering Medication* poster go to the NC Child Care Health and Safety Resource Center website www.healthychildcarenc.org.


A **Checklist for Administering Medication** is located in the resource section of this chapter.

HH Parents should be informed any time an error or mishap occurs when administering medication. For example, if a caregiver fails to give medication at the authorized time, the parent should be notified. Missing a dose or receiving a delayed dose of medication could affect the usefulness of the medication or when the next dosage should be administered. Document the error and mishap and inform the parent immediately.


A sample **Medication Error Report** is available in the resource section of this chapter.

Prescribed Medications
Child Care Rules .1720(c)(2)(B-C), (3), (12-13)

- Prescribed medication must be stored in its original container.
- Prescribed medications can only be given to the person for whom they are prescribed.
- Any medication remaining after the course of treatment is completed or after authorization is withdrawn must be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment must be discarded.

☑ Prescribed medication must be in the original container that bears the pharmacist's label and includes the following:
- Child's name;
- Date the prescription was filled;
- The name of the prescribing physician or other health professional;
- The amount and frequency of dosage; and
- The name of the medication or the prescription number.

☑ If a parent brings a pharmaceutical sample, the medication must be accompanied by dated written instructions from a physician or other health professional specifying:
- the child's name,
- the name of the medication,
- the amount and frequency of dosage, and
- the signature of the prescribing physician or other health professional.

☑ Authorization to administer prescription medication is only valid for the course of treatment.

☑ Only one medication should be listed on each authorization form.

☑ If there are no dosage directions on a label, the medicine can be accompanied by written instructions for dosage, which includes the child's name and is dated and signed by the prescribing physician or other health professional.

HH Ask parents to see if the child's physician will prescribe medications that only require one or two doses per day which would reduce or eliminate the need for you to administer medication.

Over-The-Counter (OTC) Medications
Child Care Rules .1720(c)(4),(5),(12)

- OTC medications may only be given as authorized in writing by the child's parent, not to exceed the amounts and frequency of dosage specified on the label.
- The parent's authorization include the child's name, the specific name of the OTC medicine, the amount and frequency of the dosages, the signature of the parent, physician or other health care professional, and the date the instructions were signed by the parent, physician or other health professional.
- OTC medications may also be administered according to instructions from a physician or other authorized health professional.
- Any medication remaining after the course of treatment is completed or after authorization is withdrawn must be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment must be discarded.

- ☑ Examples of OTC medications are cough syrup, decongestants, acetaminophen, ibuprofen, topical teething medication, topical antibiotic cream for abrasions, or medication for intestinal disorders.
- ☑ OTC medications must be in their original containers and labeled with the child's name.
- ☑ Authorization to administer OTC medications is valid for up to 30 days at a time.
- ☑ A physician's signature is not required for permission to administer OTC medications. A parent's written permission is sufficient.
- ☑ Any time OTC medications are administered you must document the child's name, the date, the time, amount and type of medication given, and the name and signature of the person administering the medication.
- ☑ Medication cannot be administered "as needed." Specific instructions on when to administer medication must be given, providing symptoms that indicate a need for medication.
- ☑ Caregivers can only give the recommended dosage stated on the package instructions. If a physician prescribes a larger dosage than specified on the package, the parent must bring in written, signed and dated instructions from the physician.

HH The Food and Drug Administration issued a public health advisory in January 2008 stating that children younger than two-years-old should not be given cold medications because of serious and life-threatening side effects. The AAP has

taken the position that over-the counter cough and cold medicines do not work for children younger than six and in some cases may pose a health risk. Visit www.fda.gov for more information.

☑ In the event cold medicine or any other over the counter medication does not indicate on the label the dose for the age of the child who is receiving the medication, the parents must provide instructions on a form signed by a physician or other health care professional. The instructions should specify:

- the child's name
- the name of the medication
- the amount and frequency of the dosage
- the date the instructions were signed by the physician or other health care professional

HH When children are taking these types of medication they may have some of their symptoms eliminated but may still need to be excluded from child care if they are not able to participate in all daily activities.

 See the Resource Section of *Chapter 4 – Records and Activities* for a sample **Permission to Administer Medication** form**.**

Blanket Permission to Administer Certain Medications
Child Care Rules .1720(c)(6-9)

- A written statement from a parent may give blanket permission for up to six months to authorize administration of OTC or prescription medication for chronic medical conditions and allergic reactions.
- A written statement from a parent may give blanket permission for up to one year to authorize administration of OTC topical ointments, topical teething ointment or gel, insect repellants, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.
- A written statement from a parent may provide blanket permission to administer a one-time, weight appropriate dose of acetaminophen to a child in cases where the child has a fever and the parent cannot be contacted. This should only be used in case of emergency.
- A parent can give you standing authorization to administer OTC medication as directed by the State Health Director, when there is a public health emergency as identified by the State Health Director.

☑ Parents who have children with known medical conditions with potential emergency symptoms should inform providers and substitutes. A six month blanket statement should be completed providing clear instructions on a provider's

response to an emergency and a detailed explanation of how and when medication is administered.

- ☑ Some medical conditions that would warrant a six month blanket statement in a child care setting include, but are not limited to: asthma, diabetes, sickle cell anemia, epilepsy and allergies.
- ☑ If you have a child in your program with allergies who requires an Epipen, an Epipen, Jr., or a Twinject ask the parent to provide you with a trainer Epipen or a trainer Twinject. You are able to practice the injections without needles.
- ☑ The written twelve month statement must describe the specific conditions under which the ointments and creams are to be administered and detailed instructions on how, where and when they are to be administered. Parents may not indicate "as needed" on the authorization form.
- ☑ Each time acetaminophen is administered in the event of an emergency when the parent can not be reached, a new blanket permission to administer medication must be completed for the next emergency.
- ☑ When a parent gives standing authorization to administer OTC medicine as directed by the NC State Health Director, the authorization must be in writing and is valid for as long as the child is enrolled. Documentation must contain the child's name, signature of the parent, the date the authorization was signed by the parent, and the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing. This would typically occur in the event of a public health emergency as identified by the State Health Director. For example, if a provider lives close to a nuclear power plant, they receive potassium iodide tablets to administer if an emergency occurs.
- ☑ Each time medications are administered by a provider whether for a chronic condition or not, a record must be kept on either the Permission to Administer Medication form or a form developed by the provider which includes the child's name, the date, time, amount and type of medication given and the name and signature of the person administering the medication.
- ☑ The caregiver may decline to administer questionable medication without signed written dosage instructions from a licensed physician or authorized health professional.

 Sample blanket **Permission to Administer Topical Ointment/Lotion/Powder** and **Permission to Administer Medication for Chronic Medical Conditions and Allergic Reactions** forms can be found in the resource section of *Chapter 4 – Records and Activities.*

 Additional forms are available in the resource section to assist parents and staff with outlining an action plan for a child that has a specific chronic condition that may require emergency medical care. Refer to the following resource sheets:

- **Allergy Action Plan**
- **Asthma Action Plan**
- **Diabetes Action Plan**
- **Seizure Action Plan**

 A sample blanket permission to administer medication form for food allergies can also be found on the Food Allergy and Anaphylaxis Network website, www.foodallergy.org.

HH To learn more about chronic medical conditions, refer to *Managing Chronic Health Needs in Child Care and Schools: A Quick Reference Guide* published by the American Academy of Pediatrics.

 For more information about chronic medical conditions go to the American Academy of Pediatrics web page http://www.aap.org/.

 See the Resource Section of *Chapter 4 – Records and Activities* for a sample **Permission to Administer Medication form**.

Administering Medication In An Emergency Situation
Child Care Rule .1720(c)(10)

 Medication can be administered to a child without parental authorization in the event of an emergency medical condition when the child's parent is unavailable, provided that the medication is administered with the authorization and in accordance with instructions from a medical professional.

 If you administer medication in an emergency situation, you must document the contact information from the medical professional that you spoke with, instructions that were given for administering the medication, child's name, date, time and amount and name of medication given.

SECTION 4: NUTRITION

Research shows that there are crucial relationships between nutrition and health, and health and learning. Mealtimes not only promote physical and mental development, they also are a time to enhance children's social skills. Children are beginning to hear about good manners and participate in the conversation at the table, whether it be by smiling in response to a caregiver's interaction or peer to peer interaction of preschoolers. Opportunities are also given to develop self-help skills by washing hands before and after meals, helping to set the table, serving themselves, using child-sized utensils, and clearing their place. The purpose of these requirements is to establish the minimum nutritional requirements for children in child care.

Meal Patterns
Child Care Rule .1718(a)(1)

- All meals and snacks must comply with the Meal Patterns for Children in Child Care.
- The types of food and number and size of servings must be appropriate for the ages and developmental levels of the children in care.

☑ The **Meal Patterns for Children in Child Care** is based on the recommended nutrient intake for children. The National Research Council bases these recommendations on what is adequate for maintaining good nutrition for children.

☑ If children bring food from home for their meals or snacks, or if food is catered, you are responsible for making sure it is nutritional and meets the **Meal Patterns for Children in Child Care**. If it does not, you must have additional food available to supplement the meals and snacks brought from home. You should share nutritional information and meal ideas with parents to ensure they provide a well-balanced meal for their children.

A copy of the chart, **Meal Patterns for Children in Child Care Programs,** can be found in the resource section of this chapter.

☑ Non-nutritional food should only be served on special occasions.

- Non-nutritional foods include such items as potato chips, popcorn, candy, cakes, and some cookies.
- Special occasions include birthdays, holidays, activities used to enhance learning, or other similar events.

☑ Juices that are served must be 100% fruit juice.

☑ There are three different types of meals that can be served to children.

- breakfast must include at least three different food groups,
- snacks must include at least two different food groups, and
- lunch/dinner must include at least four different food groups.

☑ It is required that milk be served when you provide breakfast, lunch or dinner.

HH Making the menu available to parents by posting in a prominent area helps inform parents about proper nutrition.

☑ Get as much information as possible from the child's parent regarding the child's food allergies and/or special diet.

☑ Special diet would include dietary requirements due to allergies or other medical issues, or could be for religious reasons. It does not include parental preferences.

HH Children's food allergies should be posted. Some food allergies may cause serious, even life threatening reactions. You should know what to look for if a child has an allergic reaction and what measures should be taken in case of accidental exposure.

 The web site, http://www.foodallergy.org, for the Food Allergy and Anaphylaxis Network, provides information and resources about the management of food allergies and the use of epinephrine (Epi Pen Jr.).

HH One way to prevent obesity in children is to serve 1% milk to children who are 2 and older rather than whole milk.

 A **Menu Planning** form can be found in the resource section of this chapter.

 Refer to the resource section for Issue Brief 2 – **Best Practices for Nutrition, Physical Activity & Screen Media Time in Child Care Settings**. It provides practical nutrition, physical activity and screen media time recommendations for the child care environment.

 See the Resource Section of this chapter for strategies to prevent obesity in the article, **Why Child Care Matters for Obesity Prevention.**

 You have the opportunity to start children out with good eating habits. For useful tips and the new food pyramid by the USDA go to the following web site: http://www.mypyramid.gov/

 Additional resources on nutrition:

- **USDA Center for Nutrition Policy and Promotion** – Information about healthy eating habits, dietary

guidelines, and healthy eating activities for children and adolescents. http://www.cnpp.usda.gov/

- **NC Action for Healthy Kids** is a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. http://www.ncactionforhealthykids.org/AboutUs.html
- **Be Active Kids** is an innovative, interactive physical activity, nutrition, and food safety curriculum for NC preschoolers ages four and five. http://beactivekids.org/bak/Front/Default.aspx
- **Eat Smart, Move More North Carolina** is a statewide movement that promotes increased opportunities for healthy eating and physical activity. Program tools have been designed for preschool and child care programs. www.eatsmartmovemorenc.com/Preschool.html.
- **Child and Adult Care Food Program**
  Reimburse licensed child care providers for meals and snacks served to children. For more information about this program call 919-707-5799 or go to www.nutritionnc.com/snp/cacfp.htm

Nutritional Requirements
Child Care Rules .1718(a)(2-3)

- No child shall go more than four hours without a meal or snack being provided.
- Drinking water must be freely available to children and offered frequently.
- Only pasteurized milk, milk products or fruit juices may be used.

☑ Water should be offered to children more frequently in hot weather and after and during vigorous play.

☑ Remember infants, toddlers and young children may not be able to verbalize their needs. Children who cannot drink without help must be offered water regularly throughout the day.

HH Create ways to make water more accessible to children. Provide a water cooler in the indoor/outdoor area with paper cups, have a pitcher in the refrigerator that can be used indoors or taken outdoors, or have a child sized plastic pitcher that could be placed on a low table in the room.

Infant Feeding
Child Care Rules .1718(c),(d)

- You must hold infants for bottle-feeding until they are able to hold their own bottles. The bottles must never be propped.
- Each child shall be held or placed in feeding chairs or other age-appropriate seating apparatus to be fed.
- Any child less than 15 months of age must have an individual written feeding schedule that is provided by the parent or the child's health care provider.
- Any infant formula must be prepared according to the instructions on the formula package or label, or according to written instructions from the child's health care provider.

☑ An infant must never be laid down with a bottle.

HH Laying infants down with bottles can cause them to choke or aspirate the contents of the bottle. This may also contribute to long-term health issues such as ear infections, bottle mouth disease, orthodontic problems and speech disorders.

