

# HOT TOPICS IN HEALTH AND SAFETY TRAINING FOR CHILD CARE PROVIDERS

Welcome!



# **EMSA HEALTH AND SAFETY TRAINING FOR CHILD CARE PROVIDERS**

**SPEAKER:**

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# CHILD CARE NUTRITION TRAINING

- ❖ Childhood Nutrition Training: Clarify who needs to take the training and when:
  - ✓ New Licensees
  - ✓ Relocation licensees
  - ✓ Transfer of license
  - ✓ Sale of child care business
- ❖ Problem: the training law has a glitch: it says the PHSP training is *one-time only*. But child care providers who are in a licensing process—even those who have already taken their 7-hour training years ago—must take the *full* 8-hour course again, because there is no stand-alone one-hour childhood nutrition course. However, repeating the training will update the provider with much new information about children's health and safety.
- ❖ The EMSA Childhood Nutrition web page is being updated to include more user-friendly resources for how to feed children in the child care setting, and also to provide the resources in Spanish and Chinese. We hope to have the new page up by December. Please visit the web page for recipes, menus, and ideas for making children's meals nutritious.

# FILLING THE TRAINING GAP

- ❖ EMSA is reviewing applications of former American Red Cross instructors who are interested in becoming Preventive Health and Safety Practices training directors. The review process is taking about 6 months because the curriculum requires extensive updating to incorporate new science, and instructors are not familiar with the more extensive responsibilities of a training director. Also, many of the instructors interested in becoming directors are not English speakers, and the EMSA application is available only in English.
- ❖ Four new programs have been approved for Spanish and Chinese language curricula.
- ❖ CDE established a project that is using the R&R as hubs to provide creative solutions and incentives so that child care providers in areas of the state where there are training gaps can access the training. For example, the R&R hubs can arrange for instructors from other areas to come to an under-served community to provide the training, or they can fund travel expenses for a child care provider to travel to a community that has the training.
- ❖ CDE and the R&Rs are currently assessing the needs for the training across the state and working to establish a program that will utilize the statewide R&Rs as hubs of training. This project, once it begins, will bring the Preventive Health and Safety Practices training to areas of the state that do not currently have the training. This project will also provide technical assistance to instructors.


# COMMON PROBLEMS IN CHILD CARE TRAINING

- ❖ The 16 hours of child care health and safety training (1st Aid, CPR, and Prev. Health) must be *fully in-person*, with an in-person instructor. **No online (home study) training is allowed.**
- ❖ Child care providers may use college courses to meet the 16 hour training requirement. They will need to provide to Licensing the course transcript and a syllabus or detailed course description as proof. **The college course topics and content should meet the standards set forth in the child care training regulations.**
- ❖ The child care training must be 8 hours for pediatric first aid/CPR and 8 hours for the Preventive Health and Safety Practices training. We often receive calls that child care center directors request shorter training from instructors for their staff. And instructors are often happy to oblige. But, **shorting the hours of training is illegal**, and can place a provider's license, and a training program's approval, in jeopardy. EMSA refers cases like these to CDSS Licensing, and initiates investigations into training programs where shorting hours has been reported.

# PROPOSED CHANGES TO TRAINING

- ❖ New training topics are being added to the child care training regulations.
- ❖ The revised regulations propose to require 2 hours of ongoing prevention/healthy practices training as part of the ongoing CPR training requirement. This training would be required every two years.
- ❖ During the regulatory public comment process, child care providers and R&R staff will have the opportunity to provide feedback for the proposed child care training regulations.
- ❖ EMSA will provide notice to those who would like to receive the public notice about the proposed changes to the child care training regulations .

# **NEW TRAINING TOPICS**

- ❖ Enrollment Procedures
  - ❖ Staff Self-Care: A Strategy for Preventing Child Abuse and Promoting Children's Emotional and Physical Safety in the Child Care Setting
  - ❖ Caring for Children with Special Needs
  - ❖ Safe and Sanitary Food Preparation and Proper Food Handling Practices that Reduce the Risk of Food-borne Illness
  - ❖ Handling Disasters and Emergencies in Child Care
  - ❖ Emerging Issues in Child Care
- 

# QUESTIONS

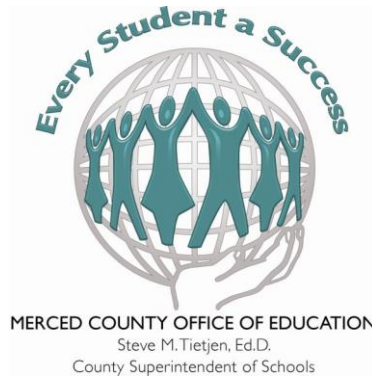
- ☐ Your questions will be answered at the end of the panel's full presentations.
- ☐ Or, you may call Lucy at (916) 431-3678, or e-mail her at:

[lucy.chaidez@emsa.ca.gov](mailto:lucy.chaidez@emsa.ca.gov)



California Child Care Resource & Referral

**N E T W O R K**



# Health and Safety Training Online Modules

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# Background and Purpose



- To meet the new CCDBG requirements, CDE will institute 14 additional hours of H&S training in the form of online modules available to child care providers receiving subsidy through CCDBG.
- MCOE, in partnership with the CCR&R Network are developing the training modules.
- States are required to meet new standards to protect the health and safety of children in 11 topic areas. Online modules are being developed within 9 topic areas.
- In addition to these trainings providers receiving subsidy will be required to take the 16 hours of EMSA approved coursework and Mandated Reporter training.

# Topic Areas



## *Nine Online Modules in development:*

- Prevention and control of infectious disease
- SIDS and safe sleep practices
- Administration of medication
- Prevention/response to food allergies
- Building and physical premises safety
- Shaken baby syndrome and abusive head trauma
- Emergency preparedness
- Handling, storage, and disposal of hazardous materials and bio contaminants
- Transporting children

*Note: The following are already developed trainings.*

- Mandated Reporter Training
- First-aid/CPR

# Where Are We Now?



- Script development in collaboration with the Health and Safety Regulatory Workgroup, EMSA, and ECE professionals.
- Video production in progress with METV(Merced Educational Television.)

# A Look Ahead



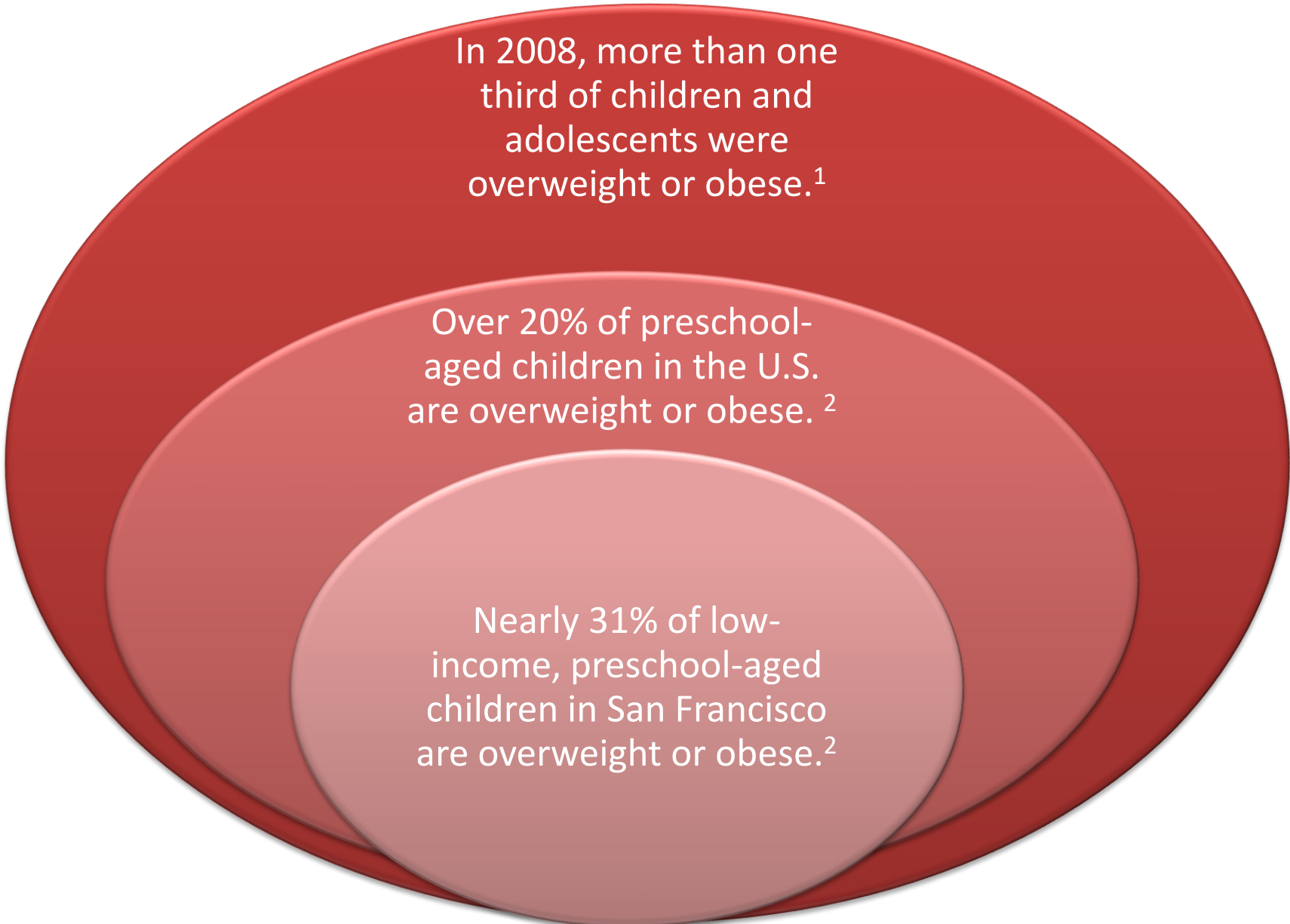
- Timeline – June 30, 2018 Pending approval from CDE.
- Modules will be posted on CECO (California Early Childhood Online) and available in Spanish, Chinese, and English.
- R&Rs will be able to access the training upon completion for the purpose of setting up learning cohorts.
- Modules will be available for providers to voluntarily participate in until they are formally required by statute.
- Participants in California will sign into the registry to obtain ID to participate.
- Let's take a peek at the Food Allergy Module....

