

The Licensing Link

Dakota County Social Services

From Your Licensing Worker

June / July 2009

Illness Policies—a word from Child Care Licensing

Minnesota Rules 9502.0435, subpart 16, addresses the care of ill children. This portion of the rule requires:

- A. The provider shall notify the parent immediately when a child in care develops any of the following symptoms:
 - 1. Underarm temperature of 100 degrees Fahrenheit or over, or an oral temperature of 101 degrees Fahrenheit or over;
 - 2. Vomiting
 - 3. Diarrhea; or
 - 4. Rash, other than mild diaper or heat-related rash.



Note that this part of the rule requires notification of the parent, but does not require barring the child from care. The care of ill children is largely a policy decision that providers make themselves for their own businesses. The rule does require providers to have written permission to administer any medications to a child in care, following

either the manufacturer's instructions for nonprescription medications or physician or dentist instructions for prescription medications. For providers who choose to provide care to ill children, special restrictions are given in the rule regarding reportable diseases. If a child in care has one of the diseases listed as a reportable illness in Chapter 4605, Department of Health, Communicable Diseases, providers must follow physician's instructions for care, must inform parents of children who have been exposed, and must report suspected cases to the health department, although typically the physician will have already done so.

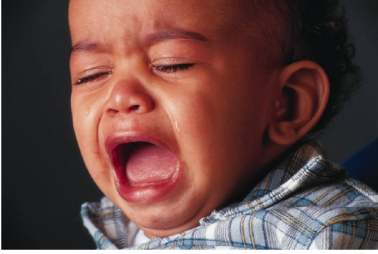
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<http://blogs.dctc.edu/dawnbraa/> This Child Development Blog includes topics that childcare providers, teachers, and parents alike may enjoy. Whether it be upcoming family events, current research, teacher resources, or even daily child jokes/facts, there's something for everyone. Be sure to check out the Professional Guest Speaker page to listen to hot topics relating about working with children.

From Your Licensing Worker...Continued



Perhaps you have established a policy of excluding ill children from your care, with descriptions of symptoms that require children to be kept out of care. You have reviewed the policy with parents, perhaps verbally or in writing to all families in anticipation of the cold and flu season. Ideally, that would take care of it. Unfortunately, many providers have had experiences to the contrary: children who are given acetaminophen to bring down a fever for morning drop-off, the child sent home the previous day who is now back even sicker the next day without the recommended follow-through on the suggested clinic visit, or the casual comment on the way out the door about the child vomiting a few times the night before.

Enforcing policies can be uncomfortable. It is frustrating when adults enter into an agreement with you, then ignore the terms that have been set. In spite of the bad feelings that accompany incidents like this, it helps if you simply approach it in a direct and matter-of-fact manner. Stick to the issue: “here’s a copy of the policy you agreed to, and this policy clearly states than any child with these symptoms is excluded from care.” While it is true that the parent might be trying to take advantage of you or even could be trying to deceive you, the real issue is still that an ill child has been brought in spite of your policy prohibiting children with those symptoms from care. Avoid the no-win trap of blaming - stay with the tangible concern.

In child care licensing, we often hear from providers about parents trying to convince the provider to bend the policy. As with any business issue (as opposed to rule requirements), what you decide to do is your business. Tom Copeland from Resources for Child Caring has been known to warn providers about violating their own contracts, however. Providers with a history of not enforcing parts of the contract with parents may have difficulties enlisting conciliation court in enforcing the terms of that contract if the provider files a claim. The suggestion here is that you make policies you can live with, then regard your contract as a binding agreement between you and the parents.

Many providers state in their policies that parents are responsible for finding their own backup care. While a number of parents have identified vacation back-up providers, you may need to remind them to arrange ill child care if your policy bars ill children. Obvious options include calling on an available trusted adult to stay home with the child or parents taking time off. MN law allows employees to use sick leave to care for a sick child. To be eligible, employees must have worked at least one year and have worked at least twenty hours a week at a company with 21 or more employees. Parents should check with their company’s human resource department about their regulations.

An ounce of prevention is worth a pound of cure. Take time to review with parents your limits on care of ill children. Prompting them to plan for the inevitable sick days may not prevent every problem, but if it diverts even one struggle, it could be time well-spent.



SUPERVISION U

Upcoming Training

NOTE: WSC denotes the Western Service Center in Apple Valley and NSC denotes the Northern Service Center in West St. Paul.



