Foundations For SUCCESS

CCDF Topics for Pre-Service Training

Self-Study Packet

This program is offered by Care About Childcare to accommodate child caregivers who choose to fulfil their required CCDF pre-service training topics by self-study. If you are a new caregiver additional topics are required by Child Care Licensing.

This training is not applicable to the Professional Development or CDA Program requirements.

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BUILDING & PREMISES SAFETY

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

Be sure that any building or outdoor play structure that was constructed before 1978 and has peeling, flaking, chalkng, or failing paint is tested for lead based paint. If lead based paint is found, you need to contact your local health department and follow all their required procedures to eliminate the lead based paint hazard. Outdoor play equipment must not be placed on hard surfaces such as cement, asphalt, or packed dirt and must have a use zone around the equipment. This will protect the children from serious injuries, especially head injuries, if they fall from the equipment. The outdoor play equipment should be routinely checked to be sure there are no strangulation, entrapment, crush, or shearing hazards. The equipment should also be checked for sharp edges.

For regulated providers a four-foot fence is required to protect the children from vehicular traffic.

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

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

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

Reference

____________________
Utah Child Care Licensing rules
EMERGENCY PREPAREDNESS

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

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

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

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

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

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

**What you will do if there is an earthquake** - Don't leave the facility until the shaking stops. Have everyone (including you) "Drop, Cover, and Hold On" until the shaking stops. This means everyone makes themselves as small a target as possible and protects their heads, necks, and chests by taking cover under a sturdy desk or table near an interior wall and covering their heads with their hands and arms.
What you will do if there is a power failure - Have flashlights with fresh batteries and know when you need to re-locate. Call and report the situation.

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

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

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

- **If there is a terrorist threat** - Listen to messages from the Homeland Security Alert system and adjust your activity level based on the color of the threat alert.

- **If there is an armed intruder** - Call 911. Try to get the children to a safe place. Do not try to confront the intruder.

- **If there is a hostage situation** - Call 911. Don't try any sort of rescue. Pay attention to the captor(s), try to get the details of what they want and accommodate them.

- **If there is a possible bomb** - Any unknown package could be a bomb. If you have any reason to believe a package is a bomb, evacuate immediately and call 911.

- **If there is a bomb threat** - Such threats usually come by phone call. Try to get as much information as possible from the caller. Then evacuate and call 911.

What to do if there is a lock-down - When there is a threat or a potential threat to the children’s safety, the police or government officials may impose a lock-down. This is usually a result of police activity in the vicinity of your facility. During a lock-down, all children must be supervised indoors and no one can enter or leave the facility. Let parents know when there is a lock-down and remind them they can't pick up or drop off their children until the lock-down is over.
Where will you go if everyone has to leave the facility? When the disaster is widespread and/or your facility is not a safe place, it will be necessary to re-locate everyone. Know where you will take the children if this happens. Have an evacuation plan that includes how to get to the re- location site and the method of transportation that will be used to get there. Be sure the parents know the re-location site. Have a plan for supervising the children on the way to the site and while at the site. Take contact information with you. Be sure you have a cell phone or another way to communicate with the parents and let them know where you are and the plan for reuniting with their children.

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

![Emergency Kit Image]

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

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

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

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

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

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

**If you work at a child care facility, you should find out what the emergency plan is for your facility, who you should report to and what your personal assignment is during an emergency.**

**References**

- Utah Child Care Licensing rules
- shakeout.org
HANDLING & STORAGE OF HAZARDOUS MATERIALS AND PROPER DISPOSAL OF BIO-CONTAMINANTS

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

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

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

When handling hazardous materials:

- Don't mix household products. It may produce a violent reaction. For example, mixing ammonia and bleach can create toxic fumes.

- Read the label and all directions before using a new product containing hazardous chemicals. Some shouldn't be used in a small, confined space so dangerous vapors are not inhaled. Some shouldn't be used without gloves and eye protection so the chemicals don't touch the body.

