

**DEPARTMENT OF WORKFORCE SERVICES (DWS)
FAMILY, FRIEND, & NEIGHBOR (FFN)
CHILD CARE PROVIDERS**

TRAINING PACKET



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BUILDING & PREMISES SAFETY

It's vital that you have a safe indoor and outdoor environment for the children in your care. Following are some guidelines for keeping the children safe and preventing injuries.

Be sure that any building or outdoor play structure that was constructed before 1978 and has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, you need to contact your local health department and follow all their required procedures to eliminate the lead based paint hazard.

If the home is on a street or within a half mile of a street with a speed limit that is more than 25 miles per hour and/or has more than two lanes of traffic, the outdoor area should be surrounded by a fence, wall, or natural barrier that is at least four feet high. This will protect the children from vehicular traffic.

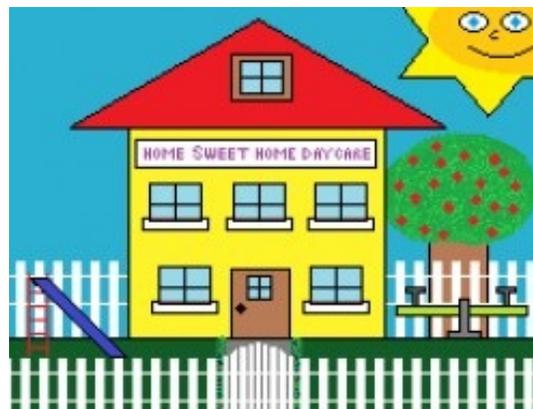
Any bodies of water or structures with water that is more than 2 inches deep should be surrounded by a fence, wall, or natural barrier that is at least four feet high. Swimming pools that are not emptied after each use and hot tubs with water in them should also be surrounded by a fence, wall, or natural barrier that is at least four feet high or have a properly working safety cover. This will protect the children from drowning.

Outdoor play equipment must not be placed on hard surfaces such as cement, asphalt, or packed dirt and must have at least a three foot use zone around the equipment. This will protect the children from serious injuries, especially head injuries, if they fall from the equipment.

The outdoor play equipment should be routinely checked to be sure there are no strangulation, entrapment, crush, or shearing hazards. The equipment should also be checked for sharp edges. This will protect the children from serious injuries.

The outdoor area should be free of poisonous plants, harmful objects, toxic or hazardous substances, and standing water.

It's important to perform routine checks of your home and premises to ensure everything is in good repair and safe for the children in your care.



Reference

Utah Child Care Licensing rules

CARING FOR CHILDREN WITH SPECIAL NEEDS

Everyone benefits when you choose to provide care for children with special needs. You are giving the parents a hard-to-find service; you are giving the children a sense of belonging and acceptance; you are having the other children in care learn about children who are different from them; and you are giving yourself a rewarding experience.



You will probably have to make some accommodations for these children. These may include some of the following:

- rearranging furniture
- installing a ramp or a handrail
- lowering a coat hook
- adding Braille labels
- learning some sign language
- changing some daily routines
- purchasing or having the parents provide adaptive furniture or equipment

It is essential to have open communication with the parents so you understand the disabilities and/or special needs and how you can best care for the children. Following are some tips.

When the children have developmental delays:

- Teach in small steps.
- Give clear directions, speak slowly and clearly, and use only a few words.
- Physically move the children through the task so they can feel what to do.
- Stand or sit close to the children and help them when necessary.
- Label things with pictures and words.
- Give advance notice of transitions.
- Work with agencies and personnel who provide specialized services.

When the children have speech and language delays:

- Be a good listener and observer.
- Engage infants and toddlers in conversation by learning their sounds, gestures, facial expressions, and body language.
- Give directions in simple sentences.
- Sing songs, read books, and act things out to encourage language development.
- Talk about what you are doing.
- Ask the children specific questions about what they are doing.
- Build on what the children say by repeating it and adding new information.
- Praise the children's efforts at communication, even when they aren't exactly accurate.

When the children have visual disabilities:

- Talk them through daily activities.
- Look around the environment and eliminate potential hazards such as sharp edges on tables and curled up edges of rugs.
- Don't re-arrange the furniture.
- Give specific directions and use descriptive language.
- Avoid glaring lights.
- Display simple, clear, and uncluttered pictures.
- Avoid standing with your back to windows. The glare may make you look like a silhouette.
- Encourage sensory experiences.
- Ask if the children need help. Don't always assume they need assistance.

When the children have physical/neurological disabilities:

- Re-arrange the physical space so there are no obstacles that prevent the children from moving around and pathways are wide enough to accommodate wheelchairs.
- Help the children with activities they can't do by themselves.
- Learn proper positioning techniques and how to use and care for special equipment.
- Try to experience the disability yourself so you can get a better perspective.
- Work closely with other agencies and personnel who provide specialized services.
- If the children can't use outdoor play equipment, have other activities like blowing bubbles or flying kites available.



When the children are deaf or hard of hearing:

- Learn how to use and care for hearing aids or other special equipment.
- Support the children's social interactions.
- Be sure you have the children's attention before talking to them.
- Face the children and speak to them in full sentences.
- Use visual clues such as pictures and gestures as you talk to them.
- Teach the children a special signal to use when they don't understand something.
- If the children use sign language, learn some common symbols.
- Give the children opportunities to talk.



When the children have behavior problems:

- Ignore negative behavior when you can.
- Notice and praise positive behavior.
- Acknowledge the child's feelings.
- Model the behavior you want to see.
- Help the children talk about their strong feelings and behaviors.
- Follow through with realistic consequences.
- Give the children a variety of reasonable choices.
- Give the children enough time to comply with your requests.
- Be consistent with the way the children's families handle their behavioral problems and their social and emotional goals for the children.

Reference

Inclusion of Children with Disabilities of Other Special Needs, Child Action, Inc.

CHILDHOOD ILLNESSES



Below are some common childhood illnesses and communicable diseases, how to recognize them, and what to do when children in your care have them.



Chicken Pox

This virus causes itchy blisters and fever. Use calamine lotion and oatmeal baths to help with the itching. Give a prescribed medication for the fever. The child should see a doctor if the fever lasts more than four days or if the blisters seem to be infected.

Common Cold

There are more than 20 different viruses that cause sneezing, coughing, and runny noses. Give plenty of fluids, over-the-counter medicine, and let the child rest as much as possible.