# Healthy Apple Program for Early Childhood Nutrition and Physical Activity



**Raegan Sales, Healthy Apple Program Coordinator**





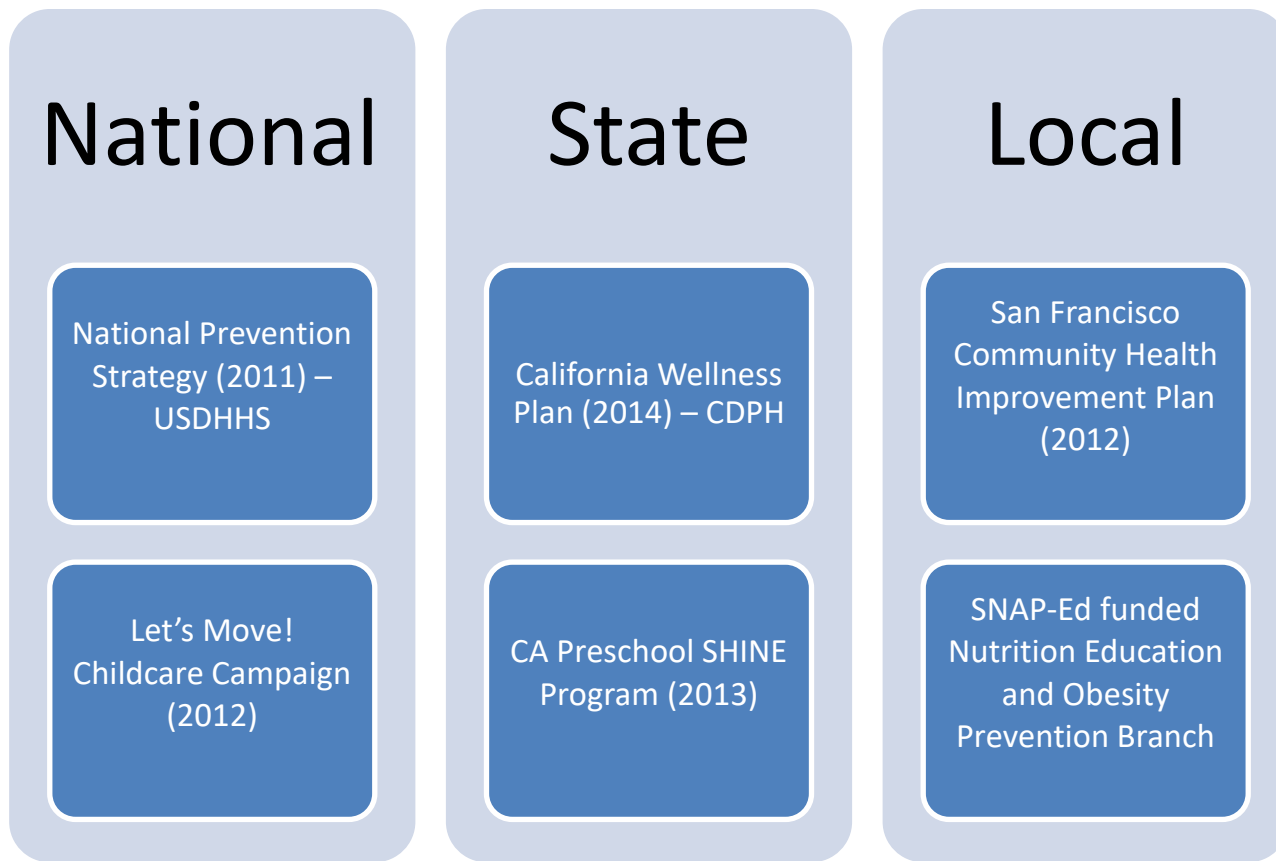
In 2008, more than one  
third of children and  
adolescents were  
overweight or obese.<sup>1</sup>

Over 20% of preschool-  
aged children in the U.S.  
are overweight or obese.<sup>2</sup>

Nearly 31% of low-  
income, preschool-aged  
children in San Francisco  
are overweight or obese.<sup>2</sup>

1. National Center for Health Statistics. Health, United States, 2010: With Special Features on Death and Dying. Hyattsville, MD; U.S. Department of Health and Human Services; 2011.

2. CDC Pediatric Nutrition Surveillance System Summary Report, 2010: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion <http://www.dhcs.ca.gov/services/chdp/Documents/PedNSS/2010/16B0to5.pdf>



- Promote Healthy Eating and Active Living
- Healthy and Safe Community Environments – Create, sustain and recognize communities that promote health and wellness through prevention



The Healthy Apple Program offers providers tools, resources, and support to create healthy child care environments that promote nutrition and physical activity, ultimately helping to create lifelong healthy habits in children and reducing rates of childhood obesity.



# What is Healthy Apple?



--Totally FREE and voluntary for providers

--Assessments in English, Spanish and Chinese

--Exceptional sites receive bronze, silver or gold awards annually

# 2017 Healthy Apple Awards



22 sites recognized with Healthy Apple Awards in 2017 (up from 16 sites in 2016)



