

**Iowa Child Care
Health and Safety Assessment
Health Policy Reference Sheet**

HEALTH AND SAFETY WRITTEN POLICY.¹

Child care providers are required to have written policies to govern the practices and procedures conducted in child care. The child care health consultant is responsible for assessing the written policies using standard criteria. The best practice standards are taken from Stepping Stones to Using Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition, 2002.

1. CARE OF MILDLY ILL OR TEMPORARILY DISABLED CHILDREN

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (8-9 criteria)

- 109.10** Health and Safety Policies. Does the center have written policy regarding excluding sick children from the center?
- 109.19(2)** Medical and dental emergencies. Does the center have written policy regarding authorization and seeking emergency medical or dental care?
- 109.10(3)** Medications. Does the center have written policy regarding administration of medication (over-the-counter and prescribed)?
- 109.10(4)** Daily Contact. Does the center have written policy regarding each child having direct contact with a staff person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior which may adversely affect the child or the group?
- 109.10(5)** Infectious Disease Control. Does the center have written policy related to infectious disease control and the use of universal precautions when handling any body excrement or discharge, including blood and breast milk?
- 109.10(5)** Infectious Disease Control. Does the center have written policy regarding disposal of soiled diapers in containers separate from other waste?
- 109.10(6)** Quiet Area for Ill or Injured. Does the center have written policy regarding provision of a quiet area under supervision for a child who appears to be ill or injured?
- 109.10(6)** Quiet Area for Ill or Injured. Does the center have written policy regarding notification of the parents or designated person when there is a change in the child's health status in the event of a serious illness or emergency?

Get-Well Centers: If the center is licensed as a get-well center then the following policy is required:

- 109.14(2)** Health policy. Does the center have health policy regarding triage of ill children and securing health related services including emergency services?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (2 criteria)

- 110.5(1)u.** Does the provider have written policies regarding the care of mildly ill children and exclusion of children due to illness and

¹ The CCHC shall use the Iowa Department of Human Services child care regulations and the reference text, "Caring for Our Children, National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care. 2nd Edition. 2002.

shall inform parents of these policies? (This specific policy reference is repeated in several health policy items)

110.5(1)v. Does the provider have written policy and procedures for responding to health-related emergencies? (This specific policy reference is repeated in several health policy items)

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Health, Adult and Child Practices for Health Promotion and Protection. Page 16-17.

4. Does the facility have written policy regarding the care of ill children and sending children home due to illness?

STEPPING STONES TO CARING FOR OUR CHILDREN (6 criteria)

Standard 1.009 PRESERVICE AND ONGOING STAFF TRAINING. Pages 4-5

Does the center have written policy regarding staff training on prevention of communicable disease spread? In addition to the credentials listed in STANDARD 1.014, prior to employment, a director of a center or a small family child care home network enrolling 30 or more children shall provide documentation of at least 26 clock hours of training in health, psychosocial, and safety issues for out-of-home child care facilities.

Small family child care home providers shall provide documentation of at least 12 hours of training in child development and health management for out-of-home child care facilities prior to initiating operation.

All directors and caregivers shall document receipt of training that revisits the following topics every 3 years:

d) Ways that communicable diseases are spread;

e) Procedures for preventing the spread of communicable disease, including handwashing, sanitation, diaper changing, food handling, health department notification of reportable diseases, equipment, toy selection and proper washing, sanitizing to reduce the risk for disease and injury, and health issues related to having pets in the facility;

g) Common childhood illnesses and their management, including child care exclusion policies;

h) Organization of the facility to reduce the risks for illness and injury;

i) Teaching child care staff and children about infection control and injury prevention.

Standard 3.078 INCLUSIONS AND EXCLUSION OF CHILDREN FROM FACILITIES THAT SERVE ILL CHILDREN. Page 54-55.

Child Care Centers: Is the center licensed as a Get-Well Center in Iowa? If the center IS licensed as a Get-Well Center, does the center have a listing of conditions or symptoms that the center will exclude from attendance? (There are very few child care centers licensed to serve ill children. These centers are licensed as Get-Well Centers. If a center is licensed as a Get-Well Center, then Standard 3.078 applies otherwise this Standard does not apply. The CCHC should ask the director if the center is licensed as a Get-Well Center-most often the answer will be NO.)

Child Development Homes: Does the child care provider care for ill children? If the provider does care for ill children, does the provider have a listing of conditions/symptoms that the provider excludes from attendance?

Standard 3.088 WRITTEN POLICY FOR REPORTING ILLNESS TO THE HEALTH DEPARTMENT. Page 57.

Does the facility have written policy regarding reporting communicable diseases to the local health department? The facility shall have a written policy that complies with the state's reporting requirements for ill children. All communicable diseases shall be reported to the health department. The facility shall have the telephone number of the responsible health authority to whom confirmed or suspected

cases of these diseases, or outbreaks of other communicable diseases, shall be reported, and shall designate a staff member as responsible for reporting the disease.

Standard 6.027 DISEASE RECOGNITION AND CONTROL OF HBV INFECTION. Pages 108-109.

Does the center have written policy regarding inclusion and exclusion of children known to be infected with HBV and the immunization of children with HBV as part of their routine childhood immunizations? Facilities shall have written policies for inclusion and exclusion of children known to be infected with hepatitis B virus (HBV) and immunization of children with hepatitis B vaccine as part of their routine immunization schedule. When a child who is an HBV carrier is admitted to a facility, the facility director or the caregiver usually responsible for the child shall be informed.

Children who carry HBV chronically and who have no behavioral or medical risk factors, such as aggressive behavior (biting and frequent scratching), generalized dermatitis (weeping skin lesions), or bleeding problems shall be admitted to the facility without restrictions.

Testing of children for HBV shall not be a prerequisite for admission to facilities.

With regard to infection control measures, every person shall be assumed to be an HBV carrier. Child care personnel shall adopt standard precautions, as outlined in Prevention of Exposure to Blood, STANDARD 3.026 and STANDARD 3.027.