- Never smoke when using hazardous materials. Don't use hair spray, cleaning solutions, paint products, or pesticides near the open flame of an appliance, pilot light, lighted candle, wood burning stove, etc. Although you can't see them, vapor particles in the air could catch fire or explode.
You are required to have all hazardous materials inaccessible to children in care. In addition to making them inaccessible you should also:

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

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

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

Reference
How to Store Hazardous Materials
Be Informed – Hazardous Materials, Utah.gov Services
CPR/FIRST AID

The key aims of first aid and CPR can be summarized in three key points, sometimes known as 'the three P's':

- **Preserve life**: the overriding aim of all medical care which includes first aid and CPR, is to save lives and minimize the threat of death.
- **Prevent further harm**: this covers both external factors, such as moving a patient away from any cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous.
- **Promote recovery**: first aid also involves trying to start the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

You should know the names of the people in your child care facility or home that are certified in first aid and CPR. When an injury or incident happens, if you are not personally certified, you can call for a trained co-worker to assist you. For emergencies, a key component of providing proper care is to summon the emergency medical services (usually an ambulance), by calling 911. While waiting, those trained to perform first aid can act within the bounds of the knowledge they have. Those who are not able to perform first aid can assist by remaining calm and staying with the injured or ill person.

References

Wikipedia
TRANSPORTATION & CHILD SAFETY

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

Be sure you:

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

Be sure the children:

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

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

References
Utah Child Care Licensing Rules
Daycare.com
RECOGNIZING & REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

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

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

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

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

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

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

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

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

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

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

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

The best way to stop abuse and neglect is to report it. Stay alert to the early signs and symptoms and take the first step to help the children and their families.
To make a report you don't need proof, you only need a reason to believe abuse or neglect has occurred or is occurring.

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

References
RECOGNIZING HOMELESSNESS

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

- Share housing due to “loss of housing, economic hardship, or a similar reason”
- “Live in motels, hotels, trailer parks, or campgrounds due to lack of adequate alternative accommodations”
- Live in “emergency or transitional shelters”
- Are “awaiting foster care placement”
- Have a primary nighttime residence that is not designed or intended for human sleeping accommodations (e.g. park benches, etc.)
- Live in “cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations...”

In Utah, 15,808 children under the age of six have been identified as homeless. More than half of the children living in shelters and transitional housing in Utah are under the age of 5.

HOW DO YOU KNOW?
Sometimes it is hard to know if a child in your care is homeless. Families will not always self-identify, often due to fear, shame, and embarrassment. Simply asking a family if they are homeless is not a good strategy. Providers should ask families to describe their living situation and whether that situation is permanent. Providers should also offer options to choose from, such as car, motel, shelter or living temporarily with family or friends.

Potential signs that a child may be homeless include: poor health and nutrition, unmet medical and dental needs, chronic hunger (may hoard food), fatigue, poor hygiene, lack of showers or baths, wearing the same clothes for several days, poor self-esteem, extreme shyness, difficulty socializing and trusting people, aggression, protective of parents, and anxiety late in the day. Parents or children can make statements like: “We’ve been moving around a lot.” “Our address is new; I don’t remember it.” “We are staying with relatives until we get settled.” “We are going through a bad time right now.”
WHAT IS REQUIRED?

Child Care Providers are required to be in compliance with the McKinney-Vento Act when enrolling homeless children who meet the definition provided.

One requirement is that the facility can enroll homeless children without documentation required by other children, including immunization records. The family has 90 days after enrollment to provide the records needed.

The provider could create a special form that collects only the essential information needed to enroll or apply, such as names and birthdates. The information should be self-reported by the family and could include a signed affidavit and clearly defined expectations of what documentation is still needed and when it must be submitted.

HOW CAN YOU HELP?

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

Active listening, providing information, modeling a sense of humor and fun, showing enthusiasm, instilling hope, and questioning are some techniques useful for helping a child who is homeless to stabilize.

**Active Listening.** Active listening is perhaps the most important technique that you can use. Active listening with children may involve:

-- Encouraging the expression of feelings;
-- Acknowledging the real loss or tragedy experienced by a family;
-- Reflecting feelings expressed by the child;
-- Normalizing the child’s reactions;
-- Conveying acceptance of the child, but not of destructive behaviors;
-- Reframing the child’s statements or behaviors to emphasize the positives;
-- Focusing on the "here and now";
-- Confronting inconsistencies in child statements or behaviors in tactful ways;
-- Summarizing and bringing closure to emotional topics.

