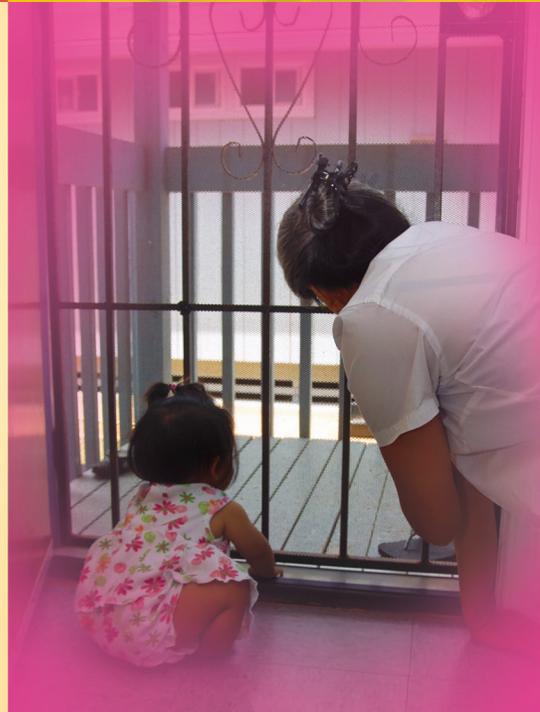




**Basic Health
and
Safety Practices**

Child Care Provider's Guide

 **Learning to Grow**
MAKING A DIFFERENCE TOGETHER



Basic Health and Safety Practices

Child Care Provider's Guide

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ACKNOWLEDGEMENTS

We extend our thanks to the following individuals who helped us with the development of
Basic Health and Safety Practices: Child Care Provider's Guide.

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SUGGESTED CITATION:

Choy, A., Nemoto, M., Fong, G., Tom A., Senaha, D., Macabantad. A., et al. (2017).
Basic health and safety practices: Child care provider's guide (3rd ed.).
University of Hawai'i, Windward Community College, Learning to Grow Project.

The development of this Health and Safety Guide is supported by funding from the
Hawai'i State Department of Human Services through a contract with the Learning to Grow Project,
University of Hawai'i, Windward Community College

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Forward

Children are born with considerable capabilities and an innate capacity to learn, develop, and grow. They depend on their parents and care providers to provide a safe, healthy, and nurturing environment for them to grow and thrive.

The *Basic Health and Safety Practices: Child Care Provider’s Guide* has been prepared for you as a guide to health and safety best practices. This manual is divided into two sections: **1) HEALTH** and **2) SAFETY**. Each section details specific practices and procedures that you can implement in your child care environment to help keep the children in your care healthy and safe, with an emphasis on why these procedures are important. In addition, resources and sample forms are included in the Appendices at the end of this manual. This manual references Department of Human Services Hawai‘i Administrative Rules (HAR) for Infant and Toddler Child Care Centers (IT Chapter §17-895), Family Child Care Homes (FCC Chapter §17.891), Group Child Care Centers and Group Child Care Homes (GCC/GCCH Chapter §17.892.1), Before and After School Care Child Care Facilities (BAS Chapter §17-896), and Child Care Services (CCS Chapter §17-798.3) as indicated by a footnote on applicable pages.

Throughout this manual, the terms “caregiver,” “child care provider,” or “care provider” and “child care environment” or “care environment” are used. The term “caregiver,” “child care provider,” or “care provider” refers to a person who provides child care for a young child between the ages of birth and 5 years. The term “child care environment” or “care environment” refers to the place in which this care is provided; this can be a child care center, a family child care home, a home of the care provider, or the child’s home. In addition, the terms “parent” or “parents” are used. This term refers to any family member or guardian who is responsible for the child.

By familiarizing yourself with, understanding, and utilizing these health and safety practices, you help the children in your care to be safe, healthy, and ready to succeed!



Health

Children are active explorers who use their senses to learn more about their world. They are born with the desire to explore and master their environment and to participate in their own learning. In this process, called *sensory learning*, children will touch, taste, mouth, or chew objects they encounter in an attempt to gather more information about them. Although this is an important process of learning for young children, it has the potential to expose them to germs and infectious illnesses.

As a care provider, you play an important role in creating and maintaining healthy learning environments in which children are safe to explore and learn. When you model good hygiene practices and a healthy lifestyle, children are more likely to engage in them as well. When you create multiple opportunities for children to talk about and practice these healthy habits and skills, you help to teach them important ways to keep themselves healthy for life.

This Health unit includes information on:

- **KEEPING CHILDREN HEALTHY**
 - *Checking Children's Health Daily*
 - *Immunization*
 - *Common Childhood Illnesses Exclusion Procedures*
 - *Administering Medication*
 - *Nutrition and Physical Activity*
- **HYGIENE**
 - *Hand-Washing Procedures*
 - *Gloving Procedures*
 - *Diaper-Changing Procedures*
 - *Cleaning, Sanitizing, and Disinfecting Procedures*

HEALTH

Keeping Children Healthy

Good health is important to children's growth and development. Healthy children learn and are able to progress to important "next steps" in their development more readily. Because their immune systems—which help them fight against diseases and infections—are not fully developed until the age of seven or eight years old, keeping young children healthy can sometimes be a challenge. Their immature immune systems put them at greater risk for developing illnesses that could delay their development and learning. Immunization is an important tool for keeping children healthy; it is the most important thing parents can do to protect their children from serious infectious diseases and their related complications.

One of the ways to support the health of children in your care is to do a quick health check on each child daily. This regular health check can help you to establish a sense of their normal appearance and behaviors, making it easier to notice changes when they do occur. Other important ways for you, as a care provider, to keep children healthy are to learn more about common childhood illnesses and when it is necessary to separate ill children from others, and to follow the correct procedures for administering medication. Finally, encouraging and modeling healthy eating and exercise helps establish healthy lifestyle habits and can prevent childhood obesity and its related health challenges. Children's good health depends in part on you as their care provider being informed and prepared.

KEEPING CHILDREN HEALTHY

CHECKING CHILDREN'S HEALTH DAILY

Why is it Important?

- **Early identification of illness in children can help the care provider take the appropriate actions to support the child's health needs and reduce the spread of illness or disease to others.**

Procedures:

1. **Perform the Daily Health Check when a child first arrives at your child care environment and when the parent(s) is/are still present. A Health Check can be repeated throughout the day, as necessary.**
2. **Start by getting on the child's eye level.**
3. **LOOK for signs and symptoms of illness:**
 - *Changes in general mood or behavior*
 - *Changes in activity or energy level, listlessness, or difficulty moving*
 - *Runny nose; drainage/discharge from eyes, ears, or open sores*
 - *Skin changes such as a rash, swelling, bumps, or redness*
 - *Scratching, tugging at a part of the body or holding a body part*
 - *Vomiting or diarrhea*
4. **LISTEN to what the parent(s) shares about the child or other illness in the family. Listen for complaints and/or unusual sounds from the child that might indicate he/she is not feeling well:**
 - *Groans*
 - *Continual crying or unusual fussiness*
 - *Wheezing, sneezing, labored breathing*
 - *Hoarseness*
 - *Coughing*



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CHECKING CHILDREN'S HEALTH DAILY

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5. FEEL for a change in the skin that might indicate a fever or dehydration:

- *Moistness*
- *Unusual warmth*
- *Skin does not spring back when slightly pressed*

6. SMELL for unusual odors that might indicate an underlying disease:

- *Fruity sweet breath*
- *Foul breath*
- *Unusual urine or bowel movement odors*

7. Note your observations on the *Daily Health Checklist* (see Appendix A). If you notice any of the above symptoms, the child may be ill and you may need to take the following actions, as appropriate:

- *At the beginning of the day when the parent(s) is/are still present: decide together with the parent(s) on a plan of action to support the child's health. If the child needs to be excluded from care, have the parent(s) take the child home and tend to his/her health needs (see *Common Childhood Illness Exclusion Procedures* resource).*
- *If the child becomes ill during the day: notify the child's parent(s) and decide together how to care for the child. Separate any child who is ill or possibly contagious from others to minimize their exposure. Advise parent(s) that they may need to consult the child's health care provider before the child can return to child care.*
- *Any time you suspect child abuse or neglect, a report must be filed with the Department of Human Services, in accordance with Hawai'i Revised Statutes §350-1.1. (see *Reporting Child Abuse and Neglect* resource).*

HAR §17-891.1-21 (4), §17-891.1-23, §17-892.1-21 (3), §17-892.1-23, §17-895-22 (d), §17-895-23, §17-896-20 (c), §17-896-22 (b) (c)

KEEPING CHILDREN HEALTHY

IMMUNIZATION

Why is it Important?

- Immunization helps to protect children from infectious diseases.
- Vaccination is the safest scientifically proven method for preventing the spread of many devastating diseases.
- For vaccines to be effective, it is important to receive vaccinations in accordance with the vaccination schedule provided by the Centers for Disease Control (CDC).

Procedures:

1. Familiarize yourself with the National Immunization Recommendations and State Immunization Requirements. Refer to the following websites for information:
 - Centers for Disease Control and Prevention Guide, Recommended Immunizations for Children from Birth to Age 6 <http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>
 - State of Hawai'i's Important Notice to Parents: School Health Requirements <http://health.hawaii.gov/docd/requirements-by-grade/school-health-requirements-brochures/>
2. Ensure immunization requirements for your program are consistent with state regulations.
3. Make sure that the child's parent(s) are aware of your health record policy (e.g., immunization, TB clearance, and physical examination) before they register their child to be in your care to help ensure compliance with your requirements.
4. Refer to the *Checking Children's Health Daily* resource to perform a health check on the child in your care.
5. Refer to the *Common Childhood Illness Exclusion Procedures* to determine what to do when you suspect a child may have been exposed to or contracted a vaccine-preventable disease.



HAR §17-891.1-20 (1), §17-892.1-9 (6), §17-892.1-20, §17-895-8 (6), §17-895-20 (3), §17-896-19 (a)

COMMON CHILDHOOD ILLNESSES EXCLUSION PROCEDURES

Why is it Important?

- Separating children who are ill from others reduces the spread of illness or disease.
- Understanding symptoms of common childhood illnesses helps you provide appropriate care for the child.

Procedures:

1. Refer to the *Checking Children's Health Daily* resource to perform a health check on children in care.
2. Look for signs of illness. For more information, refer to fact sheets about common childhood illnesses at <http://health.hawaii.gov/docd/dib/disease/#C>
3. If there are signs of illness, determine if the illness
 - Prevents the child from participating comfortably in activities
 - Requires a need for care that is greater than you can provide without compromising the health and safety of other children or yourself
 - Poses a risk of spreading harmful diseases to others

If any of the above criteria are met, the child should be separated from the rest of the children in care, regardless of the type of illness.

4. Place the child in an area that is clean and safe, and that is within your sight or hearing distance, until the parent(s) arrive.
5. Notify the child's parent(s) about the symptoms of illness and follow your health policies (e.g., ask them to come and pick up the child).



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COMMON CHILDHOOD ILLNESSES EXCLUSION PROCEDURES

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6. When the child's parent(s) arrive(s), advise them that they may need to consult the child's health care provider before the child can return to child care. If necessary, provide the parent(s) with a written communication that may be given to the child's health care provider. The communication should include onset time of symptoms, observations about the child, vital signs and times (e.g., temperature 101.5°F at 10:30 AM) and any actions taken and the time actions were taken.
7. Make sure that all the surfaces, equipment, and toys that the child used have been cleaned and disinfected before others use them (see *Cleaning, Sanitizing, and Disinfecting Procedures* resource).

HAR §17-891.1-23 (d), §17-891.1 (10), §17-891.1-21, §17-892.1-6 (15), §17-892.1-23, §17-892.1-24, §17-895-21 (d), §17-895-23 (a), §17-896-20, §17-896-22

ADMINISTERING MEDICATION

Why is it Important?

- Medication (prescription and over-the-counter) can be crucial to the health and wellness of children, but it can also be dangerous if administered improperly.
- Storage of medication should be in a place inaccessible to children.

Procedures:

1. BEFORE administering medication:

- Ensure parent(s) have completed the Consent for the Administration of Medication Form (see Appendix B).
- Check all information on consent form to ensure accuracy.
- Remove medication from a storage area that is inaccessible to children.
- Wash your hands thoroughly (see Hand-Washing Procedure resource for more information).
- Wear latex-free gloves if applying topical medications or eye and ear drops.
- Recheck and confirm child's name, medication expiration date, time, name of medication, dose, and physician's directions are indicated on the medication.
- Administer medication to the child as prescribed.



2. AFTER giving medication:

- Document the time and date that medication was given and the amount.
- Put medication away in a storage area that is inaccessible to children.
- Wash your hands thoroughly (see Hand-Washing Procedures resource for more information).
- Observe child's response to the medication. If there is any reaction to the medication, document the reaction and call/inform the child's parent(s) immediately and, if necessary, call 911.

