



NATIONAL CENTER ON

Early Childhood Health and Wellness



CHILD CARE

State Capacity Building Center

Resources to Support Health and Wellness Policies for Infant/Toddler Care

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Welcome

Thank you for supporting the healthy development of infants and toddlers and their families.



Overview

- ◆ Policy
- ◆ Health and safety concerns for infants and toddlers
- ◆ Standards
- ◆ Checklists and resources



Policies and Practices

- ◆ State level
 - [§98.41 Health and safety requirements](#)
 - Health and safety training
 - Emergency preparedness
 - Strengthening the adult and child relationship
- ◆ Federal level (for Early Head Start and Early Head Start–Child Care Partnership programs)
 - Subpart D: Health Program Services, §1302.47 Safety Practices
- ◆ Provider level
 - Program policies and practices



Health and Safety Concerns for Infants and Toddlers

Three Distinct Stages of Infant Development



Young

Birth–8 months



Mobile

6–18 months



Older

15–36 months

Mangione, P. L., Lally, J. R., & Signer, S. (1990). The ages of infancy: Caring for young, mobile, and older infants [DVD booklet]. Sacramento, CA: CDE Press.

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Diapering

- ◆ Handwashing
- ◆ Diapering procedure
- ◆ Cleaning, sanitizing, disinfecting
- ◆ Store diapering supplies properly



Resources

[Diapering Poster \(Early Childhood Education Linkage System\)](#)

[Routine Schedule for Cleaning, Sanitizing, and Disinfecting \(Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd edition \[CFOC 3\]\)](#)

[Selecting an Appropriate Sanitizer or Disinfectant \(CFOC 3\)](#)

Feeding

- ◆ Choose age-appropriate foods
- ◆ Check food temperatures
- ◆ Mix and store bottles appropriately
- ◆ Position children to eat safely
- ◆ Teach toddlers how to eat safely



Sequence of Infant Development and Feeding Skills

Figure 1
**Sequence of Infant Development and Feeding Skills
 in Normal, Healthy Full-Term Infants***

DEVELOPMENTAL SKILLS

Baby's Approx. Age	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities
Birth through 5 months 	<ul style="list-style-type: none"> • Suck/swallow reflex • Tongue thrust reflex • Rooting reflex • Gag reflex 	<ul style="list-style-type: none"> • Poor control of head, neck, trunk • Brings hands to mouth around 3 months 	<ul style="list-style-type: none"> • Swallows liquids but pushes most solid objects from the mouth
4 months through 6 months 	<ul style="list-style-type: none"> • Draws in upper or lower lip as spoon is removed from mouth • Up-and-down munching movement • Can transfer food from front to back of tongue to swallow • Tongue thrust and rooting reflexes begin to disappear • Gag reflex diminishes • Opens mouth when sees spoon approaching 	<ul style="list-style-type: none"> • Sits with support • Good head control • Uses whole hand to grasp objects (palmer grasp) 	<ul style="list-style-type: none"> • Takes in a spoonful of pureed or strained food and swallows it without choking • Drinks small amounts from cup when held by another person, with spilling
5 months through 9 months 	<ul style="list-style-type: none"> • Begins to control the position of food in the mouth • Up-and-down munching movement • Positions food between jaws for chewing 	<ul style="list-style-type: none"> • Begins to sit alone unsupported • Follows food with eyes • Begins to use thumb and index finger to pick up objects (pincer grasp) 	<ul style="list-style-type: none"> • Begins to eat mashed foods • Eats from a spoon easily • Drinks from a cup with some spilling • Begins to feed self with hands

U.S. Department of Agriculture Food and Nutrition Service. (2001). *Feeding infants: A guide for use in the child nutrition programs*. Retrieved from https://www.fns.usda.gov/sites/default/files/feeding_infants.pdf

Napping

- ◆ Safe sleep practices
 - Back to sleep
 - Tummy time
 - Nothing in the crib but the baby
- ◆ Safe sleep spaces—cribs and cots



Resources

Consumer Product Safety Commission Federal Crib Safety Regulations:

<https://eclkc.ohs.acf.hhs.gov/safety-practices/article/child-care-providers-your-guide-new-crib-standards>

CFOC3 Special Collection, Safe Sleep Practices and SIDS/Suffocation Risk Reduction:

http://cfo.nrckids.org/StandardView/SpCol/Safe_sleep

Safe Sleep Environments and Reducing Sudden Unexpected Infant Death



Preventing Sudden Infant Death Syndrome



NATIONAL CENTER ON
Early Childhood Quality Assurance

Number of States With SIDS Prevention Requirements in Licensing Regulations in 2014

Licensing Requirements	Child Care Centers (N = 53)	FCC Homes (N = 46)	GCC Homes (N = 40)
Infants must be placed on their backs to sleep	47	39	33
Physicians may authorize different sleep positions for infants	38	35	29
Parents can authorize different sleep positions for infants	6	3	1
Soft bedding/materials must not be used in cribs	30	26	20
Facilities must use cribs that meet the U.S. Consumer Product Safety Commission requirements	15	19	17
Staff/providers are required to complete training about SIDS prevention	28	17	14

N = The number of States that regulate the type of facility.