CORE courses (required)

Dates * Time * Location

1. **Super Care Starts with SuperVision** 9/8/09 6:30-8:30 NSC 110 (Call Sue at 952-891-7229 for registration. Also look for Supervision class options in the RCC catalog.)
2. **Supervision Thru the Stages is a two part class. You must take both sessions.**
3. **Supervision Thru the Infant/Toddler Stages 10/8/09** 6:30-8:30 WSC L139 (These classes meet the child development training requirement.)
4. **Supervision Thru the Preschool Stages 10/29/09** 6:30-8:30 WSC L139 Both preschool and toddler courses need to be completed for Supervision U.

ELECTIVES (choose three)

1. **Rule Review/Handbook** Pick up a handbook from your licenser and take the post test for 2 hours of training credit
2. **Group Dynamics 10/1/09** 6:30-8:30 WSC L139 (Call Sue at 952-891-7229 for registration)
3. **Temperament** (Check out RCC for classes on this subject)
4. **Stress & Burnout** (Check out RCC for classes on this subject)
5. **Behavior Guidance** (Check out RCC for classes on this subject)

To register for the FREE Dakota County licensing sponsored classes, contact Sue Jahnke at: susan.jahnke@co.dakota.mn.us or 952-891-7229

To register for classes offered through RCC, call 651-641-3549 or register on-line at www.mnstreams.org or mail in the class registration form from the RCC catalog. There is a class fee for RCC training.

Swine-Origin Influenza A (H1N1) Information for Providers

Child care providers in community-based child care programs in all settings including both center-based and family child care programs should:

- Review their plans for responding to a pandemic. Make sure that they are up to date and that parents know what they are.
- Remind parents and enforce policies for having ill children stay at home during their illness. Children with symptoms of an influenza-like illness should not come to school. Symptoms of influenza include fever, cough, sore throat, body aches, headache, chills, fatigue, and, in some cases diarrhea. The child's health care provider will determine whether influenza testing is needed and when the child can return to child care. In most areas, children with other, mild respiratory illnesses including allergies may be allowed to attend child care as long as they are able to participate comfortably and their care does not result in a greater need for care than the staff can provide without compromising the health and safety of the other children (Caring for Our Children- Standard 3.065).
- Remind workers not to come to work if they have an influenza like illness. They should consult their health care provider to determine whether influenza testing is needed.
- Health departments in areas where cases of persons affected with this new virus have been identified may recommend more rigid exclusion policies, so providers will need to stay informed on what is happening in their communities.
- Children with influenza may be infectious for up to 10 days after illness onset with influenza while adults are thought to likely be infectious for 5-7 days. Public health investigators are working to more precisely learn the length of infectiousness. If a child has been confirmed to have swine-origin influenza, then seek the advice of the child's health provider and the health department about when the child can return to the child care program.
- Be familiar with local/state plans for child care in the event of a mild or severe pandemic. This information may be available from state or local health authorities, child care licensing agencies or resource and referral agencies. If these plans do not include specific approaches to communicate with and handle situations in child care, do what you can to advocate for updating the plans.
- Develop and implement a system to track illness and absence due to illness among children and staff if one is not already in place. The system should be simple and easy to maintain but should record the number of persons with various illnesses (e.g. respiratory, diarrhea, rash) by day or at least by week. (see Caring for Our Children Standards 3.001 and 3.002 for information on how to do this (<http://nrckids.org/CFOC/PDFVersion/Chapter%203.pdf> page 2))



- Review and implement CDC Guidelines and Recommendations for Preventing the Spread of Influenza (the Flu) in Child Care Settings: Guidance for Administrators, Care Providers, and Other Staff, (<http://www.cdc.gov/flu/professionals/infectioncontrol/childcaresettings.htm>)
- Make sure staff are familiar with the above guidelines and that they are being followed in your program. Remind child care staff to clean/sanitize/disinfect frequently touched surfaces within the facility.
- Provide information to parents on steps that they could take to prevent flu. (See attached fact sheet that could be distributed to each parent or posted on a door to the facilities with providers calling attention to the posted fact sheet).
- Monitor the postings on the CDC web site about this virus (www.cdc.gov/swineflu) and information from state or local health departments to see if child care facilities should begin preparing for possible closure or changes in operation.
- Work with parents to consult the child's health provider if you have questions about a child with a respiratory illness or if you suspect a child might have influenza. Contact your child care health consultant or local public health department if you need help to make decisions promptly that affect the children as a group.

Child care and preschool programs can help protect the health of their staff and the children and families they serve by calling attention to the every day preventive actions that parents can initiate to protect their children. (Please consider posting or distributing the attached message in your child care facility).

