Iowa Child Care
Health and Safety Assessment
Health Policy Reference Sheet

HEALTH AND SAFETY WRITTEN POLICY.[1]

Child care providers are required to have written policies to govern the practices and procedures conducted in child care. The child care nurse consultant is responsible for assessing written policies using standard criteria. The best practice standards are taken from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs,* 4th ed. 2019.

1. CARE OF MILDLY ILL OR TEMPORARILY DISABLED CHILDREN

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (8-9 criteria)

☐ **109.10(5)** Health and Safety Policies. Does the center have a written policy regarding excluding sick children from the center?
☐ **109.10(2)** Medical and dental emergencies. Does the center have written policy regarding authorization and seeking emergency medical or dental care?
☐ **109.10(3)** Medications. Does the center have written policy regarding administration of medication (over-the-counter and prescribed)?
☐ **109.10(4)** Daily Contact. Does the center have written policy regarding each child having direct contact with a staff person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior which may adversely affect the child or the group?
☐ **109.10(5)** Infectious Disease Control. Does the center have written policy related to infectious disease control and the use of universal precautions (UP) when handling body excrement/discharge, including blood (UP is no longer required for handling breast milk).
☐ **109.10(5**) Infectious Disease Control. Does the center have written policy regarding disposal of soiled diapers in containers separate from other waste?
☐ **109.10(6)** Quiet Area for Ill or Injured. Does the center have written policy regarding provision of a quiet area under supervision for a child who appears to be ill or injured?
☐ **109.10(6)** Quiet Area for Ill or Injured. Does the center have written policy regarding notification of the parents or designated person when there is a change in the child's health status in the event of a serious illness or emergency?

Get-Well Centers: If the center is licensed as a get-well center then the following policy is required:
☐ **109.14(2)** Health policy. Does the center have health policy regarding triage of ill children and securing health related services including emergency services?

[1] The CCNC shall use the Iowa Department of Human Services child care regulations (Comm. 143 and 204), Iowa Quality Preschool Program Standards (2017) and Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care. 4th edition 2019.

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (2 criteria)

☐ **110.8 (1) p** Does the provider have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies?

☐ **110.8 (1) q** Does the provider have written policy and procedures for responding to health-related emergencies?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Promoting and Protecting Children's Health and Controlling Infectious Disease. Page 11.

☐ **5.3.** Does the facility have written policy regarding that staff and teachers provide information to families verbally and in writing about exposure to communicable disease, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home?

CARING FOR OUR CHILDREN (6 criteria)

☐ **Standard 1.4.1.1** PRESERVICE AND ONGOING STAFF TRAINING.

Does the center have written policy regarding staff training? Upon employment, directors of a center or lead caregiver of a family child care home should provide document of at least 30 clock hours of training in health, psychosocial, and safety issues for out-of-home child care facilities.

Small family child care home providers may have 90 days to secure such training after opening except in basic health and safety procedures and regulatory requirements.

All directors or program administrators and caregivers/teachers should document receipt of pre-service training prior to working with children that includes the following content on basic program operations:

a. Typical and atypical child development and appropriate best practice for a range of developmental and mental health needs including knowledge about the developmental stages for the ages of children enrolled in the facility;
b. Positive ways to support language, cognitive, social, and emotional development including appropriate guidance and discipline;
c. Developing and maintaining relationships with families of children enrolled, including the resources to obtain supportive services for children's unique developmental needs;
d. Procedures for preventing the spread of infectious disease, including hand hygiene, cough and sneeze etiquette, cleaning and disinfection of toys and equipment, diaper changing, food handling, health department notification of reportable diseases, and health issues related to having animals in the facility;
e. Teaching child care staff and children about infection control and injury prevention through role modeling;
f. Safe sleep practices including reducing the risk of Sudden Infant Death Syndrome (SIDS) (infant sleep position and crib safety);
g. Shaken baby syndrome/abusive head trauma prevention and identification, including how to cope with a crying/fussy infant;
h. Poison prevention and poison safety;
i. Immunization requirements for children and staff;
j. Common childhood illnesses and their management, including child care exclusion policies and recognizing signs and symptoms of serious illness;
k. Reduction of injury and illness through environmental design and maintenance;
l. Knowledge of U.S. Consumer Product Safety Commission (CPSC) product recall reports;

m. Staff occupational health and safety practices, such as proper procedures, in accordance with Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations;
n. Emergency procedures and preparedness for disasters, emergencies, other threatening situations (including weather-related, natural disasters), and injury to infants and children in care;
o. Promotion of health and safety in the child care setting, including staff health and pregnant workers;
p. First aid including CPR for infants and children;
q. Recognition and reporting of child abuse and neglect in compliance with state laws and knowledge of protective factors to prevent child maltreatment;
r. Nutrition and age-appropriate child-feeding including food preparation, choking prevention, menu planning, and breastfeeding supportive practices;
s. Physical activity, including age-appropriate activities and limiting sedentary behaviors;
t. Prevention of childhood obesity and related chronic diseases;
u. Knowledge of environmental health issues for both children and staff;
v. Knowledge of medication administration policies and practices;
w. Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities Act (ADA);
x. Strategies for implementing care plans for children with special health care needs and inclusion of all children in activities;
y. Positive approaches to support diversity;
z. Positive ways to promote physical and intellectual development.

☐ **Standard 3.6.2.1** INCLUSIONS AND EXCLUSION OF CHILDREN FROM FACILITIES THAT SERVE ILL CHILDREN.
Child Care Centers: Is the center licensed as a Get-Well Center in Iowa? If the center IS licensed as a Get-Well Center, does the center have a listing of conditions or symptoms that the center will excludes from attendance?
Child Development Homes: Does the child care provider care for ill children? If the provider does care for ill children, does the provider have a listing of conditions/symptoms that the provider excludes from attendance?