National Center on Early Childhood Quality Assurance. (2016). *Reducing the risk of sudden infant death syndrome and using safe sleep practices*. Washington, DC: Office of Child Care and Office of Head Start. Retrieved from

https://childcareta.acf.hhs.gov/sites/default/files/public/brief_4_sids_safesleep_final.pdf

Safe Sleep



Safe to Sleep®
Public Education Campaign Led By
NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development
In collaboration with other organizations

Home About SIDS/Safe Infant Sleep Campaign Materials Explore the Campaign

Home > Campaign Materials

Campaign Materials

Printer-Friendly
Email Page

Facebook Twitter YouTube LinkedIn Google+ SoundCloud RSS Dribbble Tumblr

Safe to Sleep® Campaign Materials

The Safe to Sleep® campaign offers a variety of materials to help share safe infant sleep information with different audiences. Many of these items are available for download and order. [View all NICHD publications related to SIDS and Safe to Sleep®.](#)

For items that you can use to promote the Safe to Sleep® campaign or your own program, click on the appropriate link below.

To order materials, select the "Order" link to go to the online order form. Once you have completed the form, use your browser's "BACK" button to return to this list. The online order form is available for 20 minutes; after that time, you'll have to re-enter the materials and information.

- Materials for Parents and Caregivers
- Materials for Providers and Health Workers
- Other Materials

<https://www.nichd.nih.gov>



Caring for Our Children
National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition
National Resource Center for Health and Safety in Child Care and Early Education

CFQOC3 Home Table Of Contents CFQOC3 Content FAQs/CFQOC3 Clarifications

Home > CFQOC3 Content

Search CFQOC3

CFQOC3 Content

Reference Number or Keyword

Number of Standards Returned: 37
Content Current as of Dec 05, 2016

Special Collection

Safe Sleep Practices and SIDS/Suffocation Risk Reduction

Create/Print PDF

Applicable Standards from:

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs Third Edition

A Joint Collaborative Project of
American Academy of Pediatrics
141 Northwest Point Boulevard
Evanston, IL 60007-1019
American Public Health Association
800 I Street, NW
Washington, DC 20001-3710
National Resource Center for Health and Safety in Child Care and Early Education
University of Colorado, College of Nursing
13120 E 19th Avenue



http://cfoc.nrckids.org/standardview/spccol/safe_sleep

Playing and Environment



Use equipment and materials that are safe for infants and toddlers and have no small parts



Play and Environment

Set up areas of play that allow for primary caregiving and individualized care



Active Supervision

1. Set up the environment
2. Position staff
3. Scan and count
4. Listen
5. Anticipate children's behavior
6. Engage and redirect



Office of Head Start Early Learning and Knowledge Center. (n.d.). Keep children safe using active supervision [Web page]. Retrieved from <https://eclkc.ohs.acf.hhs.gov/safety-practices/article/keep-children-safe-using-active-supervision>

Program Policies and Practices

- ◆ Daily health checks
- ◆ Medication administration
- ◆ Emergency preparedness
- ◆ Shaken baby and abusive head trauma



Daily Health Check

*REVISED JUNE 2016

Daily Health Check



WHAT IS IT?
The Daily Health Check is a quick way for parents and child care providers to check for a change in a child's health and well-being. Does the child act differently from usual? Does the child look different from usual? Doing the Daily Health Check can help prevent illness and disease from entering a child care facility.

WHY DO IT?
A Daily Health Check on all children entering child care helps the caregivers establish what is normal for each child and what is abnormal for each child. It also provides a wonderful opportunity to transition the children into child care. The sooner sick children are identified, the sooner their health needs can be addressed. Early identification of illness in children can also reduce the spread of illness or disease.

WHO DOES IT?
Caregivers do the Daily Health Check, using a checklist. Child care health consultants can provide training on the Daily Health Check for the caregivers. The caregiver should perform the Daily Health Check in a relaxed and comfortable manner that respects the family's culture as well as the child's body and feelings.