HAR §17-891.1-23 (b)(1), §17-892.1-23, §17-895-23 (c), §17-896-22

NUTRITION AND PHYSICAL ACTIVITY

Why is it Important?

- **Childhood obesity has more than doubled in the last 30 years. In 2012, 10.2% of two-to-four-year-old children from low-income families in Hawai'i were obese and another 12.8% were overweight.**
- **Obese children are likely to stay obese into adulthood and develop health problems including type 2 diabetes, bone and joint problems, heart disease, and some forms of cancer.**

Procedures:

1. Use positive and supportive infant feeding methods

- *Support breast feeding exclusively to age 6 months and use proper methods for bottle feeding with breast milk or iron-fortified infant formula.*

2. Serve only nutritious foods & beverages

- *Base meals and snacks on the Child and Adult Care Food Program (CACFP) guidelines.*
- *Avoid foods and beverages with added sugar, salt, or preservatives.*

3. Promote physical activity through active play daily for all children, including infants and children with special needs

- *Place infants in settings that encourage movement, e.g., tummy time, bouncing, rolling over, kicking, crawling. Time spent in restricted seating or swings should be kept to short periods only or avoided.*
- *Toddlers should be allowed 60–90 minutes per 8-hour day of moderate to vigorous active play.*
- *Preschoolers should be allowed 90–120 minutes per 8-hour day of moderate to vigorous active play.*
- *Active play includes indoors and outdoors, planned (i.e., structured), and free play.*
- *Schedule quiet periods for sleep or rest, as sleep deprivation is linked to unhealthy weight gain.*



KEEPING CHILDREN HEALTHY

NUTRITION AND PHYSICAL ACTIVITY

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4. Limit screen time (e.g., television, computers, video games, smartphone/tablet).

- *Children under the age of 2 should have very little or no screen time.*
- *When children do have screen time, it should be used for high-quality interaction, education, or to promote physical activity.*
- *Avoid screens during meal or snack times.*

5. Offer nutrition learning experiences throughout the day, including during meal and snack times

- *Display healthy eating messages. Avoid marketing and branded educational materials that advertise for unhealthy foods.*
- *Encourage participation in hands-on activities, such as food preparation, gardening, taste-testing, and farm visits.*



6. Engage families to support culturally and ethnically diverse healthy lifestyles

- *Collaborate with the parent(s) on the development of nutrition and physical activity plans and policies. Consider the child's ability, preferences, and cultural background when meal planning.*
- *Provide materials on healthy living to families on a regular basis.*

Adapted from Wellness Guidelines for Nutrition and Physical Activity in Hawai'i's Early Care and Education Settings

HAR §17-891.1-25, §17-891.1-13, §17-892.1-26, §17.892.1-13, §17-895-25, §17-895-12, §17-896-24, §17-896-13

HEALTH

Hygiene

Effective hygiene is the key to preventing the spread of germs—infectious bacteria, viruses, etc.—that can cause infectious diseases. Prevention aims to break the chain of transmission of such germs. Good hygiene means targeting hygiene practices at key points and at appropriate times to eliminate germs before they can spread further.

Common sources of infection:

- *PEOPLE who are infected with or carriers of a disease*
- *FOODS especially raw foods or foods that have been improperly prepared or stored*
- *WATER and/or sites that accumulate stagnant water, e.g., sinks, toilets, cleaning tools, facecloths*
- *ANIMALS*

As a care provider, you are in close contact with the children in your care, and it's up to you to make hygiene a priority to create and maintain healthy learning environments for everyone. Consistently practicing good hygiene helps to keep children healthy, able, and ready to learn.

It is important to practice good hygiene habits consistently throughout each day. Whether you are following correct diapering, hand-washing, and gloving procedures to prevent germs, or regularly cleaning, sanitizing, and disinfecting surfaces and toys that children come into contact with, you are not only protecting their health (and yours); you are teaching them healthy habits that will last a lifetime in promoting their own good health.

HYGIENE

HAND-WASHING PROCEDURES

Why is it Important?

- Hand washing is the first line of defense against the spread of germs that cause communicable diseases; it is the single most effective way to prevent infections, and the least expensive.

Procedures:

1. Turn on water.
2. Wet hands with water.
3. Apply soap.
4. Wash and lather hands well for 20 seconds (about as long as it takes to sing the “Happy Birthday” song twice). Make sure to rub the top and inside of hands, under nails, and between fingers.
5. Rinse hands under running water for at least ten seconds.
6. Dry hands with a clean, disposable paper towel.
7. Turn off water using the paper towel.
8. Throw away paper towel in a plastic lined, covered trash container.



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HYGIENE

HAND-WASHING PROCEDURES

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Frequency:

- *Upon arrival*
- *Before and after eating, handling food, or feeding a child*
- *After using the toilet/diapering or helping a child use the toilet*
- *After coughing, sneezing, or coming into contact with bodily fluids (runny nose, blood, vomit)*
- *Before and after using water tables used by more than one person*
- *After outside play*
- *After handling pets or pet waste*
- *Whenever hands are visibly dirty*
- *Before going home*



HAR §17-891.1-34, §17-892.1-35, §17-895-31, §17-896-33

HYGIENE

GLOVING PROCEDURES

Why is it Important?

- **Gloves provide a protective barrier against germs that cause infections.**

Procedures:

1. Wash hands prior to putting gloves on (see *Hand-Washing Procedures* for more information).
2. Put on a clean pair of gloves. Limit opportunities for “touch contamination”: Don’t touch environmental surfaces (e.g., light switches, cabinet knobs) or yourself (e.g., rubbing nose or adjusting glasses) that may contaminate the clean gloves or potentially spread germs to others.
3. Change gloves during use if they become torn or heavily soiled.
4. Remove each glove carefully without touching contaminated surfaces:
 - *Grab the first glove at the palm and strip the glove off.*
 - *Using the remaining gloved hand, ball up the dirty glove.*
 - *With the ungloved (clean) hand, strip the glove off from underneath at the wrist, turning the glove inside out.*
5. Discard the dirty gloves immediately in a plastic lined, covered trash container. Never wash or reuse disposable gloves.



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GLOVING PROCEDURES

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6. Wash your hands after using disposable gloves (see *Hand-Washing Procedures* for more information).

Gloves are recommended under these circumstances:

- *When contact with blood or blood-containing fluids from a child is likely, particularly when your hands have open cuts or sores (e.g., when using first aid for a child's cut, or changing a diaper with bloody diarrhea)*
- *Cleaning surfaces or handling clothes and supplies that have been soiled with blood or contaminated with body fluids, such as vomit, urine, or stool*
- *Caring for oozing skin rashes or lesions*
- *Providing mouth or eye care and special medical procedures such as finger prick for blood glucose test, etc.*

HYGIENE

DIAPER-CHANGING PROCEDURES

Why is it Important?

- **Changing a diaper in a sanitary way is one of the most important ways to prevent the spread of bacteria and other infectious organisms present in the stool and urine.**
- **Frequent diaper changes and adequate skin care protect the child from skin irritations that can be caused by prolonged exposure to urine and fecal matter (stool).**

Procedures:

- 1. Wash your hands (see *Hand-Washing Procedures* resource for more information).**
- 2. Have all necessary supplies within reach in the diaper-changing area. Include these supplies:**
 - *Unused diaper*
 - *Non-absorbent paper liner large enough to cover the changing surface from the child's shoulders to beyond the child's feet or a water-resistant, non-absorbent, smooth surface that does not trap soil and is easily disinfected*
 - *Wipes, dampened cloths, or wet paper towels*
 - *A plastic bag for any soiled clothes*
 - *A thick application of any diaper ointment or other skin care product, to be used only with parent(s)' approval for preventing and treating rashes, removed from the container by using a piece of disposable material such as the non-absorbent paper liner or facial/toilet tissue*
- 3. Place the child on a clean changing surface, away from eating and food preparation areas. Always keep a hand on the child while he/she is on the changing surface.**
- 4. Clean the child:**
 - *Unfasten the diaper, but leave the soiled diaper under the child.*
 - *Lift the child's legs, as needed, to use disposable wipes to clean the child from front to back.*
 - *Use a new disposable wipe each time you wipe the child.*
 - *Put the soiled wipes into the soiled diaper or in a plastic lined, covered trash container.*



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HYGIENE

DIAPER-CHANGING PROCEDURES

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5. Remove soiled diaper and clothing:

- *Fold the soiled surface of the diaper inward.*
- *If clothing was soiled, securely tie the plastic bag used to store the clothing, store in a location inaccessible to children, and send home with parent(s) upon pick-up of child.*

6. Put a clean diaper on the child.

- *Slide a clean unused diaper under the child.*
- *Use a tissue to apply any necessary diaper creams, discarding the used tissue in a plastic lined, covered trash container.*
- *Fasten diaper.*
- *Wipe your hands and the child's with separate disposable wipes.*
- *Finish clothing the child.*

7. Wash your hands and the child's hands (see *Hand-Washing Procedures* resource).

8. Clean and disinfect the diaper-changing surface.

- *Dispose the paper liner in a plastic lined, covered trash container.*
- *Remove any visible soil and clean and disinfect the surface (refer to the *Cleaning, Sanitizing, and Disinfecting Procedures* resource).*

9. Wash your hands (see *Hand-Washing Procedures* resource).

10. Record any abnormal skin or stool conditions (rash; unusual fecal consistency, color, odor, or frequency) in a log for the child's parent(s) to be shared daily.

Note on type of diapers used: *In child care environments, it is recommended that only disposable diapers with absorbent material (e.g., polymers) be used unless the child has a medical reason that does not permit the use of disposable diapers (such as allergic reactions). If cloth diapers are used, the diaper should have an absorbent inner lining completely contained within an outer covering made of waterproof material. An alternative is the use of cloth diapers that incorporate a waterproof cover that is adherent to the cloth material. If a cloth diaper with a separate lining is used, the outer covering and inner lining should be changed together at the same time as a unit and should not be reused in the child care facility. No rinsing or dumping of the contents of cloth diapers should be performed at the child care facility. Soiled cloth diapers should be completely wrapped in a non-permeable material, stored in a location inaccessible to children, and given directly to the parent(s) upon discharge of the child.*

HAR §17-895-30

HYGIENE

CLEANING, SANITIZING, AND DISINFECTING PROCEDURES

Why is it Important?

- **Cleaning, sanitizing, and/or disinfecting surfaces and toys are some of the most important steps that can be taken to reduce the spread of infectious diseases in child care settings.**
- **Using the proper procedures for cleaning, sanitizing, and disinfecting prevents children and care providers from inhaling potentially toxic fumes.**
- **Only U.S. Environmental Protection Agency (EPA) registered products should be used. These products have demonstrated that they are effective in reducing or inactivating germs and it should not cause unreasonable adverse effects on your health or the environment when used according to label instructions.**

Procedures:

1. Determine if the surface or toy requires cleaning, sanitizing, and/or disinfecting.

- *Learn the terms:*
 - **CLEANING** means physically removing all dirt and contamination. The friction of cleaning removes most germs and exposes any remaining germs so that they can be easily removed by a sanitizer or disinfectant.
 - **SANITIZING** means using a product that reduces germs to levels considered safe by public health codes or regulations but does not eliminate them entirely. A sanitizer may be appropriate to use on food-contact surfaces (dishes, utensils, cutting boards, high chair tray), toys that children may place in their mouths, and pacifiers.
 - **DISINFECTING** means using a product that destroys or inactivates germs. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper-change tables, counter tops, door and cabinet handles, and toilet and other bathroom surfaces.

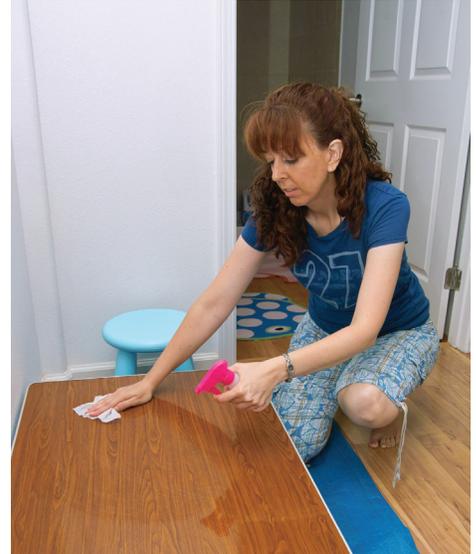


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CLEANING, SANITIZING, AND DISINFECTING PROCEDURES

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2. Refer to *Routine Schedule for Cleaning, Sanitizing, and Disinfecting* (see Appendix C) to determine whether to clean, sanitize, and/or disinfect the surface.
3. Prepare solution for sanitizing or disinfecting:
 - Check the product's label to see if it has an EPA registration number.
 - Enter the EPA registration number at <http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1>
 - You should see the details about the product and beneath that, a PDF document file that shows the dates that this product was registered by the EPA. Click on the PDF document file at the top of the list, which provides the most recently approved instructions for using your product as a sanitizer or disinfectant.
 - When preparing a bleach solution:
 - Select a bottle made of opaque materials (e.g., a non-clear spray bottle).
 - Wear gloves and eye protection.
 - Use a funnel.
 - Add bleach to the water rather than the water to the bleach to reduce fumes.
 - Make sure the room is well ventilated.
 - Never mix or store ammonia with bleach or products that contain bleach.
 - Make a fresh bleach solution daily; label the bottle with contents and the date mixed.



