

Health, Safety, and Nutrition

Participant's Guide



December 2021



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To access the course resources, scan the QR code with the camera on your mobile device or visit the following link:

<http://fcim-dcf.fcim.org/dcf/dcfcourseresources/#HSAN>

Health, Safety, and Nutrition

Module 1: A Healthy Environment

Overview

This module will discuss the elements of a healthy child care environment. Throughout this module, we will take a general look at the elements of a healthy environment; the characteristics of healthy children and environments, along with how those relate to providing safe child care; and also identifying, preventing, and controlling communicable disease.

Module Goal

Participants will be able to identify and discuss the elements of a healthy environment.

Learning Objectives

After successfully completing this module, you will be able to:

- Identify the characteristics of a healthy environment
- Describe the characteristics of a healthy child
- Identify communicable diseases
- Describe methods of preventing the spread of communicable disease
- Explain the process of communicable disease control
- Identify proper hygiene practices for children and caregivers
- Identify safe food handling, preparation, and storage practices
- Describe the proper method of administering medication and documenting the use of medication in a program





What are the Qualities of a Healthy Environment?

For more information about rules and regulations, take the Department of Children and Families' course *Child Care Facility Rules and Regulations* or *Family Child Care Home Rules and Regulations*.

Characteristics of a healthy environment that promote good health practices include:

How do you know if your program has a written policy?

Why should policies be written?



Key Point: Establishing and following a written policy is an effective way of maintaining a safe and healthy child care program.



What are the Qualities of a Healthy Child?

How are each of the senses used to observe a child? Why is it important to use more than one sense at a time to observe warning signs?

Signs of a physically healthy child fall into general categories including:

Appetite

Appearance

Activity



Key Point: The three A's of a healthy child are: Appetite, Appearance and Activity.

The following are also taken into consideration when we evaluate a child's health:

Emotional health: A healthy child usually reflects happy, cheerful feelings.

Social health: A healthy child is friendly most of the time, interacts with other children, and enjoys quiet activities that require concentration.

Mental Health: A healthy child is interested in new experiences, and is usually confident and adaptable.

Can you give examples of short-term illnesses?



Activity: Draw a Healthy or Sick Child

Draw a healthy or sick child. List the characteristics of the child next to your drawing.

Notes:



Daily Health Checks

Daily health checks are a good way of _____

and _____ illness in a child care environment.

By visually inspecting or questioning a child about his or her health on a daily basis, you help ensure that your program is as disease-free as possible. The main goals are to know the children in your care and to provide good care. Most caregivers do their daily health checks in casual contact in their initial meeting and throughout the day, not as a formal exam. Ideally, it is done with each child upon entering and leaving your program. Sometimes it is hard to take a moment with each child, as people come and go at roughly the same time. Therefore, it is important to be observant throughout the day. Ultimately, daily health checks will help you know your children's routine behavior, reduce the spread of infection, draw attention to children with obvious signs of illness, and foster good communication with parents.

The signs to observe in a daily health check fit into two categories:

Behavior

Physical

What other signs have you observed in children as a part of a Daily Health Check?

Locate an example of a Daily Health Checklist in the appendix of your participant's guide. This checklist is designed to monitor daily observations of a child. A daily health checklist is beneficial to caregivers because it helps track patterns that alert caregivers to warning signs.

It is important to remember that children's health records are confidential.



Key Point: Daily health checks are essential for ensuring the health of children in care.



Determining if a Child Has a Fever

Fever may be a warning sign that the body has an infection and needs treatment before the infection can become harmful.

Remember, as a child care professional our job is to identify possible signs, NOT to diagnose.

For a child over three, we can take the temperature orally (in the mouth) or auxiliary (under the arm). For an infant, we put a thermometer under the arm or in the armpit. Rectal temperatures are not recommended because the practice can be uncomfortable, dangerous, and may spread disease.

The use of mercury thermometers is not recommended. If you use a mercury thermometer and break it, call the Poison Control Center immediately.

The appendix of your participant's guide has a wealth of information on these topics, as well as a list of helpful websites for further study. All of this information will not be covered in class, so you are encouraged to read this information on your own.

Here are the steps to taking a temperature with a digital thermometer.

1. Turn on the thermometer.
2. Cover the bulb end with a disposable sheath.
3. Place the bulb under the child's arm or in his/her mouth, depending on his/her age.
4. Remove the thermometer when it beeps (usually 1 minute).
5. Discard the disposable sheath.
6. Read the temperature displayed.

Be sure to closely follow the manufacturer's instructions provided with the device you are using.



Activity: "If You Could Just Help Me Out This Once"

Skit - "If You Could Just Help Me Out This Once"

Jones [caregiver] **Brown** [parent]

Jones: "Good morning, Ms. Brown. I didn't expect to see you and Michael today."

Brown: "He's a lot better today."

Jones: "Oh? Does he still have a temperature and diarrhea?"

Brown: "Well... yes, but it's not as bad as yesterday. His temperature is only 101° and the diarrhea has tapered off some. Would you mind keeping him today?"

Jones: "How often is he having diarrhea?"

Brown: "Oh, only about five times a day."

Jones: "Remember when you first started bringing Michael, I explained my policy on keeping sick children? As you know, I will not keep a sick child with diarrhea. The health department says it's not a good idea because the other children could get it."

Brown: "I really would like to stay home with Michael, but I can't miss work. If you could just keep him this once, I promise never to put you in this bind again! Please, I really need to get to work now."

Jones: "I'm sorry, Ms. Brown. I really wish I could help you out, but just as I am concerned with Michael's well-being, I must think about the other children. I cannot take him when he still has diarrhea."

Brown: "Well... I guess I can understand. I wouldn't want all the other little ones to get what Michael has. But I still don't know what to do. I don't have any sick days. I'll lose my job if I don't go in."

Jones: "Why don't you call your boss and explain the situation. Doesn't he have little ones? He's probably been through this himself."

Brown: "No, you don't understand. There are plenty of people waiting for my job. My boss thinks if you miss work, no matter what the reason, you can be replaced."

Jones: "Do you have a friend or family member who could watch Michael?"

Brown: "My sister has to work, but she has great benefits where she works. She's always taking days off... maybe she could watch Michael for me. I'll call her before she leaves. Besides, she owes me a favor."

Notes:

Source: Adapted from the Ohio Department of Health Services - Health and Safety in Family Day Care, December 1991



Responding to an Illness

Knowing the signs of illness in children is very important, but responding quickly to these signs is equally important. The response to illness can range from isolating the child and calling the parents to calling 9-1-1. As a child care provider, being trained in first aid and CPR can be a tremendous resource in being able to respond quickly to a child's illness. Depending on the type and severity of the symptom, a caregiver may do one or more of the following:

- Watch the child closely, apply first aid/CPR as needed, and be ready to discuss your observations with parents and/or paramedics. Your observations should be documented.
- Isolate the child until parents and/or paramedics arrive.
- Call the parents, and if necessary, suggest to the parents that the child needs _____ attention.
- Call 9-1-1.

Using your knowledge of communicable disease control and health issues in children, you will need to decide which step is the most appropriate. Remember, not all of these options may need to be used for every situation.

For example, if a child seems sleepy, you may choose to watch the child closely and discuss this with the parents. If the day continues and the child is not only sleepy, but is also warm, you may need to take the child's temperature. At that point, if the child has a fever, you would need to isolate the child and call the parents. If the child is having difficulty breathing—depending on the severity—you may either call the parents to suggest seeking medical attention, or you may call 9-1-1.



Dehydration, Heat Exhaustion, and Heat Stroke

Dehydration

Watch for the following signs:

- Dry to very dry mouth
- Little or no tears when crying
- Less active than usual, or very fussy
- Infant will wet less than 6 diapers a day; a child will make fewer trips to the restroom than he normally does

If dehydration is severe, the following will occur:

- Eyes are sunken
- Hands and feet are cool and blotchy
- Pulse may seem weak and fast
- Child will not urinate for hours

The steps to prevent dehydration are dependent on the child's symptoms, and can include:

- For mild diarrhea, do not give milk; it has a high concentration of minerals and salt which could be dangerous to a child with diarrhea.
- For vomiting, stop giving solid food, and give water at 30 to 60 minute intervals.
- For both diarrhea and vomiting, stop the child's normal diet and discuss with parents.
- Do not give a child sports drinks or any other similar drink made for adults.

The child's parents should be called and remain involved throughout a caregiver's observations.

In cases of diarrhea or vomiting, make sure you monitor the child's food and drink intake so you can relay this information to parents or a health care provider. Take and record the child's temperature in short, regular intervals. Write observations about bowel movement frequency, color, and characteristics. Lastly, ensure you are in early and frequent communication with the child's parents.

Heat Exhaustion

Heat exhaustion can occur when someone is exposed to high temperatures and strenuous physical activity. Without prompt treatment, heat exhaustion can lead to heat stroke, which is life threatening. Symptoms may include excessive sweating and a rapid pulse rate. Other symptoms include: cool, moist skin; dizziness; faintness; muscle cramps; headache; and nausea.

Take action! Steps to treating heat exhaustion:

1. The child's emergency contact should be notified.
2. Lay the person down in a cool and quiet place, with feet raised a little bit.
3. Loosen any tight clothing.
4. Supply water or sports drinks to drink.
5. Use other cooling measures, such as towels soaked in cool water as compresses.
6. If signs of symptoms worsen or do not improve within an hour, seek medical attention. Seek immediate medical attention if the person's body temperature reaches 104 degrees or higher.

Heat Stroke

Heat stroke is very common in Florida, so caregivers in this state must familiarize themselves with its signs and take appropriate action.

A heat stroke occurs because of prolonged exposure to very hot conditions. The mechanism in the brain that regulates body temperature stops functioning, and the body's temperature rapidly rises to 104°F. The person becomes flushed, with hot, dry skin and a strong, rapid pulse. He or she quickly becomes confused or unconscious.

Here's what to do if you observe these conditions:

1. Anyone who has heat stroke should receive medical attention immediately. If you suspect heat stroke, call 9-1-1. The child's emergency contact should be notified immediately.

While waiting for Emergency Medical Services to arrive...

2. Remove clothing and wrap the person in a cold, wet sheet; or sponge them with cold or tepid water.
3. Fan the person, either by hand or with an electric fan or with a hair dryer set to cold.
4. When his or her temperature drops to 101°F, place the person in the recovery position. For more information, view the fact sheet.
5. Cover the person with a dry sheet and continue to fan. If his or her temperature rises again, repeat the cooling procedure.

When children are exposed to heat, it is important to watch for signs of distress. A caregiver should know the signs of illness in children and be prepared to take appropriate action.



Key Point: It is important to recognize and respond appropriately to signs of illness in the children in your care, both for their well-being and for the prevention of illness and disease within your program.

Severity 

	DEHYDRATION	HEAT EXHAUSTION	HEAT STROKE
Cause	<ul style="list-style-type: none"> excessive sweating, diarrhea or vomiting not enough fluids and/or salt 	<ul style="list-style-type: none"> exposure to very hot conditions not enough fluids and/or salt 	<ul style="list-style-type: none"> prolonged exposure to very hot conditions not enough fluids and/or salt body stops regulating temperature
Symptoms	<p>Moderate</p> <ul style="list-style-type: none"> dry to very dry mouth little or no tears when crying less active than usual or very fussy less than normal urination <p>Severe</p> <ul style="list-style-type: none"> sunken eyes hands & feet are cool and blotchy weak and fast pulse little urination 	<ul style="list-style-type: none"> pale & clammy skin feeling sick, dizzy, and/or faint rapid pulse rate and breathing headache or muscle cramps 	<ul style="list-style-type: none"> skin flushed, hot and dry elevated temperature - 104°F/skin hot to the touch strong and rapid pulse confusion or loss of consciousness
Prevention	<ul style="list-style-type: none"> keep child well hydrated moderate exposure to heat 	<ul style="list-style-type: none"> keep child well hydrated moderate exposure to heat 	<ul style="list-style-type: none"> keep child well hydrated moderate exposure to heat
Treatment	<ul style="list-style-type: none"> give fluids (water) take and record child's temperature communicate with parents 	<ul style="list-style-type: none"> notify parents immediately lay child down in a cool place elevate feet loosen tight clothing give fluids - 1 tsp salt/ quart H₂O 	<ul style="list-style-type: none"> immediate medical attention required - call 9-1-1 notify parents remove clothing - wrap child in a cold wet sheet or sponge with cold or tepid water fan child by hand or with electric fan when temp. lowers to 101°F place child on their back and continue to fan, cover with dry sheet



Bacteria, Viruses, Fungi, and Parasites

Understanding what communicable diseases are, how they spread, and how to prevent them are important steps in establishing a healthy environment for children.

A communicable disease is one that can be spread from one person to another. This usually results from the interaction between people, the environment, and germs.

There are four types of germs:

- Bacteria
- Virus
- Fungi
- Parasites

Bacteria

- Small organisms seen with an ordinary microscope
- Can cause strep throat, impetigo, pinkeye, and some pneumonia
- Antibiotics help stop growth

Virus

- Smaller than bacteria
- Grow only in living cells
- Can cause colds, chicken pox, measles, German measles, mumps
- Antibiotics have no effect
- Rest is the best action; body fights better when rested
- Vaccines against common viruses are available

Fungi

- Grow best in warm, moist places
- Can cause athlete's foot and ringworm
- Effective medication is available
- Medications work best when conditions favorable to fungal growth are removed

Parasites

- Organisms that live on or in animals and people
- Common examples include pinworms, roundworms, head lice
- Effective medications are available for most



Key Point: As a child care provider, it is important to know the difference between the four types of germs: bacteria, viruses, fungi, and parasites.

Transmission of Communicable Disease

There are four ways diseases are transmitted.

- Respiratory – (nose and throat) through nasal/throat discharges (common cold, flu, strep throat, chicken pox)
- Fecal/Oral – through bowel movements, soiled hands or objects in mouth (salmonella, Hepatitis A)
- Direct contact – contact with infected area or infested body area (impetigo, ringworm or head lice scabies)
- Blood borne – through blood contact (HIV/AIDS, Hepatitis B and C)

Notes:



Key Point: As a child care provider, it is important to understand the four ways illnesses and diseases are transmitted in order to minimize the spread of communicable diseases.



Serious Communicable Diseases

Some conditions of communicable diseases are more dangerous than others. Four of these are:

- Haemophilus Influenzae B (Hib)
- Hepatitis B
- Hepatitis C
- Human Immunodeficiency Virus (HIV)

Here is information you must know about these diseases. Space has been provided for you to take notes on each of these diseases.

Hib

- Hib is an infection that can lead to other conditions which can cause secondary infections in many areas of the body, including:
 - Meningitis, a nervous systems disease that causes inflammation of the brain and spinal cord covering.
 - Pneumonia, an inflammation of the lungs.
 - Epiglottitis infection, a throat infection that causes a child to choke to death.
- Hib does not cause the flu.
- Hib is caused by a germ that spreads through coughing and sneezing; it is common in children who are in close contact with one another.
- Since medical treatment for Hib is difficult, vaccination is important.
- One in four children who develop meningitis due to Hib suffer from mental retardation, permanent hearing damage, or death.
- Epiglottitis infections due to Hib occurs most often in children 2-4 years of age.

Notes:

Hepatitis B

- Hepatitis B is an infection of the liver.
- It is vaccine-preventable with three doses of Hepatitis vaccines usually given during the first 3 months of life; however, the doses may be administered as late as 11 to 12 years of age.
- It is most commonly spread from mother to infant at birth.
- Other methods of transmission include IV drug use using contaminated needles, sexual intercourse, and the exposure of open wounds or mucous membranes to contaminated blood.
- Symptoms include fatigue, loss of appetite, jaundice, dark urine, light stools, nausea, vomiting, and abdominal pain.
- Hepatitis B is a serious infection in which premature death from liver cancer occurs in 15% to 25% of persons with chronic infection.
- A person who has no symptoms is still infectious to others.

Notes:

Hepatitis C

- Hepatitis C is a disease of the liver.
- There is no vaccine Hepatitis C.
- Hepatitis C can be spread from infected mother to baby during birth.
- Other methods of infection are IV drug use, blood transfusion.
- Symptoms of Hepatitis C include jaundice, fatigue, dark urine, abdominal pain, loss of appetite, and nausea.

Notes:

HIV

- HIV is a virus that causes an increasing weakening of the immune system, which results in the body becoming unable to fight off infections.
- HIV is most commonly spread by sharing contaminated needles for intravenous drug use, sexual intercourse, exposure to infected blood through a blood transfusion; and from pregnant woman to fetus.
- HIV is less commonly spread by infected mothers who breastfeed their infants, healthcare workers (after being stuck by a contaminated needle); and exposure of open wounds or mucus membranes to contaminated blood.
- Symptoms of HIV in children include: failure to grow and gain weight; constant diarrhea without cause; enlarged liver and spleen; swollen lymph glands; constant thrush (yeast infection of the mouth and throat) and Candida (vaginal yeast infection); pneumonia and other bacterial, viral, fungal and parasitic infections.
- Late stage HIV is called Acquired Immunodeficiency Syndrome (AIDS)
- Many children are infected with HIV for years without developing symptoms.
- Once infected, a person becomes potentially infectious to others for life.

It is important that you check with the health department each year to get updates on diseases, vaccines, changes in treatment guidelines, and similar information.

Notes:



What are the Most Common Childhood Illnesses?

Now that you are aware of the symptoms of many serious communicable diseases, let's review some of the more common childhood diseases and their symptoms.

Common childhood illnesses include:

Chicken pox

Common Cold

Influenza (Flu)

Review the information on the Centers for Disease Control and Prevention (CDC) website (www.cdc.gov) regarding flu pandemic in child care, frequently.

Diarrhea-Related Disease

Conjunctivitis (Eye Infection; Pink eye)

Giardiasis

Allergic Reactions/Anaphylaxis

RSV (Respiratory Syncytial Virus)

Lice



Key Point: Responding in a correct and timely manner when a child displays a symptom of a communicable disease is an excellent way of preventing communicable diseases in a child care program.



Preventing Communicable Diseases

Isolation

The purpose of isolation is to keep a child safe and comfortable until a parent or guardian picks him/her up, and to prevent the spread of illness among other people at the child care program.

When to Isolate a Child

We should isolate a child if we see:

- Severe coughing
- Difficult or rapid breathing
- Stiff neck
- Diarrhea
- Temperature of 100 F (under the arm) or 101 F (under the tongue)
- Conjunctivitis (red lids or eyeballs, and drainage)
- Exposed or open skin lesions
- Unusually dark urine
- Gray or white stool

It is important to note that this is not a complete list. Be sure to consult the written policies of your child care program. Isolation still requires _____.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 6.1, 6.1.2

School-Age Child Care Facility Handbook: 6.1, 6.1.2

Family Day Care Home/Large Family Child Care Home Handbook: 7.23

Immunization

- Immunization is an essential factor in preventing the spread of disease among children and caregivers from disease.
- Children who are attending child care programs are especially in need of receiving all recommended vaccines on time, and must provide documentation of those vaccinations.
- As we have seen, several childhood diseases are preventable through vaccination.
- Each child must have a current record of immunization history and health records on file at the child care program.

Exemptions to Immunization

It is possible to admit children who do not have current immunizations into care when certain conditions are met. Providers must notify the families in writing at the time of enrollment that some children in care may not have current immunizations.

If a child either temporarily or permanently cannot receive an immunization due to a medical condition, the physician must complete the section of the DH 680 Florida Certificate of Immunization stating the exemption.

If a family has religious or philosophical objections to immunization, the family must provide a DH 681 Religious Exemption From Immunization form to the child care program.

In order to be in compliance with licensing regulations, there must be an appropriate form on file for every child in care regarding immunizations.



Key Point: Remember, there are religious and philosophical objections to immunization, but there must be proper documentation for each child on record at the child care program.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 7.1

School-Age Child Care Facility Handbook: 7.1

Family Day Care Home/Large Family Child Care Home Handbook: 8.1



Activity: Calculating Immunizations

Refer to the immunization chart in the appendix for this activity.

Using today's date and the ages supplied for this activity, determine what immunizations are needed, if exemptions were not given, for the children described below.

- Kathy is 24 months old
- Timmy is 18 months old
- Heather is 15 months old
- Jennifer is 4 months old
- Brian is 4 years old

Immunizations can help save a child's life, but there are steps we can take as caregivers that are as important.

For additional information go to: <http://www.cdc.gov/vaccines/schedules/index.html>

Best Practices for Avoiding Contamination

Standard Precautions (Universal Precautions)

While Standard Precautions must be used by caregivers as described by the Occupational Safety & Health Administration, there are many other best practices that will help caregivers maintain a clean, healthy environment that is free of any harmful or detrimental elements.

Use the following best practices when maintaining a healthy child care environment:

- Wear _____.
- Throw disposable gloves away after _____ use.
- Do not get any _____ in your eyes, nose, mouth, or near an open sore.
- Clean and disinfect any surfaces and non-disposable cleaning equipment, such as mops, that contact a bodily fluid. A common and inexpensive disinfectant can be made by mixing ¼ cup of bleach and 1 gallon of water.
- Discard fluid and fluid-contaminated materials in a tightly secured plastic bag.
- _____ your hands thoroughly in accordance with CDC guidelines after cleaning up bodily fluids.
- Change diapers on non-porous surfaces.
- Do not share personal hygiene items, such as toothbrushes, dental floss, or rinsing cups.
- Use disposable sheaths on thermometers.
- Wash contaminated linens and clothing separately from other laundry. Use ¼ cup of bleach in the wash load.
- Place children's contaminated items or clothes in a tightly sealed plastic bag to be taken home and washed.
- Do not allow babies and toddlers to share teething toys. Sanitize these items after each use.
- Teach children not to pick off scabs or bandages.
- Cover and treat open wounds on both children and caregivers.



Key Point: Caregivers should use Standard Precautions to avoid contact with blood and bodily fluids, and remove children from any area where exposure to communicable diseases is possible.

One of the most important things you can do is to wear gloves when working with any bodily fluid.



Activity: Changing a Glove

Proper method for changing a glove:


- Grasp the palm of the glove.
- Pull the glove off toward fingers, turning it inside out.
- Throw the glove into a plastic bag that can be sealed.
- Run your ungloved index finger under the remaining glove cuff.
- Pull the glove off, turning it inside out.
- Put the soiled glove in the plastic bag.

Notes:



Activity: Changing a Diaper and Handwashing

Refer to the appendix for the appropriate procedures.