Toys and objects that young children (infants and toddlers) mouth shall be cleaned and sanitized, as stated in STANDARD 3.036 through STANDARD 3.038.

Toothbrushes shall be individually labeled so that the children do not share toothbrushes, as specified in STANDARD 5.095.

Standard 8.011 CONTENT AND DEVELOPMENT OF THE PLAN FOR CARE OF ILL CHILDREN AND CAREGIVERS. Page 117.

Does the center or home have a written plan for how they will care for children who are ill?

Reference Standard 8.011: The facility's plan for the care of ill children and caregivers shall be developed in consultation with the facility's health consultant. This plan shall include:

- a) Policies and procedures for urgent and emergency care;
- b) Admission and inclusion/exclusion policies. Conditions that require that a child be excluded and sent home are specified in Child Inclusion/Exclusion/Dismissal, STANDARD 3.065 through STANDARD 3.068;
- c) A description of illnesses common to children in child care, their management, and precautions to address the needs and behavior of the ill child as well as to protect the health of other children and caregivers. See Infectious Diseases, STANDARD 6.001 through STANDARD 6.039;
- d) A procedure to obtain and maintain updated individual emergency care plans for children with special health care needs;
- e) A procedure for documenting the name of person affected, date and time of illness, a description of symptoms, the response of the caregiver to these symptoms, who was notified (such as a parent, legal guardian, nurse, physician, health department), and the response;
- f) The standards described in Reporting Illness, STANDARD 3.087 and STANDARD 3.088; and Notification of Parents, STANDARD 3.084 and STANDARD 3.085.

g) Medication Policy. See STANDARD 8.021.

All child care facilities shall have written policies for the care of ill children and caregivers.

Standard 8.022 WRITTEN PLAN AND TRAINING FOR HANDLING URGENT MEDICAL CARE OR THREATENING INCIDENTS.
Page 118.

Does the facility shall have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health of the children?

The following incidents, at a minimum, shall be addressed in the plan:

c) Injuries requiring medical or dental care;

d) Serious illness requiring hospitalization, or the death of a child or caregiver, including deaths that occur outside of child care hours.

The following procedures, at a minimum, shall be addressed in the plan:

a) Provision for a caregiver to accompany a child to the source of urgent care and remain with the child until the parent or legal guardian assumes responsibility for the child;

b) Provision for a backup caregiver or substitute (see Substitutes, STANDARD 1.037 through STANDARD 1.039) for large and small family child care homes to make this feasible. Child: staff ratios must be maintained at the facility during the emergency;

c) The source of urgent medical and dental care (such as a hospital emergency room, medical or dental clinic, or other constantly staffed facility known to caregivers and acceptable to parents);

d) Assurance that the first aid kits are restocked following each first aid incident, and that required contents are maintained in a serviceable condition, by a periodic review of the contents;

e) Policy for scheduled reviews of staff members' ability to perform first aid for averting the need for emergency medical services.

2. CLEANING AND SANITIZING ENVIRONMENT, TOYS, AND EQUIPMENT

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (7 criteria)

109.4(2)b. Required written policies. Does the facility have written policies covering health and safety that include cleaning, sanitizing and disinfecting equipment, surfaces, and toys?

109.4(2)d. Does the facility have a written policy regarding staff orientation to the center's policies and to the provisions of 441—Chapter 109 where applicable to staff?

109.4(2)e. Does the facility have written policy regarding ongoing training and staff development in compliance with professional growth and development requirements established by the department in rule 441—109.7(237A)?

109.4(2)f. Does the facility have a policy regarding making available for review a copy of the center's policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center?

109.10(5) Health and Safety Policies. Infectious disease control. Does the facility have policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge, including blood and breast milk? Soiled diapers shall be stored in containers separate from other waste?

109.10(14) Pets. Does the facility have written policy regarding maintaining animals and pets in a clean and sanitary manner?

109.14(2)a.(1) Health policies. Does the facility have written policy regarding facility sanitation and infection control?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

There are no specific policy requirements for this item.

110.5(1) Health and safety. Are conditions in the home sanitary? (The term "sanitary" is not defined in the IAC.)

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Health-Practices for Maintenance of a Healthful Environment. Page 22, 23.

23. Does the facility have written policy regarding cleaning and sanitation of all surfaces?

STEPPING STONES TO CARING FOR OUR CHILDREN (7 criteria)

STANDARD 3.014 DIAPER CHANGE PROCEDURE. Page 35-37.

Does the provider have written policy regarding cleaning/sanitizing of diaper changing area?

Step 7: Clean and sanitize the diaper-changing surface.

Dispose of the disposable paper liner used on the diaper changing surface in a plastic-lined, hands-free covered can.

Clean any visible soil from the changing surface with detergent and water; rinse with water.

Wet the entire changing surface with the sanitizing solution (e.g. spray a sanitizing bleach solution of 1/4 cup of household liquid chlorine bleach in one gallon of tap water, mixed fresh daily).

Put away the spray bottle of sanitizer. If the recommended bleach dilution is sprayed as a sanitizer on the surface, leave it in contact with the surface for at least 2 minutes. The surface can be left to air dry or can be wiped dry after 2 minutes of contact with the bleach solution.

STANDARD 3.028 ROUTINE FREQUENCY OF CLEANING AND SANITATION. Page 41-42.

Does the provider have written policy regarding timeliness of cleaning and sanitation of the environment, toys and equipment? The routine frequency of cleaning and sanitation in the facility shall be defined. This frequency shall be increased from baseline routine frequencies whenever there are outbreaks of illness, there is known contamination, visible soil, or when recommended by the health department to control certain infectious diseases. All surfaces, furnishings, and equipment that are not in good repair or that have been contaminated by body fluids shall be taken out of service until they are repaired, cleaned, and, if contaminated, sanitized effectively. See the Table outlining frequency of cleaning various items and surfaces in Caring for Our Children, Second Edition, page 106.

