CCHP Health and Safety Policies Checklist

Developed by the California Childcare Health Program, administered by University of California, San Francisco (UCSF) School of Nursing (www.ucsfchildcarehealth.org). 2005.

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Program ID #: _____

Program Name: _____

Date: _____

Rater: _____

The California Childcare Health Program (CCHP) Health and Safety Policies Checklist (CCHP H & S Policies Checklist) was developed to objectively assess written health and safety policies in early care and education (ECE) programs. The CCHP H & S Policies Checklist is based on the 2002 edition of *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out of Home Child Care* (American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care, 2002) and the University of North Carolina of Chapel Hill Quality Enhancement Project's (UNC QEP) *Health and Safety Checklist/Child Care Evaluation Summary* (Quality Enhancement Project for Infants and Toddlers, 2001). Additionally, some items on the CCHP H & S Policies Checklist were modified based on: 1) a pilot study conducted with child care health consultants, child care health advocates, researchers, and ECE teachers and directors; 2) the *CCHP Health and Safety Checklist-Revised* (www.ucsfchildcarehealth.org. 2005); and 3) information from the California Department of Motor Vehicles Code (one item in the Transportation Safety section).

The CCHP H & S Policies Checklist is recommended for use by ECE professionals, child care health advocates, child care health consultants, researchers, and other professionals interested in assessing and/or developing health and safety written policies in ECE programs. Written policies identify guidelines for health and safety practices adhered to by all staff and parents. For example, they help as a basis for communication and clarify when children are too ill to attend child care. The CCHP H & S Policies can also be used to develop health and safety interventions.

GUIDELINES FOR COMPLETING THE CCHP H & S POLICIES CHECKLIST

To complete the CCHP H & S Policies Checklist:

1) Collect all written health and safety policies (from the director or other staff) established for the early care and education program;

2) Review the written policies, specifically in the areas covered in the ten sections of the CCHP H & S Policies Checklist: exclusion of ill children; care of mildly ill children; administration of medications; daily health check; handwashing; sanitation; emergency preparedness; transportation safety; staff health; and inclusion of children with special needs;

3) Compare the content in the program's written policies to the quality rating established in the CCHP H & S Policies Checklist.

Rating and Scoring

Each of the ten policies in the CCHP H & S Policies Checklist contains multiple standards. Each standard in a policy is rated independently as either "yes" or "no." In order to receive a rating of "yes," the ECE program's written policies must correspond closely to those listed in the CCHP H & S Policies Checklist, and must meet all elements of the standard. If one or more elements of the standard is/are not met, rate the standard "no." Additionally, a standard would be rated "no" if it does not apply to the program being assessed. For example, if the ECE program being assessed never transports children in motor vehicles, the Transportation Safety section would not apply to the program and all the standards in that policy section would be rated as "no." The wording of the program's written policies does not have to be exactly the same as the wording on the CCHP H & S Policies Checklist, but they must convey the same content.

The "notes" column on the CCHP Health Policies Checklist can be used by the rater to make notes or comments about a standard or elements of a standard. For example, comments regarding specific standards or elements that need to be added, improved, or modified; notes to remind the rater about issues needing follow-up or discussion with ECE staff; or ideas about how to use written policies to inform health and/or safety interventions in the ECE program being assessed.

Each of the ten policy sections are scored individually. To score a policy section, total the number of standards in the section that received a "yes" rating and those that received a "no" rating at the bottom of the section. Include in the score whether a program has a policy or not (i.e., the first question of each section, "Does the program have a policy regarding..."). As an example, section 1. "Exclusion of Ill Children," has six standards (including the first question) that require a rating of either "yes" or "no." Therefore, the highest "yes" score possible in this section is six.

1. EXCLUSION OF ILL CHILDREN:

Does the program have a policy regarding exclusion of ill children? (If YES, rate the items below.)

