

NAEYC Program Standards and Accreditation Assessment Items

Standard 5: Health

Definition of Standard 5

The program promotes the nutrition and health of children and protects children and staff from illness.

Rationale

To benefit from education and optimize quality of life, children need to be as healthy as possible. Health is a state of complete physical, oral, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization 1948). Children depend on adults (who also are as healthy as possible) to make healthy choices for them and to teach them to make healthy choices for themselves. Although some degree of risk taking is desirable for learning, a quality program prevents hazardous practices and environments that are likely to result in adverse consequences for children, staff, families, or communities.

The Health Standard is made up of three topic areas (5.A, 5.B, and 5.C).

Topic Areas

- ❖ 5.A—Promoting and Protecting Children’s Health and Controlling Infectious Disease
- ❖ 5.B—Ensuring Children’s Nutritional Well-Being
- ❖ 5.C—Maintaining a Healthful Environment

5.A—Promoting and Protecting Children’s Health and Controlling Infectious Disease

Topic 5.A addresses practices for health promotion and protection for children and adult staff in the program, including plans and policies concerning immunization, communicable disease, and CPR and first-aid training, as well as standards for diapering, hand washing, feeding, dispensing medication, and using health professionals.

Recommended Best Practices

Health records

The program maintains current health records for each child: within six weeks of a child beginning the program, and as age appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the websites of the American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the Academy of Family Practice. When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child’s entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using a religious exemption. Child health records include current information about any health insurance coverage required for treatment in an emergency; results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results; current emergency contact information that is kept up-to-date by a specified method during the year; names of individuals authorized by the family to have access to health information about the child; instructions for all of the child’s special health needs, such as allergies and chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes); supporting evidence for cases in which the child is underimmunized due to a medical condition (documented by a licensed health professional) or the family’s beliefs. If a

Criteria in
Topic 5.A

- 5.A.01
- 5.A.02
- 5.A.03
- 5.A.04
- 5.A.05
- 5.A.06
- 5.A.07
- 5.A.08
- 5.A.09
- 5.A.11
- 5.A.10
- 5.A.15
- 5.A.12
- 5.A.13
- 5.A.14
- 5.A.16

vaccine-preventable disease to which children are susceptible occurs in the program, staff promptly implement a plan to exclude the child who is underimmunized.

Health consultants

The program has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or a health professional with specific training in health consultation for early learning programs. For programs serving children older than 2, the health consultant visits at least two times a year and as needed. Where infants, toddlers, and twos are in care, the health consultant visits the program at least four times a year and as needed. The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social and emotional, nutritional, and oral health, including the care and exclusion of ill children. Unless the program participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), at least two times a year a registered dietitian or pediatric public health nutritionist evaluates the menus for nutritional content; portion sizes; nationally recommended limits on juice, sugar, sodium, and saturated fats; food service operations; special feeding needs to be met by the program; and procedures used for food brought from home. The program documents compliance and implements corrections according to the recommendations of the consultant (or consultants).

Staff training and program practices in the event of illness

At least one staff member who has a certificate showing satisfactory completion of pediatric first aid training and satisfactory completion of pediatric CPR (cardiopulmonary resuscitation) is always present with each group of children.

The program follows these practices in the event of illness: If an illness prevents a child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children, or if a child's condition is suspected to be contagious and requires exclusion, as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where other individuals will not be exposed. The program immediately notifies the parent, legal guardian, or other person authorized by the parent, when a child has any sign or symptom that requires exclusion from the program. A program that allows children or staff who are ill to remain in the program implements plans that have been reviewed by a health professional about the levels and types of illness that require exclusion, how care is provided for those who are ill but who are not excluded, and when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.

Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which children were exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.

Outdoor activities

Children of all ages have daily opportunities for outdoor play (when weather, air quality, and environmental safety conditions do not pose a health risk). To ensure outdoor air quality in the outdoor learning environment, vehicles (buses as well as families' automobiles) do not idle in the program's parking areas, unless they must do so in extreme temperatures to heat or cool car systems or interiors.

