

The Child Care & Development Fund (CCDF) Health and Safety Training

Closed Captioning

Slide 1	<p>Before you begin this online training module, please consider the following:</p> <ul style="list-style-type: none">• Make sure your computer speakers are on, before continuing.• Closed captioning has been made available for this training. Click on the attachment icon to open it.• This training will take approximately two hours to complete, and you may pause or go back, by clicking the appropriate buttons. This training should be taken outside of business hours so you can concentrate on the content of the course.• This training should be completed in Internet Explorer version 7 or newer as it may not be fully compatible with other internet browsers. <p>Click when you are ready to get started.</p>
Slide 2	<p>Welcome to the Child Care and Development Fund (CCDF) Health and Safety Training. This training is presented by the Missouri Department of Social Services, Children's Division, Early Childhood and Prevention Services.</p>
Slide 3	<p>On November 19, 2014, President Obama signed into law bipartisan legislation that reauthorized the Child Care and Development Block Grant Act for the first time since 1996. The law made many important statutory changes focused on reforming child care in this country to better support the success of both parents and children in low-income families and increase their access to healthy, safe, high quality child care.</p> <p>The CCDBG Act is the law, (along with Section 418 of the Social Security Act) that authorizes the federal child care subsidy program known as Child Care and Development Fund (CCDF). The final rule published by Health and Human Services updates the CCDF regulations to provide detail and clarification based on the law.</p> <p>Specifically, the rule sets up new guidelines designed to ensure that children will be in safer, higher-quality care that supports their healthy growth and development and that providers receive training to meet the needs of the children in their care.</p> <p>This training covers the minimum health and safety training requirements for child care providers serving children receiving assistance through the CCDF program EXCEPT Pediatric first aid and cardiopulmonary resuscitation.</p>
Slide 4	<p>By the end of this training, you should be able to:</p> <ul style="list-style-type: none">• Explain the purpose of the minimum health and safety training requirements for child care providers;• Build knowledge and skills around best practices in child care regarding the health and safety requirements of the Child Care and Development Block Grant Act; and• Apply your knowledge to ensure that children will be in safer, higher-quality care that supports their healthy growth and development.
Slide 5	<p>The minimum health and safety training requirements are based on the following categories:</p> <ul style="list-style-type: none">• First Aid and CPR;• Prevention of Sudden Infant Death Syndrome and Use of Safe Sleep Practices;• Prevention of Shaken Baby Syndrome and abusive head trauma;• Emergency Preparedness and response planning;• Mandatory child abuse and neglect reporting;• Prevention and Control of Infectious Diseases, including Immunizations;• Administration of Medication, Consistent with Standards for Parental Consent;• Prevention and Response to Allergy Emergencies;• Building and physical premises safety;• Handling and storage of hazardous materials and the Appropriate Disposal of Bio Contaminants; and• The Transportation of Children.

	<p>The rest of this training course will focus on the specifics of each category. Click when you are ready to continue.</p>
Slide 6	<p>Staff trained in pediatric first aid, including pediatric cardiopulmonary resuscitation (CPR) can lessen the consequences of injury, and reduce the potential for death from life-threatening conditions. Knowledge of pediatric first aid, including pediatric CPR, which addresses management of a blocked airway and rescue breathing, and the confidence to use these skills, are critically important to the outcome of an emergency situation. All staff members involved in providing direct care to children should have up-to-date documentation of satisfactory completion of training in pediatric first aid and CPR skills. The First Aid/CPR certification does not have to be done through the Missouri Workshop Calendar. First Aid/CPR certificates are accepted from the following national models:</p> <ul style="list-style-type: none"> • American Academy of Pediatrics Peed Facts • American Red Cross • American Heart Association • American Safety and Health Institute • E M S Safety • National Safety Council • Emergency Care and Safety Institute • ProTrainings <p>The Missouri Workshop Calendar First Aid/CPR Tab lists companies and organizations throughout Missouri that offer First Aid and CPR training. Costs will vary by training provider. All staff must maintain a valid CPR certification when working in a state contracted or registered child care facility or home. First aid and CPR skills should be current according to the requirement specified for retraining by the organization that provided the training.</p>
Slide 7	<p>As a parent or caregiver, it is important to be sure your baby's sleep environment is a safe one. All caregivers should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP) to reduce the risk of sudden unexpected infant deaths.</p> <ul style="list-style-type: none"> • According to the Centers for Disease Control and Prevention, in 2015, there were about 3,700 sudden unexpected infant deaths in the United States. Sudden unexpected infant death (SUID) is the death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation. Most SUIDs are reported as one of three types: <ul style="list-style-type: none"> ○ Sudden infant death syndrome (SIDS) – cannot be explained after a thorough investigation. ○ Unknown cause – undetermined because one or more parts of an investigation was not completed. ○ Accidental suffocation and strangulation in bed – suffocation by soft bedding, rolling over on or against the infant, wedging or entrapment between two objects, or for example, when an infant's head is caught between crib railings. ○ The sudden, unexplained death of an infant is a tragic family event. Because the cause is often unknown, safe sleep practices should be used to reduce the risk of sudden unexpected infant deaths in every infant under the age of one year. • Safe sleep is as simple as ABC. Babies should: <ul style="list-style-type: none"> ○ Sleep Alone ○ On their Backs ○ In a Crib • The American Academy of Pediatrics evidence-based recommendations include: <ul style="list-style-type: none"> ○ Place the baby on his or her back to sleep alone, for naps and night time. ○ Place the baby in a safety-approved crib, bassinet or portable play area with a firm sleep surface and fitted sheet. Do not place the baby to sleep on an adult bed or other soft mattress, waterbed, sofa, chair, beanbag, bouncy seat, swing, or in a car seat. ○ Remove all soft objects, toys, blankets, bumper pads, and pillows from the sleep area. ○ Dress the baby in a sleeper or sleep sack instead of using a blanket or other covering.