Conjunctivitis (Pink Eye)

Pink Eye can be bacterial or viral and cause the eye(s) to become red and itchy. Sometimes there is a thick, yellowish, discharge, tearing, and blurred vision. *Pink eye is highly contagious.* Give prescribed eye drops and wash hands thoroughly after administering the eye drops.

Fifth Disease

This infection causes a mild rash or redness on the arms and legs and may cause fever or a cold right before the rash begins. Because it is a mild infection the child will usually recover on his/her own.

Flu (Influenza)

This virus causes fever, body aches, stomach symptoms, and tiredness. Give plenty of fluids and allow the child to rest as much as possible.

Hand, Foot, and Mouth Disease

This virus causes fever, sores in the mouth, and a rash of blisters on the palms of the hands and/or soles of the feet. Non-aspirin medication can be given for the fever and body aches. Children with Hand, Foot, and Mouth Disease should be kept away from others because contact with the blisters will spread the infection quickly.

Head Lice

These tiny parasites attach to the scalp and hair shafts and cause itching. Eggs hatch within a week and mature within seven days. Over the counter and prescription treatments are available to kill and remove lice. You also must treat the house by vacuuming several times (seal and throw away the vacuum's contents) and washing all clothing and bedding in very hot water. Place stuffed animals and comforters in tightly sealed bags for a minimum of two weeks. Shampooing alone will not get rid of head lice.

Hepatitis A

This highly contagious virus causes a child to be tired, lose his/her appetite, have a fever, diarrhea, and nausea. This should be diagnosed by a doctor. There is no treatment except proper nutrition. There is a vaccine to prevent this virus.

Measles

This highly contagious virus can be as simple as a rash accompanied by a low fever but it can evolve into a high fever with a respiratory infection and become very serious quickly. Children should be taken to a doctor when it is suspected they have measles. Children with measles need to be kept away from anyone not immunized against measles. There is a vaccine to prevent measles.

Meningitis

This can be a bacterial or viral infection that affects the spinal cord and fluid surrounding the brain. Symptoms include high fever, stiff neck, and headache. Children with these symptoms need to be seen by a doctor.

Mumps

This virus causes fever, body aches, muscle aches, loss of appetite, and swelling of the salivary glands. Take the child to the doctor if mumps are suspected. There is a vaccine to prevent mumps.

Pertussis (Whooping Cough)

This highly contagious disease causes coughing attacks so severe they will induce vomiting. Take children who have been exposed to Pertussis to a doctor. Antibiotics can shorten the illness. There is a vaccine to prevent Pertussis.

Ringworm

This fungus causes a dry and scaly ring-shaped rash on the skin and/or scalp. Over-the-counter lotions and sprays are available to treat ringworm. Children should see a doctor if the rash lasts more than 2 weeks or if it becomes redder or swollen.

Rotavirus

This virus causes vomiting, severe diarrhea, and a fever and lasts a few days. A child with these symptoms should see a doctor. Give the child plenty of rest and fluids to avoid dehydration.

Scabies

These small parasites infest the skin, causing a pimple-like irritation and intense itching. Take the child to the doctor for special lotions. Wash (in very hot water) all bedding and clothing worn up to two days before the symptoms appeared.

References

The Most Common Communicable Diseases Children May Acquire & How to Deal with Them by Linda M McCloud
Children's Health - 9 Common Childhood Illnesses: Get the Facts

CONTROLLING THE SPREAD OF DISEASES

Children get sick. You can't change that but there are ways you can control the spread of communicable diseases.

Wash your hands. Wash your hands. Wash your hands. Hand washing is the single most important way to control the spread of communicable diseases. Use soap, warm water and disposable paper towels. Wash your hands frequently and teach children to wash their hands, too. Hand washing reduces the number of microorganisms that can spread communicable diseases.

Open the window to let the fresh air in. Well-ventilated rooms help reduce the number of airborne germs inside. Airing out the rooms is important, even in the winter. When it's cold outside, we spend the majority of our time inside. Respiratory diseases are easily spread from coughs and sneezes. Opening the window at least once a day lets the germs out and fresh air in.

Follow a good housekeeping schedule and sanitize in the proper way. Make sure that the floors, walls and bathrooms are clean. Clean and sanitize toys at least weekly. Sanitize the food preparation surfaces, eating surfaces and diapering tables. The simplest way to sanitize a surface is to 1) Clean the surface with soap and thoroughly rinse with clean water. 2) Spray or wipe the surface with a solution of 1/2 tablespoon of liquid chlorine bleach in 1 gallon of water or 1/2 teaspoon of bleach in 1 quart of water. 3) Let the surface air dry for at least 2 minutes to give the sanitizer time to work. Be careful not to use this solution on surfaces that could be damaged, such as carpets. This preparation is inexpensive and kills bacteria, viruses, and most parasites. You can also use a commercial sanitizer but be sure to measure the amount of sanitizer according to the directions on the bottle to get the necessary concentration needed to sanitize.

Require that children are up to date on immunizations. Check immunization records. You must have a record of current immunizations for each child in care. Remember, "An ounce of prevention is worth a pound of cure."

Do not share personal items among children and keep their belongings separate. Do not allow children to share belongings such as hair brushes, food, clothing, hats, pacifiers or other items. Separate children's coats, hats, and bedding items.

Separate children by using space wisely. Maintain distances between sleeping areas, mats, cribs or cots.



Reduce the risk of food borne illnesses by doing the following:



Wash your hands and kitchen surfaces often. Wash your hands with warm water and soap for at least 20 seconds before and after handling food and after using the bathroom, changing diapers, and touching animals. Wash cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item and before you go on to the next food.

Separate raw meats from other foods. Separate raw meat, poultry, seafood, and eggs from other foods in your grocery cart, grocery bags, and in your refrigerator. Use one cutting board for fresh produce and a separate one for raw meat, poultry, and seafood. Never place cooked food on a plate that previously held raw meat, poultry, seafood, or eggs.

Cook food to the right temperature. Use a food thermometer to measure the internal temperature of cooked foods and cook food until it reaches a safe internal temperature. Safe internal temperatures are (all temperatures are degrees Fahrenheit) 160 for ground beef, pork, veal, lamb, turkey and chicken, 165 for fresh beef, pork, veal, and lamb, 160 for fresh ham, 145 for seafood, and 165 for leftovers and casseroles. Cook eggs until the yolks are white and firm. When cooking in a microwave, cover food, stir, and rotate for even cooking. Always allow standing time, which completes the cooking. Bring sauces, soups, and gravy to a boil when reheating.