# How was Healthy Apple Developed?

San Francisco Child Care Wellness Collaborative – 2012-2013

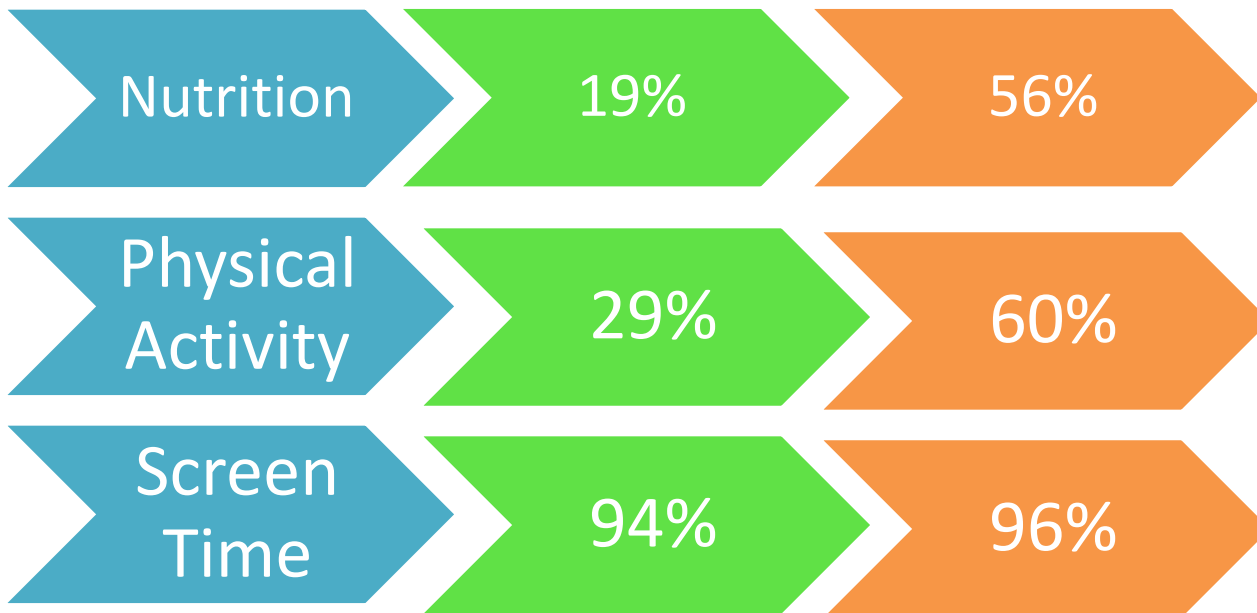


San Francisco  
Department of Public Health

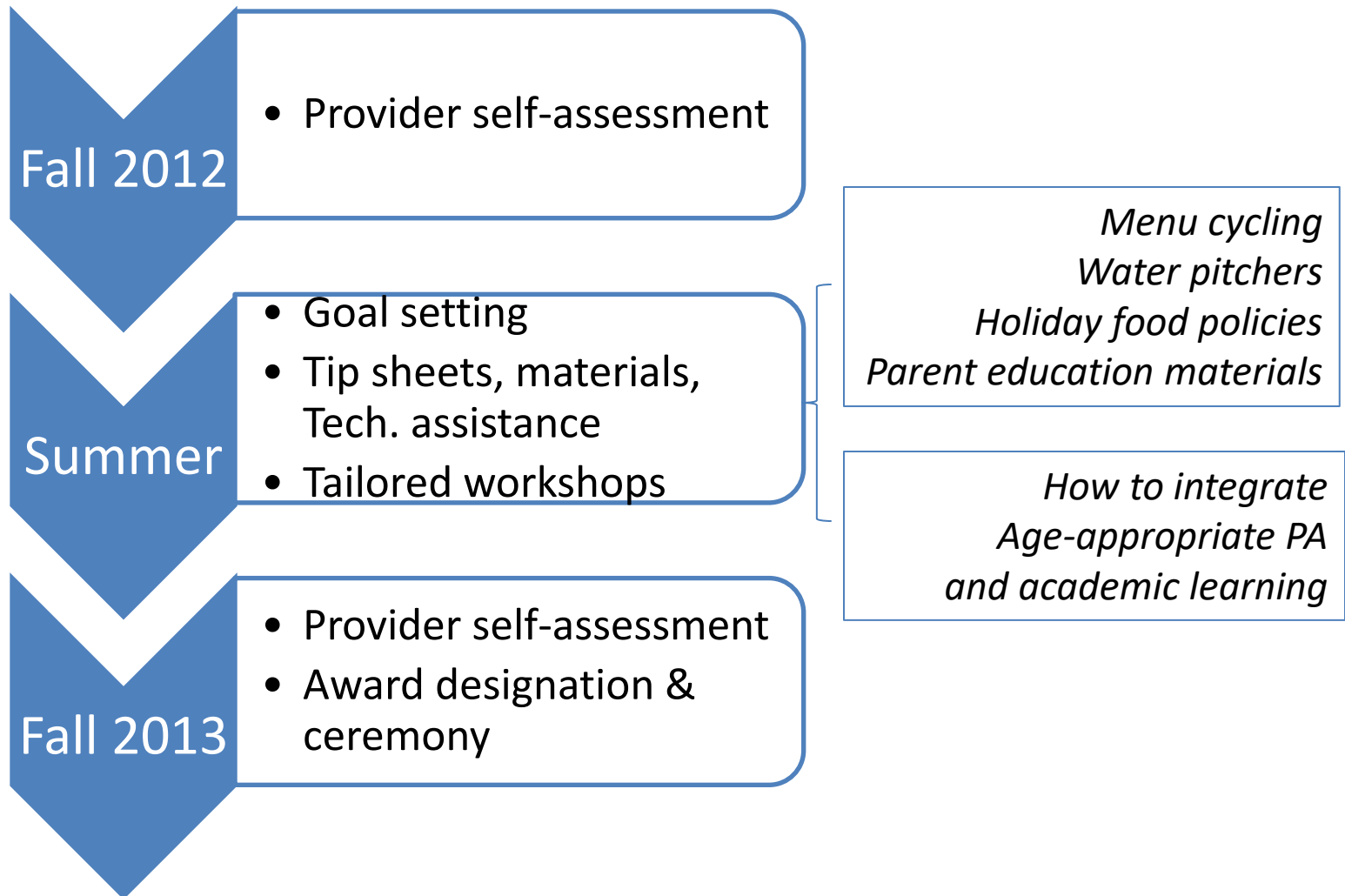


# Healthy Apple Pilot (2013)

- 31 providers (14 FCC, 17 Centers)
- 2 workshops offered
- Providers achieved an average of 2 goals and implemented an average of 14 improvements