 **Key Point:** Proper personal hygiene is the most effective way of preventing the spread of germs and diseases in a child care setting.



Activity: The Right Response

Scenario A

During small group time, you notice Charles is having difficulty breathing and is wheezing. What should you do?

Scenario B

At the dramatic play center, you notice Chelsea scratching the back of her head vigorously. What should you do?

Scenario C

While at the sensory table, Chancie sneezes into the water. What should you do?

Scenario D

Later in the day, the snack center is set up as a green grocery. Children come with a little straw basket to select crunchy vegetables for snack time. Chancie is shopping. She nibbles a few vegetables, but then complains of a stomach ache. What should you do?

Scenario E

In the free-art center, Chu-lin is helping a teaching assistant mix dry tempera powder. Suddenly, her face becomes red and she begins to cough. What should you do?

Scenario F

After playing in an outdoor learning center, you notice blister-like sores on Chaka's arm. What should you do?

Scenario G

Charlotte ate very little at lunch today and now she has her head on a table, complaining of a stomachache. What should you do?

Scenario H

Chico is difficult to awaken after a long nap. He is warm to the touch, and then vomits as you lead him to the bathroom. What should you do?



The Role of Sanitation in Preventing Illnesses

In addition to implementing good personal hygiene in the child care environment, it is also important to clean and disinfect the child care environment. The process of cleaning, sanitizing, and disinfecting areas and items that children are most likely to have close contact with will reduce their potential exposure to germs.

Think about some items that should be cleaned, sanitized, and/or disinfected as often as possible. Record this information in the space provided in your participant's guide.

The appendix of your participant's guide contains a recipe for an inexpensive disinfectant solution.



Food Safety

Child care programs that serve meals or snacks must ensure that the food they provide is safe for human consumption. Child care facilities must have a food and nutrition policy that not only addresses nutrition and food allergens, but also food safety.

- Food must be in sound condition, free from spoilage and contamination.
- Food preparation areas, and food equipment and table ware must be properly maintained and sanitary.
- Staff members must properly handle and prepare food.
- Food must be maintained at proper temperatures.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 3.9.3, 7

School-Age Child Care Facility Handbook: 3.9.3, 7

Family Day Care Home/Large Family Child Care Home Handbook: 7.14

Special Requirements and Prohibited Food

- Meat, poultry, fish, dairy products, and processed foods shall have been inspected under the USDA requirements.
- No raw milk or unpasteurized juice may be served without the written consent of the parent or legal guardian.
- No home-canned food may be served.
- No home-grown eggs may be served.
- No recalled food products may be served.
- All raw fruits and vegetables shall be washed thoroughly before being served or cooked

Rules and Regulations

Florida Statutes: 402.305

Florida Administrative Code: 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 3.9.3

School-Age Child Care Facility Handbook: 3.9.3

Family Day Care Home/Large Family Child Care Home Handbook: N/A

Food Preparation / Serving Areas

Because illness-causing bacteria can survive in many places around food preparation and serving areas, good sanitation is very important.

- Clean food contact surfaces, cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item and before you go on to the next item. As an extra precaution sanitize washed surfaces and utensils.
- Use smooth, nonabsorbent food contact surfaces that do not harbor bacteria.
- Food equipment and tableware must be properly cleaned by pre-rinsing or scraping, washing, rinsing, sanitizing, and air drying. Table ware and food equipment must be cleaned by either using a dishwasher with a sanitizing cycle or by using the three step cleaning process.
- Infant bottles and "sippy" cups provided by a facility must be washed and sanitized between each use. Those brought from home must be labeled with the child's first and last name and returned home daily.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 3.9, 3.9.1

School-Age Child Care Facility Handbook: 3.9, 3.9.1

Family Day Care Home/Large Family Child Care Home Handbook: 7.13

Food Handling

Staff members must properly handle and prepare food.

- Wash hands thoroughly. (The use of hand sanitizer does not substitute for hand washing)
- Wear proper head covering.
- Wear disposable gloves or use other methods to prevent skin contact with food.
- Examine food when it is purchased/delivered.
- Maintain a Food Acceptance Log if applicable. (A sample Food Acceptance Log is in your Appendix)
- Separate food items to avoid cross-contamination.
- Thaw food safely.
- Wash fruits and vegetables before serving or cooking.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 3.9.5

School-Age Child Care Facility Handbook: 3.9.5

Family Day Care Home/Large Family Child Care Home Handbook: 7.16

Food Temperatures

Cooked food is safe only after it has been heated to a high enough temperature to kill harmful bacteria. Color and texture alone will not tell you whether your food is properly cooked. Instead, a food thermometer should be used to ensure proper temperatures. Food must be thoroughly cooked and/or reheated in accordance with the table in your Appendix.

After cooking, to keep food safe while serving, you can use a heat source like a chafing dish, warming tray, or slow cooker. Any leftovers should be refrigerated within two hours.

Refrigerators must be maintained at 41 degrees Fahrenheit or below. But, there are limits on how long you can safely refrigerate food, since cooling only slows the growth of bacteria. Refrigerated food containers should be labeled to ensure safe food storage limits are not exceeded.

Freezers must be at 0°F or below to maintain food safety. Frozen foods remain safe indefinitely, but to ensure quality, observe the time limits shown on screen. Frozen foods must be labeled by date and type of food item. Frozen food must be and stored accordingly.

To maintain safe food temperatures, milk and food must not sit out for longer than 15 minutes prior to the beginning of the meal to avoid contamination and spoilage unless maintained at 41 degrees Fahrenheit or below for cold foods or 135 degrees Fahrenheit or above for hot foods.

An accurate thermometer is required inside each cold storage unit to verify adequate temperatures are maintained.

Rules and Regulations

Florida Statutes: 402.305

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 3.9.2, 3.9.3

School-Age Child Care Facility Handbook: 3.9.2, 3.9.3

Family Day Care Home/Large Family Child Care Home Handbook: N/A

Food Storage

- A designated space for food storage is required.
- Food containers must be stored above the floor on clean surfaces protected from splash and other contamination.
- Open packages of perishables must be properly covered/sealed and discarded within 7 days.
- Opened packages of dried goods must be properly covered/ sealed and discarded according to the manufacturer's recommended date, or if the quality of the goods has been compromised.
- Food waste retained in the facility must be stored properly, discarded daily and container(s) cleaned and sanitized.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 3.9.2

School-Age Child Care Facility Handbook: 3.9.2

Family Day Care Home/Large Family Child Care Home Handbook: 7.13



Key Point: Safe and sanitary food practices help keep a child care program free of germs and diseases, and include using clean utensils and equipment; applying correct storage and cooking techniques; employing clean, healthy workers; and practicing safe food-handling procedures.



Activity: 5 Best/5 Worst Food Handling Practices

Best	Worst
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.



Administering Medication

Occasionally, some children may be required to take medication during their time at your child care program. A child care program is not required to administer medication but if medication is going to be administered in your child care program, personnel must be trained and you must follow guidelines outlined in the Florida Administrative Code. The administration of medication in a child care program is governed by the Department.

In the appendix of your participant's guide, there is a sample administration of medication form and a sample authorization and log for dispensing medication form. As you review these documents, please pay close attention to how you must:

- Accepting medications
- Storing medications
- Administering medications
- Documenting medications

What should caregivers pay attention to while administering medication?

Why is it important to ensure that caregivers administer medication properly?



Key Point: It is important to note that programs have the right to decide whether or not to administer medication. Deciding whether or not to administer medication is a major responsibility of the caregiver.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 6.5, 7

School-Age Child Care Facility Handbook: 6.5, 7

Family Day Care Home/Large Family Child Care Home Handbook: 7.24



Module 1 Summary

Here is a summary of key points for **Module 1: A Healthy Environment**.

Establishing and following a written policy is an effective way of maintaining a safe and healthy child care program.

The three A's of a healthy child are: Appetite, Appearance, and Activity.

Daily health checks are essential for ensuring the health of children in care.

It is important to recognize and respond appropriately to signs of illness in the children in your care, both for their well-being and for the prevention of illness and disease within your program.

As a child care provider, it is important to know the difference between the four types of germs: bacteria, viruses, fungi, and parasites.

As a child care provider, it is important to understand the four ways illnesses and diseases are transmitted in order to minimize the spread of communicable diseases.

Responding in a correct and timely manner when a child displays a symptom of a communicable disease is an excellent way of preventing communicable diseases in a child care program.

Remember, there are religious and philosophical objections to immunization, but there must be proper documentation for each child on record at the child care program.

Caregivers should use Standard Precautions to avoid contact with blood and bodily fluids, and remove children from any area where exposure to communicable diseases is possible.

Proper personal hygiene is the most effective way of preventing the spread of germs and diseases in a child care setting.

Safe and sanitary food practices help keep a child care program free of germs and diseases, and include using clean utensils and equipment; applying correct storage and cooking techniques; employing clean, healthy workers; and practicing safe food-handling procedures.

It is important to note that programs have the right to decide whether or not to administer medication. Deciding whether or not to administer medication is a major responsibility of the caregiver.



Module 1 Conclusion

You have achieved this module's learning objectives if you can:

- Identify the characteristics of a healthy environment
- Describe the characteristics of a healthy child
- Identify communicable diseases
- Describe methods of preventing the spread of communicable disease
- Explain the process of communicable disease control
- Identify proper hygiene practices for children and caregivers
- Identify safe food handling, preparation, and storage practices
- Describe the proper method of administering medication and documenting the use of medication in a program

Health, Safety, and Nutrition

Module 2: A Safe Environment

Overview

This module will describe safety issues, characteristics of safe environments, and how caregivers can take advantage of opportunities to prevent and reduce accidents and injuries. This module will also address procedures for reporting accidents and taking appropriate action during accidents and incidents. Methods to prevent potential safety and fire hazards will be explained, and evacuation procedures will be discussed. Lastly, Florida laws and requirements regarding transportation of children and use of federally-approved car seats and vehicle restraints will be addressed.

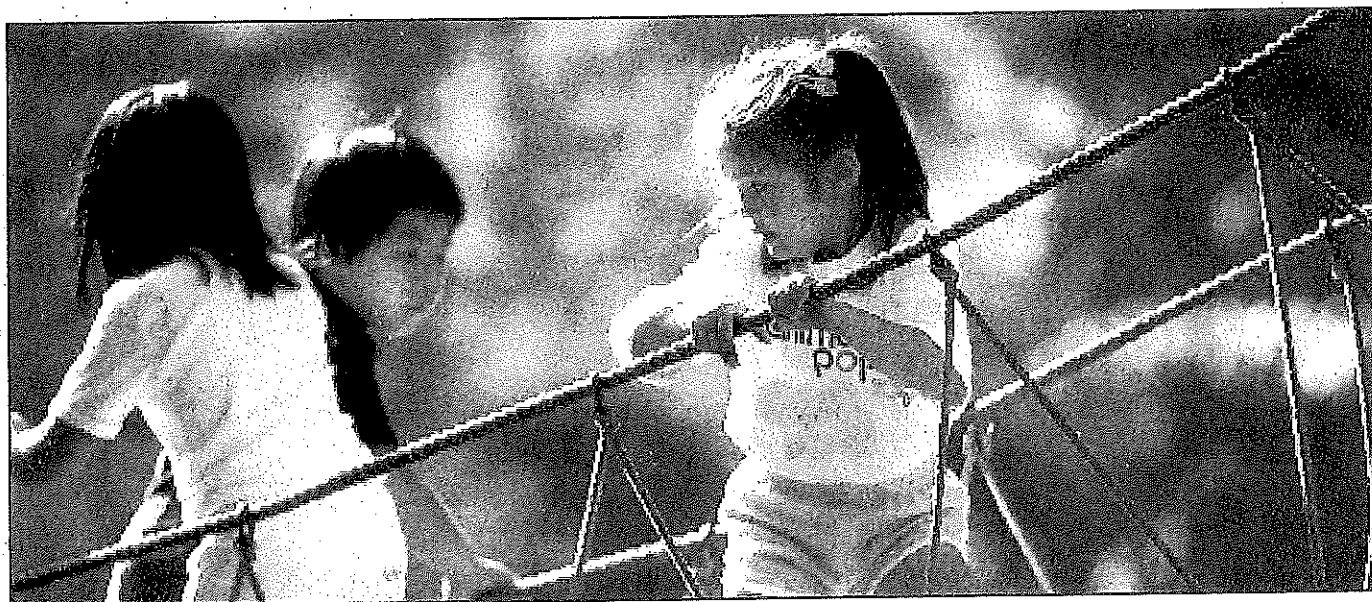
Module Goal

Participants will be able to identify and discuss the need for a safe environment.

Learning Objectives

After successfully completing this module, you will be able to:

- Identify processes to plan for, establish, and maintain a safe child care environment
- Identify procedures for reporting accidents and incidents
- Explain methods used to prevent potential safety and fire hazards
- Explain procedures used in case of emergency
- Explain procedures for using car seats and other methods of restraining a child in a vehicle





Elements of a Safe Environment

In a safe environment, hazards are kept to a minimum.

It is critical that child care programs understand safety rules and abide by guidelines for establishing a safe environment. The characteristics of a safe child care environment are:

- Potential hazards are kept at a minimum, or are completely avoided
- The surroundings are neat and orderly
- The children are constantly supervised
- Caregivers have knowledge of, and practice, safety policies and procedures

A safety hazard is anything in the environment that can be dangerous to a child's health or welfare.

Child care programs need to utilize protective equipment for safety and emergency preparedness. Some types of safety equipment you might find in a child care program include a first aid kit, a fire extinguisher, an automatic range-top fire suppression system, smoke detector, and an emergency phone numbers list.

Think about the types of emergency equipment that you might need in various situations.

- Field Trip : _____
- Kitchen Fire: _____
- Child eats plant: _____

Please take a moment to locate the First Aid Kit Checklist and the Emergency Telephone Numbers Form in the appendix of your participant's guide and familiarize yourselves with this information.



Poisoning

Any substance that can cause harmful effects if used improperly is a potential poison.

To prevent poisoning, keep chemicals out of children's reach, follow safe food-handling procedures, obey directions found on medicine labels, and teach children not to place unfamiliar items (plants, liquids, objects, etc.) in or near their mouths.

Follow these poison control prevention practices to ensure that children are not exposed to poisonous materials, unclean items, or unsafe food-handling practices:

- Keep all chemicals out of the reach of children
- Follow safe food handling and storage guidelines
- Follow the directions for dosage found on the medicine package's label
- Teach children not to put unfamiliar items in their mouths
- Keep emergency phone numbers by the phone (a sample is found in the appendix)



Key Point: No person is immune to poisoning and small children are especially at risk.



Activity: Poison Hazards by Season

Write down some of the seasonal poison hazards in the space provided. Be prepared to discuss your responses.

Spring and Summer:

Fall and Winter:

Winter holidays:



Activity: Look-A-Likes

Be aware that children can be fooled by look-a-likes. Fill in the blanks with examples of look-a-likes that may be found in a child care program.

Hazardous Item	What it Looks Like to a Child
Medicine	
Powdered cleanser	
Lamp oil or rubbing alcohol	
Pine cleaner	
Motor oil	
Shaving cream	
Alcoholic beverages and mouthwash	
Dishwashing liquids	
Hazardous sprays/pesticides	
Rodent Killing Pellets	



Accidents and Injuries

In addition to taking immediate action in the event of an accident or poisoning, it is important to document the accident or incident in full detail for both the families and the child care program. Sometimes, the physical environment and the children's behavior play major roles in the occurrence of an accident or injury. Sometimes, an accident or injury may have been prevented.

Sometimes, the physical environment and the children's behavior play major roles in the occurrence of an accident or injury. Sometimes, an accident or injury may have been prevented.

Special safety considerations are directed toward children with disabilities. Caregivers need to take into account any equipment a child uses when taking precautions.

It is very important to document any accident or injury received by children in your care.

Locate the *Sample Accident and Injury Report Form* in the appendix and review the information that belongs in each section.

When you record accidents or incidents involving more than one child, your report should NEVER name the other child involved. A separate report must be filled out for each child involved in an accident or incident.



Key Point: It is important to complete the accident and injury report form as soon as possible, and to accurately reflect what occurred, while keeping the names of children involved confidential.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 6.4, 7

School-Age Child Care Facility Handbook: 6.4, 7

Family Day Care Home/Large Family Child Care Home Handbook: 7.20D



Activity: Accident and Injury Report Form

Complete the *Sample Accident and Injury Report Form* found in the appendix. Use information from an accident or injury that you have experienced or witnessed in a child care program. Be prepared to discuss your report with the class.

Scenario: On September 18th, at Happy Mornings Preschool, 4-year-old Johnny fell off a tricycle on the playground right after lunch (1:00 p.m.). He skinned his knee, which you cleaned with soap and water. While applying a bandage, you asked your co-workers if anyone saw the accident. Brenda, another caregiver, said she saw Johnny fall, called the parents immediately, and notified the director of the child care center.

One of the ways accidents and injuries can be prevented is by observing good safety practices with toys and cribs. For example:

Crib Safety

- Always keep the side rails in the "up" position.
- Never leave a child unattended in a crib or on a changing table.
- Secure safety belts on carriers, high chairs, strollers, and carriages.
- Remove any jewelry from the child – it is a major choking hazard.
- Be sure the crib meets federal guidelines.

Toy Safety

- Follow the manufacturer's age recommendations for toys.
- Pay attention to warning signs on toy packaging and labels.
- Check toys for broken or missing parts, then either repair or discard them.
- Avoid using toys smaller than 1 ¼ inches.
- Toys with strings or cords attached should not be used, since they can be choking hazards.
- Projectile toys should be prohibited.
- Keep in mind that vending machine toys are not regulated to ensure they meet safety regulations.
- Trampolines should never be available in a child care program.
- Walkers should not be used, unless they are indicated by an Individual Family Service Plan.

Notes:

While we are studying crib safety, it is a good time to talk about SIDS, or Sudden Infant Death Syndrome. SIDS is not a cause of death, but rather a classification for a manner of death.

Does anyone know the memory aid that helps us to remember how to place a baby in a sleeping position?

More information on safe sleep practices is in the appendix of your participant's guide.

For more information about SIDS and the Back to Sleep campaign, take the Department of Children and Families' course *Safe Sleep Practices for Child Care*.

Abusive Head Trauma and Shaken Baby Syndrome are severe forms of physical abuse. It is caused by someone shaking an infant and causing injury or death. Shaking an infant can cause severe injury because they have weak neck muscles, growing brains, and thin skulls.

Shaking a baby or young child can cause permanent brain damage, paralysis, blindness, seizures, developmental delays, broken bones or death.

To prevent Shaken Baby Syndrome:

- Make sure those who care for young children know the dangers of shaking a baby
- Be careful during play or physical activity

For more information about abuse and neglect, take the Department of Children and Families' course Identifying and Reporting Child Abuse and Neglect.

Additional Resources

- Centers for Disease Control and Prevention website for Sudden Unexpected Infant Death and Sudden Infant Death Syndrome: <http://www.cdc.gov/sids/index.htm>
- Explore all of the resources available through The Safe Sleep Campaign to become knowledgeable about safe sleep practices: <http://www.myflfamilies.com/service-programs/child-welfare/safesleep/caregivers>
- Preventing Abusive Head Trauma in Children: <http://www.cdc.gov/violenceprevention/childmaltreatment/abusive-head-trauma.html>



Psychological Support for Injured Children

How a child responds when injured depends greatly on how the adults around him are responding. If the atmosphere is controlled and calm, she will probably respond in a similar manner.

If the adults are distraught and uncontrolled, her initial fears may escalate to panic and hysteria.

- Always be _____, but positive. Using positive words and non-verbal behaviors will help the child remain calm. Do not tell the child that something will not hurt if it will or if you do not know if it will or not.
- Remain _____. Being prepared for emergencies will help you achieve this. After the incident is over, and you are out of the child's sight, you may (or may not) "fall apart." Allow yourself to have a natural reaction to what you have just witnessed.
- Treat the child as a person. Do not ignore the injury or the child's feelings.
- Encourage the child to express his or her feelings. It is normal to cry when frightened or injured. Do not tell him not to cry or shame him for doing so.
- Allow the child to have as much control as possible. For example, ask, "Do you want to look at it?" and "Would you like me to stay here with you?" Let the child hold a brown cloth over an area that is bleeding. (A brown cloth will not show blood.)
- Encourage the child to talk or think about something pleasant. Talk about a favorite pet or activity, sing songs, or tell stories.
- Explain unfamiliar procedures and equipment step-by-step. Children react better when they understand what is going on. (Adults do too!) Do not ignore the presence of "scary" people or things. Do not say, "That? Oh, that's nothing. Ignore it."
- Determine the advantages and disadvantages of your presence during treatment. Often, medical staff can do a quicker and more thorough job if you leave the room. Ask the child what her preference is, and ask staff if you can accommodate that wish. If you leave the room, do not take all of your belongings, so the child will know you're coming back. Tell the child where you will wait. Console her right after treatment.
- Bring a favorite toy or blanket to the emergency room.
- Tell them that the doctors and nurses help people and take care of them when they are sick or hurt.
- Take an "emergency bag" with you to the hospital that contains paper, crayons, story books, small toys, and similar items.
- Watch your _____! Be alert to what you say and how you say it. If you say, "We are going to sew up the cut on your arm," the child may imagine the sewing machine he sees at home. Instead, say, "The doctor is going to fix your cut and you are going to feel better after he does that." Avoid all medical terms. Say, "Let me help you to hold still," not "We are going to hold you down."

- Talk to the child at _____. Children are empowered when they look at and talk to adults on an eye-to-eye level. Don't stand over an injured child to talk to him.
- After treatment, the child may have a possible regression in behavior. He may be suddenly sucking his thumb and wetting his bed; she may develop a fear of strangers or become aggressive. Recommend a psychological service if the behavior is hurting himself or other people, or if it is prolonged.
- After treatment, encourage the child to _____ and talk about how he feels. This will bring about closure and help the caregiver become aware of any issues the child might have. Consider using the experience in a learning center activity so that any children who witnessed the accident or injury can have closure as well.

It is also important to remember to take the child's medical and enrollment records with you to the emergency room.



Key Point: A child's response to an injury or accidents depends on the adults and others around him/her.



Preventing Injuries and Accidents

We have discussed some prevention methods and protocols for reporting and responding to injuries and accidents. Now, we will examine systematic ways of recognizing hazardous situations and taking preventative measures.