Refrigerate foods promptly. Don't over-stuff your refrigerator because cold air must circulate to keep food safe. Keep a constant refrigerator temperature of 40 degrees or below. Refrigerate or freeze meat, poultry, eggs, seafood, and other perishables within 2 hours of cooking or purchasing. Refrigerate them within 1 hour if the air temperature is above 90 degrees Fahrenheit. Never thaw food at room temperature. Thaw food in the refrigerator, in cold water, or in a microwave.

Reference

health.utah.gov/epi/

U.S. Food and Drug Administration - Protecting and Promoting Your Health

DEVELOPMENTAL MILESTONES

Children should reach these milestones by the indicated ages. A delay in any of these areas could be a sign of a developmental problem. Talk to the parents if you see a child not meeting any of these milestones. The earlier a delay is recognized, the sooner the child can receive help to reach his or her full potential.

Two Months

- smiles and shows pleasure interacting with others
- holds head steady
- grasps a rattle or tightly holds on to a finger
- lifts head, neck and upper chest on forearms and cranes neck like a turtle to see what is going on
- straightens legs when sitting on a lap and tries to stand with support



Four Months

- holds head high and raises body on hands while lying on stomach
- keeps hands open while at rest
- plays with hands, bats at mobiles and reaches for rattles
- puts all objects directly into his or her mouth
- shows a clear preference for parents and other caregivers
- begins to learn cause and effect. - rattles make a noise when shaken



Six Months

- begins to speak single (hard) consonants, like "dada"
- rolls over both ways (front to back and back to front)
- begins to look for a toy dropped out of sight
- has no head lag when pulled to a sitting position
- begins to "tripod" (sits with one hand on the ground for support)
- continues to grasp and mouth objects, but now can transfer small objects from one hand to another
- begins to rake at small objects but cannot yet pick them up
- shows displeasure with loss of a toy
- can recognize parents
- makes attempts to feed himself or herself
- smiles, laughs, squeals and begins to imitate sounds
- can bear weight on his or her legs when held in a standing position



Nine Months

- learns to creep, crawl and otherwise get around the room
- responds to his or her own name
- understands a few words such as "no-no" and "bye-bye"
- says "dada" or "mama" but not specifically
- sits well independently
- bangs two toys together
- plays interactive games such as peek-a-boo and pat-a-cake
- uses fingers and thumb to poke, pry, probe and pick up smaller and smaller objects
- sleeps through the night except for an occasional night waking



Twelve Months

- pulls to stand, crawls rapidly, sits self on floor, cruises on furniture, or walks alone with an unsteady gait
- plays social games such as pat-a-cake, peek-a-boo and so-big
- bangs two blocks together
- has a vocabulary of one to three words in addition to "mama" and "dada"
- drinks from a cup, not a bottle
- waves "bye-bye"
- feeds himself or herself with his or her fingers
- points with a finger and displays a precise pincher grasp when picking up small objects
- shows a definite understanding of a few simple words
- loves music, rhythms, and rhymes
- begins to cooperate in getting dressed by holding still



Fifteen Months

- has a vocabulary of three to six words that can be understood
- correctly points to one or more body parts
- understands simple commands like "bring me the ball"
- has improved walking and begins to crawl up stairs
- recognizes himself or herself in a mirror
- indicates what he or she wants by pulling, pointing, grunting and other methods of communicating
- finds an object placed out of sight
- scribbles spontaneously



Eighteen Months

- walks fast, walks up stairs with one hand held, kicks a ball
- has a vocabulary of 4 to 10 words and may combine two-word phrases
- follows simple directions
- shows affection by kissing
- feeds himself or herself, adequately drinks from a cup and uses a spoon
- imitates a crayon stroke on paper
- holds and "loves" a doll or stuffed animal
- will sit for a short time and look at pictures in a book and turns single pages in a book or magazine



Two Years

- climbs up steps alone, one step at a time, while holding the stair rail or someone's hand
- jumps off the floor with both feet
- opens doors
- kicks a ball
- washes and dries hands
- climbs on furniture
- uses a spoon and cup well
- asks frequent questions such as "What is that?"
- enjoys imitating adult activities
- selects and uses a toy appropriately
- has a vocabulary of 50 or more words



Three Years

- can name pictures in a book
- correctly names at least one color
- knows his or her own name, age, and sex
- begins to use pronouns
- is able to put on his or her own shirt, but needs help with shoes and buttons
- can jump in place and stand briefly on one foot
- understands such words as "cold," "tired," "hungry"
- comprehends the meaning of "on or under", and "bigger or smaller"



Four Years

- speech is almost always understandable
- can count from 1 to 10
- can walk on tiptoes, climb a ladder and ride a tricycle
- knows his or her own name
- correctly uses the pronoun "I"
- recognizes gender differences and will correctly say "I am a girl" or "I am a boy"
- can dress and undress with supervision but still has trouble with laces and buttons
- holds and uses a pencil with good control - can copy a cross, circle and possibly a square
- can draw a person with a face, arms and legs
- engages in conversational "give-and-take"
- can sing a song
- talks about his or her day's activities and experiences
- can identify emotions such as sadness, anger, anxiety and fear
- enjoys the companionship of other children



Five Years

- skips, can walk on tiptoes and jumps forward
- throws a ball overhand
- washes and dries hands and brushes teeth unassisted
- can cut and paste
- can name four or five colors
- can state his or her age
- uses six to eight word sentences
- can tell a simple story
- can dress and undress without supervision
- knows his or her own phone number, address and several nursery rhymes
- can copy a triangle from a picture
- draws a person with a head, body, arms and legs
- understands right and wrong, fair and unfair
- understands games that have rules
- engages in make-believe and dress-up play



Reference

CDC (Centers for Disease Control and Prevention) - Learn the Signs. Act Early.
KidsGrowth.com - Growth Milestones

EMERGENCY PREPAREDNESS

It's important to have a plan to ensure the safety of the children in your care in the event of an emergency. Include at least the following in your plan:

Have procedures for an emergency shutdown of utilities - Know how to shut off the gas, electricity, and water in your home.

