



National Resource Center for Health and Safety in Child Care and Early Education

Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines

Version I

An instrument to strengthen health and safety content in state-/territory-level early learning guidelines

January 2008

Introduction

More and more, research tells us that our children's readiness for school depends on their healthy physical and mental development. *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines* was developed with this in mind!

Early Learning Guidelines (ELGs), or content standards, describe what young children need to know, understand, and be able to do in a variety of learning domains. The Good Start, Grow Smart (GSGS) Early Learning Initiative introduced in 2002 encouraged states and territories to develop guidelines applicable to all care settings and that align with state K-12 standards. (Additional information on GSGS is available on the Web at <http://www.whitehouse.gov/infocus/earlychildhood/sect6.html>).

While these guidelines may be voluntary in their implementation, they should be relevant without regard to child care setting or whether or not a child has spent his or her preschool years in the care of a parent. Early learning guidelines differ from instructional guidelines, i.e., guidelines that identify the processes or practices that support development of knowledge, competencies and skills in children" (Child Care Bureau, 2007, p. 19).

The National Resource Center (NRC) for Health and Safety in Child Care and Early Education has designed this *Toolkit* to help teams evaluate and supplement their state's ELG content related to children's healthy physical and mental development. Teams implementing ELGs can also use the toolkit in education for teachers and families.

The *Toolkit* is based on [Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 2nd Edition \(CFOC\)](#), "These national guidelines support a safe and healthy environment and developmentally appropriate programs for all children" [Clifford & National Training Institute for Child Care Health Consultants Staff, 2006, p.20].



What Are ELGs?

Early Learning Guidelines (ELGs), or content standards, describe what young children need to know, understand, and be able to do in a variety of learning domains. The Good Start, Grow Smart (GSGS) Early Learning Initiative introduced in 2002 encouraged states and territories to develop guidelines applicable to all care settings and that align with state K-12 standards. (Additional information on GSGS is available on the Web at <http://www.whitehouse.gov/infocus/earlychildhood/sect6.html>).

ELGs are based on research which indicates the strong role that adults and early care and education programs play in supporting children's learning and healthy development. Accordingly, you will find references to both child- and program -focused guidelines in the *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines*. Some tasks transition from program to child responsibility as children develop (e.g., diapering to toileting). Others require both program- and child-focused elements (e.g., programs must conduct fire drills and children must learn to follow fire drill procedures; programs must keep toxic substances safely stored and children must learn to recognize and avoid unsafe substances). Several state ELG documents reflect this interplay between program- and child-focused guidelines. Therefore, health and safety issues related to both program- and child-focused guidelines are addressed in the *Toolkit*.



Toolkit Background, Development, and Components

A child's health status is comprised of physical, emotional and social well-being. "Ongoing research confirms that children's readiness for school is multifaceted, encompassing the whole range of physical, social, emotional, language and cognitive skills that children need to thrive" (Rhode Island KIDS COUNT, The National School Readiness Indicators Initiative, 2005, p. 3). Thus health figures importantly in children's ability to engage in learning with their peers so, "readiness for school should be measured and addressed across the five distinct but connected domains:

1. Physical Well-Being and Motor Development
2. Social and Emotional Development
3. Approaches to Learning
4. Language Development
5. Cognition and General Knowledge" (p. 6).

As states and territories develop Early Learning Guidelines (ELGs) to support the consistent quality of the education of young children, these domains or content areas are often represented. The *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines* was developed to assist in the evaluation and integration of healthy physical and mental development content into the state's ELGs.

The *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines* is based upon the National Resource Center for Health and Safety in Child Care and Early Education's study of health and safety topics in states' early learning guidelines (ELGs). Online documents from 48 states and the District of Columbia were reviewed between November 2006 and January 2007. The reviewed documents were in varying stages of development. The guidelines and standards addressed children ages birth to five, birth to three, and three to five. States/territories typically focus their guidelines on the child's learning tasks. Some documents also include program-focused guidelines or standards, as program, teacher, or caregiver tips, especially for younger age groups. Thus, the NRC studied both child-focused and program-focused health and safety content.

The NRC found that the domain of Physical and Motor Development (titles vary among documents) was usually present in ELGs, but the depth of treatment of health and safety learning tasks varied widely (National Resource Center for Health and Safety in Child Care and Early Education, 2007). The *Toolkit* may be used to facilitate the addition or revision of health and safety content in the state's ELGs level.

Fifteen 15 health and safety topics were chosen for inclusion in the *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines*. These are topics that support children's well-being and readiness to learn, including children's own learning to keep themselves safe and healthy. Selection of topic areas for inclusion in the *Toolkit* was guided by the findings of the NRC study, current pediatric research findings, and the NRC's experience in assisting families and caregivers with their health and safety concerns. Also important to the selection process was consideration of 13 key indicators that have been identified as "the most critical standards to protect children from harm in out-of-home child care" (Fiene, 2002). The topics are (those related to the 13 indicators are denoted by an asterisk):

1. Hand Washing*
2. Illness (cough, cold, etc.)



3. Immunizations*
4. Medication Administration*
5. Nutrition
6. Speech/Language Development
7. Toileting
8. Oral Health
9. Vision
10. Aggression/Self-Control
11. Child Abuse*
12. Emergency Preparedness*
13. Fire Drills*
14. Inaccessibility of Toxic Substances*
15. Outdoor Playground Safety*

For each topical area, the *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines* provides:

- The text of relevant *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 2nd Edition (CFOC)* standards;
- Links to related topics in *Healthy Kids, Healthy Care (HKHC)*, the parent-friendly version of CFOC standards; and
- States' ELG examples.

CFOC standards serve as benchmarks for comprehensive treatment of health and safety issues. *Healthy Kids, Healthy Care (HKHC)* links provide examples of consumer friendly language.. Excerpts from states' ELGs demonstrate how some states/territories address health and safety topics.

The *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines* form includes an area where teams can note whether health and safety content is: Absent, should be strengthened, or approaches the level of a national standard (CFOC). An Overall Health and Safety Profile is provided to summarize their findings and note potential action steps. This form can be printed out with the state's specific assessment.



How You and Your Team Can Use the Toolkit

To increase content in state/territory Early Learning Guidelines (ELGs) to support children's healthy physical and mental development.

- Example 1: Your state task force is interested in including more information on handwashing and nutrition as they revise the Physical Development Domain of your state's birth to three ELGs.
- Example 2: Your state team is engaged in a comprehensive review of your current ELGs. A subgroup will examine the content related to the physical and mental health skills that children need to develop.

To enrich ELG training for early educators and child care staff.

- Example 1: You are planning a statewide workshop to increase teacher understanding of the relationship between children's healthy physical and mental development and their school readiness.
- Example 2: Your state plans a campaign to prepare educators for Fire Drill Safety Week.

To develop family friendly materials using nationally recognized health and safety resources.

- Example 1: Your state is planning to develop Tips for Parents, a companion to your state's ELGs. You have identified the need to include content encouraging timely immunizations.
- Example 2: Your team is developing a statewide parent education campaign to help reduce the spread of illness among children. You are in charge of preparing the content on proper handwashing skills for children.



User Guide

The guide below gives a framework your team can use to evaluate your state's ELG content that supports children's development of age appropriate health and safety skills in comparison with nationally recognized standards and other states' early learning guidelines. Your team can choose to focus on one Health & Safety topic at a time, a group of topics, or review [all 15 topics](#) contained in this *Toolkit*.

Note: The *Toolkit* can also be used to educate teachers and families on age appropriate health and safety skills that can be achieved through ELG implementation.

For each of the [15 Health & Safety Topics](#), the *Toolkit* provides a form for you to:

STEP 1 - COLUMN 1	STEP 2 - COLUMN 2	STEP 3 - COLUMN 3
<p>Read the related nationally recognized <i>Caring for Our Children (CFOC)</i> health and safety standard(s). A link to the full <i>CFOC</i> standard (standard, rationale, comments, references and appendices) is provided.</p> <p>For the development of parent education tools on this topic see the link to the Healthy Kids, Healthy Care (HKHC) Website Link(s)</p>	<p>Read related excerpts from Selected States' Early Learning Guidelines.. A link to the full ELG(s) is/are provided.</p>	<p>Note to what degree the national health and safety standard(s) is integrated in your state's ELG (s) in Column 3 after reviewing your state's ELG(s) on this topic:</p> <p>Content absent</p> <p>Content to be strengthened</p> <p>Content Approaches <i>CFOC</i></p>
STEP 4 - ACTION PLAN		
<p>Record ideas and actions to strengthen the topic in your ELGs, if needed.</p>		

After your team has reviewed each topic or selected topics, you may want to create a summary of your team's findings showing the status of health and safety content in your ELGs. **An Overall Health and Safety Profile has been provided for this purpose. Click [here](#) for the Profile.**



Health and Safety Topic #1: Handwashing

<p>Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]</p>	<p>Selected States' Early Learning Guidelines</p>	<p>State Assessment</p>
<p>CFOC Standard(s):</p> <p>Situations that Require Handwashing-3.020</p> <p>All staff, volunteers, and children shall follow the procedure in STANDARD 3.021 for handwashing at the following times:</p> <ol style="list-style-type: none"> a. Upon arrival for the day or when moving from one child care group to another; b. Before and after: <ul style="list-style-type: none"> • Eating, handling food, or feeding a child; • Giving medication; • Playing in water that is used by more than one person. c. After: <ul style="list-style-type: none"> • Diapering; • Using the toilet or helping a child use a toilet; • Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores; • Handling uncooked food, especially raw meat and poultry; • Handling pets and other animals; • Playing in sandboxes; • Cleaning or handling the garbage. <p>Handwashing Procedure-3.021</p> <p>Children and staff members shall wash their hands using the following method:</p> <ol style="list-style-type: none"> a. Check to be sure a clean, disposable paper (or single-use cloth) towel is available. b. Turn on warm water, no less than 60 degrees F and no more than 120 degrees F, to a comfortable 	<p style="text-align: center;"><i>Child-Focused Example</i></p> <p style="text-align: center;">Florida Birth to Three Learning and Developmental Standards (p.28)</p> <p>Physical Health 18 to 24 Months B. WELLNESS 3. Participates in basic health and safety routines. H.S./CFR 1304.21(a)(3)(ii) While young toddlers begin to find comfort in the health and safety routines established by their parents, caregivers, and teachers, they want to begin managing their own self-care routines. Young toddlers demonstrate familiarity with routines by:</p> <ul style="list-style-type: none"> • participating in bathing routines, such as using the wash cloth to clean some body parts themselves; • washing and drying their own hands with some supervision. <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	<p>Handwashing Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



temperature.