☐ **Standard 9.2.3.3** WRITTEN POLICY FOR REPORTING NOTIFIABLE DISEASES TO THE HEALTH DEPARTMENT.

Does the facility have written policy regarding reporting communicable diseases to the local health department? The facility shall have a written policy that complies with the state's reporting requirements for ill children. All communicable diseases shall be reported to the health department. The facility shall have the telephone number of the responsible health authority to whom confirmed or suspected cases of these diseases, or outbreaks of other communicable diseases, shall be reported, and shall designate a staff member as responsible for reporting the disease.

☐ **Standard 7.6.1.1** DISEASE RECOGNITION AND CONTROL OF HBV INFECTION.
Does the center have written policy regarding inclusion and exclusion of children known to be infected with HBV and the immunization of children with HBV as part of their routine childhood immunizations? Facilities shall have written policies for inclusion and exclusion of

children known to be infected with hepatitis B virus (HBV) and immunization of children with hepatitis B vaccine as part of their routine immunization schedule. When a child who is an HBV carrier is admitted to a facility, the facility director or the caregiver usually responsible for the child shall be informed.

Children who carry HBV chronically and who have no behavioral or medical risk factors, such as aggressive behavior (biting and frequent scratching), generalized dermatitis (weeping skin lesions), or bleeding problems shall be admitted to the facility without restrictions.

Testing of children for HBV shall not be a prerequisite for admission to facilities.

With regard to infection control measures, every person shall be assumed to be an HBV carrier. Child care personnel shall adopt standard precautions, as outlined in Prevention of Exposure to Blood, STANDARD 3.2.3.4
Toys and objects that young children (infants and toddlers) mouth shall be cleaned and sanitized, as stated in STANDARD 3.3.0.1 through STANDARD 3.3.0.2.

Toothbrushes shall be individually labeled so that the children do not share toothbrushes, as specified in STANDARD 3.1.5.2.

☐ **Standard 3.6.1.1** CONTENT AND DEVELOPMENT OF THE PLAN FOR CARE OF ILL CHILDREN AND CAREGIVERS.
Does the center or home have a written plan for how they will care for children who are ill?
Preparing for Managing Illness

a. With a child care health consultant, develop protocols and procedures for handling children's illnesses, including care plans and an inclusion/exclusion policy.
b. Review with all families the inclusion/exclusion criteria. Clarify that the program staff (not the families) will make the final decision about whether children who are ill may attend. The decision will be based on the program's inclusion/exclusion criteria and the staff's ability to care for the child who is ill without compromising the care of other children in the program.
c. Encourage all families to have a backup plan for child care in the event of short- or long-term exclusion.
d. Consider the family's description of the child's behavior to determine whether the child is well enough to return, unless the child's status is unclear from the family's report.
e. Require, if necessary, a primary health care provider's note to readmit a child to determine whether the child is a health risk to others or if guidance is needed about any special care the child requires.

Daily health checks should be performed on arrival of each child each day. Staff should objectively determine if the child is ill or well.
Staff should determine which children with mild illnesses can remain in care and which need to be excluded.
Staff should notify the parent/guardian when a child develops new signs or symptoms of illness. Parent/guardian notification should be immediate for emergency or urgent issues.
Staff should notify parents/guardians of children who have symptoms that require exclusion, and parents/guardians should remove the child from the child care setting as soon as possible.
For children whose symptoms do not require exclusion, verbal or written notification of the parent/guardian at the end of the day is acceptable.

Most conditions that require exclusion do not require a primary health care provider visit before reentering care.

☐ **Standard 3.4.3.1** EMERGENCY MEDICAL PROCEDURES
Does the facility shall have a written plan for handing emergency medical procedures?

In the event of an emergency, the following emergency procedures should be carried out:

a. First aid should begin, and contact should be made with an emergency medical response team, such as 911 and/or Poison Control (1-800-222-1222).
b. Plans to transport the ill or injured person(s) to a local emergency medical facility should be followed.
c. The parent/guardian or emergency contact person should be contacted immediately.
d. A staff member should accompany the child or adult to the hospital and stay with the individual until the parent/guardian or emergency contact person arrives. Child to staff ratio should be maintained, additional staff may be needed to maintain the required ratio.
e. Debriefing should occur after an incident or emergency. Staff should discuss procedures, how well they were followed, and any changes that may need to be made.

Children with known medical conditions that might involve emergent care require a care plan created with the child's primary health care provider in collaboration with the child's parents/guardians. All staff need to be trained to manage an emergency until emergency medical care becomes available. Staff training in carrying out emergency medical procedures and plans, as well as providing first aid, should be conducted, at a minimum, annually.

The written medical emergency procedures and policies should be reviewed and practiced regularly, as well as immediately following an emergency, if changes are made to the facility or equipment, or if the needs of the children change

2. CLEANING AND SANITIZING ENVIRONMENT, TOYS, AND EQUIPMENT

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (7 criteria)

☐ **109.15(5), 109.11(3)** Required written policies. Does the facility have written policies covering health and safety that include cleaning, sanitizing and disinfecting equipment, surfaces, and toys?
☐ **109.4(2)d.** Does the facility have a written policy regarding staff orientation to the center's policies and to the provisions of 441—Chapter 109 where applicable to staff?
☐ **109.4(2)e.** Does the facility have written policy regarding ongoing training and staff development in compliance with professional growth and development requirements established by the department in rule 441—109.7(237A)?
☐ **109.4(2)f.** Does the facility have a policy regarding making available for review a copy of the center's policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center?
☐ **109.10(5)** Health and Safety Policies. Infectious disease control. Does the facility have policies and procedures related to infectious disease control and the use of universal precautions with the handling of blood and body fluids? Soiled diapers shall be stored in containers separate from other waste?