It is important for caregivers to inspect their child care program environment regularly and take steps to prevent injury.

What are some of the roles a caregiver plays in injury prevention?

The purpose of CPR is to keep the vital organs alive by keeping the blood flowing through the body until emergency personnel arrive. Instructors throughout the state that are certified through organizations, such as the American Red Cross or American Heart Association, offer CPR training. Individuals are certified for a specific period and certification must be renewed. In Florida, while you may take your CPR training online, you **MUST** be certified through an instructor. First aid training typically includes how to:

- Recognize and handle medical emergencies
- Prevent spread of disease
- Sustain life during emergencies
- Handle injuries and illness

First aid training may be taken online or through an instructor. First aid certification is only valid for a specific period and must be renewed.



Key Point: Every caregiver has important roles to play in injury prevention, and it is their responsibility to secure a safe environment for the children in their care.



Activity: Safety Checklist for the Child Care Setting

Locate the "Safety Checklist for Child Care Settings" in the appendix of your participant's guide. Write a plus or minus sign next to items that your child care program always does or rarely does. Be prepared to share your results. Caregivers have responsibilities in developing a safe environment for the children in their care.



Safe Talk

As a child care professional, one of your daily priorities should be to help children learn safe behaviors; another should be to encourage them to exhibit these behaviors in an effortless manner. You can achieve this by talking to children about safety, and discussing the kinds of behaviors and activities that are safe or unsafe. Some examples of ways you can accomplish this include:

Ways to Accomplish a Safe Environment	Example
Encourage children to engage in activities and play where they can be seen.	"Everyone, remember to stay where I can see you on the playground."
Remind children about the classroom rules and why they were established.	"Walk slowly and safely in the classroom." "We use walking feet inside so you do not get hurt."
Help children understand the importance of cleaning up after activities, and keeping walkways and traffic areas clear.	"Remember to be safe. We need to pick up our toys from the floor and put them on the shelf where they belong, so our friends are safe."
Provide children with age-appropriate and skill-level-appropriate materials and supplies.	"Here are your safety scissors. It is best for us to use these so we can cut our paper during art time."
Remind children what they are supposed to be doing and what they can expect to have happen next.	"After we clean up our art supplies, we are going to eat lunch. Who would like to play on the playground after lunch?"



Activity: "Safe Talk"

Notes:

As we've just seen, part of being able to teach a child safe behavior involves being able to recognize dangerous or hazardous behaviors or situations. In the next few minutes, your trainer will give you scenarios that may contain unsafe conditions. Please point out the hazard and recommend preventive measures.



Activity: What Can You See?

With your group, identify the safety hazards that may be found in one of the following four locations. Write your answers in the space provided.

Playgrounds:

Near electrical outlets:

Restrooms:

Playpens:

For more information on childproofing an indoor environment, please see "Childproofing Your Home – 12 Safety Devices to Protect Your Children," in the appendix of your participant's guide.



Emergency Preparedness Plan

Responding appropriately to accidents, injuries, and incidents are some of the main responsibilities of an effective child care professional. Every child care program should have a written plan for responding to fires, hurricanes, tornadoes, chemical spills and other dangerous situations that may call for evacuation of the center, the shelter-in-place procedure, or the lockdown procedure. For more information about emergency preparedness, take the Department of Children and Families' course *Fire Safety and Emergency Preparedness in Florida's Child Care Programs*. You can also visit the Ready website for more information about emergency preparedness.

Your child care program must have written plans and procedures for evacuating the facility, establishing a shelter-in-place, and a lockdown procedure. Facility Emergency Preparedness Plans must describe how they will meet the needs of all children, including children with special needs, during and following an emergency event.

The Centers for Disease Control and Prevention and [Ready.gov](https://www.ready.gov) have a number of resources to assist in the protection of children in a disaster. A child care program must be prepared to provide care for children at all times. This is especially critical for children with disabilities and/or chronic medical conditions, who may have physical, equipment, medical, social, and emotional needs. It is important that the program's emergency preparedness plan state that the appropriate accommodations and provisions must be available during an emergency. It is also important to remember that infants and toddlers have specific needs that need to be met during an emergency. This includes having the necessary supplies for feeding and diapering. All children, in particular younger children, will process the emergency very differently from adults so child care programs should maintain as normal of a routine as possible and provide developmentally appropriate activities for them.

The program's licensing counselor should be notified in the event of an emergency that may result in limiting the ability to provide care for children in a healthy and safe environment, such as structural damage.

In the event of a fire, bomb threat, indoor chemical spill, or other event that requires children and staff to safely exit the building, an evacuation plan is needed. Typically referred to as a fire drill, the evacuation procedure is a written plan that details each caregiver and staff member's responsibilities while safely escorting children out of the building. A fire drill must be performed and documented at least once per month to ensure that everyone is familiar with the procedure.

The shelter-in-place procedure involves creating a safe place to stay under cover until a disastrous situation has passed. The shelter-in-place procedure is appropriate during inclement weather, such as a tornado or thunderstorm; a chemical spill outside of the child care program; or any other situation where the children and staff are safer inside the building than they would be outside.

The lockdown procedure is used when there is an outside threat that may pose harm to the staff or children inside the program. A lockdown procedure involves creating the illusion that the building is vacant and currently unused. This means all lights should be turned off, all doors should be locked, and everyone should remain quiet until the threat passes.



Key Point: Caregivers should familiarize themselves with their child care program's written policies regarding the evacuation, shelter-in-place, and lockdown procedures.



Key Point: When creating any written emergency response plan, there should be a designated position assigned to each task that is required for effective execution of the plan.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)

Child Care Facility Handbook: 3.8

School-Age Child Care Facility Handbook: 3.8

Family Day Care Home/Large Family Child Care Home Handbook: 7.20, 7.21, 7.22

Additional Resources

- Caring for Children in a Disaster
<http://www.cdc.gov/childrenindisasters/index.html>
- Keeping Children with Disabilities Safe in Emergencies
<http://www.cdc.gov/ncbddd/disabilityandsafety/emergency.html>
- Infants & Young Children
<https://www.ready.gov/infants-young-children>

Evacuation Procedure

Child care programs must have evacuation plans in place and perform periodic evacuation drills to prepare for fires and other disasters. A sample Fire Drill Record is located in the appendix.

Effective evacuation plans:

- Describe, in writing, the role of each position in the child care program – it is important not to designate specific people in the plan because that person may not be there during an emergency; by designating the position, anyone working in that position will know they are responsible for that step in the plan
- Involve each and every member of the staff, including child care professionals, the director, food service staff, maintenance staff, or any other person employed in the program; also include parents and volunteers
- Are reviewed regularly for accuracy, and are updated when necessary
- Detail escape routes, including alternate routes when necessary
- Display the location of emergency equipment
- Designate meeting locations, including alternate meeting locations when necessary
- Include removing the daily attendance record during evacuation and taking roll call at the designated meeting location once everyone has been safely evacuated
- Include monthly practice drills, some of which are unannounced to children and/or staff

Effective evacuation drills:

- Describe how to initiate the procedure
- Designate which staff members must escort specific children
- Follow the established evacuation routes
- Instruct caregivers to gather everyone at a designated meeting place
- Designate a staff member to get the daily attendance record on the way out of the building and order a roll call once everyone is outside
- Designate a specific staff member to call 9-1-1 and include a backup staff member to do this

Shelter-in-Place Procedure

Child care programs should have a written plan for the shelter-in-place procedure. This procedure is used when dealing with inclement weather, such as tornados. They are also used for a chemical spill, or other hazardous material spill, outside of the child care program. For a situation that requires a shelter-in-place procedure, you should:

- Call 9-1-1 (in cases of hazardous spills near your child care program)
- Seek shelter inside the child care program, away from windows
- Turn off all fans, and heating and cooling systems
- Listen carefully to emergency broadcast stations for instructions
- Be prepared to evacuate; situations might change rapidly

Lockdown Procedure

A lockdown procedure is important in the event there is a threat, such as an armed assailant, near the child care program. The purpose of a lockdown procedure is to give the impression that there is no one present at the child care program. A lockdown procedure includes:

- Gathering all children and staff inside the building
- Calling 9-1-1
- Locking all doors and windows once everyone is inside
- Turning off all lights, televisions, radios, and anything else that might make the building appear to have people inside
- Keeping children calm and quiet
- Remaining quiet and out of sight until police arrive

Notes:



Child Passenger Safety

Children must never be left in a vehicle unsupervised. Not only is it illegal, but the health and safety of a child could be at risk. The temperatures in cars can raise quickly, which can lead to the death of a child in a short period of time. When transporting children, remember that two adults need to do a visual sweep of the entire vehicle to ensure no child has been left behind.



Key Point: Florida Law requires children to be secured by either a federally-approved child restraint seat or safety belt, and child care professionals should know the requirements for both the child care program and for sharing with families.

There are fines and points for failing to observe this law, which vary county by county.

There are 4 key points to remember when installing a child-restraint seat. What are they?

Here are some tips to make sure the child-restraint seat is installed correctly.

- Child sits comfortably and properly in the device.
- Seat belts are properly threaded.
- The device is firmly held to the seat by the seat belts.
- Shoulder harness straps fit snugly but comfortably.
- Children with special needs may have appropriate restraints; if so, they must be available and in proper use.
- In most areas, law enforcement officers will help you install child-restraint seats or will check that you have installed yours properly.

Here are some common errors made with child-restraint seats.

- Straps are too loose. All straps on the child should be snug and comfortable. All straps holding the device to the car's seat should be tight.
- Neglecting to fasten the top anchor strap. This allows the seat to pitch forward in a crash. It may not be fastened because of parental apathy, lack of awareness that the anchor exists, unwillingness to bolt the anchor plate to the car, or uncertainty of how to install the anchor plate.
- Not using all of the straps provided, or not using them according to the manufacturer's directions.
- Letting the children climb out of or refuse to use the child-restraint seat. This is most common in toddlers who dislike being restrained. They must be taught that the car won't move unless they are in their seat.
- Bundling infants in blankets before putting them in their seat. Belts cannot be adjusted properly.
- Improper placement of the child-restraint seat inside the vehicle.
- Placing a child-restraint seat in the front seat of the car.
- Reclining an infant seat with an adjustable tilt feature too far down. A 45-degree angle must be maintained to support the developing neck of the child.

Notes:



Vehicle Alarms for Transportation

In addition to conducting physical and visual sweeps of the vehicle and maintaining a transportation log, child care facilities and large family child care homes must have an alarm system installed in each vehicle used to transport children. Alarm systems installed before October 1, 2021, will be automatically grandfathered in for this standard.

The alarm requirement serves as an additional safety measure to be used alongside the log in an effort to ensure NO child is left in a vehicle. Drivers are responsible for the children they transport and vehicle alarm systems are designed to offer support in reminding drivers to check their vehicle when children are exiting. In addition to accounting for all children, ensuring they are safely on board, and updating the transportation log at each stop, drivers must inspect the vehicle to ensure no child is left inside. To remind drivers of this crucial step in safely transporting children, the state of Florida has mandated the use of vehicle alarms.

A vehicle alarm system is intended to alert and remind the driver of a vehicle to conduct a visual and physical inspection. Once the alarm sounds, the driver must exit the vehicle, check the vehicle for children, and manually deactivate the alarm. The driver must then update the transportation log according to the Department's requirements.

The following is a suggested method to use to meet both requirements upon arrival at the location. The driver must:

1. Unload the children
2. Complete a visual sweep
3. Deactivate the alarm
4. Update the transportation log immediately—verifying that all children are accounted for and the visual sweep was completed
5. Escort the children inside

Immediately following, the second personnel must complete the second visual sweep of the vehicle and document it on the transportation log.



Key Point: Vehicle alarms provide a second safeguard to protect children from being left in the vehicle during transportation.



Vehicle Alarm Requirements

All vehicles used to transport children must be equipped with a reliable alarm system approved by the Department. The alarm system prompts the driver to inspect the vehicle for children before exiting the vehicle. A vehicle's alarm system works in a few specific ways and must be used according to state and local requirements.

Approved alarm systems must meet the following criteria:

- a. The alarm system must be armed or activated automatically when the vehicle's ignition is turned on.
- b. The alarm system must be designed and installed so that the vehicle horn, siren or other type of audio alarm will sound if the driver/staff member does not walk to the rear or, in the case of a passenger van, the side entry point of the vehicle, to manually shut off or deactivate the alarm.
- c. The time delay from the time the ignition is turned off after activation of the alarm system until the alarm sounds shall be no longer than one minute.
- d. The alarm must be audible from the distance of 500 feet from the vehicle.
- e. The alarm system must be installed so the driver must walk to the back of the vehicle to reach the deactivation mechanism. Deactivation mechanisms installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable.

While turning off the vehicle alarm, vehicle operators must inspect and update the transportation log as part of the procedure. Remember, the alarm is a reminder to inspect the vehicle to ensure no child has been left in the vehicle and update the log.

Rules and Regulations

Florida Statutes: 402.305(10)(b)

Florida Administrative Code: 65C-20.013, 65C-22.001, 65C-22.008

Child Care Facility Handbook: 2.5, 2.5.4.F

School-Age Child Care Facility Handbook: 2.5, 2.5.4.F

Family Day Care Home/Large Family Child Care Home Handbook: 2.4.4.K



Module 2 Summary

Here is a summary of key points for **Module 2: A Safe Environment**.

No person is immune to poisoning and small children are especially at risk.

It is important to complete the accident and injury report form as soon as possible, and to accurately reflect what occurred, while keeping the names of children involved confidential.

A child's response to an injury or accident depends on the adults and others around him/her.

Every caregiver has important roles to play in injury prevention, and it is their responsibility to secure a safe environment for the children in their care.

Caregivers should familiarize themselves with their child care program's written policies regarding the evacuation, shelter-in-place, and lockdown procedures.

When creating any written emergency response plan, there should be a designated position assigned to each task that is required for effective execution of the plan.

Florida Law requires children to be secured by either a federally-approved child restraint seat or safety belt, and child care professionals should know the requirements for both the child care program and for sharing with families.

Vehicle alarms provide a second safeguard to protect children from being left in the vehicle during transportation.



Module 2 Conclusion

You have achieved this module's learning objectives if you can:

- Identify processes to plan for, establish, and maintain a safe child care environment
- Identify procedures for reporting accidents and incidents
- Explain methods used to prevent potential safety and fire hazards
- Explain procedures used in case of emergency
- Explain procedures for using car seats and other methods of restraining a child in a vehicle

Health, Safety, and Nutrition

Module 3: Children and Nutrition

Overview

This module will highlight the nutritional needs of children, and explain how caregivers should address those needs through proper meal and snack planning, as well as how to identify foods that are hazardous to children. It explains how caregivers should interact with children during mealtimes and demonstrates appropriate actions to take to help a choking child. The module also includes activities and other opportunities to practice skills that lead to serving safe, nutritious meals and snacks in a child care program.

Module Goal

Participants will identify the need for and understand guidelines related to proper nutrition for all children.

Learning Objectives

After successfully completing this module, you will be able to:

- Identify the nutritional needs of all children
- Describe how to plan nutritious meals and snacks
- Explain the proper role of the caregiver during mealtimes
- Identify foods that are potentially dangerous for young children
- Describe procedures for helping a choking child





Physical Development and Nutrition

Nutrition is the process of being nourished by the foods we eat and how our bodies use the nutrients in those foods. The food needs of infants, babies, and children are essential for their growth and development.

Food experiences also have an impact on:

- _____ or behaviors during meal times.
- _____ or dexterity in handling utensils and foods.
- And more, as we will see in this module.

Developmental readiness of a child determines the types and textures of the food that should be served and what feeding style to use.

Children develop at their own rates, and all children do better when they are allowed to do this and are not rushed into the next stage of development.

A caregiver should pay very close attention to the mouth, hand, and body skill development in the infants they feed.



Key Point: Each age group has specific nutritional needs that must be met in order to supply essential resources. Their bodies must have to grow and develop.

When we discuss the developmental skills related to eating for children, we consider three things:

Age	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities
Birth to around 5 months	<ul style="list-style-type: none"> • Suck/swallow reflex. Liquid moves into the child's mouth and the tongue immediately moves it to the back of the mouth to be swallowed. • Tongue thrust reflex. When lips are touched, child extends his tongue out of his mouth. • Rooting reflex. When the child's oral area (corners of the mouth, upper and lower lip, cheek, and chin) is touched by an object, the head and mouth turn toward the object and the child opens her mouth. • Gag reflex. When any object, such as a spoon or piece of solid food, is placed too far back in a child's mouth, it is propelled forward on the tongue. 	<ul style="list-style-type: none"> • They can control movement of the head, neck and trunk. • They can bring hands to their mouths at around 3 months. 	<ul style="list-style-type: none"> • They can swallow liquids. • They push solids out of their mouths.
From about 5 months to around 9 months	<ul style="list-style-type: none"> • They begin to control the position of food in their mouths. • They consistently make up-and-down munching movements. • They move food between jaws, as if to chew it. 	<ul style="list-style-type: none"> • They begin to sit alone with no support. • They follow food with their eyes. • They can pick up food with their fingers. This is called a "pincer grasp." 	<ul style="list-style-type: none"> • They begin to eat mashed foods. • They eat from a spoon easily. • They hold their bottles independently, using one hand or both. • They drink from a cup with some spilling. • They begin to feed themselves using their hands.
From about 8 months to around 11 months	<ul style="list-style-type: none"> • They move food from side-to-side in their mouths. • They begin to curve their mouths to fit the rim of a cup. • They show signs of chewing in a rotary pattern. 	<ul style="list-style-type: none"> • They sit alone easily. • They transfer objects from hand to mouth. 	<ul style="list-style-type: none"> • They begin to eat ground or finely chopped food. • They begin to eat small pieces of soft foods. • They begin to experiment with a spoon, but prefer to use their hands. • They drink from a cup with less spilling.
From about 10 months to around 12 months	<ul style="list-style-type: none"> • They consistently use a rotary-chewing motion. 	<ul style="list-style-type: none"> • They can place a spoon in their mouths. • They can hold a cup. • They show good eye-hand coordination. 	<ul style="list-style-type: none"> • They eat chopped foods and small pieces of soft, cooked table food. • They can eat with a spoon without help.



Breastmilk and Feeding Infants and Toddlers

Caregivers play an important role in supporting a mother's decision to breastfeed her infant. It takes some coordination between the mother and the caregiver, but the results are well worth the effort. Caregivers can help by providing nursing mothers with a place to nurse their babies at drop-off, pick-up, and other times; and by understanding how to integrate breastmilk feeding into feeding procedures.

- The American Academy of Pediatrics recommends that mothers breastfeed their babies for at least one year.
- The optimal food for any infant is its own mother's milk; in fact, it is the only food an infant needs in the first four to six months of life.
- Breastfeeding helps develop a secure, nurturing and loving relationship between a mother and her child.
- Breastmilk is ready-to-feed and needs no additives.
- Breastmilk does not cost anything.
- Breast-fed infants do not get as sick as often as formula-fed infants.
- Breast-fed infants do not have constipation or diarrhea as often as formula-fed infants.
- Breastmilk should be slightly bluish in color and should look thinner than cow's milk.
- Breastmilk is more easily digested than cow's milk, so the infant should be fed more often, usually every one and a half to three hours. Caregivers should ask each mother how often their child needs to be fed; you should write this information down and keep it handy.

Breastmilk and Formula

- Bottle warming; for optimum digestion, breastmilk and infant formula is to be served at body temperature.
- Bottled breastmilk, infant bottles, and formula shall not be heated in a microwave oven. They should be heated in a bottle warmer or by placing the bottle in warm water for no more than 15 minutes.
- Heated bottles or food must be tested before feeding, to ensure heat is evenly distributed and to prevent injury to children.
- A bottle may be warmed only once; a warmed bottle may not be returned to the refrigerator or re-warmed.
- All breastmilk and infant formula remaining in bottles after feeding shall be discarded within one hour after serving an infant.
- If the wrong breastmilk or infant formula is provided to an infant in care, the provider must immediately inform the child's parent.

Baby and Toddler Food

- Previously opened baby food jars shall not be accepted by a child care program. If food is fed directly from the jar by the caregiver, the jar shall be used for only one feeding and the remainder discarded.
- Solid Food:
 - including cereal, shall not be given in bottles or with infant feeders to children with normal eating abilities unless authorized by a physician
 - must not be fed to an infant younger than 4 months of age unless directed by a physician
 - must be of a safe consistency and must be developmentally appropriate for the age and developmental ability of the infant



Key Point: A very important feeding practice is to always hold and interact with infants while you feed them—you should NEVER prop a bottle.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131

Florida Administrative Code: 65C-20.008(6), 65C-22.001(6)

Child Care Facility Handbook: 3.9.6, 3.9.7

School-Age Child Care Facility Handbook: N/A

Family Day Care Home/Large Family Child Care Home Handbook: 7.14



Better Nutrition Starts through Proper Eating Habits

Good nutrition is based on good eating habits, and these habits should be established during infancy. Now that we have discussed how a child should eat, we will take a look at what a child typically eats. Remember that these are general guidelines, and individual children may be on different or special diets prescribed by their pediatrician.

Turn to the appendix and study the chart titled, *Good Eating Habits for the First Year of Life*. It is your responsibility to become familiar with this chart because the information in it is important in providing good nutritional experiences for children in your care.

Based on the knowledge you have gained by studying the chart *Good Eating Habits for the First Year of Life*, think about the answers to the following questions.



Key Point: When the right foods are introduced at the right time, nutritional needs are met, and skills develop properly.

Notes:



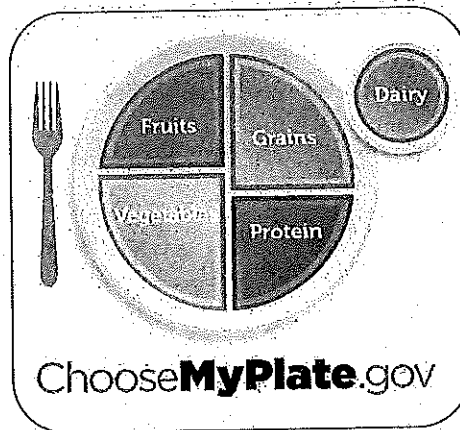
The MyPlate

The United States Department of Agriculture, or USDA, studies and publishes information regarding nutrition. It officially recommends the kinds of foods and how much of those foods we need to eat every day to maintain good health.

Write the five (5) MyPlate food groups and at least two (2) examples of foods from each group.