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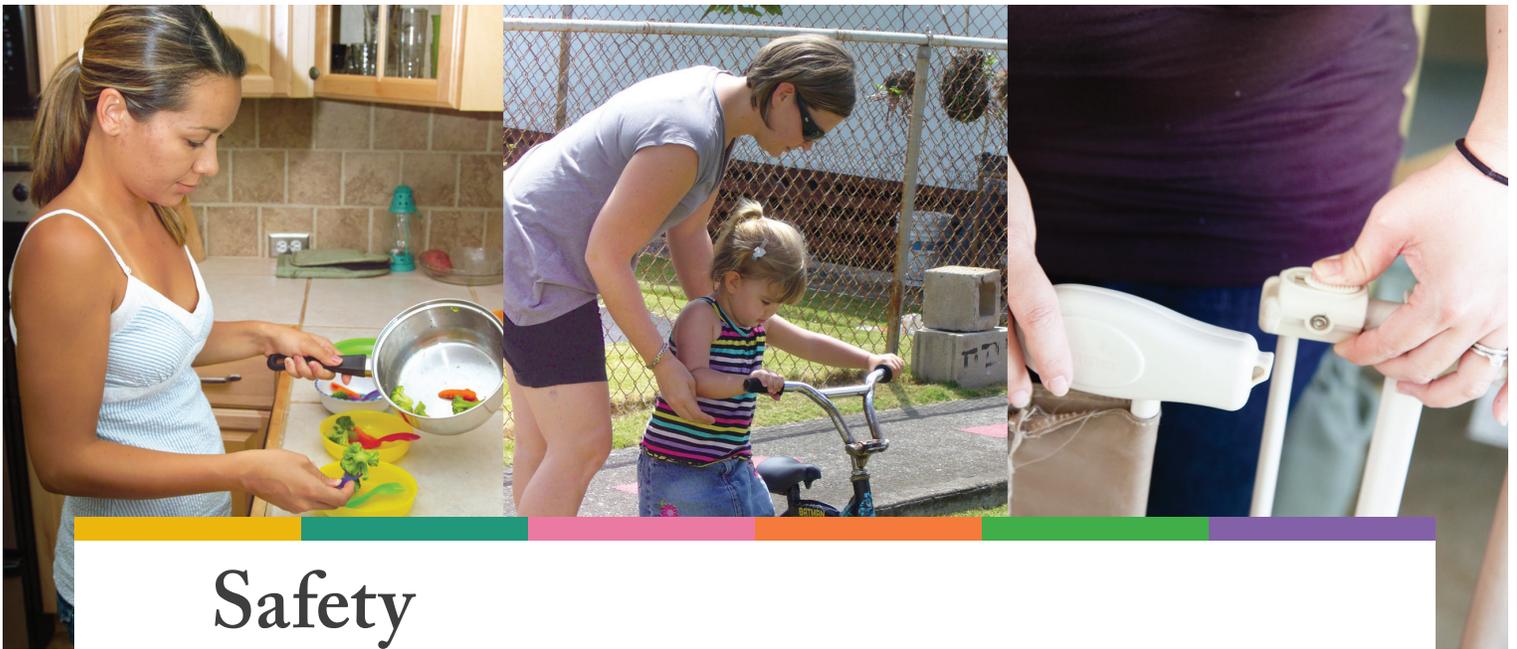
CLEANING, SANITIZING, AND DISINFECTING PROCEDURES

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4. Safely use bleach or other EPA-approved solution:

- *When visible soil is present, clean the surface with soap or detergent and rinse with water before applying the solution.*
- *If using a spray bottle, adjust the setting to produce a heavy spray instead of a fine mist.*
- *Allow for the contact time specified on the label of the product.*
- *Apply when children are not present in the area.*
- *Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after the required contact time before allowing children back in the area.*
- *Store all chemicals and cleaning materials securely in such a way that they will not tip and spill, in a cabinet that locks or has a child-resistant latch, and out of reach of children.*

HAR §17-891.1-34 (6), §17-891.1-36 (c), §17-892.1-35 (6), §17-892.1-38, §17-895-14 (d), §17-895-30 (a) (4), §17-895-32 (a) (c), §17-896-35



Safety

Keeping children safe—creating a safe environment and preventing or minimizing the risk of accidental injuries—is a full-time responsibility for adults charged with their care. As children grow, they are constantly trying out new skills, experimenting with new ways to use objects, and encountering situations that are new to them. Their curiosity and impulsiveness drive their learning. This can sometimes get them into dangerous situations, increasing their chances of getting hurt. Since young children are active explorers, it's up to adults to keep them safe while encouraging their learning. Reducing the risk of harm and accidents is important in keeping children safe.

Accidents are the leading cause of injury and death for young children, and most can be prevented. Prevention strategies need to change as children's interests, age, and abilities change. The precautions taken to keep infants safe will be different from the ones needed to keep a preschooler safe. It's important for care providers to continually observe children and their environments, take appropriate precautions, and supervise children at all times.

There are many aspects of supervision and prevention that you as a care provider are responsible for. These include, but are not limited to, monitoring children for signs of child abuse and/or neglect and making the appropriate reports, if needed; making sure that children are in car safety seats when traveling; using proper food storage and preparation procedures; identifying and securing poisons and pesticides in and out of the care setting; closely checking children's toys and play equipment to make sure that they are safe and appropriate for their age and abilities; having a well-thought-out emergency plan; and following safe sleep practices.

This Safety unit includes information on the following:

- **CAR SAFETY**
 - *Car Seat Safety*
 - *Vehicle Transportation Procedures*
 - *Preventing Heat Stroke*
- **FOOD SAFETY AND STORAGE**
 - *Food Safety*
 - *Food Allergies*
 - *Breast Milk Safety*
- **CHILDPROOFING**
 - *Ways to Childproof the Care Setting*
 - *Poison Prevention Guide*
 - *Water Safety*
- **TOY AND PLAYGROUND EQUIPMENT SAFETY**
 - *Toy Safety*
 - *Playground Equipment Safety*
- **CHILD ABUSE AND NEGLECT**
 - *Reporting Suspected Child Abuse and/or Neglect*
 - *Prevention of Shaken Baby Syndrome*
- **SAFE SLEEP**
 - *Safe Sleeping Practices*
 - *Crib Safety*
- **EMERGENCY PROCEDURES**
 - *First Aid/CPR Procedures*
 - *Emergency Preparedness*

SAFETY

Car Safety

Keeping children safe in vehicles (e.g., cars, SUVs, trucks) is crucial. Young children are especially vulnerable during sudden stops/braking or collisions. Whether experiencing high or low impact, they virtually become projectiles when not properly restrained in an approved car safety seat. You offer children the best protection by selecting a car safety seat that fits the child and the vehicle and consistently using it on every trip. Car seats and their facing positions will change as children grow. Keeping up with these changes assures that you are providing optimum protection while children in your care are traveling in your vehicle. Also, children learn to be safe in a moving vehicle and become accustomed to using safety restraints when they are expected to regularly use them.

Vehicles can pose a danger to children, even when they are not moving. There are potential dangers of heat stroke and death when children are left alone in cars. During the day, the temperature in a vehicle can get extremely hot in a very short period of time. Children are more susceptible to and at a higher risk for heat-related illness and injury than adults because their bodies make more heat relative to their size, and their abilities to cool themselves through perspiration are not as developed as those of adults. Proper vehicle transportation procedures help to keep children in your care safe when in transit. Keeping children safe involves checking your car before walking away from it to ensure that you haven't forgotten a child inside. In addition, never leave a child alone in a car for any amount of time, and never leave your car unlocked and available for children to enter unsupervised. Children depend on adults to take necessary and appropriate precautions each and every time they are in a vehicle.

CAR SAFETY

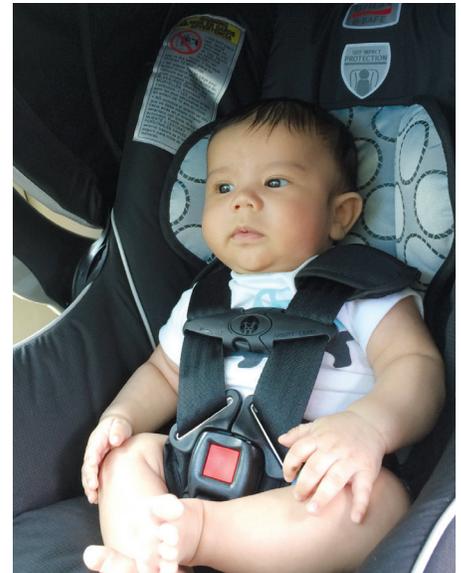
CAR SEAT SAFETY

Why is it Important?

- **Consistently using appropriate child safety seats/restraints that are installed properly in vehicles in which the child rides protects the child from injury (or death) in the event of sudden stopping/braking, low-speed accidents, and high-impact accidents.**

Procedures:

1. **Select the appropriate type of car seat or booster seat that best fits a child's weight, size, and age, as well as the vehicle in which the child will be riding (see *Car Seat Recommendation for Children* in Appendix D or www.safercar.gov for more information).**
 - *The child shall be in a Federally-approved child safety seat.*
 - *Never use a seat that's more than 6 years old or one that was in a crash (even if it looks OK, it could be structurally unsound). If you have any doubts about a seat's history, or if it is cracked or shows signs of wear and tear, do not use it.*
2. **Learn how to install a car safety seat properly.**
 - *Read the product manual thoroughly. If you need help installing your safety seat or would like a technician to check whether you've installed it properly, go to a child car seat inspection station and ask for assistance from a certified child passenger safety technician. Inspection stations are located throughout the state at various health care centers/hospitals and fire departments.*
 - *Child safety seats should be placed in the back seat, preferably in the middle. An infant or small toddler must be facing toward the rear of the vehicle until two years of age or until reaching the maximum weight and height limits recommended by the seat's manufacturer.*
 - *If you have no choice and must place a child in a car seat in the front (that is, if your car is a two-seater or if the car seat will not fit in the back seat), push the passenger seat as far back as it will go (Also see #4).*
 - *Read and follow the instructions in the vehicle's owner's manual to find out how to use your car's seatbelts or LATCH (Lower Anchors and Tethers for Children) system with a child safety seat.*



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CAR SEAT SAFETY

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3. **Read the entire child safety seat manual. Be sure to check the recommended angle of recline for the seat when it is forward facing and rear facing.**
4. **Never place a rear-facing car seat in the front passenger seat of a car that is equipped with an airbag.**
 - *The National Highway Traffic Safety Administration recommends that if you must place a child in a car seat in the front seat and your car has a manual cut-off switch that temporarily disables a passenger-side airbag, disable the airbag for the duration of the ride. Be sure to switch the airbag back on when you remove the car seat.*
5. **Be sure to check the positioning of the safety seat before each use.**
6. **Properly harness the child for each and every ride.**
 - *A baby's head should be at least 2 inches (6 centimeters) below the top of the safety seat.*
 - *Make sure the harnesses are always placed in the slots and are at or below baby's shoulders.*
 - *See that all harness straps fit snugly, especially over the shoulder and thigh areas. Straps should always lie flat, never twisted. If you can pinch any harness webbing between your fingers, it's too loose.*
 - *Dress baby in clothing that keeps his/her legs free to allow the latch crotch strap to be properly buckled between the legs. If it's cold outside, harness baby first and then cover him/her with a blanket (never cover baby's head). Never buckle a blanket under or behind the baby.*
 - *If baby slouches to one side in the seat (common among newborns), place rolled-up cloth diapers or rolled hand towels on each side of baby's shoulders. Do not place any kind of padding or blanket under baby—this can affect the harness's ability to restrain the child.*
 - *If baby's head flops forward (also common with newborns), check the angle of the seat. Use a towel or blanket to tilt the seat back slightly (a 30 to 45-degree angle is best).*
 - *Readjust harness straps as the child grows.*
7. **Limit the amount of time an infant spends in the car seat, especially when not in a vehicle. Too much time in a car seat can limit a baby's movement and opportunities for stimulation, which are important for developing sensory and motor skills.**



HAR §17-891.1-12 (4), §17-892.1-12, §17-895-11, §17-895-17

CAR SAFETY

VEHICLE TRANSPORTATION PROCEDURES

Why is it Important?