- c. Moisten hands with water and apply liquid soap to hands.
- d. Rub hands together vigorously until a soapy lather appears, and continue for at least 10 seconds. Rub areas between fingers, around nailbeds, under fingernails, jewelry, and back of hands.
- e. Rinse hands under running water, no less than 60 degrees F and no more than 120 degrees F, until they are free of soap and dirt. Leave the water running while drying hands.
- f. Dry hands with the clean, disposable paper or single use cloth towel.
- g. If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel.
- h. Throw the disposable paper towel into a lined trash container; or place single-use cloth towels in the laundry hamper; or hang individually labeled cloth towels to dry. Use hand lotion to prevent chapping of hands, if desired.

**Assisting Children with
Handwashing-3.022**

Caregivers shall provide assistance with handwashing at a sink for *infants* who can be safely cradled in one arm and for children who can stand but not wash their hands independently. A child who can stand shall either use a child-size sink or stand on a safety step at a height at which the child's hands can hang freely under the running water. After assisting the child with handwashing, the staff member shall wash his or her own hands.

If a child is unable to stand and is too heavy to hold safely to wash the hands at the sink, caregivers shall use the following method:

- Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap. Then discard the towel.
- Wipe the child's hands with a clean, wet, paper towel until the hands are free of soap. Then discard the towel.
- Dry the child's hands with a clean paper towel.



<p>HKHC Link(s):</p> <p>Handwashing</p>		
<p>Action Plan</p>		



Health and Safety Topic #2: Illness (cough, cold, etc.)

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Situations that Require Handwashing-3.020</p> <p>All staff, volunteers, and children shall follow the procedure in STANDARD 3.021 for handwashing at the following times:</p> <ol style="list-style-type: none"> a. Upon arrival for the day or when moving from one child care group to another; b. Before and after: <ul style="list-style-type: none"> • Eating, handling food, or feeding a child; • Giving medication; • Playing in water that is used by more than one person. c. After: <ul style="list-style-type: none"> • Diapering; • Using the toilet or helping a child use a toilet; • Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores; • Handling uncooked food, especially raw meat and poultry; • Handling pets and other animals; • Playing in sandboxes; • Cleaning or handling the garbage. <p>Handwashing Procedure-3.021</p> <p>Children and staff members shall wash their hands using the following method:</p> <ol style="list-style-type: none"> a. Check to be sure a clean, disposable paper (or single-use cloth) towel is available. b. Turn on warm water, no less than 60 degrees F and no more than 120 degrees F, to a comfortable temperature. c. Moisten hands with water and apply 	<p style="text-align: center;"><i>Child- and Program-Focused Example</i> Pennsylvania Early Learning Standards for Infants and Toddlers (p.69)</p> <p>Personal-Social-Emotional Indicator: Self Control/Self Regulation Recognize and repeat disease prevention skills demonstrated by caregivers. Examples The toddler will: Show adult that needs a tissue for nose or intermittently cover the mouth when coughing. Supportive Practices The teacher will: Give infant/toddler a tissue. Allow to practice alone and then assist. Explain why the tissue is needed.</p> <p style="text-align: center;"><i>Child- and Program-Focused Example</i> Alaska's Early Learning Guidelines (p.37)</p> <p>Domain I: Physical Health, Well-Being, and Motor Development Sub-Domain: Health and Personal Care Daily Living Skills Goal: Children demonstrate personal health and hygiene skills. Birth to 18 months</p> <p>Some Indicators for Children:</p> <ul style="list-style-type: none"> • Washes and dries hands, with assistance • Indicates needs and wants such as hunger or a dirty diaper <p>Some Strategies for Caregivers:</p> <ul style="list-style-type: none"> • Establish on-going and regular medical and dental homes for child and make sure child receives routine preventative care • Make sure child receives all age-appropriate immunizations • Talk with child about what you're doing when bathing, diapering, dressing, and cleaning 	<p>Illness (cough, cold, etc) Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>liquid soap to hands.</p> <p>d. Rub hands together vigorously until a soapy lather appears, and continue for at least 10 seconds. Rub areas between fingers, around nailbeds, under fingernails, jewelry, and back of hands.</p> <p>e. Rinse hands under running water, no less than 60 degrees F and no more than 120 degrees F, until they are free of soap and dirt. Leave the water running while drying hands.</p> <p>f. Dry hands with the clean, disposable paper or single use cloth towel.</p> <p>g. If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel.</p> <p>h. Throw the disposable paper towel into a lined trash container; or place single-use cloth towels in the laundry hamper; or hang individually labeled cloth towels to dry. Use hand lotion to prevent chapping of hands, if desired.</p> <p>Training and Monitoring for Handwashing-3.023</p> <p>The facility shall ensure that staff members and children who are developmentally able to learn personal hygiene are instructed in, and monitored on, the use of running water, soap, and single-use or disposable towels in handwashing, as specified in STANDARD 3.021.</p> <p>Procedures for Nasal Secretions-3.024</p> <p>Staff members and children shall blow or wipe their noses with disposable, one-use tissues and then discard them in a plastic-lined, covered, hands-free trash container. After blowing the nose, they shall wash their hands, as specified in STANDARD 3.021 and STANDARD 3.022.</p> <p>Routine Frequency of Cleaning and Sanitation-3.028</p> <p>The routine frequency of cleaning and sanitation in the facility shall be as indicated in the table below. This</p>	<ul style="list-style-type: none"> • Establish hygiene routines and model them (e.g., washing hands before eating, brushing teeth) • Understand and recognize typical signs of illness or discomfort in child and respond appropriately, seeking assistance as needed (e.g. teething, earache, diaper rash, diarrhea) <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	
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frequency shall be increased from baseline routine frequencies whenever there are outbreaks of illness, there is known contamination, visible soil, or when recommended by the health department to control certain infectious diseases. All surfaces, furnishings, and equipment that are not in good repair or that have been contaminated by body fluids shall be taken out of service until they are repaired, cleaned, and, if contaminated, sanitized effectively.

HKHC Link(s):

[Sick Children: When Should Children Stay Home?](#)

Action Plan



Health and Safety Topic #3: Immunizations

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Family Source of Health Care-2.055</p> <p>The facility shall help families who have no regular health care provider to locate a resource that can meet their needs.</p> <p>Immunization Documentation-3.005</p> <p>The facility shall require that all children enrolling in child care provide written documentation of immunizations appropriate for the child's age. <i>Infants, toddlers, older children, and adolescents</i> shall be immunized as specified in the Recommended Childhood Immunization Schedule developed by the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practice of the Centers for Disease Control and Prevention (CDC), and the American Academy of Family Practice (AAFP) (AA). See Appendix G. Children whose immunizations are late or not given according to the schedule shall be immunized as recommended by the American Academy of Pediatrics (3) Because of frequent changes, an updated schedule is published by the AAP every January and shall be consulted for current information (4).</p> <p>Under-Immunized Children-3.006</p> <p>If immunizations are not to be administered because of a medical condition, a statement from the child's health care provider documenting the reason why the child is exempt from the immunization requirement shall be on file. If immunizations are not given because of parents' religious beliefs, a waiver signed by the parent shall be on file. If a child who is not immunized is in care, the parents must be notified of the risk of the spread of preventable diseases.</p>	<p><i>Program-Focused Example</i> Florida Birth to Three Learning and Developmental Standards (p.30)</p> <p>Physical Health 24 to 36 Months A. PHYSICAL HEALTH 6. Has regular visits with a primary health care provider. H.S./CFR 304.20(a)(1)(i) – (a)(1)(ii)(c) To promote healthy development, every child needs a source of continuous and accessible health care. Older toddlers should have a schedule of preventive and primary well-child health care to ensure that problems are quickly identified and addressed. Parents, caregivers, and teachers facilitate these visits by:</p> <ul style="list-style-type: none"> • maintaining a schedule of well-child checks (see Table 3); • ensuring immunizations are up-to-date <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	<p>Immunization Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



Children who have not received their age-appropriate immunizations prior to enrollment and do not have documented religious or medical exemptions from routine childhood immunizations shall show evidence of an appointment for immunizations. The immunization series shall be initiated within one month and completed according to the Recommended Childhood Immunization Schedule from the American Academy of Pediatrics (AAP). See Appendix G. If a vaccine-preventable disease to which children are susceptible occurs in the facility, unimmunized children shall be excluded for the duration of possible exposure or until the age-appropriate immunizations have been completed (whichever comes first).