	Food group	Examples
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

To learn more about food groups, go to: <http://www.choosemyplate.gov/>



Notes:


Some tips for planning a healthy diet at a child care program:

- Offer different foods from day to day
- Serve food in small portions at scheduled meals and snacks
- Choose healthy snacks
- Make smart beverage choices
- Put a Daily Food Plan into action with meal and snack ideas

Nutritional snacks and meals should be planned around guidelines established by the United States Department of Agriculture.

Calories are a measure of the energy a food or beverage provides. Calories are the fuel you need to work and play. You even need calories to rest and sleep! Foods and beverages vary in how many *calories* and *nutrients* they contain. When choosing what to eat and drink, it's important to get the right mix - enough *nutrients*, but not too many *calories*.

The USDA provides guidance on daily requirements for each food group that is based on age, gender, physical, and activity levels. But these daily requirements need to be translated into a daily food plan that includes foods that children will eat. There are many ways to divide the recommended amounts from each food group into daily meals and snacks. The USDA provides sample meal and snack patterns that can help child care providers create daily food plans that are healthy and provide the right amount of calories.

 **Key Point:** The amount of exercise an individual gets per day has an effect on the amount of calories recommended by the USDA. Individuals who are more physically active should be allowed a higher caloric intake, as described by the USDA's MyPlate.

Rules and Regulations

Florida Statutes: 402.305, 402.313, 402.3131
Florida Administrative Code: 65C-20.008(6), 65C-22.001(6), 65C-22.008(5)
Child Care Facility Handbook: 3.9.3, 7
School-Age Child Care Facility Handbook: 3.9.3, 7
Family Day Care Home/Large Family Child Care Home Handbook: 7.14

Notes:

There are so many ways to serve food, and eating foods from different cultures gives us opportunities for varying our diets and trying new things.

Other people are instrumental in introducing us to new foods. Even adults may resist trying unfamiliar foods unless someone else asks us to try something new.

Children, who love familiarity and routine, may balk at trying foods that have a different look, taste or smell than the food they see at home. Let's share some of our experiences with introducing a child to a new food.



Key Point: A written menu, especially when provided to parents well in advance, offers many benefits for children, caregivers, and parents.



Key Point: Knowing the foods that children like and dislike allows you to ensure that they will enjoy a diet that is healthy and balanced while under your care.



Key Point: It is critical for child care programs to be prepared to handle food allergies.



Activity: Icky! MMM!!

Write down some of the foods that children hate and love in the space provided.

Foods children love:	Foods children hate:

The MyPlate serves as a guideline to serving nutritious snacks and meals. The appendix of your participant's guide contains a wealth of information on this topic.



Activity: Menu Evaluation

Using the menu developed/provided, evaluate it using the Daily Menu Planning Checklist.

Daily Menu Planning Checklist

Caloric calculation			
Boy or Girl? (circle)		Boy	Girl
Age _____	→		
Physical Activity Min/weekday (circle)		< 30	30-60
Record caloric level _____	→		> 60
Recommended Daily Requirement		Amount	
Grain			
Vegetable			
Fruit			
Dairy			
Protein			
		Yes	No
Meal Pattern			
1. Is the daily requirement of grains being met?			
2. Is the daily requirement of vegetables being met?			
3. Is the daily requirement of fruits being met?			
4. Is the daily requirement of dairy being met?			
5. Is the daily requirement of protein foods being met?			
6. Are some oils provided?			
Nutritional Adequacy			
1. Is at least half of the daily requirement of grains whole grains?			
2. Is half of the plate fruits and vegetables?			
3. Are fat-free or low-fat dairy products used?			
4. Is a variety of proteins offered?			
5. Are smart beverage choices offered?			
6. Are healthy snacks offered?			
7. Do menus contain mainly starch food items?			
8. Are foods high in sugar?			
Adaptation for Children			
1. Does the menu contain foods that are well-liked by children?			
2. Are small portions offered?			
3. Are foods that are easily eaten by children included?			
4. Are foods kept lightly seasoned?			
5. Is the food served in interesting ways?			
6. Are raw and cooked foods included in the menu?			
Other Considerations			
1. Are any foods included that contain allergens for any children?			
2. Are any children on special diets?			
3. Are any foods culturally inappropriate?			
4. Have hot and cold foods been included?			
5. Is there a variety of colors?			
6. Is there a variety of flavors?			
7. Is there a variety of textures?			
8. Is there a variety in shapes and forms?			
9. Are ethnic and cultural foods included?			
10. Are seasonal foods included?			
11. Can the menu be prepared in a reasonable amount of time?			
12. Can the meals be prepared with the personnel available?			
13. Is sufficient equipment available for menu preparation?			
14. Is the meal affordable?			



The Roles of the Adults and Children at Mealtime

Adults do much more at meal and snack times than simply planning, preparing, and serving food.

It is the adult's responsibility to make certain that mealtimes are enjoyable, stress-free occasions during which children can learn and practice important social skills.

During mealtime adults are responsible for:

- Planning, preparing, and serving nutritious foods at appropriate times
- Helping children serve themselves
- Allowing children to decide how much they will eat at any given meal, and providing them with information that will help them make good choices
- Making conversation with the children to allow them to develop social and language skills
- Modeling proper eating behaviors and table manners
- Teaching the children about specific foods by pointing out color, size, shape, texture, temperature, flavor (sweet, salty, sour), numbers, and food-related words
- Teaching the children about food groups and which foods belong in each group
- Teaching the children about the importance of foods as they relate to specific cultures
- Helping children with special needs manage mealtimes, with the understanding that they might need foods and equipment other children do not need

Based on your own experience, what kinds of equipment might children with special needs use?

Children also have important responsibilities at mealtimes. They should:

- Understand what and how much they are eating.
- Know when they are full, and when to stop eating.
- Join the social interaction and conversations at the table. (Remember, not everyone needs to speak to contribute; looking interested in what others have to say, nodding or shaking one's head, and maintaining eye contact are all acceptable non-verbal ways of sharing a group conversation.)
- Learn table manners, eating behaviors, and healthy eating habits.
- Learn about foods and the way they relate to culture.
- Learn about nutrition and its importance.

Notes:

For more information about the importance of mealtime interactions, take the Department of Children and Families' course *Understanding Developmentally Appropriate Practices and Obesity Prevention and Healthy Lifestyles*.



Importance of Tooth Brushing

After a meal, it is very important that you reinforce tooth brushing as a way to prevent tooth decay and other problems with the mouth, teeth, and gums

Tooth brushing in care programs requires a high level of safety precautions to avoid the spread of disease. At a minimum, encourage parents to practice and implement teeth brushing at home. If you choose to include teeth brushing in your child care program, contact your local health department for guidelines to ensure safety, then follow these procedures:

- Squeeze toothpaste on a child-size toothbrush. Use no more than a dot the size of a pea. Make sure you're using toothpaste that has been approved by the American Dental Association by looking for its seal on the container or tube.
- As you begin to brush, remind the child not to swallow the contents of her mouth right now.
- Teach the child to use very short, back-and-forth motions to clean the inside and outside surfaces of their teeth first, then to use the same motion on the chewing surfaces.
- Next, brush behind the front teeth, using up-and-down, not back and forth, motions.
- Brush the gum line. This is extremely important to prevent gum disease.
- Brush the back molars.
- Brush the surface of the tongue.
- Spit out the toothpaste.
- Rinse with water or mouthwash.

Notes:



Key Point: Remember, since tooth brushing has the potential to expose caregivers to bodily fluids, Universal Precautions should be used during tooth brushing activities.



Key Point: Remind children not to swallow toothpaste. Call the Florida Poison Control Center immediately if they swallow an excessive amount.



Inappropriate Foods

There are some foods that are inappropriate for children due to their size, shape, and/or texture.

Foods that are very firm, smooth, or slippery may slide down a child's throat before they are chewed. Some examples of these foods are hot dogs, hard candy, peanuts, and grapes. Small, dry, hard foods are difficult to chew properly, which may cause the child to swallow them whole. These include popcorn, corn chips, nuts, seeds, and small pieces of raw carrot. Sticky foods may be hard to remove from an airway. Some examples are peanut butter, raisins, and dried fruit. Tough foods do not break apart easily. Some examples are meat and hard candy. There are foods that are inappropriate for children due to their size, shape, texture and nutritional value.

Have you ever seen a situation when a parent put a dangerous food in a child's lunch? How did you handle the situation?



Choking

Choking occurs when food is inhaled directly in the airway. This occurs most often in infants and young children because the airway is not always blocked off properly when swallowing. This allows food to enter the airway and prevents breathing.

How to Help a Choking Child:

- If the child is choking on a food or an object, watch him closely. Allow him to cough as he may dislodge the object himself.
- If the child is turning blue, is unable to speak or cry, or is losing consciousness, call out: "Help! Call 911!"
- Begin the Heimlich Maneuver if you are certified. If you aren't, keep calling loudly for someone to help you.
- If the object doesn't come out, wait for medical help to arrive. Continue Heimlich Maneuver.
- Never leave a choking child alone, or permit him to leave you. (Many times, when someone is choking, they try to get up and walk away.)

Notes:

What not to do when a child is choking:

- Don't hit his back.
- Don't attempt First Aid unless you are trained to perform it.
- Don't perform the Heimlich Maneuver unless you are trained to do it.
- Don't finger-sweep her mouth—you could push the object further inside her mouth.
- Don't shake her, or try to put her head between her knees.
- Don't panic in front of the child.

Notes:



Key Point: When helping a choking child, it is as important to know what *not* to do as it is to know what to do.



Choking Prevention

Monitor and supervise meals and snack times.

- Make sure children eat _____.
- Provide a calm, relaxed eating environment.
- Encourage them to sit quietly in their places.
- Remind them to _____ well before swallowing and to eat small bites.
- Teach them not to talk with their mouth full, because they could inhale it into their airway that way.

Notes:

Prepare foods so they are easy to swallow.

- _____ up tough foods.
- Cut food into _____ or thin strips.
- Cut round foods, such as hot dogs, into _____ rather than slice them into round pieces.
- Remove all _____ from fish, chicken, and meat.
- Cook food until it is _____.
- Remove seeds and pits from fruits.



Key Point: Never serve foods that could potentially pose a choking hazard.



Module 3 Summary

Here is a summary of key points for **Module 3: Children and Nutrition**.

Each age group has specific nutritional needs that must be met in order to supply essential resources their bodies must have to grow and develop.

A very important feeding practice is to always hold and interact with infants while you feed them—you should NEVER prop a bottle.

When the right foods are introduced at the right time, nutritional needs are met and skills develop properly.

The amount of exercise an individual gets per day has an effect on the amount of calories recommended by the USDA. Individuals who are more physically active should be allowed a higher caloric intake, as described by the USDA's MyPlate charts.

A written menu, especially when provided to parents well in advance, offers many benefits for children, caregivers, and parents.

Knowing the foods that children like and dislike allows you to ensure that they will enjoy a diet that is healthy and balanced while under your care.

It is critical for child care programs to be prepared to handle food allergies.

Remember, since tooth brushing has the potential to expose caregivers to bodily fluids, Universal Precautions should be used during tooth brushing activities.

Remind children not to swallow toothpaste. Call the Florida Poison Control Center immediately if they swallow an excessive amount.

When helping a choking child, it is as important to know what not to do as it is to know what to do.

Never serve foods that could potentially pose a choking hazard.



Module 3 Conclusion

You have achieved this module's learning objectives if you can:

- Identify the nutritional needs of all children
- Describe how to plan nutritious meals and snacks
- Explain the proper role of the caregiver during mealtimes
- Identify foods that are potentially dangerous for young children
- Describe procedures for helping a choking child



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Health Safety and Nutrition Appendix

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Glossary

Appetite: A desire to eat.

Acquired Immune Deficiency Syndrome (AIDS): A virus infection that renders the body incapable of fighting off the most common disease and is usually fatal. This is considered to be the end stage of a positive HIV diagnosis.

Clean: To remove dirt, debris and germs by scrubbing and washing with soap (or detergent) and water. The process does not necessarily kill germs, but lowers the risk of spreading infection.

Communicable Disease: Disease that can be spread from one person to another.

Dehydration: Excessive water loss from the body or from an organ or bodily part.

Disease: An illness.

Disinfect: To kill germs on surfaces or objects by using chemicals. This process does not necessarily clean dirty surfaces or remove all germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

DTP: A vaccine for three diseases: diphtheria, tetanus (lockjaw) and pertussis (whooping cough).

Evacuation Plan: Procedures for getting children and staff out of a building; applied during fire drills and other emergency situations.

Health: The total well-being of a person—including the physical, mental, and social self—in the absence of disease or other abnormal conditions.

Health Assessment: An estimate of the state of health of a child based upon observation of his or her health history and measurements of physical growth.

Health History: A record of major health (and illness) events in a child's life including immunization information.

Hepatitis B: Serious viral disease of the liver involving gradual loss of appetite, abdominal discomfort, nausea and vomiting, joint pain, and rash. Often jaundice (yellowish tint of eyes and skin) appears later.

Hib: A bacteria that is the leading cause of bacterial meningitis as well as pneumonia, joint or bone infections and throat inflammations. This occurs most often in children during the first five years of life.

HIV Positive: Indication through a blood test that one has been infected by the HIV virus, a virus that causes AIDS.

Hunger: A craving or urgent need for food.

Immunizations: The process of administering a vaccine to make an individual protected from contracting an infectious disease.

Impermeable surface: A surface that is resistant to water, chemicals, and other fluids. These surfaces are required in areas such as changing stations, playpens, cots, and sleeping mats.

Isolation Area: A designated area for a child who becomes ill at the facility, which must be away from the other, healthy children.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Anthrax	Early sign of reddish brown lesion that ulcerates and then forms a dark scab; later, internal hemorrhage, muscle pain, headache, fever, nausea, and vomiting.	Break in the skin comes into direct contact with infected animals and their hides; pulmonary form of anthrax is contracted by inhaling the spores of the bacterium.		This is a REPORTABLE DISEASE that must be reported immediately to the County Health Department.	Dress all open sores and breaks in the skin, exercise personal hygiene.	A vaccine is available for both forms: penicillin G and tetracycline.
Campylobacter	Diarrhea, sometimes bloody; low grade fever; abdominal cramping.	Hands, objects or food become contaminated with bowel movement of people who are infected and the bacteria are then taken in by other people's mouths. Infection may result from drinking contaminated water or unpasteurized milk, or eating contaminated food.	1 - 10 days, commonly 3 to 5 days.	Exclude children with infectious diarrhea. If the patient is not treated with the appropriate antibiotics, the infection could be spread for a few days after the symptoms are gone.	Be sure that good hand washing and cleaning procedures are being followed in the child care facility and in the child's home.	A child with Campylobacter may be treated with erythromycin (an antibiotic) and will be non-infectious to others after 24 hours on the medication.
Chicken Pox	Slight fever; fine blisters appear first on scalp, then on face and body.	Contact with infected people or articles used by them. Very contagious.	2 to 3 weeks.	From 5 days before, to 6 days after first appearance of skin blisters.	No prevention. If you excluded children with chickenpox, do not allow the child to return until all lesions have crusted and there are no moist sores.	Vaccine is available. If a medicine to lower temperature or reduce discomfort is necessary, acetaminophen-containing medicine [like Tylenol] are recommended. Children who develop fever after exposure to chickenpox should NOT be given aspirin.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Common Cold	Runny nose, watery eyes, chilliness and malaise. Usually no fever, unless complications have developed.	Colds are spread by direct contact [coughing and sneezing], and indirectly from contaminated hands, tissues, and other articles soiled by nose and throat discharge.	12 to 72 hours. Usually 24 hours.	Until clinical recovery.	Teach children to cover their mouth when sneezing or coughing. Dispose of tissues soiled with nose and throat discharges. WASH HANDS after contact with soiled tissues and articles and after contact with nose and throat discharge.	No specific treatment. Acetaminophen containing medicines [like Tylenol], cough suppressants, and decongestant may help to relieve cold symptoms in children older than three months. DO NOT GIVE ASPIRIN.
Conjunctivitis (Pink Eye)	Red eyes, eye discharge, crusted lids.	Through contact with eye discharge.	Usually 24 to 72 hours.	Cannot attend school or child care until released by private physician.	Avoid touching the eyes and use good hand washing techniques.	Consult physician. Antibiotic treatment.
Coxsackie virus (Hand, Foot and Mouth Disease)	May include: mild fever, sore throat, sore mouth [may look like "cankersores"], and a rash that occurs on the hands, feet and sometimes the buttocks. The rash usually disappears in a week.	By the fecal-oral route. Less frequently, the disease may be spread by respiratory secretions.	Usually 3 to 6 days.	A person may be infectious for several weeks after the infection occurs, but is most infectious for 7 days after developing symptoms.	Wash hands. Encourage good personal hygiene and fluid intake.	No specific treatment. The disease usually goes away on its own. The Coxsackie virus is rapidly killed by heat, ultraviolet light and bleach.
Diphtheria	Sore throat and fever; the symptoms rapidly become more severe.	Contact with infected people and carriers or articles used by them.	2 to 5 days, sometimes longer.	Until 2 cultures from both nose and throat taken in succession after antimicrobial therapy, and not less than 24 hours apart, fail to yield diphtheria bacilli.	Refer possible cases to the Health Department.	Vaccination with diphtheria toxoid (in triple vaccine for babies).

Meal: A portion of food eaten to satisfy appetite.

MMR: A vaccine for three diseases; mumps, measles and rubella (German measles).

Nutrient: A nourishing substance or ingredient.

Nutrition: The process by which an animal or plant takes in and utilizes food substances.

Nutrition Education: Teaching nutrition to prepare children to make correct food choices.

Safety Hazards: Things in the environment that can be identified as dangerous to one's health and welfare.

Sanitize: The process of destroying or reducing organisms to a safe level; including properly cleaned equipment and surfaces, such as sinks and sleep mats.

Snack: A light meal, or food eaten between regular meals.

Substance Abuse: On-going use of a substance which is formally considered harmful to the body and is often illegal (i.e. drugs, alcohol, tobacco).

Substance Exposed Infants/Children (Birth –12): Infants or children whose mothers have taken one or more illegal drugs while pregnant.

Thirst: A desire or need to drink.

OPV: A vaccine for polio which is given orally.

Vaccine: A product that protects an individual from contracting an infectious disease by stimulating their immune system.

Daily Health Checklist

Observation Is Essential!