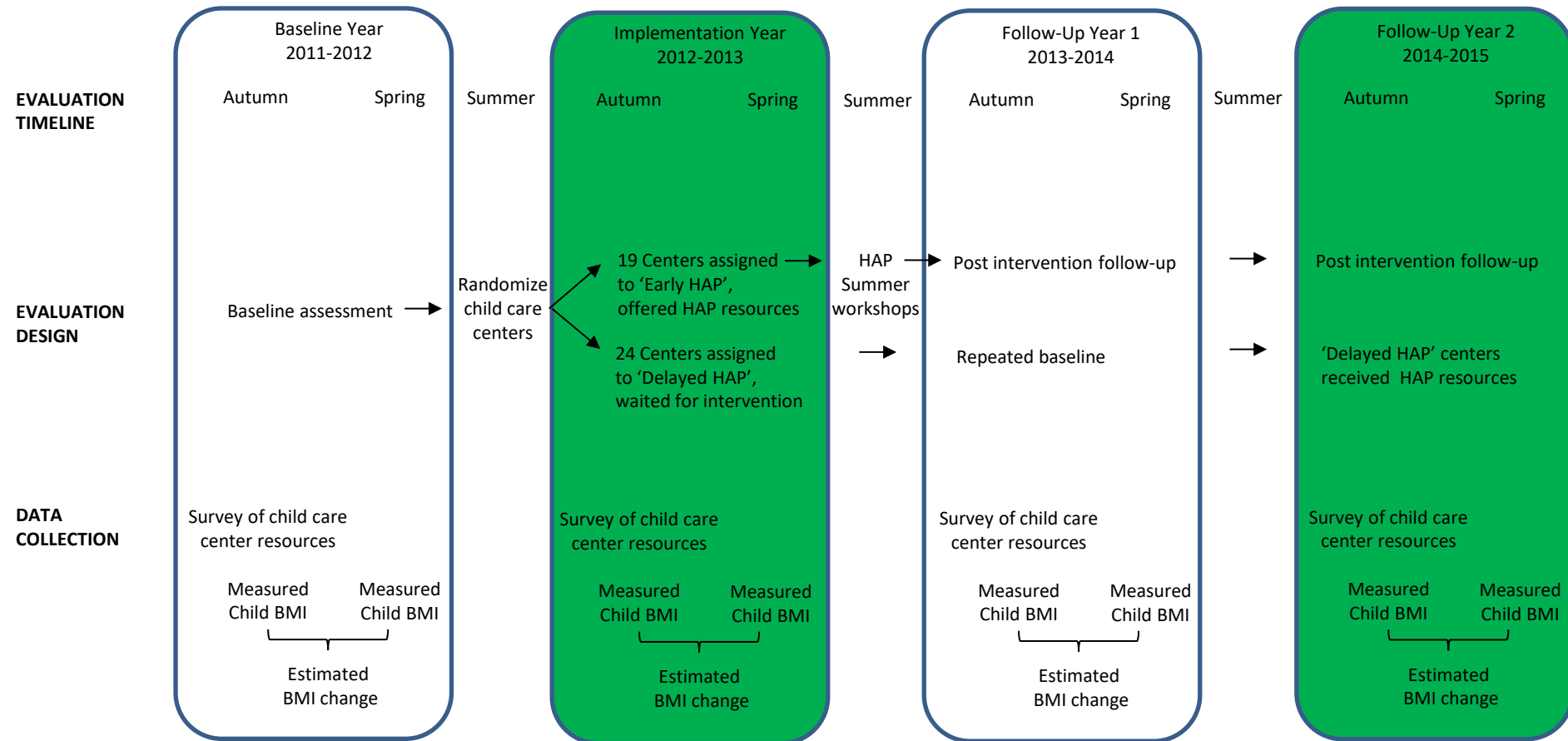


# SF Healthy Apple Pilot Process



**2012-2013**

# SF Healthy Apple Program Pilot in Child Care Health Program (CCHP) centers



# Healthy Apple Pilot Results

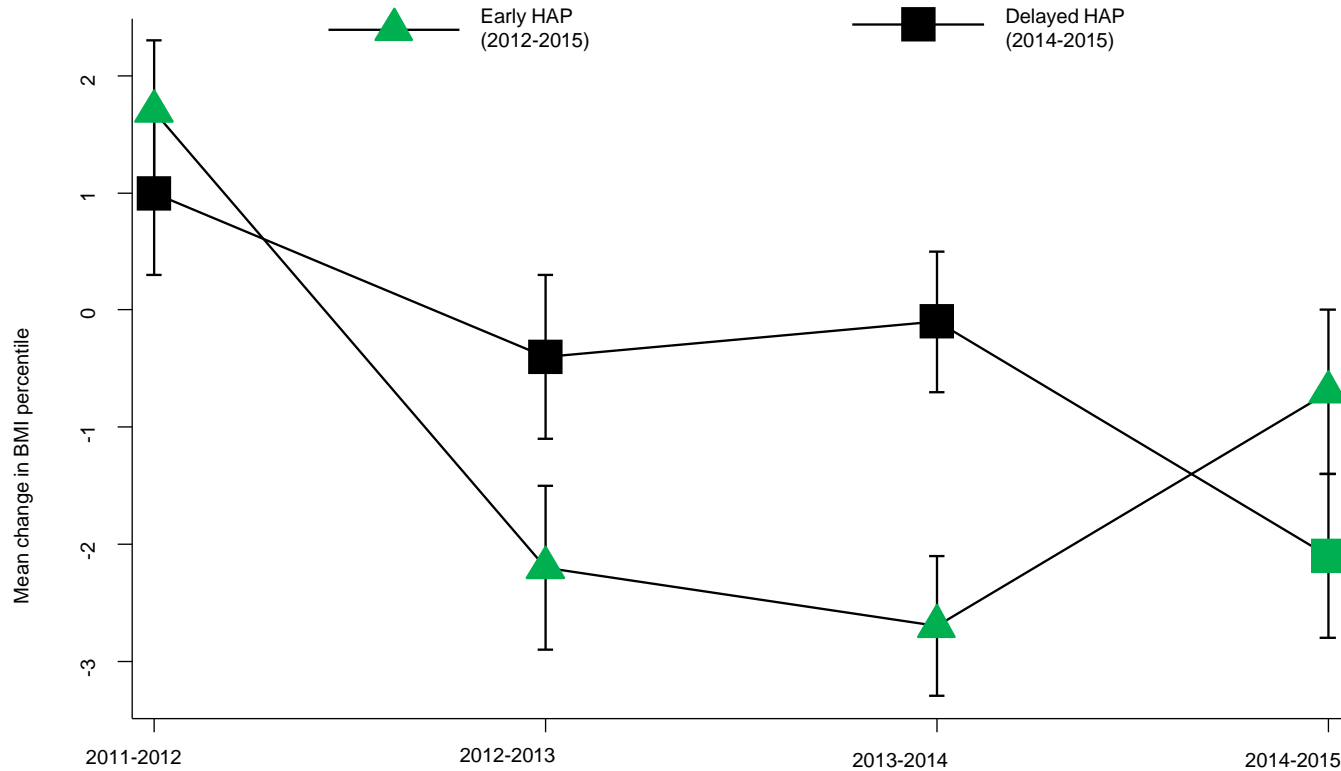
In 2011-2012: The CCHP+HAP and CCHP+HAP Delayed centers had **similar practices** (<15% of children were exposed to physical activity curriculum, staff joining in active play with children, and drinking water pitchers).


In 2013-2014: **60%** of children in CCHP+HAP centers were exposed to the 3 index practices vs **19%** in CCHP+HAP Delayed centers.

In 2014-2015, after all centers were offered HAP, the index practices and BMI changes were **improved for all** centers vs 2011-2012.



# Healthy Apple Pilot Results





**For information about the  
CCHP HA pilot analysis, please  
contact**

**[jodi.stookey@sfdph.org](mailto:jodi.stookey@sfdph.org)**

# Where is Healthy Apple now?

## Healthy Apple Program Funders



Partner of:



Visit [www.HealthyApple.org](http://www.HealthyApple.org) for the full list of Partners.

# Healthy Apple 2015 to date



**Total Registered in San Francisco: 112**

## Physical Activity

- # Participants: **74**
- # Bronze level BPs: 4 (2016) + 14 (2017) = **18**
- # Silver level BPs: 5 (2016) + 1 (2017) + 1 = **7**
- # Gold level BPs: **2** (2017)

## Nutrition

- # Participants: **74**
- # Bronze level BPs: 8 (2016) + 6 (2017) + 3 = **17**
- # Silver level BPs: 4 (2016) + 11 (2017) + 2 = **17**
- # Gold level BPs: 1 (2016) + 2 (2017) = **3**

## 4 Orientation Events, 28 Workshops

- more than **420** participants

## Highest Training Needs Identified

- Policy development and Parent Education: N & PA
- Expanding menu cycle
- Toddler nutrition education
- Infant physical activity ideas
- Screen time
- Family style meals, authoritative feeding, positive feeding practices



excellence in childhood  
nutrition + physical activity



Dashboard

Update Info

Events

Resources

Logout

## Dashboard

### Raegan's Radical Rainbow Readers



#### Physical Activity Assessment

2 Completed  
0 In Progress

 [Instructions](#)



#### Nutrition Assessment

0 Completed  
1 In Progress

 [Instructions](#)



#### Action Plan

20 Action(s) Suggested  
5 Action(s) Working On  
1 Action(s) Completed

 [Instructions](#)



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Adapted with permission from the GO NAP SACC Self-Assessment. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina, Chapel Hill





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Dashboard

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1. Foods/Beverages  
Provided ?

2. Feeding Environment  
& Practices !

3. Nutrition Education, Professional  
Development & Policy ✓

4. Breastfeeding  
& Infant Feeding ?

5. Summary ?

6. Submit  
Your Assessment ?



### Raegan's Radical Rainbow Readers Nutrition Assessment #1

Children begin learning healthy eating habits at a very young age, and their bodies are growing rapidly. Additionally, most children eat 50% to 75% of their daily calories at child care. It is important that food served at child care is nutritious and that providers and staff model and encourage healthy eating habits.

*Hover or mouse over the words in **blue font** for definitions and information. (Will not work on tablets, smart phones or other touch devices.)*

## SECTION 1: Foods/Beverages Provided

### FOODS PROVIDED

1. Our program offers **fruit**:

- ☐ 3 times per week or less (Half-day: 2 times per week or less)
- ☐ 4 times per week (Half-day: 3 times per week)
- ☐ 1 time per day (Half-day: 4 times per week)
- ☐ 2 times per day or more (Half-day: 1 time per day or more)

2. Our program offers fruit that is fresh, frozen, or canned in its own juice, not in syrup:

- ☐ Rarely or never/Fruit is never offered
- ☐ Sometimes
- ☐ Often
- ☐ Every time fruit is offered

3. Our program offers **vegetables**:



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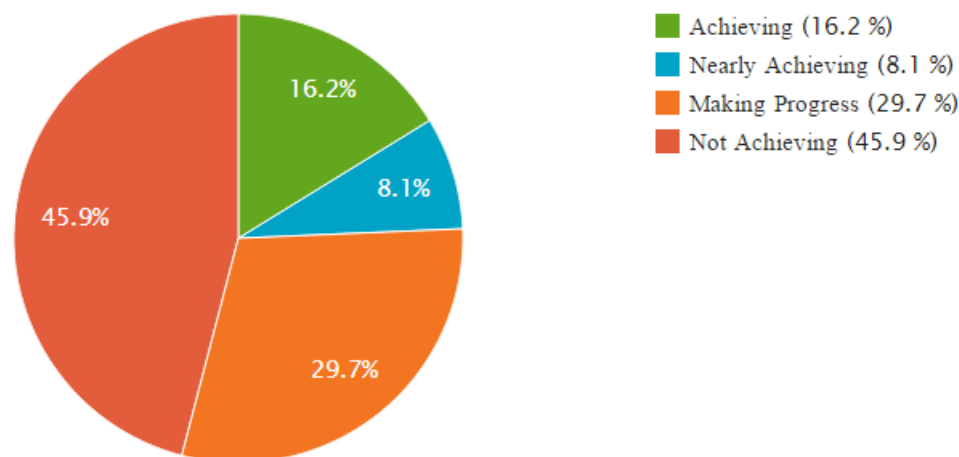


**Raegan's Radical Rainbow Readers**  
**Physical Activity Assessment #2**  
Completed on 12/19/2014 7:15:14 PM



## Your Feedback Report

This feedback report provides a summary pie chart view of the percent of best practices you are Achieving, Nearly Achieving, Making Progress on and Not Achieving. A list of specific best practices at each achievement level is also provided in order of best practices Achieving, followed by Nearly Achieving, Making Progress and Not Achieving.