Identification of Child’s Medical Home and Parental Consent for Information Exchange-[8.015](#)

As part of the enrollment of a child, the child care provider shall ask the family to identify the child's health care providers (medical home) and to provide written consent to enable the caregiver to establish communication with those providers. The family will always be informed prior to the use of the permission unless it is an emergency or a suspected abusive situation. The providers with whom the facility shall exchange information with parental consent shall include:

- a. Sources of regular medical and dental care (such as the child's health care provider, dentist, and medical facility);
- b. Source of emergency services, when required;
- c. Special clinics the child may attend, including sessions with medical specialists and registered dietitians;
- d. Special therapists for the child (such as occupational, physical, speech, nutrition). These special therapists shall provide written documentation of the services rendered;
- e. Counselors, therapists, or mental health service providers for parents (such as social workers, psychologists, or psychiatrists).



<p>HKHC Link(s):</p> <p>Immunizations</p> <p>Medicine in Child Care</p>		
<p>Action Plan</p>		



Health and Safety Topic #4: Medication Administration

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Permissible Administration of Medication-3.081</p> <p>The administration of medicines at the facility shall be limited to:</p> <ol style="list-style-type: none"> Prescribed medications ordered by a health care provider for a specific child, with written permission of the parent or legal guardian; Nonprescription (over-the-counter) medications recommended by a health care provider for a specific child or for a specific circumstance for any child in the facility, with written permission of the parent or legal guardian. <p>Labeling and Storage of Medications-3.082</p> <p>Any prescribed medication brought into the facility by the parent, legal guardian, or responsible relative of a child shall be dated, and shall be kept in the original container. The container shall be labeled by a pharmacist with:</p> <ol style="list-style-type: none"> The child's first and last names; The date the prescription was filled; The name of the health care provider who wrote the prescription, the medication's expiration date; The manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal; The name and strength of the medication. <p>Over-the-counter medications shall be kept in the original container as sold by the manufacturer, labeled by the parent, with the child's name and specific instructions given by the child's health professional for administration. All medications, refrigerated or</p>	<p><i>Child-Focused Example</i> Washington's Early Learning and Development Benchmarks: A Guide to Young Children's Learning and Development From Birth to Kindergarten Entry (p.37)</p> <p>Domain I: Physical Health, Well-Being, and Motor Development Sub-Domain: Safety Safe Practices Goal: Children demonstrate knowledge about and avoid harmful objects and situations. 36 to 60 months Some Indicators for Children:</p> <ul style="list-style-type: none"> Does not touch or take medicine without adult assistance but knows that medicine can improve health when used properly <p><i>Program-Focused Example</i> Pennsylvania Early Learning Standards for Infants and Toddlers (p.91)</p> <p>Family, Early Learning, and Community Partnerships Indicator: Connecting Parents with Community Services If parental consent is provided, program personnel must support families in evaluating the responsiveness and effectiveness of the health, Early Intervention, and mental health services to which they were referred, and in identifying next steps. Supportive Practices Have written information from the child's medical source of care about accommodations in early learning programs as well as any instructions for medication administration or emergency care.</p> <p>For references to the state early learning</p>	<p>Medication Administration Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>unrefrigerated, shall have child-resistant caps, shall be kept in an organized fashion, shall be stored away from food at the proper temperature, and shall be inaccessible to children. Medication shall not be used beyond the date of expiration.</p> <p>Training of Caregivers to Administer Medication-3.083</p> <p>Any caregiver who administers medication shall be trained to:</p> <ol style="list-style-type: none">Check that the name of the child on the medication and the child receiving the medication are the same;Read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals);Administer the medication according to the prescribed methods and the prescribed dose;Observe and report any side effects from medications;Document the administration of each dose by the time and the amount given. <p>HKHC Link(s):</p> <p>Medicine in Child Care</p>	<p>guidelines used see State Early Learning Guidelines Used in Examples</p>	
<p>Action Plan</p>		



Health and Safety Topic #5: Nutrition

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Written Nutrition Plan-4.001</p> <p>The facility shall provide children nourishing and attractive food according to a written plan, developed by a qualified Child Care Nutrition Specialist. Caregivers, directors, and food service personnel shall share the responsibility for carrying out the plan. The administrator is responsible for implementing the plan but may delegate tasks to caregivers and food service personnel.</p> <p>The nutrition plan (see STANDARD 8.035) shall include steps to take when problems require rapid response by the staff such as when a child chokes during mealtime. The completed plan shall be on file and accessible to the staff.</p> <p>If the facility is large enough to justify employment of a full-time Child Care Nutrition Specialist or Child Care Food Service Manager, the facility shall delegate to this person the responsibility for implementing the written plan.</p> <p>Use of USDA-CACFP Guidelines-4.002</p> <p>All meals and snacks and their preparation, service, and storage shall meet the requirements for meals of the child care component of the U.S. Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP), and the 7 Code of Federal Regulations (CFR) Part 226.20 (9,10).</p> <p>General Plan for Feeding Infants-4.011</p> <p>At a minimum, meals and snacks the facility provides for <i>infants</i> shall contain the food in the meal and snack patterns shown in Appendix P. Food shall be</p>	<p><i>Child-Focused Example</i> Connecticut Preschool Curriculum Framework (p.13)</p> <p>CONTENT STANDARD - Physical Development Preschool programs will provide children with opportunities to choose nutritious meals and snacks. PERFORMANCE STANDARDS (INDICATORS) Educational experiences will assure that preschool children will:</p> <ul style="list-style-type: none"> recognize and eat a variety of nutritious foods. <p>When presented with several foods, children will be able to tell which are considered healthy foods to eat. Example: Participate in the preparation of healthy snacks and meals. Select foods that are healthy.</p> <p><i>Program-Focused Example</i> Washington's Early Learning and Development Benchmarks: A Guide to Young Children's Learning and Development From Birth to Kindergarten Entry (p.34)</p> <p>Domain I: Physical Health, Well-Being, and Motor Development Sub-Domain: Health and Personal Care Nutrition Goal: Children eat a variety of nutritious foods. Birth to 18 months Some Indicators for Children:</p> <ul style="list-style-type: none"> Breastfeeds, if appropriate for family preferences and circumstances Regulates the speed and intensity with which he/she eats Consumes a variety of nutritious foods from all food groups Explores food with fingers <p>Some Strategies for Caregivers:</p> <ul style="list-style-type: none"> Provide an environment that is 	<p>Nutrition Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>appropriate for <i>infants'</i> individual nutrition requirements and developmental stages as determined by written instructions obtained from the child's parent or health care provider.</p> <p>The facility shall encourage and support breastfeeding. Facilities shall have a designated place set aside for breastfeeding mothers who want to come during work to breastfeed (18-24).</p> <p>The facility shall offer solid foods and fruit juices to <i>infants</i> 6 months of age and younger only upon the recommendation of the parent and the child's health professional.</p> <p>Feeding <i>Infants</i> on Demand with Feeding by a Consistent Caregiver-4.013</p> <p>Caregivers shall feed <i>infants</i> on demand unless the parent and the child's health care provider gives written instructions otherwise. Whenever possible, the same caregiver shall feed a specific <i>infant</i> for most of that <i>infant's</i> feedings.</p> <p>Portions for <i>Toddlers</i> and <i>Preschoolers</i>-4.023</p> <p>The facility shall serve <i>toddlers</i> and <i>preschoolers</i> small-sized portions and shall permit them to have one or more additional servings as needed to meet the needs of the individual child.</p> <p>Encouraging Self-Feeding By <i>Toddlers</i>-4.024</p> <p>Caregivers shall encourage <i>toddlers</i> to hold and drink from a cup, to use a spoon, and to use their fingers for self-feeding.</p> <p>Socialization During Meals-4.031</p> <p>Caregivers shall sit at the table and shall eat the meal or snack with the children. Family style meal service shall be encouraged, except for <i>infants</i> and very young children who require that an adult feeds them. The adult(s) shall encourage social interaction and conversation about the concepts of color, quantity, number, temperature of food, and events of the</p>	<p>supportive of breastfeeding</p> <ul style="list-style-type: none"> • Plan feeding times and practices around the individual cultural and feeding needs of child (e.g., if breastfeeding, use of breast milk or if bottle feeding, use of formula) • Follow child's cues for when he/she is full or hungry • Treat meal times as an opportunity to help child enjoy food and become independent in feeding • Model nutritious eating habits • Provide child with nutritious foods and snacks, including foods from various cultures • Communicate with other caregivers about food allergies... <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	
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day. Extra assistance and time shall be provided for slow eaters. Eating should be an enjoyable experience at the facility and at home.

Participation of Older Children and Staff in Mealtime Activities-[4.032](#)

Both older children and staff shall be actively involved in serving food and other mealtime activities, such as setting and cleaning the table, with provision for staff to supervise and assist children with appropriate handwashing procedures and sanitizing of eating surfaces and utensils to prevent cross contamination.

Experience with Familiar and New Foods-[4.033](#)

In consultation with the family and child care nutrition specialist, caregivers shall offer children familiar foods that are typical of the child's culture and religious preferences, and shall also introduce a variety of healthful foods that may not be familiar, but meet a child's nutritional needs.