☑ An infant who is able to hold his or her own bottle and older children who can feed themselves may be placed in a high chair, booster seat, or at a child-size table with sturdy chairs or other age-appropriate seat while eating.

HH A child's feet should be firmly on the floor or on a footrest to provide support for the upper body and their elbows should be able to rest comfortably on the table.

☑ Children may not walk around or sit on the floor while eating.

☑ The **Infant Feeding Schedule** must include the child's name, the date the schedule was made, amounts of food/breastmilk/formula, time intervals for feeding, parent or health care provider's signature, and the child's date of birth.

☑ Whenever you have questions about the type or quantity of food that the parent listed on the **Infant Feeding Schedule,** check with the parent and/or an outside professional such as a health consultant, nutritionist or pediatrician for answers to your questions.

☑ The **Infant Feeding Schedule** should be updated in consultation with the child's parent and/or health care provider, to reflect changes in the child's needs as he or she develops. Ask the parent to initial changes you have noted on the schedule from verbal requests.

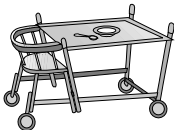
A sample **Infant Feeding Schedule** can be found in *Chapter 4 – Records and Activities*.

HH Microwaves should not be used to warm baby bottles. If you choose to warm baby bottles, warm them under warm running tap water.

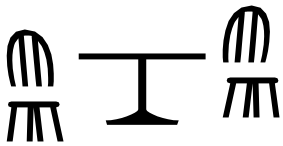
Can you suggest some examples of appropriate feeding devices?

High chair

feeding table



child-size table and chairs



Breastfeeding
Child Care Rule .1702(c)(9)

Accommodations for breastfeeding mothers are provided that include seating and an electrical outlet in a place other than the bathroom, that is shielded from view by staff and public, which may be used by mothers while they are breastfeeding or expressing milk.

☑ Breastfeeding is the recommended feeding practice for infants, at least birth to 12 months and older, if mutually wanted by mother and infant. Encourage mothers to continue breastfeeding and provide breastmilk for their infant while in child care.

Importance of Breastfeeding:

- Breastfeeding supports optimal growth and development of infants.
- It decreases the possibility that babies will get a variety of infectious diseases, ear infections, diarrhea, and some forms of cancer.
- Breastfed infants have a lower incidence of sudden infant death syndrome.
- Breastfed infants have a lower risk of obesity in childhood and in adolescence.

☑ A comfortable chair and an electrical outlet must be provided to mothers while they breastfeed or express milk. It should be shielded from the view of additional caregivers and other parents that may be present.

HH If space prevents you from providing a separate room for a breastfeeding mother, you may want to purchase a screen that can be set up in your primary space.

Two resources on breastfeeding can be found at the end of this chapter, including **How to Handle Pumped Milk** and **10**

Ways Child Care Directors, Teachers, and Staff Can Support Breastfeeding.

☎ Contact your local Breastfeeding Coordinator or Women, Infants, and Children (WIC) coordinator at the local health department to get up-to-date information on breastfeeding practices, how you can support breastfeeding, and potential grants supporting breastfeeding in child care programs.

💻 For information on how to support breastfeeding in your Family Child Care Home, visit the NC Nutrition Services Branch website for information on promoting and supporting breastfeeding http://nutritionnc.com/breastfeeding/breastfeeding-home.htm

Labeling Baby Bottles
Child Care Rule .1720(d)(7)

✪ You must date and label all bottles for each individual child when storing them in the refrigerator.

☑ If you only have one child that is using a bottle then you are not required to label the bottle.

Meaningful Meal Times

HH Making the transition from playing to eating can be hard for some children. If children are over-stimulated from play, they may not feel like eating. Try to plan an activity that will relax the children and help them settle down before mealtime. Washing hands will also help ease the transition.

HH Have the meal ready to serve before calling children to the table or placing them in high chairs. When children are required to wait they often become restless and bored. Plan ahead to minimize wait time.

HH You can provide a positive example to children by eating the same foods they are and by discussing the foods being eaten, as part of nutrition education for children.

HH See mealtimes as an opportunity for interaction. Eat with the children in your care.

HH Activities such as reading books about farming and where different foods come from, or growing your own vegetable gardens with the children, will encourage the children to try foods that are new to them.

HH Cooking/science activities are opportunities to promote good nutrition. Choose activities that include nutritious foods, i.e., making a fruit salad.

HH Mealtime is important to a child's development. The food they eat gives them the vitamins and nutrients needed to grow and stay healthy.

SECTION 5: FOOD SERVICE

The Division of Child Development does not require a sanitation inspection of Family Child Care Homes by the NC Department of Environment and Natural Resources. However, Child Care consultants monitor sanitary conditions as a part of their annual compliance visit as well as on any other visit that may occur in the course of the year.

Sanitary Procedures
Child Care Rule .1720(d)(4)

✪ You must follow sanitary procedures when preparing and serving food to children.

☑ All food must be served in a sanitary manner to minimize the possibility of spreading germs. Meals and snacks must be served on plates, napkins/paper towels or in containers appropriate for the age of the child. No food or snacks may be served directly on tabletops.

☑ You must wash your hands before and after handling food and feeding the children.

☑ You must be sure that children's hands are washed before and after each child is fed.

☑ Children may not share bottles, plates, forks, spoons, cups, glasses or portions of food.

☑ Children must receive individual portions of food. For example: Two children cannot share one drink with two straws or one bowl of pudding with two spoons.

HH The following steps for hand washing should be followed to ensure sanitary food preparation:

1. **Wet hands** with warm water, no less than 80° Farenheit and no more than 110° Fahrenheit.
2. **Apply liquid soap** to hands.
3. **Rub hands together** vigorously for at least 15 seconds. Rub areas between fingers, around nail beds, under fingernails, jewelry and back of hands.

4. **Rinse hands** under running water until they are free of soap and dirt. Leave the water running while drying your hands.
5. **Dry hands** with clean disposable paper towel or single use cloth towel.
6. **Turn off the faucet** with a disposable paper towel or single use cloth towel. Put disposable paper towel in covered trash container lined with a disposable plastic bag. Put single use cloth towel in the laundry hamper.

HH Although you are not required to sanitize the table before and after eating, this practice is highly recommended. It reduces the spread of communicable diseases.

Handwashing posters can be found on the NC Child Care Health and Safety Resource Center web site, www.healthychildcarenc.org, under the publications and resources tab. You may want to place this poster in the hand-washing areas.

Refrigerate All Perishable Food and Beverages
Child Care Rule .1720(d)(6)

You must refrigerate all perishable food and beverages.

☑ The refrigerator must be in good repair and maintain a temperature of 45 degrees Fahrenheit or below. A refrigerator thermometer is required to monitor the temperature.

☑ Food left over in serving dishes or cooking containers does not need to be discarded if it has been maintained at the appropriate temperature and protected from contaminates.

SECTION 6: DIAPERING/TOILETING

Sanitary Toilet, Diaper Changing & Hand Washing Facilities
Child Care Rule .1720(d)(2)

You must have sanitary toilet, diaper changing and hand washing facilities.

☑ Diaper changing areas must be separate from food preparation areas.

☑ Diapers should be changed on an easy to clean surface such as diaper changing table or vinyl or plastic changing pad.

☑ Any areas covered with or made of cloth, such as a towel, furniture, or carpet, may not be used as a surface for diapering. Bacteria may grow on feces left on these mater

HH If you or the children use the same sink for both diapering and for food preparation, it is best practice to sanitize the sink by spraying the sink and faucets with a bleach solution after each diapering/toileting.

Sanitary Diapering Procedures
Child Care Rule .1720(d)(3)

- You must follow sanitary diapering procedures.
- Diapers should be changed whenever they become soiled or wet.

☑ You must regularly check children's diapers to see if they have become soiled or wet. If diapers are not regularly changed a child can develop a rash or infection.

HH To minimize the spread of germs the following diapering procedures are recommended when changing diapers or helping to toilet children:

1. Get organized. Before bringing the child to the diaper changing area, wash your hands, gather and bring the supplies that you need to the diaper changing table (i.e., clean diaper, diaper cream, moistened wipes for cleaning the child, disposable gloves, a receptacle for the disposal of the dirty diaper, clean clothes if needed, and sanitizing solution for the diapering surface).
2. Put on disposable gloves.
3. Bring the child to the diaper changing area. Keep soiled clothing away from you and away from any surfaces you cannot easily clean and sanitize after the change.
4. Clean the child's diaper area. Remove stool and urine from front to back by using a fresh wipe or wet paper towel each time.
5. Remove the soiled diaper without contaminating any surface not already in contact with stool or urine. Fold the soiled surface of the diaper inward. Put soiled disposable diapers, liner, soiled towelettes, then gloves in a covered, plastic-lined, hands-free covered receptacle. If reusable cloth diapers are used, put the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered can to give to parents or laundry service.

Wipe your hands with a disposable wipe. Wipe the child's hands with a fresh disposable wipe.

6. Put on a clean diaper and dress the child.
7. Wash the child's hands for a minimum of 15 seconds and return the child to a supervised area.
8. Clean and sanitize the diaper changing surface. Clean any visible soil from the changing surface with detergent and water; rinse with water. Wet the entire changing surface with the sanitizing solution (spray a sanitizing bleach solution of ¼ cup of household liquid chlorine bleach in one gallon of tap water, mixed fresh daily). Put away the spray bottle of sanitizer. If the recommended bleach dilute is sprayed on the surface, leave in contact with the surface for at least 2 minutes. The surface can be left to air dry or can be wiped dry after 2 minutes of contact with the bleach solution.
9. Wash your hands.

 Diaper procedure posters can be found on the NC Child Care Health and Safety Resource Center web site, www.healthychildcarenc.org, under the publications and resources tab. You may want to place this poster in the diaper changing area.

HH It is best practice to use disposable gloves when changing diapers. If you use disposable gloves:

- Put them on after gathering your supplies and before bringing the child to the changing table.
- Remove gloves after disposing of soiled diaper.
- Dispose of the gloves.
- Clean your hands with a disposable wipe. Clean the child's hands with a fresh disposable wipe.
- Follow steps 5, 6, 7 and 8 of the diapering procedure above.
- Always wash your hands between diapering and toileting children.

HH To reduce the possibility of spreading germs**,** it is best practice to use disposable gloves if you have a cut or open wound on your hand.

HH A fun way to remember if you have washed your hands and the children's hands long enough is to wash your hands until you have finished singing a song such as "Row, Row, Row Your Boat" or "Happy Birthday" (or a song of similar length, fifteen seconds long).

HH Be cautious when changing diapers on an elevated surface.

1. Never leave a child unattended.
2. Always have supplies readily accessible to you.

3. Position yourself so the child cannot roll or wiggle off the changing table.
4. Use a changing table or pad that has upward curved edges.
5. If an emergency arises, you should place the child on the floor or take the child with you.

SECTION 7: SLEEP

Daily Rest Time
NC General Statute 110-91(2)

✪ You must provide daily rest time for each child.

☑ Rest time should be provided according to the needs of the child.

☑ Children do not have to sleep during rest time. You must provide some type of quiet activity if children are not able to sleep.

Sleeping Space
NC General Statute 110-91(6) & Child Care Rules .1718(a)(5); .1724(a)(2),(4)

✪ Space shall be available for proper storage of beds, cribs, mats, cots, sleeping garments and linens.

✪ Each child shall have their own individual sleeping space and linens.

✪ Infants 12 months and younger must be placed in a crib, bassinet or play pen with a firm padded surface when sleeping.

✪ Children's faces must not be covered while they sleep.

☑ Examples of adequate sleeping space include bed, crib, play pen, cot, mat or sleeping bag with individual linens. Children must be able to rest comfortably. If beds are used, only one child can be placed on each.

☑ Linens must be changed weekly or whenever they become soiled or wet and cannot be shared between children.

☑ Infants and toddlers should be able to rest or sleep when they are tired. Infants and toddlers often rest by playing quietly or just lying down and gazing. Sleep requires a safe place away from noise, movement and stimulation.

HH It is recommended, that children sleep at least 18 inches apart, to decrease the spread of germs.

HH It is best practice to not use a sofa/couch for a sleeping arrangement due to sanitation and the potential of children getting hurt should they roll off.

HH When setting up the environment, consider the ages of the infants and other children in care. Are you going to serve children of about the same age or children of mixed ages. Consider how you will alter the environment to protect younger infants from the older infants and children who are mobile.

HH If you have children who have difficulty going to sleep, some suggestions for helping them relax include reading books, playing soft music, closing the blinds, or having them lie down with their "special toy" or blanket.

☑ There should be enough light to supervise the children.

HH Cribs and play pens used for sleeping must be easily cleanable, and equipped with a firm, tight-fitting mattress made of waterproof, washable material at least 2 inches thick.

HH A large vinyl-covered mat on the floor can provide a place where infants and toddlers can move about safely. Children who stay in a crib or a play pen for extended periods of time will not experience the social, emotional, physical or intellectual stimulation, so important to their development.

HH There should be ample floor space for crawling, creeping, and toddling.

Supervision During Sleep
Child Care Rule .1718 (a)(7)(B)

✪ For children who are sleeping or napping, the staff are not required to visually supervise them, but must be able to hear and respond quickly to them.

✪ Children must not sleep or nap in a room with a closed door between the children and the supervising staff.