Have designated Shelter-in-Place spaces - These are protected spaces inside the home for those times it's not safe to go outside. These spaces should be in the interior of the home and away from glass that may shatter. Furniture and wall-hangings in these spaces should be secured so they won't fall on anyone. Shelter-in-Place spaces might be basements, first floor interior halls, bathrooms or other enclosed small spaces away from large glassed-in areas or large open rooms, interior hallways, or inside walls of rooms on the side of the home opposite of the approaching disaster.

Know who will care for the children if you have to leave the home - Have the names and phone numbers of emergency providers who will care for the children if you have to leave the home to accompany an injured child to the hospital or if you have to leave the home to search for a missing child. Post these names on the refrigerator or by the phone or program them into your phone.



What you will do if a child is seriously injured and needs medical treatment - Call 911 and then the child's parents. Call your emergency provider to stay with the other children if you have to accompany the injured child to the hospital.

What you will do if there is a fire - You are required to have working smoke detectors to alert you and a working fire extinguisher to use on small fires. When there is a fire you can't put out, take the children to your designated gathering place or re-location site, and call 911.

What you will do if there is an earthquake - Don't leave the home until the shaking stops. Have everyone (including you) "Drop, Cover, and Hold On" until the shaking stops. This means everyone makes themselves as small a target as possible and protects their heads, necks, and chests by taking cover under a sturdy desk or table near an interior wall and covering their heads with their hands and arms.

What you will do if there is a power failure - Have flashlights with fresh batteries and know when you need to re-locate. Call and report the situation.

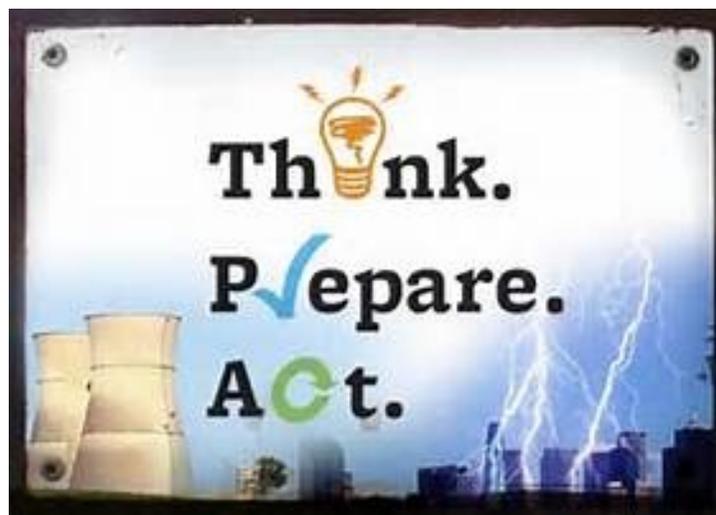
What you will do if there is a water failure - Have a supply of bottled water and know when you need to re-locate. Call and report the situation.

What to do if there is a flood - Except in the case of flash flooding, the onset of most floods is a relatively slow process. Listen to the local news for flood watches and flood warnings. When your home is in danger of being flooded, turn off your main water supply and take the children to your re-location site.

What to do if there is a man-caused event - Be aware of your surroundings. Notify the police if you receive unusual, unsolicited deliveries; if there are suspicious items left outside your home, and if you see anyone hanging around for no apparent reason.

- **If there is a terrorist threat** - Listen to messages from the Homeland Security Alert system and adjust your activity level based on the color of the threat alert.
- **If there is an armed intruder** - Call for 911. Try to get the children to a safe place. Do not try to confront the intruder.
- **If there is a hostage situation** - Call 911. Don't try any sort of rescue. Pay attention to the captor(s), try to get the details of what they want and accommodate them.
- **If there is a possible bomb** - Any unknown package could be a bomb. If you have any reason to believe a package is a bomb, evacuate immediately and call 911.
- **If there is a bomb threat** - Such threats usually come by phone call. Try to get as much information as possible from the caller. Then evacuate and call 911.

What to do if there is a lock-down - When there is a threat or a potential threat to the children's safety, the police or government officials may impose a lock-down. This is usually a result of police activity in the vicinity of your home. During a lock-down all children must be supervised indoors and no one can enter or leave the home. Let parents know when there a lock-down and remind them they can't pick up or drop off their children until the lock-down is over.



Where will you go if everyone has to leave the home - When the disaster is widespread and/or your home is not a safe place, it will be necessary to re-locate everyone. Know where you will take the children if this happens. Have an evacuation plan that includes how to get to the re-location site and the method of transportation that will be used to get there. Be sure the parents know the re-location site. Have a plan for supervising the children on the way to the site and while at the site. Take contact information with you. Be sure you have a cell phone or another way to communicate with the parents and let them know where you are and the plan for reuniting with their children.

What will you take with you if everyone has to leave the home - Have an emergency bag. Keep a bag of emergency supplies close to the door. Have at least food, water, a first aid kit, and diapers (if you have diapered children in care) in the bag.



What you will do for children with special needs, disabilities, and/or chronic medical conditions - If you care for such children, include in your plan how you will address their needs in the event of an emergency. This should include at least having:

- a current care plan and list of medications
- a two week supply of medications and medical supplies
- a back-up system for medical equipment that requires electricity
- copies of prescriptions for medical equipment, supplies, and medications
- extra contact lenses and supplies or glasses
- extra batteries for hearing aids and communication devices
- manual wheelchairs and other necessary equipment
- food that meets their dietary needs

You should also have a support network consisting of friends and neighbors available to help with these children. You can work out a system, such as a red towel on the front door, to alert these people that you need help. When applicable, be sure the children have a medical alert. This is especially important if they have a need that isn't obvious such as diabetes, allergies, and other chronic health conditions.

In addition to having an emergency preparedness plan:

- Review your plan at least once a year and make any necessary changes.
- Have a first aid kit and re-stock it as needed.
- Have current certification in First Aid and Infant and Child CPR.
- Post emergency phone numbers including 911 and Poison Control on the refrigerator or by the phone. You can also program them into your phone.
- Post the address of the home on the refrigerator or by the phone. A lot of people forget their address when there is an emergency.

Have practice drills - After you have a plan in place, teach the procedures to the children in your care and then practice them so everyone gets them right and done quickly. You are required to have at least one practice drill every three months and one of those drills is to include evacuating to your re-location site.