	<ul style="list-style-type: none"> ○ Put the baby to sleep alone in a crib or bassinet, but in the same room where you sleep. Bed sharing is dangerous. The baby may be brought into bed for feeding, but should be returned to his or her own sleep area when finished. ○ Additional risks include: <ul style="list-style-type: none"> ▪ Smoke exposure during pregnancy and after birth ▪ Alcohol and illicit drug use during pregnancy and after birth ▪ Overheating and head covering of the infant ▪ Using wedges or positioners to prop an infant • While babies should always be placed on their back to sleep, they need to be put on their stomach to play under active supervision by an adult. Tummy time strengthens muscles important to baby's development. Supervision should include the ability of the caregiver to see each infant's face, view the color of the infant's skin, and check the infant's breathing and placement of a pacifier if used. Always directly observe by sight and sound. • Safe sleep practices help reduce the risk of sudden unexpected infant deaths. Know your program's safe sleep policy and share it with families. Use the ABCs of safe sleep to provide the infant with a safe sleep environment. PLEASE NOTE: This training does NOT meet the Department of Health & Senior Services Safe Sleep Training Requirement. Child care facilities licensed to provide care to children less than one year of age are required to complete a Department of Health & Senior Services-approved training on the recent safe sleep recommendations of the American Academy of Pediatrics every three years. Providers can find a list of department-approved training on the Missouri Workshop Calendar.
Slide 10	<p>Shaken baby syndrome or abusive head trauma is completely preventable. It is the leading cause of child abuse deaths in the United States. Upwards of 80% of surviving victims of shaken baby syndrome or abusive head trauma suffer lifelong disabilities.</p> <ul style="list-style-type: none"> • Shaken baby syndrome or abusive head trauma is a term used to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child. Violent shaking for just a few seconds has the potential to cause severe injuries. While shaking may cause injury to children of any age, children are most susceptible to being injured during their first year of life. • Factors that contribute to a baby's vulnerability include: <ul style="list-style-type: none"> ○ Babies heads are heavy and large in proportion to their body size ○ Babies have weak neck muscles ○ Babies have fragile, undeveloped brains ○ There is a large size and strength difference between the victim and the perpetrator • Symptoms of shaken baby syndrome and abusive head trauma could include: <ul style="list-style-type: none"> ○ Unconscious or unresponsive ○ Lethargy or inability to be awakened ○ Vomiting (more than usual, for no apparent reason) ○ Seizures ○ Difficulty breathing ○ No smiling or vocalization ○ Inability to eat or nurse ○ Decreased muscle tone ○ Extreme irritability and inability to be consoled ○ Significant changes in sleeping pattern ○ Head or forehead appears larger than usual or soft-spot on the head appears to be bulging ○ Inability to lift his or her head ○ Inability of eyes to focus or track movement ○ Unequal size of pupils ○ Grab-type bruises <ul style="list-style-type: none"> ▪ Anyone who cares for infants and young children should know the dangers and irreversible consequences of shaken baby syndrome and abusive head trauma. It is important for caregivers to take steps to never shake or harm a child. If a