**Providing Information.** Information about community resources can be helpful. Also, assistance in accessing those resources (such as access to a computer) can help families.
**Modeling a Sense of Humor and Fun.** Some children need to be able to relax and take themselves and their situations less seriously. Showing a sense of humor about one's own mistakes lets children know that no one is perfect and that laughter is sometimes the best medicine.

**Showing Enthusiasm.** The caregiver's enthusiasm promotes feelings of enthusiasm in a child. The child can begin to gain confidence in their own abilities to resolve a crisis when they see the caregiver as someone who believes they can do so, too.

**Instilling Realistic Hope.** The caregiver’s own ability to instill hope in a child is a critical variable in motivating children to try new coping strategies. Instilling realistic hope requires helping the child to see his or her strengths. Encouraging the child to try new approaches imparts hope.

**Questioning.** In periods of crisis, it is important for children to be able to organize their thoughts. Asking questions is one way to help children start thinking clearly again. For example, "What have you already tried?" and "What do you want to try next?" are questions that can lead children toward a better alternative.

Child care providers should also proactively offer multiple options for parents to check in on their children throughout the day, particularly for families who are new to child care. Homeless families may find it especially difficult to entrust their children to child care providers because of previous negative experiences with other service providers or their trauma histories. Allowing parents to call in or to visit the classroom as desired, and to be offered these options from the moment of first engagement, may allay some of these fears.
RESOURCES FOR HOMELESS FAMILIES

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

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

References:
www.HomelessChildrenAmerica.org,
“Supporting Children and Families Experience Homelessness:  CCDF State Guide”, naehcy.org
National Center for Homeless Education
National Alliance to End Homelessness
Utah Comprehensive Report on Homelessness
PREVENTING SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA

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

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

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

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

1. Check the baby's physical needs. Is the baby hungry? Is the baby thirsty? Does the baby need to be burped? Is the baby too hot or too cold? Does the baby have a wet or dirty diaper? If any of these are the case, remedy the situation.

2. Check the baby for signs of illness or fever. If you think the baby may be sick, seek medical attention.

3. If the baby's physical needs are met and the baby doesn't appear to be sick, try any or all of the following calming techniques:
   • Swaddle the baby.
   • Use "white noise" or rhythmic sounds like a vacuum cleaner or a washing machine.
   • Offer the baby a pacifier.
   • Sing or talk to the baby.
   • Gently swing or rock the baby.
   • Put the baby in a car seat and take him/her for a ride in the car.
   • Take the baby for a walk in a stroller.
   • Hold the baby close and breathe calmly and slowly.

4. If the baby is still crying, try one or all of the following coping techniques:
   • Call a doctor for support or medical advice.
   • Call a friend or relative for support.
   • Have someone come over and give you a break.
   • Put the baby in a safe place like a crib then close the door and check back when you are calm.

Remember it's OK to leave the baby in a safe place and take time to calm down. Leave the room. Shut the door. Take a few deep breaths. Then try the calming and coping techniques again.
Your plan can help prevent Shaken Baby Syndrome, which is a form of abusive head trauma and inflicted traumatic brain injury. It is a preventable and severe form of physical child abuse.

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

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

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

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

References

CalmACryingBaby.org
Centers for Disease Control and Prevention
SAFE SLEEP PRACTICES
REDUCING THE RISK OF SIDS (Sudden Infant Death Syndrome)

Safe sleep practices include:

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

- Never place infants to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions. Be sure the infant sleep equipment is in an area that is always smoke free.

- Always place infants on their backs for sleeping.

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

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

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

- Supervise sleeping infants by having them sleep in a location where you can see and hear them or by doing an in-person observation at least once every 15 minutes.
• Using safe sleep practices will reduce the risk of SIDS (Sudden Infant Death Syndrome).
• SIDS is the leading cause of death for infants between 1 month and 12 months of age.
• SIDS is most common among infants between 1 and 4 months of age.
• SIDS is not caused by immunizations or vomiting or choking.