## Best Practice Details

The lists below provide the details about which best practices you are currently Achieving, Nearly Achieving, Making Progress on or Not Achieving. Any best practices not on the Achieving list will appear as Suggested Actions in your Action Plan.





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Logout



## Your Action Plan

[INSTRUCTIONS](#)

### Toddler & Child Physical Activity

Ensure that children are not seated for periods of more than 15 minutes.

*Prioritize this Action by Ranking the Cost, Time, Support & Importance:*

Cost:	Time to Implement:	Support:	Importance:	Composite Rank:
<input type="radio"/> Low	<input type="radio"/> Brief	<input type="radio"/> Not Much	<input type="radio"/> Low	Not ranked yet
<input type="radio"/> Medium	<input type="radio"/> Medium	<input type="radio"/> Some	<input type="radio"/> Medium	
<input type="radio"/> High	<input type="radio"/> Long	<input type="radio"/> A lot	<input type="radio"/> High	

*Outline Your Plan for Achieving Best Practice & Monitor Progress:*

Specific Steps to Accomplish & Progress Notes:

Lead Person:

Resources Needed:

*Set Your Timeline (dates must be in MM/DD/YYYY format):*

\*Date Started:

Date of Latest Progress:

Target Completion Date:

\*Date Completed:

SAVE this Action Now

CLOSE - Do not Save

\*If there is a valid Date Started & Date Completed , this action will be moved to the Completed Actions list when you click SAVE. Once on the Completed Actions List, it cannot be moved back or edited further.



# Implementing Healthy Apple

**Providing dedicated time for caregivers to work on health improvement**

- Orientation sessions (navigating website, first assessment)
- Building work/think time into workshops
  - Menu planning
  - Outlining PA activities
  - Policy development and consideration

**Incentives:** Limited, but used to promote participation (not high scores)

- Items that promote our Best Practices (posters, pitchers, child-sized utensils, books, activity scarves and dice, etc.)

**Translations:** High demand for materials and workshops in Spanish/Chinese in San Francisco

# Challenges

- Competing Quality Improvement programs (Healthy Apple is not integrated into SF QRIS or FCCQN)
- Being effective with limited staff: Prioritizing highest needs, leveraging partnerships
- Being effective with limited or restrictive funding: developing resource kits, acquiring incentives that support Best Practices
- High demand for trainings and materials in Chinese & Spanish

*“Our apartment complex does not have fixed playground structures so we take our trikes, balls, strollers, etc., out. I have one child who needs constant calming, otherwise I'd be happy to have kids running in the house.”*

– Family home-based child care provider

*I'm so grateful to be part of the Healthy Apple Program! For me, it's not so much about the award, but learning what I can do to make sure the kids are eating healthy foods and getting enough exercise. It's especially important that we do all we can to support children's health!*

–Zonia Torres, Family Child Care Provider

*“We are working on designing nutritional workshops for parents in a 4-week session starting in the Spring.”*

– Child care center provider



**healthy**  
**apple**

excellence in childhood  
nutrition + physical activity

*“When I thought I could not do something, I just tried things in little bits. I was able to build my program and staff into healthier habits. I never thought I would have a garden, and now we have one that produces so many fresh vegetables!”*

– Family home-based child care provider

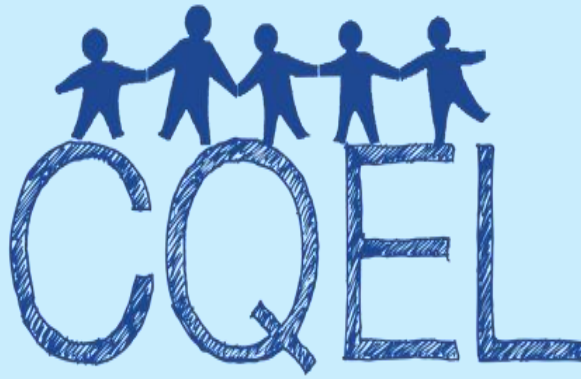
# Questions?



**Raegan Sales**  
**Healthy Apple Program Coordinator**

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[rsales@childrenscouncil.org](mailto:rsales@childrenscouncil.org)

(415) 355-6287



**Californians for Quality Early  
Learning**

**\* Support \* Knowledge \* Action**

**California Child Care Disaster Plan  
A Step-by-Step Guide for California  
Child Care Providers**

## ◆STEP 1: Written Emergency Disaster Plan

EMERGENCY PLAN LIBRARY MATERIALS: STEP 1	
NAME OF FORM	MEETS REQUIREMENTS/RECOMMENDATIONS  FOR
LIC 610 Emergency Disaster Plan	Licensed Child Care Centers
LIC 610A Emergency Disaster Plan	Licensed Family Child Care Homes
Emergency Disaster Plan Addendum	Best Practices

### Emergency Disaster Plan Licensing Forms

- Complete form LIC 610/LIC 610A (or a comparable form);
- Post a copy of the completed form in a prominent location in your facility;
- Update the information as required;
- Submit a copy to your regional licensing office. Blank spaces and the back side of the form can be used for additional information such as email addresses, websites, alternative phone numbers, and added roles and responsibilities.

## ◆STEP 2: Identify the Hazards in your Local Community

### EMERGENCY PLAN LIBRARY MATERIALS: STEP 2

NAME OF FORM	MEETS REQUIREMENTS/RECOMMENDATIONS FOR
Hazard Analysis Worksheet	Best Practices
FEMA Insurance Discussion Form	

Complete the Hazard Analysis Worksheet for the emergencies and disasters that are most likely to occur in your child care program.

**At a minimum, child care providers in California need to plan for:**

- fire
- floods
- earthquakes

**You may also consider preparing for:**

- tsunamis
- severe weather
- power outages
- medical emergencies
- pandemics and epidemics
- hazardous material incidents
- disgruntled or impaired adults
- intruders
- violence from guns or other weapons
- civil unrest
- terrorism



## ◆STEP 3: Emergency Roles and Responsibilities

EMERGENCY PLAN LIBRARY MATERIALS: STEP 3	
NAME OF FORM	MEETS REQUIREMENTS/RECOMMENDATIONS FOR
Job Action Sheets	Best Practices
Sample Staff Training Agenda	
LC 610 Emergency Disaster Plan	Licensed Child Care Centers
Emergency Disaster Plan Addendum	Best Practices

### Job Actions

The first four jobs align with licensing requirements stated on LIC 610. After assigning a staff member to each of the following jobs, write their name(s) and title(s) on form LIC 610 Section I (child care centers):

- Incident Leader = DIRECT EVACUATION–PERSON COUNT
- First Aid Coordinator = FIRST AID
- Communication Coordinator = TELEPHONE EMERGENCY NUMBERS
- Transportation Coordinator = TRANSPORTATION

### The next four jobs align with best practice recommendations.

- Security, Attendance, and Reunification Coordinator
- Supervision and Care Coordinator
- Facilities Safety Coordinator
- Supplies Coordinator



## ◆STEP 3: CONTINUED



### Staff Training

- Review the details in your disaster plan including how to access emergency services, the location of the emergency exits, how to use emergency equipment, and your gathering sites for evacuation and relocation.
- Conduct a walkthrough of disaster drills to prepare staff for conducting drills with children.
- Check that CPR and first aid certifications have been updated within the last two years.
- Update staff emergency contact information.
- Ensure that staff members have emergency disaster plans for their own families.
- Review policies and expectations for staff to provide care and supervision to children until relieved.
- Encourage staff members to have extra clothing, medication, and supplies for emergencies
- Discuss adding disaster and first aid apps to staff members' cell phones. After the staff training, check the box indicating that staff members have completed emergency training, and fill in the date on the Addendum (Section 9).