- **Motor vehicle crashes are the leading cause of death for children between one and fourteen years of age in the United States. Transportation policies and procedures, both inside and outside of the vehicle, minimize the risks of children's injury.**

Procedures:

BEFORE TRANSPORTING CHILDREN :

1. **Have a written policy that is shared and signed by the parent that addresses the safe transport of the child in a vehicle while the child is attending child care. See *Car Seat Safety* procedures for more information. The policy should include the following:**
 - *Child:staff ratio during transport*
 - *Backup transportation arrangements for emergencies*
 - *Use of seat belt and car safety seat, including booster seats as required by state law (<http://hidot.hawaii.gov/highways/safety-communities/child-passenger-safety/>)*
 - *Accessibility to first aid kit, emergency contact and health information for children, and cell phone*
 - *Licensing, registration, and insurance of vehicles and drivers*
 - *Maximum travel time*
 - *Procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading (see *Preventing Heat Stroke* resource for more information)*
2. **Ensure that the vehicle to be used is safe, well maintained, properly registered, and insured.**
3. **Review with children safe transportation practices as appropriate for age and stage of development.**



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VEHICLE TRANSPORTATION PROCEDURES

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ON THE DAY OF TRANSPORT:

1. Test metal parts of car seats, seat belts, and plastic coverings to protect against burns. In hot weather, protect those areas with blankets or towels when vehicle is not in use.
2. Load the child into the vehicle away from traffic.
3. Use age-appropriate child-restraint devices that are properly fastened and installed (see *Car Seat Safety* resource for more information).
4. Provide appropriate adult supervision in vehicles.
5. Do an attendance check by name and face when the child enters the vehicle.
6. Keep temperatures comfortable for the child.
7. Once you get to the destination, unload the child from the vehicle away from traffic, on the same side of the roadway as the destination.
8. Do an attendance check by name and face when the child exits the vehicle.
9. Do a physical check of the entire vehicle to be sure everyone has exited.
10. Never leave a child unattended in a vehicle for any length of time, even if the air conditioner is on or the window is left open.



HAR §17-891.1-6 (8), §17-891.1-12, §17-892.1-5 (12), §17-892.1-12, §17-895-11, §17-895-17, §17-896-12

CAR SAFETY

PREVENTING HEAT STROKE

Why is it Important?

- Hot car temperatures and children are a deadly combination that can cause injury or death
- Heat stroke and death due to heat stroke are preventable.

Procedures:

1. Never leave a child unattended in a vehicle for any length of time, even if the air conditioner is on or the window is left open.
2. Take steps to prevent accidentally leaving a child in the car:
 - Write yourself a note and leave it where you can see it before leaving the vehicle.
 - Place your purse, briefcase, etc., in the back seat so that you will have to check the back seat before leaving the vehicle.
3. Always lock doors and trunk after exiting your vehicle, and keep the keys out of children's reach.
4. Never let a child play in cars, or put keys in the ignition.
5. If a child is missing, immediately check all vehicles, including the trunk.



NOTE: As an added precaution, have a plan in place with the parent(s) of children in your care that you will call them if their child does not show up for child care by a specified time and you have not been informed in advance about the change in the child's arrival time.

HAR §17-891.1-31, §17-892.1-32, §17-895-34, §17-896-30

SAFETY

Food Safety and Storage

Preparing and serving food is a daily routine in any child care environment, and it is critical to children's health and safety to be sure the food you serve is safe to eat. While anyone can get very sick by unknowingly eating bacteria-contaminated foods, young children are at higher risk because their digestive systems and immunities are still developing. This not only limits the types of food they can be exposed to; it also affects their ability to fight off infections and illnesses caused by contaminated food and may expose them to a life-threatening allergic reaction.

When you, as a care provider, understand and consistently practice simple safety precautions for storing, preparing, and serving foods, including breast milk, you protect against contamination, spoilage, and possible spread of foodborne illnesses. In addition, when you ask family members about their child's food allergies, and are diligent about ensuring that the child is not given those foods, you can help prevent the child from having a serious allergic reaction.

FOOD SAFETY AND STORAGE

FOOD SAFETY

Why is it Important?

- **Proper food preparation and storage reduces the chances of food poisoning from food spoilage.**
- **Eating bacteria-contaminated foods can be dangerous, even deadly, for young children.**

Procedures:

1. Keep food preparation process and area clean:

- *Wash your hands before handling food, frequently during food preparation, and afterwards (see Hand-Washing Procedures resource for more information).*
- *Wash and sanitize all surfaces and equipment used for food preparation (see Cleaning, Sanitizing, and Disinfecting Procedures resource for more information).*
- *Protect food-preparation areas from insects, pests, and other animals.*



2. Separate raw and cooked foods:

- *Separate raw meat, poultry, and seafood from other foods.*
- *Use separate equipment and utensils such as knives and cutting boards for handling raw foods.*
- *Store food in leak-proof containers to avoid contact between raw and prepared foods.*

3. Cook thoroughly:

- *Cook foods thoroughly, especially meats, poultry, eggs, and seafood, to recommended temperatures.*

4. Keep foods at safe temperatures:

- *Keep hot foods hot and cold foods cold.*
- *Do not leave cooked foods at room temperature for more than two hours.*

5. Use clean, safe water and raw materials:

- *Use clean, safe water to wash and cook foods.*
- *Wash fruits and vegetables, especially if eaten raw.*
- *Do not use food beyond its expiration date.*

HAR §17-891.1-35, §17-892.1-36, §17-892.1-37, §17-895-38, §17-895-39 (a) (b), §17-896-34

FOOD SAFETY AND STORAGE

FOOD ALLERGIES

Why is it Important?

- **Severe allergic reactions to foods can result in difficulty breathing, hives, nausea, vomiting, and even a sharp drop in blood pressure and death, if not treated immediately.**
- **Children can experience a food allergy reaction for the first time while in the child care setting, so it's important for the provider to be aware of common allergy symptoms and understand how to manage them.**

Procedures:

1. When registering a new child in your program:

- *Collect information from the family about the child's known food allergies.*
- *Ask the family to provide a care plan prepared by the child's health care provider that includes the following:*
 - *Food(s) the child is allergic to*
 - *Specific symptoms that would indicate the need to administer medication*
 - *Names, doses, and methods of administration of any medications*
- *If the family gives you an EpiPen for administration, have the parent(s) train you on how to use it.*
- *Have the family complete Consent for Administration of Medication Form (See sample in Appendix B).*



2. Steps to take in preventing exposure to known allergens:

- *Post a sign about individual child's food allergies prominently in your food preparation area where staff can view and/or wherever food is served.*
- *Consider eliminating the offending food entirely from your site to decrease the danger of an accidental exposure.*
- *Notify families of any known food allergens of the children in your care; and ask them not to bring any of the offending foods to your site.*

FOOD SAFETY AND STORAGE

FOOD ALLERGIES

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3. Recognizing symptoms of an allergic reaction:

- *Sit with the child during meals. Observe for signs of allergic reactions, such as sudden onset of sneezing, redness, hives, itching skin, swollen or bluish skin or lips, choking, or inability to speak.*
- *Listen and watch for cues of discomfort. A child who is verbal may tell you*
 - *My mouth feels funny*
 - *Something is poking my tongue*
 - *My tongue (or mouth) is itching (or burning)*
 - *My tongue is hot*
 - *There's something stuck in my throat*
 - *My lips feel tight*
 - *There are bugs in my ears.*

4. Treating allergic reactions:

- *Promptly administer the prescribed medication according to the care plan.*
- *Notify the child's parent(s) immediately if there are any suspected allergic reactions or contact with the allergen, even if a reaction did not occur.*
- *If epinephrine has been administered, contact 911 immediately.*
- *Carry the written care plan, a telephone, emergency phone numbers, and proper medications with you on field trips or any kind of transport away from your site.*
- *Contact 911, if needed.*

HAR §17-891.1-25 (e), §17-892.1-26 (f), §17-895-25 (f)(g), §17-896-24 (h)

FOOD SAFETY AND STORAGE

BREAST MILK STORAGE SAFETY

Why is it Important?

- **Proper storage reduces the potential of contamination and illness that could result for infants and young children.**

Procedures:

1. **Make sure all containers of breast milk are dated.**
2. **Storing freshly expressed breast milk in the refrigerator:**
 - *Place containers of breast milk in the center of the refrigerator, not on the door.*
 - *Use milk within 5–8 days.*
3. **Temporarily storing outside of the refrigerator:**
 - *Keep container of breast milk in a cooler with ice packs; it can be kept safely for up to four hours if the temperature in the cooler is consistently less than 100 degrees.*
4. **Storing it in the freezer:**
 - *Store frozen breast milk in a freezer compartment inside a refrigerator for up to 2 weeks.*
 - *Store frozen breast milk in a freezer compartment with a separate door for up to 3–4 months.*
5. **Defrosting frozen breast milk:**
 - *Defrost the frozen milk in the refrigerator or under warm running water.*
 - *Do not defrost frozen milk in the microwave or boil it on the stove.*
 - *Use breast milk defrosted in the refrigerator within 24 hours of defrosting.*
 - *Use defrosted milk that is at room temperature within 1 hour.*
 - *Do not refreeze defrosted milk.*

HAR §17-895-39(a)(b)



SAFETY

Childproofing

Children are naturally curious learners, and exploring and discovering their environment are important ways they learn. However, their curiosity and exploration sometimes put them at increased risk for accidents. Children need adults to provide them with safe environments in which to explore—ones that minimize the risk of accidents and change over time to address their needs and growing abilities.

Because young children's physical abilities are often more advanced than their understanding and reasoning skills, they may not fully understand how different objects or situations could hurt them. As a care provider, you can prevent many accidents by knowing what children are able to do as they progress through developmental stages, identifying objects or situations in the care environment that can likely pose dangers, and intentionally modifying the environment to minimize these risks.

Make your care environment and surroundings as safe as possible by following basic childproofing safety guidelines. Check the care environment inside and out to make sure it's safe for everyone. Watch children at play to see what might be potentially dangerous to them. Get down on the floor or ground to see what the world looks like to someone their size. Remove or block children from getting to things that might hurt them. Keep an eye on the children in your care at all times when they are in or around water. Remember that children can drown in only a few inches of water.

Above all, the best prevention is supervision. It only takes a moment for accidents to occur. Prevention and supervision are keys to keeping children safe.

CHILDPROOFING

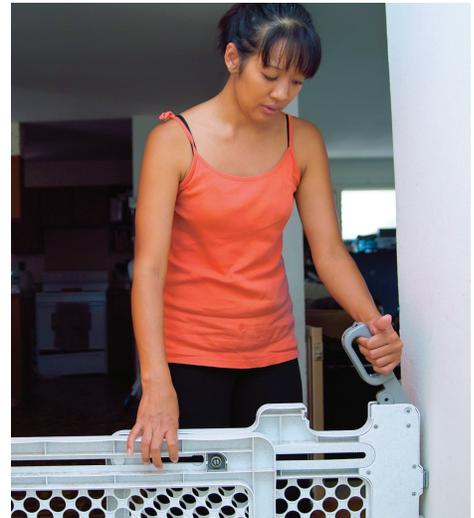
WAYS TO CHILDPROOF THE CARE SETTING

Why is it Important?

- Using approved child-safety devices and taking other safety precautions reduces risk of injury to the child.

Procedures:

1. Look around the child care environment to identify areas that could be safety hazards. Explore each area at the child's level—by getting down on your hands and knees and moving around each room. Ask yourself what looks tempting and what is within a child's reach (between the floor and about 40 inches above).
2. Remove or secure any items that could be dangerous to a child. Ensure that any guns and weapons (hunting knives, archery, BB guns, Airsoft guns and related accessories) are locked up and ammunition is secured and locked in a separate place.
3. Ensure entrances and exits are secured and evacuation exits are clear.
4. Install safety devices on equipment, appliances, and furniture to prevent injuries. For example, use the following:
 - **SAFETY LATCHES AND LOCKS** for cabinets and drawers in kitchens, bathrooms, and other areas. Look for safety latches and locks that adults can easily install and use but that are sturdy enough to withstand pulls and tugs from children.
 - **SAFETY GATES** around stairs and rooms with possible dangers. Look for safety gates that cannot dislodge easily but that adults can open and close without difficulty.
 - **DOORKNOB COVERS AND DOOR LOCKS** on doors. Be sure the lock is sturdy, and allows a door to be opened quickly by an adult in case of an emergency.
 - **ANTI-SCALD DEVICES** for faucets and shower heads. Set water heater temperature to 120°F to prevent scalds from hot water.