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

Reference
American Academy of Pediatrics
CONTROLLING THE SPREAD OF DISEASES

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

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

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

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

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

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

**Separate children by using space wisely.** Maintain distances between sleeping areas, mats, cribs or cots.
Reduce the risk of food borne illnesses by doing the following:

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

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

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

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

Reference
health.utah.gov/epi/
U.S. Food and Drug Administration - Protecting and Promoting Your Health
MEDICATION STORAGE & ADMINISTRATION

If your program administers medications to children in care, there are some precautions and guidelines to follow:

- Label all over-the-counter and prescription medications with the child's name and keep them in the original or pharmacy container with the original label and child-safety caps.
- Store all medications and vitamins out of children's reach. Medications should be in a dark, dry place. Medications should not be stored above the kitchen sink or in the bathroom.
- Keep refrigerated medication in a waterproof container to avoid contamination between food and the medication.
- Throw away medications that are no longer being used, have an expiration date that has passed, and/or do not have a label.

Licensed facilities are required to have written permission from the parent before administering any over-the-counter or prescription medication to children in care (except during an emergency, when verbal permission is acceptable). The written permission should include:

- the name of the child
- the name of the medication
- written instruction for the administration that includes:
  - the dosage
  - the method of administration
  - the times and dates to be administered
  - the disease or condition being treated
  - the parent's signature and the date signed
Before giving medication:
   1. Wash and dry your hands.
   2. Check prescription labels to be sure the medication is for the right child.
   3. Check expiration dates to be sure the medication has not expired.
   4. Read labels to see the proper dosage.

Then administer the proper dosage of the medication. Record the administration of medication, including date, time, dosage, and name of medication.

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

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

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

References
   Utah Child Care Licensing rules
   Children’s Hospital of the King’s Daughter Health System
NUTRITIONAL NEEDS OF CHILDREN

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

Infants and toddlers should not be on a feeding schedule, but rather fed on demand when they are hungry.

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

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

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

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

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

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

After they are eating rice cereal routinely, give them other iron-fortified cereals. Introduce no more than one new cereal a week so you can watch for any intolerance or allergic reactions.
**6 to 8 months** - Give them breast milk or formula 3 to 5 times a day, decreasing this number as solid foods become their primary source of nutrition.

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

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

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

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

**1 to 12 years old** - Feed them three meals and two snacks a day. Be sure to include at least 6 servings of breads and grains, 3 servings of vegetables, 2 servings of fruit, 2 servings of milk products, and 2 servings of meat. At 2 or 3 years of age you can replace whole milk with 2%, low fat, or skim milk.

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

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References

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

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

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

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

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

After eating a food he/she cannot tolerate the child may:
- get gas, cramps, or bloating
- have heartburn or a headache
- appear irritable or nervous

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

Avoid or cut back on the amount or times you serve children food they cannot tolerate.
A food allergy happens when the immune system mistakes something in the food as harmful and attacks it. It can affect the whole body, not just the stomach.

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

After eating a food to which a child is allergic the child may have:
• a rash, hives, or itchy skin
• shortness of breath
• chest pain, a sudden drop in blood pressure, trouble swallowing or breathing

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

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

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

Never serve children food to which they are allergic.

Reference
Web MD - food allergy or intolerance
PHYSICAL ACTIVITY

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

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

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

Physical activity is essential for children's growth and development. It improves cardiovascular and bone health and has been linked to improved mood, attention, and cognitive performance. Often the only time children are physically active is when they are in your care.
Children need to play outside, even in winter months. Some of the benefits of outside time for children are:

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

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

**References**
National Association for Sport and Physical Education
Why Children Need to Play Outside - Even in Winter Months, Mommies Magazine
CARING FOR CHILDREN WITH SPECIAL NEEDS

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

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

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

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

When the children have developmental delays:

- Teach in small steps.
- Give clear directions, speak slowly and clearly, and use only a few words. Physically move the children through the task so they can feel what to do. Stand or sit close to the children and help them when necessary.
- Label things with pictures and words. Give advance notice of transitions.
- Work with agencies and personnel who provide specialized services.
When the children have speech and language delays:
- Be a good listener and observer.
- Engage infants and toddlers in conversation by learning their sounds, gestures, facial expressions, and body language.
- Give directions in simple sentences.
- Sing songs, read books, and act things out to encourage language development. Talk about what you are doing.
- Ask the children specific questions about what they are doing.
- Build on what the children say by repeating it and adding new information.
- Praise the children's efforts at communication, even when they aren't exactly accurate.