Let parents know when your services will continue - The nature of the emergency will dictate whether or not you will have a disruption of services. Be sure to let parents know this as soon as possible so they can find alternate care when needed.



References

- Pennsylvania Emergency Management Agency (August 2003)
- Disaster Preparedness for Families of Children with Special Needs, FIFI (Florida Institute for Family Involvement)
- Utah Child Care Licensing rules
- shakeout.org

FOOD INTOLERANCE & FOOD ALLERGIES

Communicate with the parents of children in your care and identify those children with a food intolerance or allergy. You should post a list in your food preparation area so you don't serve those children those foods.

When children eat food they cannot tolerate or food to which they are allergic they may have nausea, stomach pain, diarrhea, and/or vomiting.

There are important differences between a food intolerance and a food allergy.

A food intolerance is when the food irritates the stomach and cannot be properly digested.

A food intolerance:

- usually comes on gradually
- may only happen when a lot of the food is eaten
- may only happen when the food is eaten often
- is not life-threatening

After eating a food he/she cannot tolerate the child may:

- get gas, cramps, or bloating
- have heartburn or a headache
- appear irritable or nervous

The most common type of food intolerance is a lactose intolerance. This happens when lactose, a sugar found in milk and other dairy products, cannot be digested. Another type of food intolerance is to food with sulfites or other food additives. Eating food with these ingredients may trigger asthma attacks in children who cannot tolerate them.

Avoid or cut back on the amount or times you serve children food they cannot tolerate.



A food allergy happens when the immune system mistakes something in the food as harmful and attacks it. It can affect the whole body, not just the stomach.

A food allergy usually:

- comes on suddenly
- can be triggered by a small amount of the food
- happens every time the food is eaten
- can be life-threatening

After eating a food to which a child is allergic the child may have:

- a rash, hives, or itchy skin
- shortness of breath
- chest pain, a sudden drop in blood pressure, trouble swallowing or breathing

When children have food allergies they are at risk for anaphylaxis, which is a life-threatening reaction to those foods. You should have an Epi-pen for children with food allergies.

Chest pain, a sudden drop in blood pressure and/or trouble swallowing or breathing is life-threatening. Call 911 immediately if a child exhibits any of these symptoms.

The most common foods to which children are allergic are peanuts, tree nuts (such walnuts, pecans, and almonds), fish, shellfish, milk, eggs, soy, and wheat.

Never serve children food to which they are allergic.



Reference

Web MD - food allergy or intolerance

HANDLING & STORAGE OF HAZARDOUS MATERIALS AND PROPER DISPOSAL OF BIOCONTAMINANTS

A hazardous material is one that is ignitable, corrosive, toxic, or reactive. A lot of household products fall into these categories, such as motor oil, antifreeze, insecticides, herbicides, fungicides, cleaning agents, adhesives, propane cylinders, moth repellents, and batteries.

Hazardous materials are found every place. You can be exposed to biocontaminants by breathing certain chemicals, touching certain chemicals, or coming into contact with clothing or things that have touched a certain chemical. You may be exposed to hazardous chemicals even when you can't see or smell anything unusual.

To minimize the risks of hazardous materials, you should follow safety precautions in their handling, storage, and disposal.

When handling hazardous materials:

- Don't mix household products. It may produce a violent reaction. For example, mixing ammonia and bleach can create toxic fumes.
- Read the label and all directions before using a new product containing hazardous chemicals. Some shouldn't be used in a small, confined space so dangerous vapors are not inhaled. Some shouldn't be used without gloves and eye protection so the chemicals don't touch the body.
- Never smoke when using hazardous materials. Don't use hair spray, cleaning solutions, paint products, or pesticides near the open flame of an appliance, pilot light, lighted candle, wood burning stove, etc. Although you can't see them, vapor particles in the air could catch fire or explode.



You are required to have all hazardous materials inaccessible to children in care. In addition to making them inaccessible you should also:

- Follow the storage instructions on the product label. This will vary depending on the properties of the material.
- Store all volatile products in well ventilated areas. The fumes can be toxic to humans and pets.
- Store flammable products in the recommended temperature range. The containers will bulge if you store them in temperatures that are too high. Liquids will expand, freeze, and burst if you store them in temperatures that are too low.
- Store aerosol cans or other flammable products away from heat sources.
- Store hazardous materials in their original containers. When needed, use transparent tape to secure labels. Never store hazardous materials in food or beverage containers
- Buy only what you need to finish a job. It's better to properly dispose of left over products than to store them.

It's important to dispose of hazardous materials properly. Improper disposal may release biocontaminants into the environment and result in harm to people and pets. It may also contaminate the local water supply. Proper disposal will help preserve the environment and protect wildlife. Re-cycling products will further protect the environment.

- Many household chemicals can be taken to the local hazardous waste facilities. They accept pesticides, fertilizers, household cleaners, oil-based paints, drain and pool cleaners, antifreeze, and brake fluid.
- If you spill a hazardous material, clean it up immediately with rags while being careful to protect your eyes and skin. Allow the fumes in the rags to evaporate outdoors in a safe place. Then dispose of them by wrapping them in a newspaper and placing them in a sealed plastic bag.



Reference

How to Store Hazardous Materials
Be Informed - Hazardous Materials, Utah.gov Services

MEDICATION STORAGE & ADMINISTRATION



If you choose to give medications to children in care, there are some precautions and guidelines to follow:

Label all over-the-counter and prescription medications with the child's name and keep them in the original or pharmacy container with the original label and child-safety caps.

Store all medications and vitamins out of children's reach. Medications should be in a dark, dry place. Medications should not be stored above the kitchen sink or in the bathroom.

Keep refrigerated medication in a waterproof container to avoid contamination between food and the medication.

Throw away medications that are no longer being used, have an expiration date that has passed, and/or do not have a label.

It's a good idea to have written permission from the parent before administering any over-the-counter or prescription medication to children in care. The written permission should include:

- the name of the child
- the name of the medication
- written instruction for the administration that includes:
 - the dosage
 - the method of administration
 - the times and dates to be administered
 - the disease or condition being treated
- the parent's signature and the date signed

Before giving medication:

1. Wash and dry your hands.
2. Check prescription labels to be sure the medication is for the right child.
3. Check expiration dates to be sure the medication has not expired.
4. Read labels to see the proper dosage.