	<p>caregiver recognizes or suspects shaken baby syndrome and abusive head trauma they should respond immediately by calling the emergency medical number or 911.</p> <ul style="list-style-type: none"> • All child care facilities should have a policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. If you suspect shaken baby syndrome and abusive head trauma, the first step is to call for emergency medical assistance. Immediate treatment can save a child's life and prevent long term consequences. Caregivers have a responsibility to learn and use strategies for coping with a crying, fussing, or distraught child. Crying is the natural, normal way that infants let adults know they have a need that they cannot meet themselves. Some infants cry more than others and for longer periods of time. Increased crying around six to eight weeks old has been found to be part of normal healthy infant development. Crying that resists soothing can come unexpectedly and last a long time. Babies may look like they are in pain even when they are not. A baby may be crying because he or she is : <ul style="list-style-type: none"> ○ hungry ○ has a dirty diaper ○ is too warm or cold ○ has clothing that is too tight ○ tired ○ wants held ○ or needs medical attention for illness <ul style="list-style-type: none"> ▪ Crying is a leading trigger for shaken baby syndrome and abusive head trauma. It is important to learn why babies cry so caregivers can better understand and prevent abuse. <p>For adults, feeling stressed or frustrated is a natural response when a baby will not stop crying. However, it is never okay to physically shake or hurt a child. The most important thing to do to soothe a crying baby is ask for help or walk away for a short time. It is better to let a baby cry than to do something negative that cannot be reversed. Stress-relief breaks are important so caregivers do not feel overwhelmed. Caregivers must be self-aware of their stress level as well as the stress level of co-workers.</p>
Slide 13	<p>Child care programs must be prepared for and know how to respond to emergency situations or natural disasters that may require evacuation, lock-down, or shelter-in-place. Emergency preparedness and response planning is an ongoing process of planning and preparation, training, practicing, reviewing, and revising. Each program needs a written plan that addresses how to accommodate children including infants, toddlers, children with disabilities, and children with chronic medical conditions.</p> <ul style="list-style-type: none"> • A program must have a step-by-step written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff, or volunteers. A well-written plan should outline procedures for preparing for, responding to, and recovering from emergencies . • The plan should outline procedures for emergencies such as: <ul style="list-style-type: none"> ○ Lost or missing child ○ Injuries or illness requiring medical or dental care ○ Mental health emergencies ○ Health and safety emergencies involving parents or guardians and visitors to the program ○ Death of a child or staff member ○ The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility ○ Tornado, earthquake, or other natural disasters ○ Man-made disasters ○ Emergencies that are unique to the location of the program such as train derailment, industrial accident, etc. • Emergency plans should include steps for evacuation, relocation, shelter-in-place, and lock down. Evacuation and relocation may include nearby or outside of your immediate neighborhood. Include local emergency preparedness agencies in your planning whenever possible. It is important to consider how you will continue to operate if necessary during the emergency. Be

	<p>prepared to accommodate infants and toddlers, children with disabilities, and children with chronic medical conditions. Planning and preparation also entail gathering, maintaining, and keeping accessible the equipment, supplies, and materials needed during an emergency. Outline how families will be contacted during an emergency including how families will know when the emergency is over.</p> <ul style="list-style-type: none"> • Emergency procedures must be posted and readily accessible to staff and parents. Staff must know and practice their designated roles during an emergency. Staff and volunteer emergency preparedness training and practice drills help children and adults get comfortable with emergency procedures so everyone will know what to do when the unexpected happens. The plan should include contingency plans when standard procedures cannot be followed. It is important to review and update the emergency plan as often as possible. • For more information about keeping an effective emergency preparedness plan, check the Department of Health and Senior Services website. Use your local emergency management agency as a resource and ask them to be involved in your planning. In addition, the Missouri Workshop Calendar typically has a large number of trainings available for more in-depth training. Caregivers must be prepared and constantly vigilant to ensure that children in their care are protected when an emergency or disaster occurs. Natural disasters, medical health emergencies, terrorism, community violence, and technical hazards can occur suddenly and without warning, anywhere and at any time. Emergency preparedness and response planning is an ongoing process of planning and preparation, training, practicing, reviewing, and revising that will help caregivers be prepared for most circumstances that might arise.
Slide 16	<p>By law in Missouri, child care providers are mandated reporters of child abuse and neglect. Failure to report abuse and neglect is a crime. Every staff person should be oriented to what and how to report. While providers are not expected to diagnose or investigate child abuse and neglect, it is important that they be aware of common physical and emotional signs and symptoms of child maltreatment.</p> <ul style="list-style-type: none"> • Revised Statutes of Missouri section 210.115.1 includes “day care center worker or other child-care worker” in the list of persons required to report child abuse and neglect. A report shall be made if: <ul style="list-style-type: none"> ○ There is reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, and if ○ You observe a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect. <ul style="list-style-type: none"> ▪ Failure to report is a Class A misdemeanor for a person who is required under the law to report. Filing a false report is also a Class A misdemeanor. • Abuse is defined as “any physical injury, sexual abuse, or emotional abuse inflicted on a child, other than by accidental means, by any person.” Neglect is defined as the “failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being.” Reasonable cause to suspect is defined as “a standard of reasonable suspicion, rather than conclusive proof or certainty.” • It is important that caregivers be aware of common physical and emotional signs and symptoms of child maltreatment. Physical injuries, severe neglect, and malnutrition are more detectable than the subtle, less visible injuries resulting from emotional or mental maltreatment or sexual abuse. Many children are subject to more than one form of maltreatment. <ul style="list-style-type: none"> ○ Watch for physical indicators such as questionable: <ul style="list-style-type: none"> ▪ Bruises and welts ▪ Burns ▪ Fractures ▪ Cuts, scrapes, lacerations ○ Be attentive to child behavioral indicators: <ul style="list-style-type: none"> ▪ Uncomfortable with physical contact ▪ Behavioral extremes ▪ Aggressiveness or withdrawal