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

When the children have physical/neurological disabilities:
- Re-arrange the physical space so there are no obstacles that prevent the children from moving around and pathways are wide enough to accommodate wheelchairs.
- Help the children with activities they can't do by themselves.
- Learn proper positioning techniques and how to use and care for special equipment. Try to experience the disability yourself so you can get a better perspective.
- Work closely with other agencies and personnel who provide specialized services.
- If the children can't use outdoor play equipment, have other activities like blowing bubbles or flying kites available.
When the children are deaf or hard of hearing:
- Learn how to use and care for hearing aids or other special equipment. Support the children's social interactions.
- Be sure you have the children's attention before talking to them.
- Face the children and speak to them in full sentences.
- Use visual clues such as pictures and gestures as you talk to them.
- Teach the children a special signal to use when they don't understand something. If the children use sign language, learn some common symbols.
- Give the children opportunities to talk.

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

Reference
Inclusion of Children with Disabilities of Other Special Needs, Child Action, Inc.
Foundations for Success Quiz

Please fill in all of the following information and answer the questions on the quiz. Return this quiz to your local Care About Childcare (contact information below). You must receive a score of 90% to pass. You will be allowed to retake the quiz until you pass. You will receive an email certificate that you can show to licensing to get credit for this training. (Paper certificates available only upon request.)

Name

Address

City_________________ Zip Code__________________

Phone Number_________________ Date of Birth__________________

E-mail address

Name of Program

Position

How many hours did it take you to complete this training, including this quiz? __________

1. Caring for children with special needs:
   a. can be done by making some accommodations for them
   b. is detrimental to other children in care
   c. requires a total renovation of your home
   d. conflicts with ADA requirements

2. When a baby has been crying for a long time it’s OK for you to leave the baby in a safe place and take time to calm down.
   a. True
   b. False

3. Before giving a child medicine you should:
   a. Wash and dry your hands.
   b. Check prescription labels to be sure the medication is for the right child.
   c. Read labels to see the proper dosage.
   d. All of the above
4. When transporting children be sure they:
   a. Wear an appropriate individual safety restraint.
   b. Remain seated while the vehicle is in motion.
   c. Leave the vehicle from the curb side of the street.
   d. All of the above

5. Which of the following is NOT a useful technique for helping a child who is homeless?
   a. Active listening
   b. Asking personal questions which may embarrass him
   c. Instilling hope
   d. Modeling a sense of humor and fun

6. If you are not certified to provide first aid or CPR you should:
   a. remain calm and stay with the injured or ill person
   b. call 911
   c. call for a certified co-worker to assist you
   d. all of the above

7. How should infants under one year of age be put to sleep?
   a. On their backs
   b. On their tummies
   c. In a chair
   d. It doesn’t matter

8. Shelter-in-Place spaces should be:
   a. in the interior of your facility
   b. away from glass that may shatter
   c. both a and b
   d. neither a or b

9. The most common food to which children have an intolerance is:
   a. peanuts
   b. wheat
   c. pecans
   d. milk

10. At what age should you stop feeding children formula and/or breast milk?
    a. 6 months
    b. 18 months
    c. 12 months
    d. 24 months
11. What do the “Three P’s” of first aid and CPR stand for?
   a. Preserve life, Prevent further harm, Promote recovery
   b. Pretend to know what you’re doing, Play around, Prepare for the worst
   c. Peer support, Plan for emergencies, Predict hazardous situations
   d. None of the above