Nutrition Learning Experiences for Children-[4.069](#)

The facility shall have a nutrition plan (see [STANDARD 4.001](#) and [STANDARD 8.035](#)) that integrates the introduction of food and feeding experiences with facility activities and home feeding. The plan shall include opportunities for children to develop the knowledge and skills necessary to make appropriate food choices.

For centers, this plan shall be a written plan and shall be the shared responsibility of the entire staff, including directors, food service personnel, and parents. The nutrition plan shall be developed with guidance from, and shall be approved by, the Child Care Nutrition Specialist (see Appendix C).

Caregivers shall teach children about the taste and smell of foods. The children shall feel the textures and learn the different colors and shapes of foods. The teaching shall be evident at mealtimes and during curricular activities, without



<p>interfering with the pleasure of eating.</p> <p>HKHC Link(s):</p> <p>Meals and Snacks</p> <p>Physical Fitness and Promoting Healthy Weight</p>		
<p>Action Plan</p>		



Health and Safety Topic #6: Speech/Language Development

<p>Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]</p>	<p>Selected States' Early Learning Guidelines</p>	<p>State Assessment</p>
<p>CFOC Standard(s):</p> <p>Communication in Native Language-2.006</p> <p>At least one member of the staff shall be able to communicate in the native language of the parents and children, or the facility shall work with parents to arrange for a translator to communicate with parents and children.</p> <p>Verbal Interaction-2.008</p> <p>The child care facility shall assure that each child has at least one speaking adult person who engages the child in verbal exchanges linked to daily events and experiences. To encourage the development of language, the caregiver shall demonstrate skillful verbal communication and interaction with the child.</p> <ul style="list-style-type: none"> • For <i>infants</i>, these interactions shall include responses to, and encouragement of, soft <i>infant</i> sounds, as well as naming of objects by the caregiver. • For <i>toddlers</i>, the interactions shall include naming of objects and actions and supporting, but not forcing, the child to do the same. • For <i>preschool</i> and <i>school-age</i> children, interactions shall include respectful listening and responses to what the child has to say, amplifying and clarifying the child's intent. <p>Interactions with <i>Infants</i> and <i>Toddlers</i>-2.011</p> <p>Caregivers shall talk, listen to, and otherwise interact with young <i>infants</i> as they feed, change, and cuddle them.</p> <p>Fostering Language Development of 3- to 5-Year Olds-2.019</p>	<p style="text-align: center;"><i>Child-Focused Example</i> Florida Birth to Three Learning and Developmental Standards (p.64)</p> <p>Language & Communication 8 to 18 Months</p> <p>C. EARLY READING</p> <p>I. Builds and uses vocabulary through direct experiences and involvement with pictures and books.</p> <p>H.S./CFR 1304.21(a)(1)(i) – (a)(1)(v); (b)(2)(ii)</p> <p>Older <i>infants</i> use a variety of sounds to communicate. One way they learn words is as parents, caregivers, and teachers talk to them and look at and read books with them. Their emotional security with these adults enables them to become active participants in “reading.” Older <i>infants</i> begin to mimic the words from the books or point to pictures they have seen many times and say a word that sounds like the label the adult has been using. They understand much more language than they can reproduce. Babbling becomes consistent and speech-like, with first words and then phrases beginning to emerge. Older <i>infants</i> build and use vocabulary by:</p> <ul style="list-style-type: none"> • enjoying patterns of rhythm and repetition of familiar voices, sounds, rhymes, and songs in their home language; • exploring a variety of books, including paper, cardboard, vinyl, cloth, etc.; • showing a memory for parts of familiar stories, rhymes, and songs; • pointing to several pictures in books as they are named by parents, caregivers, and teachers; 	<p>Speech/Language Development Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>The facility shall be rich in first-hand experiences that offer opportunities for language development. Facilities shall also have an abundance of books of fantasy, fiction, and nonfiction, and provide chances for the children to relate stories. Care-givers shall foster language development by:</p> <ol style="list-style-type: none"> Speaking with children rather than at them; Encouraging children to talk with each other by helping them to listen and respond; Giving children models of verbal expression; Reading books about the child's culture and history, which would serve to help the child develop a sense of self; Listening respectfully when children speak. <p>HKHC Link(s):</p> <p>Respecting Differences</p>	<ul style="list-style-type: none"> recognizing specific books by their covers; turning pages of books. <p><i>Program-Focused Example</i></p> <p>Pennsylvania Early Learning Standards for Infants and Toddlers (p.75)</p> <p>Communication and Emerging Literacy</p> <p>Indicator for Expressive Communication: Engage in verbal communication.</p> <p>Ask for things at the table during mealtime.</p> <p>Examples</p> <p>The toddler will:</p> <p>Ask for milk when wants a drink, a cookie for dessert, etc.</p> <p>Supportive Practices</p> <p>The adult will:</p> <p>Before the toddler is able to speak, ask if wants a specific item. Later, when speech is developed, wait for toddler to ask for item before providing it.</p> <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	
<p>Action Plan</p>		



Health and Safety Topic #7: Toileting

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Toilet Learning/Training-2.005</p> <p>The facility shall develop and implement a plan that teaches each child how and when to use the toilet. Toilet learning/training, when initiated, shall follow a prescribed, sequential plan that is developed and coordinated with the parent's plan for implementation in the home environment and shall be based on the child's developmental level rather than chronological age. To help children achieve bowel and bladder control, caregivers shall enable children to take an active role in using the toilet when they are physically able to do so and when parents support their children's learning to use the toilet. Caregivers shall take into account the preferences and customs of the child's family. For children who have not yet learned to use the toilet, the facility shall defer toilet learning/training until the child's family is ready to support this learning and the child demonstrates:</p> <ol style="list-style-type: none"> An understanding of the concept of cause and effect; An ability to communicate; The physical ability to remain dry for up to 2 hours. <p>For <i>school-age</i> children, toilet learning/training shall include frequent opportunities to use the toilet and an emphasis on appropriate handwashing after using the toilet. Children with special needs may require specific instructions or precautions.</p> <p>Body Mastery for 3- to 5-Year Olds-2.020</p> <p>The facility shall offer children opportunities to learn about their bodies and how their bodies function in the</p>	<p><i>Child-Focused Example</i> Louisiana Standards for Programs Serving Four-Year Old Children (p.10)</p> <p>AREA: HEALTH AND SAFETY PRACTICES GOAL: The program will be operated in a way that fosters healthy development and safety of children. G. PERSONAL HYGIENE of Staff/Children 4. Toileting is done in a sanitary and appropriate manner to meet the emotional and physical needs of each individual child, including those with disabilities.</p> <p><i>Program-Focused Example</i> Arkansas Framework for Infant and Toddler Care (p.3)</p> <p>ELEMENT II. ENVIRONMENT A. Physical 2. The physical environment provides separate and appropriate space for sleeping, eating, diapering/toileting, and for movement and play. The atmosphere is "homelike" and comfortable for <i>infants, toddlers,</i> and the adults who care for them. B. Program 1. The daily program includes materials and activities that are designed to meet the individual needs of each child. Children are assisted with toilet learning and self-feeding skills based on individual needs. Children experience smooth transitions between activities. 2. Prevention and redirection, as defined in the Glossary of Terms, are the primary techniques for guiding behavior. Management of behavior is based on an understanding of <i>infant/toddler</i> development and appropriate strategies to help the child develop his or her own self-control.</p>	<p>Toileting Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>context of socializing with others. Caregivers shall support the children in their curiosity and body mastery, consistent with parental expectations and cultural preferences. Body mastery includes feeding oneself, learning how to use the toilet, running, skipping, climbing, balancing, playing with peers, displaying affection, and using and manipulating space.</p> <p>Autoerotic or masturbatory activity shall be ignored unless it is excessive, interferes with other activities, or is noticed by other children, in which case the caregiver shall make a brief non-judgmental comment that touching of private body parts feels good, but is usually done in a private place. After making such a comment, the caregiver shall offer friendly assistance in going on to other activities.</p> <p>Ability to Open Toilet Room Doors- 5.118</p> <p>Children shall be able to easily open every toilet room door from the inside, and caregivers shall be able to easily open toilet-room doors from the outside if adult assistance is required.</p> <p>HKHC Link(s):</p> <p>Toilet Training</p>	<p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	
<p>Action Plan</p>		