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CHILDPROOFING

WAYS TO CHILDPROOF THE CARE SETTING

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- **SMOKE AND CARBON MONOXIDE ALARMS** in every level and every room of the child care environment. Check the batteries at least once a year.
 - **WINDOW GUARDS AND SAFETY NETTING** at windows, balconies, decks, and landings. Limit window openings to four inches or less, including the space between the window guard bars.
 - **CORNER AND EDGE BUMPERS** on furniture. Be sure to use bumpers that stay securely on furniture.
 - **OUTLET COVERS AND OUTLET PLATES** on electrical outlets. Be sure outlet protectors cannot be easily removed by children and are large enough so that children cannot choke on them.
 - **CORDLESS WINDOW COVERINGS** for windows (or cords that are kept inaccessible).
 - **ANCHORS** for furniture and appliances (e.g., television stands, shelves, bookcases, dressers, desks, chests, and ranges) to secure them to the floor or a wall.
 - **LAYERS OF PROTECTION AROUND POOLS OR OTHER WATER FEATURES.** Set up a barrier to completely surround the pool or water feature, including a 4-foot-tall fence with self-closing, self-latching gate.
5. Check the child care environment daily to make sure the devices are in place and/or to modify or install new safeguards to accommodate and protect the child as he/she gets taller and stronger.

HAR §17-891.1-31, §17-891.1-32, §17-891.1-36, §17-892.1-32, §17-892.1-33, §17-895-34 (1), §17-895-32, §17-895-35, §17-896-30, §17-896-31

CHILDPROOFING

POISON PREVENTION GUIDE

Why is it Important?

- **Poison safety and supervision of children are the most effective ways to reduce the hazards of children being exposed to accidental poisoning.**

Procedures:

1. BE AWARE:

- **Be sure to keep household products and medicines out of sight of the child in a cabinet that locks or has a child-resistant latch.**
- **Ensure that medicines and all household products remain in their original containers.**
- **Ask for and use household products and medicines in child-resistant packaging.**
- **When storing household products, be sure to choose a location other than where foods and medicines are stored.**
- **Avoid taking medication when the child can see you because children tend to imitate adults.**
- **Refer to medicines by their proper names. Medicines are not “candy.”**
- **Ensure that you read the label before using the product.**



2. Use the *Poison Proof Your Home: One Room at a Time Pesticide Poison Prevention Checklist* (see Appendix E) to do a room-by-room inspection on potential household product hazards. (Adapt as needed to an institutional setting.)

- *Get down to a child’s level to do a search, so no potential hazards go unnoticed.*

3. As you inspect each room, check off the correct box on the checklist.

- *If you answer “no” to any questions on the checklist, follow the action steps to the right to improve the child’s safety.*

4. Use this checklist often to identify potential product hazards that the child may have access to.

5. If you suspect that a poisoning incident has occurred, immediately call the Poison Help Hotline at 1-800-222-1222 or call 911. Keep these numbers near your phone.

HAR §17-891.1-32 (6), §17-891.1-23, §17-891.1-29, §17-891.1-36, §17-892.1-33, §17-892.1-23, §17-892.1-30, §17-892.1-32, §17-895-32 (b), §17-895-23, §17-895-35 (9)(10), §17-896-22, §17-896-30, §17-896-31

CHILDPROOFING

WATER SAFETY

Why is it Important?

- **Young children can drown in only a few inches of water, even if they have had swimming instruction.**

Procedures:

- 1. Never leave the child alone in or around water.**
- 2. Be aware of potential water hazards for the child:**
 - *Keep tubs, coolers, and buckets in an area out of the child's reach and remove water immediately after use.*
 - *Keep toilet lids closed and use toilet seat locks.*
 - *Add layers of protection around pools or other water features. Set up a barrier to completely surround the pool or water feature, including a 4-foot-tall fence with self-closing, self-latching gate.*
- 3. If the child is near/in water, follow these safety rules:**
 - *Supervising adults should be CPR trained and should have a telephone accessible to the pool and water area at all times.*
 - *Enforce safety rules, such as no running.*
 - *Any child who is swimming, even in a shallow toddler's pool, should be within arm's length of an adult who is providing "touch supervision." Touch supervision means keeping swimming children within arm's reach and in sight at all times.*
 - *If a life jacket is used, ensure that it fits properly (i.e., the jacket can't be lifted over the child's head after he/she has been fastened into it). For children 5 years and under, life jackets should have a flotation collar to keep the head upright and the face out of water when they swim.*
 - *Check the drains in the pools to make sure they are secure and have no cracks, and that there are protective measures such as anti-entrapment drain covers and a safety vacuum-release system.*
 - *A certified lifeguard is required for:*
 - *Any beach or swimming pool activity*
 - *Wading pools that are 24 inches deep or more at the deepest part.*



HAR §17-891.1-37, §17-892.1-39, §17-895-40, §17-896-36

SAFETY

Toy and Outdoor Equipment Safety

Play is essential to children's growth and development. Young children need lots of opportunities to play, and a variety of good-quality, safe toys and materials that fuel their imagination. Toys are an important part of every child's life, yet playing with them is not always safe.

While most toy manufacturers list important safety information on their packaging, toy safety involves much more than checking the age-appropriateness of the toy. As a care provider, your careful selection of safe toys and equipment for indoor and outdoor play, ones that are appropriate for children's ages and stages of development, is the first step in protecting the children in your care. However, proper use and care of these materials, and diligent supervision of children at play, are also required to protect children from toy- and outdoor-play-related injuries. Knowing what to look for when buying toys and play equipment, knowing how to maintain and store them, and properly supervising children are all important ways to keep children happy and safe when they are playing.

TOY AND OUTDOOR EQUIPMENT SAFETY

TOY SAFETY

Why is it important?

- **Careful toy selection, proper toy maintenance, and responsible supervision of children at play are the best ways to protect children from toy-related injuries.**

1. When buying toys:

- *Choose toys with care. Keep in mind the child's age, interests, and skill level (see *For Kids' Sake: Think Toy Safety by Knowing Toy Dangers* by the U.S. Consumer Product Safety Commission in reference list for more information).*
- *Look for quality design and sturdy construction in all toys for any age.*
- *Make sure that all directions, cautions, or instructions are clear—to you, and, when appropriate, to the child.*
- *Be a label reader. Look for and heed age recommendations such as "Not recommended for children under three." Look for other safety labels including "Flame retardant/Flame resistant" on fabric products and "Washable hygienic materials" on stuffed toys and dolls.*
- **Discard any plastic bags or wrappings on toys at once after opening.**



2. When maintaining toys:

- *Check all toys periodically for breakage and potential hazards. A damaged toy should be repaired immediately or, if repairing is not possible, be thrown away.*
- *Sand and smooth edges on wooden toys that might become sharp or surfaces that have become splintered.*
- *Examine all outdoor toys regularly for rust or weak parts that could become hazardous.*
- *Teach the child to let you know when he/she sees a toy that is broken.*
- *Let him/her know that broken toys may not be safe to play with.*
- *Remove broken toys and equipment from use.*

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TOY AND OUTDOOR EQUIPMENT SAFETY

TOY SAFETY

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3. When storing toys:

- *Teach the child to put his/her toys safely away on shelves or in a toy chest after playing to prevent trips and falls.*
- *Check toy boxes/chests for safety features. Use a toy chest that has a lid that will stay open in any position to which it is raised and that will not fall unexpectedly on a child. For extra safety, be sure there are ventilation holes for fresh air.*
- *Clean and sanitize toys before storing them (see [Cleaning, Sanitizing, and Disinfecting](#) resource for more information).*
- *Frequently check toys that are used and stored outdoors. Rain or dew can rust or damage toys or toy parts, creating potential hazards.*



4. Responsible, consistent supervision of the child at play is important in ensuring his/her safety and preventing accidents:

- *Oversee how the child plays with toys and others and intervene when needed to prevent injuries.*
- *Observe which toys or materials the child takes interest in playing with and how he/she uses them, following up with guidance on their appropriate (and inappropriate) use as needed.*

HAR §17-891.1-32 (10), §17-891.1-15, §17-892.1, §17-892.1-33 (8), §17-892.1-15, §17-895-14 (d), §17-895-35 (8), §17-896-31 (7), §17-896-15

TOY AND OUTDOOR EQUIPMENT SAFETY

PLAYGROUND EQUIPMENT SAFETY

Why is it Important?

- **Inspection of playground equipment to make sure it is structurally sound and well maintained reduces the risk of playground-related injuries to the child.**

Procedures:

1. Carefully supervise the child on all play equipment to make sure he/she is safe and playing on age-appropriate equipment.
2. Check to ensure that proper surfacing is used under and around playground equipment.
 - *Mulch, sand, and rubber mats provide good cushion to a fall. The surface material should be at least 12 inches in depth and extend 6 feet around each piece of equipment.*
3. Do a daily safety check prior to use to make sure the outdoor play area, including equipment, is safe before taking children outside to play.
 - **SWINGS** should be set far enough away from other equipment so that the child won't be hit by a moving swing. Only two swings should be in each supporting framework, and they should be at least 24" apart. Full bucket seats are recommended for a younger child.
 - **SLIDES** should be well anchored and have firm handrails and good traction on the steps. There should be no gaps between the slide and the platform. There should also be a bar at the top of the slide so that the child has to sit before he/she goes down.
 - **SEESAWS** that are spring-loaded are best for a young child. A traditional seesaw should have a tire or some other object under the seat to keep it from hitting the ground.
 - **MERRY-GO-ROUNDS** should have good handgrips, and the rotating platform should be level and free of sharp edges and have adequate clearance.
 - **CLIMBING EQUIPMENT** should be no higher than 32" for toddlers. Horizontal ladders should not exceed 60" for children ages 4 and 5 years. Check that the steps and handrails are in good condition and make sure a guardrail or barrier surrounds raised platforms.



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PLAYGROUND EQUIPMENT SAFETY

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4. **Check for sharp edges and dangerous hardware, such as open “S” hooks or protruding bolts. If there are any unsafe conditions, do not allow the child to play on the structure until repairs are made.**
 - *Make necessary repairs or report unsafe conditions to the person/organization that maintains the equipment.*
5. **Dress the child appropriately for playing outdoors. Remove hoods or drawstrings on clothing that can get caught on equipment. Make sure the child is not overexposed to the sun while playing.**

HAR §17-891.1-15 (e), §17-891.1-32 (2), §17-892.1-15 (e), §17-892.1-33 (2), §17-895-14 (e), §17-895-35 (2), §17-896-31 (2)

SAFETY

Child Abuse and Neglect

Young children need to feel safe and protected from harm in order to grow and learn. Children thrive when the adults who care for them are positive, nurturing, and responsive to their needs. However, if children are abused or maltreated physically, emotionally, or sexually, their response is quite the opposite. And the negative effects could last a lifetime.

Extreme abuse, such as found in Shaken Baby Syndrome, can cause permanent brain damage and/or death. Any form of child maltreatment has a negative effect on children's physical and emotional health. Repeated and ongoing maltreatment causes toxic stress on a child that can harm the development of the immune system and disrupt early brain development. As a result, children who are abused or neglected are at higher risk for health problems in their later youth and adulthood. These problems include alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and certain chronic illnesses.

Protecting and keeping children safe from child abuse and neglect is everyone's responsibility. Any child at any age can suffer any type of abuse. While care providers are not expected to diagnose or investigate child abuse and neglect, it is important that you are aware of common physical and emotional signs and symptoms of child maltreatment, since you are required to report it to the Department of Human Services in accordance with Hawai'i Revised Statutes §350-1.1, if you suspect child abuse or neglect.

REPORTING SUSPECTED CHILD ABUSE AND/OR NEGLECT

Why is it Important?

- Care providers are required to report possible abuse or neglect of a child, in accordance with Hawai'i Revised Statutes §350-1.1.
- Recognizing the signs and symptoms of child abuse and reporting suspected abuse or neglect are crucial in keeping children safe and protected.

Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about harm that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see *Understanding Child Maltreatment* by the Centers for Disease Control and Prevention and the National Center for Injury Prevention and Control in reference list).
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawai'i Department of Human Services:
 - from O'ahu: 832-5300 (available 24 hours)
 - from a neighbor island: 1-800-494-3991 (toll free and available 24 hours).
3. In cases of emergency or immediate threat or harm, call 911.