The policy regarding exclusion of ill children states:	Yes	No	Notes
1. With the exception of head lice, for which exclusion at the end of the day is appropriate, a facility shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exist:			
1a. The illness prevents the child from participating comfortably in facility activities, as determined by the child care provider.			
1b. The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children, as determined by the child care provider.			
1c. The child has any of the following conditions: Refer to Attachment A, Contagious Conditions. (For more detail, see Caring for Our Children, 2002 ed., Chapter 3, Health Promotion and Protection in Child Care, pages 124-125, (Inclusion/Exclusion/Dismissal of Children).			
2. During the course of an identified outbreak of any communicable illness at the facility, a child shall be excluded if the health care provider determines that the child is contributing to the transmission of the illness at the facility. The child shall be readmitted when the health department official or health care provider who made the initial determination decides that the risk of transmission is no longer present.			
3. Children's critical medications are available at the child care program.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

2. CARE OF MILDLY ILL CHILDREN:

Does the program have a policy regarding care of mildly ill children? (If YES, rate the items below.)

The policy regarding care of mildly ill children states:	Yes	No	Notes
1. A child with uncontrolled vomiting or diarrhea or any other illness that requires that the child be sent home from the facility shall be provided care separate from the other children, with extra attention to hygiene and sanitation, until the child's parent/guardian arrives to remove the child.			
2. For all infectious diseases for which treatment has been initiated, continuing to include the child in care after treatment has been initiated should be conditional on completing the prescribed course of therapy and clinical improvement of the child's illness.			
3. Any facility should be encouraged to care for ill children who do not need to be excluded, provided that the licensing authority has approved the facility's written plan describing the symptoms or conditions that the facility is prepared to accommodate and procedures for daily care for such children.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

3. ADMINISTRATION OF MEDICATIONS

Does the program have a policy regarding administration of medications? (If YES, rate the items below.)

The policy regarding administration of medications states:	Yes	No	Notes
1. There shall be a written policy for the use of any commonly used nonprescription medication for oral or topical use kept on hand by the facility to be used for any child, with parental consent, for whom the medication may be indicated.			
2. The administration of medicines at the facility shall be limited to prescribed medications ordered by a health care provider for a specific child, with written permission of the parent or legal guardian.			
3. The administration of medicines at the facility shall be limited to nonprescription (over-the-counter) medications recommended by a health care provider for a specific child or for a specific circumstance for any child in the facility, with written permission of the parent or legal guardian.			
4. Any prescribed medication brought into the facility by the parent, legal guardian, or responsible relative of the child shall be dated, and kept in the original container labeled by a pharmacist with the child's first and last names; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; the manufacturer's instructions or prescription label with specific, legible instructions for administration, storage and disposal; the name and strength of the medication.			
5. Any over-the-counter medication brought into the facility shall be kept in the original container as sold by the manufacturer, labeled by the parent, with the child's name and specific instructions given by the child's health professional for administration.			
6. Any caregiver who administers medication shall be trained to check that the name of the child on the medication and the child receiving the medication are the same; read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals); administer the medication according to the prescribed methods and the prescribed dose; observe and report any side effects from the medication; and document the administration of each dose by the time and amount given.			
7. A medication record maintained on an ongoing basis by designated staff that shall include signed parent consent for the caregiver to administer medication.			
8. A medication record maintained on an ongoing basis by designated staff shall include an administration log.			
9. All medications, refrigerated or not refrigerated, shall:			
9a. Have child-resistant caps;			
9b. Be kept in an organized fashion;			
9c. Be stored away from food at the proper temperature;			
9c. Be inaccessible to children.			
10. Medications shall not be used beyond the date of expiration.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

4. DAILY HEALTH CHECK

Does the program have a daily health check policy? (If YES, rate the items below.)

The policy regarding the daily health check states:	Yes	No	Notes
1. Every day, a trained staff member shall conduct a health check of each child. This health check shall be conducted as soon as possible after the child enters the child care facility and whenever a change occurs while that child is in care. The health check shall address:			
1a. Changes in behavior (such as lethargy or drowsiness) or appearance from those observed during the previous day's attendance;			
1b. Skin rashes, itchy skin, itchy scalp, or (during a lice outbreak) nits;			
1c. If there is a change in the child's behavior or appearance, elevated body temperature, determined by taking the child's temperature;			
1d. Complaints of pain or of not feeling well;			
1e. Other signs or symptoms of illness (such as drainage from eyes, vomiting, diarrhea, and so on);			
1f. Reported illness or injury in child or family members since last date of attendance.			
2. The facility shall gain information necessary to complete the daily health check by direct observation of the child, by querying the parent or legal guardian, and, where applicable, by conversation with the child.			
3. The facility shall keep, for at least 3 months, a written record of concerns it identifies for each child during the daily health checks.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

5. HANDWASHING

Does the program have a handwashing policy? (If YES, rate the items below.)