When children are outdoors, they are protected against cold, heat, sun injury, and insect-borne disease. To protect against cold, the program ensures that children wear clothing that is dry and layered for warmth. To protect against

heat and sun injury, children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be non-aerosol sunscreen or sunblock with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so). When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children over 2 months of age. Do not use a product that combines sunscreen and insect repellent. Staff apply insect repellent no more than once a day and only with written parental permission.

When outdoor opportunities for large motor activities are not possible because of conditions, the program provides similar activities inside. Indoor equipment for large motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

Diapering

For children who are unable to use the toilet consistently, the program makes sure that the facility is equipped to change diapers and soiled clothing in safe and sanitary fashion. Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day. Diapers, underwear, and other clothing are changed when wet or soiled. Staff check children for signs that diapers or pull-ups are wet or contain feces when sleeping children awaken, and they check at least every two hours when children are awake. Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility. At all times, caregivers have a hand on the child when the child is being changed on an elevated surface. In the changing area, staff post and follow changing procedures. These procedures are used to evaluate teaching staff who change diapers.

Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group. Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects—and especially not for any object involved with food or feeding. Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can). Containers are kept closed and are not accessible to children.

For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

Hand washing

Proper hand-washing technique is followed by adults and children and includes using liquid soap and running water; rubbing hands vigorously for at least 20 seconds, including backs of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., using a paper towel to turn off water).

The program follows consistent practices regarding hand washing. Staff members and children who are developmentally able to learn about personal hygiene are taught hand-washing procedures and are periodically monitored. Hand washing is required by all staff, volunteers, and children when it would reduce the risk of transmission of infectious diseases to themselves and to others, as described in the next paragraph. Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults wash their hands upon arrival for the day; after diapering or using the toilet (use of wet wipes is acceptable for infants); after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching

any mucus, blood, or vomit); before meals and snacks, before preparing or serving food, and after handling any raw food that requires cooking (e.g., meat, eggs, poultry); after playing in water that is shared by two or more people; after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and when moving from one group to another (e.g., visiting) when it involves contact with infants, toddlers, and twos. Adults also wash their hands before and after feeding a child, before and after administering medication, after assisting a child with toileting, and after handling garbage or cleaning.

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement to, but not a substitute for, handwashing in any required hand-washing situation listed above. Staff wear gloves when contamination with blood may occur. Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material. In situations in which sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food. For children over 24 months and for adults, hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an alternative to traditional hand washing with soap and water when visible soiling is not present.

Children's medications

Safeguards are used with all medications for children. All medications are kept in a locked container. Staff administer prescription or over-the-counter medication to a child only if the child's record documents that the parent or legal guardian and a licensed health provider have given the program written permission. The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff. Any administrator or teaching staff who administers medication has (a) specific training in and (b) a written performance evaluation, updated annually by a health professional, on the five correct practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method, with documentation of each time the medication is given. The person giving the medication signs documentation of items (1) through (5) above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider. Medication is labeled with the child's first and last names; the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider; the name of the licensed health care provider; the expiration date of the medication or the period of use of the medication; the manufacturer's instructions or the original prescription label that details the name and strength of the medication; and instructions on how to administer and store it.

Water play

Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed for each group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table.

Infants, toddlers, and twos do not have access to large buckets that contain liquid.

Sudden infant death syndrome

To reduce the risk of sudden infant death syndrome (SIDS), infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than 12 months. Blankets are not allowed in cribs or rest equipment for infants younger than 12 months. The infant's head remains uncovered

during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

Feeding

Infants younger than 12 months are held for bottle feeding. All others sit or are held to be fed. Infants, toddlers, and twos do not have bottles while in a crib or bed and do not drink from propped-up bottles anytime. After each feeding, an infant's teeth and gums are wiped with a disposable tissue (or a clean, soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. Toddlers and twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

At least once daily in a program where children older than 1 year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.)

5.B—Ensuring Children's Nutritional Well-Being

Criteria in Topic 5.B

Topic 5.B addresses children's nutrition, including food-serving practices, menus, health requirements, refrigeration requirements, and food allergies.