Describe The Following

Date/Time	Behavior	Physical
	Irritable, drowsy, whiney, anxious, lethargic	Flushed, pale, sores, rash, vomit, pulling at ear, breathing difficulties, coughing, wheezing, discharge from eyes/ears/mouth.
		Rash, sores, cuts, bruises, burns, abrasions, flushed, pale, discolored stool, diarrhea.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Epidemic Meningitis	Sudden onset of headache, fever, nausea, vomiting, stiff neck, and frequently fine, spotted rash.		Varies from 2 to 10 days. Commonly 3 to 4 days.	Cannot attend school or child care until released by private physician or Health Department.	A physician may recommend certain antibiotics for exposed children and adults to reduce their risk of getting the bacteria.	Consult your physician or Health Department.
Fifth Disease	May include fever, mild flu-like symptoms and a rash. The rash begins on the face and gives a "slapped cheek" appearance. The rash usually spreads to the trunk and extremities and may cause itching. The rash disappears within one week, but may reappear during periods of exercise, exposure to sunlight or emotional upset.	By direct contact with respiratory secretions and droplets.	Usually 4 to 14 days, may be as long as 20 days.	Most contagious before the symptoms occur. Once symptoms occur, a person is not likely to spread the infection. It is not necessary to exclude a child from school.	WASH HANDS after contact with soiled tissues and articles, and after contact with nose and throat discharges.	No specific treatment.
Giardiasis	People who feel sick may experience some or all of the following: diarrhea, gas, bloating, abdominal cramping, nausea, vomiting, weight loss and weakness. Bloody stools are not usually seen with giardia infections. Animals such as beavers, cats, dogs and cattle are infected the same way as humans.	By the fecal-oral route. Less frequently, the disease may be spread by respiratory secretions.	Usually 1 to 2 weeks.	As long as the organism is present in the stool. In most cases the germs will be completely gone in 4 to 6 weeks.	WASH HANDS, especially after toilet use, diaper changes and before meals.	Giardiasis is usually treated by medication prescribed by a physician. Testing and treatment of children with no symptoms is usually not necessary.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Impetigo	Flat, yellow, crusty, or weeping patch on the skin.	An infected person can easily spread the infection to other parts of his own body or to other people by getting the disease germs on his hands or clothes.	5 days.	Exclude child from facility until 24 hours after treatment has begun.	Bathe daily with mild soap. Shampoo daily with adult shampoo, rub the soap on insect bites or scratches, keep hands and fingernails clean, spray with insecticide and apply insect repellent.	The infected areas should be washed with mild soap and water. Sometimes a physician may recommend antibiotic ointment or antibiotics taken by mouth for a child with impetigo.
Infectious Hepatitis	Nausea, vomiting, extreme fatigue, often pain in upper abdomen followed by jaundice. Mild cases occur without jaundice in children.		From 15 to 50 days. Usually 25 days.	Cannot attend school or child care until released by physician or Health Department.	Supervised hand washing after using toilet and before meals will help control spread. Personal hygiene is emphasized.	
Measles	Spreading rash that has spread over the body. Starts at ears, the neck, trunks, and extremities.	Direct contact with droplets spread from the nose, throat and mouth of infected persons, usually in the prodromal stages of the disease.	7 - 14 days.	This is a REPORTABLE DISEASE that must be reported immediately to the County Health Dept.	Immunization.	MMR (measles, mumps, and rubella virus vaccine live).
Mercury Poisoning	The chronic form includes irritability, excessive saliva, loosened teeth, gum disorders, slurred speech, tremors, and staggering. The acute forms includes metallic taste in the mouth, thirst, nausea, vomiting, severe abdominal pain, bloody diarrhea, and renal failure that could result in death.	ingestion or inhalation of mercury or a mercury compound.	A couple minutes to 30 minutes.	This is a REPORTABLE DISEASE that must be reported immediately to the County Health Department.	Mercury can be found in industrial wastes, seafood from contaminated waters, agricultural fungicides, and in certain antiseptics and pigments.	Gastric lavage with milk and egg white or sodium bicarbonate, chelation with British antilewisite (BAL), and fluid therapy.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Mumps	Pain in cheeks, increased by chewing. Swelling over the jaw and in front of the ear.	By coughing and sneezing or contact with saliva.	12 to 25 days, commonly 18 days.	Until swelling disappears or 9 days after swelling begins.	Use good hand washing practices. Avoid sharing cups and tissues.	Vaccine available. Consult physician or Health Department.
Pertussis (Whooping Cough)	Tight dry cough that becomes more severe. Cough, whoop, and vomit.	Contact with infected people and articles used by them.	From 7 to 10 days, rarely exceeds 14 days.	For 21 days after appearance of typical "whoop" or 5 days after antibiotic treatment has begun.	Immunization with whooping cough vaccine (in triple vaccine for babies).	Booster doses. Special antibiotics may help to lighten attack for child not immunized. Isolation from susceptible infants for about 3 weeks from onset or until cough stops. Immunity usual after one attack.
Pinworms	Pinworms, sometimes called seatworms, are tiny white worms. Symptoms are irritation and itching of the anus.	People become infected by swallowing pinworm eggs. The tiny eggs are passed from anus to mouth. This happens when the itching sensations caused by the crawling worms encourage the child to scratch the skin around the anus. The eggs then lodge under the fingernails.	After being swallowed it takes from 15 to 28 days for the worm to mature.	As long as eggs are present.	Hand washing after diapering and toileting may decrease spread.	Consult physician.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/ Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Plague	Painful, enlarged, lymph nodes in the axilla, groin, or neck, fever often rising to 106°F, prostration with a rapid, thready pulse, hypotension, delirium, and bleeding of the skin from the superficial blood vessels.	Introduced into the body by the bite of a rat flea that has bitten an infected rat.		This is a REPORTABLE DISEASE that must be reported immediately to the County Health Department.	Improved sanitary conditions and the eradication of rats.	Antibiotics.
Polio		Primarily, contact with infected people.	Usually 7 to 12 days.	Greatest in late incubation and first few days of illness.	Polio vaccine.	Booster doses. Isolation for about one week from onset. Immunity to infecting strain; virus usual after one attack.
Poliomyelitis	Fever, headache, malaise, gastrointestinal disturbance, and stiffness of the neck and back. Often followed by paralysis.		Commonly 7 to 12 days with a range from 3 to possibly 35 days.	Cannot attend school or child care until released by a physician or the Health Department.	By vaccination.	
Rheumatic Fever	Precipitated by a Strep infection.	Unknown. But the preceding Strep infection is contagious.	Symptoms appear about 2 to 3 weeks after a Strep infection.	Not communicable. Preceding Strep infection is communicable.	No prevention, except proper treatment of Strep infections.	Use of antibiotics. One attack does not give immunity.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Ringworm	Flat, spreading scaly, ring-shaped spots. The margins are usually reddish and elevated.	Fungi grow easily on moist, warm surfaces.	2 - 10 days after bacteria is swallowed.	Exclude unless under adequate treatment.		Consult physician or Health Department for current regulations. Antibiotic treatment.
Rubella (German Measles)	Fever and general body rash. First signs may be swollen glands at the back of the skull and behind the ears, followed by a rash. The rash fades rapidly and is usually gone within 3 days.	Through droplet contact (sneezing or coughing) from nose and/or throat secretions of infected persons or form items contaminated with nasal discharges from an infected person.	14 to 23 days, usually 16 to 18 days.	The infection can be spread to others up to 7 days before and 4 days after appearance of rash.	Any person with Rubella must be excluded from attending or working in the child care setting for at least 4 days after the onset of rash.	Vaccine available. Consult your physician or Health Department.
Rubeola - Measles	Fever, tiredness, cough, runny nose and inflamed eyes. These symptoms worsen over three days. Blotchy rash appears on fourth day. The cough tends to be worse at night.	By direct contact with nasal or throat secretions of infected persons, and by airborne spread [being in the same room with someone who has measles.]	7 to 18 days, usually 10 days.	For about 4 to 5 days before the rash begins and through the fourth day after the rash appears. Children with measles disease should be kept away from others for five days after the onset of the rash.	Keep ill child away from unimmunized children until 5 days after the onset of the rash. Vaccinate unimmunized children over 6 months of ages that have been exposed to measles. Reimmunize children at 15 months of age who were reimmunized at less than one year of age.	Measles is prevented through immunization.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Scabies	Severe itching, small raised, reddened areas or blisters with connecting grayish-white lines. Most commonly found in folds of the skin.	Scabies is a skin infection caused by a type of body surface parasite, a small mite that burrows into the skin. Scabies can spread by skin-to-skin contact with an infected person. A person with scabies can spread the infection until he is successfully treated.	A person may not develop the rash until 4 - 6 weeks after exposure.	Exclude until under adequate treatment and no open lesions can be observed.	No prevention.	Consult your physician or Health Department. Consult physician or Health Department. Infected person and others who have had direct contact with infected person's skin must be treated. Treatment involves bathing, applying very strong mite-killing lotions, and washing them off after a specified period of time.
Paralytic Shellfish Poisoning	Nausea, light headedness, vomiting, and tingling or numbness around the mouth, followed by the paralysis of the extremities and possibly, respiratory paralysis.	Eating clams, oysters, or mussels that have ingested the poisonous protozoa commonly called the "red tide".	Within a few minutes of ingestion	This is a REPORTABLE DISEASE that must be reported immediately to the County Health Department.	The causative agent is not destroyed in cooking, but the severity of the illness is diminished if the water used in cooking is not consumed.	Intravenous injection of a weak solution of prostigmin methylsulfate and the administration of oxygen and artificial respiration.
Strep Infections	Streptococci of several strains cause Scarlet Fever and Strep/sore throat. Present in secretions from mouth, nose and ears of infected people.	Contact with infected people; rarely from contaminated articles.	1 to 3 days.	Greatest during acute illness (about 10 days).	No prevention. Antibiotic treatment for those who have had rheumatic fever.	Isolation for about 1 day after start of treatment with antibiotics - used for about 10 days. One attack does not necessarily give immunity.

Immunization Schedule

To view the full Immunization Schedule, visit: <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-combined-schedule-bw.pdf>

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years - United States, 2016.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).
 These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B ¹ (HepB)	1 st dose		2 nd dose													
Rotavirus ² (RV) (2-dose series); RYS (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose		4 th dose					5 th dose				
<i>Haemophilus influenzae</i> type b ¹ (Hib)			1 st dose	2 nd dose	See footnote 4		3 rd or 4 th dose... See footnote 4									
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose		4 th dose									
Inactivated poliovirus ⁶ (IPV; <18 yrs)			1 st dose	2 nd dose	3 rd dose		4 th dose									
Influenza ⁷ (IV; LAV)							Annual vaccination (IV only) 1 or 2 doses					Annual vaccination (LAV or IV) for 2 doses			Annual vaccination (LAV or IV) 1 dose only	
Measles, mumps, rubella ⁸ (MMR)							See footnote 8					2 nd dose				
Varicella ⁹ (VAR)												2 nd dose				
Hepatitis A ¹⁰ (HepA)																
Meningococcal ¹¹ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)																
Tetanus, diphtheria, & acellular pertussis ³ (Tdap; ≥ 7 yrs)																
Human papillomavirus ¹² (2vHPV; females only; 4vHPV, 9vHPV; males and females)																
Meningococcal B ¹¹																
Pneumococcal polysaccharide ⁵ (PPSV23)																

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
 No recommendation

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/>), the American Academy of Pediatrics (<http://www.aap.org>), the American College of Obstetricians and Gynecologists (<http://www.acog.org>), and the American Society of Family Physicians (<http://www.asfp.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind — United States, 2016.
 The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Vaccine	Minimum Age for Dose 1	Children age 4 months through 6 years				
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5	
Hepatitis B ¹	Birth	4 weeks and if first dose was administered before the 1 st birthday.	3 weeks and if first dose was administered before the 1 st birthday, and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.	6 months ²		
Poliovirus ³	6 weeks	4 weeks	4 weeks ⁴	6 months ⁵		
Diphtheria, tetanus, and acellular pertussis ⁶	6 weeks	4 weeks	4 weeks	6 months ⁵		
Neisseria meningitidis type 1 ⁷	6 weeks	4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks ⁴ if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 11 months before the 1 st birthday, or unknown. 8 weeks if current age is 12 through 59 months (as final dose) and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months (wait until at least 12 months old). OR if current age is 12 through 59 months and first dose was administered before the 1 st birthday, and second dose administered at younger than 15 months. OR if both doses were given (DTaP-IPVb, Comvax) and were administered before the 1 st birthday (wait until at least 12 months old). No further doses needed if previous dose was administered at age 15 months or older.	6 months ⁵ 8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.		
Pneumococcal ⁸	16 weeks	4 weeks if first dose administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after. No further doses needed for healthy children if first dose administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at < 27 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old). OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	6 months ⁹ (minimum age 4 years for final dose).		
Inactivated poliovirus ³	6 weeks	4 weeks ⁴	4 weeks ⁴	6 months ⁵		
Meadles, mumps, rubella ¹⁰	12 months	4 weeks	4 weeks	6 months ⁵		
Varicella ¹¹	12 months	3 months	3 months	6 months ⁵		
Hepatitis A ¹²	12 months	6 months	6 months	6 months ⁵		
Meningococcal ¹³ (bivalent) ≥ 6 weeks MenACWY (4 serotypes) MenACWY-CRM (≥ 2 mos)	6 weeks	8 weeks ¹⁴	See footnote 11.	See footnote 11.		
Meningococcal ¹³ (bivalent) ≥ 6 weeks MenACWY (4 serotypes) MenACWY-CRM (≥ 2 mos)	Not Applicable (N/A)	6 weeks ¹⁴				
Tetanus, diphtheria, and acellular pertussis ⁶	7 years ¹⁵	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday. Routine dosing intervals are recommended. ¹⁶	6 months ⁵ if first dose of DTaP/DT was administered before the 1 st birthday. 6 months ⁵ if first dose administered after the 1 st birthday.		
Human papillomavirus ¹⁷	9 years	6 months	6 months	6 months ⁵		
Hepatitis A ¹²	N/A	6 months	6 months	6 months ⁵		
Hepatitis B ¹	N/A	4 weeks	4 weeks	6 months ⁵		
Inactivated poliovirus ³	N/A	4 weeks	4 weeks	6 months ⁵		
Measles, mumps, rubella ¹⁰	N/A	4 weeks	4 weeks	6 months ⁵		
Varicella ¹¹	N/A	4 weeks	4 weeks	6 months ⁵		

NOTE: The above recommendations must be read along with the footnotes of this schedule.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Tetanus		Tetanus bacillus: Present in a wound so infected. Through soil, contact with horses, street dust, or articles contaminated with the bacillus.	4 days to 3 weeks. Sometimes longer. Averages are about 10 days.	Not communicable from person to person.	Immunization with tetanus toxoid (in triple vaccine for babies).	Booster dose of tetanus toxoid for protection given on day of injury. Anti-toxin used in treatment and for temporary protection for child not immunized. One attack does not give immunity.
Tuberculosis	Usually consists of listlessness, loss of appetite, weight loss, low grade fever.	The inhalation or ingestion of infected droplets and usually affecting the lungs, although infection of other organ systems by other modes of transmission occurs.	4 to 6 weeks from infection to demonstrable pulmonary lesion.	If proved to be infectious may not attend school. If having been in contact, may not attend school or child care but should have TB skin tests. If positive, child should be referred to physician for further study.	Vaccination.	Recommend TB skin tests of all school children 1st - 7th grades to find Tuberculin reactors and referral to physician or Health Department for further study.
Typhus	Headaches, chills, fever, malaise, and a maculopapular rash.	Transmitted from rodents to humans by the bites of lice, fleas, mites, or ticks.			Typhus vaccine.	
Vibrio Cholera	Severe diarrhea and vomiting, muscular cramps, dehydration, and depletion of electrolytes.	Spread by water and food that have been contaminated by feces of persons previously infected.		This is a REPORTABLE DISEASE that must be reported immediately to the County Health Department.	Vaccination and drinking only boiled or bottled water and eating only cooked foods.	Administration of antibiotics that destroy the infecting bacteria and the restoration of normal amounts of fluids and electrolytes with intravenous solutions.

COMMUNICABLE DISEASES AND CONDITIONS CHART

Disease/Condition	Early Signs and Symptoms	How it is Spread	Incubation Period	Isolation	Prevention	Treatment
Yellow Fever	Headache, jaundice, fever, vomiting, and bleeding.	Transmitted by mosquitoes carrying the infection.		This is a REPORTABLE DISEASE that must be reported immediately to the County Health Department.	Immunization to endemic areas is advised.	

Adapted from:

Keeping Kids Healthy, Preventing and Managing Communicable Disease in Child Care. A Project of the Center for Health Training funded by The California Department of Education, Child Development Division, October 1994
Infectious Disease in Child Care Settings - Guidelines for Child Care Providers, Colorado Department of Health, March 1986.
Mosby's Medical, Nursing, and Allied Health DICTIONARY, The C.V. Mosby Company, St. Louis, Missouri, 1990.

8 Steps to Changing a Diaper

Step 1: Get Organized.

- Before you bring the child to the diaper-changing area, use the proper handwashing technique and gather what you will need: a fresh diaper, wipes, gloves, a plastic bag for soiled clothes, and a dab of diaper cream if the baby requires it and you have written consent from the parent or guardian.
- Put on disposable gloves.

Step 2: Carry the baby to the changing table.

- Keep soiled clothes away from you and surfaces that are not easily cleaned or sanitized.
- Always keep a hand on the child throughout the process.
- Never leave a child unattended on the changing table.

Step 3: Clean the child's diapering area.

- Unfasten the diaper, but leave the soiled diaper under the child.
- Lift the child's legs as needed to use disposable wipes to clean the child's genitalia and buttocks, and to prevent recontamination.
- Use disposable wipes to clean the child. Remove stool and urine with a single front to back wipe, and use a fresh wipe each time. Always put the used wipes in the used diaper.
- Make a mental note of any skin problems, such as redness, and report them to the parents later.

Step 4: Remove the soiled diaper (and clothing if soiled) without contaminating any surface.

- Fold the diaper over and secure it with the tabs.
- Put it into a covered, lined can. A "step" can is recommended.
- If soiled, bag clothes and securely tie or zip the plastic bag to send them home.
- Check for spills under the baby.
- Remove the gloves and put them directly into the step can.
- Wipe your hands with a disposable wipe.

Step 5: Put on a clean diaper.

- Slide the diaper under the baby, then adjust and fasten it.

Step 6: Clean the baby's hands.

- Use the proper handwashing procedure in a sink, if you can.
- If holding the baby for handwashing is not possible, use a disposable wipe or follow this procedure:
- Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap.
- Wipe the child's hands clean with a paper towel moistened with clean water.
- Dry the child's hands with a dry paper towel.

Step 7: Clean and disinfect the diaper area.

- Dispose of the paper liner, if used. (Some programs use a disposable rice-paper liner under the baby and over the table. It is not a substitute for sanitizing. It is an extra layer of protection.)
- Clean any visible soil on the diaper table.
- Disinfect the table by spraying the entire surface until it is wet with an EPA-registered disinfectant or bleach solution.
- Follow proper sanitizing procedure.

Step 8: Wash your hands.

- Use the proper handwashing procedure.

Step 9: Use a daily journal to document diaper changes.

- A journal is not required, but is a good idea.
- Record the day and time of each diaper change in the daily log.
- Include diaper contents and problems you noted.

Techniques for Diaper Changing Stations and Potty Chairs

Potty Chairs

Potty chairs need to be handled much like soiled diapers.

- Assemble the items you will need: gloves, wipes, sanitizing solution.
- Empty contents of potty chair into toilet.
- Wipe the chair clean of any residue.
- Spray the chair with sanitizing solution and allow to work for 2 minutes.
- Allow to air dry or wipe dry with a clean paper towel. Dispose of wipes, gloves and paper towels in covered wastebasket.
- Wash hands.

Toilet Tips in the Diapering Area

- Location of diapering area should not be near food area.
- Don't turn your back on children when diapering.
- Changing area is not to be used as a table, for storage, etc.!
- Reusable (cloth) diapers must be rinsed in the toilet, and placed in a covered container.
- Be sure soiled diapers are out of reach of children.

Diaper Changing Station

A well-supplied diaper changing station contains:

- clean diapers
- clean clothing
- properly labeled sanitizing solution
- wipes, creams, and gloves*

** Parental permission is required for use of diaper creams. Be sure to get written permission before applying any medications. Gloves are not required by Code.*

Stop Germs! Stay Healthy! Wash Your Hands

WHEN?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After touching garbage

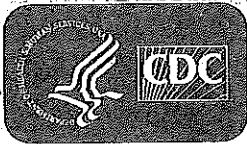
Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

HOW?

- Wet hands with clean, running water and apply soap.
- Rub hands together to make a lather. Scrub the backs of hands, between fingers, and under nails.
- Continue scrubbing for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse hands well under running water.
- Dry hands using a clean towel or air dry.



For more details on handwashing, visit CDC's Handwashing Website at www.cdc.gov/handwashing



How to Clean and Disinfect Schools to Help Slow the Spread of Flu

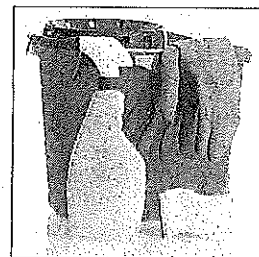
Cleaning and disinfecting are part of a broad approach to preventing infectious diseases in schools. To help slow the spread of influenza (flu), the first line of defense is getting vaccinated. Other measures include covering coughs and sneezes, washing hands, and keeping sick people away from others. Below are tips on how to slow the spread of flu specifically through cleaning and disinfecting.

1. Know the difference between cleaning, disinfecting, and sanitizing.

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.



2. Clean and disinfect surfaces and objects that are touched often.

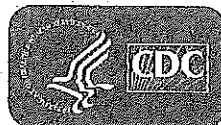
Follow your school's standard procedures for routine cleaning and disinfecting. Typically, this means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. Some schools may also require daily disinfecting these items. Standard procedures often call for disinfecting specific areas of the school, like bathrooms.

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

3. Simply do routine cleaning and disinfecting.

It's important to match your cleaning and disinfecting activities to the types of germs you want to remove or kill. Most studies have shown that the flu virus can live and potentially infect a person for only 2 to 8 hours after being deposited on a surface. Therefore, it is not necessary to close schools to clean or disinfect every surface in the building to slow the spread of flu. Also, if students and staff are dismissed because the school cannot function normally (e.g., high absenteeism during a flu outbreak), it is not necessary to do extra cleaning and disinfecting.

Flu viruses are relatively fragile, so standard cleaning and disinfecting practices are sufficient to remove or kill them. Special cleaning and disinfecting processes, including wiping down walls and ceilings, frequently using room air deodorizers, and fumigating, are not necessary or recommended. These processes can irritate eyes, noses, throats, and skin; aggravate asthma; and cause other serious side effects.

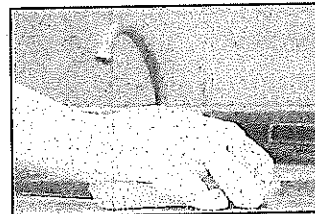


4. Clean and disinfect correctly.

Always follow label directions on cleaning products and disinfectants. Wash surfaces with a general household cleaner to remove germs. Rinse with water, and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against influenza A virus.

If an EPA-registered disinfectant is not available, use a fresh chlorine bleach solution. To make and use the solution:

- Add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply of disinfectant, add ¼ cup of bleach to 1 gallon (16 cups) of water.
- Apply the solution to the surface with a cloth.
- Let it stand for 3 to 5 minutes.
- Rinse the surface with clean water.



If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. Disinfection usually requires the product to remain on the surface for a certain period of time.

Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes. It may be necessary to use more than one wipe to keep the surface wet for the stated length of contact time. Make sure that the electronics can withstand the use of liquids for cleaning and disinfecting.

Routinely wash eating utensils in a dishwasher or by hand with soap and water. Wash and dry bed sheets, towels, and other linens as you normally do with household laundry soap, according to the fabric labels. Eating utensils, dishes, and linens used by sick persons do not need to be cleaned separately, but they should not be shared unless they've been washed thoroughly. Wash your hands with soap and water after handling soiled dishes and laundry items.

5. Use products safely.

Pay close attention to hazard warnings and directions on product labels. Cleaning products and disinfectants often call for the use of gloves or eye protection. For example, gloves should always be worn to protect your hands when working with bleach solutions.

Do not mix cleaners and disinfectants unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.

Ensure that custodial staff, teachers, and others who use cleaners and disinfectants read and understand all instruction labels and understand safe and appropriate use. This might require that instructional materials and training be provided in other languages.