	<ul style="list-style-type: none"> ○ Be aware of the characteristics of the caretaker, parent, or guardian: <ul style="list-style-type: none"> ▪ Using inappropriate or harsh discipline ▪ Offering illogical, unconvincing, or no explanation of a child’s injury ▪ Demonstrating insufficient parenting skills • Reports are to be made immediately to the 24 hour, 7 days a week Child Abuse and Neglect Hotline toll-free telephone number which is 1-800-392-3738. This hotline is maintained by the Children’s Division. Online reporting is now available for mandated reporters only and should only be used to report non-emergencies. If it is an emergency or life-threatening situation, call 911 immediately and then report it directly to the Child Abuse and Neglect Hotline. For the online reporting system, visit dss.mo.gov and look for the banner “Report Child Abuse or Neglect”. Mandated reporters cannot report anonymously. • When making a report, be sure to have the following information: <ul style="list-style-type: none"> ○ Name of the child ○ Name of the parent(s) ○ Name of the alleged abuser, and ○ Where the child can be located <ul style="list-style-type: none"> ▪ You will also be asked: <ul style="list-style-type: none"> • Is the child in a life-threatening situation now? • How do you know about the abuse or neglect? • Did you witness the abuse or neglect? • Were there other witnesses, and if so, how can they be contacted? • Once a report is made, and accepted as a child abuse or neglect report, Children’s Division staff must initiate an investigation or family assessment within 24 hours. The purpose of the investigation or family assessment is to detect cases of actual or potential abuse or neglect and to help the family and the child. If the child is reported to be in immediate danger, the Children’s Service Worker must immediately and directly observe the child.
Slide 18	<p>Good hygiene, proper sanitation, and consistently following universal precautions in early childhood settings is essential for reducing health risks to children and adults by limiting the spread of infectious germs. Using appropriate sanitation measures and universal precautions protects the health and safety of everyone.</p> <ul style="list-style-type: none"> • There are two main methods of transmission that spread microorganisms in child care settings: Direct physical contact and Airborne droplets. Contaminated hands are the most common means of transmission of infections in child care settings. Germs are absorbed and carried on many surfaces and objects that need regular cleaning, sanitizing, or disinfecting. These surfaces include: <ul style="list-style-type: none"> ○ Floors ○ Tables ○ Diaper-changing tables ○ Bathroom surfaces, and ○ Toys <ul style="list-style-type: none"> ▪ To prevent contamination by airborne droplets, teach children to sneeze or cough into a disposable tissue or into their elbow or upper sleeve if a tissue is not nearby. ▪ To prevent contamination by direct physical contact, wash hands with soap and clean, running water. Always wash hands for at least 20 seconds: <ul style="list-style-type: none"> • before eating, feeding, or preparing food • after touching saliva, mucus, bodily fluids, food, or animals • when visibly dirty, after touching garbage, or after cleaning ▪ Clean, sanitize, and disinfect surfaces and objects by using these common methods: <ul style="list-style-type: none"> • Soap and water • Bleach and water solution • Dishwasher, and