WHEN TO DO IT?
Caregivers should perform the Daily Health Check when a child first arrives at the child care facility and when the parent is still present. It can be repeated periodically throughout the day as necessary. (National Health and Safety Performance Standard 3.1.1.1*)

HOW IS IT DONE?
Start by patting on the child's eye level. Then

LOOK – for signs and symptoms of illness

- Changes in mood or behavior
- Change in activity or energy level, listlessness or difficulty moving
- Runny nose or eyes, drainage from open sores
- Skin changes such as a rash, swelling, bumps or redness
- Scratching, tugging at a part of the body or holding a body part

LISTEN – for complaints and unusual sounds from the child that might indicate they are not feeling well. Listen to what a parent shares about the child or other illness in the family.

- Groans
- Continual crying or unusual fussiness
- Wheezing, sneezing, labored breathing
- Hoarseness
- Coughing

FEEL – for a change in the skin that might indicate a fever or dehydration.

- Moistness
- Unusual warmth
- Skin does not spring back when slightly pinched

SMELL – for unusual odors that might indicate an underlying disease

- Fruity sweet breath
- Foul breath
- Unusual urine or bowel movement odors

DAILY HEALTH CHECK

CHECKLIST – A HEAD TO TOE CHECK	NO	YES, COMMENTS
Shows a change in behavior or mood: less active, less energy, more sleepy, easily irritated		
Looks different from normal		
Complains of not feeling well		
Has itchy skin or scalp		
Is pulling at ear		
Has drainage from the eyes		
Has a runny nose		
Is coughing severely		
Has skin rash or discoloration		
Has drainage from an open sore		
Has unusually warm skin		
Eating or drinking more or less than usual		
Is vomiting		
Has abnormal stools: white bowel movement, gray bowel movement, diarrhea or unusual odor		
Is not urinating		
Is off balance or walks unevenly		

If the answer is "yes" to any of these questions, the child may be ill.

At the beginning of the day when the parent is still at the facility, caregivers and parents can decide together on a plan of action to support the child's health. If the child needs to be excluded from care the parent can leave with the child and tend to the child's health needs.

If the child becomes ill during the day, the caregiver should notify the child's parents and decide together on how to care for the child. Children who are ill or contagious must be excluded from child care based on the NC Child Care Rules .0804 and .1720(b). Parents may need to consult the child's health care provider before a child can return to child care.

Any time child maltreatment is suspected, a report must be filed with DSS.

*American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Caring for Our Children National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs Third Edition, 2011.

Reference:
Morning Health Check, California Childcare Health Program. Retrieved 10/28/2008 from www.usafchildcarehealth.org/pdfs/posters/9/MorningCheckEN.pdf

The development and translation of the Daily Health Check Poster are supported by funding from the Child Care and Development Fund Block Grant of the Child Care Bureau, Administration on Children and Families, USDHHS, through a contract between the NC Division of Child Development, NCDHHS, and the Department of Material and Child Health, Gillings School of Global Public Health, The University of North Carolina at Chapel Hill.

• North Carolina Child Care Health & Safety Resource Center • 1.800.367.2229 • www.healthychildcarenc.org •

- ◆ Look
- ◆ Listen
- ◆ Feel
- ◆ Smell

CFOC3 standard
[3.1.1.1 Daily Health Check](#)

http://www.healthychildcarenc.org/PDFs/daily_health_check.pdf

Medication Administration

◆ Infants

- Create a calm environment
- Don't mix with formula or breast milk

◆ Toddlers

- Cuddle a toy
- Provide some quiet time before and after



Medication Administration

Licensing Requirements	Child Care Centers (N = 53)	FCC Homes (N = 46)	GCC Homes (N = 40)
State has requirements about medication administration	53	42	38
State requires facilities to obtain permission from parents to administer medications	50	41	37
State requires facilities to obtain written instructions on the administration of medication from parents or physician	47	37	35
State requires facilities to keep records of medications administered to children	49	34	31
Staff/providers are required to complete training about medication administration	17	9	10

N = the number of States that regulate the type of facility

National Center on Early Childhood Quality Assurance. (2016). *Administering medication*. Washington, DC: Office of Child Care and Office of Head Start. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/brief_2_administering_medication_final.pdf

Shaken Baby Syndrome and Abusive Head Trauma

- ◆ Leading cause of child abuse deaths in United States
- ◆ 25 percent die
- ◆ 80 percent suffer lifelong disabilities
- ◆ Shaken baby syndrome occurs most often in babies less than 6 months old
- ◆ **#1 Trigger is Crying**

<http://www.dontshake.org/learn-more>

**It's
Crying
Time**



AGAIN!

Does your baby cry more than normal?

Some babies cry more than others.