6. Handle waste properly.

Follow your school's standard procedures for handling waste, which may include wearing gloves. Place no-touch waste baskets where they are easy to use. Throw disposable items used to clean surfaces and items in the trash immediately after use. Avoid touching used tissues and other waste when emptying waste baskets. Wash your hands with soap and water after emptying waste baskets and touching used tissues and similar waste.

www.cdc.gov/flu/school

1-800-CDC-INFO

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October, 2010

Cleaning Guidelines

Use the guidelines in these charts to determine which surfaces should be cleaned and how frequently they should be cleaned. Clean means to remove visible soils by using a product suitable for the surface being cleaned. Disinfect means to kill germs by using a disinfectant cleaner, chlorine bleach solution, or other disinfectant, and air dry. (Same as Sanitize)

Classroom	Clean	Disinfect	Frequency	Who is responsible?
Countertops/tabletops	x	x	When soiled or at least once daily.	Teacher
Tabletops, counters used for food	x	x	Before and after food is served daily.	Teacher
Food preparation area	x	x	Before and after preparing food.	Cleaning personnel & cooks
Floors	x	x	Daily or when soiled.	Cleaning personnel
Carpet	x		Daily vacuum. When obviously soiled, use carpet cleaner.	Cleaning personnel
Small rugs	x		Daily vacuum. Weekly launder.	Cleaning personnel
Utensils	x		After each use.	Teacher

Toilet area	Clean	Disinfect	Frequency	Who is responsible?
Hand washing sinks, faucets and handles, surrounding counters	x	x	Daily and when soiled.	Teacher & cleaning personnel
Toilet bowls	x	x	Daily.	Cleaning personnel
Seats, flushing handle, door knobs, floors	x	x	Daily or immediately if obviously soiled.	Cleaning personnel
Changing tables	x	x	After each use and daily.	Teacher & cleaning personnel
Potty chairs	x	x	After each use. Discourage use.	Teacher

Toys	Clean	Disinfect	Frequency	Who is responsible?
Small toys that can go into mouth	x	x	After each use and daily.	Teacher
Larger toys	x		Weekly.	Teacher
Dress-up clothes, hats	x		After each use or at least weekly.	Teacher
Cubbies	x		After each use or at least weekly.	Cleaning personnel

Bedding	Clean	Disinfect	Frequency	Who is responsible?
Cribs	x		After each use or at least weekly.	Cleaning personnel

Cooked Food Temperatures

Food must be thoroughly cooked and or reheated according to the following table:

Food	Minimum Internal Temperature
Fruits, Vegetables, Grains, and Legumes	135 °F
Roasts (Fresh Beef, Pork and Lamb)	145 °F (with a 3 minute rest time)
Fish	145 °F
Eggs	Cook until yolk and white are firm
Eggs dishes	160 °F
Ground meats (beef, pork, and lamb) and fresh ham (raw)	160 °F
Poultry - whole, parts, or ground	165 °F
Leftovers	165 °F
Foods cooked in microwave	165 °F
Sauces, gravy, soups, casseroles	165 °F

Refrigeration Guidelines

REFRIGERATION GUIDELINES (www.foodsafety.gov)

Category	Food	Refrigerator (40 °F or below)
Salads	Egg, chicken, ham, tuna & macaroni salads	3 to 5 days
Hot dogs	opened package	1 week
	unopened package	2 weeks
Luncheon meat	opened package or deli sliced	3 to 5 days
	unopened package	2 weeks
Bacon & Sausage	Bacon	7 days
	Sausage, raw — from chicken, turkey, pork, beef	1 to 2 days
Hamburger & Other Ground Meats	Hamburger, ground beef, turkey, veal, pork, lamb, & mixtures of them	1 to 2 days
Fresh Beef, Veal, Lamb & Pork	Steaks	3 to 5 days
	Chops	3 to 5 days
	Roasts	3 to 5 days
Fresh Poultry	Chicken or turkey, whole	1 to 2 days
	Chicken or turkey, pieces	1 to 2 days
Soups & Stews	Vegetable or meat added	3 to 4 days
Leftovers	Cooked meat or poultry	3 to 4 days
	Chicken nuggets or patties	3 to 4 days
	Pizza	3 to 4 days

Warewashing and Sanitization

Warewashing and Sanitization 65C-22.002(10)

For facilities that prepare food, non-disposable food equipment, tableware, and utensils utilized for food preparation and food consumption shall be properly cleaned by pre-rinsing or scraping, washing, rinsing, sanitizing, and air drying. If the child care facility lacks adequate warewashing and sanitation described in this section for dishes, equipment, and utensils, only disposable single-use items may be used. All single service items must be discarded after each use. Food equipment, tableware, and utensils used to prepare food must be washed and sanitized on-site, except when a caterer is used and the caterer is responsible for warewashing as evidenced by a written agreement.

Warewashing and sanitation must be accomplished by one of the following:

A dishwasher with a sanitizing cycle.

1. The dishwasher must use heat or chemical injection for sanitization.
2. If chemical sanitization is used, the wash water temperature must be set at a minimum of 120 degrees Fahrenheit and the rinse water must be a minimum of 75 degrees Fahrenheit.
3. Automatic sanitizing dispenser must be properly installed and maintained.
4. A test kit or other device that accurately measures the concentration of the sanitizing solution must be available and used to confirm appropriate concentration of solution during one full cycle per day at minimum.
5. If hot water is used for sanitization, the dishwasher must achieve a temperature of 160 degrees Fahrenheit on the surface of equipment/dishes/utensils being washed.
6. The facility must have a means for measuring the required temperature either by an irreversible registering temperature indicator (heat strip) or an external temperature display built into the machine;

An installed three compartment sink or an installed two compartment sink with a non-stationary or portable compartment receptacle. Installed compartment sinks may be used to wash produce and to fill cooking pots and pans with water when not in use for warewashing. Sinks must be sanitized before and after each use.

1. The first compartment must be used for washing, the second compartment must be used for rinsing, and the third compartment must be used for sanitizing. If only an installed two compartment sink is available, the second compartment must be used for rinsing and a nonstationary or portable compartment receptacle must be available and used to sanitize.
2. If chemical sanitization is used, an exposure time of at least seven seconds is required for a chlorine solution of 50 mg/L that has a pH of 10 or less and a temperature of at least 75 degrees Fahrenheit. If other sanitizers are used, the manufacturer instructions must be strictly followed.
3. A test kit or other device that accurately measures the concentration of the sanitizing solution must be available and used to confirm appropriate concentration of solution during each use.
4. If hot water is used for sanitizing, equipment/dishes/utensils must be immersed for a period of at least one-half minute in hot water at a temperature of 170 degrees Fahrenheit or above.

Food Acceptance Log Sample Form

FOOD ACCEPTANCE LOG

DATE: _____ TIME OF ARRIVAL: _____ FOOD PROVIDER: _____

#	FOOD ITEM	QUANTITY	TEMP (°F) ¹	CONDITION ²	INITIALS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I verify that the food listed above was inspected by me. The food is in sound condition, free from spoilage and contamination, and potentially hazardous foods were received at proper temperatures unless noted otherwise. To the best of my knowledge the food items received do not include any prohibited items as listed in 65C-22.005(1)(b).

NAME: _____ SIGNATURE: _____

- 1 - Potentially Hazardous Foods (Cold foods must be received at ≤ 41°F and Hot foods must be received at ≥ 135°F)
- 2 - (✓) Item was accepted or (X) Item was rejected

(A record of all outside sourced food, such as from a caterer or garden, must be maintained for four months for review by the licensing authority)

Frozen Food Guidelines

Frozen food must be labeled by date and type noted below and stored according to the following table:

Food Item	Months
Bacon and sausage	1 to 2 months
Casseroles	2 to 3 months
Frozen dinner and entrees	3 to 4 months
Ham, hot dogs, lunch meats	1 to 2 months
Meat, uncooked	4 to 12 months
Meat, uncooked ground	3 to 4 months
Meat, cooked	2 to 3 months
Poultry, cooked	4 months
Soups and stews	2 to 3 months

Administering Medications

Accepting Medications

- Get written consent from parent to give medication
- Medication should be in the original container with the proper labeling:
 - Name of child
 - Name of health provider
 - Name of medicine
- Issue date of medicine
- Dosage
- When to give it (specific times, with food or without)
- Storage requirements
- Expiration date

Storing of Medications

- Store all medicines in child-proof containers out of reach of children. Never leave medicines in a purse, pocket, or on a counter within a child's reach.
- Store medicines as directed. If refrigerated, store away from food. If not refrigerated, store in a locked, cool, dark, dry place.
- Any unused or expired medicine should be discarded or returned to parent.

Administering of Medications

- Wash your hands.
- Explain to the child that you will be giving him the medicine, and why he needs to take it. Be gentle yet firm. He may not want to take it, but let him know that he needs to cooperate. Never call medicine "candy" to encourage the child to take it.
- Give the medicine as instructed. Special tips:
 - Eye drops: Gently pull out the lower lid and drop the medicine into the cup of the lid. -OR- Have the child lie down, drop the medicine into the inner corner of the eye, and have the child blink.
 - Thank the child for his cooperation.
 - Fill out the Medication Record/Log.
- Check the "Five Rights": The right child, medication, dose, route, and time.
- Allow the child a few moments to get ready.
- By mouth: For liquid medicine, shake to mix, if directed. Measure the exact amount with a dropper, syringe, or spoon. Give in amounts that child can swallow comfortably. If the child spits out the medicine, wait 10 minutes and try again once.
- Ear drops: Have the child tilt his head away. Gently pull the ear backward and drop in the medicine.
- Wash your hands.

Adapted from: *Keeping Kids Healthy, Preventing and Managing Communicable Disease in Child Care*. Preliminary Edition, A Project of The Center for Health Training funded by the California Department of Education, Child Development Division, October 1994.

Example: Child Care Facility Authorization for Medication

No medication shall be given by facility staff without the signed permission of parent, or guardian.
Parent please complete this form.

Child's Name: _____ Week of: _____

Date	Time	Amount	Staff Initials

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Directions: _____

My signature indicates authorization for facility staff to administer medication to my child according to the directions provided above.

Parent / Guardian Signature

Date

Child's Name: _____ Week of: _____

Date	Time	Amount	Staff Initials

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Directions: _____

My signature indicates authorization for facility staff to administer medication to my child according to the directions provided above.

Parent / Guardian Signature

Date

First Aid Kits

Administrative Code

65C-20.010(3)(a)

65C-22.004 (2)(c)

65C-20.010(3)(a)

65C-22.004 (2)(c)

(3) First Aid Kit and Emergency Procedures.

(a) The home shall contain a first aid kit that shall be accessible to the operator and kept out of the reach of children. The kit must be clearly labeled "First Aid" and must, at a minimum, include:

1. Soap (to be used with water) and/or hand sanitizer (for use when water may not be available)
2. Adhesive bandage strips or equivalent
3. Disposable non-porous gloves
4. Cotton balls or applicators
5. Sterile gauze pads and rolls
6. Adhesive tape
7. Thermometer
8. Tweezers
9. Pre-moistened wipes
10. Scissors
11. A current resource guide on first aid and CPR procedures



Emergency Telephone Numbers

Name of Family Child Care Facility or Child Care Home

Provider's Name

Address

Telephone Number

Directions to Program (Note major intersections)

Fire 9-1-1 or

Police 9-1-1 or

Ambulance 9-1-1 or

Poison Control Center 1-800-222-1222

County Health Department

Child Abuse Hotline 1-800-96-ABUSE

Name of Substitute*

Phone Number of Substitute

*Required for Family Child Care Homes

Sample Accident and Injury Report Form

Accident/Incident Report

Facility/Home: _____

Child's Name: _____ Age: _____

Date & Time of Accident/Incident: _____

Describe Accident/Incident: _____

(For seizures: How long did it last?; Record child's temperature. Did child vomit? Was it a breath-holding spell?):

Describe Nature of Injury: _____

Witness(es) to Accident/Incident: _____

What Action Was Taken? _____

Was Parent/Guardian Contacted? _____ Time: _____ How? _____

Other Persons Contacted: _____

Describe Medical Treatment/First Aid: _____

Operator's signature

Parent/Guardian Signature

Date and Time

Date and Time

Additional Information about SUID and SIDS

Additional Information about SUID and SIDS

SUID

According to the Centers for Disease Control and Prevention (CDC), "About 3,500 infants die suddenly and unexpectedly each year. We often refer to these deaths as Sudden Unexpected Infant Deaths (SUID). Although the causes of death in many of these children can't be explained, most occur while the infant is sleeping in an unsafe sleeping environment."

In 2013, the CDC reported the incidence of Sudden Unexpected Infant Deaths as follows:

- 45% Sudden Infant Death Syndrome
- 31% Unknown Cause
- 24% Accidental Suffocation and Strangulation in Bed

SIDS

According to the CDC, "SIDS is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history."

SIDS is the leading cause of death in infants 1 to 12 months old. (CDC, 2015)

"About SUID and SIDS." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 22 July 2015. Web. 15 Sept. 2015.

How to Create a Safe Sleeping Environment

Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs recommends that all staff, parents, guardians, volunteers and others follow the eleven required safe sleep practices recommended by the American Academy of Pediatrics:

1. Infants up to twelve months of age should be placed on their backs to sleep. This should be used for every nap or sleep time, unless the infant's primary care provider has a note from a physician indicating that the child requires an alternate sleep position.
2. Infants should be placed for sleep in a safe sleep environment. This includes a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib that meets the standards and guidelines reviewed and approved by the U.S. Consumer Product Safety Commission. There should be no other items or devices used unless required by the child's primary care provider, with the exception of a pacifier.
3. Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen, play yard, highchair, chair, futon, or any other type of furniture/equipment that is not a safety-approved crib in compliance with the Consumer Product Safety Commission and ASTM safety standards.
4. If an infant arrives at the facility asleep in a car safety seat, the parent, guardian, caregiver, or teacher should immediately remove the sleeping infant from this seat and place them on their back in a safe sleep environment. Ideally, this would be the infant's assigned crib.
5. If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them on their back in their crib.
6. Only one infant should be placed in each crib.
7. Soft or loose bedding should be kept away from sleeping infants, and out of safe sleep environments. This includes, but is not limited to, bumper pads, pillows, quilts, comforters, and sleep positioning devices. Blankets and other items should not be hung on the sides of cribs. Swaddling infants when they are in a crib is not necessary or recommended, but instead one-piece sleepers should be used.
8. Toys, including mobiles and other types of play equipment that are designed to be attached to part of the crib, should be kept away from sleeping infants and out of safe sleep environments.

9. When caregivers place infants in their cribs for sleep, they should check to ensure the temperature in the room is comfortable for a lightly-clothed adult; and check the infants to ensure they are comfortably clothed and that bibs, necklaces, and garments with hood ties are removed.
10. Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up.
11. Bedding should be changed between children, and if mats are used, they should be cleaned and disinfected between uses.

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd Edition. Chapter 3: Health Promotion and Protection, Section 3.1.4 Safe Sleep, Standard 3.1.4.1: Safe Sleep Practices and SIDS/Suffocation Risk Reduction. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association.

Reducing the Risk of SIDS and SUID

The best way to ensure that a child care program has the safest possible sleeping conditions for infants and toddlers is to use a written Safe Sleep Policy describing the sleep practices used in the program. This policy should be made available to parents, caregivers, and staff to ensure that everyone involved with the program is familiar with the policy.

Additional Resources:

Centers for Disease Control and Prevention website for Sudden Unexpected Infant Death and Sudden Infant Death Syndrome: <http://www.cdc.gov/sids/index.htm>

Eunice Kennedy Shriver National Institute of Child Health and Human Development Safe to Sleep Public Education Campaign: <https://www.nichd.nih.gov/sts/Pages/default.aspx>

Program Administrator Guide to Evaluating Safe Sleep and SIDS Reduction Practices
<http://www.naeyc.org/files/academy/file/ProgramAdministratorGuideSafeSleep.pdf>

The Safe Sleep Campaign is a website that features resources for caregivers and first- responders, as well as contact information for community partners throughout the state of Florida.

<http://www.myflfamilies.com/service-programs/child-welfare/safesleep/caregivers>

Safe Sleep

PLEASE DON'T
ADD BLANKETS,
PILLOWS,
BUMPER PADS,
STUFFED ANIMALS,
OR TOYS TO YOUR
BABY'S CRIB.



... ALONE, in a CRIB, WITHOUT:

Blankets

Pillows

Bumper pads

Stuffed animals

Sleep positioners

Toys

MyFLFamilies.com/SafeSleep

The Safe Sleep Campaign is a partnership of:

Florida Department of Children and Families
Florida Department of Health
Healthy Mothers Healthy Babies Coalition of Broward
FL Lauderdale Fire-Rescue
Manatee County Sheriff's Office



Safety Checklist for Child Care Settings

Indoor Safety Checklist: Check Daily	Yes	No
The lesson plan and room arrangement allows for supervision of children at all times.		
Electrical outlets are childproof.		
Cleaning materials and other poisons are stored only in locked cabinets or out of the room.		
Furniture has no sharp edges or corners at children's eye level.		
Inclines are clearly marked.		
Steps and platforms are padded and have protective railings.		
Pillows, mattresses, or mats are below high places where children might climb.		
Teacher's scissors, knives, and other sharp objects are out of children's reach.		
The room contains no highly flammable furnishings or decorations.		
Children have enough space to play in each area.		
Timers, signs, and other items that help children play safely are in their appropriate places.		
Floors are dry.		
Children are supervised at all times; required child-adult ratios are maintained; teachers interact with children rather than congregating with each other.		
Indoor Safety Checklist: Check Monthly	Yes	No
Blocks are smooth and splinter free.		
Toys' moving parts (wheels, knobs) are securely fastened and working properly.		
Potential poisons, such as detergent and cleaning products, stored out of reach of children and separate from food.		
Children's scissors and food preparation knives are sharp enough for children to use them easily.		
Hinges, screws, and bolts on furniture and equipment are securely fastened.		
Electrical wires are not frayed.		
Radiators and hot water pipes are covered or insulated.		
Smoke detectors and fire extinguishers are working properly.		
Emergency phone numbers of police, fire, rescue, abuse registry, county health department, and poison control center are kept next to the telephone.		
The fire exit plan is posted.		
A fire drill is held every month.		

Outdoor Safety Checklist: Check Daily	Yes	No
The area is securely fenced, and gate latches are locked and may be opened only by adults.		
Play equipment is smooth and splinter-free.		
There is enough cushioning material under climbers, slides, and swings.		
No objects or obstructions are under or around equipment where children might fall.		
There are no frayed cables, no worn ropes, and no chains that could pinch.		
No broken glass or debris.		
Stay-clear zones around swings and slides are marked. Teachers are there to remind children what the marks mean.		
Riding paths are clearly marked, gently curved, and separate from large group areas.		
There is enough child care staff to supervise outdoor activity.		
Outdoor Safety Checklist: Check Monthly	Yes	No
Screws, nuts, bolts on climbing and other equipment are securely fastened and recessed.		
Tricycles and other riding toys are in good repair (screws tightened, etc.)		

Tap Water Scalds

A Warning from the Consumer Products Safety Commission

Each year approximately 3,800 injuries and 34 deaths occur in the home due to scalding from excessively hot tap water. The majority of these accidents involve the elderly and children under the age of five. The U.S. Consumer Products Safety Commission (CPSC) urges all users to lower their water heater thermostats to 120° F. In addition to preventing accidents, this decrease in temperature will conserve energy and save money.

Most adults will suffer 3rd degree burns if exposed to 150° F water for two seconds. Burns will also occur with a six-second exposure to 140°F water or within 30 seconds when the temperature is 130° F. Even at 120° F, a five minute exposure can cause a 3rd degree burn.

Tap Water Scalds	
When the water temperature is...	A 3rd degree burn can occur within...
120° F	5 minutes
130° F	30 seconds
140° F	6 seconds
150° F	2 seconds

Childproofing Your Environment

Safety Hazard	Suggested Remedy
Sharp corners or objects	Remove or cover
Rusted or decrepit equipment	Remove equipment and replace
Loose-fitting bolts holding equipment together	Remove equipment or repair
Access to vehicular traffic	Constant supervision must be maintained Fence the area in accordance with 65C-20 and 65C-22
Unfenced area	Fence the area in accordance with 65C-20 and 65C-22
Retention pond, ditch, or swale nearby	Fence the area in accordance with 65C-20 and 65C-22
Swimming Pool and Hot Tubs	Ensure safety equipment is installed, such as drain covers, barriers, and alarms Ensure there is a certified lifeguard present or provide one person with a certified lifeguard certificate or equivalent
Large tree blocking caregiver's view	Caregiver moves around to provide constant supervision
Lack of sufficient ground cover/resilient surfacing	Provide a safe fall zone under equipment
Unused electrical outlets	Use safety plugs
Children have toys near outlets	Constant supervision must be maintained to keep children from sticking toy parts into outlets; move the toys
Too many cords in one outlet	Relocate some of the equipment
Hot water faucets	Lower the water temperature; paint hot water faucet red and let children know what it means; see, Tap Water Scalds in the appendix
Child can lock himself in the bathroom	Install a lock that opens from outside
Wet floor	Clean up all spills immediately
Cabinets contain cleaning materials	Install safety latches on cabinets or move the cleaning materials to a locked closet or cabinet
Small toys	Allow nothing smaller than 1 ¼ inches
Rips and tears in playpen pad	Replace it
Sharp objects in or near playpen	Remove the objects or replace the playpen

Childproofing Your Home

12 Safety Devices to Protect Your Children

About 2.5 million children are injured or killed by hazards in the home each year. The good news is that many of these incidents can be prevented by using simple child safety devices on the market today.

Any safety device you buy should be sturdy enough to prevent injury to your child, yet easy for you to use. It's important to follow installation instructions carefully. In addition, if you have older children in the house, be sure they re-secure safety devices. Remember, too, that no device is completely childproof; determined youngsters have been known to disable them.

You can childproof your home for a fraction of what it would cost to have a professional do it. And safety devices are easy to find. You can buy them at hardware stores, baby equipment shops, supermarkets, drug stores, home and linen stores, and through mail order catalogues.

Here are some child safety devices that can help prevent many injuries to young children.

1. Use safety latches and locks for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings and other injuries. Safety latches and locks on cabinets and drawers can help prevent children from gaining access to medicines and household cleaners, as well as knives and other sharp objects.

Look for safety latches and locks that adults can easily install and use, but are sturdy enough to withstand pulls and tugs from children. Safety latches are not a guarantee of protection, but they can make it more difficult for children to reach dangerous substances. Even products with child-resistant packaging should be locked away, out of reach; this packaging is not childproof.

Typical cost of a safety latch or lock: less than \$2.

2. Use safety gates to help prevent falls down stairs and to keep children away from dangerous areas. Safety gates can help keep children away from stairs or rooms that have hazards in them. Look for safety gates that children cannot dislodge easily, but that adults can open and close without difficulty. For the top of stairs, gates that screw to the wall are more secure than "pressure gates."

New safety gates that meet safety standards display a certification seal from the Juvenile Products Manufacturers Association (JPMA). If you have an older safety gate, be sure it doesn't have "V" shapes that are large enough for a child's head and neck to fit.

Typical cost of a safety gate: \$13 to \$40.

3. Use door knob covers and door locks to help prevent children from entering rooms and other areas with possible dangers. Door knob covers and door locks can help keep children away from places with hazards, including swimming pools.

Be sure the door knob cover is sturdy enough not to break, but allows a door to be opened quickly by an adult in case of emergency. By restricting access to potentially hazardous rooms in the home, door knob covers could help prevent many kinds of injuries. To prevent access to swimming pools, door locks should be placed high out of reach of young children. Locks should be used in addition to fences and door alarms. Sliding glass doors, with locks that must be re-secured after each use, are often not an effective barrier to pools.

Typical cost of a door knob cover: \$1 and door lock: \$5 and up.

4. Use anti-scald devices for faucets and shower heads and set your water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water. Anti-scald devices for regulating water temperature can help prevent burns.

Consider using anti-scald devices for faucets and shower heads. A plumber may need to install these. In addition, if you live in your own home, set water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water.