✪ The staff must be on the same level of the home where children are sleeping or napping.

☑ Electronic monitors cannot be used as the way to hear

☑ Children cannot sleep in rooms with the door closed if you are in another room.

☑ Children may be placed in bedrooms that are on ground level as long as you can hear them and respond to them quickly. This means that your own children must sleep on the ground level except for overnight

care. When providing overnight care, your children may sleep in their own rooms, even if those rooms are not on ground level.

☑ You may not be outdoors and leave sleeping children indoors.

Infant Sleep Position
General Statute 110-91(15) & Child Care Rule .1724(a)(1),(4)

✪ Infants must be placed on their backs to sleep unless there is a written waiver that specifies another sleep position.

✪ Nothing may be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep.

☑ You are required to place infants 12 months and younger to sleep on their backs unless there is a written waiver from a health care professional specifying a different position.

☑ A health care professional is a physician licensed to practice in North Carolina, a nurse practitioner approved to practice in North Carolina, or a licensed physician assistant.

☑ A waiver from a parent for a different sleep position is allowed once the infant is at least six months old.

☑ You must develop safe sleep policies and review the policy with parents before the child enrolls, and parents need to sign a statement that they reviewed the safe sleep policies.

🗁 You can find detailed information on what to include in your safe sleep policy in *Chapter 2 - Safety*.

☑ You must visually check infants at designated intervals. You will note the intervals in your safe sleep policy. The visual checks can be documented on the sample Visual Check forms found in *Chapter 4 – Records and Activities*.

☑ If a baby rolls over into another position after you place the child on their back, the American Academy of Pediatrics does not recommend that you reposition the child on his or her back.

HH Parents are often concerned that putting a baby on their back to sleep will cause a flat spot on the back of the head. Changing a baby's position throughout the day as well as ensuring plenty of tummy play time will minimize flatness. Tummy time also helps the child work on strengthening the neck muscles.

- http://www.nchealthystart.org. Check this website from the Healthy Start Foundation to learn more about Sudden Infant Death Syndrome and the NC Back to Sleep Campaign.
- ITS-SIDS information is available on the DCD website, www.ncchildcare.net, including information on background, related to the laws and rules, sample safe sleep policies, sample sleep charts, sample waivers, ITS-SIDS trainer list, trainer eligibility requirements and links to additional ITS-SIDS resources.

Overnight Care Requirements
Child Care Rule .1701(h)

If you are licensed to provide overnight care, you may sleep during nighttime hours provided:

- The operator and the children in care, excluding the operator's own children, are on ground level.
- All children are asleep.
- You and all child care children are on the ground level of the home.
- You can hear and respond to the children quickly.
- A smoke detector wired into the electrical system with a battery back up, or two smoke detectors, one wired into the electrical system with another one that is battery operated is located in each room where children are sleeping.

- ☑ If you are licensed for overnight care, it will be indicated on your license as third shift care.
- ☑ Your own children may sleep in an upstairs room during overnight hours. During the day, your preschool children must nap in the same area used by the children enrolled in child care.

SECTION 8: OUTDOOR PLAY

Recent attention has been given to the increasing number of children who are overweight or obese and the health issues that result. The American Academy of Pediatrics recommends increasing the amount of time spent in outdoor play because children are more physically active when they play outdoors. The Center for Disease Control and the National Association for Sports and Physical Education recommends ***at least*** *60 minutes of physical activity daily.*

Caregivers are in a unique position to utilize the outdoor environment to promote not only physical development but all types of development and learning. The outdoor learning environment offers a sense of freedom for children. Children are able to play freely with peers, expand their imagination and investigations beyond the restraints of indoor activities, release energy and explore their sense of touch, smell, taste and sense of motion.
The purpose of these requirements is to guarantee that all children in child care are given the opportunity to play outdoors on a daily basis.

Outdoor Play
NC General Statute 110-91(2) & Child Care Rules .1718(4), (10)(D-E)

- Developmentally appropriate equipment and materials shall be provided for a variety of outdoor activities which allow for vigorous play, large and small muscle development, and social, emotional, and intellectual development.
- The operator must provide space and time for vigorous indoor activities when children cannot play outdoors.
- The written schedule must include a minimum of one hour of outdoor play throughout the day, if weather conditions permit.
- The written schedule must include a daily gross motor activity which may occur indoors or outdoors.

☑ All children, including infants, toddlers, and school age-children must be taken outdoors daily, if weather conditions permit.

☑ Children who are too sick to go outdoors and/or are not able to participate in all daily activities, which include outdoor activities, should be excluded from care until they are well enough to participate in all parts of the program.

HH Taking children outside provides many benefits, such as fresh air, an environment more free of germ containment; physical fitness; stress reduction for you and children; and natural opportunities for active physical play.

☑ "Weather conditions permit" means:

- Temperatures that fall within the guidelines developed by the Iowa Department of Public Health and specified on the Weather Watch chart. These guidelines must be used when determining appropriate weather conditions for taking children outside for outdoor learning activities and playtime. This chart may be downloaded free of charge from:

http://www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf.

- Healthy air quality as forecast by the Department of Environment and Natural Resouces' Air Quality Forecasts and Information web page.
- No active precipitation.

 A copy of the chart, **Child Care Weather Watch,** can be found in the Resource Section of this chapter.

HH Caregivers would be expected to shorten outside time on days that are very cold/very hot or not go outside at all. They should bring children inside if the children are uncomfortable.

HH Playing in gentle rain or snow is a learning experience and can be both educational and fun for children. Ask parents to bring weather appropriate clothes such as rain boots, coat, gloves, and hats.

 Consult the Air Quality Index (AQI) for information about air quality and amount of time children can play outside. The AQI uses a color-coded system to indicate when air quality may be a health risk.

 For a color coded Air Quality Index guide and more information on ozone levels in your area, go to the web site for the Division of Air Quality, http://xapps.enr.state.nc.us/aq/ForecastCenter. You can also check your local news, listen to the radio or call 1-888-RU4NCAIR.

 See the resource section of this chapter for a color coded **Air Quality Index Guide.**

HH The schedule may need to be changed to allow children to go outdoors at the most appropriate time of the day. For example, in the heat of the summer taking children outside earlier when it is cooler or waiting until the afternoon in the winter when it is warmer.

 See *Chapter 2 – Safety* for information and rules for outdoor play equipment.

 See the resource section of this chapter for the following articles related to the outdoor learning environment:

- **Getting Started: Ten Free or Inexpensive Ideas to Enrich Your Outdoor Learning Environment Today**
- **What the Research Shows: A Summary of Research-Based Indicators of the Nature Deficit**

- **What's In It For Me? What Teachers/Caregivers Can Expect to Gain From Taking on the OUTDOORS…**

Many people believe children will get sick from playing outside in cold weather. Children are actually more likely to stay well if they play outdoors during the winter months. Germs are not contained and concentrated outdoors. Refer to the Winter 2005 issue of the NC Child Care Health and Safety Bulletin on Outdoor Health and Safety for additional information on how the outdoors is healthy for children. www.healthychildcarenc.org.

The North Carolina Outdoor Learning Environments (NCOLE) Alliance is a statewide collaboration comprised of organizations, agencies, and individuals focused on improving the quality of outdoor environments and experiences for all children. To access research and other supporting information on the benefits of outdoor play visit the Outdoor Section of the NC Office of School Readiness website at www.osr.nc.gov/ole.

SECTION 9: INDOOR AIR QUALITY

Smoke Free Program
Child Care Rule . 1720 (f)

✪ The operator must not use tobacco products at any time while children are in care.

☑ Tobacco products may not be used indoors while children are in care or in a vehicle when transporting children.

SECTION 10: SCREEN TIME

Television exposure is associated with obesity, language delay, inactivity, aggression, and decreased attention spans. Children experience these negatives effects as well as miss out on important opportunities for socialization with peers and interactions with teachers when exposed to television viewing. The total amount of screen time a child experiences in a day nearly doubles if a Family Child Care Home caregiver exposes children to television. The American Academy of Pediatrics discourages television viewing in the first 2 years of life and recommends a daily limit of 1 to 2 hours of quality programming for older children. Rules are now in place to limit the amount of screen time.

Screen Time
Child Care Rule .1718 (11)

- When screen time, including videos, video games, and computer usage, is provided, it shall be:
  a) Offered only as a free choice activity,
  b) Used to meet a developmental goal, and
  c) Limited to no more than two and a half hours per week for each child two years of age and older.
- Usage time periods may be extended for special events, projects, occasions such as a current event, homework, on-site computer classes, holiday, and birthday celebration.
- Screen time is prohibited for children under the age of two years.
- The operator must offer alternative activities for children under the age of two years.

☑ When multiple ages are in a room, make sure alternative activities are provided for children under two. Try to re-direct the toddlers to those activities when they go towards the television. If attempts have been made to interest the toddlers in other activities, especially by engaging in those other activities with them, and they still go to the television or computer with the other children, then you would be in compliance with the rule.

HH Refer to the resource section for Issue Brief 2 – **Best Practices for Nutrition, Physical Activity & Screen Media Time in Child Care Settings**. It provides practical nutrition, physical activity and screen media time recommendations for the child care environment.

Resource Section

Chapter 3: HEALTH

The following pages contain resource materials related to the content in the preceding chapter.

Some of the resources provided are forms created by the Division of Child Development and must be used by licensed family child care homes. Other materials are provided only as a resource for family child care homes and may be used at your discretion.

You may also wish to use this section to store additional resource materials that you have related to the chapter or information that is specific to your program.

Food Allergy Action Plan

Place Child's Picture Here

Student's Name:_____**D.O.B:**_____**Teacher:**_____

ALLERGY TO:_____

Asthmatic Yes* ☐ No ☐ *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:		**Give Checked Medication**:** **(To be determined by physician authorizing treatment)
▪	If a food allergen has been ingested, but *no symptoms*:	☐ Epinephrine ☐ Antihistamine
▪ Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
▪ Skin	Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine ☐ Antihistamine
▪ Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine
▪ Throat†	Tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine
▪ Lung†	Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine ☐ Antihistamine
▪ Heart†	Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine
▪ Other†	_____	☐ Epinephrine ☐ Antihistamine
▪	If reaction is progressing (several of the above areas affected), give:	☐ Epinephrine ☐ Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg
(see reverse side for instructions)

Antihistamine: give_____
medication/dose/route

Other: give_____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent_____ Phone Number(s) _____

4. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.)_____	2.) _____
b. _____	1.)_____	2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature_____ Date_____

Doctor's Signature_____ Date_____
(Required)

TRAINED STAFF MEMBERS

1. _____ Room _____

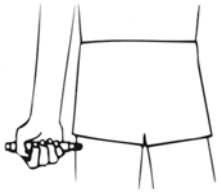
2. _____ Room _____

3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions

- **Pull off gray activation cap.**

- **Hold black tip near outer thigh (always apply to thigh).**

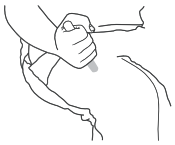


- **Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.**

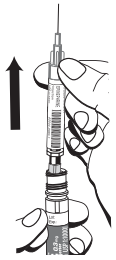
Twinject® 0.3 mg and Twinject® 0.15 mg Directions

- **Remove caps labeled "1" and "2."**

- **Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.**



<u>SECOND DOSE ADMINISTRATION</u>:
If symptoms don't improve after 10 minutes, administer second dose:



- **Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.**

- **Slide yellow collar off plunger.**

- **Put needle into thigh through skin, push plunger down all the way, and remove.**

Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

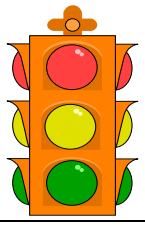
***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

The Food Allergy & Anaphylaxis Network

June/2007

_____'s Asthma Action Plan DOB: _____

Child's Name



Avoid Triggers: (Check all that apply)

☐ Illness	☐ Cigarette/other smoke	☐ Food:
☐ Emotions	☐ Exercise	☐ Allergies:
☐ Weather Changes	☐ Chemical odors	☐ Other:

Green Zone: **Child breathing at best** Well

- sleeps through the night without coughing or wheezing
- has no early warning signs of an asthma flare-up
- plays actively

Take Long-Term Control medications:

- _____
- _____
- _____
- _____

Take quick-relief medicines 15 minutes before active playtime.

- _____
- _____

Parent: _____

Telephone:_____

Physician: _____

Telephone:_____

Adapted by the NC Child Care Health Consultants Association

Yellow Zone: **Child not breathing at best** Sick

- coughing or wheezing at night or at child care
- has early warning signs of a flare-up:

  _____

  _____
- has trouble doing usual activities/play,
- may self limit activities/ squat/hunch over
- decrease in appetite/difficulty drinking or taking a bottle.