Health and Safety Topic #8: Oral Health

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Routine Oral Hygiene Activities-3.010</p> <p>Caregivers shall promote the habit of regular tooth brushing. All children with teeth shall brush or have their teeth brushed at least once during the hours the child is in child care. Using a size-appropriate brush and a small amount of fluoride toothpaste, the caregiver shall either brush the child's teeth or supervise as the child brushes his/her own teeth. The younger the child the more the caregiver needs to be involved. After feeding, an <i>infant's</i> teeth and gums shall be wiped with a moist cloth to remove any remaining liquid that coats the teeth and gums and which turns to plaque causing tooth decay. Very few <i>preschool-age</i> children have the hand-eye coordination or the fine motor skills necessary to complete the complex process of tooth brushing. The caregiver shall be able to evaluate each child's motor activity and to teach the child the correct method of tooth brushing when the child is capable of doing this activity. The caregiver shall monitor the tooth brushing activity and thoroughly brush the child's teeth after the child has finished brushing. The cavity-causing effect of frequent exposure to food shall be reduced by offering the children rinsing water after snacks when brushing is not possible.</p> <p>Oral Health Education-3.011</p> <p>All children with teeth shall have oral hygiene as a part of their daily activity. Those two years and older shall have developmentally appropriate oral health education that includes information on what plaque is, the process of dental caries development, and the importance of good oral hygiene behaviors. <i>School-age</i></p>	<p><i>Child-Focused Example</i> Florida Birth to Three Learning and Developmental Standards (p.27)</p> <p>Physical Health 8 to 18 Months A. PHYSICAL HEALTH 5. Shows characteristics of oral health. H.S./CFR 1304.23(b)(3) Young toddlers continue to gain new teeth. Their emerging fascination with routines extends to include tooth brushing, although they still need help from adults in order to be sure all of the teeth are reached. Young toddlers exhibit oral health by:</p> <ul style="list-style-type: none"> • exhibiting continued normal eruption of teeth; • cooperating with daily cleaning of teeth; • transitioning from using a pacifier; • having a comprehensive dental exam. <p><i>Program-Focused Example</i> Pennsylvania Early Learning Standards for Pre-Kindergarten (p.73)</p> <p>Standard: Quality ECE programs must connect parents to necessary and appropriate community services that may help the child and/or the family. Programs must have written procedures that are consistently implemented to assure that the objectives are met. Indicators</p> <p>PP 2.2 Programs must provide parents with information on medical, dental, nutrition, and mental health education programs in the community.</p> <p>Examples Parents will:</p>	<p>Oral Health Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>children shall receive additional information including the preventive use of fluoride, dental sealants, mouth guards, and the importance of healthy eating behaviors and regularly scheduled dental visits. Older children shall be informed about the effect of tobacco products on their oral health and additional reasons for avoidance.</p> <p>HKHC Link(s):</p> <p>Dental Care</p> <p>Sources of Health and Dental Care</p>	<ul style="list-style-type: none"> • Discuss with staff their own observations, staff observations and information gathered through screening procedures to identify any need to refer their child for further services • Seek information on community services and resources as appropriate to their own educational, cultural or family needs • Evaluate the effectiveness of the services received <p>Supportive Practices Program staff will:</p> <ul style="list-style-type: none"> • Maintain an up-to-date resource directory of community services and resources available to young children and their families. • Utilize culturally sensitive techniques of referring families to appropriate resources in the community • Follow up with families to determine if referral sources met the family/child's needs, and to discuss next steps <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	
<p>Action Plan</p>		



Health and Safety Topic #9: Vision

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Routine Health Supervision-3.003</p> <p>The facility shall require that the children have routine health supervision by the child's health provider, according to the standards of the American Academy of Pediatrics (AAP). Such health supervision includes routine screening tests, immunizations, and documentation and plotting on standard growth (if younger than 24 months of age) graphs of height and weight assessment and head circumference.</p> <p>School health services are acceptable to meet this standard if they meet the AAP's standards for <i>school-age</i> children and if the results of such examinations are shared with the child care provider as well as with the school health system. With parental consent, pertinent health information shall be exchanged among the child's routine source of health care and all participants in the child's care, including any school health program involved in the care of the child.</p> <p>Contents of Child's Health Report-8.048</p> <p>The file for each child shall include a health report of an age-appropriate health assessment completed and signed by the child's health care provider. Preferably, this report shall be submitted prior to enrollment, but it shall be submitted no later than 6 weeks after admission. The health report shall include the following medical and developmental information:</p> <ol style="list-style-type: none"> a. Records of the child's immunizations; b. A description of any disability, sensory impairment, developmental variation, seizure disorder, or emotional or behavioral disturbance that may affect adaptation to child care (including previous surgery, 	<p><i>Child- and Program-Focused Example</i> Alaska's Early Learning Guidelines (p.46)</p> <p>Domain I: Physical Health, Well-Being, and Motor Development Sub-Domain: Motor Development Sensorimotor Skills</p> <p>Goal: Children use their senses: sight, hearing, smell, taste, and touch, to guide and integrate their interactions Birth to 18 months</p> <p>Some Indicators for Children:</p> <ul style="list-style-type: none"> • Responds by turning toward sound, movement, and touch • Focuses eyes on near and far objects • Coordinates eye and hand movements (e.g., puts objects into large container) • Explores and responds to different surface textures (e.g., hard top tables, soft cushions) <p>Some Strategies for Caregivers:</p> <ul style="list-style-type: none"> • Make sure child receives routine vision and hearing screenings • Place a mobile near infant's crib, but safely out of reach of, to stimulate vision and other senses • Provide materials and objects of various textures, shapes, colors, smells, and sounds • Talk with child about the colors, sounds, temperatures, tastes, and smells of things during daily activities <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	<p>Vision Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>serious illness, history of prematurity, if relevant);</p> <ul style="list-style-type: none"> c. An assessment of the child's growth based on the percentile for height, weight, and, if the child is younger than 24 months, head circumference; d. A description of health problems or findings from an examination or screening that needs follow-up; e. Results of screenings-vision, hearing, dental, nutrition, developmental, tuberculosis, hematocrit or hemoglobin, urine, lead, blood pressure and so forth; f. Dates of significant communicable diseases (such as chickenpox); g. Prescribed medication(s), including information on recognizing, documenting, reporting, and responding to potential side effects; h. A description of current acute or chronic health problems and a special care plan that defines routine and emergency management that might be required by the child while in child care. The care plan for the child with acute or chronic health problems shall include specific instructions for caregiver observations, program activities or services that differ from those required by typically developing children. Such instructions shall include specific teaching and return demonstration of the ability of caregivers to provide medications, procedures, or implement modifications required by children with asthma, severe allergic reactions, diabetes, medically-indicated special feedings, seizures, hearing impairments, vision problems or any other condition that requires accommodation in child care; i. A description of serious injuries sustained by the child in the past that required medical attention or hospitalization; j. Other special instructions for the caregiver. <p>The health report shall include space for additional comments about the management of health problems and for additional health-related data offered by the health care provider or required from the facility.</p>		
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Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines



<http://nrc.uchsc.edu/ELG/elg.htm>

The health report shall be updated at each age-appropriate health assessment by supplemental notes dated and signed by the child's health provider on a copy of the previous health report or by submission of a new report and whenever the child's health status changes.

HKHC Link(s):

[Sources of Health and Dental Care](#)

Action Plan



Health and Safety Topic #10: Aggression/Self-Control

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Personal Caregiver Relationships for Infants and Toddlers-2.010</p> <p>Opportunities shall be provided for each child to develop a personal and affectionate relationship with, and attachment to, that child's parents and one or a small number of caregivers whose care for and responsiveness to the child ensure relief of distress, experiences of comfort and stimulation, and satisfaction of the need for a personal relationship. The facility shall limit the number of caregivers who interact with any one <i>infant</i> to no more than three caregivers in a given day and no more than five caregivers across the period that the child is an <i>infant</i> in child care. The caregivers shall:</p> <ol style="list-style-type: none"> Hold and comfort children who are upset; Engage in social interchanges such as smiling, talking, touching, singing, and eating; Be play partners as well as protectors; Attune to children's feelings and reflect them back. <p>Space and Activity to Support Learning of Infants and Toddlers-2.012</p> <p>The facility shall provide a safe and clean space, both indoors and outdoors, and colorful material and equipment arranged to support learning. The facility shall provide opportunities for the child to act upon the environment by experiencing age-appropriate obstacles, frustrations, and risks in order to learn to manage inner feelings and resources, as well as the occurrences and demands of the outer world. The facility shall provide opportunities for play that:</p> <ul style="list-style-type: none"> Lessen the child's anxiety and help 	<p><i>Child-Focused Example</i> Iowa Early Learning Standards (p.73)</p> <p>Area 9 Social and Emotional Development Standard</p> <p>Rationale Children develop the ability to interact with peers respectfully and to form positive peer relationships.</p> <p>Benchmarks Improvements in social skills and reduction in aggression are linked to increases in communication, perspective-taking, memory skills, and self-regulation (Coie and Dodge, 1997). Young children behave more positively and engage in more positive social exchanges with friends than with nonfriends (Gottman, 1983). Children who become friends initiate contact, sustain interactions, and resolve conflicts better than do children who do not become friends (Gottman, 1983). In contrast, poor peer relationships predict later peer rejection (Coie and Dodge, 1997). Poor peer relationships and peer rejection are associated with later problems in school and life, including social isolation, aggression, loneliness, social dissatisfaction, and low self-worth (Hymel, Rubin, Rowden, and LeMare, 1990), as well as low academic performance, school avoidance, truancy, and delinquency (Ladd, 1990; Parker and Asher, 1987). Physical aggression decreases in most children during the preschool years. In contrast, verbal aggression tends to increase, at least until four years of age (Cairns, 1979).</p> <p>9.4 Peer Interactions</p> <p>The child:</p> <ol style="list-style-type: none"> sustains interactions with peers. develops friendships with other 	<p>Aggression/Self-Control Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>the child adapt to reality and resolve conflicts;</p> <ul style="list-style-type: none"> • Enable the child to explore the real world; • Help the child practice resolving conflicts; • Use symbols (words, numbers, and letters); • Manipulate objects; • Exercise physical skills; • Encourage language development; • Foster self-expression; • Strengthen the child's identity as a member of a family and a cultural community. <p>Personal Caregiver Relationships for 3- to 5-Year Olds-2.014</p> <p>Facilities shall provide opportunities for each child to build long-term, trusting relationships with a few caring caregivers by limiting the number of adults the facility permits to care for any one child in child care to a maximum of 8 adults in a given year and no more than 3 in a day.</p> <p>Expressive Activities for 3- to 5-Year Olds-2.017</p> <p>Caregivers shall encourage and enhance expressive activities that include play, painting, drawing, story telling, music, singing, dancing, and dramatic play.</p> <p>Fostering Cooperation of 3- to 5-Year Olds-2.018</p> <p>Facilities shall foster a cooperative rather than a competitive atmosphere.</p> <p>Handling Physical Aggression-2.040</p> <p>The facility shall use the teaching method described in STANDARD 2.039 immediately when it is important to show that aggressive physical behavior toward staff members or children is unacceptable. Caregivers shall intervene immediately when children become physically aggressive.</p> <p>HKHC Link(s):</p> <p>Biting</p>	<p>peers.</p> <ol style="list-style-type: none"> c. negotiates with others to resolve disagreements. d. takes turns with others. <p>Caregiving Supports With preschoolers, caregivers:</p> <ul style="list-style-type: none"> • provide time, space, and sufficient materials for each child to interact with peers in common activities (blocks, dramatic play) for lengthy periods of time (60 minutes or more at a time). • create situations in which each child needs to work with others to accomplish goals. • encourage each child, coaching them as needed, to resolve conflicts, respect the rights of others, and reach joint decisions. • point out and draw attention to different perspectives. <p><i>Program-Focused Example</i> Washington's Early Learning and Development Benchmarks: A Guide to Young Children's Learning and Development From Birth to Kindergarten Entry (p.54)</p> <p>Domain 2: Social and Emotional Development Sub-Domain: Social Development Interactions with Peers Goal: Children demonstrate positive negotiation skills. 18 to 36 months</p> <p>Some Indicators for Children:</p> <ul style="list-style-type: none"> • Uses adult help to take turns, including giving up and keeping toys and other objects • Asserts ownership by saying "mine" • Communicates with other children to settle arguments, with assistance • Indicates preferences and intentions by answering yes/no questions (e.g., "Are you done with that? Are you still using it? Can Javier use it now? Do you want to keep it?") <p>Some Strategies for Caregivers:</p> <ul style="list-style-type: none"> • Listen respectfully and respond to child's needs and requests 	
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<p>Discipline</p> <p>Respecting Differences</p>	<ul style="list-style-type: none"> • Discuss consequences of behavior, so child learns the “whys” for negotiation and compromise • Talk with child about rules, limits, and options and explain how they help people get along • Provide child with opportunities to make some choices • State feelings and intentions when interacting with child and others • Teach child to avoid aggressive behaviors (e.g., biting, hitting, racial name calling) • Set limits and show disapproval for aggressive behavior • Provide multiple copies of toys to reduce conflict in group settings • Demonstrate and explain effects of taking turns (e.g., “When you gave Emma a turn on the swing, she was glad because she didn’t have to wait anymore”) <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	
<p>Action Plan</p>		