STANDARD 3.036 USE OF TOYS THAT CAN BE WASHED AND SANITIZED. Page 42.

Does the provider have written policy regarding types of toys and cleaning/sanitizing of toys? Toys that cannot be washed and sanitized shall not be used. Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion shall be set aside where children cannot access them. They must be set aside until they are washed with water and detergent, rinsed, sanitized, and air-dried by hand or in a mechanical

dishwasher that meets the requirements of STANDARD 4.063 through STANDARD 4.065. Play with plastic or play foods shall be closely supervised to prevent shared mouthing of these toys.

Machine washable cloth toys shall be for use by one individual only until these toys are laundered.

Indoor toys shall not be shared between groups of infants or toddlers unless they are washed and sanitized before being moved from one group to the other.

STANDARD 4.017 PREPARATION AND HANDLING OF BOTTLE FEEDING. Page 61-62.

Does the facility serve infants?

Does the facility have written policy regarding cleaning and sanitizing bottles, nipples (including pacifiers)? Only cleaned and sanitized bottles, or their equivalent, and nipples shall be used. All filled containers of human milk shall be of the ready-to-feed type, identified with a label which won't come off in water or handling, bearing the date of collection and child's full name. The filled, labeled containers of human milk shall be kept frozen or refrigerated, and iron-fortified formula shall be refrigerated until immediately before feeding. Any contents remaining after a feeding shall be discarded. Prepared bottles of formula from powder or concentrate or ready-to-feed formula shall be labeled with the child's name and date of preparation, kept refrigerated, and shall be discarded after 48 hours if not used. An open container of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used.

Unused expressed human milk shall be discarded after 48 hours if refrigerated, or by three months if frozen, and stored in a deep freezer at 0 degrees F. Unused frozen human milk which has been thawed in the refrigerator shall be used within 24 hours. Frozen human milk shall be thawed under running cold water or in the refrigerator.

Human milk from a mother shall be used only with that mother's own child.

A bottle that has been fed over a period that exceeds an hour from the beginning of the feeding or has been unrefrigerated an hour or more shall not be served to an infant.

STANDARD 4.044. MAINTENANCE OF FOOD SERVICE SURFACES AND EQUIPMENT. Page 65.

Does the facility have written policy regarding cleaning and sanitizing food preparation surfaces?

All surfaces that come into contact with food, including tables and countertops, as well as floors and shelving in the food preparation area shall be in good repair, free of cracks or crevices, and shall be made of smooth, nonporous material that is kept clean and sanitized. All kitchen equipment shall be clean and shall be maintained in operable condition according to the manufacturer's guidelines for maintenance and operation. The facility shall maintain an inventory of food service equipment that includes the date of purchase, the warranty date, and a history of repairs.

STANDARD 5.129. DIAPER CHANGING TABLES. Page 89.

Does the facility have written policy regarding cleaning and sanitizing diaper changing surfaces?

The facility shall have at least one diaper changing table per infant group or toddler group to allow sufficient time for changing diapers and for cleaning and sanitizing between children. Diaper changing tables and sinks shall be used only by the children in the group whose routine care is provided together throughout their time in child care. The facility shall not permit shared use of diaper changing tables and sinks by more than one group.

STANDARD 8.036. INFANT FEEDING POLICY. Page 121

Does the facility have written policy regarding the cleaning and sanitizing of all items and surfaces used for infant feeding?

Policies about infant feeding shall be developed with the input and approval of the child's health care provider and the Child Care Nutrition Specialist and shall include the following:

d) Proper handwashing of the caregiver;

e) Use and proper disinfection of feeding chairs and of mechanical food preparation and feeding devices, including blenders, feeding bottles, and food warmers;

3. EMERGENCY PREPAREDNESS

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (9 criteria)

- 109.4(2)** Required written policies. b. Does the provider have written health and safety policy that includes preparation and responding to emergencies?
- 109.4(2)** Required written policies e. Does the provider have written policy regarding staff orientation, development, and ongoing training that addresses first aid and CPR?
- 109.10(2)** Health and safety policies. Medical and dental emergencies. Does the provider written policy regarding collection of sufficient information and authorization to respond to medical or dental emergencies of children?
- 109.10(2)** Medical and dental emergencies. Does the provider have written policy regarding responding to medical or dental emergencies that assures all child care personnel are properly prepared to implement immediate and appropriate response?
- 109.10(9)** First-aid kit. Does the provider have written policy regarding keeping a first-aid kit accessible and supplied at all times?
- 109.10(10)** Recording of incidents. Does the provider have written policy regarding documentation of injury or incidents involving children and sharing of reports with parents?
- 109.10(13)** Field trip emergency numbers. Does the provider have written policy regarding securing and carrying emergency contact numbers for all children when children participate in off-site activities or field trips?
- 109.10(15)** Emergency plans. Does the provider have written policy regarding preparation and response to fire, tornado, flood, intruders into the center, intoxicated parents, lost/abducted children, blizzards, loss of utilities, bomb threats, chemical spills, earthquakes, nuclear contamination (if within a 10 mile distance from nuclear power plant) or other disasters that could create structural damage to the facility or harm to children?
- 109.10(15)** Emergency plans. Does the provider have written policy regarding posting, training of personnel and practicing emergency drills and procedures?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

- 110.5(1)v.** Does the provider have written policy and procedures for responding to health-related emergencies? (This specific policy reference is repeated in several health policy items)

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (2 criteria)

Program Standard 10: Leadership and Management. Criteria – Leadership and Management, Health and Safety Policies and Procedures. Page 36, 37.

- 14. Does the facility have written policy regarding disaster preparedness and emergency evacuation?
- 15. Does the facility have written policy regarding preparedness to medical or dental related emergencies?