- Washing machine
- Safe storage, preparation, and serving of foods is just as important in child care programs as serving a balanced diet. Many children and adults get sick from eating foods that are not properly handled. It is important to follow food safety guidelines carefully whenever you buy, store, prepare, and serve food. Guidelines for food safety begin with food purchasing and continue through storing, preparing, serving, and cleaning up afterwards.
 - Food Purchasing Tips for Child Care include:
 - Purchase only inspected meats
 - Select pasteurized milk and 100-percent juices, and
 - Do not buy or use food in cans that are swollen or leaking
 - Food Storage Tips for Child Care:
 - Put away frozen and cold foods promptly after purchasing
 - Rinse fruits and vegetables before use
 - Store foods in covered containers in the refrigerator
 - Place thermometers in a visible location in refrigerators and freezers, and check the temperature frequently
 - Keep refrigerator temperature between 32 degrees and 40 degrees F.
 - Keep freezer temperature at 0 degrees F or less.
 - Clean the refrigerator, freezer, and dry food storage areas frequently
 - Store foods and cleaning supplies in separate cupboards, and
 - Store cleaning supplies in a cupboard that is locked
 - While Preparing Meals for Children in Child Care:
 - Wash your hands often with soap and water during food preparation
 - Wash and sanitize work counters and surfaces before and after use
 - Wash and sanitize cutting boards and utensils before using and after each use
 - Use separate cutting boards and utensils for raw meats than the ones you use for fruits, vegetables, and other foods
 - Wash and sanitize can openers after each use
 - Put frozen meats into a pan before placing them in the refrigerator to thaw
 - Never thaw meats on the kitchen counter
 - Cook meats thoroughly, and use a food thermometer to be sure they are fully cooked
 - When Serving Meals to Children in Child Care, you should:
 - Serve foods on a plate, napkin or bowl rather than directly on the table
 - Discard cracked or chipped plates, cups, and bowls
 - Use serving utensils such as large spoons, tongs, or single-use food service gloves
 - Teach children not to lick serving utensils. If a utensil is licked, remove it and replace it with a clean utensil
 - Give children clean utensils and napkins if these items are dropped during the meal or snack
 - Store leftovers immediately after the meal
 - Discard all leftovers on children's plates and in serving dishes that were placed on the table where children ate; do not save them for later
 - Discard food waste in a covered garbage can with a liner, and empty the garbage can at the end of the day (or sooner if full)
 - Appropriate Dish Washing in a Child Care Setting, includes:
 - If a dishwasher is used, the rinse temperature should be 180 degrees F to sanitize dishes
 - Without a dishwasher, follow these steps to wash and sanitize dishes:
 - Rinse or scrape dishes
 - Wash in hot sudsy water
 - Rinse in clear water
 - Sanitize dishes by submerging in a solution of ½ teaspoon bleach per gallon of

water for one minute or in 180 degree F water for at least 30 seconds

- Air dry dishes rather than towel-drying them

- The following diaper changing procedure should be posted in the changing area and followed to protect the health and safety of children and staff:
 - Step 1: Before bringing the child to the diaper changing area, perform hand hygiene and bring supplies to the diaper changing area.
 - Step 2: Bring the child to the changing table/surface, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change. Always keep a hand on the child.
 - Step 3: Clean the child's diaper area.
 - Step 4: Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine.
 - Step 5: Put on a clean diaper and dress the child.
 - Step 6: Wash the child's hands and return the child to a supervised area.
 - Step 7: Clean and disinfect the diaper-changing area. Dispose of the disposable paper liner if used on the diaper-changing area in a plastic-lined, hands-free, covered can. If clothing was soiled, securely tie the plastic bag used to store the clothing and send home.
 - Step 8: Perform hand hygiene and record the diaper change, diaper contents, and if there were any problems.
 - Caregivers should never leave a child unattended on a table or countertop. A safety strap or harness should not be used on the diaper changing area.
- Children in child care may be more susceptible to sharing illnesses because they spend so much time together. Immunizing children is the best means to prevent the spread of potentially serious illnesses in the child care program. Be sure all children receive their immunizations on schedule to protect everyone's health. Refer to the most recent "Recommended Immunization Schedules" published by the American Academy of Pediatrics or the Centers for Disease Control and Prevention. Contracted providers should also refer to the Department of Health and Senior Services Child Care Immunization Requirements. Visit www.health.mo.gov for more information. Most child care programs require that children be up-to-date on all immunizations. Parents who are enrolling their children in a program may have to provide a copy of each child's immunization records. Providers keep those records in each child's file to ensure that all children in the program are properly protected from diseases. Parents are responsible for keeping their child's record updated. Many programs request updated immunization records from parents once a year in order to be sure the information is current. Registered Four or Less Child Care Providers are not required to maintain immunization records on the children in their care, but it is recommended as a best practice.
- The program should notify parents or guardians when children develop new signs or symptoms of illness. Notification should be immediate for emergency or urgent issues. Staff should notify parents or guardians of children who have symptoms that require exclusion, and parents or guardians should remove children from the early care and education setting as soon as possible.
 - When a child becomes ill but does not require immediate medical help, a determination should be made regarding whether the child should be sent home. The caregiver or teacher should determine if the illness:
 - Prevents the child from participating comfortably in activities;
 - Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
 - Poses a risk of spread of harmful diseases to others;
 - Causes a fever and behavior change or other signs and symptoms such as sore throat, rash, vomiting, and diarrhea. An unexplained temperature above 100 °F (37.8 °C) (armpit) in a child younger than 6 months should be medically evaluated. Any infant younger than 2 months of age with fever should get immediate medical attention.
 - If any of the above criteria are met, the child should be removed from