Typical cost of an anti-scald device: \$6 to \$30.

5. Use smoke detectors on every level of your home and near bedrooms to alert you to fires. Smoke detectors are essential safety devices for protection against fire deaths and injuries.

Check smoke detectors once a month to make sure they're working. If detectors are battery-operated, change batteries at least once a year or consider using 10-year batteries.

Typical cost of a smoke detector: less than \$10.

6. Use window guards and safety netting to help prevent falls from windows, balconies, decks, and landings. Window guards and safety netting for balconies and decks can help prevent serious falls.

Check these safety devices frequently to make sure they are secure and properly installed and maintained. There should be no more than four inches between the bars of the window guard. If you have window guards, be sure at least one window in each room can be easily used for escape in a fire. Window screens are not effective for preventing children from falling out of windows.

Typical cost of a window guard or safety netting: \$8 to \$16.

7. Use corner and edge bumpers to help prevent injuries from falls against sharp edges of furniture and fireplaces. Corner and edge bumpers can be used with furniture and fireplace hearths to help prevent injuries from falls or to soften falls against sharp or rough edges.

Be sure to look for bumpers that stay securely on furniture or hearth edges.

Typical cost of a corner and edge bumper: \$1 and up.

8. Use outlet covers and outlet plates to help prevent electrocution. Outlet covers and outlet plates can help protect children from electrical shock and possible electrocution.

Be sure the outlet protectors cannot be easily removed by children and are large enough so that children cannot choke on them.

Typical cost of an outlet cover: less than \$2.

9. Use a carbon monoxide (CO) detector outside bedrooms to help prevent CO poisoning. A carbon monoxide (CO) detector can help prevent CO poisoning. Consumers should install CO detectors near sleeping areas in their homes. Households that should use CO detectors include those with gas or oil heat or with attached garages.

Typical cost of a carbon monoxide (CO) detector: \$30 to \$70.

10. Cut window blind cords and use safety tassels to help prevent children from strangling in blind cord loops. Window blind cord safety tassels on miniblinds and tension devices on vertical blinds and drapery cords can help prevent deaths and injuries from strangulation in the loops of cords.

For older miniblinds, cut the cord loop, remove the buckle, and put safety tassels on each cord. Be sure that older vertical blinds and drapery cords have tension or tie-down devices to hold the cords tight. When buying new miniblinds, verticals, and draperies, ask for safety features to prevent child strangulation. You can get window blind cord safety tassels free by calling 1-800-506-4636.

11. Use door stops and door holders to help prevent injuries to fingers and hands. Door stops and door holders on doors and door hinges can help prevent small fingers and hands from being pinched or crushed in doors and door hinges.

Be sure any safety device for doors is easy to use and is not likely to break into small parts, which could be a choking hazard for young children.

Typical cost of a door stop and door holder: less than \$4.

12. Use a cordless phone to make it easier to continuously watch young children, especially when they're in bathtubs, swimming pools, or other potentially dangerous areas.

Cordless phones help you watch your child continuously, without leaving the vicinity to answer a phone call. Cordless phones are especially helpful when children are in or near water, whether it's the bathtub, the swimming pool, or the beach.

Typical cost of a cordless phone: \$30 and up.

*U.S. Consumer Product Safety Commission
Washington, DC 20207*

Child Care Program Fire Drill Record Form

CHILD CARE PROGRAM FIRE DRILL RECORD

FACILITY: _____

DATE:	TIME OF DAY:	NUMBER PARTICIPATING:		TIME TO CLEAR:	COMMENTS AND INITIALS
		ADULTS:	CHILDREN:		

INSTRUCTIONS: Each monthly fire drill must be recorded above and this form shall be posted in a conspicuous place in the child care facility.

Good Eating Habits for the First Year of Life

<p>When You Bottle Feed A Infant:</p> <ul style="list-style-type: none"> • burp infant during the middle and end of each feeding. • put only formula, milk or water in the bottle (do not put cereal or other food in the bottle). • give the bottle to the infant before nap time and do not let the infant go to sleep with the bottle. • hold the infant while feeding instead of propping the bottle in the infant's mouth. 	<p>It is important to follow this:</p> <ul style="list-style-type: none"> • to reduce spitting up from swallowed air. • to prevent overfeeding and to allow the infant to develop good eating habits. • to prevent choking and ear infection and to prevent dental decay from the milk which remains in the teeth. • to prevent choking and to provide cuddling for the infant. <p>Resource: <i>Feeding Infants—A Guide for use in the Child Care Food Program (FNS-258)</i>, United States Department of Agriculture, Food and Nutrition Services, December 1988</p>
<p>When You Feed The Infant Solid Foods:</p> <ul style="list-style-type: none"> • use a small spoon or let the infant use its fingers. • place food on the tip of the spoon and put food on the middle of the infant's tongue. • remove food from the jar before feeding; do not feed the infant food from the jar. • give only one new food at a time, and wait one week before giving another new food. 	<p>It is important to follow this:</p> <ul style="list-style-type: none"> • to help the infant learn proper eating habits. • to make it easy for the infant to swallow. • to prevent the saliva from the infant's mouth from spoiling the remainder of the food in the jar. • to give the baby time to get used to each new flavor and texture, and to see if the infant is allergic to the new food.
<p>Do Not Serve These Food to a Infant During the First Year of Life:</p> <ul style="list-style-type: none"> • chocolate, citrus fruits, egg whites, shellfish. • honey. • salt, fat or seasoning. • as the infant grows, their food needs develop to a variety of foods. • when the right foods are introduced at the appropriate developmental stage of the infant, nutritional requirements can be met and eating and self feeding skills can develop properly. 	<p>This is important because:</p> <ul style="list-style-type: none"> • they may cause allergies. • it may make the infant very sick. • an infant does not need them and will not miss them.
<p>0-4 Months: Breast Milk or Formula-</p> <ul style="list-style-type: none"> • birth to 4 weeks: 8-12 + feedings. • 1-4 months: 6-10 + feedings. • formula: 14-43 ounces. 	<p>Details:</p> <ul style="list-style-type: none"> • grain products, juices, vegetables, fruits, and protein foods should not be given at this point.
<p>4-6 Months:</p> <ul style="list-style-type: none"> • breast Milk : 6-8 + feedings. • formula: 27-29 ounces. • grain products: 1-2 servings of iron fortified infant cereals (1-8 Tbs. after mixing per day). • juices: infant or regular: 100 percent fruit juice (only if able to drink from cup). 	<p>Details:</p> <ul style="list-style-type: none"> • avoid citrus, pineapple and tomato juices. • vegetables, fruits and protein food should not be given at this point.

Good Eating Habits for the First Year of Life

6-8 Months:

- breast Milk: 4-6 feedings.
- formula: 23-32 ounces.
- grain products: 2 servings of iron fortified infant cereals (4-8 Tbs. after mixing per day).
- juices: infant or regular 100 percent fruit juice (only if able to drink from cup).
- vegetables: 1-2 servings of plain, strained, or pureed cooked vegetables (about 4-8 Tbs. a day).
- fruits: 1-2 servings of plain, strained or pureed fresh or cooked fruits (4-8 Tbs. a day).
- protein Food: may be introduced.

Details:

- begin to offer formula in cup.
- try crackers, small pieces of toast, zwieback at 8 months.
- protein foods such as plain, strained, or pureed meals may be introduced if an additional food source of iron is needed.

8-10 Months:

- breast Milk: 4-6 feedings.
- formula: 24-32 ounces.
- grain products: iron fortified infant cereals (4-8 Tbs. after mixing per day); 2-3 servings of other grain products.
- juices: 4 oz. infant juices or regular 100 percent fruit or vegetable juices (only in cup).
- vegetables: 2 servings of pureed or junior vegetables (about 4-8 Tbs. a day).
- fruits: 2 servings of pureed or mashed fresh or junior fruits (4-8 Tbs. a day).
- protein Food: 1-6 Tbs. per day of pureed, finely chopped, or plain strained lean meat, poultry, or fish, egg yolk, cheese, yogurt, mashed beans or peas.

Details:

- continue to offer formula in cup.

10-12 Months:

- breast Milk: 4-6 feedings.
- formula: 24-32 ounces.
- grain products: iron fortified infant cereals (4-8 Tbs. after mixing per day); 2-3 servings of other grain products.
- juices: 4 oz. infant juices or regular 100 percent fruit or vegetable juices (only in cup).
- vegetables: 2 servings of mashed or chopped cooked homemade or junior vegetables (about 6-8 Tbs. a day).
- fruits: 2 servings of mashed or chopped fresh or cooked junior fruits (6-8 Tbs. a day).
- protein Food: 2-8 Tbs. per day of pureed or chopped lean meat, poultry, or fish, egg yolk, cheese, yogurt, mashed beans or peas.

Resource: *The Manual of Clinical Dietetics*, Chicago Dietetic Association and the South Suburban Dietetic Association, Chicago, IL: The American Dietetic Association 1992

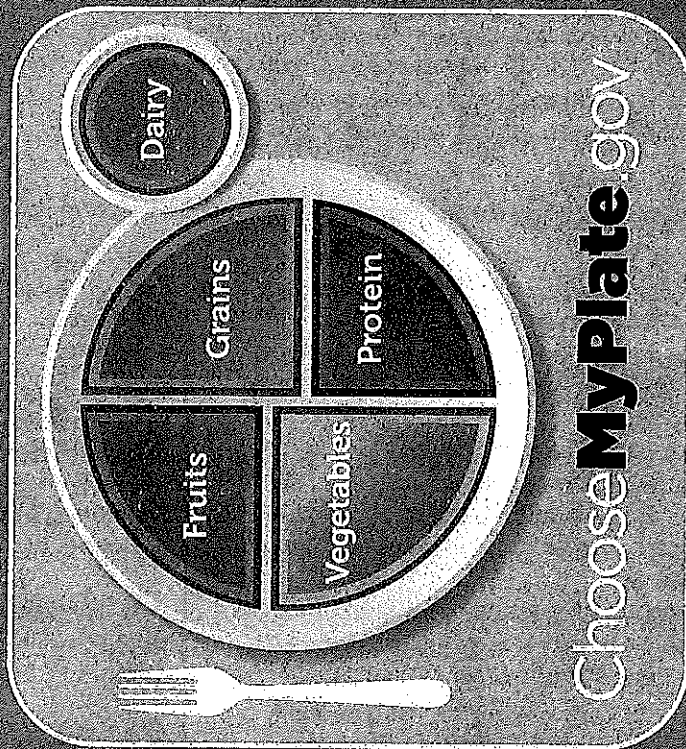
Recommended Dietary Allowances, Report of the Subcommittee on the Tenth Edition of the RDA's, Food and Nutrition Board, Commission of Life Sciences, National Research Council, Washington D.C.: National Academy Press, 1989

A Nutritional Guide for the Maturing Infant, Owen, A.L., Bloomfield: Health Learning Systems Incorporated, 1980

Mayo Clinic Diet Manual: A Handbook of Dietary Practices, Pemberton, et al. Philadelphia, PA: B.C. Decker Inc. 1988

Comprehensive Pediatric Nursing, Scipien, G.M., et al., New York: McGraw Hill Book Co., 1979

What's on your plate?



Before you eat, think about what and how much food goes on your plate or in your cup or bowl. Over the day, include foods from all food groups: vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods.

MyPlate



Make half your plate fruits and vegetables.



Make at least half your grains whole.



Switch to skim or 1% milk.



Vary your protein food choices.

Cut back on sodium and empty calories from solid fats and added sugars



Look out for salt (sodium) in foods you buy. Compare sodium in foods and choose those with a lower number.

Drink water instead of sugary drinks. Eat sugary desserts less often.

Make foods that are high in solid fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not every day foods.

Limit empty calories to less than 260 per day, based on a 2,000-calorie diet.

Be physically active your way

Pick activities you like and do each for at least 10 minutes at a time. Every bit adds up, and health benefits increase as you spend more time being active.

Children and adolescents: get 60 minutes or more a day.

Adults: get 2 hours and 30 minutes or more a week of activity that requires moderate effort, such as brisk walking.

Vegetables	Fruits	Grains	Dairy	Protein Foods
<p>Eat more red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli in main dishes.</p> <p>Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish.</p> <p>Fresh, frozen, and canned vegetables all count. Choose "reduced sodium" or "no-salt-added" canned veggies.</p>	<p>Use fruits as snacks, salads, and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes.</p> <p>Buy fruits that are dried, frozen, and canned (in water or 100% juice), as well as fresh fruits.</p> <p>Select 100% fruit juice when choosing juices.</p>	<p>Substitute whole-grain choices for refined-grain breads, bagels, rolls, breakfast cereals, crackers, rice, and pasta.</p> <p>Check the ingredients list on product labels for the words "whole" or "whole grain" before the grain ingredient name.</p> <p>Choose products that name a whole grain first on the ingredients list.</p>	<p>Choose skim (fat-free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.</p> <p>Top fruit salads and baked potatoes with low-fat yogurt.</p> <p>If you are lactose intolerant, try lactose-free milk or fortified soy milk (soy beverage).</p>	<p>Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry, and eggs.</p> <p>Twice a week, make seafood the protein on your plate.</p> <p>Choose lean meats and ground beef that are at least 90% lean.</p> <p>Trim or drain fat from meat and remove skin from poultry to cut fat and calories.</p>
<p>For a 2,000-calorie daily food plan, you need the amounts below from each food group. To find amounts personalized for you, go to ChooseMyPlate.gov.</p>				
<p>Eat 2½ cups every day</p> <p>What counts as a cup? 1 cup of raw or cooked vegetables or vegetable juice; 2 cups of leafy salad greens</p>	<p>Eat 2 cups every day</p> <p>What counts as a cup? 1 cup of raw or cooked fruit or 100% fruit juice; ½ cup dried fruit</p>	<p>Eat 6 ounces every day</p> <p>What counts as an ounce? 1 slice of bread; ½ cup of cooked rice, cereal, or pasta; 1 ounce of ready-to-eat cereal.</p>	<p>Get 3 cups every day</p> <p>What counts as a cup? 1 cup of milk, yogurt, or fortified soy milk; 1½ ounces natural or 2 ounces processed cheese</p>	<p>Eat 5½ ounces every day</p> <p>What counts as an ounce? 1 ounce of lean meat, poultry, or fish; 1 egg; 1 Tbsp peanut butter; ½ ounce nuts or seeds; ¼ cup beans or peas</p>

Calorie Level Chart

Check the table to find the right calorie level for children at your child care program, and then choose a sample meal and snack pattern for that calorie level.

Boys				Girls			
Physical Activity Age	Less than 30 minutes a day	30 to 60 minutes a day	More than 60 minutes a day	Physical Activity Age	Less than 30 minutes a day	30 to 60 minutes a day	More than 60 minutes a day
2	1000	1000	1000	2	1000	1000	1000
3	1200	1400	1400	3	1000	1200	1400
4	1200	1400	1600	4	1200	1400	1400
5	1200	1400	1600	5	1200	1400	1600

Calorie levels for older children can be determined by using the USDA SuperTracker found at: <http://www.choosemyplate.gov/supertracker-tools/supertracker.html>

Meal and snack patterns for 1000, 1200, 1400 and 1600 calorie levels can be found at: <http://www.choosemyplate.gov/preschoolers/meal-and-snack-patterns-ideas.html>

Calorie Daily Food Plans


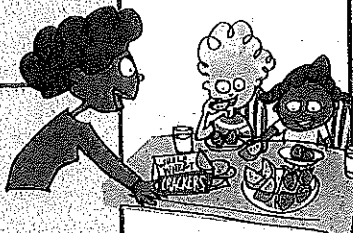

Meal and Snack Patterns


for a 1000 calorie Daily Food Plan ...

These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



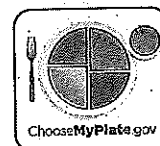
Click on either pattern to see examples of food choices for meals and snacks.

Meal and Snack Pattern A (1000 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Fruit ½ cup Dairy*	
Morning Snack ½ ounce Grains ½ cup Fruit	
Lunch 1 ounce Grains ¼ cup Vegetables ½ cup Dairy* 1 ounce Protein Foods	
Afternoon Snack ¼ cup Vegetables ½ cup Dairy*	
Dinner ½ ounce Grains ½ cup Vegetables ½ cup Dairy* 1 ounce Protein Foods	

Meal and Snack Pattern B (1000 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Dairy* 1 ounce Protein Foods	
Morning Snack ½ cup Fruit ½ cup Dairy*	
Lunch 1 ounce Grains ¼ cup Vegetables ½ cup Dairy*	
Afternoon Snack ¼ cup Vegetables ½ cup Fruit	
Dinner 1 ounce Grains ½ cup Vegetables ½ cup Dairy* 1 ounce Protein Foods	

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

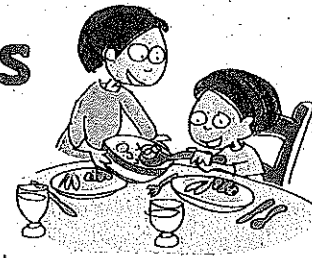
Daily Food Plan (1000 calories)	Total amount for the day
Grain Group	3 ounces
Vegetable Group	1 cup
Fruit Group	1 cup
Dairy* Group	2 cups
Protein Foods Group	2 ounces




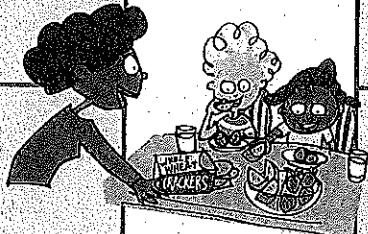

Meal and Snack Patterns


for a 1200 calorie Daily Food Plan ...

These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



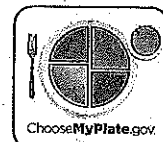
Click on either pattern to see examples of food choices for meals and snacks.

Meal and Snack Pattern A (1200 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Fruit ½ cup Dairy*	
Morning Snack 1 ounce Grains ½ cup Fruit	
Lunch 1 ounce Grains ½ cup Vegetables ½ cup Dairy* 1 ounce Protein Foods	
Afternoon Snack ½ cup Vegetables ½ cup Dairy*	
Dinner 1 ounce Grains ½ cup Vegetables 1 cup Dairy* 2 ounces Protein Foods	

Meal and Snack Pattern B (1200 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Dairy* 1 ounce Protein Foods	
Morning Snack ½ cup Fruit ½ cup Dairy*	
Lunch 2 ounces Grains ½ cup Vegetables ½ cup Dairy*	
Afternoon Snack ½ cup Vegetables ½ cup Fruit	
Dinner 1 ounce Grains ½ cup Vegetables 1 cup Dairy* 2 ounces Protein Foods	

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

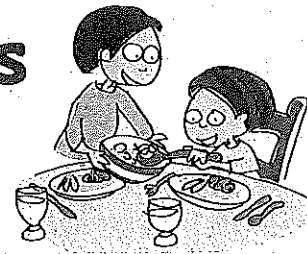
Daily Food Plan (1200 calories)	Total amount for the day
Grain Group	4 ounces
Vegetable Group	1½ cups
Fruit Group	1 cup
Dairy* Group	2½ cups
Protein Foods Group	3 ounces




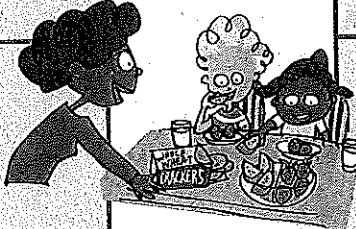

Meal and Snack Patterns


for a 1400 calorie Daily Food Plan ...

These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



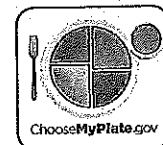
Click on either pattern to see examples of food choices for meals and snacks.

Meal and Snack Pattern A (1400 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Fruit ½ cup Dairy*	
Morning Snack 1 ounce Grains ½ cup Fruit 1 ounce Protein Foods	
Lunch 1 ounce Grains ½ cup Vegetables ½ cup Fruit ½ cup Dairy* 1 ounce Protein Foods	
Afternoon Snack ½ cup Vegetables ½ cup Dairy*	
Dinner 2 ounces Grains ½ cup Vegetables 1 cup Dairy* 2 ounces Protein Foods	

Meal and Snack Pattern B (1400 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Dairy* 1 ounce Protein Foods	
Morning Snack ½ cup Fruit ½ cup Dairy*	
Lunch 2 ounces Grains ½ cup Vegetables ½ cup Fruit ½ cup Dairy*	
Afternoon Snack ½ cup Vegetables ½ cup Fruit 1 ounce Protein Foods	
Dinner 2 ounces Grains ½ cup Vegetables 1 cup Dairy* 2 ounces Protein Foods	

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

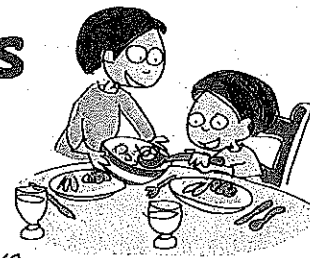
Daily Food Plan (1400 calories)	Total amount for the day
Grain Group	5 ounces
Vegetable Group	1½ cups
Fruit Group	1½ cups
Dairy* Group	2½ cups
Protein Foods Group	4 ounces



Meal and Snack Patterns

for a 1600 calorie Daily Food Plan ...

These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



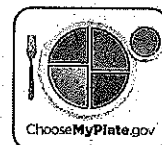
Click on either pattern to see examples of food choices for meals and snacks.