HAR §17-891.1-13 (3)(E), §17.892.1-13 (4)(E), §17-895-12 (2)(F), §17-896-13 (2)(E)

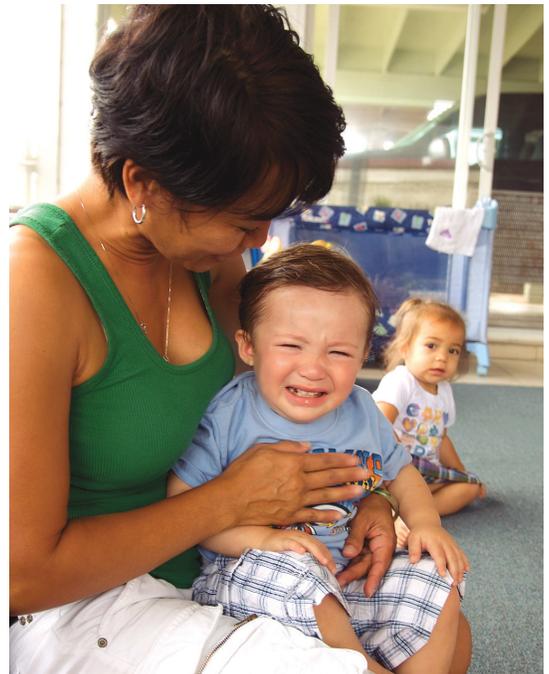
PREVENTING SHAKEN BABY SYNDROME

Why is it Important?

- **Shaken Baby Syndrome (SBS) is a PREVENTABLE form of physical child abuse; understanding why SBS occurs, how it can be prevented, and the serious outcomes of shaking a baby can reduce the risk of SBS.**
- **All babies cry, one–two hours per day on average, although some may cry less and some may cry much more. They cry for a reason: to communicate their needs (e.g., for feeding, sleep, or a diaper change).**

Procedures:

1. **When a baby cries, make sure his/her basic needs are met; check to see if the child is hungry or has a dirty diaper.**
2. **Look for any signs of illness or injury that need attention.**
3. **Try a variety of methods to calm the baby:**
 - *Rocking or walking with the baby*
 - *A warm bath*
 - *Distracting the child with a toy*
 - *Taking the baby for a ride in the stroller or car*
 - *Singing or talking to the child*
 - *A pacifier*
 - *Patting or rubbing the child's back*



CHILD ABUSE AND NEGLECT

PREVENTING SHAKEN BABY SYNDROME

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If none of these strategies work and you find yourself growing frustrated or angry, remember to NEVER shake a baby.

- *Put the child down on his/her back in a safe place such as a crib.*
- *Take a break—you have done everything that you can and have met all of the baby's needs.*
- *Check on the child every 10–15 minutes.*
- *Remember, it is okay for babies to cry—it is normal and it won't hurt them.*
- *If you still feel frustrated or angry, ask for help! Call the child's parent, a friend, or a family member and ask for support or help in taking care of the child so you can take a break.*
- *Talk to the child's parent(s) to determine if they have similar experiences with inconsolable crying. If so, you may suggest that the family consult their health care provider to see if there is a medical reason for the child's fussiness.*



HAR §17-891.1-13 (3)(E), §17-895-12 (2)(F)

SAFETY

Safe Sleep

Infants and young children spend a lot of their time sleeping. It is important to their healthy growth and development. Knowing how to keep children safe while they sleep is critical for care providers, especially those who care for infants.

Unsafe sleeping positions (e.g., tummy or side sleeping) increase the risk of Sudden Infant Death Syndrome (SIDS) or serious sleep-related accidents. Putting an infant to sleep on the back reduces the risk of SIDS.

Care providers can also support safe sleeping conditions by removing soft bedding like pillows, stuffed toys, comforters, and bumper guards from the sleeping area, ensuring that the care environment and any vehicle a child rides are smoke free, putting infants to sleep in a safety-approved crib or play yard, and not putting the child to sleep in the same bed with others. These types of actions are ways to support healthy sleep environments for infants and reduce the risk of sleep-related accidents due to smothering, suffocation, or strangulation.

SAFE SLEEP

SAFE SLEEPING PRACTICES

Why is it Important?

- Unsafe sleeping positions increase the risk of a baby dying.
- Simple actions can make a big difference in reducing the chances of Sudden Infant Death Syndrome (SIDS) or other sleep-related infant deaths.

Procedures:

1. Always place baby (under 12 months of age) on his/her back to sleep—for naps and at night. The back sleep position is the safest.
 - *Babies who sleep on their backs are much less likely to die of SIDS than are babies who sleep on their stomachs or sides.*
 - *Every sleep time counts. Babies who are accustomed to sleeping on their backs but who are then placed on their stomachs, such as for a nap, are at very high risk for SIDS.*
2. Place baby on a firm sleep surface, such as a crib mattress, covered by a tight-fitting sheet, in a safety-approved crib (see *Crib Safety* resource for more information) to reduce the risk of SIDS and other sleep-related causes of infant death.
 - *Firm sleep surfaces can include safety-approved cribs, and playpens (i.e., pack and play, portable play yards).*
 - *Do not use a car seat, carrier, swing, or similar product as baby's everyday sleep area.*
 - *Never place baby to sleep on soft surfaces, such as couches or sofas, pillows, quilts/futons, sheepskins, or blankets.*
3. Keep soft objects, toys, and loose bedding out of baby's sleep areas. This includes pillows, blankets, quilts/futons, sheepskins, or pillow-like crib bumpers. Keep all items that could block baby's breathing away from baby's face.
4. No smoking is allowed while children are in care. Babies who breathe smoke or sleep with those who smoke have a greater risk of unexpected death.
5. Keep baby's sleep area close to, but separate from, where others sleep. Only one infant should be placed in each crib or playpen. To avoid accidental smothering or being rolled on, a baby shall not sleep in a bed with adults or other children.



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SAFE SLEEPING PRACTICES

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6. **Give baby (older than one month) a dry pacifier—which cannot be attached to a string—for naps and at night to reduce the risk of SIDS.**
 - *Don't force the baby to take the pacifier.*
 - *If the pacifier falls out of the baby's mouth during sleep, you do not need to replace it.*
7. **Do not let baby get overheated during sleep. Getting too warm puts baby at greater risk for unexpected death.**
 - *Dress baby in light sleep clothing (not more than one layer more than an adult would wear to be comfortable) and keep the room at a temperature that is comfortable for an adult. A one-piece sleeper or sleep sack can be used for sleep clothing. If you notice baby perspiring or breathing rapidly, he/she may be too warm.*
8. **Avoid products that claim to reduce the risk of SIDS. Most of these products have not been tested for effectiveness or safety.**
9. **The infant should be directly observed by sight or sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up. Do not rely on/use home monitors to reduce the risk of SIDS. Parents should discuss the use of monitors for other conditions with their health care provider.**
10. **Provide “tummy time”—a time when you place baby on his/her stomach while baby is awake and while someone is watching to make sure baby’s breathing is not obstructed. Babies benefit from two to three tummy time sessions each day for a short period of time (3 to 5 minutes). As baby grows and shows enjoyment of tummy time, you can lengthen the sessions. Caution: Do not let baby fall asleep on his/her tummy.**

TUMMY TIME is important because it does the following:

 - *Helps prevent flat spots on the back of baby's head*
 - *Makes neck and shoulder muscles stronger so baby can start to sit up, crawl, and walk*
 - *Improves baby's motor skills (using muscles to move and complete an action)*
11. **Bedding should be changed before use by another child. If mats are used, they should be cleaned between uses (see *Cleaning, Sanitizing, and Disinfecting* resource for more information).**

HAR §17-891.1-15, §17-891.1-41, §17-891.1-42, §17-895-14, §17-895-45, §17-895-46

SAFE SLEEP

CRIB SAFETY

Why is it Important?

- **Cribs that do not meet new and improved federal safety standards pose potentially deadly hazards to young children. Cribs that are assembled incorrectly or have missing, loose, or broken hardware or broken slats can result in entrapment, suffocation, or strangulation when infants get caught in resulting gaps.**

Procedures:

1. Always check cribs for safety, including the following conditions:

- *A firm, tight-fitting mattress so baby can't get trapped between the mattress and the crib*
- *No missing, loose, broken or poorly installed screws, brackets, or other hardware on the crib or mattress support*
- *No cracked or peeling paint*
- *No more than 2-3/8 inches (about the width of a soda can) between crib slats*
- *No more than two fingers should fit between the mattress and the crib side in the lowest position*
- *No missing or cracked slats*
- *No corner posts over 1/16th inch high that could catch the baby's clothing*
- *No cutouts in the headboard or footboard that could trap the baby's head*
- *No drop-side cribs, unless immobilization devices are in place to prevent the drop-side from being used, in accordance with the Consumer Product Safety Commission (CPSC).*



2. Check the Consumer Product Safety Commission (CPSC) website for the most current crib standards: www.cpsc.gov.

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CRIB SAFETY

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3. To prevent accidents:

- *Use only a fitted bottom crib sheet made specifically for crib use.*
- *Never place a crib near cords from hanging window blinds, curtains, or drapes. Babies can get caught in the cords and strangle.*
- *Do not put hammocks and other swinging devices onto a crib because they could strangle a baby.*
- *Lower the crib mattress before the baby can sit up on her/his own. The mattress should be at its lowest point before the baby can stand up.*
- *Place hanging crib toys (mobiles, crib gyms) out of the baby's reach.*
- *Remove any hanging crib toy from crib when baby first begins to push up on his/her hands and knees (or when the child reaches 5 months of age). These toys can strangle baby.*
- *Stop use of a crib by the time a child is 35 inches tall, or when the child becomes large enough or mobile enough to reach crib latches or potentially climb out of a crib. At that time, the child should be transitioned to a different sleeping environment, e.g., cot or sleeping mat.*

HAR §17-891.1-41, §17-891.1-42, §17-895-45, §17-895-46

SAFETY

Emergency Procedures

As a child care provider, you know that your most important job is to protect the children in your care. However, even when you take all the steps necessary to create a safe environment, emergencies, such as accidental injury or natural or human-made disasters, can occur. In any emergency, children may not understand what is happening and may be physically or developmentally unable to protect themselves. In these situations, personal preparedness and planning can reduce the impact of a disaster and help to maintain a calm and safe environment for the children.

Creating, reviewing, and practicing these plans/procedures, prior to when an emergency situation occurs, allows you to identify supplies that you need, steps that you would take to keep the children and yourself safe, and procedures for you to communicate effectively with the families of the children in your care. Knowing what to do allows you to be able to respond quickly and decisively, which is essential in an emergency.

EMERGENCY PROCEDURES

FIRST AID/CPR PROCEDURES

Why is it important?

- Recognizing signs of distress and being able to perform First Aid and CPR on a child can mean saving a life.

Procedures:

1. First aid response is required for the following injuries:
 - Eye injuries
 - Fractures and sprains
 - Stings and bites
 - Burns
 - Skin wounds
 - Seizures
 - Head injuries
 - Poisoning
 - Fainting
 - Nosebleeds
 - Teeth injuries
 - Fever
2. Check the condition of the injured child right away.
 - Use the skills obtained in your First Aid and CPR training to assess and/or treat the injured child.
 - Wear disposable gloves if child is bleeding. Refer to the *Gloving Procedures* resource.
 - Use your first aid kit to administer basic first aid. Refer to the *First Aid Checklist* (see Appendix F to determine what your first aid kit should contain.)
3. While attending to the injured child, ensure that the other children in your care are safe.



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EMERGENCY PROCEDURES

FIRST AID/CPR PROCEDURES

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4. Call 911 if the child's condition requires medical attention.
5. Notify the child's parent(s) of the child's injuries and inform them of the steps you have taken to care for the child.
6. Call your backup child care provider if you need assistance in caring for the children.

INFORMATION ON APPROVED CHILD FIRST AID/CPR TRAINING:

- <http://www.redcross.org/take-a-class>
- <http://www.heart.org/HEARTORG/>

HAR §17-891.1 (6), §17-891.1-21, §17-891.1-22 (i), §17-892.1-6 (9), §17-892.1-21, §17-892.1-22, §17-895-6 (12), §17-895-21 (a), §17-895-22

EMERGENCY PROCEDURES

EMERGENCY PREPAREDNESS

Why is it Important?