	<p>direct contact with other children and monitored and supervised by a staff member until dismissed to the parent or guardian. The local or state health department will be able to provide specific guidelines for exclusion.</p> <ul style="list-style-type: none"> During the course of an identified outbreak of any reportable illness at the program, a child or staff member should be excluded if the local health department official or primary health care provider suspects that the child or staff member is contributing to transmission of the illness, is not adequately immunized when there is an outbreak of a vaccine-preventable disease, or the circulating pathogen poses an increased risk to the individual.
Slide 21	<p>Child care providers need to use caution when giving medications to children in their care. Child care providers should have written consent and instructions from a parent to give children any type of medication. Providers should set up a clear procedure for giving medications to children.</p> <ul style="list-style-type: none"> Medications can also be very dangerous if the wrong type or wrong amount is given to the wrong person at the wrong time. Over 7,000 children visit the emergency department every year for problems related to medication reactions and errors in giving medication. Over the counter medications, such as acetaminophen and ibuprofen, can be just as dangerous as prescription medications and can result in illness or even death when these products are misused or unintentional poisoning occurs. The administration of medicines should be limited to: Prescription or over-the-counter medication ordered by the prescribing health professional for a specific child with written permission of the parent or guardian. <ul style="list-style-type: none"> Prescription medication should be labeled with the child's name, date the prescription was filled, name and contact information of the prescribing health professional, expiration date, medical need, instructions for administration, storage, and disposal, and name and strength of the medication. Labeled or over-the-counter medications brought to the early care and education facility by the parent or guardian in the original container. The label should include the child's name, dosage, relevant warnings as well as specific and legible instructions for administration, storage, and disposal. Programs should never administer a medication that is prescribed for one child to another child. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent or guardian for disposal. All medications, refrigerated or unrefrigerated, should have child-resistant caps, be stored away from food at the proper temperature, and be inaccessible to children. Staff should also have a clear understanding of the confidentiality of medical records. <ul style="list-style-type: none"> Any caregiver who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. Document that each dose of the medicine is administered to the child as prescribed. Include the date, time, amount given, method of delivery, and the name of the person giving the medication. Observe and report any side effects from medications and other problems of administration. Careful administration of medication ensures the right child gets the right medication in the right dose at the right time, with the right procedure.
Slide 24	<p>According to a study released in 2013 by the Centers for Disease Control and Prevention, food allergies among children increased approximately 50 percent between 1997 and 2011. One in every 13 children (under 18 years of age), in the United States is affected by food allergies. That is roughly two in every classroom. Strict avoidance of all allergens and early recognition and management of allergic reactions to food and other allergens are important measures to prevent serious health consequences.</p> <ul style="list-style-type: none"> Allergies can begin at any age, so children may already have an allergy or may develop one. Being aware of known allergies and the symptoms of potential allergies is important to the health and safety of children. The most common food allergies are related to peanuts, tree nuts, eggs, milk, fish, and wheat. Indoor allergens such as dust and dust mites are common triggers asthma symptoms. Ongoing

	<p>exposure to latex gloves may result in allergic reactions. Residual toxins from smoking when the children are not using the space can trigger asthma and allergies when the children do use the space. Having an animal in the facility increases the risk of allergy. Over-the-counter ointments and creams may result in an allergic reaction. Preventing exposure to allergens, including a written policy concerning food service procedures to address food allergies, is a best practice to protect children from having allergic reactions.</p> <ul style="list-style-type: none"> • Recognizing symptoms of allergies and treating allergic reactions is key to managing allergy emergencies. Symptoms of a food allergy usually occur quickly after ingestion. Swelling of the skin and hives may be accompanied by: <ul style="list-style-type: none"> ○ Swelling of the airway ○ Low blood pressure ○ Vomiting or other gastrointestinal symptoms, and/or ○ Anaphylaxis, a severe and rapid reaction that may result in death • Not all allergic reactions result in anaphylaxis, but when it occurs the symptoms are quick in onset, and severe. Without treatment, there is an increased risk of death since symptoms include breathing difficulty and a drop in blood pressure leading to shock. Treatment for anaphylaxis includes prompt administration of epinephrine followed by contacting emergency medical services and then having the child transported to the hospital. It is very important that treatment be given immediately if a child has a severe food allergy and has ingested a food containing a known allergen. If a child care program has a child or children on site with severe food allergies, staff should be trained on the administration of epinephrine and should know the proper procedures to follow. • Written care plans for children with allergies and parental notification should include: <ul style="list-style-type: none"> ○ instructions regarding things to which the child is allergic ○ steps to be taken to avoid those allergens ○ specific symptoms that would indicate the need for treatment, and ○ a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. • In the event of a significant child medical event, such as a seizure, asthma attack, or severe allergic reaction, the parent or guardian shall be notified immediately after staff have taken appropriate emergency action to assist the child, including contacting emergency medical services as needed.
Slide 27	<p>Keeping children safe in, indoor and outdoor child care settings begins with creating and maintaining safe spaces and using proper supervision. Identifying risks and preventing injury is an important part of helping children safely explore their environment. Providers must meet health and safety requirements that include building and physical premises safety. Using a health and safety checklist can help you create and maintain an environment that reduces risk and prevents injury. Quality supervision often means doing more than is legally required. Caregivers need to always think about and do what is best for the children.</p> <ul style="list-style-type: none"> • Physical Space must: <ul style="list-style-type: none"> ○ be clean, and free of insects and vermin; ○ have working heating and cooling systems; have potable, running water, at least one flushable toilet and one sink for hand washing accessible to children; ○ have hygiene items such as toilet paper, soap, hand drying towels either (paper or cloth) accessible to children; ○ have a clean food preparation area equipped to prepare snacks and meals; ○ have inside space for play and napping; ○ keep hazardous materials inaccessible to children; ○ be smoke free while children are present; ○ have weapons and ammunition stored in locked cabinets inaccessible to children; and ○ have smoke detectors and fire extinguishers. • Being aware of hazards is the first step in safety. <ul style="list-style-type: none"> ○ With regard to electrical hazards, take steps to prevent the risk of shock and risk of fire. <ul style="list-style-type: none"> ▪ Outlets, appliances, and fixtures should be properly installed, in good working order, and tamper-resistant