Some babies cry even when all their needs have been met.

Babies cry most between 2-4 months.

REMEMBER — It gets better!

Call 1-800-CHILDREN for more information

<http://www2.aap.org/sections/sca/n/practicingsafety/module1.htm>

Emergency Preparedness

Staff development

- ◆ Have staff, if applicable, been informed and trained on the emergency procedures?
 - Lockdown
 - Evacuation
- ◆ Have staff been assigned to assist children in the event of an emergency?



Emergency Preparedness

Planning

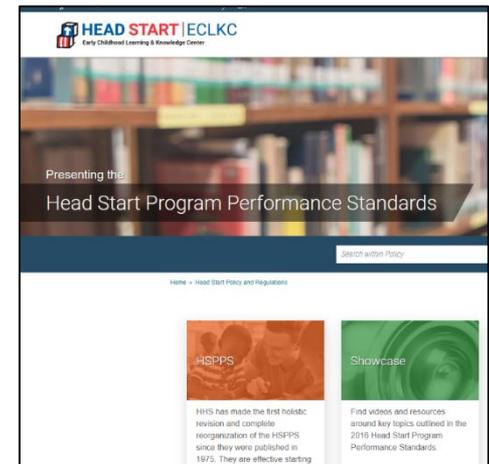
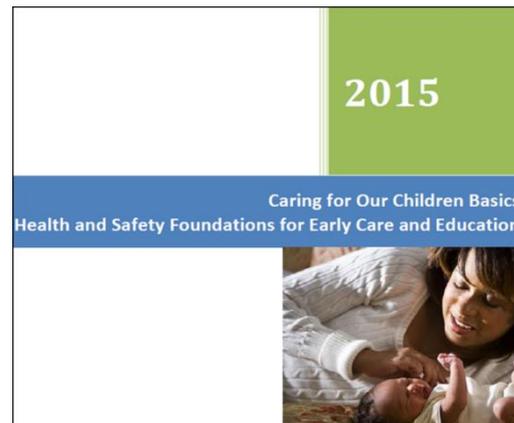
- ◆ Evacuation of children with limited or no mobility
- ◆ Assessment of evacuation routes for potential hazards
- ◆ Establishment of primary and secondary evacuation routes
- ◆ Establishing and practicing emergency procedures with the children
- ◆ Placement of evacuation cribs, portable play yards with wheels, or strollers near an exit for safe and efficient evacuation of infants



Office of Head Start Early Learning and Knowledge Center. (n.d.). Emergency preparedness tip sheets [Web page]. Retrieved from <https://eclkc.ohs.acf.hhs.gov/safety-practices/article/emergency-preparedness-tip-sheets>

Standards

- ◆ [National Database of Child Care Licensing Regulations](#)
- ◆ [Caring for our Children Basics \(CFOCB\)](#)
- ◆ [CFOC3 Database of Standards](#)
- ◆ [Head Start Program Performance Standards](#)



Health and Safety Tools

- ◆ [Health and Safety Screener \(Head Start\)](#)
- ◆ [California Childcare Health Program main website](#) and [Health and Safety Checklist for Early Care and Education Programs](#) (evidence-based and linked to CFOC3)
- ◆ [CFOCB Health and Safety Standards Alignment Tool for Child Care Centers and Family Child Care Homes – States](#)
- ◆ CFOCB Alignment Tool for Child Care Programs – Providers (Coming Soon!)
- ◆ [Model Child Care Health Policies](#)

CFOCB Standards Alignment Tool

CFOCB Health and Safety Standards Alignment Tool

Staffing

1.1.1.1–1.1.1.5 Ratios for Centers and Family Child Care Homes

Appropriate ratios should be kept during all hours of program operation. Children with special health care needs or who require more attention due to certain disabilities may require additional staff on-site, depending on their needs and the extent of their disabilities.

In center-based care, child-provider ratios should be determined by the age of the majority of children and the needs of children present.

Age	Child Care Centers Maximum Child: Provider Ratio
≤12 months	4:1
13-23 months	4:1
24-35 months	4:1–6:1
3-year-olds	9:1
4- to 5-year-olds	10:1

In family child care homes, the provider's own children under the age of 6, as well as any other children in the home temporarily requiring supervision, should be included in the child: provider ratio. In family child care settings where there are mixed age groups that include infants and toddlers, a maximum ratio of 6:1 should be maintained and no more than two of these children should be 24 months or younger. If all children in care are under 36 months, a maximum ratio of 4:1 should be maintained and no more than two of these children should be 18 months or younger. If all children in care are 3 years old, a maximum ratio of 7:1 should be preserved. If all children in care are 4 to 5 years of age, a maximum ratio of 8:1 should be maintained.