The handwashing policy states:	Yes	No	Notes
1. Staff and children shall wash their hands at least at the following times:			
1a. Upon arrival for the day or when moving from one child care group to another;			
1b. Before and after eating, handling food, or feeding a child; giving medication; playing in water that is used by more than one person;			
1c. After diapering;			
1d. After using the toilet or helping a child use a toilet;			
1e. After handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths, or from sores;			
1f. After handling uncooked food, especially raw meat and poultry;			

(Handwashing Policy, continued)	Yes	No	Notes
1g. After handling pets and other animals;			
1h. After playing in sandboxes;			
1i. After cleaning or handling the garbage.			
2. The facility shall ensure that staff and children who are developmentally able to learn personal hygiene are instructed in, and monitored on, the use of running water, [liquid or foam] soap, and single-use or disposable towels in handwashing.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

6. SANITATION

Does the program have a sanitation policy? (If YES, rate the items below.)

The sanitation policy states:	Yes	No	Notes
1. Countertops/tabletops, floors, doors and cabinet handles shall be cleaned and sanitized daily and when soiled.			
2. Toilet areas			
2.a. Toilet seats, toilet handles, door knobs/cubicle handles and floors shall be cleaned and sanitized daily, or immediately if visibly soiled.			
2.b. Handwashing sinks, faucets, surrounding counters, and soap dispensers shall be cleaned and sanitized at daily and when soiled, and toilet bowls daily.			
3. Toys that cannot be washed and sanitized shall not be used. Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions shall be set aside where children cannot access them. They must be washed with water and detergent, rinsed, sanitized and air-dried by hand or in a mechanical dishwasher.			
4. Bedding (sheets, pillows, blankets, sleeping bags) shall be of a type that can be washed. Each child's bedding shall be kept separate from other children's bedding, on the bed or stored in individually labeled bins, cubbies, or bags.			
5. Sheets and pillowcases shall be cleaned weekly and when visibly soiled, and blankets and sleeping bags shall be cleaned monthly and when soiled.			
6. Food preparation and service surfaces shall be cleaned and sanitized before and after contact with food activity and between preparation of raw and cooked foods.			
7. Carpets and large area rugs shall be vacuumed daily when children are not present. Clean carpets at least monthly in infant areas and every 3 months in other areas and when soiled. Small rugs shall be shaken outdoors or vacuumed daily and laundered weekly.			
8. Any surface contaminated with body fluids (saliva, mucus, vomit, urine, stool, blood) shall be cleaned and sanitized immediately.			

(Sanitation Policy, continued)

Note: Complete the following items (#9 –#11) if the program being evaluated serves children in diapers and/or has cribs. If not, rate the items "no," total the number of items for this section, and continue to the next policy section.

	Yes	No	Notes
9. The diaper-changing area shall not be located in food preparation areas and shall not be used for temporary placement of food or utensils, or for serving of food.			
10. Diaper-changing tables and potty chairs are cleaned and sanitized after each child's use.			
11. Cribs or crib mattresses shall be cleaned weekly, before use by a different child, and whenever soiled or wet.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

7. EMERGENCY PREPAREDNESS

Does the program have an emergency preparedness policy? (If YES, rate the items below.)

The emergency preparedness policy states:	Yes	No	Notes
1. When an immediate response is required, the following emergency procedures shall be utilized:			
1) First aid and CPR care shall be employed, and the emergency medical response team shall be called.			
2) The facility shall implement a plan for emergency transportation to a local hospital or health care facility.			
3) The parent or parent's emergency contact person shall be called as soon as practical.			
4) A staff member shall accompany the child to the hospital and will stay with the child until the parent or emergency contact person arrives.			
2. The facility's written plan for urgent medical care and threatening incidents shall be reviewed with each employee upon employment and yearly thereafter to ensure that policies and procedures are understood and followed in the event of such an occurrence.			
3. Staff shall demonstrate the ability to locate and operate fire extinguishers.			
4. The facility shall have a written plan for reporting and evacuating in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, bomb threat, or other disaster that could create structural damages to the facility or pose health and safety hazards to the children and staff. The facility shall also include procedures for staff training on this emergency plan.			
5. The facility shall maintain at least one readily available, fully equipped, first aid kit wherever children are in care, including one for field trips and outings away from the facility and one to remain at the facility if all the children do not attend the field trip.			