	<ul style="list-style-type: none"> ▪ Electric devices should not be plugged in near a water source ○ Recognize all water hazards – drowning is one of the leading causes of unintentional death in children <ul style="list-style-type: none"> ▪ All water hazards should be enclosed to prevent access ▪ Be aware of slippery surfaces ▪ Hazards include pools, drains, streams, standing water, and tubs ○ Play areas should be regularly inspected for hazards <ul style="list-style-type: none"> ▪ The area should be secure and away from traffic, railroads, bodies of water, etc. ▪ Toys and play equipment should be in good working order ▪ Check regularly for trash, sharp objects, tools, etc. ○ Be conscious of environmental health hazards – unsanitary conditions and building hazards can cause injury and illness <ul style="list-style-type: none"> ▪ Inspect for potential air, soil, and water contamination ▪ Assess for toxic or hazardous building materials and ▪ Be aware of potential hazards in the surrounding community such as pesticides, electrical sub-stations, gas lines, propane tanks, industrial facilities, etc. ○ Take steps to prevent fire and exposure to carbon monoxide <ul style="list-style-type: none"> ▪ Install, maintain, and test operable smoke and carbon monoxide detectors in accordance with the manufacturer’s instructions. ▪ Prepare a fire escape plan and practice the plan ▪ Comply with applicable state and local building and fire codes ▪ Be aware of hazards in your home including dryers, washing machines, gasoline, propane, fireplaces, portable heaters, etc. • Be aware of and comply with specific building codes and zoning requirements in your community. <ul style="list-style-type: none"> ○ Codes may address construction standards, fire safety rules, and health stipulations such as air circulation, washrooms, and plumbing. ○ Know and follow the zoning requirements within your community. <ul style="list-style-type: none"> ▪ Supervision of children is an important factor in child safety. Your focused attention allows children to explore their environments safely. Use your knowledge of each child’s development and abilities to keep them safe. Observe and anticipate behavior to help the child avoid danger. Create and maintain safe spaces and use proper supervision to allow children to explore their environment safely. Identify risks and prevent injury by regularly assessing the physical premises for hazards and taking steps to remove threats to safety.
Slide 33	<p>A healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease.</p> <ul style="list-style-type: none"> • Children are more vulnerable than adults to exposure of hazardous materials because their bodies are still developing. Children eat, drink, and breathe more in proportion to their body size and their behavior, like crawling and putting hands to mouth, exposes them to more chemicals and infectious diseases. Children younger than 6 years account for more than a million poison exposures reported to poison centers every year. The most common poison exposures in children are: <ul style="list-style-type: none"> ○ Cosmetics and personal care products ○ Cleaning substances ○ Medications ○ Carbon monoxide • Caregivers should adopt the use of Standard Precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids. Standard Precautions include: <ul style="list-style-type: none"> ○ Hand washing ○ Use of disposable gloves ○ Respiratory hygiene and cough etiquette, and