## ◆STEP 4: EMERGENCY SERVICES IN YOUR LOCAL COMMUNITY

### EMERGENCY PLAN LIBRARY MATERIALS: STEP 4

NAME OF FORM	MEETS REQUIREMENTS/RECOMMENDATIONSFOR
LIC 610 Emergency Disaster Plan	Licensed Child Care Centers
LIC 610A Emergency Disaster Plan	Licensed Family Child Care Homes
Emergency Disaster Plan Addendum	Best Practices

- 9-1-1 is the universal number for help in an emergency. In non-urgent situations following a disaster or in situations where the 9-1-1 system is overloaded, it's best to use the local law enforcement non-emergency phone number.
- Calling 9-1-1 from a cell phone may connect you to the California Highway Patrol (CHP) rather than your local emergency services. To be safe, program the direct-dial emergency number for local emergency services into your cell phone.
- You can find the non-emergency phone number and the direct-dial local emergency number by calling or checking the website of your local emergency services.
- It is important to know the best way to access emergency help from your location. If your child care program is part of a larger facility such as a college campus or government building, you may need to follow special procedures for emergency response. Check with your organization's police or security staff to find out.

## ◆STEP 4: CONTINUED

**Write the names and phone numbers of the following on LIC 610 (centers) or LIC 610A (family child care homes):**

- Local Law Enforcement (Police or Sherriff)
- Local Office of Emergency Services (OES)
- Local Red Cross Chapter
- Local Hospital
- Child Protective Services
- Poison Control
- Local Fire Department/Paramedics LIC 610A (family child care homes) only
- Ambulance LIC 610A (family child care homes) only
- Regional Community Care Licensing Office LIC 610A (family child care homes) only Add other



**Important local and regional child care support agencies phone numbers to your Emergency Disaster Plan Addendum (Section 4):**

- Regional Community Care Licensing Office
- Local Resource & Referral Agency How to Plan for

## **◆STEP 4: CONTINUED**

**You can get to know the emergency services and resources in your city, county, or special district by:**

- **arranging a field trip to your local fire department**
- **hosting a community meeting for parents, neighbors, and staff to discuss emergency preparedness. Invite a local fire fighter or police officer to provide information and answer questions.**
- **contacting your local OES about Community Emergency Response Teams (CERT) training;**
- **attending local community disaster preparedness events**
- **finding out about opportunities for Neighborhood Watch programs**
- **finding out about emergency planning activities at your local school district**
- **reaching out to local chapters of volunteer organizations active in disasters (VOAD) for additional information and resources.**

**[www.calvoad.org/ims/CaliforniaVOADs/CaliforniaVOADs.php](http://www.calvoad.org/ims/CaliforniaVOADs/CaliforniaVOADs.php)**

## ◆STEP 5: Facilities, Equipment, and Emergency Supplies

### EMERGENCY PLAN LIBRARY MATERIALS: STEP 5

NAME OF FORM	MEETS REQUIREMENTS/RECOMMENDATIONS FOR
LIC 610 Emergency Disaster Plan Licensed Child Care Centers	Licensed Child Care Centers
LIC 610A Emergency Disaster Plan Licensed Family Child Care Homes	Licensed Family Child Care Homes
LIC 999 Facilities Sketch Licensed Child Care Centers Licensed Family Child Care Homes	Licensed Child Care Centers Licensed Family Child Care Homes
LIC 9148 Earthquake Checklist	
LIC 9221 Parent Consent for Medication Administration	
Emergency Disaster Plan Addendum Best Practices	Best Practices
Emergency Checklist for Children with Special Needs	
Emergency Supplies Checklist	
Special Health Care Plan Emergency Supplies Checklist	
Safe-Place and Shelter-in-Place Checklist	

## ◆STEP 5: CONTINUED

### Mitigation

Mitigation describes activities that lessen the impact of disasters, for example, securing tall and heavy furniture to wall studs so they don't topple over in an earthquake. Mitigation activities include investing in repairs and upgrades to improve the long-term safety of your facility.

### Exits

Walk around your facility and look for the exits from the building. Use form LIC 999 (Facility Sketch) and mark the location of the exits (by number). Make sure the paths to the exits are not blocked with furniture, equipment, supplies, or tripping hazards. Mark all exits with exit signs according to fire marshal requirements.

### Evacuation

Make sure all staff members and volunteers know how to get out of the building quickly and easily.

- Choose a safe place at or near your facility to gather in case of evacuation. Identify a second, back-up on-site gathering spot. Communicate the gathering spots to staff members, and write the locations on the Addendum (Section 3).

- If you care for non-ambulatory children (for example, infants, toddlers, children with disabilities and functional access needs) you will need special equipment to get everyone out of the building. Store your evacuation equipment (for example, evacuation cribs, wheel chairs, multi-seat strollers) in an accessible location. Communicate the location of special equipment to staff members and write it on the Addendum (Section 4).

## ◆STEP 5: CONTINUED

Write the location of the following on the Addendum (Sections 3, 5, 6):

- daily attendance sheet/sign-in sheets,
- special health care plans,
- medications
- parent consent for medications and log
- infant feeding supplies,
- infant care supplies,
- equipment for children with special care needs,
- “Ready-to-Go” Kit,
- “Ready-to-Go” File.



### Shelter-in-Place

For some emergencies, like severe weather or hazardous outdoor air, you will need to shelter-in-place. This means you have to keep children and staff inside to be safe and may need to block off the windows. See the Safe-Place and Shelter-in-Place Checklist.



## ◆STEP 5: CONTINUED

### Lockdown

For lockdown, you will keep children and staff inside because of a potentially violent situation. Designate a safe location inside your facility for lockdown. Choose a room with few or no windows, a heavy door with a secure lock, and heavy furniture to hide behind. Write this location on the Addendum (Section 2).

### Utilities

In the event of a disaster, you may lose access to gas, electricity, and water. Use LIC 999 (Facilities Sketch) to mark the locations of the shut-off valves to the gas supply, the water supply, and electrical supply to your facility. Attach the Facility Sketch to form LIC 610 (centers) or LIC 610A (family child care homes). Write the emergency phone numbers for your local gas, electric, and water supply companies on form LIC 610-Section V (centers) or LIC 610A-Section 5 (family child care homes). If you do not know where to find your shut-off valves or how to turn them off, call your local utility company to come to your site and show you. Find out how to safely protect hidden water sources (for example, hot water tanks) from contamination.

### Emergency Safety Equipment

Check that the smoke detector, fire extinguisher, and fire alarm (if you have one), are in working order. Test fire and carbon monoxide alarms and replace batteries every six months. Write the location of this equipment on form LIC 610 Section VII (centers) or form LIC 610A Section 6 (family child care homes). Write the location of your carbon monoxide detector on the Addendum (Section 3)

## ◆STEP 5: CONTINUED

### **Earthquake Preparedness Checklist**

An earthquake preparedness checklist is required by California Health and Safety Code, Section 1596.867. Earthquake Preparedness Checklist (LIC 9148) will help you find and correct possible dangers in earthquakes. Complete the checklist and attach it to form LIC 610/LIC 610A

### **Emergency Checklist for Children with Special Needs**

Planning for children with special needs requires a partnership between the child's family, health care provider, and child care provider. Use the Emergency Checklist for Children with Special Needs to plan for the equipment, medication, formula, supplies, and special health care plans you need to care for children with special needs in an emergency.

### **Emergency Supplies Checklist**

It's important to assemble items that you may need to care for children for a prolonged period of time, including water and food. Refer to the Emergency Supplies Checklist to help you plan for short term (six hours) and long term (three days/72 hours) care of children and staff.

## ◆STEP 5: CONTINUED

### **Water and Food**

<http://emergency.cdc.gov/preparedness/kit/disasters/index.asp>

### **General Supplies**

Store supplies in sturdy, waterproof containers with tight-fitting lids. Check your supplies at least twice a year when you replace the batteries in your smoke detectors. Check for: expired items, missing items, and damaged items. Replace items as necessary. Remove items that are no longer needed.

### **Write the location of your:**

- first aid kit on LIC 610 Section VI (centers), or
- first aid kit and other supplies on LIC 610A Section 7 (family child care homes)
- additional emergency supplies on the Addendum (Sections 2, 3, and 6)

## ◆STEP 6: Planning for Relocation

Moving to a place away from your facility in an emergency is called relocation.