Check Alignment Level	State Standard	Notes
<input type="checkbox"/> Full Alignment <input type="checkbox"/> Partial Alignment <input type="checkbox"/> No Alignment		

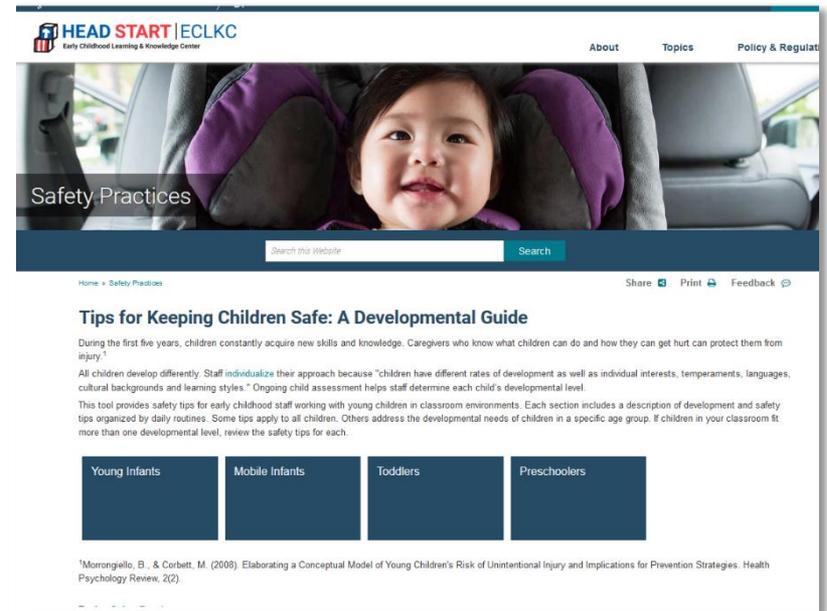
Technical Assistance Briefs

- ◆ Prevention and Control of Infectious Diseases
- ◆ Administering Medication
- ◆ Prevention of and Response to Emergencies Due to Food and Allergic Reactions
- ◆ Reducing the Risk of Sudden Infant Death Syndrome and Using Safe Sleeping Practices
- ◆ Building and Physical Premises Safety
- ◆ Emergency Preparedness and Response Planning
- ◆ Handling, Storing, and Disposing of Hazardous Materials and Biological Contaminants
- ◆ Transportation of Children
- ◆ Health and Safety Training

<https://childcareta.acf.hhs.gov/resource/briefs-about-health-and-safety-topics>

Tips for Keeping Children Safe: A Developmental Guide

- ◆ Developmental approach to injury prevention
- ◆ Age group
- ◆ Daily routine
- ◆ Hyperlinked to resources



<https://eclkc.ohs.acf.hhs.gov/safety-practices/article/tips-keeping-children-safe-developmental-guide>



**Virtual Early Education Center (VEEC):
Room by Room Practices for Health and Safety**

The **Virtual Early Education Center** (VEEC) is an online tool for early care and education (ECE) programs, including Head Start, Early Head Start, and child care. It is designed to have the look and feel of an actual ECE center. Visitors can move from room to room within the VEEC to find information on health and safety practices and useful resources. Use it to explore resources and information regarding Head Start Program Performance Standards and Caring for Our Children (CFOC). Learn more about health-focused ECE and best practices.

Features and functions include:

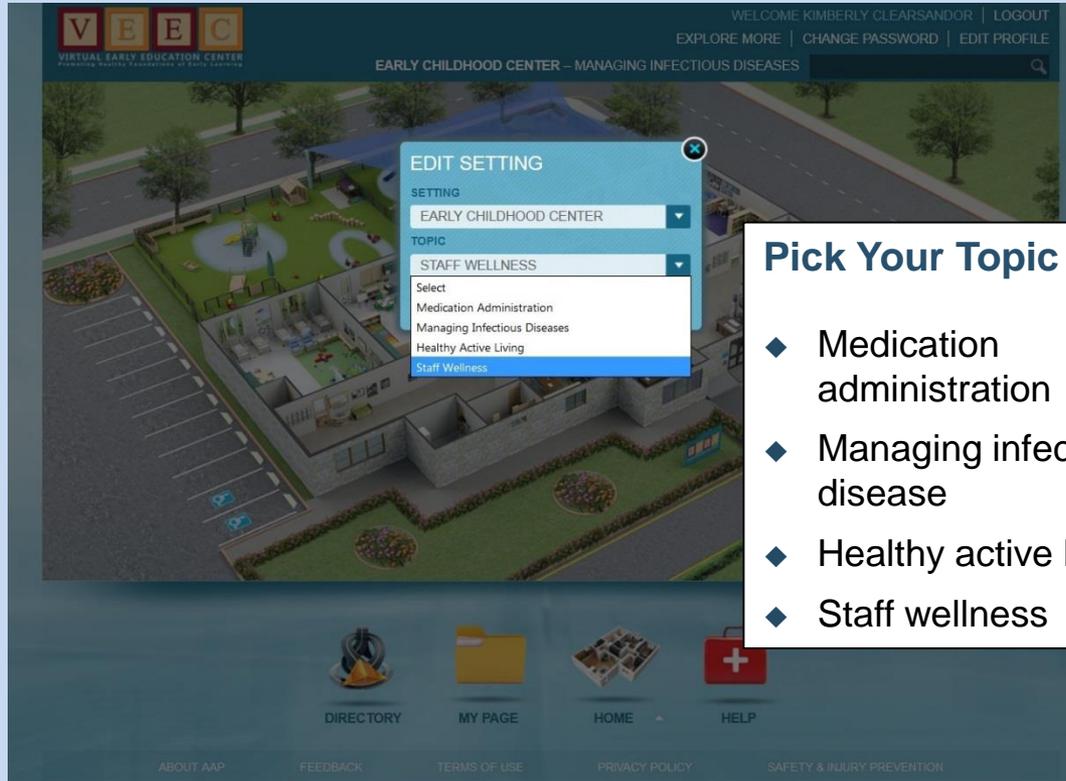
- Hotspots within each room that provide visitors with information on the Head Start Program Performance Standards, CFOC standards, CFOC Basics, and related resources
- Information on child health and development from infancy to school-age
- Specific resources around safety and injury prevention, including indoor-outdoor play and transportation safety
- Four topic areas to explore:
 - Healthy active living
 - Managing infectious diseases
 - Medication administration
 - Staff wellness

Visit the VEEC (Note: The first time you visit the VEEC, you must register and create a login name.) Also, read the **Frequently Asked Questions**. [PDF, 134KB]

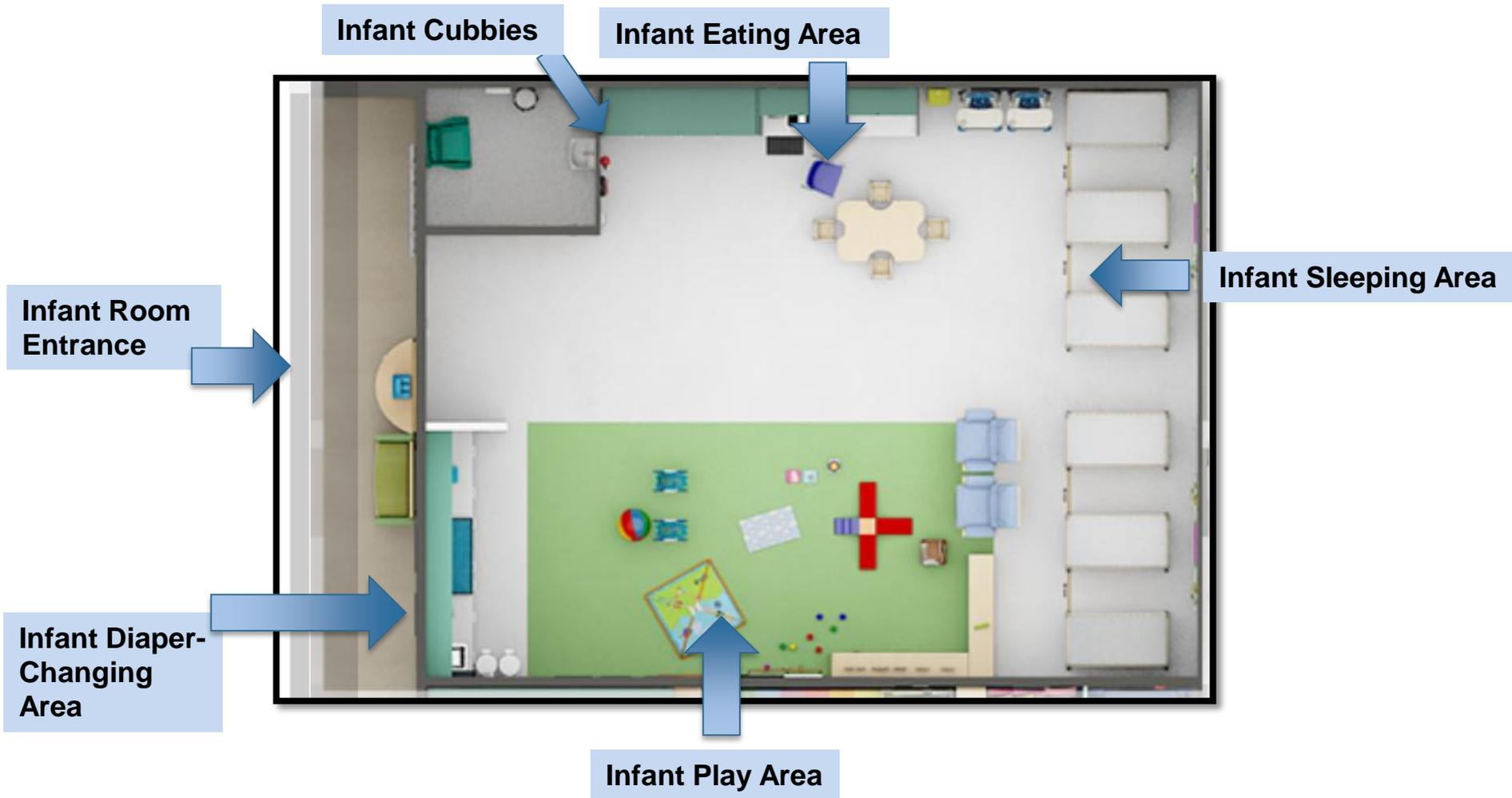
<https://eclkc.ohs.acf.hhs.gov/health-services-management/article/virtual-early-education-center-veec>