STEPPING STONES TO CARING FOR OUR CHILDREN (3 criteria)

STANDARD 8.022 WRITTEN PLAN AND TRAINING FOR HANDLING URGENT MEDICAL CARE OR THREATENING INCIDENTS. Page 118.

Does the facility shall have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health of the children?

The following incidents, at a minimum, shall be addressed in the plan:

- a) Lost or missing child;
- b) Suspected sexual, physical, or emotional abuse or neglect of a child (as mandated by state law);

- c) Injuries requiring medical or dental care;
- d) Serious illness requiring hospitalization, or the death of a child or caregiver, including deaths that occur outside of child care hours.
The following procedures, at a minimum, shall be addressed in the plan:
 - a) Provision for a caregiver to accompany a child to the source of urgent care and remain with the child until the parent or legal guardian assumes responsibility for the child;
 - b) Provision for a backup caregiver or substitute (see Substitutes, STANDARD 1.037 through STANDARD 1.039) for large and small family child care homes to make this feasible. Child: staff ratios must be maintained at the facility during the emergency;
 - c) The source of urgent medical and dental care (such as a hospital emergency room, medical or dental clinic, or other constantly staffed facility known to caregivers and acceptable to parents);
 - d) Assurance that the first aid kits are resupplied following each first aid incident, and that required contents are maintained in a serviceable condition, by a periodic review of the contents;
 - e) Policy for scheduled reviews of staff members' ability to perform first aid for averting the need for emergency medical services.

STANDARD 8.024 WRITTEN EVACUATION PLAN. Page 119.

Does the facility shall have a written policy for reporting and evacuating in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, bomb threat, or other disaster that could create structural damages to the facility or pose health and safety hazards to the children and staff? The facility shall also include procedures for staff training on this emergency plan.

STANDARD 8.026 USE OF DAILY ROSTER DURING DRILLS. Page 119.

Does the facility have written policy regarding the use a daily class roster in checking the evacuation and return to a safe space for ongoing care of all children and staff members in attendance during an evacuation drill? Small and large family home child caregivers shall count to be sure that all children are safely evacuated and returned to a safe space for ongoing care during an evacuation drill.

4. EMPLOYEE HEALTH

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (3 criteria)

109.6(5) Volunteers and substitutes. a.(2) Does the provider have written policy regarding all volunteers and substitutes signing a statement they are free of communicable disease or other health concerns that could pose a threat to the health, safety or well-being of children?

109.9(1) Personnel records. d. Does the provider have written policy regarding every employee completing a physical exam report upon employment and every 3 years there after?

109.10(7) Staff handwashing. Does the provider have written policy regarding staff handwashing?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (0 criteria)

No policies required

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (3 criteria)

Program Standard 10: Leadership and Management. Criteria – Leadership and Management – Personnel Policies. Page 35, 38.

1. Does the facility have written policy regarding health status of employees prior to starting work with children?

7. Does the facility have written policy regarding reducing occupational hazards?

18. Does the facility have written policy regarding employee health status?

STEPPING STONES TO CARING FOR OUR CHILDREN (5 criteria)

STANDARD 1.033 TRAINING ON OCCUPATIONAL RISK RELATED TO HANDLING BODY FLUIDS. Page 15.

Does the facility have written policy regarding exposure to blood/body fluid? The director of a center or a large family child care home caregiver shall ensure that all staff members who are at risk of occupational exposure to blood or other blood-containing body fluids will be offered hepatitis B immunizations and will receive annual training in Standard Precautions. Training shall be consistent with applicable standards of the Occupational Safety and Health Administration (OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens") and local occupational health requirements and shall include, but not be limited to:

- a) Modes of transmission of bloodborne pathogens;
- b) Standard Precautions;
- c) Hepatitis B vaccine, pre-exposure, or post-exposure within 24 hours;
- d) Program policies and procedures regarding exposure to blood/body fluid;
- e) Reporting procedures under the exposure control plan to ensure that all first-aid incidents involving exposure are reported to the employer before the end of the work shift during which the incident occurs.

STANDARD 1.045 PREEMPLOYMENT AND ONGOING ADULT HEALTH APPRAISALS, INCLUDING IMMUNIZATION. Page 19-20.

Does the facility have written policy regarding all staff members having health appraisal before their first involvement in child care work? Health appraisals shall be required every 2 years thereafter, unless the staff member's health provider recommends that this be done more frequently. If a child care provider works also at a different child care facility, a new health appraisal shall be required if there is a question about the results of the previous health appraisal, 2 years have elapsed since the previous health appraisal, or signs of ill health appear. People who work less than 40 hours per month shall be encouraged to have a health appraisal. The appraisal shall identify any accommodations required of the facility for the staff person to function in his or her assigned position. A statement from the health care provider that an appraisal covering the listed areas was completed, and details about any findings that require accommodation shall be on file at the facility.

Health appraisals for paid and volunteer staff members who work more than 40 hours per month shall include at a minimum:

- a) Health history;
- b) Physical exam;
- c) Dental exam;
- d) Vision and hearing screening;
- e) The results and appropriate follow-up of a tuberculosis (Tb) screening using the Mantoux intradermal skin test, one-step procedure. See STANDARD 6.014;
- f) A review and certification of up-to-date immune status (measles, mumps, rubella, diphtheria, tetanus, polio, varicella, influenza, pneumonia, hepatitis A, and hepatitis B). See Immunizations, STANDARD 3.005 through STANDARD 3.007;
- g) A review of occupational health concerns based on the performance of the essential functions of the job. See Occupational Hazards, STANDARD 1.048; and *Major Occupational Health Hazards*, Appendix B;
- h) Assessment of risk from exposure to common childhood infections, such as parvovirus, CMV, and chickenpox;
- i) Assessment of orthopedic, psychological, neurological, or sensory limitations or communicable diseases that require accommodations

or modifications for the person to perform tasks that typical adults can do.