(Emergency Preparedness Policy, continued)	Yes	No	Notes
6. Facilities shall have a written plan for immediate management and rapid access to medical care as appropriate to the situation. This plan shall:			
6a. Describe for each child any special emergency procedures that will be used, if required, by their caregiver or by a health care provider available to the caregiver;			
6b. Note any special medical procedures, if required by the child's condition, that will be used or might be required for the child while he/she is in the facility's care;			
6c. Include in a separate format, any information to be given to an emergency responder. This information shall include, any special information needed to respond appropriately to the child's condition and a listing of the child's health care providers.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

8. TRANSPORTATION SAFETY

Does the program have a transportation policy? (If YES, rate the items below.)

The transportation safety policy states:	Yes	No	Notes
1. A caregiver who provides transportation for children or contracts to provide transportation shall license the vehicle according to the laws of the state.			
2. Each vehicle must be equipped with a first aid kit and emergency identification and contact information for all children being transported and a means of immediate communication to summon help (such as a cell phone).			
3. When vehicles are used for transporting children, a backup vehicle shall always be available and shall be dispatched immediately in case of an emergency.			
4. A caregiver shall assure that preventive maintenance of the vehicle is carried out according to the manufacturer's specifications. Vehicles the facility operates shall be cleaned and inspected, inside and outside, at least weekly.			
5. All drivers, passenger monitors, chaperones, and assistants shall receive instructions in safety precautions. These instructions shall include: Refer to Attachment B, Transportation Safety Precaution Instruction. (For more detail, see Caring for Our Children, 2002 ed., Chapter 2, Program: Activities for Health Development, pages 60 – 61, Competence and Training of Transportation Staff).			
6. At least one adult who accompanies or drives children for field trips and out-of-facility activities shall receive training by a professional knowledgeable about child development and procedures to ensure the safety of all children. The caregiver shall hold a valid pediatric first aid certificate, including rescue breathing and management of blocked airways.			
7. Any Driver who transports children for a child care program shall be at least 21 years old, and shall have a valid appropriate drivers license, a safe driving record for more than 5 years, no record of substance abuse or criminal record of violent crimes or crimes involving child neglect or abuse, and no alcohol or drugs consumed within 12 hours prior to transporting children. Drivers shall ensure that any prescription drugs taken will not impair their driving ability.			
8. When children are driven in a motor vehicle other than a bus, school bus, or bus operated by a common carrier, the following seat restraints shall apply: Refer to Attachment C, Child Passenger Safety: Seat Restraints, CA Vehicle Code.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

9. STAFF HEALTH

Does the program have a staff health policy? (If YES, rate the items below.)