### EMERGENCY PLAN LIBRARY MATERIALS: STEP 6

NAME OF FORM	MEETS REQUIREMENTS/RECOMMENDATIONSFOR
LIC 610 Emergency Disaster Plan	Licensed Child Care Centers
LIC 610A Emergency Disaster Plan	Licensed Family Child Care Homes
Letter of Agreement with Relocation Site	Best Practices
Hazard Analysis	

- Relocation Sites
- Transportation
- Mass Shelters

## ◆STEP 7: Family Communication and Reunification

EMERGENCY PLAN LIBRARY MATERIALS: STEP 7	
NAME OF FORM	MEETS REQUIREMENTS/RECOMMENDATIONS FOR
Child Emergency Information Form	Best Practices
Special Health Care Plan	
Emergency Wallet Cards	
Family Engagement Handout and Sample Meeting Agenda	
Emergency Disaster Plan Addendum	

**Child Emergency Information**

**Back-up emergency contacts**



## ◆STEP 7: CONTINUED

### Reunification

Children may be separated from their families for hours, days, weeks, or possibly longer after a disaster.

#### Provide the following information:

- relocation site #1 address and phone number
- relocation site #2 address and phone number
- cell phone number of director and/or communications coordinator
- alternate cell phone numbers or alternate forms of communication (for example, website, Facebook, Twitter).

## ◆STEP 7: CONTINUED

### Status Updates

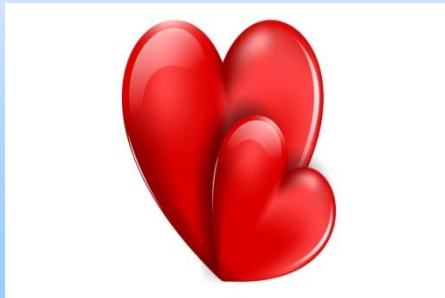
- post information to your website
- post your status on Facebook or Twitter
- leave a message at the R&R Network Consumer Education toll-free number: 1.800.KIDS.793
- send a group text message (in an emergency, sending a text is more reliable than a phone call),
- send a group email
- tack a note on a community bulletin board
- use the Red Cross Safe & Well website to register as safe and well and search for messages left by families.  
<https://safeandwell.communityos>.



## ◆STEP 7: CONTINUED

### Family Engagement

- Invite families to participate in your emergency and disaster preparedness activities. Let families know about emergency/disaster drills ahead of time. Explain which drills you will conduct and when. Encourage families to talk about practice drills at home and share any concerns about their child's reactions.
- Host a family education event about preparing for disasters and emergencies; ask your local emergency services personnel to present information. Provide resources to help families make their own family emergency plan. See Family Engagement Handout



## ◆STEP 8: Emergency Disaster Drills

### EMERGENCY PLAN LIBRARY MATERIALS: STEP 8

NAME	MEETS REQUIREMENTS/RECOMMENDATIONS FOR
Hazard Analysis	Best Practices
LIC 610 Emergency Disaster Plan	Licensed Child Care Centers
LIC 610A Emergency Disaster Plan	Licensed Family Child Care Homes
Emergency Disaster Plan Addendum	Best Practices
Sample Emergency Disaster Drills	
Drill Log	Licensed Child Care Centers Family Child Care Homes
Relocation/Reunification Drill Permission Slip	Best Practices

## ◆STEP 8: CONTINUED

### Preparing Children for Drill

- Include all staff and all children (and everyone in the home if your program is a family child care home).
- Schedule drills for different types of emergencies, at different times of the day, and in different locations.
- Evaluate equipment needs for infants and toddlers or others who are unable to walk (for example, evacuation cribs, wagons, strollers with multiple seats, wheelchairs).
- Include actions to assist a child or staff member with physical, behavioral, emotional, vision, hearing, or other special needs. Keep in mind children's individual mobility needs. For example, a child in a wheel chair may not be able to drop, cover, and hold on for an earthquake drill.
- Before conducting a relocation/reunification drill, collect a Relocation/Reunification Drill Permission Slip for each child.
- Consider participating in state and local disaster drills and exercises. Collaborate with other organizations such as local schools and/or your relocation sites.

## ◆ STEP 8: CONTINUED

- Fire
- Evacuation
- Lockdown
- Shelter-in-Place
- Earthquake



## ◆STEP 8: CONTINUED

- Flood
- Tsunami
- Tornado
- Impaired or Disgruntled Adult
- Bonus Drill



## ◆STEP 9: Keeping your Business Operating after a Disaster

A disaster will likely disrupt your normal business operations. Planning ahead will allow you to provide child care services as soon as possible after a disaster occurs.

EMERGENCY PLAN LIBRARY MATERIALS: STEP 9	
NAME	MEETS REQUIREMENTS/RECOMMENDATIONS FOR
LIC 624 Unusual Incident/Injury Report	Licensed Child Care Centers
LIC 624B Unusual Incident/Injury Report	Licensed Family Child Care Homes
LIC 624A Death Report	Licensed Child Care Centers Family Child Care Homes
Emergency Disaster Plan Addendum	Best Practices
Damage Assessment	

## ◆STEP 9 CONTINUED

- **Business Records**
- **Insurance Policies**
- **Bank Accounts**
- **Cash Flow**
- **Volunteer Organizations Activated in Disasters (VOAD)**





# STEP 10: Recovering from a Disaster

EMERGENCY PLAN LIBRARY MATERIALS: STEP 10	
NAME OF FORM	MEETS REQUIREMENTS/RECOMMENDATIONS FOR
Young Children and Disasters Health and Safety Note	Best Practices
Emergency Disaster Plan Addendum	
Self-Assessment Tool/After Action Report Form	

## STEP 10: CONTINUED

**Substance Abuse and Mental Health Services Administration (SAMSA) —**  
[www.samhsa.gov](http://www.samhsa.gov)

■ **The Disaster Distress Helpline provides free, confidential crisis counseling and support 24/7 to people experiencing stress, anxiety, and other depression-like symptoms. Call: 1-800-985-5990, for Spanish press “2”, or text TalkWithUs to 66746 to connect with a trained crisis counselor.**

[www.samhsa.gov/find-help/disaster-distress-helpline](http://www.samhsa.gov/find-help/disaster-distress-helpline)

■ **Tips for Helping Children Cope A GUIDE FOR PARENTS, CAREGIVERS, AND TEACHERS** <http://store.samhsa.gov/shin/content/KEN01-0093R/KEN01-0093R.pdf>

**National Child Traumatic Stress Network — [www.nctsn.org](http://www.nctsn.org)**

■ **Resources for Parents and Caregivers**

[www.nctsn.org/resources/audiences/parents-caregivers](http://www.nctsn.org/resources/audiences/parents-caregivers)

■ **Healing after Trauma Skills (H.A.T.S.): A Manual for Professionals, Teachers, and Families Working with Children after Trauma and Disasters**  
<http://nctsn.org/sites/default/files/assets/pdfs/hats2012.pdf>

## STEP 10: CONTINUED

### **Building Repairs and Mitigation**

Keep a list of local contractors who can provide clean-up, repairs, computer support, and mitigation.

### **Financial Assistance**

Read your insurance policies and leases to find out who is responsible to pay for repairs.

- United States Department of Labor, Disaster Unemployment Assistance (DUA)  
[www.ows.doleta.gov/unemploy/disaster.asp](http://www.ows.doleta.gov/unemploy/disaster.asp)
- United States Small Business Administration (SBA)
- [www.sba.gov](http://www.sba.gov)
- Federal Emergency Management Agency (FEMA)
- Individual Public Assistance grants are available. [www.fema.gov/apply-assistance](http://www.fema.gov/apply-assistance)
- Federal and State Taxes

## STEP 10: CONTINUED

- **Review and Update your Emergency Disaster Plan**
- **Finishing and Sharing Your Emergency Disaster Plan**



# QUESTIONS





CHILD CARE LAW CENTER®

# INCIDENTAL MEDICAL SERVICES IN CHILD CARE/PRESCHOOL

October 19, 2017

PATTI PRUNHUBER, Senior Policy Attorney



# Child Care Law Center



- We envision a California where **child care is a civil right**, not a benefit; where equal opportunity begins with **equal access to safe and healthy child care**; and where **parents can support** their families without sacrificing their children's well-being.
- Every day we break down the legal barriers standing between families who need it, and good, affordable child care.