All adults who reside in a family child care home who are considered to be at high risk for Tb, and all adults who work less than 40 hours in any month in child care shall have completed Tb screening as specified in STANDARD 6.014. Adults who are considered at high risk for Tb include those who are foreign-born, have a history of homelessness, are HIV-infected, have contact with a prison population, or have contact with someone who has active Tb. The Tb test of staff members with previously negative skin tests shall not be repeated on a regular basis unless required by the local or state health department. A record of test results and appropriate follow-up evaluation shall be on file in the facility. All adults who work in child care shall be encouraged to have a full health appraisal.

STANDARD 1.046 DAILY STAFF HEALTH ASSESSMENT. Page 20.

Does the facility have written policy regarding on a daily basis, the administrator of the facility or caregiver assessing (visually and verbally) staff members, substitutes, and volunteers for obvious signs of ill health? Staff members, substitutes, and volunteers shall be responsible for reporting immediately to their supervisor any injuries or illnesses they experience at the facility or elsewhere, especially those that might affect their health or the health and safety of the children. It is the responsibility of the administration, not the ill or injured staff member, to arrange for a substitute provider.

STANDARD 1.048 OCCUPATIONAL HAZARDS. Page 20.

Does the facility have written personnel policies that address the major occupational health hazards for workers in child care settings? Special health concerns of pregnant providers shall be carefully evaluated, and up-to-date information regarding occupational hazards for pregnant providers shall be made available to them and other workers. The occupational hazards including those regarding pregnant workers listed in Appendix B, Page 129 (*Major Occupational Health Hazards*) shall be referenced and used in evaluations by providers and supervisors.

STANDARD 5.102 INFORMING STAFF REGARDING PRESENCE OF TOXIC SUBSTANCES. Page 85.

Does the facility have written policy regarding the employer notifying all staff about hazard information, as required by the Occupational Safety and Health Administration (OSHA), about the presence of toxic substances such as asbestos, formaldehyde, or hazardous chemicals in use in the facility? This information shall include identification of the ingredients of art materials and sanitizing products. Where nontoxic substitutes are available, these nontoxic substitutes shall be used instead of toxic chemicals.

5. EXCLUSION OF ILL CHILDREN

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 ((1-2 criteria)

109.4(2) Required written policies. b. and **109.10** Does the provider have written policy regarding exclusion of ill children from care?

FOR GET-WELL CENTERS ONLY: 109.14(2) Health policies. Does the get-well center have written policy regarding what child communicable illnesses will be excluded from care in the get-well center?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

110.5(1) Health and safety. v. Does the provider have written policy regarding responding to health related emergencies?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Health – Adult and Child Practices for Health Promotion and Protection. Page 16.

4. Does the facility have written policy regarding exclusion of ill children?

STEPPING STONES TO CARING FOR OUR CHILDREN (2 criteria)

STANDARD 3.065 INCLUSION/EXCLUSION/DISMISSAL OF CHILDREN. Page 49.

Does the facility have written policy detailing inclusion/exclusion of children due to illness? The parent, legal guardian, or other person the parent authorized shall be notified immediately when a child has any sign or symptom that requires exclusion from the facility. The facility shall ask the parents to consult with the child's health care provider. The child care provider shall ask the parents to inform them of the advice received from the health care provider. The advice of the child's health care provider shall be followed by the child care facility. With the exception of head lice for which exclusion at the end of the day is appropriate, a facility shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exists: a) The illness prevents the child from participating comfortably in activities as determined by the child care provider; b) The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider; c) The child has any of the following conditions: 1) Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility; 2) Symptoms and signs of possible severe illness until medical professional evaluation finds the child able to be included at the facility. Symptoms and signs of possible severe illness shall include · lethargy that is more than expected tiredness, · uncontrolled coughing, · inexplicable irritability or persistent crying, · difficult breathing, · wheezing, or · other unusual signs for the child; 3) Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by Salmonella typhi, Shigella or E. coli 0157:H7. For Salmonella typhi, 3 negative stool cultures are required. For Shigella or E. coli 0157:H7, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative need not be excluded. See also Child-Specific Procedures for Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections, STANDARD 6.023, for additional separation and exclusion information for children with diarrhea; STANDARD 3.066, on separate care for these children; and STANDARD 3.084 and STANDARD 3.087, on notifying parents; 4) Blood in stools not explainable by dietary change, medication, or hard stools; 5) Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration. See also STANDARD 3.066, on separate care for these children; 6) Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms; 7) Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious; 8) Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease; 9) Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of nonpurulent pink eye, exclusion shall be required only if the health authority recommends it; 10) Pediculosis (head lice), from the end of the day until after the first treatment. See STANDARD 6.038; 11) Scabies, until after treatment has been completed. See STANDARD 6.037; 12) Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care. See STANDARD 6.014 and STANDARD 6.015; 13) Impetigo, until 24 hours after treatment has been initiated; 14) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever. See also Group A Streptococcal (GAS) Infection, STANDARD 6.012 and STANDARD 6.013; 15) Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days). See also STANDARD 6.019 and STANDARD 6.020; 16) Pertussis, until 5 days of appropriate antibiotic treatment

(currently, erythromycin, which is given for 14 consecutive days) has been completed. See STANDARD 6.009 and STANDARD 6.010; 17) Mumps, until 9 days after onset of parotid gland swelling; 18) Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members. See STANDARD 6.023 through STANDARD 6.026; 19) Measles, until 4 days after onset of rash; 20) Rubella, until 6 days after onset of rash; 21) Unspecified respiratory tract illness, see STANDARD 6.017; 22) Shingles (herpes zoster). See STANDARD 6.020; 23) Herpes simplex, see STANDARD 6.018. Some states have regulations governing isolation of persons with communicable diseases including some of those listed here. Providers shall contact their health consultant or health department for information regarding isolation of children with diseases such as chickenpox, pertussis, mumps, hepatitis A, measles, rubella, and tuberculosis (3). If different health care professionals give conflicting opinions about the need to exclude an ill child on the basis of the risk of transmission of infection to other children, the health department shall make the determination. The child care provider shall make the decision about whether a child meets or does not meet the exclusion criteria for participation and the child's need for care relative to the staff's ability to provide care. If parents and the child care staff disagree, and the reason for exclusion relates to the child's ability to participate or the caregiver's ability to provide care for the other children, the child care provider shall not be required by a parent to accept responsibility for the care of the child during the period in which the child meets the provider's criteria for exclusion.