Meal and Snack Pattern A (1600 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Fruit ½ cup Dairy*	
Morning Snack 1 ounce Grains ½ cup Fruit 1 ounce Protein Foods	
Lunch 1 ounce Grains ½ cup Vegetables ½ cup Fruit ½ cup Dairy* 1 ounce Protein Foods	
Afternoon Snack ½ cup Vegetables ½ cup Dairy*	
Dinner 2 ounces Grains 1 cup Vegetables 1 cup Dairy* 3 ounces Protein Foods	

Meal and Snack Pattern B (1600 calorie Daily Food Plan)	
Breakfast 1 ounce Grains ½ cup Dairy* 1 ounce Protein Foods	
Morning Snack ½ cup Fruit ½ cup Dairy*	
Lunch 2 ounces Grains ½ cup Vegetables ½ cup Fruit ½ cup Dairy*	
Afternoon Snack ½ cup Vegetables ½ cup Fruit 1 ounce Protein Foods	
Dinner 2 ounces Grains 1 cup Vegetables 1 cup Dairy* 3 ounces Protein Foods	

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

Daily Food Plan (1600 calories)	Total amount for the day
Grain Group	5 ounces
Vegetable Group	2 cups
Fruit Group	1½ cups
Dairy* Group	2½ cups
Protein Foods Group	5 ounces



Food Groups Charts

Grain Group Equivalents

	Amount that counts as 1 ounce equivalent of grains	Common portions and ounce equivalents
Bagels	1 "mini" bagel	1 large bagel = 4 ounce equivalents
Biscuits	1 small (2" diameter)	1 large (3" diameter) = 2 ounce equivalents
Breads	1 regular slice 1 small slice French	2 regular slices = 2 ounce equivalents
Bulgur	½ cup cooked	
Cornbread	1 small piece (2½" x 1¼" x 1¼")	1 medium piece (2½" x 2½" x 1¼") = 2 ounce equivalents
Crackers	5 whole crackers	
	7 square or round crackers	
English muffins	½ muffin	1 muffin = 2 ounce equivalents
Muffins	1 small (2½" diameter)	1 large (3½" diameter) = 3 ounce equivalents
Hot Cereal	½ cup cooked 1 packet instant 1 ounce (1/3 cup) dry (regular or quick)	
Pancakes	1 pancake (4½" diameter) 2 small pancakes (3" diameter)	3 pancakes (4½" diameter) = 3 ounce equivalents
Popcorn	3 cups, popped	1 mini microwave bag or 100-calorie bag, popped = 2 ounce equivalents
Ready-to-eat breakfast cereal	1 cup flakes or rounds 1 ¼ cup puffed	
Rice	½ cup cooked 1 ounce dry	1 cup cooked = 2 ounce equivalents
Pasta-- spaghetti, macaroni, noodles	½ cup cooked 1 ounce dry	1 cup cooked = 2 ounce equivalents
Tortillas	1 corn tortilla (6" diameter)	1 large tortilla (12" diameter) = 4 ounce equivalents

Vegetable Group Equivalents

	Amount that counts as 1 cup of vegetables	Amount that counts as ½ cup of vegetables
Dark Green Vegetables		
Broccoli	1 cup chopped or florets 3 spears 5" long raw or cooked	
Greens (collards, mustard greens, turnip greens, kale) Spinach	1 cup cooked 1 cup, cooked 2 cups raw is equivalent to 1 cup of vegetables	1 cup raw is equivalent to ½ cup of vegetables
Raw leafy greens: Spinach, romaine, watercress, dark green leafy lettuce, endive, escarole	2 cups raw is equivalent to 1 cup of vegetables	1 cup raw is equivalent to ½ cup of vegetables
Red and Orange Vegetables		
Carrots	1 cup, strips, slices, or chopped, raw or cooked 2 medium 1 cup baby carrots (about 12)	1 medium carrot About 6 baby carrots
Pumpkin	1 cup mashed, cooked	
Red peppers	1 cup chopped, raw, or cooked 1 large pepper (3" diameter, 3½" long)	1 small pepper
Tomatoes	1 large raw whole (3") 1 cup chopped or sliced, raw, canned, or cooked	1 small raw whole (2¼" diameter) 1 medium canned
Tomato juice	1 cup	½ cup
Sweet potato	1 large baked (2¼" or more diameter) 1 cup sliced or mashed, cooked	
Winter squash (acorn, butternut, hubbard)	1 cup cubed, cooked	½ acorn squash, baked = ¾ cup
Beans and Peas		
Dry beans and peas (such as black, garbanzo, kidney, pinto, or soy beans, or black eyed peas or split peas)	1 cup whole or mashed, cooked	

Vegetable Group Equivalents

Starchy Vegetables		
Corn, yellow or white	1 cup 1 large ear (8" to 9" long)	1 small ear (about 6" long)
Green peas	1 cup	
White potatoes	1 cup diced, mashed 1 medium boiled or baked potato (2½" to 3" diameter) French fried; 20 medium to long strips (2½" to 4" long) (Contains added calories from solid fats.)	
	Amount that counts as 1 cup of vegetables	Amount that counts as ½ cup of vegetables
Other Vegetables		
Bean sprouts	1 cup cooked	
Cabbage, green	1 cup, chopped or shredded raw or cooked	
Cauliflower	1 cup pieces or florets raw or cooked	
Celery	1 cup, diced or sliced, raw or cooked 2 large stalks (11" to 12" long)	1 large stalk (11" to 12" long)
Cucumbers	1 cup raw, sliced or chopped	
Green or wax beans	1 cup cooked	
Green peppers	1 cup chopped, raw or cooked 1 large pepper (3" diameter, 3¾" long)	1 small pepper
Lettuce, iceberg or head	2 cups raw, shredded or chopped = equivalent to 1 cup of vegetables	1 cup raw, shredded or chopped = equivalent to ½ cup of vegetables
Mushrooms	1 cup raw or cooked	
Onions	1 cup chopped, raw or cooked	
Summer squash or zucchini	1 cup cooked, sliced or diced	

Fruit Group Equivalents

	Amount that counts as 1 cup of fruit	Amount that counts as ½ cup of fruit
Apple	½ large (3.25" diameter) 1 small (2.5" diameter) 1 cup sliced or chopped, raw or cooked	½ cup sliced or chopped, raw or cooked
Applesauce	1 cup	1 snack container (4 oz)
Banana	1 cup sliced 1 large (8" to 9" long)	1 small (less than 6" long)
Cantaloupe	1 cup diced or melon balls	1 medium wedge (1/8 of a med. melon)
Grapes	1 cup whole or cut-up 32 seedless grapes	16 seedless grapes
Grapefruit	1 medium (4" diameter) 1 cup sections	½ medium (4" diameter)
Mixed fruit (fruit cocktail)	1 cup diced or sliced, raw or canned, drained	1 snack container (4 oz) drained = 3/8 cup
Orange	1 large (3-1/16" diameter) 1 cup sections	1 small (2-3/8" diameter)
Oranges, mandarin	1 cup canned, drained	
Peach	1 large (2 3/4" diameter) 1 cup sliced or diced, raw, cooked, or canned, drained 2 halves, canned	1 small (2" diameter) 1 snack container (4 oz) drained = 3/8 cup
Pear	1 medium pear (2.5 per lb) 1 cup sliced or diced, raw, cooked, or canned, drained	1 snack container (4 oz) drained = 3/8 cup
Pineapple	1 cup chunks, sliced or crushed, raw, cooked or canned, drained	1 snack container (4 oz) drained = 3/8 cup
Plum	1 cup sliced raw or cooked 3 medium or 2 large plums	1 large plum
Strawberries	About 8 large berries 1 cup whole, halved, or sliced, fresh or frozen	½ cup whole, halved, or sliced
Watermelon	1 small wedge (1" thick) 1 cup diced or balls	6 melon balls
Dried fruit (raisins, prunes, apricots, etc.)	¾ cup dried fruit is equivalent to 1 cup fruit. ½ cup raisins ½ cup prunes ½ cup dried apricots	¾ cup dried fruit is equivalent to ½ cup fruit. 1 small box raisins (1.5 oz)
100% fruit juice (orange, apple, grape, grapefruit, etc.)	1 cup	½ cup

Dairy Group Equivalents

	Amount that counts as 1 cup in the Dairy Group	Common portions and cup equivalents
Milk <i>[choose fat-free or low-fat milk]</i>	1 cup milk or calcium-fortified soymilk (soy beverage) 1 half-pint container milk or soymilk ½ cup evaporated milk	
Yogurt <i>[choose fat-free or low-fat yogurt]</i>	1 regular container (8 fluid ounces) 1 cup yogurt	1 small container (6 ounces) = ¾ cup 1 snack size container (4 ounces) = ½ cup
Cheese <i>[choose reduced-fat or low-fat yogurt]</i>	1 ½ ounces hard cheese (cheddar, mozzarella, Swiss, Parmesan) 1/3 cup shredded cheese 2 ounces processed cheese (American) ½ cup ricotta cheese 2 cups cottage cheese	1 slice of hard cheese is equivalent to ½ cup milk 1 slice of processed cheese is equivalent to 1/3 cup milk ½ cup cottage cheese is equivalent to ¼ cup milk
Milk-based desserts <i>[choose fat-free or low-fat types]</i>	1 cup pudding made with milk 1 cup frozen yogurt 1 ½ cups ice cream	 1 scoop ice cream is equivalent to 1/3 cup milk
Soymilk	1 cup calcium-fortified soymilk	

Protein Group Equivalents

	Amount that counts as 1 ounce equivalent in the Protein Foods Group	Common portions and ounce equivalents
Meats	1 ounce cooked lean beef	1 small steak (eye of round, filet) = 3½ to 4 ounce equivalents
	1 ounce cooked lean pork or ham	1 small lean hamburger = 2 to 3 ounce equivalents
Poultry	1 ounce cooked chicken or turkey, without skin	1 small chicken breast half = 3 ounce equivalents
	1 sandwich slice of turkey (4 ½ x 2 ½ x 1/8")	½ Cornish game hen = 4 ounce equivalents
Seafood	1 ounce cooked fish or shell fish	1 can of tuna, drained = 3 to 4 ounce equivalents 1 salmon steak = 4 to 6 ounce equivalents 1 small trout = 3 ounce equivalents
Eggs	1 egg	3 egg whites = 2 ounce equivalents 3 egg yolks = 1 ounce equivalent
Nuts and seeds	½ ounce of nuts (12 almonds, 24 pistachios, 7 walnut halves)	1 ounce of nuts or seeds = 2 ounce equivalents
	½ ounce of seeds (pumpkin, sunflower or squash seeds, hulled, roasted) 1 Tablespoon of peanut butter or almond butter	
Beans and peas	¼ cup of cooked beans (such as black, kidney, pinto, or white beans)	1 cup split pea soup = 2 ounce equivalents
	¼ cup of cooked peas (such as chickpeas, cowpeas, lentils, or split peas)	1 cup lentil soup = 2 ounce equivalents
	¼ cup of baked beans, refried beans	1 cup bean soup = 2 ounce equivalents
	¼ cup (about 2 ounces) of tofu 1 oz. tempeh, cooked ¾ cup roasted soybeans 1 falafel patty (2 ¼", 4 oz) 2 Tablespoons hummus	1 soy or bean burger patty = 2 ounce equivalents

Oil Equivalents

	Amount of food	Amount of oil	Calories from oil	Total calories
		Teaspoons /grams	Approximate calories	Approximate calories
Oils:				
Vegetable oils (such as canola, corn, cottonseed, olive, peanut, safflower, soybean, and sunflower)	1 Tbsp	3 tsp/14 g	120	120
Foods rich in oils:				
Margarine, soft (<i>trans</i> fat free)	1 Tbsp	2 ½ tsp/11 g	100	100
Mayonnaise	1 Tbsp	2 ½ tsp/11 g	100	100
Mayonnaise-type salad dressing	1 Tbsp	1 tsp/5 g	45	55
Italian dressing	2 Tbsp	2 tsp/8 g	75	85
Thousand Island dressing	2 Tbsp	2 ½ tsp/11 g	100	120
Olives*, ripe, canned	4 large	½ tsp/ 2 g	15	20
Avocado*	½ med	3 tsp/15 g	130	160
Peanut butter*	2 T	4 tsp/ 16 g	140	190
Peanuts, dry roasted*	1 oz	3 tsp/14 g	120	165
Mixed nuts, dry roasted*	1 oz	3 tsp/15 g	130	170
Cashews, dry roasted*	1 oz	3 tsp/13 g	115	165
Almonds, dry roasted*	1 oz	3 tsp/15 g	130	170
Hazelnuts*	1 oz	4 tsp/18 g	160	185
Sunflower seeds*	1 oz	3 tsp/14 g	120	165

*Avocados and olives are part of the Vegetable Group; nuts and seeds are part of the Protein Foods Group. These foods are also high in oils. Soft margarine, mayonnaise, and salad dressings are mainly oil and are not considered to be part of any food group.

Snack Suggestions and Ideas

Fruits

Lemonade
Orange juice
Pineapple juice
Apple juice
Tomato juice
V-8 juice
Mixed fruit juice
Apricot nectar
Fresh pear wedges
Fresh grapefruit
Apple slices
Orange slices
Bananas
Fresh coconut
Fresh pineapple
Tangerines
Grapes
Cherries
Plums
Watermelon
Other melons
Peaches
Apricots
Apple slices with cream
cheese or peanut butter
Prunes
Raisins
OJ over sliced bananas or
apples
Peanut butter on graham
crackers or bread
Strawberries
Dried fruit

Vegetables

Turnip wedges
Cucumber rings
Bell pepper rings
Fresh peas
Frozen peas
Cabbage wedge
Raw cauliflower
Carrot sticks
Raw zucchini
Celery stuffed with
yellow cheese or peanut butter
Dip made from cottage
cheese and salsa, blended,
for raw vegetables
Avocado fans
Halved cherry tomatoes
Raw snow peas
Pickled ginger

Other Snacks

Cheese sticks
Peanut butter on whole
wheat crackers
Popcorn
Frozen fudge treat
Frozen fruit juice in paper
cups with spoon handles
Cottage cheese
Sherbet
Cooked cereal for
breakfast snack
Hard cooked eggs
Raisin bread with
cinnamon butter
Cheese toast
Buttered toast
Vienna sausages
Cheese dips
Dry cereals (non-sugared)
Frozen treat made from
gelatin and juice
Cookies: peanut butter,
raisin, oatmeal, fig bars
English muffin pizzas

Food Allergies

Food allergies affect 4-6% of children in the United States. A food allergy occurs when the body has a physical reaction to a specific food. Reactions to these foods can range from minor to severe. Minor reactions may include tingling on the tongue, a scratchy throat, or hives. Severe reactions include anaphylaxis, which may involve an itchy rash, throat swelling, weak pulse, nausea, vomiting, and low blood pressure or can lead to death.

Over 90% of food allergies are associated with eight types of food: milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat. Tree nuts include walnuts, almonds, cashews, pistachios, and pecans.

Branum AM, Lukacs SL. Food allergy among U.S. children: trends in prevalence and hospitalizations. NCHS Data Brief. 2008;10:1-8.

It is important for the child care program to be aware of any food allergies a child may have. This information should be shared with all individuals who are responsible for caring for the child, this includes the cook, child care director, and substitute teachers. When serving children food, it is important to know the ingredients and ensure the food does not contain anything the child with food allergies is allergic to.

Because of the prevalence of food allergies, it is also important to educate all of the staff, children, and families about food allergies so everyone knows what to look for and how to handle any emergencies.

As part of the emergency plans, the child care program should have a plan to handle food allergies, regardless of whether or not there is a child currently enrolled. While it is critical for families to share food allergy information with the child care program, there may be times when a child has not been diagnosed with a food allergy but has an allergic reaction for the first time while they are in care.

Weekly Menu Planning Worksheet

Meal Pattern	Mon	Tues	Wed	Thurs	Fri
Breakfast					
Grain					
Vegetable					
Fruit					
Dairy					
Protein					
Oil					
Other					
A.M. Snack					
Grain					
Vegetable					
Fruit					
Dairy					
Protein					
Oil					
Other					
Lunch					
Grain					
Vegetable					
Fruit					
Dairy					
Protein					
Oil					
Other					
P.M. Snack					
Grain					
Vegetable					
Fruit					
Dairy					
Protein					
Oil					
Other					
Totals					
Grain					
Vegetable					
Fruit					
Dairy					
Protein					
Oil					
By dinnertime, the child still needs to consume:					
Grain					
Vegetable					
Fruit					
Dairy					
Protein					
Oil					

Daily Menu Planning Worksheet

Caloric calculation			
Boy or Girl? (circle)		Boy	Girl
Age _____	▶		
Physical Activity Minutes/day (circle)		< 30	30-60 >60
Record calorie level _____	▶		
Recommended Daily Requirement		Amount	
Grain			
Vegetable			
Fruit			
Dairy			
Protein			
		Yes	No
Meal Pattern			
1. Is the daily requirement of grains being met?			
2. Is the daily requirement of vegetables being met?			
3. Is the daily requirement of fruits being met?			
4. Is the daily requirement of dairy being met?			
5. Is the daily requirement of protein foods being met?			
6. Are some oils provided?			
Nutritional Adequacy			
1. Is at least half of the daily requirement of grains whole grains?			
2. Is half of the plate fruits and vegetables?			
3. Are fat-free or low-fat dairy products used?			
4. Is a variety of proteins offered?			
5. Are smart beverage choices offered?			
6. Are healthy snacks offered?			
7. Do menus contain mainly starch food items?			
8. Are foods high in sugar?			
Adaptation for Children			
1. Does the menu contain foods that are well-liked by children?			
2. Are small portions offered?			
3. Are foods that are easily eaten by children included?			
4. Are foods kept lightly seasoned?			
5. Is the food served in interesting ways?			
6. Are raw and cooked foods included in the menu?			
Other Considerations			
1. Are any foods included that contain allergens for any children?			
2. Are any children on special diets?			
3. Are any foods culturally inappropriate?			
4. Have hot and cold foods been included?			
5. Is there a variety of colors?			
6. Is there a variety of flavors?			
7. Is there a variety of textures?			
8. Is there a variety in shapes and forms?			
9. Are ethnic and cultural foods included?			
10. Are seasonal foods included?			
11. Can the menu be prepared in a reasonable amount of time?			
12. Can the meals be prepared with the personnel available?			
13. Is sufficient equipment available for menu preparation?			
14. Is the meal affordable?			

Common Eating Problems

Children may refuse to eat, or lose their appetite, for a variety of reasons. Some of those reasons are shown on the following chart.

Common Eating Problems	
Problem	Possible Cause
Negative attitude toward a certain food	<ul style="list-style-type: none"> • Child may have been forced to eat this food • Child may have seen adults refuse this food • Child may have had a bad experience with this food in the past
Resistance to eating	<ul style="list-style-type: none"> • Child may have been forced to eat when they were not hungry, or when they were tired or sick • Too many other things may be expected of the child during mealtime, such as adherence to table manners, or length of time at the table
Slow eating	<ul style="list-style-type: none"> • Child may be over stimulated
Non-hunger or refusal to eat	<ul style="list-style-type: none"> • Child may truly not be hungry • Allow a reasonable amount of time and offer help, if needed • May be an attention-getting device
Displeasure in eating	<ul style="list-style-type: none"> • Same food and same method of preparation being used day after day

Creating a Positive Eating Environment

1. Mealtimes should be happy, and relaxed times.
2. Use a bright, attractive, and comfortable room for meal service.
3. Have a physical setting (table, utensils, chairs) that is kid-sized.
4. Have the children participate in food service by setting the table, helping bring the food to the table, and cleaning their own space after eating.
5. Avoid delays in service so the children do not have to sit and wait.
6. Set a good example. Young children sense adult attitudes about food.
7. At the table, create an atmosphere of respect and acceptance for each child to keep the meal emotionally and nutritionally satisfying.
8. Serve foods family-style with an adult at the table. Allow second helpings, if that is necessary to ensure nutritional adequacy.
9. Permit children to help make the food when possible.
10. Invite parents to join the group for meals when convenient.

Transportation Log

Child Care Facility: _____

Driver Instructions: Before transporting the children, the driver must record the current date, departure location and departure time, destination, each child's first and last name, and place an "X" in the "In Vehicle" column for each child that is in the vehicle. Upon arrival at the destination, the driver must: (1) Record the arrival time, (2) Watch each child exit the vehicle and place an "X" in the "Out of vehicle" column after each child has exited the vehicle, (3) Conduct a physical inspection and visual sweep of the entire vehicle, including all rows and seats, to ensure all children have exited the vehicle and no children were left in the vehicle, and (4) Immediately sign and date the log after the physical inspection and visual sweep.

2nd Staff Member Instructions: Upon arrival at the destination, a 2nd staff member must: (1) Conduct a physical inspection and physical sweep of the entire vehicle, including all rows and seats, to ensure all children have exited the vehicle and no children were left in the vehicle, and (2) Sign and date the log immediately after conducting the physical inspection and visual sweep.

	Date (mm/dd/yy): ____/____/____ Departure Location: _____ Destination: _____ Time of Departure: ____:____ AM PM Time of Arrival: ____:____ AM PM	Date (mm/dd/yy): ____/____/____ Departure Location: _____ Destination: _____ Time of Departure: ____:____ AM PM Time of Arrival: ____:____ AM PM	Date (mm/dd/yy): ____/____/____ Departure Location: _____ Destination: _____ Time of Departure: ____:____ AM PM Time of Arrival: ____:____ AM PM	Date (mm/dd/yy): ____/____/____ Departure Location: _____ Destination: _____ Time of Departure: ____:____ AM PM Time of Arrival: ____:____ AM PM
Child's Name (First Last)	In vehicle	Out of vehicle	In vehicle	Out of vehicle
	V	I	S	U
	A	A	L	L
	S	W	E	E
	E	E	P	P
	----->			
	V	I	S	U
	A	A	L	L
	S	W	E	E
	E	E	P	P
	----->			
	V	I	S	U
	A	A	L	L
	S	W	E	E
	E	E	P	P
	----->			
	V	I	S	U
	A	A	L	L
	S	W	E	E
	E	E	P	P
	----->			

By signing below, I attest to the following: (1) I have performed a physical inspection and visual sweep of the entire vehicle from front to back, including all rows and seats, (2) All children safely exited the vehicle and are accounted for, and (3) No children were left in the vehicle.

Signature of Driver/Date _____
Signature of 2nd Staff Member/Date _____

Additional Resources

In addition to the Department's website, there are many other websites which provide valuable information about health, safety and nutrition. Here is a list of websites that may be useful.

- Center for Disease Control
<http://www.cdc.gov/>
- US Dept of Health
<http://www.hhs.gov/>
- FL Dept of Health
<http://www.doh.state.fl.us/>
- National Resource Center for Health and Safety in Child Care and Early Education
<http://nrckids.org/resources/list.htm>
- Consumer Product Safety Commission
http://www.cpsc.gov/cpscpub/pubs/pub_idx.html
- Poison Control
<http://www.fpicn.org/>
- Florida Highway Patrol: Child Passenger Safety
<http://www.fhp.state.fl.us/CPS/>
- MyPlate
<http://www.choosemyplate.gov/>
- Federal Food Program
http://www.frac.org/html/federal_food_programs/programs/cacfp.html
- Florida Food Program
<http://www.doh.state.fl.us/family/ccfp/index.htm>
- National Network for Child Care
<http://cyfernet.ces.ncsu.edu/nbcc/>