Then administer the proper dosage of the medication.

Stay with the child until he/she is done taking the medication.

Let the parent know when you make any mistake when administering the medication, forget to give a dose of the medication, and/or the child has an adverse reaction to the medication.

Immediately notify emergency personnel when a child has a life-threatening adverse reaction to the medication.



References

Utah Child Care Licensing rules
Children's Hospital of the King's Daughter Health System

NUTRITIONAL NEEDS OF CHILDREN

When preparing and serving food to the children in care, be sure you are providing adequate nutrition for the child's age and stage of development. Following are some guidelines:

Birth to 4 months - Feed them only breast milk or formula. Don't be afraid to care for infants who are breast-feeding. There are a great number of benefits to breast milk and you should support mothers who make this choice.



Breast milk gives infants a complete and optimal mix of nutrients in their diet. It has a varying composition which keeps pace with the growth and changing nutritional needs of infants. It also protects them against diarrhea, gastroenteritis and other stomach upsets. It reduces their risk of diabetes; protects them against ear infections and respiratory illnesses; reduces their risk of SIDS (Sudden Infant Death Syndrome); protects them against meningitis, childhood lymphoma, Chron's Disease, and Ulcerative Colitis; and reduces incidences and severity of allergic diseases. Infants who are fed breast milk develop higher IQs, have better brain and nervous system development, and have a higher bone density than formula-fed babies.

Give breast milk on demand or 8 to 12 times a day. Give formula 6 to 8 times a day, starting with 2 to 5 ounces of formula per feeding. As infants get older they will eat more at each feeding and require less feedings.

4 to 6 months of age - Give them 28 to 45 ounces of formula or breast milk and start introducing solid foods.

Infants are ready to eat solid foods when their birth weight has doubled, they have good control of their heads and necks, they can sit up with some support, they show fullness by turning their heads away or by not opening their mouths, and they show an interest in food when others are eating.

Start with iron-fortified rice cereal mixed to a thin consistency with breast milk or formula. Give the rice cereal 2 times a day in servings of 1 or 2 tablespoons. Gradually increase the amount to 3 or 4 tablespoons. Do not give cereal in a bottle unless instructed by a doctor or dietician.

After they are eating rice cereal routinely, give them other iron-fortified cereals. Introduce no more than one new cereal a week so you can watch for any intolerance or allergic reactions.

6 to 8 months - Give them breast milk or formula 3 to 5 times a day, decreasing this number as solid foods become their primary source of nutrition.



Start offering 2 to 3 tablespoons of strained fruits and vegetables 4 times a day. Offer them one at a time with a 2 to 3 day wait between offerings to watch for any intolerance or allergic reactions. Start with plain vegetables such as green peas, potatoes, carrots, sweet potatoes, squash, beans, beets and plain fruits such as bananas, applesauce, apricots, pears, peaches, and melon. Some dieticians recommend starting with vegetables because a fruit's sweetness may make less sweet foods, such as vegetables, less appealing.

You can also give them small amounts of finger foods. Do not give them apple slices or chunks, grapes, hot dogs, sausages, peanut butter, popcorn, nuts, seeds, hard candies, or hard chunks of uncooked vegetables because they may choke on them.

8 to 12 months - Give them breast milk or formula 3 to 4 times a day and continue giving them strained fruits and vegetables. Start introducing strained or finely chopped meats.

1 year old - You should not be feeding them bottles with breast milk or formula. If you are giving them bottles, they should only have water in them. Replace breast milk or formula with whole milk in a cup or sippy cup. Feed them meats, fruits and vegetables, breads and grains, and dairy products. Be sure they have variety of food to ensure they get enough vitamins and minerals.

2 to 6 years old - Feed them three meals and two snacks a day. Be sure to include at least 6 servings of breads and grains, 3 servings of vegetables, 2 servings of fruit, 2 servings of milk products, and 2 servings of meat. At 2 or 3 years of age you can replace whole milk with 2%, low fat, or skim milk.

Be sure to give them a variety of foods with plenty of grain products, vegetables, and fruits. Choose foods that are low in fat, saturated fat, and cholesterol, have moderate amounts of sugars and salt, and have enough calcium and iron.



References

The New York Times
keepkidshealthy.com

PHYSICAL ACTIVITY



It's important that children get enough physical activity. All children should engage in at least 60 minutes of moderate to vigorous physical activities on most days of the week. This means activities that increase their heart rate so they can't say more than a few words. Activities of moderate to vigorous physical activities are running, climbing, skipping, jumping, and dancing.

Each day you should have two or more adult-led activities or games that get everyone up and moving. You should also have active free play in indoor and outdoor spaces that have enough space for physical activity. Children need opportunity to improve their gross motor movements.

Children who can't yet walk also need physical activity. They should not be seated for more than 15 minutes at a time when they are not eating or sleeping. You should give them "tummy time" and opportunities for whole body movements such as crawling and climbing.

Physical activity is essential for children's growth and development. It improves cardiovascular and bone health and has been linked to improved mood, attention, and cognitive performance. Often the only time children are physically active is when they are in your care.



Children need to play outside, even in winter months. Some of the benefits of outside time for children are:

- It builds up their immune system. When children come into contact with dirt, animals, pests, and bacteria in a natural way and on a regular basis, they are less likely to develop autoimmune disorders and allergies.
- It provides physical activity. Outside activities such as riding bikes, playing tag, and sledding gets their bodies moving.
- It stimulates their imagination. Technology shows children things. Being outside allows them to imagine things.
- It promotes problem solving skills. They can figure out things like how to get along with others or how to build a snowman.
- It provides Vitamin D. The sun provides Vitamin D, which helps promote better moods, energy levels, memory, and overall health.



To be able to give children the outside time they need, be sure you instruct parents to dress their children in weather-appropriate clothing and shoes. Be sure the children are protected from the sun with sunscreen that has a SPF of at least 15 and have access to drinking water. If you don't have an outside area you can take the children on walks or to parks.

References

National Association for Sport and Physical Education
Why Children Need to Play Outside - Even in Winter Months, Mommies Magazine

POISON PREVENTION

Across the United States over 300 children a day are taken to emergency rooms after taking, touching, or being exposed to a poisonous material and an average of two of those children die.