STANDARD 8.011 CONTENT AND DEVELOPMENT OF THE PLAN FOR CARE OF ILL CHILDREN AND CAREGIVERS. Page 117.

Does the facility have written policy regarding the care of ill children that addresses exclusion? See STANDARD 1.040 through STANDARD 1.044. This plan shall include:

- a) Policies and procedures for urgent and emergency care;
- b) Admission and inclusion/exclusion policies. Conditions that require that a child be excluded and sent home are specified in Child Inclusion/Exclusion/Dismissal, STANDARD 3.065 through STANDARD 3.068;
- c) A description of illnesses common to children in child care, their management, and precautions to address the needs and behavior of the ill child as well as to protect the health of other children and caregivers. See Infectious Diseases, STANDARD 6.001 through STANDARD 6.039;
- d) A procedure to obtain and maintain updated individual emergency care plans for children with special health care needs;
- e) A procedure for documenting the name of person affected, date and time of illness, a description of symptoms, the response of the caregiver to these symptoms, who was notified (such as a parent, legal guardian, nurse, physician, health department), and the response;
- f) The standards described in Reporting Illness, STANDARD 3.087 and STANDARD 3.088; and Notification of Parents, STANDARD 3.084 and STANDARD 3.085.
- g) Medication Policy. See STANDARD 8.021.

All child care facilities shall have written policies for the care of ill children and caregivers.

6. HANDWASHING FOR INFANTS, CHILDREN, AND EMPLOYEES

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (2 criteria)

109.10(7) Staff hand washing. Does the provider have written policy regarding times and situations when all staff are required to

wash their hands? Staff are to wash hands upon arrival at the center, before eating or conducting any food activity or prep, after diapering a child, before leaving the restroom either with a child or by themselves, before and after administering first aid to a child if gloves are not worn, and after handling animals and cleaning cages.

109.10(8) Children's hand washing. Does the provider have written policy regarding the times and situation when all children are required to have their hands washed? Children are to have hands washed before eating or participating in any food activity, after using restroom or being diapered, and after handling animals.

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

There are no specific regulations about handwashing for child development home providers.

110.5(1) Health and safety. Does the provider have written policy regarding handwashing (related to keeping environment sanitary)?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Health-Adult and Child Practices for Health Promotion and Protection. Page 19.

10. Does the facility have written policy regarding handwashing of personnel and children?

STEPPING STONES TO CARING FOR OUR CHILDREN (2 criteria)

STANDARD 3.020 SITUATIONS THAT REQUIRE HANDWASHING. Page 37.

Does the facility have written policy regarding situations that require handwashing? All staff, volunteers, and children shall follow the procedure in STANDARD 3.021 for handwashing at the following times: a) Upon arrival for the day or when moving from one child care group to another; b) Before and after: · Eating, handling food, or feeding a child; · Giving medication; · Playing in water that is used by more than one person. c) After: · Diapering; · Using the toilet or helping a child use a toilet; · Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores; · Handling uncooked food, especially raw meat and poultry; · Handling pets and other animals; · Playing in sandboxes; · Cleaning or handling the garbage.

STANDARD 3.021 HANDWASHING PROCEDURE. Page 38.

Does the facility have written policy regarding handwashing procedures for children and staff? Children and staff members shall wash their hands using the following method: a) Check to be sure a clean, disposable paper (or single-use cloth) towel is available. b) Turn on warm water, no less than 60 degrees F and no more than 120 degrees F, to a comfortable temperature. c) Moisten hands with water and apply liquid soap to hands. d) Rub hands together vigorously until a soapy lather appears, and continue for at least 10 seconds. Rub areas between fingers, around nail beds, under fingernails, jewelry, and back of hands. e) Rinse hands under running water, no less than 60 degrees F and no more than 120 degrees F, until they are free of soap and dirt. Leave the water running while drying hands. f) Dry hands with the clean, disposable paper or single use cloth towel. g) If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel. h) Throw the disposable paper towel into a lined trash container; or place single-use cloth towels in the laundry hamper; or hang individually labeled cloth towels to dry. Use hand lotion to prevent chapping of hands, if desired.

7. INCLUSION OF CHILDREN WITH SPECIAL HEALTH OR DEVELOPMENTAL NEEDS

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (2 criteria)

109.4(2)c. Required written policies. Does the provider have written policy regarding curriculum development to meet the developmental needs of children?

109.12(3) Policies for children requiring special accommodations. Does the provider have written policy regarding making reasonable accommodations, based on the special needs of a child with a disability?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (1 criteria)

110.5(8) Child files.

a. Does the provider have written policy regarding documentation of special needs of children in the child's file?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Health-Adult and Child Practices for Health Promotion and Protection. Page 20, 21.

12. Does the facility have written policy regarding care of children who require special health related procedures during the time of attending?

STEPPING STONES TO CARING FOR OUR CHILDREN (2 criteria)

STANDARD 7.005 FORMULATION OF AN ACTION PLAN. Page 112.

Does the facility have a written policy regarding providing services according to the child's needs?

The formulation of an action plan, as determined by the child's needs, shall be based on the assessment process specified in STANDARD 7.003 and STANDARD 7.004. Such a plan shall be written and shall be maintained as part of each child's confidential record.

STANDARD 7.016 REVIEW OF PLAN FOR SERVING CHILDREN WITH SPECIAL NEEDS.

Page 113.