Recommended Best Practices

- 5.B.01
- 5.B.02
- 5.B.04
- 5.B.08
- 5.B.03
- 5.B.05
- 5.B.06
- 5.B.07
- 5.B.09
- 5.B.10
- 5.B.11
- 5.B.12
- 5.B.13
- 5.B.14
- 5.B.15
- 5.B.16

If the program provides food for meals and snacks (whether catered or prepared on-site), the food is prepared, served, and stored in accordance with the USDA Child and Adult Care Food Program guidelines. Staff take steps to ensure the safety of food brought from home. They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines. All foods and beverages brought from home are labeled with the child's name and the date. Staff make sure that food requiring refrigeration stays cold until served. Food is provided to supplement food brought from home, if necessary. Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. For all infants and for children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information. If the program provides food to infants, then the program staff work with families (who are informed by their child's health care provider) to ensure that the food is based on the infant's individual nutritional needs and developmental stage.

The program takes steps to ensure food safety in its provision of drinks, meals and snacks. All fresh fruits and vegetables are thoroughly washed prior to eating, to avoid possible exposure to pesticides and bacteria. Staff discard foods with expired dates. To protect against lead exposure, no imported, old or handmade pottery is used to cook, store, or serve food or drinks. To protect against harmful plastics, staff never use plastic or polystyrene (Styrofoam™) containers, plates, bags, or wraps when microwaving children's food or beverages. Staff choose and use dish wares (including baby bottles, sippy cups, and drinking cups) made of glass (covered with a silicone sleeve to prevent breakage) or polypropylene/polyethylene options. Staff discard plastic, ceramic or glass dishes and containers that are chipped, cracked or scratched.

The program documents compliance and any corrections that it has made, in accordance with the recommendations of the program's health consultant, nutrition consultant, or sanitarian, that reflect consideration of federal and other applicable food safety standards.

For each child with special health care needs or food allergies or special nutrition needs, the child's health care provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses, so it is a visual reminder to all those who interact with the child during the program day.

Clean, sanitary drinking water is made available to children throughout the day. (Infants who are fed only human milk do not need to be offered water.) Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.

The program supports breastfeeding by accepting, storing, and serving expressed human milk for feedings. Human milk is received in ready-to-feed sanitary containers labeled with the infant's full name, the date, and the time the milk was expressed. The bottles or containers should immediately be stored in the refrigerator on arrival and stored at the following temperatures and for the following duration times, according to the date that the milk was expressed:

- Refrigerator at 39 degrees Fahrenheit: 5 days
- Freezer at 5 degrees Fahrenheit: 2 weeks
- Freezer compartment with separate doors at 0 degrees Fahrenheit: 3–6 months
- Chest or upright deep freezer at -4 degrees Fahrenheit: 6–12 months

Staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk. The program provides a comfortable place for breastfeeding and coordinates feedings with the infant's mother.

No milk, including human milk, and no other infant foods are warmed in a microwave oven. If formula is served, staff serve only formula that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions. If solid food is served, parents may bring solid food prepared at home for use by their child, or the program may prepare solid infant food in the facility. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes.

Teaching staff do not offer solid foods to infants younger than 4 months, unless that practice is approved by families. Sweetened beverages are avoided. If juice (only 100% fruit juice is recommended) is served, it is served only to infants 12 months and older, and the amount is limited to no more than four ounces per child daily.

Teaching staff who are familiar with an infant feed him or her whenever the infant seems hungry. Feeding is not used in lieu of other forms of comfort. The program does not feed cow's milk to infants younger than 12 months. The program serves whole or reduced fat cow's milk to children ages 12 months to 24 months.

Staff do not offer children younger than 4 years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas; hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. Staff cut foods into pieces no larger than ¼-inch square for infants and ½-inch square for toddlers and twos, according to each child's chewing and swallowing capability.

The program prepares written menus, posts them where families can see them, and has copies available for families. Menus are kept on file for review by the nutrition consultant. The program serves meals and snacks at regularly established times. Meals and snacks are at least two hours apart but not more than three hours apart.

5.C—Maintaining a Healthful Environment

Topic 5.C addresses issues related to maintaining an environment that supports the health of children and staff.

Recommended Best Practices

The routine frequency of cleaning and sanitizing all surfaces in the facility takes place as indicated in NAEYC's "Cleaning, Sanitizing, and Disinfecting Frequency Table." Ventilation and cleaning are used, rather than sprays, air freshening chemicals, or deodorizers, to disperse odors in inhabited areas of the facility and in custodial closets. Scented or unscented candles and air fresheners are not used, and use of personal fragrances is discouraged.