Health and Safety Topic #1 I: Child Abuse

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Methods of Supervision-2.028</p> <p>Caregivers shall directly supervise <i>infants, toddlers, and preschool</i> children by sight and hearing at all times, even when the children are in sleeping areas. Caregivers shall not be on one floor level of the building, while children are on another floor.</p> <p><i>School-age</i> children shall be permitted to participate in activities off the premises with written approval by a parent and by the caregiver.</p> <p>Caregivers shall regularly count children on a scheduled basis, at every transition, and whenever leaving one area and arriving at another, to confirm the safe whereabouts of every child at all times. Developmentally appropriate child:staff ratios shall be met during all hours of operation, including indoor and outdoor play and field trips, following precautions for specific areas and equipment. No center-based facility shall operate with fewer than two staff members if more than six children are in care, even if the group otherwise meets the child:staff ratio. Although centers often downsize the number of staff for the early arrival and late departure times, another adult must be present to help in the event of an emergency. The supervision policies of centers and large family child care homes shall be written policies.</p> <p>Reporting Suspected Child Abuse, Neglect, Exploitation-3.053</p> <p>The facility shall report to the department of social services, child protective services, or police as required by state and local laws, in any instance where there is reasonable cause to believe that child abuse, neglect, or exploitation may have occurred.</p>	<p><i>Child-Focused Example</i> Alaska's Early Learning Guidelines (p.29)</p> <p>Domain I: Physical Health, Well-Being, and Motor Development Sub-Domain: Safety Safe Practices Goal: Children make safe choices, avoiding harmful objects and situations. 36 to 60 months</p> <p>Some Indicators for Children:</p> <ul style="list-style-type: none"> • Uses safe behaviors indoors and outdoors • Communicates to peers and adults when sees dangerous behaviors (e.g., throwing rocks on the playground) • Carries scissors and pencils with points down to avoid accidents • Looks both ways before crossing street or road, and knows to cross with adult assistance • Understands the difference between “safe touch” and “unsafe touch” <p>Some Strategies for Caregivers:</p> <ul style="list-style-type: none"> • Provide constant close adult supervision and guidance • Read stories in which children face harmful situations and discuss how they deal with them • Provide puppets, role-play materials and songs/ rhymes that help child focus on who and what can be trusted • Provide role-playing situations for child to practice personal safety • Demonstrate clear and consistent boundaries about harmful objects and situations (e.g., always put child in car safety seat, helmets for riding toys) when 	<p>Child Abuse Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



Instructions and Forms for Staff to Recognize and Report Child Abuse-[3.056](#)

Caregivers shall know methods for reducing the risks of child abuse and neglect. They shall know how to recognize common symptoms and signs of child abuse and neglect. Employees and volunteers in centers shall receive an instruction sheet about child abuse reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged solely because they have made a child abuse report. Some states have specific forms that are required to be completed when abuse is reported or which, though not required, assist mandated reporters in documenting accurate and thorough reports. In those states, facilities shall have such forms on hand and all staff shall be trained in the appropriate use of those forms.

Care for Children Who Have Been Abused-[3.057](#)

Child care providers in facilities where children with behavioral abnormalities related to abuse or neglect are enrolled, shall have access to specialized training and expert advice. The capacity of the child care setting to meet the needs of an abused child shall be assessed, with consultation from experts in the area.

Facility Layout to Reduce Risk of Abuse-[3.059](#)

The physical layout of facilities shall be arranged so that all areas can be viewed by at least one other adult in addition to the caregiver at all times when children are in care. Such a layout reduces the risk of abuse and likelihood of extended periods of time in isolation for individual caregivers with children, especially in areas where children may be partially undressed or in the nude. Video surveillance equipment, parabolic mirrors, or other devices designed to improve visual access shall be installed to enhance safety for the children.

traveling in a vehicle)

- **Keep guns away from children**
- **Become familiar with the risk factors and signs of child abuse and neglect.**

Program-Focused Example
[Alaska's Early Learning Guidelines](#) (p.45)

Domain I: Physical Health, Well-Being, and Motor Development

Sub-Domain: Safety

Safe Practices

Goal: Children make safe choices, avoiding harmful objects and situations.

Birth to 18 months

Some Indicators for Children:

- Responds to cues from caregivers about warnings of danger
- Shows recognition of the difference between primary caregivers and strangers
- Reacts when caregiver says “no” but may need assistance to stop unsafe behavior

Some Strategies for Caregivers:

- **Provide constant close adult supervision and guidance**
- **Demonstrate clear and consistent boundaries about harmful objects and situations** (e.g., always use car safety seats, life jackets, and bicycle helmets when traveling)
- **Understand the risk factors and signs of child abuse and neglect and respond appropriately.**

For references to the state early learning guidelines used see [State Early Learning Guidelines Used in Examples](#)



<p>HKHC Link(s):</p> <p>Supervision</p> <p>Child Abuse</p>		
<p>Action Plan</p>		



Health and Safety Topic #12: Emergency Preparedness

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Emergency Procedures-3.048</p> <p>When an immediate response is required, the following emergency procedures shall be utilized:</p> <ol style="list-style-type: none"> First aid shall be employed, and the emergency medical response team shall be called, as indicated; The facility shall implement a plan for emergency transportation to a local hospital or health care facility; The parent or parent's emergency contact person shall be called as soon as practical; A staff member shall accompany the child to the hospital and will stay with the child until the parent or emergency contact person arrives. <p>Written Plan for Medical Emergency-3.049</p> <p>Facilities shall have a written plan for immediate management and rapid access to medical care as appropriate to the situation. This plan shall:</p> <ol style="list-style-type: none"> Describe for each child any special emergency procedures that will be used, if required, by the caregiver or by a physician or registered nurse available to the caregiver; Note any special medical procedures, if required by the child's condition, that will be used or might be required for the child while he/she is in the facility's care, including the possibility of a need for cardiac resuscitation; Include in a separate format, any information to be given to an emergency responder in the event that one must be called to the facility for the child. This information shall include: <ol style="list-style-type: none"> Any special information needed by the emergency responder to 	<p><i>Child-Focused Example</i> Arizona Department of Education Early Learning Standards (p.8)</p> <p>STRAND 3: SAFETY Concept 1: Safety, Injury Prevention Child demonstrates knowledge of personal safety practices and routines. Children demonstrate awareness and understanding of personal and environmental safety rules and how to keep themselves safe. These principles should be relevant to Arizona and to the community/region in which the child lives.</p> <p>d. Demonstrates Emergency Safety Practices</p> <ul style="list-style-type: none"> Emergency Routines <p>Examples in the Context of Daily Routines, Activities, and Play:</p> <ul style="list-style-type: none"> While playing, a child tells a friend to call 911 because the "doll is hurt." Playing fire fighter, a child tells her friend to "Stop, Drop and Roll!" <p><i>Program-Focused Example</i> Alaska's Early Learning Guidelines (p.49)</p> <p>Domain I: Physical Health, Well-Being, and Motor Development Sub-Domain: Safety Rules and Regulations Goal: Children demonstrate awareness and understanding of safety rules. 36 to 60 months</p> <p>Some Indicators for Children:</p> <ul style="list-style-type: none"> Identifies safety signs posted around the classroom and home Follows emergency drill instruction (e.g., fire, earthquake, tsunami, bomb, lockdown) Follows basic safety rules, with 	<p>Emergency Preparedness Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