It's not just containers with clear warning labels that are dangerous. Everyday items, such as household cleaners and medicines, can be poisonous to children and need to be inaccessible to the children in your care. Following are things to remember:

When possible, buy products with child-resistant caps and tightly close the caps after each use. This type of cap is more difficult, but not impossible, for a child to open.

Keep products in their original containers so there can be no mistaking their contents.

Read product labels to see what is poisonous to children.



Keep potential poisons out of sight in cabinets with child-proof locks. Don't store potential poisons in the same place you store food.

Don't leave household products out after you use them. Return them to the cabinet with the child-proof lock as soon as you are done with them. If you have to answer the door or the phone, close the container and put it back in the cabinet before you answer the door or the phone or take the container (or the children) with you to answer the door or phone.

Use household products according to the directions on the label. Never mix household products together. For example, mixing bleach and ammonia can result in toxic gases.

Check purses, backpacks, and diaper bags for potential poisons and store them out of reach of children.

Keep medications, including vitamins and herbal supplements in cabinets with child-proof locks so they are out of reach and out of sight of children. Even if you have to give another dose of the medicine in a few hours, don't leave it on the counter between doses.

Old medications often stop working but can still poison children. Look at the expiration date and throw out any medication that is too old to work.



Keep plants out of reach of children. Learn which indoor and outdoor plants are poisonous and remove them or make them inaccessible to children.

Have your heating system checked and serviced every year to help prevent carbon monoxide poisoning. Install a carbon monoxide alarm on every level of your home, especially near areas where children sleep. Keep the alarms at least 15 feet away from fuel-burning appliances.

Program the toll-free number for the Poison Control Center (**800-222-1222**) into your home and cell phone and post it near your phone or on your refrigerator. Call this number when you suspect a child has been poisoned. Do not try to make the child vomit unless directed to do so by a professional.



References

Centers for Disease Control & Prevention
Utah Safety Council
National Capital Poison Center
Safe Kids Worldwide

PREVENTING SHAKEN BABY SYNDROME

You know babies cry. That's no surprise. What you may not know is how that crying may make you feel. When babies cry for a long time you may feel angry, frustrated, and overwhelmed. There are ways to cope with crying babies to minimize those feelings.

Crying is one of the ways babies communicate. They may be hungry, thirsty, tired, uncomfortable, sick, scared, or lonely. They may be teething, have gas, or need their diapers changed.



It's normal for babies to cry. It's even normal for babies to cry up to several hours a day. Sometimes feeding the baby, burping the baby, or changing the baby's diaper makes the crying stop. Other times nothing you do makes the crying stop and it seems to go on forever.

It's important to have a plan to deal with a baby's crying. This will stop your emotions from getting out of control and possibly hurting a baby. When you can't get a baby to stop crying:

1. Check the baby's physical needs. Is the baby hungry? Is the baby thirsty? Does the baby need to be burped? Is the baby too hot or too cold? Does the baby have a wet or dirty diaper? If any of these are the case, remedy the situation.
2. Check the baby for signs of illness or fever. If you think the baby may be sick, seek medical attention.
3. If the baby's physical needs are met and the baby doesn't appear to be sick, try any or all of the following calming techniques:
 - Swaddle the baby.
 - Use "white noise" or rhythmic sounds like a vacuum cleaner or a washing machine.
 - Offer the baby a pacifier.
 - Sing or talk to the baby.
 - Gently swing or rock the baby.
 - Put the baby in a car seat and take him/her for a ride in the car.
 - Take the baby for a walk in a stroller.
 - Hold the baby close and breathe calmly and slowly.
4. If the baby is still crying, try one or all of the following coping techniques:
 - Call a doctor for support or medical advice.
 - Call a friend or relative for support.
 - Have someone come over and give you a break.
 - Put the baby in a safe place like a crib then close the door and check back when you are calm.

Remember it's OK to leave the baby in a safe place and take time to calm down. Leave the room. Shut the door. Take a few deep breaths. Then try the calming and coping techniques again.

Your plan can help prevent Shaken Baby Syndrome, which is a form of abusive head trauma and inflicted traumatic brain injury. It is a preventable and severe form of physical child abuse.

Shaken Baby Syndrome occurs when a baby is violently shaken. This most often happens when the person caring for the baby becomes frustrated or angry when the baby won't stop crying.

Babies' neck muscles aren't strong and don't provide much support for their large heads. When someone forcefully shakes a baby, the baby's brain repeatedly strikes the inside of the skull and injures the brain.

Nearly all victims of Shaken Baby Syndrome suffer serious health consequences including severe brain damage, blindness, hearing loss, learning problems, seizure disorders, cerebral palsy and paralysis. At least one of every four babies who are violently shaken die from Shaken Baby Syndrome.

This knowledge will help keep babies in your care safe and healthy. Sharing this knowledge may help keep other babies safe and healthy.



References

CalmACryingBaby.org
Centers for Disease Control and Prevention

RECOGNIZING HOMELESSNESS & AVAILABLE ASSISTANCE

The McKinney-Vento Act defines “homeless youths” as those lacking a “fixed, regular, and adequate nighttime residence.” This includes children who:

- share housing due to a loss of housing, economic hardship, or a similar reason
- live in motels, hotels, trailer parks, or campgrounds due to a lack of adequate alternative accommodations
- live in emergency or transitional shelters
- are awaiting foster care placement
- have a primary nighttime residence that is not designed or intended for human sleeping accommodations, such as a park bench
- live in cars, parks, public spaces, abandoned buildings, substandard housing, buses or train stations

Following are some potential signs of homelessness:

poor health/nutrition

- lack of immunizations and/or immunization records
- unmet medical and dental needs
- increased vulnerability to colds and flu
- respiratory problems
- skin rashes
- chronic hunger (may hoard food)
- fatigue (may fall asleep in the middle of the day)



poor hygiene

- lack of showers or baths
- wearing the same clothes for several days
- inconsistent grooming

social and behavioral concerns

- poor/short attention span
- poor self-esteem
- extreme shyness
- unwilling to risk forming relationships with peers and caregivers
- difficulty socializing
- difficulty trusting people
- aggression
- “old” beyond years
- protective of parents
- clinging behavior
- fear of abandonment
- need for immediate gratification
- anxiety late in day



reactions/statements by parent, guardian, and/or child

- exhibiting anger or embarrassment when asked about current address
- mentions staying with relatives, friends, in a motel or makes comments such as:
 - “We’ve been moving around a lot.”
 - “Our address is new; I don’t remember it.”
 - “We’re staying with relatives until we get settled.”
 - “We’re going through a bad time right now.”
 - “We’ve been unpacking, traveling, etc.”