☐ **109.10(14)** Pets. Does the facility have written policy regarding maintaining animals and pets in a clean and sanitary manner?
☐ **109.15(5), 109.11(3)** Health policies. Does the facility have written policy regarding facility sanitation and infection control?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

There are no specific policy requirements for this item.
☐ **110.8(237A)** Health and safety. Are conditions in the home sanitary?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Maintaining a Healthful Environment. Page 16.
☐ **5.18** Does the facility have a policy for routine frequency of cleaning and sanitizing all surfaces in the facility?

CARING FOR OUR CHILDREN (6 criteria)

☐ **STANDARD 3.2.1.4** DIAPER CHANGE PROCEDURE.
Does the provider have written policy regarding cleaning/disinfecting of diaper changing area?
Step 7: Clean and disinfect the diaper-changing surface.

a. Dispose of the disposable paper liner used on the diaper-changing surface in a plastic-lined, hands-free covered can.
b. If clothing was soiled, securely tie the plastic bag used to store the clothing and send the bag home.
c. Remove any visible soil from the changing surface with a disposable paper towel saturated with water and detergent, and then rinse.
d. Wet the entire changing surface with a disinfectant that is appropriate for the surface material you are treating. Follow the manufacturer's instructions for use and dwell time.
e. Put away the disinfectant. Some types of disinfectants may require rinsing the changing table surface with fresh water afterward.

☐ **STANDARD 3.3.0.1** ROUTINE CLEANING, SANITIZING AND DISINFECTING.
Does the provider have written policy regarding timeliness of cleaning, sanitizing and disinfecting of the environment, toys and equipment? Keeping objects and surfaces in a child care setting as clean and free of pathogens as possible requires a combination of:

a. Frequent cleaning; and
b. When necessary, an application of a sanitizer or disinfectant.

Facilities should follow a routine schedule of cleaning, sanitizing, and disinfecting as outlined in Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting. Cleaning, sanitizing and disinfecting products should not be used in close proximity to children, and adequate ventilation should be maintained during any cleaning, sanitizing or disinfecting procedure to prevent children and caregivers/teachers from inhaling potentially toxic fumes.

☐ **STANDARD 3.3.0.2** CLEANING AND SANITIZING TOYS.
Does the provider have written policy regarding types of toys and cleaning/sanitizing of toys? Toys that cannot be cleaned and sanitized should not be used. Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion should be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried or in a mechanical dishwasher that meets the requirements of Standard 4.9.0.11 through Standard 4.9.0.13. Play with plastic or play foods, play dishes and utensils, should be closely supervised to prevent shared mouthing of these toys.

Machine washable cloth toys should be used by one individual at a time. These toys should be laundered before being used by another child.

Indoor toys should not be shared between groups of infants or toddlers unless they are washed and sanitized before being moved from one group to the other.

☐ **STANDARD 4.3.1.5** PREPARING, FEEDING, AND STORING INFANT FORMULA.
Does the facility serve infants?
Does the facility have written policy regarding cleaning and sanitizing bottles, nipples (including pacifiers)? Only cleaned and sanitized bottles, or their equivalent, and nipples shall be used. Does the facility have a written policy regarding preparing, feeding and storing of infant formula? Refer to Standard 4.3.1.5

☐ **STANDARD 4.8.0.3** MAINTENANCE OF FOOD SERVICE SURFACES AND EQUIPMENT.
Does the facility have written policy regarding cleaning and sanitizing food preparation surfaces?
All surfaces that come into contact with food, including tables and countertops, as well as floors and shelving in the food preparation area should be in good repair, free of cracks or crevices, and should be made of smooth, nonporous material that is kept clean and sanitized. All kitchen equipment should be clean and should be maintained in operable condition according to the manufacturer's guidelines for maintenance and operation. The facility should maintain an inventory of food service equipment that includes the date of purchase, the warranty date, and a history of repairs.

☐ **STANARD 5.4.2.2 and 5.4.2.3** HANDWASHING SINKS FOR DIAPER CHANGING IN CENTERS AND HOMES
Does the facility have a policy regarding handwashing sinks and diaper changing areas?

Handwashing sinks in centers should be provided within arm's reach of the caregiver/teacher to diaper changing tables and toilets. A minimum of one handwashing sink should be available for every two changing tables. Where infants and toddlers are in care, sinks and diaper changing tables should be assigned for use to a specific group of children and used only by children and adults who are in the assigned group as defined by Standard 5.4.2.1. Handwashing sinks should not be used for bathing or removing smeared fecal material.

Handwashing sinks in large and small family child care homes should be supplied for diaper changing, as specified in Standard 5.4.2.2, except that they should be within ten feet of the changing table if the diapering area cannot be set up so the sink is adjacent to the changing table. If diapered toddlers and preschool-age children are in care, a stepstool should be available at the handwashing sink, as specified in Standard 5.4.1.10, so smaller children can stand at the sink to wash their hands. Handwashing sinks should not be used for bathing or removing smeared fecal material.

3. EMERGENCY PREPAREDNESS

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (9 criteria)

☐ **109.10(15)** Required written policies. b. Does the provider have written health and safety policy that includes preparation and responding to emergencies?

☐ **109.7(1**) Required written policies e. Does the provider have written policy regarding staff orientation, development, and ongoing training that addresses first aid and CPR?

☐ **109.10(2)** Health and safety policies. Medical and dental emergencies. Does the provider written policy regarding collection of sufficient information and authorization to respond to medical or dental emergencies of children?