Take quick–relief medicines:

- _____
- _____

Adjust Long-Term Control medicines as follows until back in Green Zone:

- _____
- _____

Activity Restrictions:

- _____

Ozone Restrictions:

- _____

Call child's parent if:

- child's symptoms do not improve or worsen 15 to 20 minutes after treatment

Call the physician if:

- parent not available

Red Zone: **Danger Zone** Emergency

- breathing is hard and fast
- coughing, short of breath, wheezing
- neck and chest "suck in" skin between ribs, above the breastbone and collarbone when breathing
- has trouble walking or talking
- stops activities
- unable to drink or take bottle

Emergency Medicine Plan:

- _____
- _____
- _____
- _____

Call 911 if

no improvement 15 minutes after quick relief medication given and

- nails or lips are blue
- is having trouble walking or talking
- cannot stop coughing

_____

Physician Signature

Date:_____

_____'s Diabetes Action Plan Date: _____

Child's Name Child's Date of Birth:

Child Care Facility: _____ Teacher: _____Classroom: _____

1 Parent/Guardian: _____ Phone (w): _____ (c): _____

2 Parent/Guardian: _____ Phone (w): _____ (c): _____

Physician: _____ Phone:_____

Physician Signature: _____ Date: _____

Diabetes Information

Hyperglycemia (High Blood Sugar)

Not enough insulin in the body to allow sugar to be used

- Excessive thirst
- Flushed dry skin
- Frequent urination
- Tired
- Blurred vision
- Excessive hunger
- Fruity odor to breath
- Fatigue
- Weakness
- Vomiting

Hypoglycemia (Low Blood Sugar)

Usually happens before lunch or after exercise

- Weakness, fatigue
- Feeling faint
- Dizziness
- Shaky, trembling
- Nausea
- Rapid pulse
- Excessive hunger
- Abdominal pain
- Confusion
- Anxious, Irritability
- Sweaty, Pallor
- Slurred speech

First Aid for High Blood Sugar or Low Blood Sugar

Hyperglycemia (High Blood Sugar)

1 Check the blood sugar with a glucose meter if signs & symptoms occur.
2 Stay with the child.
3 Call parent if **blood sugar is above 250**
4 Check urine for ketones. If positive call parent immediately.
5 Qualified person to administer insulin per physician's order. Can be given by parent.
6 Call 911 immediately, if the child is in a coma or symptoms do not subside.
7 Provide adult supervision for the other children.
8 Stay with the child continuously.

Hypoglycemia (Low Blood Sugar)

1 Check the blood sugar with a glucose meter if signs & symptoms occur.
2 Stay with the child.
3 Give the carbohydrate supplement ordered by the physician if blood sugar is **greater than 70 but less than 80 and child is conscious, cooperative, and able to swallow.**
- Give 15 grams of carbohydrates such as 4oz of fruit juice, 6oz of regular soda, 3 glucose tablets, I box of raisins OR_____ followed by a meal or snack of_____ (peanut better crackers)

4 Check child's blood sugar level again after 15 minutes.
- If normal and symptoms are gone, child may resume normal activities
- If blood sugar is still low, repeat supplement and call parent.
- If still no improvement within 15–20 minutes, call physician.

5 Call 911, the parents, and the child's physician, if
- **the child's symptoms do not subside**
- **the child loses consciousness**
- **the child has a seizure**

6 Give Glucagon ____ mg IM or sq for symptom of low blood sugar and child is unconscious, experiencing a seizure, or unable to swallow:
7 If child improves, you may give 4oz of juice until EMS arrives.

Diabetes Management

❖ **Blood Glucose Monitoring**

Normal Blood Sugar Range: _____mg/dl to _____mg/dl

Usual times to check blood sugar at childcare: _____ _____ _____

Other times to do *extra* checks: Before Active Play___ After Active Play___ Other _____

Can the child check his/her own blood sugar? _____ Yes _____ No _____ With Assistance

❖ **Insulin**	Types of insulin taken: Usual times of insulin injections: Basil Rate if on pump: _____ Amount of insulin to give (if a sliding scale is used, physician must order below): Can child give his/her own injections? ____Yes _____No _____ With Assistance
❖ **Insulin Administration** **Carbohydrate intake units are to be used only for the lunch hour blood sugar check. For all other checks, use only the sliding scale units to determine how much insulin to administer.*	1Using the glucose meter, check the blood sugar. Be sure to follow the checklist for *"Procedure for Recording and Reporting."* 2 Document the observed blood sugar in the log book and NOTIFY PARENT/GUARDIAN! 3 Administer the insulin using the following calculations: **Units of Insulin to Give Based on Sliding Scale of Blood Sugar Reading** Blood Sugar < 200 = ___ Units Blood Sugar 200-300 = ___Units Blood Sugar 300-400 = ___Units Blood Sugar > 400 = ___ Units **PLUS*** **Carbohydrate Intake to Give Based On Units of Insulin Given** 8-15mg Carb = ___Units 8-55mg Carbs= ___Units 16-23mg Carbs = ___Units 56-63mg Carbs= ___Units 24-31mg Carbs = ___ Units 64-71mg Carbs= ___nits 32-39mg Carb = ___Units 72-79mg Carbs= ___Units 40-47mg Carbs = ___Units
❖ **Qualified Staff**	Staff qualified to use glucose meter: Staff qualified to give insulin injections:
❖ **Supplies Location**	Diabetes care supplies are kept: Supplies of snack foods kept :
Nutrition and Exercise	
❖ **Meals & Snacks**	*Times of meals and snacks and indications for additional snacks for exercise:* Breakfast time _____am Dinnertime _____pm Midmorning snack _____am Bedtime snack _____pm Lunch time _____am Snack before exercise _____am/pm Mid-afternoon snack _____am Snack after exercise _____am/pm Other times to give snacks: _____ Preferred snack foods: _____ Suggested treats for in-school parties: _____ Foods to avoid, if any: _____
❖ **Exercise and Sports or Activity Restrictions**	*Physician's order required* Physical activity restrictions / limitations: _____ _____ _____ _____ Special activity accommodations that must be made? _____ _____ _____ **Child should not participate in active play if blood sugar is below _____mg/dl** or **above _____mg/dl.**

_____'s Seizure Action Plan

Child's Name

Date of Birth: _____

Parent: _____ Phone:_____

Physician: _____ Phone:_____

Physician Signature: _____ Date: _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:	Response after seizure:
Special Considerations and Precautions: (activities, trips, diet)	

Treatment

☐ **Absence** ☐ **Atonic** ☐ **Complex Partial** ☐ **Infantile Spasms**	1. Stay with the child during and after the seizure. Although the child may appear conscious, he/she may lose awareness of surroundings. 2. Be prepared to assist child to the floor if he loses consciousness. 3. Document seizure in log. 4. Notify parent. **Special Instructions:**
☐ **General Tonic/Clonic**	1. Do not restrain movement. Let the seizure run its course. 2. Turn child on side. Loosen the child's collar. 3. Do not place anything in the mouth. Remove hard, sharp objects from the area. 4. If possible turn head to the side in the event he/she vomits. (Use "Universal Precautions" if child vomits.) 5. Observe, note time & be prepared to describe the pattern of the seizure. 6. Record details as they occur, or as soon as possible thereafter. 7. Notify parent. 8. When seizure is over, allow the child to rest. 9. Stay with the child until fully recovered or parent arrives.
Administer Emergency Medication: **Emergency Response** **Call 911!** 	**Diastat order:** _____ **Vagus Nerve Stimulator?** ☐ Yes ☐ No If **Yes**, describe magnet use: _____ **Call 911** if: ▪ the seizure lasts more than _____ minutes, or ▪ the child has a continuous seizure, or ▪ the child remains unconscious after the seizure, or ▪ he or she is having difficulty breathing, or ▪ any injury resulted from the seizure.

Adapted by the NC Child Care Health Consultants Association

Information based on information provided by Immunize North Carolina

Please use the following list of vaccines and brand names to assist you in assessing a child's immunization status. Vaccines may be listed on a child's immunization care by vaccine name, abbreviation, or brand name. Please note that some brand names contain more than one vaccine.

Disease and Vaccine Brand Names for Required Vaccines

Disease	Vaccine/Abbreviations	Brand Name
Diphtheria, Tetanus, Pertussis	DTaP, DTP	Tripedia Infanrix Daptacel
Hepatitis B	Hep B, HBV	Engerix B Recombivax HB
Haemophilus influenzae type b	Hib	PedvaxHIB* (PRP-OMP) HibTITER (HbOC) ActHIB (PRP – T)
Polio	IPV, OPV	IPOL
Measles, Mumps, Rubella	MMR	MMR II
Chickenpox	Varicella, VZ	Varivax

** 3 Pedvax doses are equivalent to 4 Hib doses*

Combination Immunization Brand Names

Some health care providers give a child a single combination shot that includes more than one vaccine. On the child's shot card they can record the brand name of the shot next to one of the vaccines included in the combination shot, or next to each of the vaccines in the combination shot.

Vaccine	Brand Name
DTaP & Hepatitis B & IPV	Pediarix
DTaP & Hib	TriHIBit Tetramune
DTaP & IPV & Hib	Pentacel
DTaP & IPV	Kinrix
Hepatitis B & Hib	Comvax
MMRV	ProQuad

Recommended (but not Required) Vaccines

Vaccine	Brand Name
Influenza	Fluzone, Fluvirin, Fluarix or FluMist
Hepatitis A	Havrix or Vaqta
Pneumococcal 7-valent§	Prevnar
Pneumococcal (PPV-23)	Pneumovax
Rotavirus	RotaTeq

§ *Childhood Pnuemonia Vaccine, PCV-7*

MEDICATION ERROR REPORT

Facility Name	State License Number	Facility Telephone Number

Child's Name	Child's Date of Birth

PRESCRIBED or AUTHORIZED Medication Information

Medication	Time	Date	Dosage	Route

Date of Medication Error

Reason for Report (circle all that apply and write how you gave the medicine/i.e., define the error.)

Incorrect Child
Incorrect Medication _____
Incorrect Time _____
Incorrect Date _____
Incorrect Route _____
Forgot to give medication
No written permission from parent/guardian
Expired permission from parent/guardian
Medicine expired
Other (be specific): _____

Time of Medication Error

Describe /circle what you have observed:

No change observed
Change in child's behavior (describe)
_____
Temperature _____
Moaning
Itching
Rash/hives
Headache
Stomachache
Trouble urinating
Change in skin color of lips or face
Other (be specific): _____
Seizures
Diarrhea
Vomiting
Trouble breathing
Crying
Sweating

Action Taken

Who have you notified?	Date notified (dd/mm/yyyy)	Signature of the Director or person giving medicine
Regional Poison Control Center: Yes No		
Parent/Guardian (required immediately): Yes No		
Encourage parent/guardian to notify health care provider: Yes No		
Child Care Health Consultant: Yes No		
Other: _____: Yes No		

Describe corrective action taken. (Indicate that an investigation will be done.)

Describe how the error or mishap could be avoided in the future.

Name and signature of all individuals involved in the error:

1. _____Date _____

2. _____Date _____

Child Care Facility Director/Administrator Signature_____Date _____

Parent/Guardian Signature _____Date _____

Anytime an error occurs at the child care facility and the child's condition requires medical attention, call 911 and/or Poison Control immediately. Fill out an Incident Report.

Original to Child's File

Licensing Consultant's Name (Print) _____

Child Care Health Consultant's Name (Print) _____

Communicable Diseases and Exclusion from Child Care

The following are guidelines developed for reference.

For more specific information:

- Call your Local Health Department
- Contact the NC Child Care Health & Safety Resource Center (1-800-367-2229)
- Visit the Center for Disease Control and Prevention website *Diseases and Conditions:* www.cdc.gov/DiseasesConditions/

Disease	Overview	Symptoms	Prevention	Exclusion
CMV (Cytomegalo-virus)	Viral infection, common in children	-Mild to no symptoms	-Thorough handwashing -Can be harmful to fetus	Do not exclude.
Chicken Pox (Varicella-Zoster infection)	Infection caused by the varicella-zoster virus	-Rash (small, red, blistering bumps -Fever, runny nose, cough	-Varicella vaccine -Thorough handwashing and surface sanitation -Keep room well ventilated	**Contact local Health Dept.** **Exclude until** rash has become dry and crusted.
Diarrhea (Campylobac-teriosis)	Infection caused by campylobacter bacteria	-Bloody diarrhea -Fever -Vomiting -Abdominal cramping	-Thorough handwashing and surface sanitation, especially after contact with animals and raw meat	**Exclude if** bloody or uncontrollable diarrhea.
Diarrhea (E.coli and E. coli 0157:H7)	Infection caused by Escherichia coli and Escherichia Coli 0157:H7 bacteria	-Loose stools (watery or bloody) -Abdominal pain -Fever	-Cook ground beef thoroughly -Use only pasteurized milk and juice products	**Contact local Health Dept.** **Exclude until** diarrhea ends, **and** 2 consecutive negative stool samples 24 hours apart at least 48 hours off antibiotics.
Diarrhea (Giardiasis)	Infection caused by Giardia lamblia parasite	-Watery diarrhea -Excessive gas -Abdominal pains -Decreased appetite -Weight loss	-Thorough handwashing -Caregivers who change diapers should not prepare food	**Exclude until** diarrhea ends.
Diarrhea (Norovirus)	Viral infection	-Acute onset of watery diarrhea and abdominal cramps -nausea - vomiting	-Thorough handwashing -Surface sanitation	**Exclude until** diarrhea ends.
Diarrhea (Rotovirus)	Viral infection, most common cause of diarrhea and vomiting	-Non-bloody diarrhea -Nausea and vomiting	-Thorough handwashing and surface sanitation	**Exclude until** diarrhea ends.