- **Natural disasters and emergencies can be emotionally devastating, cause property damage, and pose safety risks to you and the children in your care. Emergency plans help to ensure that you are prepared to respond quickly in an emergency.**

Procedures:

1. **Consider the area in which your facility is located and determine what hazards, natural disasters and emergencies might impact your particular program (e.g., tsunami, earthquake, hurricane, flooding, acts of violence). Refer to the following websites for information:**
 - *Department of Emergency Management*
<http://www.oahudem.org>
 - *Federal Emergency Management Agency*
<http://www.fema.gov/>
 - *Emergency Preparedness from the U.S. Department of Homeland Security*
<http://www.ready.gov/>
 - *Hawai'i State Chapter of the American Red Cross*
<http://www.redcross.org/>
2. **Determine if your facility is able to withstand these disasters or emergencies.**
3. **Create an Emergency Plan that addresses the hazards, natural disasters, and emergencies you identified in Step 1 (See Appendix G for a *Sample Emergency Preparedness Plan*).**
4. **Put together an Emergency/Evacuation Kit to support your plan (see Appendix H for *Emergency Supply Tool Kit*). Periodically, check your kit to ensure the supplies are not expired.**



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EMERGENCY PROCEDURES

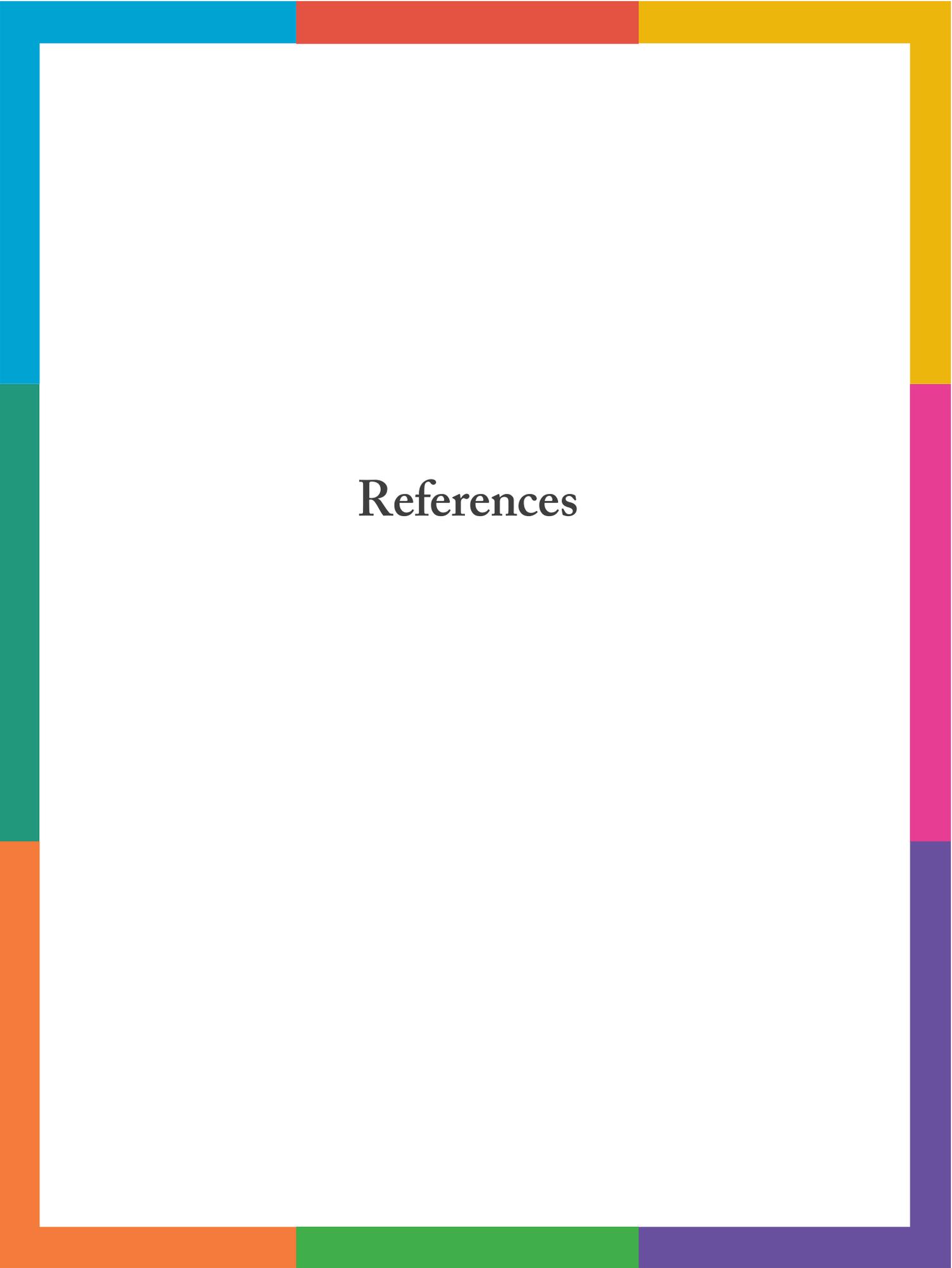
EMERGENCY PREPAREDNESS

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5. Inform the families about your plan in your parent handbook and/or in a letter or informational flyer. Be sure that every family receives a copy of your plan.
6. Keep a copy of your Emergency Plan in your files for reference and post a copy where the child's parent(s) can easily see and read it.
7. Practice your emergency procedures once a month with the children in your care to familiarize them with the process.



HAR §17-891.1-30, §17-892.1-31, §17-895-33, §17-896-29



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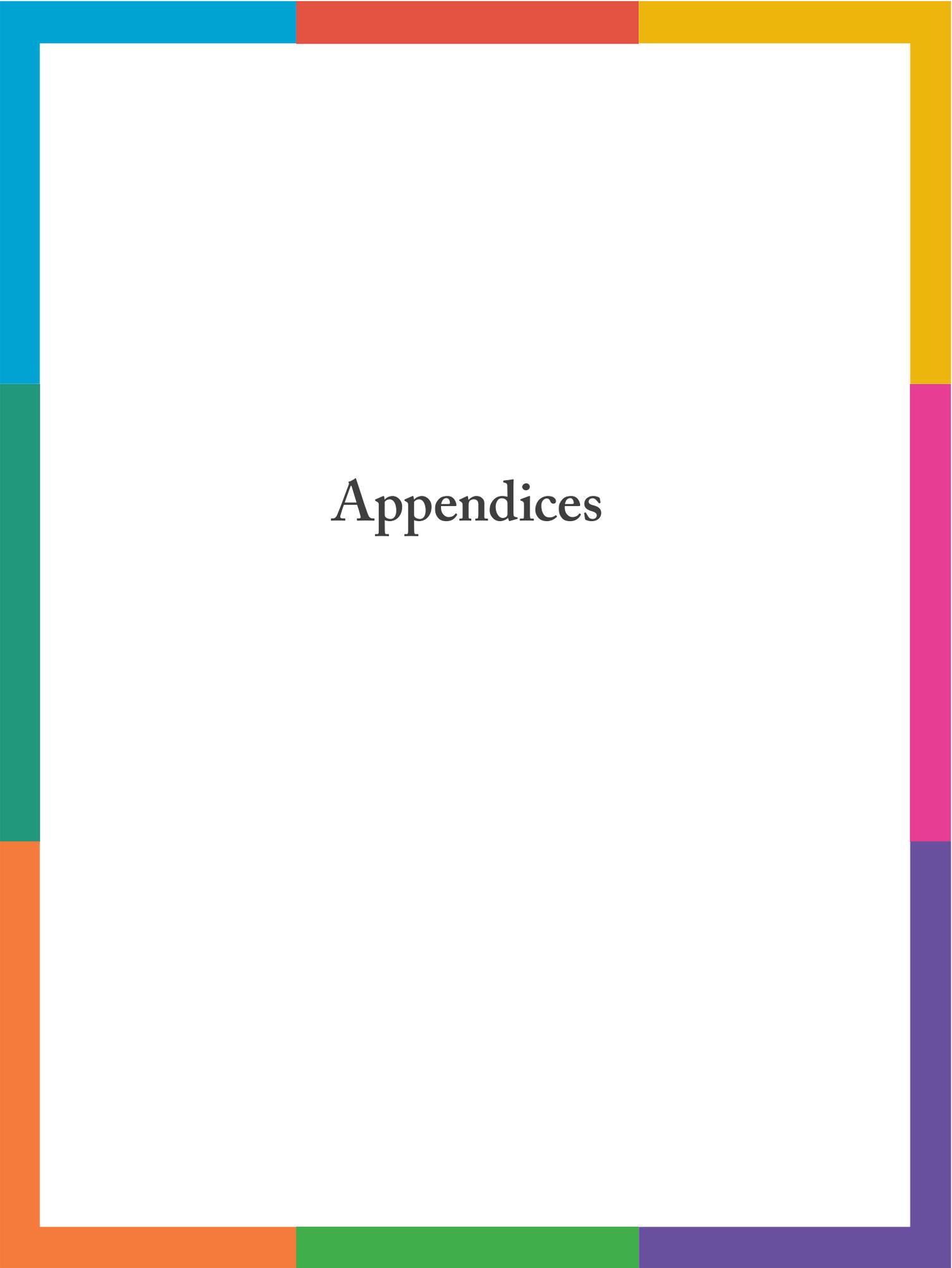
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Appendices

Appendix A

SAMPLE DAILY HEALTH CHECKLIST

CHECKLIST FOR A HEAD TO TOE CHECK	NO	YES, COMMENTS
Shows a change in behavior or mood: less active, less energy, more sleepy, easily irritated		
Looks different from normal		
Complains of not feeling well		
Has itchy skin or scalp		
Is pulling at ear		
Has drainage from the eyes		
Has a runny nose		
Is coughing severely		
Has skin rash or discoloration		
Has drainage from an open sore		
Has unusually warm or flushed (red) skin		
Eating or drinking more or less than usual		
Is vomiting		
Has abnormal stools: white bowel movement, gray bowel movement, diarrhea, or unusual odor		
Is not urinating		
Is off balance or walks unevenly		

Adapted from North Carolina Child Care Health & Safety Resource Center

Appendix B

SAMPLE CONSENT FORM FOR THE ADMINISTRATION OF MEDICATION

I, (print name) _____, authorize _____ to give my child _____ the prescribed dose of medication as follows:

Name of Medication: _____ Dose: _____

At the following time(s): _____

On the following date(s): _____

Prescribed by Dr. _____

Further, I agree to hold harmless and indemnify _____ (name of care provider or center) _____ for any charges or damages not covered by insurance, arising out of mistakes in administering the medication.

Parent (signature): _____ Date: _____

Date of prescription: _____ Name of prescription: _____

Medication must be in its original container.

Long term medication must be renewed every 3 months.

Possible side effects if any: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____

For Care Provider to Complete

Date prescription was filled (must be current): _____

Physician's directions for use: _____

Child's own name on label: _____

Record of Dispensation

DATE	DAY OF THE WEEK	AUTHORIZED STAFF'S SIGNATURE	TIME ADMINISTERED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Appendix C

ROUTINE SCHEDULE FOR CLEANING, SANITIZING, AND DISINFECTING

AREAS	BEFORE EACH USE	AFTER EACH USE	DAILY (At the End of the Day)	WEEKLY	MONTHLY	COMMENTS
FOOD AREAS						
Food preparation surfaces	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; Use of an automated dishwasher will sanitize
Tables & highchair trays	Clean, Sanitize	Clean, Sanitize				
Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
Food preparation appliances		Clean	Clean, Sanitize			
Mixed use tables	Clean, Sanitize					Before serving food
Refrigerator					Clean	
CHILD CARE AREAS						
Plastic mouthed toys		Clean	Clean, Sanitize			
Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boil for one minute
Hats			Clean			Clean after each use if head lice present
Door & cabinet handles			Clean, Disinfect			
Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
Machine washable cloth toys				Clean		Launder
Dress-up clothes				Clean		Launder
Play activity centers				Clean		
Drinking Fountains			Clean, Disinfect			
Computer keyboards		Clean, Sanitize				Use sanitizing wipes, do not use spray
Phone receivers			Clean			

continued on next page

Appendix C

ROUTINE SCHEDULE FOR CLEANING, SANITIZING, AND DISINFECTING

continued from previous page

AREAS	BEFORE EACH USE	AFTER EACH USE	DAILY (At the End of the Day)	WEEKLY	MONTHLY	COMMENTS
TOILET & DIAPERING AREAS						
Changing tables		Clean, Disinfect				Clean with detergent, rinse, disinfect
Potty chairs		Clean, Disinfect				
Hand washing sinks & faucets			Clean, Disinfect			
Countertops			Clean, Disinfect			
Toilets			Clean, Disinfect			
Diaper pails			Clean, Disinfect			
Floors			Clean, Disinfect			Damp mop with a floor cleaner/ disinfectant
SLEEPING AREAS						
Bed sheets & pillow cases				Clean		Clean before use by another child
Cribs, cots, & mats				Clean		Clean before use by another child
Blankets					Clean	