When cleaning, fragrance-free, 3rd party certified (www.ecologo.org, www.epa.gov/saferchoice, OR www.greenaseal.org), least-toxic products are used. When disinfecting or sanitizing, chlorine bleach and other disinfecting and sanitizing products are EPA-registered, used only for their intended purpose, and in strict accordance with all label instructions. Chlorine bleach solution is mixed fresh daily. Concentration and bleach/water solution ratio is posted.

Procedures for standard precautions are used and include the following:

- Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.
- Staff use barriers and techniques that reduce the spread of infectious disease and that minimize contact of mucus membranes or of openings in skin with potentially infectious body fluids.
- When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.
- After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated diaper-changing surfaces described in NAEYC's "Cleaning, Sanitizing, and Disinfecting Frequency Table."
- Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.
- Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie, then place the bag in a closed container.

A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be washed by hand using water and detergent, then rinsed, sanitized, and air dried **or** washed and dried in a mechanical dishwasher before it can be used by another child. Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals. Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.

Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk of salmonella infection.

Criteria in
Topic 5.C

5.C.01
5.C.02
5.C.03
5.C.04
5.C.06
5.C.05

Standard 5 Site Visit Assessment Items

Item count summary: Total items = 41; infant items = 41; toddler items = 31; preschool items = 30; kindergarten items = 30; school-age = 30

Source of evidence key: CP = Class Portfolio; CO = Class Observation; PP = Program Portfolio; Previsit = previsit evaluation of documentary evidence

Assessment category key: (R) = required criterion/item; (E) = emerging practice criterion/item

Topic area Criterion of origin	Item ID	Assessment item Definition, examples, guidance	Source of evidence	Age categories
5.A 5.A.01	801	If any child in the program is underimmunized, show one example of a form that documents this and explains why. <i>Rate NA if the program shows evidence that there are no under-immunized children currently enrolled.</i> <u>Underimmunized:</u> A person who has not received the recommended number or types of vaccines for his or her age, according to the current national and local immunization schedules (AAP).	PP	ITPKS
5.A 5.A.01	802	Show a written procedure for promptly excluding any underimmunized child if a vaccine-preventable disease to which children are susceptible occurs in the program. <i>Underimmunized:</i> A person who has not received the recommended number or types of vaccines for his or her age, according to the current national and local immunization schedules (AAP).	PP	ITPKS
5.A 5.A.03 (R)	811 (R)	Provide your classroom staffing patterns and staff CPR and first-aid training records that show that at least one staff member currently certified in pediatric first-aid and pediatric CPR is always scheduled to be present with each class of children. <u>Present:</u> A class of children can be left in the care of a staff member who does not have appropriate first aid and CPR training for <u>no more than five minutes</u> . For example, if the staff member with appropriate first aid and CPR training needs to step into the hallway to speak privately to a parent, or leave the group to use the restroom, the staff member must return within five minutes or another staff member with appropriate first aid and CPR training must join the class within five minutes.	PP	ITPKS
5.A 5.A.07	829	Show how you document that written permission from families is required to allow staff to apply sunscreen to their child(ren). <i>Rate NA if the program documents that they do not apply sunscreen to any children.</i>	PP	ITPKS