<p>respond appropriately to the child's condition;</p> <p>2. A listing of the child's health care providers in the event of an emergency.</p> <p>Response to Fire and Burns-3.052</p> <p>Children shall be instructed to STOP, DROP, and ROLL when garments catch fire. Children shall be instructed to crawl on the floor under the smoke. Cool water shall be applied to burns immediately. The injury shall be covered with a loose bandage or clean cloth.</p> <p>Bike Routes-5.241</p> <p>For facilities providing care for <i>school-age</i> children and permitting bicycling as an activity, the bike routes allowed shall be reviewed and approved in writing by the local police and taught to the children in the facility.</p> <p>Vehicle Child Restraint Systems-5.236</p> <p>Age and size appropriate vehicle child restraint systems shall be used for children under 80 pounds and 4 feet 9 inches. Vehicle child restraint systems shall be secured in back seats only. <i>Infants</i> shall ride facing the back of the car until they have reached one year of age and weigh at least 20 pounds. A booster child safety seat shall be used when the child has outgrown a convertible child safety seat but is too small to fit properly in a vehicle safety belt. All children, who weigh at least 80 pounds are at least 4 feet 9 inches in height, shall wear seatbelts.</p> <p>Safety Helmets-5.242</p> <p>All children shall wear approved safety helmets while riding toys with a wheel-base of more than 20 inches in diameter. Approved helmets shall meet the standards of either the U.S. Consumer Product Safety Commission (CPSC), American Society for Testing and Materials (ASTM), or the Snell Memorial Foundation.</p>	<p>assistance (e.g., bus, bicycle, boats, planes, playground, crossing the street, stranger awareness, using sidewalk, boardwalk, dock)</p> <ul style="list-style-type: none"> • Initiates getting buckled into age- and weight appropriate car safety seat in vehicles • Puts on or asks for helmet before riding a bicycle or other wheeled toy <p>Some Strategies for Caregivers:</p> <ul style="list-style-type: none"> • Discuss safety rules with child (e.g., holding hands in crowds, around small aircraft, wearing a personal flotation device, wearing a bike helmet) • Talk with children about fire safety (e.g. "Give matches and lighters to an adult") • Provide opportunities for child to practice appropriate emergency drills (e.g., fire, earthquake, bomb) • Provide basic safety equipment for all of child's activities • Provide opportunities for child to learn and practice water safety • Discuss safety rules regarding wilderness and animal safety (e.g. guns, motor craft, matches, propane, and water safety) • Model safe practices (e.g. personal flotation, helmets, fire safety) <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	
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Written Evacuation Plan-8.024

The facility shall have a written plan for reporting and evacuating in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, bomb threat, or other disaster that could create structural damages to the facility or pose health and safety hazards to the children and staff. The facility shall also include procedures for staff training on this emergency plan.

**Implementing Evacuation Drills-
8.025**

Evacuation drills for natural disasters shall be practiced in areas where they occur:

- a. Tornadoes, on a monthly basis in tornado season;
- b. Floods, before the flood season;
- c. Earthquakes, every 6 months;
- d. Hurricanes, annually.

HKHC Link(s):

[Emergency Preparedness](#)

Action Plan



Health and Safety Topic #13: Fire Drills

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Response to Fire and Burns-3.052 Children shall be instructed to STOP, DROP, and ROLL when garments catch fire. Children shall be instructed to crawl on the floor under the smoke. Cool water shall be applied to burns immediately. The injury shall be covered with a loose bandage or clean cloth.</p> <p>Written Evacuation Plan-8.024 The facility shall have a written plan for reporting and evacuating in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, bomb threat, or other disaster that could create structural damages to the facility or pose health and safety hazards to the children and staff. The facility shall also include procedures for staff training on this emergency plan.</p> <p>Approval and Implementation of Fire Evacuation Procedure-8.027 A fire evacuation procedure shall be approved by a fire inspector for centers and by a local fire department representative for large and small family child care homes during an annual on-site visit when an evacuation drill is observed and the facility is inspected for fire safety hazards. The procedure shall be practiced at least monthly from all exit locations at varied times of the day and during varied activities, including nap time.</p> <p>HKHC Link(s): Emergency Preparedness</p>	<p><i>Child- and Program-Focused Example</i> Utah Pre-Kindergarten Guidelines (p.45)</p> <p>Guideline II: The child develops an understanding of health and safety. Objective 3: Practices safety procedures. a. Follows indoor safety rules. Possible Strategies</p> <ul style="list-style-type: none"> • Model walking inside the building, regardless of time constraints. • Play Follow the Leader while walking through the building. • Explain why walking indoors is important. • Enforce and model emergency drill procedures and have children practice during regularly scheduled as well as unscheduled times. <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	<p>Fire Drills Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>
<p>Action Plan</p>		



Health and Safety Topic #14: Inaccessibility of Toxic Substances

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Use and Storage of Toxic Substances-5.100</p> <p>The following items shall be used as recommended by the manufacturer and shall be stored in the original labeled containers:</p> <ul style="list-style-type: none"> a. Cleaning materials; b. Detergents; c. Automatic dishwasher detergents; d. Aerosol cans; e. Pesticides; f. Health and beauty aids; g. Medications; h. Lawn care chemicals i. Other toxic materials. <p>They shall be used only in a manner that will not contaminate play surfaces, food, or food preparation areas, and that will not constitute a hazard to the children. All chemicals used inside or outside shall be stored in their original containers in a safe and secure manner, well away from food. These chemicals shall be used according to manufacturers' instructions, and in a manner that will not contaminate play surfaces or articles. When not in actual use, toxic materials shall be kept in a locked room or cabinet, fitted with a child-resistive opening device, inaccessible to children, separate from stored medications and food. Chemicals used in lawn care treatments shall be limited to those listed for use in areas that can be occupied by children.</p> <p>Use of a Poison Control Center-5.101</p> <p>The poison control center shall be called for advice about any exposure to toxic substances, or any ingestion emergency. The advice shall be followed and documented in the facility's files. The</p>	<p><i>Child-Focused Example</i> Iowa Early Learning Standards (p.54)</p> <p>Area 7 Physical Well-Being and Motor Development Standard Rationale Children understand healthy and safe living practices. Benchmarks Children's physical well-being provides the foundation for their ability to learn. Young children are beginning to establish life-long eating habits that can help prevent disease, obesity, and other health problems (U. S. Department of Health and Human Services, 1996). Healthy eating provides needed nourishment for children's brains and for their physical activities. Accidents are the chief cause of death in young children (Maternal and Child Health Bureau, 2003). Appropriate levels of risk encourage exploration without undermining children's safety. Even very young children can begin to learn about personal safety. 7.1 Healthy and Safe Living The child: 3. demonstrates safe behaviors regarding environment (stranger, tornado, fire, traffic), substances (drugs, poisons), and objects (guns, knives, scissors). Caregiving Supports With preschoolers, caregivers:</p> <ul style="list-style-type: none"> • teach each child to use medications with caregiver supervision and to avoid poisons. • uses adaptive equipment to help children with special needs develop self-help skills. <p><i>Program-Focused Example</i> Pennsylvania Early Learning Standards for Infants and Toddlers (p.47)</p>	<p>Inaccessibility of Toxic Substances Content:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Content absent <input type="checkbox"/> Content to be strengthened <input type="checkbox"/> Content approaches CFOC



<p>caregiver shall tell the poison information specialist and/or physician the following information:</p> <ol style="list-style-type: none"> The child's age and sex; The substance involved; The estimated amount; The child's condition; The time elapsed since ingestion or exposure. <p>The caregiver shall not induce vomiting unless instructed by the Poison Control Center.</p> <p>Proper Use of Arts and Crafts Materials-5.105</p> <p>Only arts and crafts materials that are labeled nontoxic in accordance with the Labeling of Hazardous Art Material Act (LHAMA), 15 U.S.C. 1277 and the American Society for Testing and Materials (ASTM) D4236-94 Standard Practice for Labeling Art Materials for Chronic Health Hazards shall be used in the child care facility. The facility shall prohibit use of old or donated materials with potentially harmful ingredients. Caregivers shall closely supervise all children using art materials and shall make sure art materials are properly cleaned up and stored in original containers that are fully labeled. Caregivers shall have emergency protocols in place in the event of an injury, poisoning, or allergic reaction. When using these materials, children and staff shall not be eating or drinking.</p> <p>HKHC Link(s):</p> <p>Toxic Substances</p>	<p>Creative Expression Creative Expression Indicator Use of Art Forms Show interest in handling art materials. Examples The infant/toddler will: Hold large crayons, move them between hands, and engage in random scribbling. Supportive Practices The adult will: Use non-toxic materials. Keep art materials stored out of reach. Provide supervised opportunities to explore safe and appropriate media in visual arts (e.g., finger-painting with water, drawing with crayons, etc.).</p> <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	
<p>Action Plan</p>		