☐ **109.10(2)** Medical and dental emergencies. Does the provider have written policy regarding responding to medical or dental emergencies that assures all child care personnel are properly trained and prepared to implement immediate and appropriate response?

☐ **109.10(9)** First-aid kit. Does the provider have written policy regarding keeping a first-aid kit accessible and supplied at all times, including while outdoors and on field trips?

☐ **109.10(10)** Recording of incidents. Does the provider have written policy regarding documentation of injury or incidents involving children and sharing of reports with parents/guardians on the day of the incident? Does the provider have a written policy regarding reporting and documentation of serious injuries or incidents involving children?

☐ **109.10(13)** Field trip emergency numbers. Does the provider have written policy regarding securing and carrying emergency contact numbers for all children when children participate in off-site activities or field trips or when transporting to and from school?

☐ **109.10(15)** Emergency plans. Does the provider have written policy regarding preparation and response to fire, tornado, flood, intruders into the center, intoxicated parents, lost/abducted children, blizzards, loss of utilities, bomb threats, chemical spills, earthquakes, nuclear contamination (if within a10 mile distance from nuclear power plant) or other disasters that could create structural damage to the facility or harm to children?

☐ **109.10(15)** Emergency plans. Does the provider have written policy regarding posting, training of personnel and practicing emergency drills and procedures?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

☐ **110.8(1)q** Does the provider have written policy regarding preparation and response to fire, tornado, evacuation, relocation, shelter-in-place, and lockdown? Does the policy include communication and reunification with parents, as well as meeting the needs of children with special health needs?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 10: Leadership and Management. Criteria – Leadership and Management, Health, Nutrition, and Safety Policies and Procedures. Page 25.

☐ **10.10** Does the facility have written policy regarding disaster preparedness and emergency evacuation procedures including designating an appropriate person to assume authority and take action in an emergency when the administrator is not on site?

CARING FOR OUR CHILDREN (3 criteria)

☐ **STANDARD 9.2.4.1** WRITTEN PLAN AND TRAINING FOR HANDLING URGENT MEDICAL CARE OR THREATENING INCIDENTS.

Does the facility have a written plan for reporting and managing what they assess to be an incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff, or volunteers?
The management, documentation, and reporting of the following types of incidents, at a minimum, that occur at the child care facility should be addressed in the plan:

a. Lost or missing child;
b. Suspected maltreatment of a child (also see state's mandates for reporting);
c. Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the child care facility;
d. Injuries to children requiring medical or dental care;
e. Illness or injuries requiring hospitalization or emergency treatment;
f. Mental health emergencies;
g. Health and safety emergencies involving parents/guardians and visitors to the program;
h. Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the child care facility, even if the death occurred outside of child care hours;
i. The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

The following procedures, at a minimum, should be addressed in the plan for urgent care:

a. Provision for a caregiver/teacher to accompany a child to a source of urgent care and remain with the child until the parent/guardian assumes responsibility for the child;
b. Provision for the caregiver/teacher to provide the medical care personnel with an authorization form signed by the parent/guardian for emergency medical care and a written informed consent form signed by the parent/guardian allowing the facility to share the child's health records with other service providers;
c. Provision for a backup caregiver/teacher or substitute for large and small family child care homes to make the arrangement for urgent care feasible (child: staff ratios must be maintained at the facility during the emergency);
d. Notification of parent/guardian(s);
e. Pre-planning for the source of urgent medical and dental care (such as a hospital emergency room, medical or dental clinic, or other constantly staffed facility known to caregivers/teachers and acceptable to parents/guardians);
f. Completion of a written incident/injury report and the program's response;
g. Assurance that the first aid kits are resupplied following each first aid incident, and that required contents are maintained in a serviceable condition, by a monthly review of the contents;
h. Policy for scheduled reviews of staff members' ability to perform first aid for averting the need for emergency medical services;
i. Policy for staff supervision following an incident when a child is lost, missing, or seriously injured.

☐ **STANDARD 9.2.4.3** DISASTER PLANNING, TRAINING AND COMMUNICATION.
Does the facility shall have a written policy 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.

☐ **STANDARD 9.2.4.6** USE OF DAILY ROSTER DURING DRILLS.
Does the facility have written policy regarding the use a daily class roster in checking the evacuation and return to a safe space for ongoing care of all children and staff members in attendance during an evacuation drill? Small and large family home child caregivers shall count to be sure that all children are safely evacuated and returned to a safe space for ongoing care during an evacuation drill.

4. EMPLOYEE HEALTH

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (3 criteria)

☐ **109.6(5)** Volunteers and substitutes. a.(*2)* Does the provider have written policy regarding all volunteers and substitutes signing a statement they are free of communicable disease or other health concerns that could pose a threat to the health, safety or well-being of children?

☐ **109.9(1)** Personnel records. d. Does the provider have written policy regarding every employee completing a physical exam report upon employment and every 3 years thereafter?

☐ **109.10(7)** Staff handwashing. Does the provider have written policy regarding staff handwashing?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

☐ **110.9(1)** A provider file is maintained and contains: A physical exam report documented on form 470-5152, Child Care Provider Physical Examination Report, for all household members over the age of 12. Physical exams should be repeated every 3 years. Children 12 years of age or younger residing in the household must have: Admission physical exam report and Immunization certificate. For school age: Documentation of physical exam completed at time of school enrollment or since that time.

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (2 criteria)

Program Standard 10: Leadership and Management. Criteria – Leadership and Management – Personnel Policies. Page 24.

☐ **10.5 a**. Does the facility have written policy regarding reducing occupational hazards?