5.A 5.A.08	835	Program staff change diapers or training pants when wet or soiled. <i>Do not rate how family members change diapers, if observed. Rate NA if the group does not include children in diapers or training pants. Rate No if wet or soiled diapers were not changed during the observation.</i>	CO	ITPKS
5.A 5.A.08 (E)	837 (E)	Each designated changing area is separated by a partial wall OR is located at least three feet from other areas that children use. <i>Designated changing area: An area or space prepared for the purpose of changing soiled diapers, training pants, or underwear and in which all changing-related materials are readily available. Examples of designated changing areas: Changing tables, bathrooms, curtained/semi-private nooks or corners.</i>	CO	ITPKS
5.A 5.A.08	842	All diaper bins have a lid that opens and closes tightly using a hands-free device (e.g., step can). <i>Rate as NA if the group does not include children in diapers or disposable training pants. Diaper bins: Receptacles designed and/or used for the purpose of containing soiled diapers.</i>	CO	ITPKS
5.A 5.A.08	844	Children cannot access diaper bins. <i>Rate NA if the group does not dispose of diapers in their room. Rate as No if diapers are disposed of in an accessible trash can used for multiple purposes. Diaper bins: Receptacles designed and/or used for the purpose of containing soiled diapers.</i>	CO	ITPKS
5.A 5.A.08	849	Show that your diapering policy instructs staff to check for and change wet or soiled diapers or training pants when a child wakes up from a nap. <i>Rate NA if the program indicates that it does not serve children who are not toilet trained.</i>	PP	ITPKS
5.A 5.A.08	853 (E)	For children in diapers, show that each diaper changing table is used exclusively by one designated class of children. <i>Rate as NA if the program indicates there are no diaper changing tables in the center.</i>	PP	IT
5.A 5.A.09	870	Both children and adults wash or sanitize their hands before meals and snacks. <i>For children 24 months and under, soap and water should be used and alcohol-based hand sanitizers should not be used. Rate No Opp if no meals or snacks are consumed during the observation.</i>	CO	ITPKS
5.A 5.A.09	873	Both children and adults wash or sanitize their hands after playing in water that is shared by two or more people. <i>For children 24 months and under, soap and water should be used and alcohol-based hand sanitizers should not be used. Rate No Opp if water play does not take place during the observation.</i>	CO	ITPKS
5.A 5.A.09	875	Both children and adults wash their hands after touching sand or dirt. <i>Rate as No Opp if neither children nor adults touch sand or dirt during the observation.</i>	CO	ITPKS

5.A 5.A.09	877	Adults wash or sanitize their hands before and after feeding a child. <i>Rate NA when observing meal or snack time in classes where all children are capable of independently feeding themselves. Rate No Opp if no meals or snacks are served during the observation.</i>	CO	ITPKS
5.A 5.A.09	882	When washing their hands, adults and children rub their hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails. <i>ALL elements must be observed in MOST of the adults and children MOST of the time to rate Yes for this indicator. Rate No Opp if no hand washing takes place during the observation.</i>	CO	ITPKS
5.A 5.A.09	895	Show that your written hand-hygiene policy instructs adults to wash or sanitize their hands <ul style="list-style-type: none"> • Before and after feeding a child • Before and after administering medication • After handling garbage • After cleaning <i>Medication: A substance used for medical treatment, especially as a medicine or drug. Includes both prescription and over-the-counter drugs. Skin protectants and cosmetics are not considered medication. Cleaning: Physically removing all dirt and contamination, often using soap and water.</i>	PP	ITPKS
5.A 5.A.11	914	Show that staff who administer medication have completed specific training to do so. <i>Rate as NA if the program shows that it does not administer any prescription medications.</i> <i>Medication: A substance used for medical treatment, especially as a medicine or drug. Includes both prescription and over-the-counter drugs. Skin protectants and cosmetics are not considered medication. Training: Specialized college-level coursework or professional development training. Specialized college-level course work may include core courses that cover these topics or courses addressing these topics specifically.</i>	PP	ITPKS
5.A 5.A.11	919	Show or describe how <ul style="list-style-type: none"> • Most medications are kept in a locked container • Medications that must be readily available are stored in a safe manner, inaccessible to children, while allowing for quick access by staff <i>Rate as NA if the program shows that it does not administer any medications.</i> <i>Medication: A substance used for medical treatment, especially as a medicine or drug. Includes both prescription and over-the-counter drugs. Skin protectants and cosmetics are not considered medication. Examples of medications that must be readily available: Emergency medication such as an EpiPen; topical over-the-counter medications such as sunscreen, lotions, and diaper creams.</i>	PP	ITPKS