Health and Safety Topic #15: Outdoor Playground Safety

Caring for Our Children (CFOC) Standards and Healthy Kids, Healthy Care Links [Tips for Parents]	Selected States' Early Learning Guidelines	State Assessment
<p>CFOC Standard(s):</p> <p>Playing Outdoors-2.009</p> <p>Children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for <i>infants</i> may include riding in a carriage or stroller; however, <i>infants</i> shall be offered opportunities for gross motor play outdoors, as well.</p> <p>Weather that poses a significant health risk shall include wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service.</p> <p>Air quality conditions that pose a significant health risk shall be identified by announcements from local health authorities or through ozone (smog) alerts. Such air quality conditions shall require that children remain indoors where air conditioners ventilate indoor air to the outdoors. Children with respiratory health problems such as asthma shall not play outdoors when local health authorities announce that the air quality is approaching unhealthy levels. Children shall be protected from the sun by using shade, sun-protective clothing, and sunscreen with UVB-ray and UVA-ray protection of SPF-15 or higher, with permission as described in STANDARD 3.081, during outdoor play. Before prolonged physical activity in warm weather, children shall be well-hydrated and shall be encouraged to drink water during the activity. In warm weather, children's clothing shall be light-colored, lightweight, and limited to one layer of absorbent material to facilitate the evaporation of sweat. Children shall wear sun-protective clothing, such as hats, long-sleeved shirts and pants, when playing outdoors between the hours of 10 AM and 2 PM.</p> <p>In cold weather, children's clothing shall</p>	<p><i>Child-Focused Example</i> Arizona Department of Education Early Learning Standards (p.7)</p> <p>STRAND 3: SAFETY Concept 1: Safety, Injury Prevention Child demonstrates knowledge of personal safety practices and routines. Children demonstrate awareness and understanding of personal and environmental safety rules and how to keep themselves safe. These principles should be relevant to Arizona and to the community/region in which the child lives.</p> <p>Indicators:</p> <p>a.</p> <ul style="list-style-type: none"> • Playground safety <p>Examples in the Context of Daily Routines, Activities, and Play:</p> <ul style="list-style-type: none"> • Child keeps a safe distance from moving swings. • Child goes down the slide feet first. <p>For references to the state early learning guidelines used see State Early Learning Guidelines Used in Examples</p>	<p>Outdoor Playground Safety Content:</p> <p><input type="checkbox"/> Content absent</p> <p><input type="checkbox"/> Content to be strengthened</p> <p><input type="checkbox"/> Content approaches CFOC</p>



be layered and dry. Caregivers shall check children's extremities for maintenance of normal color and warmth at least every 15 minutes when children are outdoors in cold weather.

Design of Play Equipment-5.181

Play equipment shall be of safe design and in good repair. Outdoor climbing equipment and swings shall be set in concrete footings located at least 6 inches below ground surface. Swings shall have soft and flexible seats. Access to play equipment shall be limited to age groups for which the equipment is developmentally appropriate.

Prohibited Surfaces for Placing Climbing Equipment-5.183

Equipment used for climbing shall not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing equipment.

All pieces of playground equipment shall be surrounded by a shock-absorbing surface. This material may be either the unitary or the loose-fill type, as defined by the guidelines of the U.S. Consumer Product Safety Commission (CPSC) and the standard of the American Society for Testing and Materials (ASTM), extending at least 6 feet beyond the perimeter of the stationary equipment. These shock-absorbing surfaces must conform to the standard stating that the impact of falling from the height of the structure will be less than or equal to peak deceleration 200G and a Head Injury Criterion (HIC) of 1000 (63). Organic materials that support colonization of molds and bacteria shall not be used. This standard applies whether the equipment is installed outdoors or indoors.

Enclosure of Moving Parts on Play Equipment-5.184

All pieces of play equipment shall be designed so moving parts (swing components, teeter-totter mechanism, spring-ride springs, and so forth) will be



shielded or enclosed.

**Material Defects and Edges on Play
Equipment-[5.185](#)**

All pieces of play equipment shall be free of sharp edges, protruding parts, weaknesses, and flaws in material construction. Sharp edges in wood, metal, or concrete shall be rounded to a minimum of inch radius on all edges. Wood materials shall be sanded smooth and shall be inspected regularly for splintering.

**Entrapment Hazards of Play
Equipment-[5.186](#)**

All pieces of play equipment shall be designed to guard against entrapment or situations that may cause strangulation by being too large for a child's head to get stuck or too small for a child's head to fit into. Openings in exercise rings shall be smaller than 3½ inches or larger than 9 inches in diameter. A play structure shall have no openings with a dimension between 3½ inches and 9 inches. In particular, side railings, stairs, and other locations where a child might slip or try to climb through shall be checked for appropriate dimensions. Protrusions such as pipes or wood ends that may catch a child's clothing are prohibited. Distances between two vertical objects that are positioned near each other shall be 3½ inches or less to prevent entrapment of a child's head. No opening shall have a vertical angle of less than 55 degrees. To prevent entrapment of fingers, no openings shall be larger than 3/8 inch or smaller than 1 inch.

**Removal of Hazards from Outdoor
Areas-[5.194](#)**

All outdoor activity areas shall be maintained in a clean and safe condition by removing:

- a. Debris;
- b. Dilapidated structures;
- c. Broken or worn play equipment;
- d. Building supplies and equipment;
- e. Glass;
- f. Sharp rocks;



<p>g. Stumps and roots; h. Twigs; i. Toxic plants; j. Anthills; k. Beehives and wasp nests; l. Unprotected ditches; m. Wells; n. Holes; o. Grease traps; p. Cisterns; q. Cesspools; r. Unprotected utility equipment; s. Other injurious material.</p> <p>Holes or abandoned wells within the site shall be properly filled or sealed. The area shall be well-drained, with no standing water.</p> <p>A maintenance policy for playgrounds and outdoor areas shall be established and followed.</p> <p>HKHC Link(s):</p> <p>Injury Prevention</p> <p>Playground Safety</p>		
<p>Action Plan</p>		



Overall Health and Safety Profile

Purpose: This Profile document is provided for you and your team to create a summary of your findings. After you have reviewed each topical area in the [Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines](#), you can use this summary as a quick way to determine the status of health and safety content in your Early Learning Guidelines. You and your team(s) can also use the Overall Health and Safety Profile to summarize desirable action steps you develop during your ELG review.

Summary of Assessments

State/Territory Document Title: _____		Date: _____	
Assessments completed by: _____			
ELG Assessment	COLUMN A Content absent	COLUMN B Content to be strengthened	COLUMN C Content approaches CFOC
Handwashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: _____ _____ _____		
Illness (cough, cold, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: _____ _____ _____		
Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: _____ _____ _____		
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: _____ _____ _____		



Speech/Language Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: <hr/> <hr/> <hr/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: <hr/> <hr/> <hr/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: <hr/> <hr/> <hr/>		
Aggression/Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: <hr/> <hr/> <hr/>		
Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: <hr/> <hr/> <hr/>		
Fire Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Action Steps: <hr/> <hr/> <hr/>		



State Early Learning Guidelines Used in Examples

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Targeted Age Range

State/territory Early Learning Guidelines (ELGs) are designed for children from birth to age five. Some states/territories created separate documents for birth to age three and for age three to five, while others offer a single, inclusive birth to five document. To assist state/territory efforts in assessing the applicability of particular *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 2nd Edition (CFOC)* standards to their ELGs, age references within the standards are italicized (i.e., **Infants, Toddlers, Preschoolers, and School-age Children**).

Child-focused and Program-focused Guidelines

While the majority of Early Learning Guidelines (ELGs) focus on tasks for the child's mastery, some health and safety topics included in the *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines* (e.g., immunizations) must be accomplished for the child by the program or adult. Some tasks transition from program to child responsibility as the child develops (e.g., diapering to toileting). Other topics require both program- and child-centered elements (e.g., programs must conduct fire drills and children must learn to follow fire drill procedures; programs must keep toxic substances safely stored and children must learn to recognize and avoid unsafe substances). Several ELG documents reflect this interplay between program- and child-focused guidelines. Therefore, health and safety issues related to both program- and child-focused guidelines are addressed in the *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines*.

Children with Special Needs

During a National Resource Center for Health and Safety in Child Care and Early Education (NRC) study on health and safety topics in state's Early Learning Guidelines (ELG) (2006-2007), several states reported "children with special needs" as a health and safety topic that they would like to strengthen and/or add to their ELGs. The *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines* addresses health and safety concerns for all young children. Following the publication of *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 2nd Edition (CFOC)*, the NRC compiled a subset of 101 CFOC standards related to the care of children with special needs for providers and educators asking for more guidance children. The specialized compilation, *Children with Special Needs, Applicable Standards from: Caring for Our Children*, may supplement standards presented in the *Toolkit for Integrating Healthy Physical and Mental Development in Early Learning Guidelines* and is accessible at <http://nrc.uchsc.edu/SPINOFF/CSN/CSN.pdf>.



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