	<ul style="list-style-type: none"> ○ Safe handling of potentially contaminated surfaces • All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. Look for any item labeled “keep out of reach of children”. Center-based programs should not have firearms or any other weapon on the premises at any time. If present in a family child care home, parents should be notified and these items should be unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children. • The phone number 1-800-222-1222 is the universal number for all 55 Poison Control Centers in the United States. It should be posted in readily visible places near telephones and added to caregivers’ cell phones in the event an accidental poisoning occurs. Call immediately if a child has ingested, inhaled, or been exposed to a toxic substance. • All staff, volunteers, and children should abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC): <ul style="list-style-type: none"> ○ Hand washing should occur: <ul style="list-style-type: none"> ▪ Upon arrival, after breaks, or when moving from one group to another ▪ Before and after: <ul style="list-style-type: none"> • Preparing food or drinks • Eating or handling food, or feeding a child • Brushing or helping a child brush their teeth • Playing in water, and • Diapering ▪ After: <ul style="list-style-type: none"> • Using the toilet or helping a child use the toilet • Handling blood, mucus, or vomit • Handling animals or cleaning up animal waste • Playing in sand, on play sets, and outdoors, and • Cleaning up or handling the garbage • Routine cleaning, sanitizing, and disinfecting should be done, but not in close proximity to children.
Slide 36	<p>It is never safe for a young child to be in or around a vehicle without supervision. Adults who care for children should know transportation safety policies and best practices when they transport children, or when children are around vehicles to help keep children safe.</p> <ul style="list-style-type: none"> • According to Kidsandcars.org data, seventy-one percent of the 938 child motor vehicle crash deaths in 2015 were passenger vehicle occupants, twenty percent were pedestrians, and three percent were bicyclists. More than 120,000 children were injured in 2015. There were also 165 non-traffic child fatalities from things like back-overs, heatstroke, and carbon monoxide poisoning. • When children are driven in a motor vehicle other than a bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. The child should be securely fastened, according to the manufacturer's instructions. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in the back seats. Missouri law requires: “Each driver of a motor vehicle transporting a child less than 16 years of age shall secure the child in a properly adjusted and fastened restraint.” <ul style="list-style-type: none"> ○ A child must be secured in a child safety seat if they are: <ul style="list-style-type: none"> ▪ younger than 4 years old regardless of weight ▪ less than 40 pounds regardless of age, or ▪ younger than 8 years old, less than 80 pounds, or under 4’9” in height ○ The best child safety seat is: <ul style="list-style-type: none"> ▪ One that fits the child ▪ One that fits the vehicle

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ One you will use correctly every time, and ▪ One that meets federal standards • Children should NEVER be left alone inside a vehicle... not even for a minute. The many reasons why children should never be left alone in or around a vehicle include: <ul style="list-style-type: none"> ○ The interior temperature of vehicles can cause heatstroke or hypothermia when a child is left or trapped inside ○ Vehicles are stolen with children alone inside ○ Power windows have killed or injured thousands of children ○ Hundreds of children are hospitalized or killed after accidentally setting a vehicle in motion, and ○ There may be choking hazards in the vehicle <ul style="list-style-type: none"> ▪ We all understand the inconvenience of loading, unloading and reloading a child into a vehicle. It can be exhausting! However, we must never put our own convenience above the safety of a child. If a child gets out of a vehicle, they face a whole new set of dangers. Far too many children have been inadvertently left in vehicles or have gotten into or out of a vehicle on their own. These tragedies change the lives of parents, families, and communities forever. As caregivers, we must be aware of the frightening situations that happen every day and take steps to promote safety. • The National Highway and Transportation Safety Administration research shows there is a greater risk of rollover in fifteen-passenger vans because many drivers lack experience driving larger vehicles. Fifteen-passenger vans are more likely to be involved in a single-vehicle rollover crash than any other type of vehicle. Avoid the use of fifteen-passenger vans whenever possible. Appropriate staff to child ratios at the provider's location should be maintained during transportation. A driver should be able to focus entirely on the task of driving, leaving supervision of children to other caregivers. Be prepared to respond to emergencies and any unique situations or needs of the children. Supervision while transporting requires full attention, communication, and the use of proper procedures. <ul style="list-style-type: none"> ○ A face-to-name count should be conducted before leaving the program, upon arrival, and again before departing to return to the facility. As a caregiver, it is your job to know the whereabouts of every child in your care every minute of the day. ○ Many national health and safety programs recommend that early learning professionals complete specialized transportation training in child passenger safety, safe transport of children, and vehicle safety. ○ Directors and owner-operators need clear information on state laws and regulations, program policies, best practice standards, liability, and insurance before they allow any transportation of children. Written transportation policies should address the safe transport of children by vehicle to and from the facility, home pickups and drop offs, and special outings such as field trips. Policies should also address the safe care of children around vehicles, such as during drop-off and pickup times, in parking lots, or anywhere that children may be exposed to moving vehicles. Proper vehicle maintenance and driver qualifications should be checked on a regularly. Transportation policies should be shared with families and reviewed frequently.
Slide 41	<ul style="list-style-type: none"> ○ This training covered the minimum health and safety training requirements for child care providers serving children receiving assistance through the Child Care Subsidy, (CCDF) program except first aid and CPR. We encourage you to seek out approved First Aid/CPR trainings on the Missouri Workshop Calendar. We also encourage you to seek additional training in other topics as professional development on the Missouri Workshop Calendar. A list of helpful resources can be found by clicking on the attachment icon. You can save or print it for future use.