<p>5.A 5.A.12 (R)</p>	<p>920 (R)</p>	<p>Teaching staff place infants on their back to sleep, without the use of infant sleep positioners, unless ordered by a physician. <i>Rate as No Opp if no infants are observed being placed to sleep. Documentation of a physician's authorization will be requested if infants younger than 12 months are observed being placed to sleep in positions other than on their back, are observed being placed to sleep with an infant sleep positioner, or are observed to be sleeping with an infant sleep positioner.</i> <i>Infant sleep positioner: Devices intended to keep an infant in a desired position while sleeping.</i> <i>Examples of infant sleep positioners: Sleeping bolsters, wedge-style positioners, rolled up blankets placed under the infant or crib mattress.</i></p>	<p>CO</p>	<p>I</p>
<p>5.A 5.A.12 (R)</p>	<p>921 (R)</p>	<p>Teachers place infants to sleep in infant sleep equipment that meets current standards of the United States Consumer Product Safety Commission. <i>Rate No Opp if no infants are observed being placed to sleep.</i> <i>Examples of sleep equipment: Cribs, play yards, cots, mats, sleeping bags or pads, Montessori floor beds.</i></p>	<p>CO</p>	<p>I</p>
<p>5.A 5.A.12 (R)</p>	<p>922 (R)</p>	<p>When infants arrive at the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant is removed and placed in appropriate infant sleep equipment. <i>Rate as No Opp if no infants arrive to the program asleep, or fall asleep during the observation, in equipment not specifically designed for infant sleep.</i> <i>Examples of equipment not specifically designed for infant sleep: Car safety seat, swing, bouncer, stroller, infant seat, highchair.</i> <i>Examples of sleep equipment: Cribs, play yards, cots, mats, sleeping bags or pads, Montessori floor beds.</i></p>	<p>CO</p>	<p>I</p>
<p>5.A 5.A.12 (R)</p>	<p>928 (R)</p>	<p>If all of your infant sleep equipment meets the current standards of the United States Consumer Product Safety Commission, provide a signed copy of NAEYC's <i>Infant Sleep Equipment Acknowledgement Form</i> in your Program Portfolio. <i>Rate Not Age if only children one year and older are served.</i> <i>This is a required practice.</i> <i>All programs serving infants younger than one year must complete the Infant Sleep Equipment Acknowledgement Form to meet this item. No other documentation of compliance is needed. If any of your infant sleep equipment DOES NOT MEET the current standards of the United States Consumer Product Safety Commission, you must bring all equipment into compliance before signing NAEYC's Infant Sleep Equipment Acknowledgement Form.</i> <i>Examples of sleep equipment: Cribs, play yards, cots, mats, sleeping bags or pads, Montessori floor beds.</i></p>	<p>PP</p>	<p>I</p>

5.A 5.A.12 (R)	929 (R)	<p>Show that your written infant sleep policy includes all of the following elements:</p> <ul style="list-style-type: none"> • Staff must place infants younger than 12 months on their back to sleep, without the use of infant sleep positioners, unless otherwise ordered by a physician • If infants arrive at the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant is removed and placed in appropriate infant sleep equipment <p><i>Examples of sleep equipment: Cribs, play yards, cots, mats, sleeping bags or pads, Montessori floor beds.</i></p> <p><i>Examples of equipment not specifically designed for infant sleep: Car safety seat, swing, bouncer, stroller, infant seat, highchair.</i></p> <p><i>Infant sleep positioner: Devices intended to keep an infant in a desired position while sleeping.</i></p> <p><i>Examples of infant sleep positioners: Sleeping bolsters, wedge-style positioners, rolled up blankets placed under the infant or the crib mattress.</i></p>	PP	I
5.A 5.A.16	944	If your program serves two or more meals a day, show that your policies and procedures provide children with the opportunity to brush their teeth or clean their gums at least once daily.	PP	ITPKS
5.A 5.A.12	1550	<p>Show that your infant sleep policy includes all of the following elements</p> <ul style="list-style-type: none"> • Soft items (e.g., blankets, pillows, quilts, comforters, sheepskin, soft toys) are not allowed in cribs or rest equipment for infants younger than 12 months • Infants' heads must remain uncovered during sleep. • Although infants under 12 months are placed to sleep on their backs, they are then allowed to assume any comfortable sleep position one they are able to turn themselves over. 	PP	I
5.A 5.A.06	1558 (E)	Show that your program's written policies discourage idling vehicles (buses, families' automobiles) in your parking areas, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures.	PP	ITPKS
5.B 5.B.03	954	Show that your food safety policy is communicated to staff and that it lists steps that staff must take to ensure food safety when providing meals and snacks.	PP	ITPKS
5.B 5.B.03	955	Show that your food safety policy instructs staff to discard any foods with expired dates.	PP	ITPKS
5.B 5.B.03	1560 (E)	Show that your program's food safety policy instructs staff to thoroughly wash all fruits and vegetables prior to eating.	PP	ITPKS
5.B 5.B.03	1561 (E)	Show that your program's food safety policy instructs staff to never use plastic or polystyrene (Styrofoam™) containers, plates, bags, or wraps when microwaving children's food or beverages.	PP	ITPKS