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Disease	Overview	Symptoms	Prevention	Exclusion
Diarrhea (Salmonellosis)	Infection caused by Salmonella bacteria	-Diarrhea -Fever -Abdominal cramps -Nausea or Vomiting	-Thorough handwashing -No reptiles -Avoid contact with raw eggs and poultry -Cook eggs and poultry thoroughly	**Contact local Health Dept.** **Exclude until diarrhea ends, and** 2 consecutive negative stool samples at least 24 hours apart and at least 48 hours after taking antibiotics.
Diarrhea (Shigellosis)	Infection caused by the Shigella bacteria	-Loose, watery stools with blood or mucus -Fever, headache -Abdominal pains -Convulsions	-Thorough handwashing -No shared water play -Sanitary diaper changing techniques -Sanitary food handling	**Contact local Health Dept.** **Exclude until** treatment is complete, **and** 2 consecutive negative stool samples at least 24 hours apart and at least 48 hours after taking antibiotics.
Fifth Disease (Erythema Infectiosum)	Infection caused by Human Parvovirus B19	-Fever, headache -Muscle and joint aches -Red, lace-like rash on torso, arms, and thighs that lasts 1-3 weeks	-Thorough handwashing and surface sanitation -Disposal of tissues contaminated with blood or mucus -Can be harmful to fetus	Do not exclude **unless** person has sickle cell syndrome, immune deficiency, or ordered by a health care professional.
German Measles (Rubella)	Uncommon, mild infection caused by Rubella virus	-Red or pink rash on the face and body -Swollen glands behind ears -Slight fever	-MMR vaccine. *Required.* -Can be very harmful to fetus	**Contact local Health Dept.** **Exclude for** 6 days after the beginning of the rash.
Hand-Foot-and-Mouth Disease (Coxsackievirus)	Infection caused by Coxsackie-virus, more common in summer and fall	-Tiny blisters in the mouth, on the fingers, palms or hands, buttocks, and soles of feet -Common cold-like symptoms (i.e. sore throat, runny nose, cough, and fever)	-When coughing or sneezing cover mouths and noses with a disposable tissue -Thorough handwashing after handling contaminated tissues or changing diapers	Do not exclude.

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- Visit the Center for Disease Control and Prevention website *Diseases and Conditions:* www.cdc.gov/DiseasesConditions/

Disease	Overview	Symptoms	Prevention	Exclusion
Head Lice (Pediculosis Capitis)	Small insects that draw blood from the scalp and lay tiny eggs (Nits) on hair shafts	-Itchy skin on scalp or neck -Scratching around ears and at the nape of the neck -White nits glued to hair	-Do not share brushes, hats, blankets, or pillows -Launder contaminated fabric with hot water and high-heat drying	**Exclude until** after treatment recommended by health care professional.
Hepatitis A (HAV)	Viral infection, causes liver inflammation	-Fever, fatigue -Jaundice (yellowing of skin or eyes) -Decreased appetite, abdominal pain	-HAV vaccine. *Not required.* -Regular and thorough handwashing	**Contact local Health Dept.** Exclusion is dependent upon local and state Health Department guidelines.
Hepatitis B (HBV)	Viral infection, causes liver inflammation	-Flu-like symptoms, fatigue, decreased appetite -Jaundice -Joint pain	-HBV vaccine. *Required.* -Cover open wounds or sores -Sanitize surfaces that have been contaminated with blood	**Exclude if** weeping sores, biting or scratching behavior, or a bleeding problem.
Hepatitis C (HCV)	Viral infection, causes liver inflammation	-Nausea, decreased appetite, fatigue -Jaundice -Muscle and joint pain	-Cover open wounds or sores -Sanitize surfaces contaminated with blood	**Exclude if** weeping sores, biting or scratching behavior, or a bleeding problem.
HIV/AIDS	Viral infection, progressively destroys the body's immune system	-Slow or delayed growth -Enlarged lymph nodes -Swelling of salivary glands -Frequent infections	-Wear gloves when handling blood or blood-containing fluids -Sanitize surfaces that have been contaminated with blood	Do not exclude, **unless** ordered by a health care professional.
Impetigo	Infection caused by streptococcal or staphylococcal bacteria	-Small, red pimples or fluid-filled blisters with crusted, yellow scabs on the skin	-Thorough handwashing -Disinfect and cover any open sores or wounds	**Exclude as soon as** infection is suspected and **return after** 24 hours of medication.
Influenza	Infection caused by a number of respiratory viruses	-Fever, chills, headache -Cough and sore throat -Muscle aches -Decreased energy	-Flu vaccine. *Not required but advised.* -Thorough handwashing	Do not exclude, **unless** ordered by a health care professional.

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Disease	Overview	Symptoms	Prevention	Exclusion
MRSA (Methicillin Resistant Staphylococcus aureus)	Infection caused by Staph bacteria resistant to broad-spectrum antibiotic treatment	-Small, red, pimple-like bumps -Abscesses (collection of pus under the skin)	-Thorough handwashing and surface sanitation -Do not share towels, clothing, or bedding -Keep wounds covered	**Exclude if** open, draining sores can not be covered and the dressing kept dry. Complex cases should be cleared by a health care professional.
Measles (Rubeola)	Infection caused by the measles virus, highly contagious	-Fever, cough, runny nose, red and watery eyes -Small, red spots in mouth -Rash spreading from the hairline downward	-MMR vaccine. *Required.* -Thorough handwashing and surface sanitation	**Contact local Health Dept.** **Exclude for** at least 4 days after the beginning of the rash.
Meningitis (*Pneumococcus, Meningococcus*)	Bacterial or viral infection, causes swelling or inflammation of brain and spinal cord tissue	-Fever, headache -Nausea, loss of appetite -Stiff neck -Confusion, drowsiness, irritability	-Hib vaccine. *Required.* -Thorough handwashing	**Contact local Health Dept.** **Exclude** as soon as infection is suspected **until** cleared by a health care professional.
Molluscum Contagiosum	Skin infection caused by a virus, similar to warts	-Small, flesh-colored bumps on the skin	-Thorough handwashing after touching bumps -Do not share towels, wash cloths, or blankets used by an infected child.	Do not exclude.
Mononucleosis (Mono)	Infection caused by the Epstein-Barr virus	Mild to no symptoms in young children.	-Thorough handwashing -Do not share objects contaminated with mucus	Do not exclude, **unless** ordered by a health care professional.
Mumps (Rubulavirus)	Viral infection with swelling of one or more salivary glands	-Swollen glands -Fever, headache, earache	-MMR vaccine. *Required.*	**Contact local Health Dept.** **Exclude for** at least 9 days after the beginning of swelling.

Communicable Diseases and Exclusion from Child Care

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Disease	Overview	Symptoms	Prevention	Exclusion
Pink Eye (Conjunctivitis)	Bacterial or viral infection, causes inflammation of eye tissue Other causes: allergies and blocked tear ducts in infants	-Red or pink, swollen, itchy eyes -Yellow or green discharge and crusting in the eyes	-Thorough handwashing before and after touching the eyes, nose, and mouth -Thorough sanitation of objects commonly touched by hands or faces	**Exclude if bacterial until** treatment has begun with antibiotic eye drops, or if health care professional recommends exclusion.
Pneumonia	Bacterial or viral infection, causes Inflammation of lungs	-Cough, fever -Difficulty breathing -Loss of appetite -Muscle aches -Fatigue	-Thorough handwashing and surface sanitation -Dispose tissues contaminated with mucus	Do not exclude **unless** person has sickle cell syndrome, immune deficiency, or is ordered by a health care professional.
Pinworms (Enterobias)	Infection caused by small threadlike round worm	-Itching and irritation around the anal or vaginal area	**-**Thorough handwashing and sanitation of hard surfaces and toys -Change bedding often	Do not exclude.
RSV (Respiratory Syncytial Virus)	Viral infection caused by Respiratory Syncytial virus, causes common cold, occurs mostly in winter and early spring	-Cold-like symptoms -Respiratory problems (wheezing, difficulty breathing) -labored breathing or blue episodes	-Thorough handwashing and sanitation of hard surfaces and toys -Dispose of tissues contaminated with mucus	Do not exclude **unless** rapid or labored breathing or blue, or person has sickle cell syndrome, immune deficiency, or is ordered by a health care professional.
Ringworm	Infection caused by several kinds of fungi, may affect the body, feet, or scalp	-Red, circular patches on the skin -Cracking and peeling of skin between toes -Redness, scaling of scalp	-Cover skin lesions -Do not share objects that come in contact with the head (hats, brushes, bedding, etc.)	**Exclude until** treatment is started.
Roseola (Human Herpesvirus 6)	Viral infection causing a rash in children ages 6-24 months old	-High fever -Red, raised rash	-Thorough handwashing	Do not exclude.

Communicable Diseases and Exclusion from Child Care

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- Visit the Center for Disease Control and Prevention website *Diseases and Conditions:* www.cdc.gov/DiseasesConditions/

Disease	Overview	Symptoms	Prevention	Exclusion
Scabies (Sarcoptes scabei)	Infestation on the skin by small insects (mites)	-Rash, severe itching -Itchy red bumps or blisters in skin folds	-Contain clothing and bedding that can not be laundered in plastic bags for at least 4 days -Launder bedding and clothing in hot water with a hot dry cycle	**Exclude until** treatment recommended by health care professional is completed.
Strep Throat	Infections caused by Group A streptococcus bacteria	-Sore throat, fever, headache -Decreased appetite, stomachache -Swollen lymph nodes	-Thorough handwashing -Avoid direct contact with potentially infected individuals	**Exclude until** antibiotics have been administered for at least 24 hours.
Scarlet Fever		-Sunburn-like rash with tiny bumps that may itch -Fever, sore throat, swollen glands -Yellow or white coating on tongue and throat		
TB (Tuberculosis)	Infection caused by a bacterium, usually affecting the lungs	-Chronic cough -Weight loss -Fever, chills, night sweats -Positive skin test	-When coughing or sneezing cover mouths and noses with a disposable tissue	**Contact local Health Dept.** **Exclude until** cleared by a health care professional.
Whooping Cough (Pertussis*)	Contagious bacterial infection that causes mild to severe coughing	-Cold-like symptoms -Coughing that leads to vomiting, loss of breath, or blue face -Whooping sound when inhaling after coughing	-DTaP vaccine, for children less than 7 years of age. -Tdap vaccine, for persons 10 years and older. -Thorough handwashing	**Contact local Health Dept.** **Exclude until** at least 5 days of antibiotic treatment has been completed.

DAILY CHILD CARE HEALTH CHECK

INSTRUCTIONS:

Complete the daily health check when you greet each child and parent upon arrival. It usually takes less than a minute.
Observe the child throughout the day and upon the child's departure.

Greet the child and parent. Interact with both. Be on the child's level.

- **Check and observe the child's:**
  - ❑ **Behavior**
  - ❑ **Physical Condition**
    - ○ **Breathing**
    - ○ **Skin**
    - ○ **Eyes, nose, ears, and mouth**
- **Talk with the parent about the child's:**
  - ❑ **Sleeping**
  - ❑ **Eating and drinking**
  - ❑ **Bowels and urinating**
  - ❑ **Mood and behavior at home**
  - ❑ **Unusual events**

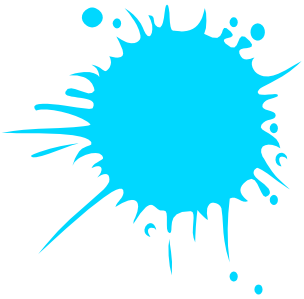
CHART FOR DAILY HEALTH CHECKS:

Child's Name _____ **Week of** _____ (date)		**BEHAVIOR CHECK**	**PHYSICAL CONDITION CHECK**	**TALK WITH PARENT**	**COMMENTS**
Monday	**AM** **NOON** **PM**				
Tuesday	**AM** **NOON** **PM**				
Wednesday	**AM** **NOON** **PM**				
Thursday	**AM** **NOON** **PM**				
Friday	**AM** **NOON** **PM**				
Additional Comments:					

Cleaning Up Body Fluids

Treat urine, stool, vomit, blood and all body fluids as potentially infectious. Spills of body fluid should be cleaned up and surfaces sanitized with a strong sanitizing or disinfecting solution (1 tablespoon of bleach to 1 quart of water, 500-800 ppm of chlorine). Alternative sanitizing solutions must be approved by the U.S. Environmental Protection Agency (EPA) and their Material Safety Data Sheet (MSDS) must be kept on file.

For small amounts of urine and stool on smooth surfaces



1. Wipe off and clean away visible soil with a detergent solution.
2. Rinse the surface with clean water.
3. Apply disinfecting solution to the surface.
4. Let it air dry.

Follow the directions for EPA approved disinfectants.

For larger spills on floors, or any spills on rugs or carpets

1. **Wear gloves** while cleaning. Wear disposable gloves when cleaning a spill that may contain blood. Use either disposable gloves or household gloves for other body fluids.
2. **Avoid splashing** any contaminated material onto the mucous membranes of the eyes, nose or mouth, or into any open sores.