Does the facility have written policy regarding serving children with special needs? The plan shall be reviewed at least annually to see if it is in compliance with the legal requirements of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 and is achieving the overall objectives for the agency or facility.

8. MEDICATION ADMINISTRATION, AUTHORIZATION, DOCUMENTATION STORAGE AND HANDLING

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (2 criteria)

109.10 Health and safety policies. (3) Medication. a. Does the provider have written policy regarding dispensing, storage, authorization, and recording of all prescribed and nonprescription medications?

109.10(3)b. Does the provider's written policy about medication specify all medications are to be kept in original containers with accompanying physician/pharmacist's instructions with the label intact and stored so the medication is out of the reach of children?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (6 criteria)

110.5(1)b. Does the provider have written policy regarding storage of medication out-of-reach of children?

110.5(1)d. Does the provider have written policy regarding administration of prescribed medication only with written authorization by child's physician and parent?

110.5(1)d. Does the provider have written policy regarding administration of over-the-counter medications only with written authorization by the child's parent?

110.5(1)d. Does the provider have written policy regarding all medications must be in the original container with directions intact?

110.5(1)d. Does the provider have written policy regarding all medications to be given while at the child development home must be labeled with the child's name?

110.5(1)d. Does the provider have written policy regarding storage and handling of medications?

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 5: Health. Criteria – Health – Adult and Child Practices for Health Promotion and Protection. Page 20, 21.

12. Does the facility have written policy regarding storage, handling and administration of medication to children?

STEPPING STONES TO CARING FOR OUR CHILDREN (2 criteria)

STANDARD 3.081 PERMISSIBLE ADMINISTRATION OF MEDICATION. Page 55.

Does the facility have written policy regarding the administration of medicines? Administration of medications at the facility shall be limited to: a) Prescribed medications ordered by a health care provider for a specific child, with written permission of the parent or legal guardian; b) Nonprescription (over-the-counter) medications recommended by a health care provider for a specific child or for a specific circumstance for any child in the facility, with written permission of the parent or legal guardian.

STANDARD 3.082 LABELING AND STORAGE OF MEDICATIONS. Page 56.

Does the facility have written policy regarding labeling and storage of medication? Any prescribed medication brought into the facility by the parent, legal guardian, or responsible relative of a child shall be dated, and shall be kept in the original container. The container shall be labeled by a pharmacist with: a) The child's first and last names; b) The date the prescription was filled; c) The name of the health care provider who wrote the prescription, the medication's expiration date; d) The manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal; e) The name and strength of the medication. Over-the-counter medications shall be kept in the original container as sold by the manufacturer, labeled by the parent, with the child's name and specific instructions given by the child's health professional for administration. All medications, refrigerated or unrefrigerated, shall have child-resistant caps, shall be kept in an organized fashion, shall be stored away from food at the proper temperature, and shall be inaccessible to children. Medication shall not be used beyond the date of expiration.

9. PHYSICAL ACTIVITY FOR ALL CHILDREN

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (2 criteria)

109.4(2) Required written policies. Does the facility have written policy regarding the

c. Developing a curriculum or program structure that uses developmentally appropriate practices and an activity program appropriate to the developmental level and needs of the children?

109.12(1)c. A balance of active and quiet activities; individual and group activities; indoor and outdoor activity; and staff-initiated and child-initiated activities?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (3 criteria)

110.5(3) Activity program. Does the facility have written policy regarding activity program that includes each of the following:

110.5(3)a. Active play

110.5(3)c. Activities for large muscle development.

110.5(3)d. Activities for small muscle development.

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 2: Curriculum. Criteria – Curriculum. Page 3, 4, 8.

7, 9, 33. Does the facility have written policy regarding time daily physical activity?

STEPPING STONES TO CARING FOR OUR CHILDREN (2 criteria)

STANDARD 2.009 PLAYING OUTDOORS. Page 21.

Does the facility have written policy regarding children have time/opportunity for active play indoors or outdoors? Children shall play

outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants shall be offered opportunities for gross motor play outdoors, as well.

Weather that poses a significant health risk shall include wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service.

Air quality conditions that pose a significant health risk shall be identified by announcements from local health authorities or through ozone (smog) alerts. Such air quality conditions shall require that children remain indoors where air conditioners ventilate indoor air to the outdoors. Children with respiratory health problems such as asthma shall not play outdoors when local health authorities announce that the air quality is approaching unhealthy levels.

Children shall be protected from the sun by using shade, sun-protective clothing, and sunscreen with UVB-ray and UVA-ray protection of SPF-15 or higher, with permission as described in STANDARD 3.081, during outdoor play. Before prolonged physical activity in warm weather, children shall be well-hydrated and shall be encouraged to drink water during the activity. In warm weather, children's clothing shall be light-colored, lightweight, and limited to one layer of absorbent material to facilitate the evaporation of sweat. Children shall wear sun-protective clothing, such as hats, long-sleeved shirts and pants, when playing outdoors between the hours of 10 AM and 2 PM.

In cold weather, children's clothing shall be layered and dry. Caregivers shall check children's extremities for maintenance of normal color and warmth at least every 15 minutes when children are outdoors in cold weather.

STANDARD 8.042 PLAN FOR PROGRAM ACTIVITIES. (This standard is not contained in Stepping Stones, but is contained in Caring for Our Children, Page 355.