5.B 5.B.04	959	<p>Show that your feeding policy states that for children of any age with special feeding needs, and for all infants, staff must do the following each day:</p> <ul style="list-style-type: none"> • Document the type and quantity of food the child consumes • Provide this information to the child’s family <p><i>If the program indicates that it does not serve infants the feeding policy does not need to address infants, but would still need to address children with special feeding needs, whether currently enrolled or not.</i></p> <p><i>Special feeding needs: Food intolerance, allergy, health concerns (e.g., diabetes, overweight/underweight), or medical conditions that require the use of specialized feeding equipment (e.g., feeding tubes).</i></p>	PP	ITPKS
5.B 5.B.09	972	Show that your written policies and procedures ensure that breast milk is labeled with the infant’s full name and the date and time that the milk was expressed.	PP	I
5.B 5.B.10 (E)	979 (E)	<p>Staff discard any formula or breast milk that has been unrefrigerated for one hour or more.</p> <p><i>Rate No Opp if no unrefrigerated formula or breast milk is seen during the observation.</i></p>	CO	I
5.B 5.B.10 (E)	986 (E)	Show that your written policies and procedures ensure that staff discard any unfinished and unrefrigerated formula or breast milk after one hour.	PP	I
5.B 5.B.12	996	Staff do not feed infants in place of other forms of comfort.	CO	I
5.C 5.C.01	1008	<p>Food-serving tables and high chairs are cleaned and sanitized after each use.</p> <p><i>Rate No Opp if no food is served during the observation.</i></p>	CO	ITPKS
5.C 5.C.01	1009	<p>When strong odors occur in the air, they are controlled using ventilation (not air-freshening sprays).</p> <p><i>Rate No Opp if no strong airborne odors occur during the observation.</i></p> <p><i>Rate No if odors persist and staff have not attempted to control them.</i></p>	CO	ITPKS
5.C 5.C.01	1011	<p>Show that you have procedures in place to assure that cleaning, disinfecting, and sanitizing of the facility is carried out as recommended by NAEYC’s “Cleaning, Sanitizing, and Disinfecting Frequency Table.”</p> <p><i>Cleaning: Physically removing all dirt and contamination, often using soap and water.</i></p> <p><i>Disinfecting: Destroying or inactivating most germs, but not bacterial spores, on any inanimate object.</i></p> <p><i>Sanitizing: Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations.</i></p>	PP	ITPKS
5.C 5.C.01	1564 (E)	Scented or unscented candles and air fresheners are not used anywhere in the facility.	PO	ITPKS

<p>5.C 5.C.01</p>	<p>1573 (E)</p>	<p>Show or describe how your program selects and uses fragrance-free, 3rd party certified, least-toxic cleaning products for use in your program facility.</p> <p><i>Non-Toxic Cleaning: Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting. Safer cleaning products are not only less-toxic and environmentally safer, but they also often cost less or the same as conventional cleaners.</i></p> <p><i>Examples of non-toxic cleaning products: Grean Seal, UL/EcoLogo, and EPA's Safer Choice research and certify cleaning products that are biodegradable and environmentally friendly.</i></p> <p><i>Third-party certified: An independent organization has reviewed the manufacturing process of a product and has independently determined that the final product complies with specific standards for safety, quality or performance. (Source of definition: http://www.nsf.org/about-nsf/what-is-third-party-certification)</i></p>	<p>PP</p>	<p>ITPKS</p>
<p>5.C 5.C.03</p>	<p>1022</p>	<p>If a child has contaminated a toy with saliva or other body secretions or excretions, staff set the toy aside for washing in a bin or in another location created for that purpose.</p> <p><i>Examples of body secretions or excretions: Blood, saliva, urine, feces, vomit, or mucus.</i></p>	<p>CO</p>	<p>ITPKS</p>