



## + FROM THE SOURCE

### Keeping It Confidential

Parents have the legal right to expect that health records concerning their child are kept confidential. Maintaining confidentiality honors the distinction between information that is "interesting" and information that you *need to know* to provide appropriate quality care. Here are guidelines for maintaining confidentiality:

- ▶ Keep children's health records in locked files with access to appropriate program staff only and others who have written permission from parents.
- ▶ Information from health records may not be given in person, over the phone, mailed, or talked about with **anyone** without written parent consent.
- ▶ Any information from other professionals which is shared with you with the consent of a parent becomes part of the child's permanent file.
- ▶ You can only share information you have generated in your program. You may not give out records, documents, or files other professionals have contributed.
- ▶ Any time you release information about a child with permission of the parent or guardian, note that release of information in the child's file.
- ▶ Be sure that parents are aware of how you plan to use information included in the child's file.
- ▶ Let parents know they have the right to review any and all contents of their child's health file at any time. +

SLM

## + MAKING IT WORK

### Daily Health Check

Conduct a brief health check every day when children arrive. You are not expected to diagnose children (and, in fact, are discouraged from doing so), but the information from informal observations can alert you to potential problems early in the day so parents can be alerted. Of course, ongoing health observations throughout a child's time with you are also important, but that daily check for signs of illness first thing when the child arrives is a must.

- Briefly examine the child. Look at the child's face and any exposed skin, as well as consider his or her overall affect, such as facial expression, whether the child is smiling, sad, listless, excited, or tired.
- Talk with the child as you observe. Older children may respond informatively to comments such as "How are you doing today?" or "You look like you feel sad this morning."
- Ask the parent or whomever brings the child a question or two to about their child's general health and wellness at the time. You might ask, "How is Patrice feeling this morning?" or "Anything I should know about Kip before we spend the day together?" These and other thoughtful inquiries can prompt parents to help you understand the child's well-being.
- Infant/toddler programs frequently have a daily sign-in asking parents to document how the child slept, when the child was last fed and diapered, and other necessary details. +

SLM

## + NOTES FROM HOME

### Preschool To Home

We are often surprised at how much Trevor learns at preschool about health and safety. Thank goodness, his teacher, Sheila, lets parents know what she is doing! Her conversation during our first visit and her flier for parents describe her policies in ways that help us know what Trevor is talking about. I can totally see the healthy practices she uses! One afternoon, Trevor was signing "bucket" after wiping his nose during a recent bout with a cold. We had already seen that Sheila asks children to throw away their used tissues in little plastic buckets with a hole in the lid that she has around her house. I have recently come to especially appreciate the photographs she includes in the newsletter. In one newsletter, there are pictures of Trevor and Bartie pounding nails into a big stump, both of them wearing safety goggles and concentrating on hitting those nails. Now Trevor expects safety goggles when he helps his Grandpa at home.

Sheila is consistent about healthy practices. For example, Trevor kept signing "Where's the step?" when he finished going potty. I thought I was misunderstanding him until I talked to Sheila. She pointed to the step at the sink in her bathroom that smaller children stand on to wash their hands. It was really a message to us that he was ready to wash his hands by himself at home, too. Trevor would not be learning so much if Sheila didn't regularly DO what she SAYS is important and include each child in it. +

## + SPOTLIGHT: Check Your Practice

Keeping your early childhood program healthy and safe is fundamental to providing a quality learning environment for young children. One of the ways to do this is to continually monitor your own behavior through self-assessment. Self-assessment gives you the information you need for realistic self-examination, informed goal-setting, and customized professional development. This spotlight features one example of a self-assessment tool designed to help you look at your health and safety practices in action.

This self-assessment is not about whether you have a smoke alarm or a locked cabinet for medications. This self-assessment includes routines and practices which demonstrate your commitment to health and safety both philosophically and functionally. It can help you identify healthy and safe practices you already use and help you target practices that need to be improved or added.

Unlike a yearly health and safety inspection, the practices on the checklist are an important part of the ongoing activities and routines of each day in your program. The self-assessment items represent practices for maintaining a healthy and safe environment for each child. Each item:

- ▶ is typical of quality early childhood programs.
- ▶ reflects practices essential to including young children with disabilities in early childhood programs.

The self-assessment is designed to help you evaluate your own practice as it relates to maintaining a healthy and safe environment for individual children. The practices included on the self-assessment are listed below.