The staff health policy states:	Yes	No	Notes
1. All paid and volunteer staff members who work more than 40 hours per month shall have a thorough health assessment before their first involvement in child care work and every two years thereafter unless the health provider recommends that this be done more frequently. People who work less than 40 hours per month shall be encouraged to have a health appraisal. A statement from the health care provider that an appraisal was completed, and details about any findings that require accommodation, shall be on file at the facility. Health appraisals include:			
1a. Health history, physical and dental exam, and vision and hearing screening.			
1b. TB screening.			
1c. Certification of up-to-date immunizations.			
1d. Occupational health concerns.			
1e. Assessment of risk from exposure to common childhood infections.			
1f. Assessment of medical or psychological conditions that require accommodations or modifications for the person to perform tasks.			
2. Child care programs shall have staff members' health assessment, emergency contacts, medications, health insurance, and allergies and chronic conditions on file.			
3. Special health concerns of pregnant providers shall be carefully evaluated, and up-to-date information regarding occupational hazards for pregnant providers shall be made available to them and other workers.			
4. If a staff member is unable to perform the activities required for the job because of health limitations, the staff member's duties shall be limited or modified until the health condition resolves or employment is terminated. Termination may occur if the facility can prove it would be an undue hardship to accommodate the staff member with a disability.			
5. The program's written personnel policies shall address the major occupational hazards for workers in child care settings.			
6. Staff shall be taught to observe proper body mechanics when lifting and picking up children and heavy loads (i.e. bend at knees, load close to the body, do not twist, push don't pull, get help for heavy loads).			
7. Measures to decrease stress are implemented and include: 1) adequate wage and benefits, 2) job security, 3) training to improve skills and hazard recognition, 4) stress management training, 5) regular work breaks, 6) appropriate child: staff ratios, 7) liability insurance, 8) staff lounge and the use of sound absorbing materials, 9) regular performance reviews, and 10) stated provisions for backup staff, for example to allow caregivers to take necessary time off.			
8. The staff member shall be excluded if s/he has any of the follow conditions: refer to Attachment A, Contagious Conditions. (For more detail, see Caring for Our Children, 2002 ed., Chapter 3, Health Promotion and Protection in Child Care, pages 129 – 130, Staff Exclusion for Illness).			
9. The staff shall be educated regarding routine precautions to prevent the transmission of blood-borne pathogens before beginning to work in the facility and at least annually.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

10. INCLUSION OF CHILDREN WITH SPECIAL NEEDS

Does the program have a policy regarding inclusion of children with special needs? (If YES, rate the items below.)

The policy regarding inclusion of children with special needs states:	Yes	No	Notes
1. Facilities shall integrate children with disabilities and other special needs (such as chronic illness) and children without disabilities in all activities possible.			
2. Children with special needs and their families shall have access to and be encouraged to receive a multidisciplinary assessment by qualified individuals, using reliable and valid age and culturally appropriate instruments and methodologies, before the child starts in the facility. The multidisciplinary assessment shall be voluntary and focus on the family's priorities, concerns, and resources that are relevant to providing services to the child and that optimize the child's development.			
3. The Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and any other plans for special services shall be developed for children identified as eligible in collaboration with the family, representatives from the disciplines and organizations involved with the child and family, the child's health care provider, and the staff of the facility, depending on the family's wishes, the agency's resources and state laws and regulations.			
4. If a child has an IEP or IFSP, the child care facility shall designate one person in the setting to be responsible for coordinating care within the facility and with any caregivers and coordinators in other service settings, in accordance with the written plan.			
5. A child with special health care needs shall have a special care plan on file that includes emergency contact information, health provider, triggers, signs and symptoms of the condition and treatment instructions.			
TOTAL NUMBER OF ITEMS SELECTED IN EACH COLUMN			

REFERENCES:

American Public Health Association & American Academy of Pediatrics. (1992). Caring for our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. Washington, D.C.: American Public Health Association.

American Academy of Pedicatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). Caring for our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. 2nd Edition. Washington, D.C.: American Public Health Association.

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California Department of Motor Vehicles. (2005). Vehicle Code: Child Passenger Restraint: Requirements. Vc27360.

Quality Enhancement Project for Infants and Toddlers. (2001). Child Care Evaluation Summary. University of North Carolina at Chapel Hill, School of Public Health.

Contagious Conditions

A facility shall not deny admission or send home a child or staff member unless one or more of the following conditions exist:

Child Exclusions/Dismissal	Staff Exclusions/Dismissal
Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility Temperature: oral (101°), rectal (102°), axillary (100°)	Haemophilus influenzae type B (Hib), prophylaxis, until antibiotic treatment has been initiated.
Signs and Symptoms of severe illness (i.e., unusual lethargy, uncontrolled coughing, difficult breathing, wheezing or other unusual signs for the child) until medical professional evaluation finds the child able to be included at the facility.	Respiratory Illness, if the illness limits the staff member's ability to provide an acceptable level of child care and compromises the health and safety of the children.
Uncontrolled Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by Salmonella typhi, Shigella or E. coli 0157:H7.	Diarrheal illness, three or more episodes of diarrhea during the previous 24 hours or blood in stools, until diarrhea resolves; if E. coli 0157:H7 or Shigella is isolated, until diarrhea resolves and two stool cultures are negative
Blood in stools not explainable by dietary change, medication, or hard stools;	
Vomiting (two or more episodes in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration.	Vomiting illness (two or more episodes in the previous 24 hours)
Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms.	
Varicella-Zoster (Chicken pox), until all sores have dried and crusted (usually 6 days after onset of rash)	Chicken pox until all sores have dried and crusted, which usually occurs by 6 days)
Measles (until 4 days after onset of rash)	Measles until 4 days after onset of rash (if the staff member or substitute is immunocompetent)
Rubella (until 6 days after onset of rash)	Rubella (until 6 days after onset of rash)
Mumps (until 9 days after onset of parotid gland swelling)	Not usually applicable