☐ **10.5 b**. Does the program have written regarding management plans and reporting requirements for staff with illness?

CARING FOR OUR CHILDREN (5 criteria)

☐ **STANDARD 3.2.3** TRAINING ON OCCUPATIONAL RISK RELATED TO HANDLING BODY FLUIDS.
Does the facility have written policy regarding exposure to blood/body fluid? The director of a center or a large family child care home caregiver shall ensure that all staff members who are at risk of occupational exposure to blood or other blood-containing body fluids will be offered hepatitis B immunizations and will receive annual training in Standard Precautions. Training shall be consistent with applicable standards of the Occupational Safety and Health Administration (OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens") and local occupational health requirements and shall include, but not be limited to:
a) Modes of transmission of bloodborne pathogens;
b) Standard Precautions;
c) Hepatitis B vaccine, pre-exposure, or post-exposure within 24 hours;
d) Program policies and procedures regarding exposure to blood/body fluid;
e) Reporting procedures under the exposure control plan to ensure that all first-aid incidents involving exposure are reported to the employer before the end of the work shift during which the incident occurs.

☐ **STANDARD 1.7.0.1 PREEMPLOYMENT AND ONGOING ADULT HEALTH APPRAISALS, INCLUDING IMMUNIZATION.**
Does the facility have written policy regarding all staff members having health appraisal before their first involvement in child care work? Health appraisals shall be required every 2 years thereafter, unless the staff member's health provider recommends that this be done more frequently. If a child care provider works also at a different child care facility, a new health appraisal shall be required if there is a question about the results of the previous health appraisal, 2 years have elapsed since the previous health appraisal, or signs of ill health appear. All paid and volunteer staff shall be encouraged to have a health appraisal. The appraisal shall identify any accommodations required of the facility for the staff person to function in his or her assigned position. A statement from the health care provider that an appraisal covering the listed areas was completed, and details about any findings that require accommodation shall be on file at the facility.

Health appraisals for paid and volunteer staff members include at a minimum:
a) Health history;
b) Physical exam;
c) Dental exam;
d) Vision and hearing screening;
e) The results and appropriate follow-up of a tuberculosis (Tb) screening using the Mantoux intradermal skin test, one-step procedure. See STANDARD 7.3.10.1;
f) A review and certification of up-to-date immune status (measles, mumps, rubella, diphtheria, tetanus, polio, varicella, influenza, pneumonia, hepatitis A, and hepatitis B). See Immunizations, Standard 7.2.0.3;
g) A review of occupational health concerns based on the performance of the essential functions of the job. See Occupational Hazards, STANDARD 1.7.0.4; and *Major Occupational Health Hazards*, Appendix B;

All adults who reside in a family child care home who are considered to be at high risk for Tb, and all adults who work less than 40 hours in any month in child care shall have completed Tb screening as specified in STANDARD 7.3.10.1. Adults who are considered at high risk for Tb include those who are foreign-born, have a history of homelessness, are HIV-infected, have contact with a prison population, or have contact with someone who has active Tb. The Tb test of staff members with previously negative skin tests shall not be repeated on a regular basis unless required by the local or state health department. A record of test results and appropriate follow-up evaluation shall be on file in the facility. All adults who work in child care shall be encouraged to have a full health appraisal.

☐ **STANDARD 1.7.0.2** DAILY STAFF HEALTH ASSESSMENT.
Does the facility have written policy regarding on a daily basis, the administrator of the facility or caregiver assessing (visually and verbally) staff members, substitutes, and volunteers for obvious signs of ill health? Staff members, substitutes, and volunteers shall be responsible for reporting immediately to their supervisor any injuries or illnesses they experience at the facility or elsewhere, especially those that might affect their health or the health and safety of the children. It is the responsibility of the administration, not the ill or injured staff member, to arrange for a substitute provider.

☐ **STANDARD 1.7.0.4** OCCUPATIONAL HAZARDS.
Does the facility have written personnel policies that address the major occupational health hazards for workers in child care settings? Special health concerns of pregnant providers shall be carefully evaluated, and up-to-date information regarding occupational hazards

for pregnant providers shall be made available to them and other workers. The occupational hazards including those regarding pregnant workers listed in Appendix B, (*Major Occupational Health Hazards*) shall be referenced and used in evaluations by providers and supervisors.

☐ **STANDARD 5.2.9.3** INFORMING STAFF REGARDING PRESENCE OF TOXIC SUBSTANCES.
Does the facility have written policy regarding the employer notifying all staff about hazard information including access to Safety Data Sheets, as required by the Occupational Safety and Health Administration (OSHA), about the presence of toxic substances such as asbestos, formaldehyde, or hazardous chemicals in use in the facility? This information shall include identification of the ingredients of art materials and sanitizing products. Where nontoxic substitutes are available, these nontoxic substitutes shall be used instead of toxic chemicals.

5. EXCLUSION OF ILL CHILDREN

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 ((1-2 criteria)

☐ **109.10 (16)** Does the provider have written policy regarding exclusion of ill children from care?
GET-WELL CENTERS:
☐ **109.14(2)** Health policies. Does the get-well center have written policy regarding what child communicable illnesses will be excluded from care in the get-well center?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

☐ **110.8(1)p** Does the provider have a written policy outlining the procedures and actions that will be taken in the event of a child becoming ill while in care?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Health – Adult and Child Practices for Health Promotion and Protection. Page 24.
☐ **10.5** Does the facility have written policy regarding exclusion of ill children?