More information on preventing the spread of influenza can be found at: <http://www.pandemicflu.gov/plan/school/preschool.html>. For generic information on disaster preparedness, see NACCRRA's web site http://www.naccrra.org/for_parents/coping/disaster.php

Additional generic planning information for child care programs and schools, including examples of state and local plans, can be found on the Department of Education's website at: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html>.

Note: Conditions and situations are rapidly changing and these recommendations may change over time.



Preventing the Flu: Good Health Habits Can Help Stop Germs

Fact Sheet

1. Avoid close contact.

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

2. Stay home when you are sick.

Stay home from work, child care, school, and errands when you are sick, except to seek medical care. Keep sick children at home except to seek medical care. You will help prevent others from catching the illness.

3. Cover your mouth and nose.

Cover your mouth and nose with a tissue when coughing or sneezing or cough into your elbow if you do not have a tissue. Throw the tissue in the trash after you use it.

4. Wash your hands often.

Washing your hands and the hands of your children often will help protect you from germs.

5. Avoid touching your eyes, nose or mouth.

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

6. Practice other good health habits.

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

There is no vaccine available at this time for this new flu virus, so it is important for people living in the affected areas to take steps to prevent spreading the virus to others. If people are ill, they should stay at home and limit contact with others, except to seek medical care. Healthy residents living in these areas should take the everyday preventive actions listed above.

People who live in these areas who develop an illness with fever and respiratory symptoms, such as cough and runny nose, and possibly other symptoms, such as body aches, nausea, or vomiting or diarrhea, should contact their health care provider. Their health care provider will determine whether influenza testing is needed.

WATER SAFETY



a Reminder for parents and caregivers.....

Contrary to what many people believe, drowning is a quick and silent killer.

In the time it takes to ...

...cross the room for a towel (10 seconds), a child in the bathtub can become submerged.

...answer the phone (2 minutes), that child can lose consciousness.

...sign for a package at your front door (4 to 6 minutes), a child submerged in the bathtub or pool can sustain permanent brain damage.

Approximately 25-30 children die each year from drowning, making it the leading cause of death in children under 5 in Arizona. A recent Arizona Department of Health Services study found that:

Majority of these children drowned in their own backyard swimming pool.

Most of them were missing for less than 5 minutes.

More boys drown than

In warm months (May-
were attributed to a lapse

In cold months (October-
attributed no barrier or



girls.

September), 52 percent of drownings or near- drownings
of supervision.

April), 78 percent of drownings or near- drownings were
problems with the fence or gate.

Water safety protection can't be achieved with any single device. Any one device alone does not equal protection and water safety isn't guaranteed. Because it is humanly impossible to watch a child 24 hours a day, layers of protection that includes supervision, barriers, locks, gates, alarms, and other devices, should all be used to help ensure the safety of children around water.

Protect infants and toddlers from drowning

Infants (birth to 1 year) and toddlers are at drowning risk too! They can drown in bathtubs or when reaching into buckets, toilets, diaper pails, ice chests, and wading pools.

Never leave an infant alone in a bathtub. Do not let a preschool child care for an infant in a bath.

Do not use any devices to support an infant in the bathtub.




Empty
away.



all containers of liquid (bucket, ice chest, wading pool, diaper pail) right

Keep bathroom door closed. You may use a hook and eye latch or doorknob cover.

Superv

It is  important to remember that your children may not fear water. They may walk into a pool out of curiosity or in an attempt to reach an object. Drowning occurs swiftly and silently.

An adult "Water Watcher" should be assigned to supervise the pool/spa area or any other body of water, especially during social gatherings. Wearing a Water Watcher badge can be a physical reminder to the watcher and others identifying who is responsible for eye-to-eye contact with children in the pool.

If there are several children in the pool area, more than one adult should supervise.


It is important not to rely on swimming lessons, life preservers or any other equipment to make a child "water safe." Swimming lessons cannot "drown-proof" and are not recommended for children under age 3.

Look in the pool area first if a child is missing.

The babysitter, grandparents and friends should all know safety rules and **CPR**.

Have a phone by the pool to call 911 in case of an emergency.



POOLS No matter what sort of secondary  barrier system you decide on for your backyard pool, remember that it will only be effective if you check it frequently for proper operation. No device is fail-safe, and no combination of devices guarantee safety.

Fencing

reaching the need to restrict



to prevent access to the pool by children, most codes require an additional section of fence to be constructed between the pool and the house, creating the four-sided fence.

The four-sided fence should be at least five feet high with no more than a 4-inch spacing between the bars.

You should have a clear view of the pool.

Children should not be able to climb over the fence.

The fence gate should be self-closing and have a self-latching lock that is out of reach of young children.