Child Exclusions/Dismissal, continued	Staff Exclusions/Dismissal, continued
Pertussis (until 5 days of appropriate antibiotic treatment, currently erythromycin, which is given for 14 consecutive days)	Pertussis until after 5 days of appropriate antibiotic therapy (which is to be given for a total of 14 days) and until disease preventive measures, including preventive antibiotics and vaccines for children and staff who have been in contact with children infected with pertussis, have been implemented.
Mouth scores with drooling, unless a health care provider or health department official determines that the child is noninfectious.	
Rash with fever or behavior change until a physician determines that these symptoms do not indicate a communicable disease.	Rash with fever or joint pain (until diagnosed not to be measles or rubella)
Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of nonpurulent pink eye, exclusion shall be required only if the health authority recommends it.	Purulent conjunctivitis defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after initial treatment.
Pediculosis (head lice), from the end of the day of discovery until after the first treatment.	Head lice, from the end of the day of discovery until after the first treatment.
Scabies, until after treatment has been completed.	Scabies, until after treatment has been completed.
Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care.	Tuberculosis, until noninfectious and cleared by a health department official.
Impetigo (until 24 hours after initial treatment)	Skin infections (e.g., impetigo) (until 24 hours after initial treatment)
Strep Throat or other streptococcal infection, (until 24 hours after initial antibiotictreatment and cessation of fever.)	Strep Throat or other streptococcal infection, (until 24 hours after initial antibiotic treatment and end of fever)
Hepatitis A Virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members.	Hepatitis A Virus until 1 week after onset or as directed by the health department when immunoglobulin has been given to appropriate children and staff in the facility. (for one week after onset or passive immunoprophylaxsis)
Shingles (herpes zoster).	Shingles (only if the lesions cannot be covered by clothing or a dressing until crusted over)
Herpes simplex	Meningococcal infection, until all staff members, for whom antibiotic prophylaxis has been recommended, have been treated.

CCHP HEALTH AND SAFETY POLICIES CHECKLIST
ATTACHMENT B

Transportation Safety Precaution Instructions

All drivers, passenger monitors, chaperones, and assistants shall receive instruction in the following transportation safety precautions:

1. Use of developmentally appropriate safety restraints.
2. Proper placement of the child in the motor vehicle.
3. Handling of emergency situations. If a child has a chronic medical condition that could result in an emergency (such as asthma, diabetes, seizures) the driver or chaperone shall have written instructions including parent emergency contacts, child summary health information, special needs, and treatment plans, and shall be trained to:
    a. Recognize the signs of a medical emergency.
    b. Know emergency procedures to follow.
    c. Have on-hand, any emergency supplies or medications necessary.
4. Map and appropriate route to emergency facility.
5. Defensive driving.
6. Child supervision during transport, including never leaving a child unattended in a vehicle.

CCHP HEALTH AND SAFETY POLICIES CHECKLIST
ATTACHMENT C

Child Passenger Safety: Seat Restraints

When children are driven in a motor vehicle other than a bus, school bus, or a bus operated by a common carrier, the following seat restraint laws shall apply:

1. Infants should ride in rear-facing seats in the back seat from birth until at least 1 year old and at least 20 pounds.
2. Toddlers should ride in forward-facing seats in the back seat from age 1 and 20 pounds to about age 4 and 40 pounds.
3. Pre-school children should ride in booster seats in the back seat if over 40 pounds until at least age 6 or 60 pounds.
4. Older Children over age 6 and 60 pounds must use safety belts and should ride in rear seats until at least age 12.