Children who are homeless are sick four times as often as other children, experience four times the rate of developmental delays, and have three times the rate of emotional and behavior problems. They wonder if they will have a roof over their heads at night and what will happen to their families. The impact of homelessness on children, especially young children, may lead to changes in brain architecture that can interfere with learning, emotional self-regulation, cognitive skills, and social relationships.

How can you help?

Active listening, providing information, modeling a sense of humor and fun, showing enthusiasm, instilling hope and questioning are some techniques useful for helping a child who is homeless to stabilize. Active listening with children may involve encouraging the expression of feelings, acknowledging the real loss or tragedy experienced by the family, reflecting the feelings expressed by the child, normalizing the child’s reactions, conveying acceptance of the child but not of any destructive behaviors, re-framing the child’s statements or behaviors to emphasize the positives, and focusing on the “here and now.”

If you suspect a family is homeless, you can refer the parents to the following for assistance:

- Help hotlines - Dial 211 for up-to-date services
- the Homeless Shelter Directory - <http://www.homelesshelterdirectory.org/utah.html> - This has a search for HUD offices and links to the following:
 - Supplemental Nutrition Assistance Program (SNAP)
 - Food Banks
 - Legal assistance
 - Local tenant rights, laws and protections
 - Social Security offices
 - Homeless Veterans
 - Homeless Veterans Resources
 - National Resource Directory-Homeless Assistance
 - United Way
 - Jobs and job training
 - Skills training and counseling
 - VA Homeless Programs & Initiatives
 - VA Homeless Coordinators Contact information



National Center for Homeless Education.
www.HomelessChildrenAmerica.org

RECOGNIZING & REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

As a child care provider you are required to report any suspected child abuse and neglect. The Utah Child Abuse Reporting law requires:

- any person who has reason to believe a child has been subjected to abuse or neglect to immediately notify the nearest Utah Division of Child and Family Services or law enforcement agency.
- any person who observes a child being subjected to conditions that would result in abuse or neglect to immediately notify the nearest Utah Division of Child and Family Services or law enforcement agency.

Failure to obey the Utah Child Abuse Reporting Law constitutes a class B misdemeanor and is punishable by up to six months in jail and/or a \$1,000 fine. (*Utah Code Ann. 62A-4a-411*)

All reports remain confidential and when you make a report in good faith you are immune from any liability.

If a child talks about being abused, take him/her seriously and report the possible abuse.

If you see any of the following indicators, report the possible abuse or neglect.

Physical indicators of physical abuse include unexplained bruises, unexplained burns, confinement, and unexplained welts. Behavioral indicators of physical abuse include children being easily frightened, wary of physical contact, afraid to go home, and destructive to others or themselves.

Physical indicators of sexual abuse include bed-wetting, soiling, and chronic constipation. Behavioral indicators of sexual abuse include withdrawal or depression, passive behavior, aggressive behavior, poor self-esteem, lack of eye contact with adults; and knowledge of sexual acts beyond their years.

Physical indicators of emotional abuse include physical delays, ulcers, developmental lags, and habit disorders. Behavioral indicators of emotional abuse include poor self-esteem, difficulty expressing feelings; and problems with relationships.

Physical indicators of neglect include abandonment, starvation, lack of supervision, lack of medical care, frequent absenteeism or tardiness, and poor hygiene. Behavioral indicators of neglect include stealing, begging, being self-destructive, and a failure to thrive.

The best way to stop abuse and neglect is to report it. Stay alert to the early signs and symptoms and take the first step to help the children and their families.



To make a report you don't need proof, you only need a reason to believe abuse or neglect has occurred or is occurring.

Utah has a statewide, 24-hour child abuse hot-line number for the Division of Child Protective Services. It is 1-855-323-3237.



References

Prevent Child Abuse Utah - Reporting Child Abuse: A Guide for Utah Day-Car Providers

SAFE SLEEP PRACTICES

REDUCING THE RISK OF SIDS (Sudden Infant Death Syndrome)



Safe sleep practices include:

Always have infants sleep in equipment designed for sleep, such as cribs, bassinets, porta-cribs, or playpens unless you have written instructions from the parent to have the infant sleep in other equipment.

Never place infants to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.

Be sure the infant sleep equipment is in an area that is always smoke free.

Always place infants on their backs for sleeping.

Don't have toys, pillows, stuffed animals, bumper pads, or wedges in the crib or bassinet. Infants may have a hard time breathing if these items are too close to their faces.

Dress infants in sleep clothing, such as sleepers and sleep sacks, instead of covering them with blankets.

Avoid letting infants get too hot when they are sleeping. Infants are too hot when you see them sweating or have damp hair, flushed cheeks, heat rash, or rapid breathing.

Supervise sleeping infants by having them sleep in a location where you can see and hear them or by doing an in-person observation at least once every 15 minutes.

Using safe sleep practices will reduce the risk of SIDS (Sudden Infant Death Syndrome).

SIDS is the leading cause of death for infants between 1 month and 12 months of age.

SIDS is most common among infants between 1 and 4 months of age.

SIDS is not caused by immunizations or vomiting or choking.

Many SIDS deaths occur when infants who are used to sleeping on their backs at home are placed to sleep on their tummies by another caregiver. This is called "unaccustomed tummy sleeping". Infants who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.



Reference

American Academy of Pediatrics

TRANSPORTATION & CHILD SAFETY

If you choose to transport children, do the following to keep the children safe.

Be sure you:



- have a current valid Utah driver's license for the type of vehicle being driven
- wear your seat belt
- keep the vehicle locked during transport
- never leave the children alone in the vehicle
- never leave the keys in the ignition when you are not in the driver's seat
- have emergency contact information for the children

Be sure the children:

- wear an appropriate individual safety restraint
- remain seated while the vehicle is in motion
- leave the vehicle from the curb side of the street



Be sure the vehicle:

- is enclosed
- has individual, size-appropriate safety restraints that are properly installed and in working order
- is in safe condition and has a current registration and safety inspection
- is clean
- can maintain temperatures between 60-90 degrees Fahrenheit when in use
- has a first aid kit



References

Utah Child Care Licensing Rules
Daycare.com