It is also essential that your fence, including the self-latching, self-closing gate, is maintained in good working order. If the gate is routinely propped open or the latch is blocked, no barrier exists. In Maricopa County through 1988-2000, 16 percent of the drowning or near-drowning cases, ages 0-4, were attributed to gate or latch failure.

Supplemental Door Locks

The addition of supplemental locks on doors and windows leading from the house to the pool can provide another layer of protection for you and your child. These locks should be used to complement other barrier methods, not as the only barrier. To be effective, these should be:

at least five feet off the ground.
in good working order and used



consistently.

Pool Covers

Solar covers cannot be considered adequate barriers to prevent drowning. These products are intended to increase the pool temperature, not to serve as a protection device. These "floating blankets" may appear to be secure and entice a child to chase after a toy onto its surface. The child can slip beneath the cover, but the cover appears essentially undisturbed causing a delay in finding the child.

Pool nets or pool covers are designed to be anchored around the pool or on a track, preventing any contact with the water once in place. These covers are reported to hold the weight of a small child, or two adults during a brief rescue. As of 2001, there have been no scientific studies to show whether these types of barriers reduce drowning incidents.

Pool Alarms

Electronic pool alarms provide a warning when a child is near or in the pool. Studies have not been able to prove that alarms are reliable enough to alert adults to unauthorized entry. This type of barrier should be used only as a supplemental device.

If an accident happens, act immediately!

Yell for help. Carefully lift the child out of the pool.

Start **CPR**, if you are trained, and have someone call 911.

If you are alone, carry the child to a telephone, call 911 and continue CPR.

If you don't know CPR, the 911 operator will give you instructions by phone.

Even if the child appears normal when revived, obtain medical attention.

Source: Phoenix Children's Hospital Injury Prevention,
National Safe Kids Coalition,
Consumer Product Safety Commission,
Arizona Department of Health Services.

A Look At Safety

MAINTAINING SAFE WATER TEMPERATURE



Water heaters can sometimes be difficult to regulate. As stated in the last newsletter, water temperature in licensed child care homes must be maintained at less than 120 degrees. The problem we are hearing from some providers is that they can't get their water heaters to maintain that temperature. What happens is the water temperature is too high even when they set their appliance at the lowest setting, or on the flip side, they do not have enough hot water for the needs of their families.

Some water heaters have manual dials located on the tanks. These dials should offer a variety of settings. Providers should experiment with the settings until they find the correct setting that gives them a water temperature that does not exceed 120 degrees. (Always refer to the owner's manual for assistance)

Other water heaters have electronic touch pads located, again, on the tanks. If the temperature setting just above "vacation" continues to heat the water to over the 120 degrees, the owner's manual will direct the user to "wake-up" the electronic thermostat, so that the correct 120 degree setting can be found.

If the above attempts do not work, or if the process is too confusing, providers can call the Tech Line at Centerpoint Energy, and the person can "walk you through" the process. The Tech Line phone number is 612-321-5184. The service is free to anyone, even if you are not a customer of Centerpoint Energy.

If all attempts fail, it is possible that the thermostat is out of calibration. If that is the case, professional service on the water heater is necessary. Thermostats cannot be re-calibrated, they must be replaced.

It is strongly advised that all child care providers purchase a digital thermometer. Please don't wait for your licenser to test your water at the yearly visit. You could be putting the safety of children at risk. **Test your water temperature often!** The digital thermometers can be obtained at most stores at a cost of 10-12 dollars. This can be a business expense that can save you the anxiety of wondering if your water is in the safe zone for your children.

There is also a specialized scald-proof faucet that senses when the water temperature is higher than 120 degrees. The faucet can then inject cold water into the line. Providers can have this faucet installed on the sink used for child care. As one provider said, "It is worth every penny to me, to have the peace of mind regarding scalds, without sacrificing our hot showers." This faucet runs about \$100.00, plus installation. Check your local plumber.

Child care licensing is not in the business of promoting particular products. We are in the business, as you are, of keeping children protected and safe.



**We would like to offer another hearty “CONGRATULATIONS!” to the
2009 graduating class of Supervision U!**

On Thursday May 7, 2009, the Dakota County Child Care Licensing unit hosted an appreciation event to recognize providers during the annual “Week of the Child Care Provider”. The event included an open house along with a graduation ceremony for this year’s group of Supervision U graduates – all 41 of them! Each graduate was presented with a Supervision U diploma along with a graduation gift from Lakeshore Learning. The fact that these individuals are Supervision U graduates will become public information in the provider’s file and will be shared with individuals requesting file checks from the county.