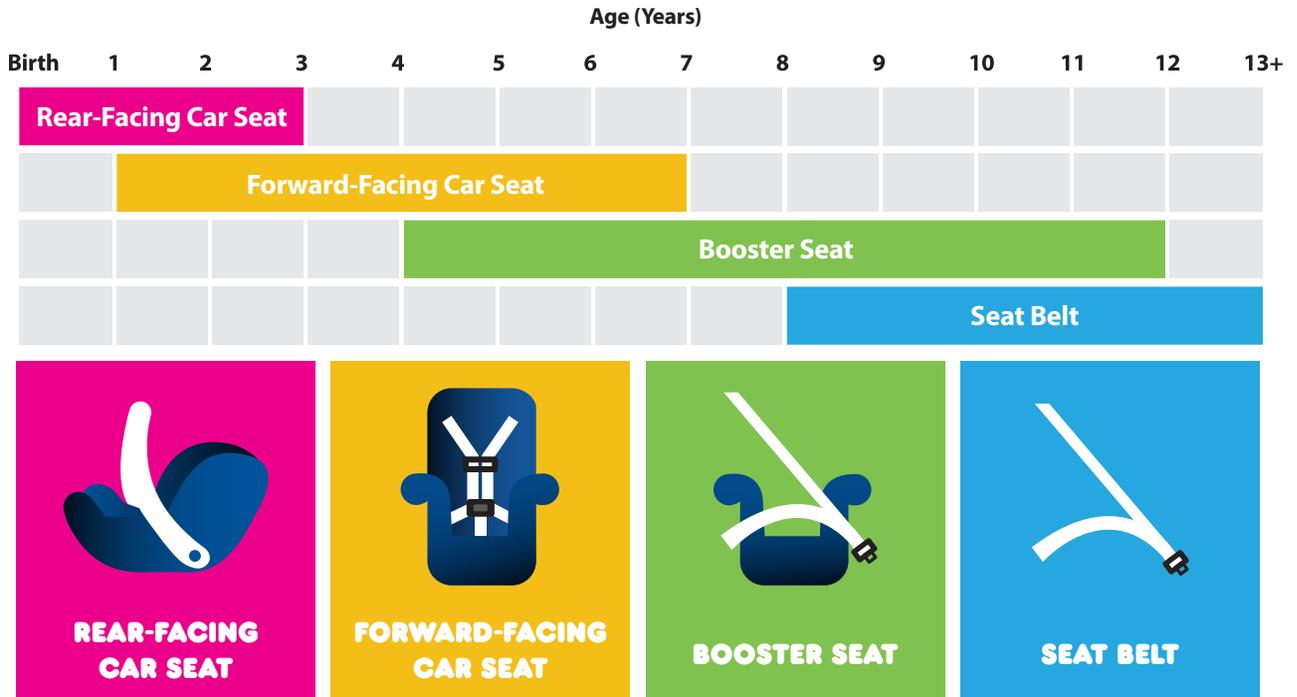
Adapted from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition

Appendix D

CAR SEAT RECOMMENDATIONS

Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child’s needs.



- Select a car seat based on your child’s age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer’s instructions (check height and weight limits) and read the vehicle owner’s manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer’s height and weight requirements.
- Keep your child in the back seat at least through age 12.

Adapted from www.safercar.gov

Appendix E

POISON PROOF YOUR HOME: ONE ROOM AT A TIME PESTICIDE POISON PREVENTION CHECKLIST

Pesticide Poison Prevention Checklist

Questions	Action Steps	
Bathroom		
Did you inspect the bathroom and move toilet bowl cleaners, medicine, cosmetics, tile cleaners, bathroom deodorizers, mouthwash, and other personal hygiene products out of reach from small children in a high, locked cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Re-close containers if interrupted during an application (e.g. phone call or doorbell). Make sure all harmful containers are fully sealed and out of a child's reach during temporary absence.
Are all medications and pesticide products, such as bathroom cleansers and mouthwashes, tightly sealed with child-resistant caps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Read the Label First. Follow all directions exactly as they are written on the label, including any noted precautions and product restrictions.
Bedroom		
Did you store items like mothballs, cosmetics, hair sprays, colognes, nail polish remover, and medicine products in a locked cabinet away from a child's reach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Mothballs should be hung in containers. If such products are used in closets or chests, they should be stored out of children's reach.
Living Room		
Have you placed all ant or roach baits and rodent pellets out of children's reach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Place roach and rodent baits in areas where children can not touch them. If possible, place rodent bait in a tamper-resistant bait station.
Kitchen		
Did you store hazardous products like bleach, bug spray, drain cleaners, ammonia, floor wax, furniture polish, and disinfectants up high in a locked cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> If items cannot be moved up high, install safety latches on lower cabinets to keep children out.
Did you store household cleaning products, such as dishwashing detergent, disinfectants, oven and window cleansers, and drain cleaners in a place away from food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Pesticides and foods should never be stored on the same shelf as pesticides may be mistaken for food.
Are all kitchen cleanser, drain opener, and ammonia substances in their original containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Keep all substances in their original containers. Using beverage bottles or cans for storing cleaning liquids and other household mixtures is very dangerous and may be mistaken for a drink. Plus, labels on original containers give first-aid information in case of accidental poisoning.
Are all cleaning liquids and medicines properly sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Keep potentially hazardous cleaning products and medicines properly closed while using, even if a container is briefly left unattended.
Garage		
Did you store gasoline, kerosene, car wax and soaps, weed killers, pesticide sprays, paint, windshield washer fluid, and anti-freeze substances up high out of the reach of young children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Poisonous anti-freeze tastes sweet to dogs and cats—clean up spills and leaks immediately.
Have you stored all hazardous fluids and pesticides high in a locked cabinet where children can't gain access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Store all hazardous fluids and pesticides high in locked cabinets where children can't gain access.
Laundry Room		
Are chemicals and laundry detergents or softeners out of the reach of young children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Using bottles and cans for storing detergents can be dangerous. Also, labels on original containers provide critical first-aid instruction in case of accidental poisoning.
Is the bleach container closed properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Keep all laundry and cleaning substances in their original containers.

For more information on pesticides or pesticide poisoning prevention, refer to EPA's Pesticides Program Web site at www.epa.gov/pesticides, or call the National Pesticide Information Center at 1-800-858-7378.

Appendix F

FIRST AID CHECKLIST

Your first aid kit should contain:

- 1. Disposable nonporous gloves (latex free recommended)
- 2. Scissors
- 3. Tweezers
- 4. A non-glass thermometer, “baby safe” version if infants are being cared for
- 5. Bandage tape (latex free)
- 6. Sterile gauze pads
- 7. Flexible roller gauze
- 8. Triangular bandages
- 9. Safety pins
- 10. Pen/pencil and notepad
- 11. Cold pack
- 12. Current first aid guide
- 13. Liquid soap (to be used with water) or moist towelettes for cleaning wounds
- 14. Hand sanitizer (not to be used on children under the age of 24 months) to be used if no water is available
- 15. Adhesive strip bandages
- 16. Plastic bags for disposal of cloth, gauze, and other materials used in handling bodily fluids
- 17. Emergency phone numbers, including phone numbers for parents and legal guardians

Appendix G

SAMPLE EMERGENCY PREPAREDNESS PLAN

PURPOSE: This plan establishes emergency procedures to be followed during the time I am in charge of individuals under my care. The plan covers fire, tsunami, flooding, earthquake, hurricane/tropical storm, and other hazards as deemed appropriate.

1. FIRE:

- a. The signal for fire is:

We will leave according to the posted evacuation plan and proceed to:

We will return to the facility when given permission by the Fire Department.

- b. Should the facility be damaged by fire, we will be housed temporarily at:

We will call all families for further information and action.

- c. Drills will be held periodically.

2. TSUNAMI:

I will take the following actions based on the Tsunami Evacuation Zone Maps.

The facility IS NOT in the Evacuation Zone. We will not evacuate when a tsunami watch or warning is issued.

The facility IS in the Evacuation Zone. The following procedures have been adopted:

- a. TSUNAMI WATCH - We will immediately begin preparing for the issuance of a Tsunami Warning and evacuation.
- b. TSUNAMI WARNING - When we hear the sirens, we will begin to evacuate and continue to monitor official emergency broadcasts.
- c. If a Tsunami Warning is issued, we will evacuate to:

- d. We have prepared survival kits and will take them with us when we evacuate. We will attempt to call all families once the official "All Clear" is announced.

3. HURRICANE/TROPICAL STORM:

- a. WATCH: We will monitor the storm and make preparations to evacuate in the event a Warning is issued. Watches are typically issued far enough in advance to allow time to close the facility in an orderly manner, or to remain closed if we are not yet open for the day.

- b. The Hurricane/Tropical Storm public evacuation shelter closest to this facility is:

continued on next page

Appendix G

SAMPLE EMERGENCY PREPAREDNESS PLAN

continued from previous page

4. EARTHQUAKE:

- a. If we are inside when an earthquake occurs, we will stay inside and immediately take cover under desks or tables, in supported doorways, etc.
- b. If outdoors, we will stay outdoors and move toward the open field that is away from electrical lines, tall buildings, and trees.
- c. If the facility is not damaged, we will remain in place and listen for official emergency instructions. I have made necessary preparations for us to survive in place for up to 72 hours without outside assistance.
- d. If the facility is damaged, we will gather our survival kits and attempt to move to shelter at:

5. FLOODING:

- a. If instructed by civil authorities to evacuate or if water begins to rise around the facility, we plan to gather the survival kits and immediately move to higher ground at:

6. OTHER HAZARDS:

- a. If instructed to shelter in place (e.g., due to airborne hazardous materials, terrorist threat, or other community emergencies), I will close and lock all windows and doors, and evacuate everyone to a room in the center of the site farthest from the outside and keep a low profile. I will await further instructions from authorities.
- b. If necessary to evacuate the facility, we will use the following evacuation plan and move to the designated shelter or another shelter as directed by civil authorities. I will attempt to contact the families as soon as possible. In the meantime, I urge families to listen to official emergency broadcasts for more information.

EVACUATION PLAN:

Evacuation routes/exits:	_____ # of doors on ground level _____ # of windows on ground level _____ Exit over stairs will be required
Evacuation infants/toddlers:	State how you will get non-mobile infants out safely
Notification:	<input type="checkbox"/> Once all children are evacuated: <input type="checkbox"/> 911 will be called <input type="checkbox"/> Parents will be notified
Emergency kits/information:	State where the kit and family contact information is stored
Evacuation sites:	<input type="checkbox"/> In neighborhood: _____ <input type="checkbox"/> Out of neighborhood: _____
Transportation to evacuation locations:	<input type="checkbox"/> By car with (#) _____ car safety seats <input type="checkbox"/> On Foot

Adapted from Hawai'i Department of Emergency Management

Appendix H

EMERGENCY SUPPLY TOOL KIT

Emergency Supply Tool Kit

	Short Term Emergency	72-Hour Emergency
8 Basic Supplies	Evacuation Backpack	Sturdy, waterproof, covered container with a cover
Important Papers	<input type="checkbox"/> Emergency information on each child in a small notebook or on child identification cards <input type="checkbox"/> Emergency plans and number <input type="checkbox"/> Medical Releases <input type="checkbox"/> Relocation site agreements and Maps	<input type="checkbox"/> Emergency Transportation Permission
Water	<input type="checkbox"/> One gallon of water for every four children/staff	<input type="checkbox"/> ½ gallon of water per child and 1 gallon per adult
Food	<input type="checkbox"/> Non-perishable food items such as granola bars and crackers <input type="checkbox"/> Formula for infants <input type="checkbox"/> Disposable cups	<input type="checkbox"/> Non-perishable food items such as canned fruit and meat <input type="checkbox"/> Appropriate eating utensils <input type="checkbox"/> Special food for infants <input type="checkbox"/> Non-electric can opener
Clothing & Bedding	<input type="checkbox"/> Aluminum safety blankets <input type="checkbox"/> Pair of work gloves	<input type="checkbox"/> Change of clothes per person, especially socks <input type="checkbox"/> Extra bedding/blankets
First Aid	<input type="checkbox"/> Small First Aid kit <input type="checkbox"/> Any needed medications	<input type="checkbox"/> Large First Aid kit <input type="checkbox"/> Any needed medications
Sanitation	<input type="checkbox"/> Diapers and wipes <input type="checkbox"/> Toilet paper <input type="checkbox"/> Hand sanitizer	<input type="checkbox"/> Additional diapers and wipes <input type="checkbox"/> Additional toilet paper and emergency toilet facilities, if possible <input type="checkbox"/> Hand soap <input type="checkbox"/> Paper towels <input type="checkbox"/> Plastic bags (varied sizes) <input type="checkbox"/> Feminine supplies
Comfort and Safety	<input type="checkbox"/> At least one age appropriate play activity <input type="checkbox"/> Flashlight with batteries <input type="checkbox"/> Pencils <input type="checkbox"/> Blank paper or notebook	<input type="checkbox"/> Several age appropriate play activities to rotate <input type="checkbox"/> Extra keys <input type="checkbox"/> Matches and candles <input type="checkbox"/> Duct tape and plastic sheeting (for sheltering-in-place) <input type="checkbox"/> Utility knife
Communication	<input type="checkbox"/> Weather radio and extra batteries <input type="checkbox"/> Charged cell phone or calling card	<input type="checkbox"/> Walkie-talkie <input type="checkbox"/> Cell phone <input type="checkbox"/> Signal/flare

- Decide which supplies are a priority. Request donation from families and community. Date your supplies and keep an inventory.
- Yearly or every six months: Rotate your food, water, and medical supplies in your daily operations before expiration date. Update important papers; check sizes of clothing and age appropriateness of activity.

Adapted from Family Child Care Emergency Preparedness Guide

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