- I wash my hands.
- I keep current on health and safety issues.
- I have information about health and safety resources in the community.
- I communicate with families about health and safety issues.
- I address the individual health and safety needs of children in my care.
- I follow parent's written instructions to meet individual children's health and safety needs.
- I promote health and safety in a variety of learning activities.

- I make sure children wash their hands frequently and correctly.
- I take advantage of teachable moments to help children learn healthy and safe practices.
- I conduct a health check as children enter the program each day.
- I take action when children get ill or injured.
- I regularly assess the health and safety of the environment.
- I maintain a healthy and safe environment.
- I clean and disinfect toys.
- I check toys and equipment for safety.
- I clean and disinfect play and other surfaces
- I practice emergency procedures.
- I use proper precautions when handling contaminated items or cleaning contaminated surfaces.

After each practice is a more detailed description of what is meant by the item. For instance, for the item "I clean and disinfect toys," the description explains further:

"I keep toys clean. I disinfect infant/toddler toys at least once a day, and stuffed animals and other toys at least once a week. When toys are mouthed, I disinfect as soon as a child is finished playing with the toy. I use standard disinfectants, a dishwasher, or a bleach solution (1 Tablespoon per quart of water) and store solutions in a covered container out of children's reach."

The self-assessment tool just described is called "Maintaining a Safe and Healthy Environment: A Self-Assessment for Early Childhood Professionals" and is included in the *Child Care plus+ Curriculum on Inclusion: Practical Strategies for Early Childhood Programs*. This self-assessment leaves no doubt about the specific health and safety practices early childhood professionals should be incorporating into their programs. +

To obtain a copy, send \$3.00 US funds to *Child Care plus+*, Center on Inclusion in Early Childhood, University of Montana, MUARID, 634 Eddy Avenue, Missoula, MT 59812-6696.

## + What do I do when . . . ?

**Question:** I have developed a policy for dealing with sick children, but parents bring their children when they are sick anyway. How do I make them understand?

**Answer:** To working parents, a child's illness can present great difficulty. It can be hard to judge whether a child is too ill to attend child care and, unless parents are prepared, backup options are limited. However, parents should not pressure you to take their sick child, as it is your responsibility to maintain a healthy environment for all the children enrolled.

As you have probably already discovered, the issue of a sick child cannot be addressed effectively standing at the door in the morning. You need to be proactive. Parents need to know 1) what constitutes a sick child, 2) exactly what you expect of them, 3) you will contact them if their child shows signs of illness during the day (ask for workable secondary numbers to call when parents are not available), 4) you understand the challenges they face, 5) they should arrange alternative or substitute care for when their child is sick, and 6) you have health regulations you must follow. Write down your policy and give it to parents prior to enrollment. Discuss it with parents at orientation sessions and then reinforce your policy in parent handouts or notes home throughout the year.

Help parents develop a plan for when their child is sick which includes a list of alternative caregiving situations that can be prearranged as backup. Suggest other ways they can be prepared, such as arranging in-home care, asking for flex time from their employer and advocating

for personnel policies that support their being at home with their sick child. Check to see if there is a specialized center for mildly ill children or other temporary care option in the community, and let parents know about it. In other words, the most important thing you can do to help parents comply with your policy is to be firm and consistent about it and still empathize with them. +SHW/SLM

## + RESOURCE REVIEW

*Model Child Care Health Policies-Revised 1997* by Early Childhood Education Linkage System (ECLS) is a concise but comprehensive booklet published and distributed jointly by NAEYC and the American Academy of Pediatrics. Contains model health policies that can be adapted or used selectively in any type of child care setting. Policies are designed to allow you to insert information specific to your program. Includes reproducible forms and resource lists. Order from NAEYC (800-424-2460) for \$5.00 (order # 716).

*CHILD CARE plus+* is designed to support inclusion of children with disabilities in early childhood settings by supporting child care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators. *CHILD CARE plus+* is published quarterly. Subscription price is \$ 5.00 per year (four issues). Contents may be reproduced without permission; please include reference.

### *CHILD CARE plus+*

Rural Institute on Disabilities, 634 Eddy Avenue  
The University of Montana, Missoula, MT 59812-6696  
1-800-235-4122  
<http://ruralinstitute.umd.edu/childcareplus>

EDITORIAL BOARD: Sarah A. Mulligan; Sandra L. Morris; Susan Harper Whalen; and Amy Hill.

## Child Care plus+

Rural Institute on Disabilities  
The University of Montana  
634 Eddy Avenue  
Missoula, MT 59812-6696

NON-PROFIT ORG.  
U.S. POSTAGE  
PAID  
Missoula, MT  
59812  
PERMIT NO. 100