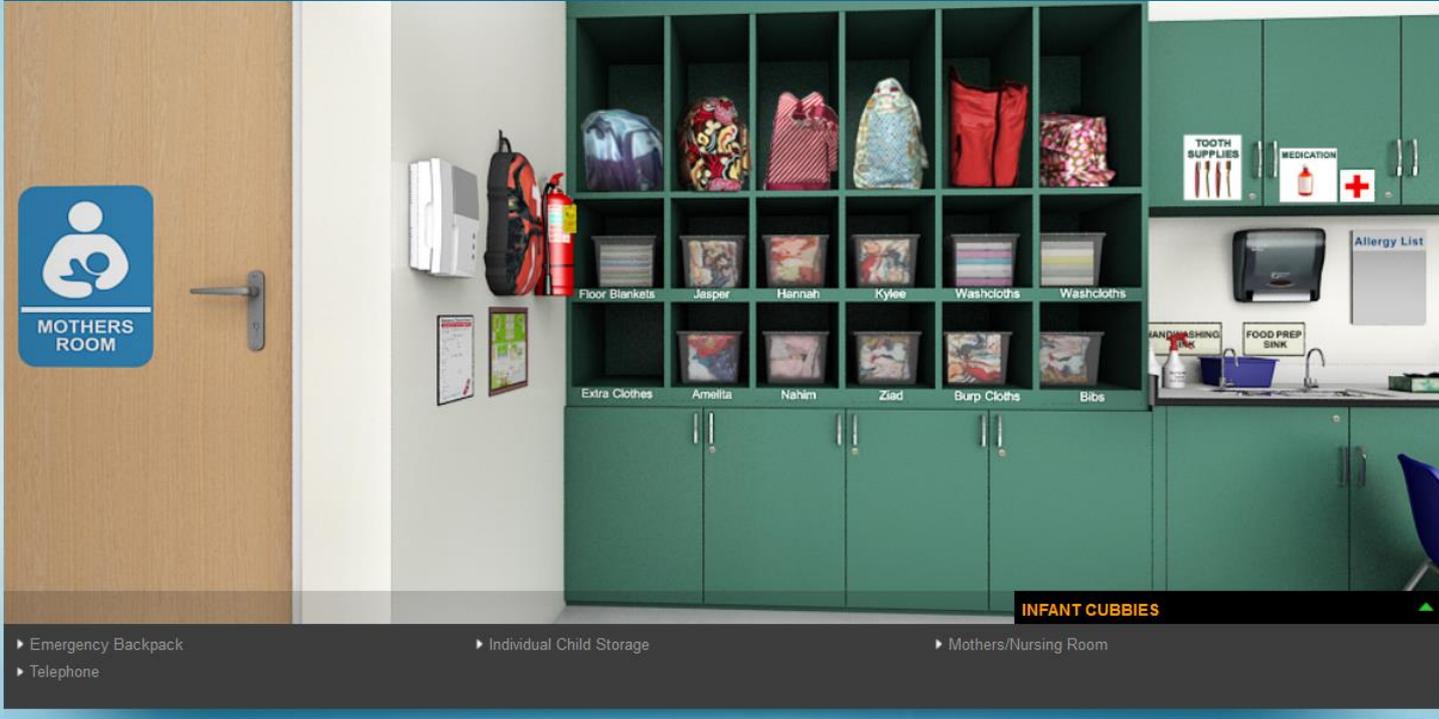
Virtual Early Childhood Education Center