Thanks again to all Supervision U graduates for your dedication to Dakota County’s supervision coursework and thanks also to all providers who attended the open house/graduation ceremony event –it was a fun evening for all!

Please take note of the following individuals who put forth the extra effort required to complete the Supervision U coursework.

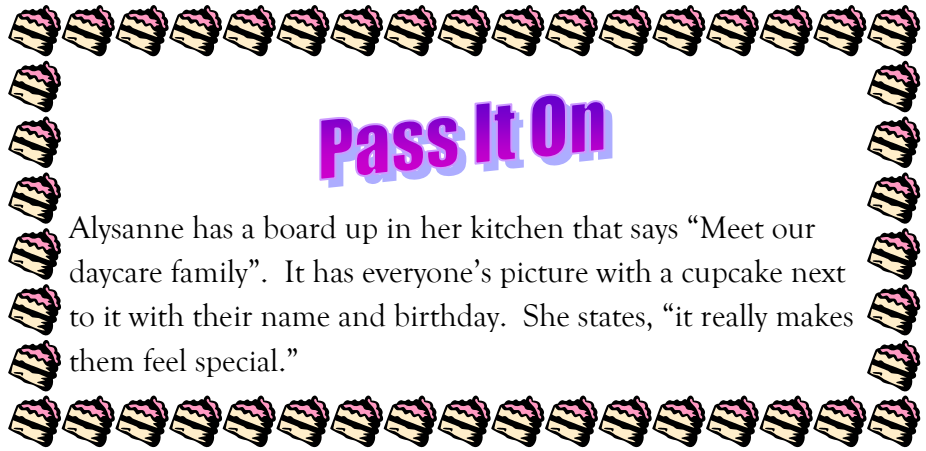
- | | |
|---------------------------------------|---------------------------------------|
| 1. Beth Unten – Apple Valley | 22. Pamela Nystrom - Burnsville |
| 2. Jean Dommer – Apple Valley | 23. Lisa Schmidt – Rosemount |
| 3. Terri Lee – Apple Valley | 24. Sue Anselment – Lakeville |
| 4. Gwen Bents – Apple Valley | 25. Lori Hannasch – Apple Valley |
| 5. Linda Larson - Burnsville | 26. Cindy Huonder – Eagan |
| 6. Jane Newman – Farmington | 27. Joyce Zenner – Hastings |
| 7. Alicia Oferosky – South St. Paul | 28. Janice Stadler – Farmington |
| 8. Holly Fick - Hastings | 29. Kat Doring – Farmington |
| 9. Laura Teichert - Eagan | 30. Diana Fowls – Eagan |
| 10. Cynthia Warren - Burns | 31. Leann Larson – West St. Paul |
| 11. Peggy Gopaul – Apple Valley | 32. Roxann Nordquist – South St. Paul |
| 12. Janice Kasperek - Eagan | 33. Carol Tourville – South St. Paul |
| 13. Debra Hansmeier - Eagan | 34. Suzanne Turgeon – South St. Paul |
| 14. Mary Schlemmer – South St. Paul | 35. Laurie Cheney – South St. Paul |
| 15. Donna Karnick - Hastings | 36. Denice Rahn – Rosemount |
| 16. Jennifer Rolling – South St. Paul | 37. Kathleen Clausen – Apple Valley |
| 17. Christy Niemann - Eagan | 38. Cindy McRoberts – Eagan |
| 18. Cheryl McKay – South St. Paul | 39. Cathy Sportelli – Eagan |
| 19. Laurie Fleming - Northfield | 40. Lisa Mozingo – Eagan |
| 20. Amy Sylvester - Lakeville | 41. Tonya Collignon - Farmington |
| 21. Pam Bakken – South St. Paul | |

If you would like additional information regarding Supervision U, please go to the child care licensing website at www.dakotacounty.us/healthfamily/childcareproviders.

Dakota County Child Care Licensing

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Pass It On

Alysanne has a board up in her kitchen that says "Meet our daycare family". It has everyone's picture with a cupcake next to it with their name and birthday. She states, "it really makes them feel special."

For Your Information:

Shaken Baby Training - Change in law effective 8/1/2009

Shaken baby syndrome can happen to older children, not just infants. "Most people do not know that shaken baby syndrome not only affects infants, but children up to the age of 5," said Rep. Phil Sterner (DFL-Rosemount), who co-sponsored a bill which will make shaken baby training mandatory for caregivers who care for children under school age. Previously, training for shaken baby training was required when child care providers cared for infants. The training for shaken baby syndrome must be a minimum of 30 minutes and will be required at least once every five years. The bill has passed both houses of the MN legislature and been approved by the governor.

Dakota County Child Care Licensing

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