Smooth surfaces and floors	**Carpets, rugs, and surfaces covered with fabric**
3. **Wipe up** as much visible material as possible with disposable paper towels. Place soiled paper towels and other soiled disposable material in a leak-proof, plastic bag. Securely tie or seal the bag.	3. **Vacuum** carpets, rugs or surfaces covered with fabric with a wet/dry vacuum, if available, **OR** blot the area to remove body fluids as quickly as possible. 
 4. **Clean** the spill area with a detergent or a disinfectant-detergent.	4. **Spot clean** the area with a detergent-disinfectant (not bleach solution). Shampooing or steam cleaning the area may be necessary.
5. **Rinse** the area with clean water.	5. **Do not rinse** the area.
6. **Disinfect** surface by wetting the affected area with a strong bleach solution (500-800 ppm) ***OR*** use industrial disinfectant, following manufacturer's direction.	6. When cleaned with a detergent-disinfectant, disinfecting happens by applying and extracting the solution until there is no visible soil. **Follow the manufacture's directions** for product use.

7. **Dry** the surface.
8. Clean with detergent, rinse, and disinfect reusable household **gloves**. Remove, dry and store these gloves away from food or food surfaces. **OR** Discard disposable gloves in a plastic bag. Securely tie or seal the plastic bag.
9. Clean with detergent, rinse and disinfect all mops and other **equipment** used to clean up the spill. Wring out excess water or solution and air dry.
10. **Wash Your Hands.**
11. **Remove clothing** soiled by body fluids (staff and children). Place in plastic bag. Securely tie or seal the bag.
12. **Wash soiled skin and hands** of everyone involved.
13. **Put on fresh clothes** (staff and children).

Adapted from American Academy of Pediatrics, American Public Health Association, National Resource Center for Healthy and Safety in Child Care. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002:419.

SITUATIONS THAT REQUIRE IMMEDIATE MEDICAL ATTENTION

In the two boxes below, 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) Educate staff on the recognition of an emergency.
3) Know the phone number for each child's guardian and primary health care provider.
4) Develop plans for children with special medical needs with their family and physician.

At anytime, if you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.

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 a loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child manifests any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/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: sunken eyes, lethargic, not making tears, not urinating.

After you have called EMS, remember to call the child's legal guardian.

Some children may have urgent situations that do not necessarily require ambulance transport but still need medical attention. The box below lists some of these more common situations. The legal guardian should be informed of the following conditions. If you or the 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 less than 2 months (8 weeks) of age.
- A quickly spreading purple or red rash.
- A large volume of blood in the stools.
- A cut that may require stitches.
- Any medical condition specifically outlined in a child's care plan requiring parental notification.

3/06/01 copy edited revision of final table of situations requiring immediate medical attention - approved by the American Academy of Pediatrics Committee on Pediatric Emergency Medicine 1/25/01

AMERICANS WITH DISABILITIES ACT

COMMONLY ASKED QUESTIONS RELATED TO GIVING MEDICINE IN CHILD CARE

The Americans with Disabilities Act (ADA), passed July 26, 1990 as Public Law 101-336 (42 U.S.C. Sec. 12101 *et seq.*), became effective on January 26, 1992. The ADA requires that child care provider/directors not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parent/guardians with disabilities with an equal opportunity to participate in child care programs and services. Child care facilities must make reasonable modifications to their policies and practices, such as giving medicine, to integrate children with disabilities.

1. **Q: Does the Americans with Disabilities Act – or "ADA" – apply to child care centers? What about family child care homes?**

A: Yes. Almost all child care facilities, even small, home-based centers regardless of size or number of employees, must comply with title III of the ADA. Child care services provided by government agencies must comply with title II. The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

2. **Q: Our facility has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?**

A: No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. Disabilities include any physical or mental impairment that substantially limits one or more major life activities including asthma, diabetes, seizure disorders, or attention deficit hyperactivity disorder (ADHD).

3. **Q: What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?**

A: Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A child care facility needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called "epinephrine" that will be provided in advance by the child's parents or guardians.

4. **Q: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?**

A: Generally, yes. Children with diabetes should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar – or "blood glucose". The child's parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

5. **Q: What about children with asthma? Do we have to admit them to our program?**

A: Generally, yes. Children with asthma should not be excluded from the program on the basis of their medical condition. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for asthma care.

6. **Q: Are there any reference books or video tapes that might help me further understand the obligations of child care providers under title III?**

A: Yes, the Arc published *All Kids Count: Child Care and the ADA*, which addresses the ADA's obligations of child care providers. Copies are available by calling **1-800-433-5255.** For general information child care providers may call the Department of Justice Information Line at **1-800-514-0301.**

Source: The ADA Home Page: www.usdoj.gov/crt/ada/adahom1.htm

Checklist for Administering Medication

____1. Check for the permission slip signed by the parent.

____2. Take the medication out of the locked storage area.

____3. Double check the amount of the dosage.

____4. Give the exact dosage to the child.

____5. Return any remaining medication to the locked storage area.

____6. Write down the time and the dosage given.

____7. Sign the medication log.

All medications given to children by the facility staff must be in the original container. No medication can be given without written permission from the parent. The parent must indicate in writing the name of the medication, the exact dosage, the times to be given each day, the days to be given, the name of the child, and they must sign this request. Medication that must be refrigerated must be kept in a locked box in the refrigerator.

Meal Patterns for Children in Child Care Programs

The Child Care Commission approved the use of the United States Department of Agriculture (USDA) meal patterns as the minimum amount of food which can be served to comply with the licensing standards for adequate nutrition. The Recommended Dietary Allowance is based on the age, sex, weight, and height of an individual.

	Child Meal Pattern		
Breakfast	1-2 year olds	3-5 year olds	6-12 year olds
Milk—must be fluid milk	1/2 cup	3/4 cup	1 cup
Vegetable or fruit or 100% fruit juice	1/4 cup	1/2 cup	1/2 cup
Grains/Breads—must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Cooked pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Lunch or Supper	1-2 year olds	3-5 year olds	6-12 year olds
Milk—must be fluid milk	1/2 cup	3/4 cup	1 cup
Meat/Meat alternate			
Lean meat, poultry, or fish without bone	1 oz	1 1/2 oz	2 oz
OR, Alternate protein product	1 oz	1 1/2 oz	2 oz
OR, Cheese	1 oz	1 1/2 oz	2 oz
OR, Egg (large)	1/2 egg	3/4 egg	1 egg
OR, Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
OR, Peanut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
OR, Nuts and/or seeds	1/2 oz	3/4 oz	1 oz
OR, Yogurt, plain or sweetened	4 oz	6 oz	8 oz
Vegetable or fruit or 100% fruit juice—serve two different vegetables and/or fruits to equal	1/4 cup	1/2 cup	3/4 cup
Grains/Breads—must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Cooked pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Snack—select 2 of the 4 components	1-2 year olds	3-5 year olds	6-12 year olds
Milk—must be fluid milk	1/2 cup	1/2 cup	1 cup
Vegetable or fruit or 100% fruit juice	1/2 cup	1/2 cup	3/4 cup
Grains/Breads—must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Meat/Meat alternate			
Lean meat, poultry, or fish	1/2 oz	1/2 oz	1 oz
OR, Alternate protein product	1/2 oz	1/2 oz	1 oz
OR, Cheese	1/2 oz	1/2 oz	1 oz
OR, Egg	1/2 egg	1/2 egg	1/2 egg
OR, Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
OR, Peanut or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp
OR, Nuts and/or seeds	1/2 oz	1/2 oz	1 oz
Or, Yogurt, plain or sweetened	2 oz	2 oz	4 oz

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Menu Planning Form

Week of_____

MEAL PATTERNS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast Juice or fruit Bread and/or cereal Milk, fluid (three food groups)					
A. M. Supplement Milk, juice, fruit or vegetable bread or cereal (two food groups)					
Lunch Meat and/or alternate Vegetables and/or fruits Bread Butter/margarine Milk, fluid whole Other foods (four food groups)					
P. M. Supplement Milk, juice, fruit, vegetable, bread or cereal (two food groups)					
Supper Meat and/or alternate Vegetables and/or fruits Bread Butter/margarine Milk, fluid whole Other foods (four food groups)					

Adapted from: *Special Food Service Programs for Children,* U. S. Dept. of Agriculture Food and Nutrition
Distributed by Division of Child Development

UNIVERSITY OF WASHINGTON
Center for Public Health Nutrition

Best Practices for Nutrition, Physical Activity & Screen Media in Child Care Settings

Issue Brief #2 • 2009

The child care setting strongly influences child behavior and early habits.

Successful childhood obesity prevention efforts focus on creating healthy environments that make healthy choices possible. Research shows that nutrition, physical activity, and screen media behaviors are linked to a child's physical and social development.

This issue brief offers practical steps based on recommendations from leading researchers, clinicians, child care providers and others in the child care field. These best practices can serve as a guide for policy change in all types of child care settings. While some actions are easy to do, others increase costs and require additional effort. To fully implement these steps, child care providers will require more support, training, technical assistance, and funding from public and private sources.

- Children who receive CACFP meals eat healthier food than children who bring meals and snacks from home.[1]
- Adding portable play equipment to an outdoor preschool playground significantly increases physical activity in 3-5 year old boys and girls.[2]
- For 3 year olds, each one hour increment of TV viewing per day is linked to consumption of more sugar-sweetened beverages, fast food, and calories; and less fruit, vegetables, calcium, and fiber.[3]

1. Make every calorie count by offering a variety of healthy foods.

Children's early experiences with food influence their preferences and consumption—they like what they know. Good eating habits come from exposure to healthy food and pleasant meal and snack times. Below are some specific measures that child care providers can take.

- Develop and follow a menu that includes a selection of nutritious foods.
- Include nutrition and feeding policies and practices in the orientation for new employees and regularly review policies with employees.
- Include a policy about foods brought from home in the parent guidebook.
- Find out if you are eligible for the USDA Child and Adult Care Food Program (CACFP) to help with food costs and menu planning.
- Provide meals, snacks, and beverages as suggested by a nutrition consultant, or as required by licensing or CACFP.

Recommendations

- ✓ **Grain products:** Make most of your grains whole. Look on labels for the words whole wheat or whole oats, etc. These provide fiber to help digestion.
- ✓ **Vegetables:** Vary your veggies. Consider new ways to serve them. Use to introduce different colors, shapes and textures.
- ✓ **Fruits:** Try new colors. Choose fresh, frozen, canned or dried.
- ✓ **Meat & Meat Alternatives:** Choose lowfat or lean meats and limit high fat products (hot dogs, chicken nuggets, etc.). Try different types of bean products.
- ✓ **Milk products:** Go lowfat (1%) or fat free for children 2 years and older. Limit flavored milks.
- ✓ **Juice:** If you serve juice, make it 100% juice and only provide to children older than 12 months. Serve in cups not bottles and limit to 4 ounces per day.
- ✓ **Sweetened Beverages:** Avoid beverages with added sweeteners. Instead, offer milk to provide calcium and Vitamin D which are essential for bone growth.
- ✓ **Water:** Make water available at all times. Encourage water with snack and meal times.
- ✓ **Low-nutrition, high fat, high calorie foods:** Offer sparingly and provide healthy suggestions to parents for special events.

2. Create healthy meal and snack times.

- Serve food in common bowls and pitchers to pass around so children can serve themselves.
- Have adults eat with children for safety and to model healthy eating.
- Introduce new foods with familiar foods.
- Let the child decide how much to eat.

Healthy meal times are not just about the food.

3. Move throughout the day.

A child's health, development, and learning depend on getting physical activity every day.

- Offer 30-60 minutes of age-appropriate physical activity and play daily.
- Train teachers to engage and lead children in physical activities.
- Incorporate movement (stretching, dancing, marching, jumping, crawling) into all aspects of the curriculum, including transition times.
- Include policies in the parent handbook about outside play and physical activity. Ask parents to dress children in clothes that encourage active play. Keep extra mittens, hats, and coats on hand.

Physical activity is more than exercise.

4. Minimize Screen Media Time.

Even young children are widely exposed to screen media—television, video, video games, computers, phones—every day. The long term effects are unknown. However, research has linked TV viewing by young children to increased aggressive and antisocial behavior, lower academic performance, poor nutrition, obesity, and sleep disorders. Because of these adverse effects, the American Academy of Pediatrics (www.aap.org) recommends:

- No TV viewing for children younger than 2 years.
- Limit children's total media time for non-educational purposes to no more than 1-2 hours per day.
- Encourage active games, listening and moving to music, and creative play to foster interaction and help brain development.

Less screen time means more time for play.

References

[1] Bruening KS et al. *Journal of the American Dietetic Association*. 1999 Dec;99(12):1529-35.
[2] Hannon JC, Brown BB. *Preventive Medicine*. 2008 Jun;46(6):532-6.
[3] Miller SA et al. *International Journal of Pediatric Obesity*. 2008;3(3):168-76.

For more information and tools to put these practices in action see www.cphn.org

uwcphn

Prepared by the University of Washington Center for Public Health Nutrition.
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UNIVERSITY OF WASHINGTON
Center for Public Health Nutrition

Why Child Care Matters for Obesity Prevention

Issue Brief #1 ◆ 2009

Child care needs to be part of any strategic plan for obesity prevention.

Healthy child development depends on eating nutritious food and being physically active every day. This is especially important during the preschool years when children are rapidly building their brains and bodies.

Millions of America's children spend hours in out-of-home child care each day. The care environment greatly influences what children eat and do, and can play a key role in preventing childhood obesity. Policies for nutrition, physical activity, screen media, and training for child care providers are important tools for getting children on track for good health.