Does the facility have a written policy regarding physically activity play? The facility shall have a written comprehensive and coordinated planned program of daily activities based on a statement of principles for the facility that sets out the elements from which the daily plan is to be built. The program of activities shall: a) Address each developmental age group served, that is, infants, toddlers, preschoolers, school-age children, and children with special needs; b) Cover the elements of developmental activities specified in STANDARD 2.001 through STANDARD 2.028; c) Maintain the child: staff ratios described in Child: Staff Ratio and Group Size, STANDARD 1.001 through STANDARD 1.005; d) Provide for incorporation of specific health, development, and safety education activities into the curriculum on a daily basis throughout the year. Topics of health education shall include health promotion and disease prevention strategies, physical, oral/dental, mental, and social health, and nutrition; e) Offer a parent education plan about child health. Such a plan shall have been reviewed and approved by a licensed health professional, who may also serve as the facility's health consultant (see Health Consultants, STANDARD 1.040 through STANDARD 1.044). This plan shall primarily involve personal contacts with parents by knowledgeable caregivers. The parent education plan shall include topics identified in Health Education for Parents, STANDARD 2.065 through STANDARD 2.067, and cover the importance of developmentally appropriate activities. RATIONALE: Those who provide child care and early childhood education must themselves be clear about the components of their program. Child care is a "delivery of service" involving a contractual relationship between provider and consumer. A written plan helps to specify the components of the service and contributes to responsible operations that are conducive to sound child development and safety practices, and to positive consumer relations. The process of preparing plans promotes thinking about programming for children. Plans also allow for monitoring and for accountability. An increasing number of centers and homes are serving children with special needs. Early childhood specialists

and pediatricians agree that cognitive, emotional/social, and physical development are inseparable. The child's health influences all areas of development. Continuity of responsive, affectionate care must be coupled with recognition by the caregiver of the child's developmental phase or stage to provide opportunities for the child to learn and mature through play (31, 32). Young children learn better by experiencing an activity and observing behavior than through didactic training (32). There is a "reciprocal relationship" between learning and play. Play experiences are closely related to learning (33). Parental behavior can be modified by education (33). Parents should be involved with the facility as much as possible. The concept of parent control and empowerment is key to successful parent education in the child care setting (33). Although research has not shown whether a child's eventual success in education or in society is related to parent education, support and education for parents lead to better parenting abilities (33). COMMENTS: Examples of parental health education activities include the following topics: Importance of having a primary health care provider (medical home) for each child; Verbal explanation of principles of personal hygiene; Discussions about the nutritional value of snacks; The importance of implementing effective child passenger and other safety practices; The value of exercise. Examples of child development activities include: Importance of talking and reading to children; Importance of creative play activities; Encouraging children to experience their natural environments. Parents and staff can experience mutual learning in an open, supportive setting. Suggestions for topics and methods of presentation are widely available. For example, the publication catalogs of the National Association for the Education of Young Children (NAEYC) and of the American Academy of Pediatrics (AAP) contain many materials for child, parent and staff education on child development, the importance of attachment and temperament, and other health issues. A certified health education specialist can also be a source of assistance. The American Association for Health Education (AAHE) and the National Commission for Health Education Credentialing, Inc. (NCHEC) provide information on this specialty. Contact information for the NAEYC, AAP, AAHE, and NCHEC is located in Appendix BB.

10. TRANSPORTING CHILDREN SAFELY

CHILD CARE CENTERS, Iowa Administrative Code (IAC) 441-109 (3 criteria)

109.4(2) Required written policies. Does the facility have written policy addressing

b. Developing and implementing transportation policy?

109.8 Staff ratio. Staff ratio during transporting children

f. Does the facility have written policy regarding staff ratio when transporting children?

109.10(12) Transportation.

Does the facility have written policy regarding children be secured in an approved child passenger safety restraint system?

CHILD DEVELOPMENT HOMES, Iowa Administrative Code (IAC) 441-110 (2 criteria)

110.5(1)o. Does the provider have written policy regarding "no smoking" when transporting children?

Does the provider have written policy regarding the transporting of children that requires all children to be safely restrained in an approved child passenger safety restraint system? (This is Iowa law *not* in the Child Development Home Iowa Administrative Code.)

IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA (1 criteria)

Program Standard 10: Leadership and Management. Criteria – Health and Safety Policies. Page 36.

13. Does the facility have written policy regarding the transporting of children using federally approved child passenger safety restraint systems or transporting children using only school buses?

STEPPING STONES TO CARING FOR OUR CHILDREN (2 criteria)

STANDARD 2.030 QUALIFICATIONS FOR DRIVERS. Page 26.

Does the facility have written policy regarding the qualifications for drivers transporting children? Any driver who transports children for a child care program shall be at least 21 years of age and shall have: a) A valid driver's license that authorizes the driver to operate the vehicle being driven; b) Evidence of a safe driving record for more than five years, with no crashes where a citation was issued; c) No record of substance abuse or conviction for crimes of violence or child abuse; d) No alcohol or other drugs associated with impaired ability to drive within 12 hours prior to transporting children. Drivers shall ensure that any prescription drugs taken will not impair their ability to drive; e) No criminal record of crimes against or involving children, child neglect or abuse, or any crime of violence. The driver's license number, vehicle insurance information, and verification of current state vehicle inspection shall be on file in the facility. The center director shall require drug testing when noncompliance with the restriction on the use of alcohol or other drugs is suspected.

STANDARD 2.033 VEHICLE SAFETY RESTRAINTS. Page 26.

Does the facility have written policy regarding use of child passenger safety restraint systems for all children being transported? When children are driven in a motor vehicle other than a bus, school bus, or a bus operated by a common carrier, the following shall apply: · A child shall be transported only if the child is fastened in an approved developmentally appropriate safety seat, seat belt, or harness appropriate to the child's weight, and the restraint is installed and used in accordance with the manufacturers' instructions for the car seat and the motor vehicle. Each child must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags in the back seat; · A child under the age of 4 shall be transported only if the child is securely fastened in a developmentally appropriate child passenger restraint system that meets the federal motor vehicle safety standards contained in the Code of Federal Regulations, Title 49, Section 571.213, and this compliance is so indicated on the safety restraint device; · If small buses or vans have safety restraints installed, children weighing over 40 pounds shall have access to belt-positioning booster seats with lap and shoulder belts. Children weighing under 40 pounds shall use car safety seats; · Vehicles shall accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction. The wheelchair occupant shall be secured by a three-point tie restraint during transport.