- ### Pick Your Topic
- ◆ Medication administration
 - ◆ Managing infectious disease
 - ◆ Healthy active living
 - ◆ Staff wellness





Hot Spots

Emergency backpack

Telephone

Individual child storage

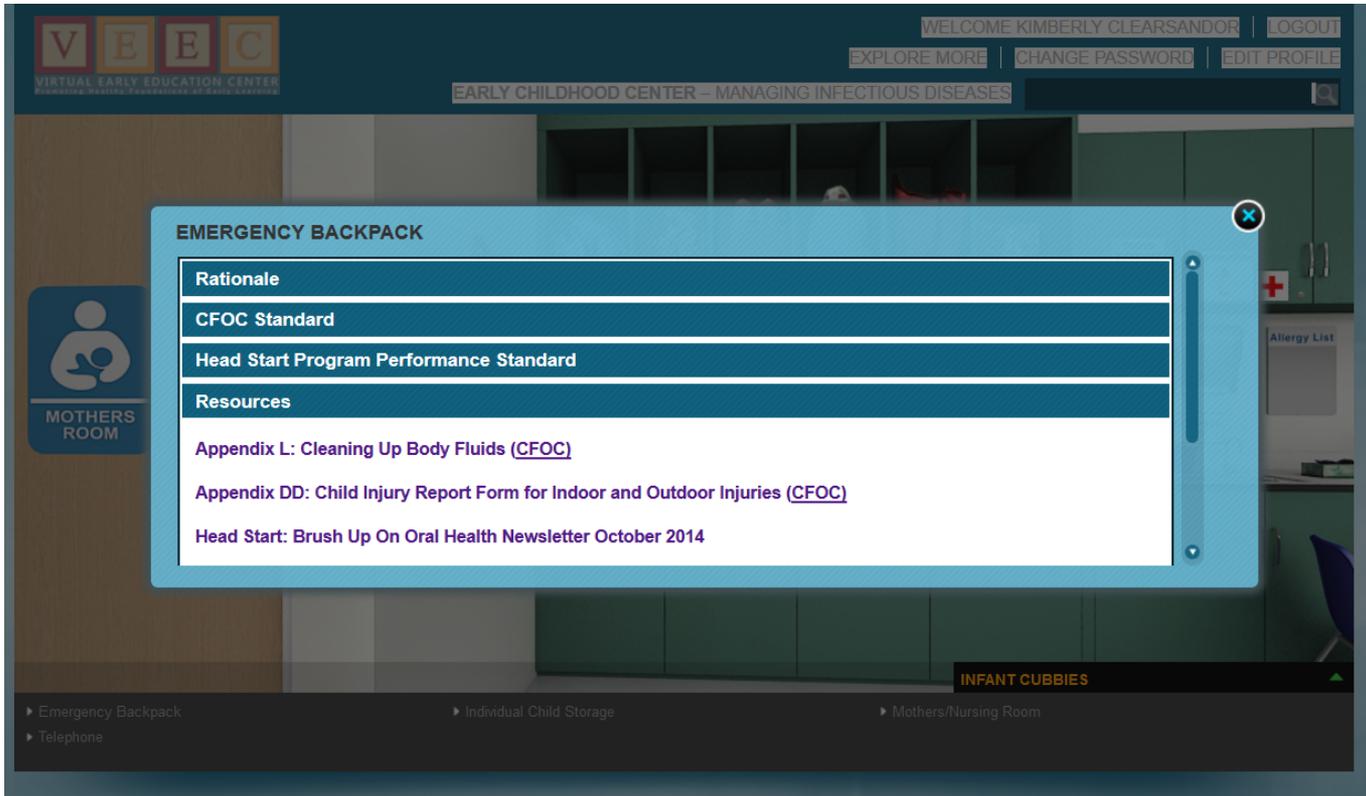
Mothers' and nursing room

▶ Emergency Backpack
 ▶ Telephone

▶ Individual Child Storage

▶ Mothers/Nursing Room

INFANT CUBBIES



- ◆ Rationale
- ◆ *Caring for Our Children* standards
- ◆ Resources

Thank You

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NATIONAL CENTER ON
Early Childhood Health and Wellness



CHILD CARE
State Capacity Building Center



ADMINISTRATION FOR
CHILDREN & FAMILIES