CARING FOR OUR CHILDREN (2 criteria)

☐ **STANDARD 3.6.1.1 INCLUSION/EXCLUSION/DISMISSAL OF CHILDREN**.
Does the facility have written policy detailing inclusion/exclusion of children due to illness? The parent, legal guardian, or other person the parent authorized shall be notified immediately when a child has any sign or symptom that requires exclusion from the facility. The facility shall ask the parents to consult with the child's health care provider. The child care provider shall ask the parents to inform them of the advice received from the health care provider. The advice of the child's health care provider shall be followed by the child care facility. With the exception of head lice for which exclusion at the end of the day is appropriate, a facility shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exists: a) The illness prevents the child from participating comfortably in activities as determined by the child care provider; b) The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider; c) The child has any of the following conditions: 1) Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility; 2) Symptoms and signs of possible severe illness until medical professional evaluation finds the child able to be included at the facility. Symptoms and signs of possible severe illness shall include · lethargy that is more than expected tiredness, · uncontrolled coughing, · inexplicable irritability or persistent crying, · difficult breathing, · wheezing, or · other unusual signs for the child; 3) Diarrhea, defined by more watery stools, decreased form of stool that is

not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by Salmonella typhi, Shigella or E. coli 0157:H7. For Salmonella typhi, 3 negative stool cultures are required. For Shigella or E. coli 0157:H7, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative need not be excluded. See also Child-Specific Procedures for Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections, STANDARD 7.4.0.1, for additional separation and exclusion information for children with diarrhea; STANDARD 3.6.1.1 to Standard 3.6.1.4, on separate care for these children; and STANDARD 3.6.1 and 3.6.4.1., on notifying parents; 4) Blood in stools not explainable by dietary change, medication, or hard stools; 5) Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration. See also STANDARD 3.6.2.1, on separate care for these children; 6) Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms; 7) Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious; 8) Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease; 9) Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of nonpurulent pink eye, exclusion shall be required only if the health authority recommends it; 10) Pediculosis (head lice), from the end of the day until after the first treatment. See STANDARD 7.5.8.1. 11) Scabies, until after treatment has been completed. See STANDARD 7.5.11. 12) Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care. See STANDARD 7.3.10 and STANDARD 7.3.10.2. 13) Impetigo, until 24 hours after treatment has been initiated; 14) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever. See also Group A Streptococcal (GAS) Infection, STANDARD 7.3.1.1 and STANDARD 7.3.10.2; 15) Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days). See also STANDARD 7.7.4.1 and STANDARD 7.7.4.2; 16) Pertussis, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed. See STANDARD 7.3.7.1 and STANDARD 7.3.7.2; 17) Mumps, until 9 days after onset of parotid gland swelling; 18) Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members. See STANDARD 7.4.0.1 through STANDARD 7.4.0.2.; 19) Measles, until 2 weeks after onset of rash; 20) Rubella, until 6 days after onset of rash; 21) Unspecified respiratory tract illness, see STANDARD 7.3.11.1; 22) Shingles (herpes zoster). See STANDARD 7.7.4.1; 23) Herpes simplex, see STANDARD 7.7.2.1. Some states have regulations governing isolation of persons with communicable diseases including some of those listed here. Providers shall contact their health consultant or health department for information regarding isolation of children with diseases such as chickenpox, pertussis, mumps, hepatitis A, measles, rubella, and tuberculosis (3). If different health care professionals give conflicting opinions about the need to exclude an ill child on the basis of the risk of transmission of infection to other children, the health department shall make the determination. The child care provider shall make the decision about whether a child meets or does not meet the exclusion criteria for participation and the child's need for care relative to the staff's ability to provide care. If parents and the child care staff disagree, and the reason for exclusion relates to the child's ability to participate or the caregiver's ability to provide care for the other children, the child care provider shall not be required by a parent to accept responsibility for the care of the child during the period in which the child meets the provider’s criteria for exclusion.

☐ **STANDARD 3.6.1** CONTENT AND DEVELOPMENT OF THE PLAN FOR CARE OF ILL CHILDREN AND CAREGIVERS.
Does the facility have written policy regarding the care of ill children that addresses exclusion? See STANDARD 3.6.2.1 through STANDARD 3.6.2.10. This plan shall include:
a) Policies and procedures for urgent and emergency care;
b) Admission and inclusion/exclusion policies. Conditions that require that a child be excluded and sent home are specified in Child Inclusion/Exclusion/Dismissal, STANDARD 3.6.1.1;
c) A description of illnesses common to children in child care, their management, and precautions to address the needs and behavior of the ill child as well as to protect the health of other children and caregivers. See Infectious Diseases, STANDARD 7.3.1 through STANDARD 7.7.4;
d) A procedure to obtain and maintain updated individual emergency care plans for children with special health care needs;
e) A procedure for documenting the name of person affected, date and time of illness, a description of symptoms, the response of the caregiver to these symptoms, who was notified (such as a parent, legal guardian, nurse, physician, health department), and the response;
f) The standards described in Reporting Illness, STANDARD 3.6.4 ; and Notification of Parents, STANDARD 3.6.4.1 and STANDARD 3.6.4.4.
g) Medication Policy. See STANDARD 3.6.3.1.
All child care facilities shall have written policies for the care of ill children and caregivers.

6. HANDWASHING FOR INFANTS, CHILDREN, AND EMPLOYEES

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (2 criteria)

☐ **109.10(7)** Staff hand washing. Does the provider have written policy regarding times and situations when all staff are required to wash their hands? Staff are to wash hands upon arrival at the center, before eating or conducing any food activity or prep, after diapering a child, before leaving the restroom either with a child or by themselves, before and after administering first aid to a child if gloves are not worn, and after handling animals and cleaning cages.

☐ **109.10(8)** Children's hand washing. Does the provider have written policy regarding the times and situation when all children are required to have their hands washed? Children are to have hands washed before eating or participating in any food activity, after using restroom or being diapered, and after handling animals.