- Over 80% of children under age 5 spend some time in non-parental care.[1]
- 18.4% of 4-year-old US children are obese.[2]
- Overweight preschool children are 5 times more likely to be overweight at age 12 than those who were never overweight.[3]

1. Child care impacts children at a critical stage of development.

Obesity prevention must start early in life. Many young children have little opportunity for sustained physical activity during child care and are fed high calorie, low nutrient foods. Child care practices and policies can have widespread and long-term impact.

2. Child care practice is associated with childhood obesity.

A large national study found that the type of child care in the year before kindergarten is linked to obesity. Children cared for by a parent or in licensed child care centers are less likely to start kindergarten obese than children in child care offered by extended family, friends, and neighbors.[4] In the US, 33 to 53% of children under 5 yrs old with employed parents are cared for in these unlicensed settings.[5] This underscores the need for education and policies that support good practices in all types of child care.

3. Child care offers opportunities for health promotion.

Obesity prevention efforts must happen both in and out of the home. Guidelines that encourage healthy behaviors for children in child care can also benefit their families. Providing information to parents can increase their understanding of children's nutritional needs and help improve home meals and sack lunches sent to child care.

4. Child care is an investment in tomorrow's students.

Well fed, healthy children are better prepared to focus and learn in the classroom. Quality child care across all settings would help reduce differences in early learning experiences that can lead to gaps in school readiness.

References

[1] US Census Bureau. 2005. http://www.census.gov
[2] Anderson SE, Whitaker RC. *Archives of Pediatrics & Adolescent Medicine*. 2009 Apr;163(4):344-8.
[3] Nader PR et al. *Pediatrics*. 2006 Sep;118(3):594-601.
[4] Maher EJ et al. *Pediatrics*. 2008 Aug;122(2):322-30.
[5] National Center for Children in Poverty. 2008. http://www.nccp.org/publications/pub_835.html

For more information see www.cphn.org

uwcphn

Prepared by the University of Washington Center for Public Health Nutrition.
Support for this project was provided by a grant from the Robert Wood Johnson Foundation.

Child Care Sheet: How to Handle Pumped Milk

Breastfed Babies Welcomed Here!

As a result of supportive child care centers and homes such as yours, we are seeing an increase in mothers continuing to breastfeed their babies after returning to work or school. This is good news for everyone: children are healthier, parents miss less work, and childcare absenteeism is lower. Praise your mothers for providing precious milk to their breastfed babies and follow a few basic safety guidelines listed below.

Accepting Pumped Mother's Milk

- Most centers have a preference whether pumped mother's milk shall arrive as liquid or frozen milk. Ask mother to bring enough milk each day, plus some extra for hungry days, in serving sizes ready to serve.
- Pumped milk arrives each day with the mother and baby's name on each container

Mother's milk is a food and should be handled with care

Keep milk frozen or refrigerated until feeding time.

- Wash hands as for food preparation
- Send unused milk home with mother each day
- Milk left after each feeding must be discarded within an hour of being taken out of the refrigerator

Labels on containers of milk

- Parents will bring containers of milk each day labeled
- Date the milk when milk is unfrozen (thawed ready to use)

Frozen milk can be stored safely up to a year. Always return unused milk to mother.

Warming Milk to Thaw (unfreeze)

- Milk should be thawed by running cool water over the container or swirling the container in a bowl of warm water. NEVER USE A MICROWAVE TO THAW OR WARM MILK. (Too much heat can change or destroy important proteins and vitamins. You also risk burning your baby's mouth and throat.)
- It is not necessary to warm milk but some babies prefer it.
- Mother's milk separates as it sits in the refrigerator. Shake the bottle back and forth gently to mix layers back together. It does not look like baby formula or regular milk. It may have a green or blue tint.

Storing and Feeding

- Once frozen milk is thawed, use it within 24 hours and do not freeze again.
- Keep unfrozen milk refrigerated.
- Avoid wasting mother's precious pumped milk. Feeding bottles or cups should have just the amount both you and the mother think the baby will take at each feeding. This may be 1 to 2 ounces for very young infants.

For More Information

Call your local community WIC Program Breastfeeding Coordinator. To locate call North Carolina Family Health Resource Line: 1-800-FOR-BABY (1-800-367-2229). TTY for hearing-impaired in English and Spanish: 1-800-976-1922.
Open Monday - Friday, 8:00 a.m. to 5:00 p.m. except holidays.

North Carolina Child Care Health & Safety Resource Center: www.healthychildcarenc.org

State of North Carolina Department of Health Human Services
Division of Public Health • Nutrition Services Branch
www.nutritionnc.com
This institution is an equal opportunity provider.
25,000 copies of this document were printed at a cost $862.89 or $.034 per copy.
1/05 - DHHS# 4211

10 Ways Child Care Programs Can Support Breastfeeding

1. Educate staff and parents about the importance of breastfeeding.
2. Train staff in the skills necessary to handle, store and feed the mother's milk properly.
3. Review with parents how to properly store and label milk for child care program use.
4. Provide a comfortable place for mothers to nurse their babies or pump (express milk).
5. Develop a feeding plan with the parents that is regularly updated and posted in the infant room.
6. Refer mothers to the Breastfeeding Coordinator or Woman, Infant, and Children's Coordinator at the local Health Departments. Keep a list of community resources related to breastfeeding and infant nutrition in child care and contact them for educational opportunities.
7. Display posters and provide brochures for new mothers and parents of breastfeeding babies to show that your child care supports breastfeeding and best practice.
8. Provide updates to staff on best practices and trends related to breastfeeding.
9. Allow staff sufficient break time to breastfeed or express milk while working.
10. Get feedback about your breastfeeding support by including a related question on your parent surveys.

Sources:

Carolina Global Breastfeeding Institute. "Ten Steps to Breastfeeding Friendly Child Care." University of North Carolina at Chapel Hill: Department of Maternal and Child Health. 2009.

Nutrition Services Branch of the North Carolina Division of Public Health. "10 Ways Child Care Directors, Teachers, & Staff Can Support Breastfeeding" in *How to Support Breastfeeding In a Child Care Center*. Train the Trainer. June 2003.

Mason, Gladys and Sarah Roholt, eds. *Promoting, Protecting and Supporting Breastfeeding: A North Carolina Blueprint for Action.* Raleigh, NC: Nutrition Services Branch of the North Carolina Division of Public Health. 2006.

Child Care Weather Watch

Understand the Weather

Wind-Chill

- 30°is ***chilly*** and generally uncomfortable
- 15°to 30° is ***cold***
- 0° to 15° is ***very cold***
- -20° to 0° is ***bitter cold*** with significant risk of ***frostbite***
- -20° to -60° is ***extreme cold*** and ***frostbite*** is likely
- -60° is ***frigid*** and exposed ***skin will freeze*** in 1 minute

Heat Index

- 80° or below is considered ***comfortable***
- 90° beginning to feel ***uncomfortable***
- 100° ***uncomfortable*** and may be ***hazardous***
- 110° considered ***dangerous***

All temperatures are in degrees Fahrenheit

Wind-Chill Factor Chart (in Fahrenheit)

Air Temperature \ Wind Speed in mph	Calm	5	10	15	20	25	30	35	40
40	40	36	34	32	30	29	28	28	27
30	30	25	21	19	17	16	15	14	13
20	20	13	9	6	4	3	1	0	-1
10	10	1	-4	-7	-9	-11	-12	-14	-15
0	0	-11	-16	-19	-22	-24	-26	-27	-29
-10	-10	-22	-28	-32	-35	-37	-39	-41	-43

Comfortable for out door play

Caution

Danger

Heat Index Chart (in Fahrenheit %)

Air Temperature (F) \ Relative Humidity (Percent)	40	45	50	55	60	65	70	75	80	85	90	95	100
80	80	80	81	81	82	82	83	84	84	85	86	86	87
84	83	84	85	86	88	89	90	92	94	96	98	100	103
90	91	93	95	97	100	103	105	109	113	117	122	127	132
94	97	100	103	106	110	114	119	124	129	135			
100	109	114	118	124	129	130							
104	119	124	131	137									

Child Care Weather Watch

Watching the weather is part of a child care provider's job. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to monitor the health and safety of children. What clothing, beverages, and protections are appropriate? **Clothe** children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). **Beverages** help the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high-sugar content beverages and soda pop. **Sunscreen** may be used year around. Use a sunscreen labeled as SPF-15 or higher. Read and follow all label instructions for the sunscreen product. Look for sunscreen with UVB and UVA ray protection. **Shaded** play areas protect children from the sun.

Condition **GREEN** - Children may play outdoors and be comfortable. Watch for signs of children becoming uncomfortable while playing. Use precautions regarding clothing, sunscreen, and beverages for all child age groups.
INFANTS AND TODDLERS are unable to tell the child care provider if they are too hot or cold. Children become fussy when uncomfortable. Infants/toddlers will tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by limiting the amount of time outdoors and playing in shaded areas. Give beverages when playing outdoors.
YOUNG CHILDREN remind children to stop playing, drink a beverage, and apply more sunscreen.
OLDER CHILDREN need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). They may resist applying sunscreen and drinking beverages while outdoors.

Condition **YELLOW** - use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.
INFANTS AND TODDLERS use precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.
YOUNG CHILDREN may insist they are not too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.
OLDER CHILDREN need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids while playing outdoors.

Condition **RED** - most children should not play outdoors due to the health risk.
INFANTS/TODDLERS should play indoors and have ample space for large motor play.
YOUNG CHILDREN may ask to play outside and do not understand the potential danger of weather conditions.
OLDER CHILDREN may play outdoors for very short periods of time if they are properly dressed, have plenty of fluids. Child care providers must be vigilant about maximum protection of children.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words.

Blizzard Warning: There will be snow and strong winds that produce a blinding snow, deep drifts, and life threatening wind chills. Seek shelter immediately.

Heat Index Warning: How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.

Relative Humidity: The percent of moisture in the air.

Temperature: The temperature of the air in degrees Fahrenheit.

Wind: The speed of the wind in miles per hour.

Wind Chill Warning: There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets and livestock.

Winter Weather Advisory: Weather conditions may cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.

Winter Storm Warning: Severe winter conditions have begun in your area.

Winter Storm Watch: Severe winter conditions, like heavy snow and ice are possible within the next day or two.

Child Care Weather Watch, Iowa Department Public Health, Healthy Child Care Iowa, Produced through federal grant (MCJ19T029 & MCJ19KCC7) funds from the US Department of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau. Wind-Chill and Heat Index information is from the National Weather Service.

Division of Air Quality
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
www.ncair.org

Air Quality Color Guide

Air Quality Index	Guidelines to protect your health	Care for the air
Good 0-50 *Code Green*	**No health effects expected.**	■ Conserve energy: drive less and use less electricity. ■ Carpool, use public transportation, bike or walk whenever possible. ■ Keep your car, boat, lawnmower and other engines tuned and maintained. ■ Keep tires properly inflated and wheels aligned. ■ Never burn your trash. This is illegal and releases toxic chemicals. Avoid burning leaves and brush, which is sometimes legal but always pollutes the air.
Moderate 51-100 *Code Yellow*	**Unusually sensitive people: consider limiting prolonged or heavy exertion.**	
Unhealthy for Sensitive Groups 101-150 *Code Orange*	**Children, active people, older adults, and those with heart or lung disease (like asthma): limit prolonged or heavy exertion.**	
Unhealthy 151-200 *Code Red*	**Children, active people, older adults, and those with heart or lung disease (like asthma): avoid prolonged or heavy exertion. Everyone else: limit prolonged or heavy exertion.**	
Very Unhealthy 201-300 *Code Purple*	**Everyone: avoid all exertion.**	

The daily air quality forecast covers two common air pollutants:

Ground-level ozone forms when pollutants from cars, power plants and other sources combine in hot sunlight. Ozone is a lung irritant that causes shortness of breath, irritates throats and eyes, and aggravates asthma. Ozone levels are highest outdoors from early afternoon to early evening on hot, sunny days.

Particle pollution is a mixture of very small solids and liquids suspended in air. These tiny particles can reach deep into the lungs, where they can aggravate asthma and other lung conditions, and even cause heart problems. Particle pollution can be high at any time of day or night, and any time of year. High particle levels often are caused by forest fires or residential wood burning, especially when weather conditions causes pollution to stay close to the ground.

The daily forecast always tells you which pollutant is of greatest concern.

Air Quality Forecasts and Information: www.ncair.org / 1-888-RU4NCAIR (1-888-784-6224)

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What Color Is Your Air?

Facts you should know about air quality

How can air quality affect your health?

Air pollution irritates the lungs and respiratory system, and can even affect the heart. Air pollution can make asthma worse, trigger asthma attacks, or cause the onset of asthma. Even healthy people can have trouble taking deep breaths on "bad air" days, and can experience damage to lung tissues. Repeated damage, especially during childhood, can reduce lung function permanently. Particle pollution, a type of air pollution, has been linked to serious cardiac problems including arrhythmias and heart attacks.

Who's at risk?

Anyone can experience health effects – whether noticed or unnoticed – at air pollution levels of code red or above. But these sensitive groups can be affected at lower levels:

- All children. Children breathe at a higher respiratory rate, their lungs are still developing, and they are likely to be active outdoors. Children also have a higher rate of asthma.
- Older adults, because they are more likely to have undiagnosed heart or lung disease.
- Anyone with respiratory disease such as asthma or emphysema, and anyone with a heart condition such as coronary artery disease or congestive heart failure.
- Anyone who is frequently active outdoors. In addition, certain "unusually sensitive" individuals can experience breathing problems even at code yellow levels.