12. It is safe for infants to sleep in:
   a. cribs, bassinets, and/or porta-cribs
   b. adult beds
   c. car seats
   d. sofas

13. You should store household cleaners:
   a. in high cabinets
   b. in locked cabinets
   c. in the cabinets under the kitchen sink
   d. a and b

14. You can tell a hazardous material by its unusual odor.
   a. True
   b. False

15. Outdoor play equipment must not be on:
   a. cement
   b. asphalt
   c. packed dirt
   d. all of the above

16. Children should not go outside in the winter months.
   a. True
   b. False

17. How long after enrollment does a family who is currently homeless have to provide immunization records?
   a. 90 days
   b. 60 days
   c. 30 days
   d. No time; immunization records are required immediately upon enrollment

18. It can be life-threatening if a child eats a food to which he/she is allergic.
   a. True
   b. False
19. Which of the following calming techniques may make a baby stop crying?
   a. gently swinging or rocking the baby
   b. taking the baby for a walk in a stroller
   c. singing or talking to the baby
   d. all of the above

20. It’s okay to transport children in the back of a pick-up truck.
   a. True
   b. False

21. Child-resistant caps make the medication impossible for the child to open.
   a. True
   b. False

22. What should you teach children to do in the event of an earthquake?
   a. Get out of the house
   b. Stand in the doorway
   c. Stop, Drop, and Roll
   d. Drop, Cover, and Hold On

23. What is the single most important way to control the spread of communicable diseases?
   a. Clean and disinfect all toys at least weekly
   b. Wash your hands
   c. Don’t allow children to share hairbrushes
   d. Require all children to have current immunizations

24. If you suspect that a family is homeless you should:
   a. Ask the parents if they are homeless
   b. Wait until the parents leave and ask the child
   c. Drive past the homeless shelter and look for the family
   d. Ask the family to describe their living situation and if it’s permanent

25. The bathroom medicine cabinet is the best place to store medications.
   a. True
   b. False

26. Feed babies who are less than 4 months old:
   a. only formula and/or breast milk
   b. cereal mixed with formula and/or breast milk
   c. baby food
   d. whatever you are having

27. Be sure you have proof before you report child abuse or neglect.
   a. True
   b. False
28. To reduce the risk of food-borne illnesses:
   a. Cook food to the right temperature.
   b. Separate raw meats from other foods.
   c. Refrigerate all foods promptly.
   d. All of the above

29. If you suspect a child is being abused or neglected and you don’t report it you can go to jail for up to 6 months and/or receive a $1,000 fine.
   a. True
   b. False

30. The leading cause of death for infants between 1 month and 12 months of age is:
   a. choking
   b. drowning
   c. SIDS
   d. child abuse

Submit your completed test (by mail, email, or in person) to your local Care About Childcare agency:

CARE ABOUT CHILD CARE - UTAH STATE UNIVERSITY
Serving Box Elder, Cache and Rich Counties
6510 Old Main Hill
Logan, Utah 84322-6510
Phone: 435-797-1552
1-800-670-1552
Fax: 435-797-8047
childcare.help@usu.edu

CARE ABOUT CHILDCARE - WEBER STATE UNIVERSITY
Serving Weber, Davis and Morgan Counties
1351 Edvalson St Dept 1309
Ogden, Utah 84408-1309
Phone: 801-626-7837
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CARE ABOUT CHILDCARE - CHILDREN’S SERVICE SOCIETY  
Serving Salt Lake and Tooele Counties  
655 East 4500 South #200  
Salt Lake City, Utah 84107  
Main Phone: 801-355-4847  
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800 W University Parkway – 163 ATTN: Jo Francis  
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Price, Utah 84501  
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1-888-637-4786  
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CARE ABOUT CHILDCARE – FIVE COUNTY  
Serving Beaver, Garfield, Iron, Kane, Millard, Piute, Sanpete, Sevier, Washington, and Wayne Counties  
88 East Fiddlers Canyon Rd. Suite H  
Cedar City, UT 84720  
800-543-7527  
Fax: 435-865-6902  
kim@childcarehelp.org

Please share this packet with a friend or return to your local Care About Childcare if you no longer wish to keep it.