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

There are no specific regulations about handwashing for child development home providers.

☐ **110.8** Health and safety. Does the provider have written policy regarding handwashing (related to keeping environment sanitary)?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Health-Adult and Child Practices for Health Promotion and Protection. Page 13-14.

☐ **5.6** Does the facility have written policy regarding handwashing of personnel and children?

CARING FOR OUR CHILDREN (2 criteria)

☐ **STANDARD 3.2.2.1.** SITUATIONS THAT REQUIRE HANDWASHING.
Does the facility have written policy regarding situations that require handwashing? All staff, volunteers, and children shall follow the procedure in STANDARD 3.2.2.2. for handwashing at the following times: a) Upon arrival for the day or when moving from one child care group to another; b) Before and after: · Eating, handling food, or feeding a child; · Giving medication; · Playing in water that is used

by more than one person. c) After: · 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.

☐ **STANDARD 3.2.2.2.** HANDWASHING PROCEDURE.
Does the facility have written policy regarding handwashing procedures for children and staff? Children and staff members shall wash their hands using the following method: 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 liquid soap to hands. d) Rub hands together vigorously until a soapy lather appears, and continue for at least 20 seconds. Rub areas between fingers, around nail beds, 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.

7. INCLUSION OF CHILDREN WITH SPECIAL HEALTH OR DEVELOPMENTAL NEEDS

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (2 criteria)

☐ **109.4(2) c.** Does the provider have written policy regarding curriculum development to meet the developmental needs of children?
☐ **109.12(3)** Policies for children requiring special accommodations. Does the provider have written policy regarding making reasonable accommodations, based on the special needs of a child with a disability?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

☐ **110.9(4) a.** Does the provider have written policy regarding documentation of special needs of children in the child's file?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Promoting and Protecting Children's Health and Controlling Infectious Disease Page 12.
☐ **5.1 g.** Does the facility have written policy regarding the child's health record including instructions for any of the child's special health needs?

CARING FOR OUR CHILDREN (2 criteria)

☐ **STANDARD 8.4.0.2.** FORMULATION OF AN ACTION PLAN.
Does the facility have a written policy regarding providing services according to the child's needs?
The formulation of an action plan, as determined by the child's needs, shall be based on the assessment process specified in STANDARD 8.4.0.1. Such a plan shall be written and shall be maintained as part of each child's confidential record.

☐ **STANDARD 8.6.0.1.** REVIEW OF PLAN FOR SERVING CHILDREN WITH SPECIAL NEEDS.
Does the facility have written policy regarding serving children with special needs? The plan shall be reviewed at least annually to see if it is in compliance with the legal requirements of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 and is achieving the overall objectives for the agency or facility.

8. MEDICATION ADMINISTRATION, AUTHORIZATION, DOCUMENATION STORAGE & HANDLING

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (2 criteria)

☐ **109.10** Health and safety policies. (3) Medication. a. Does the provider have written policy regarding dispensing, storage, authorization, and recording of all prescribed and nonprescription medications?

☐ **109.10(3)b.** Does the provider's written policy about medication specify all medications are to be kept in original containers with accompanying physician/pharmacist's instructions with the label intact and stored so the medication is out of the reach of children?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (6 criteria)

☐ **110.8(A)** Does the provider have written policy regarding storage of medication out-of-reach of children?

☐ **110.8(C)** Does the provider have written policy regarding administration of prescribed medication only with written authorization by child's physician and parent?

☐ **110.8(C)** Does the provider have written policy regarding administration of over-the-counter medications only with written authorization by the child's parent?

☐ **110.8(C)** Does the provider have written policy regarding all mediations must be in the original container with directions intact?

☐ **110.8(C)** Does the provider have written policy regarding all medications to be given while at the child development home must be labeled with the child's name?

☐ **110.8(C)** Does the provider have written policy regarding storage and handling of medications?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (2 criteria)

Program Standards 5: Health and 10: Leadership and Management. Criteria – Health, Nutrition, and Safety Policies and Procedures. Pages 14-15 and 24.

☐ **5.8 a-e** Does the facility have written policies regarding safeguards used with all medications for children?

☐ **10.5** Does the facility have written policy to promote wellness and safeguard the health and safety of children including administration of medication to children?

CARING FOR OUR CHILDREN (2 criteria)

☐ **STANDARD 3.6.3.1.** PERMISSIBLE ADMINISTRATION OF MEDICATION.
Does the facility have written policy regarding the administration of medicines? Administration of medications at the facility shall be limited to: a) Prescribed medications ordered by a health care provider for a specific child, with written permission of the parent or legal guardian; b) 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.

☐ **STANDARD 3.6.3.2.** LABELING AND STORAGE OF MEDICATIONS.
Does the facility have written policy regarding labeling and storage of medication? 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: a) The child's first and last names; b) The date the prescription was filled; c) The name of the health care provider who wrote the prescription, the medication's expiration date; d) The manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal; e) The name and strength of the medication. 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 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.

9. PHYSICAL ACTIVITY FOR ALL CHILDREN

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (2 criteria)

☐ **109.4(2) c.** Does the facility have written policy regarding developing a curriculum or program structure that uses developmentally appropriate practices and an activity program appropriate to the developmental level and needs of the children?
☐ **109.12(1)c.** A balance of active and quiet activities; individual and group activities; indoor and outdoor activity; and staff-initiated and child-initiated activities?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (3 criteria)

110.5(3) Activity program. Does the facility have written policy regarding activity program that includes each of the following:
☐ **110.8(8) a.** Active play
☐ **110.8(8) c.** Activities for large muscle development.
☐ **110.8(8) d.** Activities for small muscle development.