How can you protect your health?

- Know the Code. Pay attention to the daily air quality forecast.
- Know your body. Be aware of any health conditions that may increase your risk. Notice if you experience breathing difficulties or other problems on bad air days.
- Limit your outdoor physical activity on code orange or worse days, especially if you're a member of a sensitive group. Pollution exposure depends on the length of time and level of exertion. Any activity that raises your breathing rate increases your risk. You don't need to stay indoors, but "take it easy" outdoors to reduce your risk.
- If you have a heart condition, use special caution on forecasted high particle pollution days. Particle pollution can be high at any time of day or night, unlike ozone pollution, which is highest in the afternoons. Particles also can penetrate indoors, unlike ozone, so indoor particle levels may be higher than normal on high particle pollution days. Limit indoor exertion, as well as outdoor exertion, on forecasted high particle days.
- Do your share to care for the air. Driving less, keeping your car tuned, and using less electricity reduces emissions from cars and coal-fired power plants, so that everyone can breathe easier.

How can I get the daily air quality forecast?

- Subscribe to e-mail or text forecast notifications at www.enviroflash.info
- Check the NC Division of Air Quality website at www.ncair.org
- Check your newspaper's weather page, or watch your local TV weather report. Some TV news broadcasts report orange, red, or purple forecasts only.
- Call the Air Awareness hotline at 1-888-RU4NCAIR (1-888-784-6224)

Getting Started: Ten Free or Inexpensive Ideas to Enrich Your Outdoor Learning Environment Today*

1. **Plant a tree** . . . or shrub or bush. Your Cooperative Extension Agency or the US Forest Service may be able to help you locate free, native trees such as dogwood, longleaf pine, redbud, sassafras or native red cedar. Blueberries and oakleaf hydrangea are good choices for versatile bushes. A three foot tall fig tree ($12) will double in size in one year and will provide a shady retreat where children can play while still in your sight. Fig leaves are very interesting. When the fruit matures, the children can harvest figs for cooking activities. Yummy!

2. **Hang a bird feeder** . . . or two or three. Use the area just outside the classroom window so children can watch the birds when they are playing inside, too. Birds are attracted to different kinds of seeds and food. Experiment and help the children discover various birds' preferences.

3. **Create a special place for digging**. Use existing dirt or buy soil from a nursery. Provide shovels, spoons, buckets and whatever accessories complement the play themes that children initiate. What might happen if you filled the dirt digging area with sand? A tarp will protect the digging area when it's not in use.

4. **Place a log outside the heavily trafficked area.** Children can use the log as a bench. Little scientists will discover captivating beetles under the bark. They can roll the log to find all sorts of interesting things underneath. They can observe changes as the log disintegrates over time.

5. **Designate a table or shelf as an outside discovery center**. This is an area where items collected during nature walks can be placed and studied. Collections of rocks, seeds, pine cones and leaves can be counted, sorted, sequenced and drawn. Encourage children to bring natural items to the center that have been collected from their homes and neighborhoods.

6. **Plant a cornfield.** (Think on a three-year-old scale.) Chart the growth of the stalks. Pumpkins planted under the shelter of the corn will thrive if the soil is good and rich. Imagine all the science and math the children will learn beginning with planting season through harvest. What fun to stand in the middle of the 'field' shaded by lush plants!

7. **Create a whiskey barrel herb garden.** Plant chives, rosemary, parsley, marjoram, lavender, bronze fennel and basil for a fragrant and edible garden that will attract beautiful butterflies. Cost? Whiskey barrel ($20), soil ($20), plants ($15). Alternative enclosures could be cinder blocks, logs, a tire . . . Don't forget to water!

8. **Construct a rose arbor.** Okay, this one may take longer than a day to pull off but you may have a talented parent who would love to help. Imagine a shady, sweetly fragrant outdoor space with seating where children and adults can gather to play, read, dance, stage plays, or simply experience natural beauty . . . aahh. A thornless climbing vine such as the Banksiae Rose will cover a wooden arbor in no time. The fragrance is incredible. Eventually, children will notice birds building nests in the arbor and imaginations will light up with possible uses for such an appealing outdoor space.

9. **Plant a North Carolina heritage garden.** Okra and black-eyed peas do well together. Cabbage and turnips or a three sisters garden of beans, corn and squash would be fun to grow. Harvest and cook the vegetables. If you grow okra, harvest and cook the okra, but leave some to dry on the stalk. Watch them develop into beautiful striped seed pods that make wonderful rhythm instruments for small hands. When you are ready, take the dried pods apart to find the seeds. Plant them in the spring. Pods can also be used to create animal figures.

10. **Inventory natural elements.** Take a walk with the children around your outdoor environment to document what you find. Use photographs, charts, tape recorders and dictation to record observations. Even toddlers can make bark rubbings. How many trees are on the playground? How many animals and what kinds of animals live there? What colors do you notice? Expand on the documentation by creating a list of what the children would like to see/do/smell/hear in their outdoor environment. This activity may lead to amazing transformations . . .

***We've heard from administrators and teachers who value high quality outdoor environments and understand the importance of nature and exploration for the physical, emotional/social, and cognitive well-being of children. This document is intended to inspire those who are ready to make the leap and want a place to start.**

Mary Bradford, Nancy Easterling, Trish Mengel and Virginia Sullivan
Professional Development Work Group of the NC Outdoor Learning Environment (OLE) Alliance

Children & Nature Network
Building a Movement to Reconnect Children and Nature

What the Research Shows: A Summary

Research-Based Indicators of the Nature Deficit

- Children today spend less time playing outdoors than any previous generation. 82 percent of mothers with children between the ages of 3 and 12 cited crime and safety concerns as one of the primary reasons they do not allow their children to play outdoors. (Clements, 2004)
- Today's children have a more restricted range in which they can play freely, have fewer playmates who are less diverse, and are more home-centered than any previous generation. (Karsten, 2005)
- Children's free play and discretionary time declined more than seven hours a week from 1981 to 1997 and an additional two hours from 1997 to 2003, totaling nine hours less a week of time over a 25-year period in which children can choose to participate in unstructured activities. (Hofferth and Sandberg, 2001; Hofferth and Curtin, 2006)
- Children between the ages of six months and six years spend an average of 1.5 hours a day with electronic media, and youth between the ages of 8 and 18 spend an average of 6.5 hours a day with electronic media—that's more than 45 hours a week! (Kaiser Family Foundation, 2005 and 2006)
- Obesity in children has increased from about 4 percent in the 1960s to close to 20 percent in 2004. (Centers for Disease Control and Prevention, 2006)
- 62 percent of children do not participate in any organized physical activity and 23 percent do not participate in any free-time physical activity. (Centers for Disease Control and Prevention, 2003)
- The percent of children who live within a mile of school and who walk or bike to school has declined nearly 25 percent in the past 30 years. Barely 21 percent of children today live within one mile of their school. (Centers for Disease Control and Prevention, 2006)
- While 71 percent of adults report that they walked or rode a bike to school when they were young, only 22 percent of children do so today. (Beldon Russonello and Stewart Research and Communications, 2003)

- 94 percent of parents say that safety is their biggest concern when making decisions about whether to allow their children to engage in free play in the out- of- doors. (Bagley, Ball and Salmon, 2006)
- Children predominantly play at home, with their activities monitored and controlled by adults, compared to children a generation ago. Only 3 percent of today's children have a high degree of mobility and freedom in how and where they play. (Tandy, 1999)
- Children can identify 25 percent more Pokemon characters than wildlife species at eight years old. (Balmfold, Clegg, Coulson and Taylor, 2002)

Research-Based Indicators of Nature's Benefits to Children

- Contact with the natural world can significantly reduce symptoms of attention deficit disorder in children as young as five years old. (Kuo and Taylor, 2004)
- The greener a child's everyday environment, the more manageable are their symptoms of attention-deficit disorder. (Taylor, Kuo and Sullivan, 2001)
- Access to green spaces for play, and even a view of green settings, enhances peace, self-control and self-discipline within inner city youth, and particularly in girls. (Taylor, Kuo and Sullivan, 2001)
- Green plants and vistas reduce stress among highly-stressed children in rural areas, with the results the most significant where there are the greatest number of plants, green views and access to natural play areas. (Wells and Evans, 2003)
- Proximity to, views of, and daily exposure to natural settings increases children's ability to focus and enhances cognitive abilities. (Wells, 2000)
- Nature is important to children's development in every major way—intellectually, emotionally, socially, spiritually and physically. Play in nature is especially important for developing capacities for creativity, problem-solving, and intellectual development. Therefore changes in our modern built environments should be made to optimize children's positive contact with nature. (Kellert, 2005)
- Children will be smarter, better able to get along with others, healthier and happier when they have regular opportunities for free and unstructured play in the out-of-doors. (Burdette and Whitaker, 2005)
- Positive direct experience in the out-of-doors and being taken outdoors by someone close to the child—a parent, grandparent, or other trusted guardian—are the two factors that most contribute to individuals choosing to take action to benefit the environment as adults. (Chawla, 2006)

- Children who experience school grounds with diverse natural settings are more physically active, more aware of nutrition, more civil to one another and more creative. (Bell and Dyment, 2006)
- Outdoor experiences for teens result in enhanced self-esteem, self-confidence, independence, autonomy and initiative. These positive results persist through many years. (Kellert with Derr, 1998)
- Factoring out other variables, studies of students in California and nationwide show that schools that use outdoor classrooms and other forms of nature-based experiential education produce significant student gains in social studies, science, language arts, and math. One recent study found that students in outdoor science programs improved their science testing scores by 27 percent. (American Institutes for Research, 2005)
- Studies of children in schoolyards with both green areas and manufactured play areas found that children engaged in more creative forms of play in the green areas, and they also played more cooperatively. (Bell and Dyment, 2006)

Visit the Children & Nature Network, www.cnaturenet.org, for C&NN's Annotated Bibliographies of Research and Studies, Volumes 1 and 2 (2007).

What's In It For Me?
What Teachers/Caregivers can expect to gain from "taking on" the OUTDOORS . . .

By Virginia Sullivan, Principal, Learning by the Yard, Consultants to School Grounds, and Janet McGinnis, Program Consultant, NC Office of School Readiness

It's good for you, too!

A rose is a rose is a rose . . . (but so much more!). Did you know that floral scents contribute to cognitive functioning – making teachers as well as children smarter, more alert and ready to learn?

The April 2007 issue of the NC Child Care Health and Safety Bulletin is filled with information about how the outdoors is healthy for children and important for their growth and development (www.healthychildcarenc.org). Well guess what? It's healthy for adults too! When you think about your typical day in your early care and education setting, how much time are YOU spending in the fresh air, in full spectrum sunlight, in an environment that has lots of "green" – plants, trees? The health benefits of being outdoors continues throughout life. There is even evidence that exposure to green spaces is healing. Research tells us that in hospital settings, patients that have window views onto green space (plants, trees.) heal faster than those who don't. We are just beginning to understand the health value of the outdoors for all of us.

Pleasure and relief from stress:

Many teachers who develop rich outdoor environments report that they can't wait to get to school to see what is happening outside. They say that being outside makes them feel calm, happy and peaceful. And the pleasure is guilt-free. Research shows that when adults share this interest and pleasure with children, it contributes to children's learning and well being.

Sense of freedom:

When you open the door for the children to go outside, babies will kick with joy, toddlers attempt to run, and older children "charge" across the play yard with delight and enthusiasm, expressing their joy in the freedom found outside the classroom. Have you ever noticed that you feel the same way?

Need exercise? No time to go to the gym? Try playing "follow the leader" with a child. Let them lead you and see how much exercise you get!

Many teachers have had little chance themselves to explore nature outside. You may therefore think you don't know enough about nature. But you don't have to have all the answers. Children will notice and ask about the most incredible things (as you know) It is fun, freeing and appropriate for teachers to respond to questions by saying, "Let's find out together! This is how we learn…".

This is a chance for you to enjoy the details in nature, notice the shape of a leaf, the color of a flower, the sound of the wind. By talking about what you see, hear, and feel, you are modeling language and showing children that you care about the environment.
Think of it as free educational materials: acorns for counting, leaves for sorting and counting, shadows to notice, branches to build with, shrubs to hide in, flowers to smell, birds to observe…

The environment as teacher:

Many teachers say a well-equipped outdoor environment is like having another teacher. Why is that? . . . Because children are naturally curious and attracted to things in their environment. They want to explore hills, trees, plants, butterflies, worms, grass, sand, water… sunshine and shadow. A rich outdoor environment suggests things to do.' Try chasing your shadow!' ' Climb up the hill.' You will find that children talk more and ask more questions in the outdoor environment. All of this is great for their development and exciting for you as well!

Photo by Wendy Banning

So . . . have fun . . . play outside . . . knowing you are doing the right thing for children …and for yourself!

References:

Chawla, Louise 2006. Learning to Love the Natural World Enough to Protect It. Barn nr. 2 2006:57-78

Louv, Richard (2005). *Last Child in the Woods,* Algonquin Books, Chapel Hill, NC.

Marcus, Clare Cooper, and Barnes, Marnie (1999). *Learning Gardens,* John Wiley and Sons, NY.

The Hundred Languages of Children (1987) City of Reggio Emilia Department of Education, Reggio Emilia, Italy.