## Incidental Medical Services in Child Care Settings

- Non-medical staff may give medication to children, so long as they follow certain procedures
- Disability laws protect a child's right to not be excluded from child care because they have a disability
- Licensing has adopted protocols for safe and healthy medication administration

# What kinds of medications?

## Common examples:

- An **inhaler** for a child with asthma
- **Glucose monitoring, insulin or glucagon** for a child with diabetes
- **Diastat** for a child with epilepsy
- **Epi-pen** for allergic reactions
- **Gastro-tube** for nutrition



# Americans with Disabilities Act

- **Prohibits Discrimination** against People Based on Their Disabilities
- **Requires you Include/Integrate** individuals with Disabilities into all areas and activities
- **Balancing Test/Reasonableness**



## The ADA protects children with disabilities in child care settings

- Children may not be excluded solely because they have a disability-related need for medication
- Duty to “reasonably accommodate” child’s medical needs: balancing test



# Procedures for Giving Medication (Licensing)

## Written Documents in the Child's Record:

1. **Consent** from child's parent/guardian
2. **Medical Orders** from child's M.D.
  - Statement that non-medical staff may provide medication
  - Medication name, method, amount and time schedule
  - Description of required training for all staff giving the medication
3. **Verification** that designated licensee or staff has completed **training**, and that at least one trained staff will be at the facility while the child is in care

# What Gets Submitted to Licensing?

## **Plan of Operation** includes:

- Type of Incidental Medical Services provided
- Records to be maintained
- Plan for safe storage of medication
- Training requirements
- Plan for adequate trained staff to provide IMS to all who need it,
- And more...

## Hot Links

- [Know the Law About Giving Medication to Children in Licensed Child Care in CA](#)
- [Conozca las leyes de California sobre la administración de medicamentos a niños en cuidado infantil autorizado](#)
- [Child Care Law Center's Equal Access Resource Page](#)
- CCLD Evaluator's Manual, [Secs. 102417](#) (family child care) and [101226](#) and [101173](#) (child care centers)

Visit [www.childcarelaw.org](http://www.childcarelaw.org) for more information



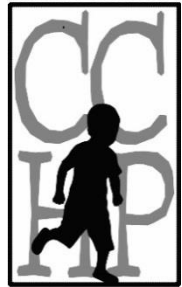
# **CARING FOR: CHILDREN WHO ARE MILDLY ILL AND CHILDREN WITH CHRONIC ILLNESS**



BOBBIE ROSE RN PHN  
R&R CONFERENCE  
HEALTH AND SAFETY  
OCTOBER, 2017  
SACRAMENTO

PANEL DISCUSSION





# KIDS GET SICK





# MOST ILLNESSES DO NOT REQUIRE EXCLUSION

The caregiver/teacher should determine if the illness:

1. Prevents the child from participating comfortably in activities;
2. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
3. Poses a risk of spread of harmful diseases to others.

Caring for Our Children, National Health and Safety Performance Standards, 3<sup>rd</sup> Edition

# DAILY HEALTH CHECK



## MORNING HEALTH CHECK



### Signs to Observe:

- General mood and changes in behavior
- Fever or elevated body temperature
- Skin rashes, unusual spots, swelling or bruises
- Complaints of pain and not feeling well
- Signs/symptoms of disease (severe coughing, sneezing, breathing difficulties, discharge from nose, ears or eyes, diarrhea, vomiting etc.)
- Reported illness in child or family members

### Use all of your senses . . .

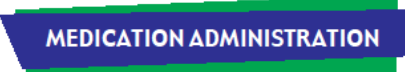

- **LOOK** - for signs
- **LISTEN** - for complaints
- **FEEL** - for fever
- **SMELL** - for unusual odor













# CHILDHOOD ILLNESSES

Illness	Typical Treatment
Asthma	inhaler or nebulizer
Seizure Disorder (Epilepsy)	Diastat suppository
Allergies	Epi-pen/Twin-ject
Diabetes	glucose testing, insulin injection or pump, glucagon injection (rescue)
Eczema	lotions
Bacterial Infections (bronchitis, ear infections, pneumonia, pink eye)	antibiotics
Viral Infections (colds, flu, pink eye)	rest, fluids, TLC

# MEDICATION ADMINISTRATION



## THE FIVE R'S

-   Right medication
-   Right child
-   Right amount
-   Right time
-   Right route

California Childcare Health Program  
[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

Rev. 10/04



# INDIVIDUAL CARE PLAN

Can be disease specific

- Asthma Action Plan
- Allergy Action Plan

Might be an IEP or IFSP

Or a general form can be used such as the

CCHP Special Health Care Plan and Information Exchange

## Information Exchange Form for Children with Health Concerns

Dear Health Care Provider:  
We are sending you this Information Exchange Form along with a Consent for Release of Information Form (see back) because we have a concern about the following signs and symptoms that we and/or the parents have noted in this child, who is in our care. We appreciate any information you can share with us about this child in order to help us care for him/her more appropriately, and to assist us to work more effectively with the child and family. Thank you!

To be filled out by Child Care Provider:

Name of Child Care Program: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

We would like you to evaluate and give us information on the following signs and symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Questions we have regarding these signs and symptoms are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child Care Provider Signature: \_\_\_\_\_  
Child Care Provider Printed Name: \_\_\_\_\_

To be filled out by Health Care Provider:

Health Care Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Recommended Treatment: \_\_\_\_\_

Side effects of any medication prescribed that we should be aware of: \_\_\_\_\_

Should the child be temporarily excluded from care? Yes ☐ No ☐  
If yes, how long? \_\_\_\_\_

What should we be aware of in caring for this child at our facility (special diet, treatment, education for parents to reinforce your instructions, signs and symptoms to watch for, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional pages if needed.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Care Provider Signature: \_\_\_\_\_  
Health Care Provider Printed Name: \_\_\_\_\_

## Special Health Care Plan

To be completed by the Child Care Health Consultant or Health Advocate. The Special Health Care Plan provides information on how to accommodate the special health concerns and needs of this child while attending an early care and education program.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Child Care Program: \_\_\_\_\_

Description of Health Condition(s)

List description each health condition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Team Member Names and Titles (include parents)

Parent/Guardian: \_\_\_\_\_  
Health Care Provider (MD, NP): \_\_\_\_\_  
On-site Care Coordinator: \_\_\_\_\_

Team Members; Other Support Programs Outside of Child Care (name, program, contact information, frequency)

☐ Physical Therapist (PT) \_\_\_\_\_  
☐ Occupational Therapist (OT) \_\_\_\_\_  
☐ Speech & Language Therapist: \_\_\_\_\_  
☐ Social Worker: \_\_\_\_\_  
☐ Mental Health Professional/Consultant: \_\_\_\_\_  
☐ Family-Child Advocate: \_\_\_\_\_  
Other: \_\_\_\_\_

Communication

The team will communicate: ☐ Daily ☐ Weekly ☐ Monthly Other \_\_\_\_\_  
The team will communicate by: ☐ Notes, ☐ Communication log, ☐ Phone, ☐ E mail, ☐ In Person Meetings,  
☐ Other \_\_\_\_\_ Dates and times: \_\_\_\_\_  
Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) is attached. ☐ Yes ☐ No

Staff Training Needs

Type of training: \_\_\_\_\_  
Training will be provided by: \_\_\_\_\_  
Training will be monitored by: \_\_\_\_\_  
Staff who will receive training: \_\_\_\_\_  
Dates for training: \_\_\_\_\_  
Plan for absences of trained personnel responsible for health-related procedure(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# LICENSING FORMS

LIC 701 (8/08) - Physician's Report - Child Care Centers

LIC 702 (8/08) - Child's Preadmission Health History - Parent's Report

LIC 9221 (8/08) - Parent Consent For Administration Of Medications And  
Medication Chart

LIC 9166 (2/01) - Nebulizer Care Consent/Verification (Child Care Facilities)

LIC 701A (9/00) - Gastrostomy - Tube Care: Physician's Checklist (Child Care  
Facilities)

LIC 701B (9/00) - Gastrostomy - Tube Care Consent/Verification (Child Care  
Facilities)

LIC 9222 (9/05) - Blood Glucose Testing Consent/Verification Child Care  
Facilities



## **INCLUDE IN YOUR PLAN OF OPERATION:**

**Your procedures for caring for:**

- **Children with Asthma**
- **Children with Seizure Disorders**
- **Children with Allergies**
- **Children with Diabetes**
- **A Child with a G-Tube**
- **Medication Administration**





# RESOURCES

## **AAP Medication Administration**

[www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Medication-Administration.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Medication-Administration.aspx)

## **UCSF California Childcare Health Program Forms**

<http://cchp.ucsf.edu/content/forms>

## **Regional Asthma Management and Prevention (RAMP)**

<http://www.rampasthma.org>

## **AAP Allergy and Anaphylaxis Emergency Plan**

[https://www.healthychildren.org/SiteCollectionDocuments/AAP\\_Allergy\\_and\\_Anaphylaxis\\_Emergency\\_Plan.pdf](https://www.healthychildren.org/SiteCollectionDocuments/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf)

# QUESTIONS?



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