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 2: Curriculum. Criteria – Curriculum. Page 3-4.
☐ **2.5 c, 2.8, 2.9** Does the facility have written policy regarding time daily for physical activity?

CARING FOR OUR CHILDREN (2 criteria)

☐ **STANDARD 3.1.3.2.** PLAYING OUTDOORS.
Does the facility have written policy regarding children have time/opportunity for active play indoors or outdoors? Children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants shall be offered opportunities for gross motor play outdoors, as well.

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.

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 3.1.3.2., 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.

In cold weather, children's clothing shall 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.

☐ **STANDARD 2.1.1.1** PLAN FOR PROGRAM ACTIVITIES.
Does the facility have a written policy regarding physically activity play? The facility shall have a written comprehensive and coordinated planned program of daily activities based on a statement of principles for the facility that sets out the elements from which the daily plan is to be built. The program of activities shall: a) Address each developmental age group served, that is, infants, toddlers, preschoolers, school-age children, and children with special needs.

10. TRANSPORTING CHILDREN SAFELY

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (3 criteria)

109.4(2) Required written policies. Does the facility have written policy addressing
☐ b. Developing and implementing transportation policy?
109.8 Staff ratio. Staff ratio during transporting children
☐ f. Does the facility have written policy regarding staff ratio when transporting children?
109.10(12) Transportation.
☐ Does the facility have written policy regarding children be secured in an approved child passenger safety restraint system?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (2 criteria)

☐ **110.8(1)l** Does the provider have written policy regarding "no smoking" when transporting children?
☐ Does the provider have written policy regarding the transporting of children that requires all children to be safely restrained in an approved child passenger safety restraint system? (This is Iowa law *not* in the Child Development Home Iowa Administrative Code.)

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 10: Leadership and Management. Criteria – Health and Safety Policies. Page 25.
☐ **10.9** Does the facility have written policy and procedures that address all aspects of the arrival, departure, and transportation of children?

Caring for Our Children (2 criteria)

☐ **STANDARD 6.5.1.2** QUALIFICATIONS FOR DRIVERS.
Does the facility have written policy regarding the qualifications for drivers transporting children? Any driver who transports children for a child care program should be at least twenty-one years of age and should have:

a. A valid commercial driver's license that authorizes the driver to operate the vehicle being driven;
b. Evidence of a safe driving record for more than five years, with no crashes where a citation was issued;
c. No alcohol, prescription or over-the-counter medications, or other drugs associated with impaired ability to drive, within twelve hours prior to transporting children. Drivers should ensure that any prescription or over-the-counter drugs taken will not impair their ability to drive;
d. No tobacco, electronic cigarettes (e-cigarettes), alcohol, or drug use while driving;
e. No criminal record of crimes against or involving children, child neglect or abuse, substance abuse, or any crime of violence;
f. No medical condition that would compromise driving, supervision, or evacuation capability including fatigue and sleep deprivation;

g. Valid pediatric CPR and first aid certificate if transporting children alone.

The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility. The child care program should require drug testing when noncompliance with the restriction on the use of alcohol or other drugs is suspected.

☐ **STANDARD 6.5.2.2.** CHILD PASSENGER SAFETY

Does the facility have written policy regarding use of child passenger safety restraint systems for all children being transported When children are driven in a motor vehicle other than a bus, school bus, or a bus operated by a common carrier, the following should apply:

a. A child should be transported only if the child is restrained in developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight, age, and/or psychological development in accordance with state and federal laws and regulations and the child is securely fastened, according to the manufacturer's instructions, in a developmentally appropriate child restraint system.
b. Age and size-appropriate vehicle child restraint systems should be used for children under eighty pounds and under four-feet-nine-inches tall and for all children considered too small, in accordance with state and federal laws and regulations, to fit properly in a vehicle safety belt. The child passenger restraint system must meet the federal motor vehicle safety standards contained in the Code of Federal Regulations, Title 49, Section 571.213 (especially Federal Motor Vehicle Safety Standard 213), and carry notice of such compliance.
c. For children who are obese or overweight, it is important to find a car safety seat that fits the child properly. Caregivers/teachers should not use a car safety seat if the child weighs more than the seat's weight limit or is taller than the height limit. Caregivers/teachers should check the labels on the seat or manufacturer's instructions if they are unsure of the limits. Manufacturer's instructions that include these specifications can also be found on the manufacturer's Website.
d. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only.
e. All children under the age of thirteen should be transported in the back seat of a car and each child not riding in an appropriate child restraint system (i.e., a child seat, vest, or booster seat), should have an individual lap-and-shoulder seat belt (2).
f. For maximum safety, infants and toddlers should ride in a rear-facing orientation (i.e., facing the back of the car) until they are two years of age or until they have reached the upper limits for weight or height for the rear-facing seat, according to the manufacturer's instructions (1). Once their seat is adjusted to face forward, the child passenger must ride in a forward-facing child safety seat (either a convertible seat or a combination seat) until reaching the upper height or weight limit of the seat, in accordance with the manufacturer's instructions (10). Plans should include limiting transportation times for young infants to minimize the time that infants are sedentary in one place.
g. A booster seat should be used when, according to the manufacturer's instructions, the child has outgrown a forward-facing child safety seat, but is still too small to safely use the vehicle seat belts (for most children this will be between four feet nine inches tall and between eight and twelve years of age) (1).
h. Car safety seats, whether provided by the child's parents/guardians or the child care program, should be labeled with the child passenger's name and emergency contact information.
i. Car safety seats should be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash (3,11).

j. The temperature of all metal parts of vehicle child restraint systems should be checked before use to prevent burns to child passengers.