



**SCHOOL NURSING  
IN  
CHILD CARE  
SETTINGS**





## § 1. Overview

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### WHAT IS CHILD CARE?

In Colorado, child care can occur in:

- Full-time child care programs, licensed as "day care centers"
- part-time programs, licensed as "part-day preschool centers" (including Head Start and the Colorado Preschool Program)
- before- and after-school programs licensed as "school age child care centers"

These programs provide both child care and early educational programs. They may be found in public school settings, private school settings, commercial settings, not-for-profit settings, and private family homes. Ideally, programs are licensed by the state meeting minimum health and safety standards and accredited by an accepted organization interested in the quality of the care provided.

In 2002 there were approximately 176,000 "slots" or spaces available in all child care programs (including school age child care) in Colorado.<sup>1</sup>

During the 2002 school year in Colorado, there were over

20,000 children enrolled in child care/pre-kindergarten programs, a 175 percent increase since 1992. These programs include publicly subsidized programs, such as Early Head Start, Head Start, Colorado Preschool Program, and Colorado Child Care Assistance Programs. They also include young children with special health care needs identified as eligible for special education services in school settings.<sup>2</sup>

<sup>1</sup> Colorado Office of Resource and Referral Agencies. (2003). Colorado child care data compared to the nation – 2003. [http://www.corra.org/InfSta/Content/DataChildCare\\_Colorado\\_2003.pdf](http://www.corra.org/InfSta/Content/DataChildCare_Colorado_2003.pdf).

<sup>2</sup> Colorado Department of Education. (2003). Pupil counts by grade. <http://www.cde.state.co.us/cdereval/download/pdf/Fall2002PM/PMGradeComparisonsfrom1982-2002.pdf>.





## Overview (continued)

### **WHAT HEALTH ISSUES ARE RELEVANT IN PRESCHOOL CHILD CARE SETTINGS?**

Child care settings serving preschool children face the same school health challenges as their K-12 counterparts, including exposure to communicable, acute, or chronic diseases, potential for accidental injury, staff-wellness, need for prevention education, and family stresses.<sup>3</sup> However, child care settings pose their own peculiar challenges to health and safety that will vary depending upon the age of the children, the particular child care setting, and the composition of children in the class. These challenges include the:

- development of children's immune systems;
- children's abilities to comprehend and follow directions;
- developmental behavior of young children;
- developmentally appropriate practices for teaching young children; and,
- educational training of child care staff may not include health.

Specific health issues especially pertinent to preschool child care settings include:

- universal precautions, that includes handwashing, toothbrushes, bottles/water bottles, diapering, toileting, swimming/wading pools;
- injury prevention, that includes special attention to strings and cords, water safety, child safety vehicular restraints, playground safety, helmets for bicycles and tricycles, toys, halogen lamps, bedding materials, swimming or wading pools;
- child to staff ratios;
- biting;
- brain development research and theory;
- appropriate outdoor temperatures for play;
- firearms (in home settings);
- proper sleep position;
- diapering, cleaning, disinfection procedures for staff and parents (see universal precautions);
- food preparation and serving practices procedures (see universal precautions);

<sup>3</sup> National Association of School Nurses. (2001). Position Statement. The role of the school nurse in services to preschool children co-located on school campuses during school hours.  
<http://www.nasn.org/positions/preschool.htm>.





## Overview (continued)

### What Health Issues Are Relevant In Preschool Child Care Settings? (continued)

- handwashing procedures for staff and children (see universal precautions);
- nutrition and food allergies;
- environmental concerns, including toy cleaning (see universal precautions), removing or covering shoes when entering infant play surfaces;
- facility layout to reduce child abuse (e.g., security, door ways), enhance injury prevention (e.g., finger-pinch protection devices required wherever doors are accessible to children), and health promotion goals (e.g., child level sinks and toilets, separate diaper changing areas);
- medication administration and training requirements;
- delegation of special health care procedures for children with special health care needs;
- inclusion/exclusion policies, that should include policies related to head lice, diarrhea, respiratory infections, etc.
- medication issues, including getting permission to apply sunscreen, diaper ointment, and insect repellent;
- balloons;
- sandboxes (e.g., formula, cleaning);
- 
- animals (including fish, reptiles, bird, and insects) in the classroom, whether invited or not;
- electronic devices, including satellite dishes;
- immunizations;
- diseases of young children (e.g, fifth disease);
- back injuries among providers from lifting young children;
- stress reduction among providers;
- use of toilet training equipment;
- toys , including consumer safety and disinfection issues; and,
- parental health modeling, e.g. use of tobacco, alcohol, etc.





## Overview (continued)

The National Association of School Nurses suggests that school nursing services be available to preschool populations located on school campuses during school hours. In these situations, school nurses, administrators, and preschool staff need to collaborate to provide a seamless school health delivery system, utilizing all available community resources.

HOW SOME CHILDHOOD INFECTIOUS DISEASES ARE SPREAD			
Method of Transmission			
Direct contact with infected person's skin or body fluid	Respiratory Transmission (air borne from lungs, throat, or nose of one person to another)	Fecal-Oral Transmission (touching feces or objects contaminated with feces to the mouth)	Blood Transmission
Chickenpox* Cold Sores Conjunctivitis Head Lice Impetigo Ringworm Scabies	Chickenpox* Common Cold Diphtheria Fifth Disease Bacterial meningitis* Hand-Foot-Mouth Disease Impetigo Influenza* Measles* Mumps* Pertussis* Pneumonia Rubella*	Campylobacter** E. Coli O157** Enterovirus Giardia Hand-Foot-Mouth Disease Hepatitis A* Infectious Diarrhea Pinworms Polio* Salmonella** Shigella	Cytomegalovirus Hepatitis B* Hepatitis C HIV Infection
*Vaccines are available for preventing these diseases. **Transmitted from infected animals, through foods, or by direct contact.			
<a href="http://www.cdphe.state.co.us/dc/epidemiology/ChildCare.flipchart02a.pdf">http://www.cdphe.state.co.us/dc/epidemiology/ChildCare.flipchart02a.pdf</a>			





## Overview (continued)

### WHAT ABOUT PRESCHOOL CHILDREN NOT IN SCHOOL SETTINGS?

Colorado regulations have expanded the use of Child Care Health Consultants within child care settings. They require that child care centers contract and link with a health care professional at least once a month. A health care professional is one who is:

- a registered nurse currently licensed in Colorado with knowledge and experience in maternal and child health,
- a pediatric nurse practitioner or family nurse practitioner, or
- a pediatrician.

This linkage is designed to better serve children with special health care needs, support the child care provider, address identified health and safety concerns, and enhance the overall quality of all child care programs. The regulations also allow the nurse consultant to delegate to designated child care staff the responsibility of medication administration and performance of special health procedures, such as catheterization.<sup>4</sup>

<sup>4</sup> Satkowiak, I. (Spring 2003). "Colorado Division of Child Care licensing rules: What do they mean for public school districts and school programs? *School Health*. The Children's Hospital Denver; Rules Regulating Child Care Centers, CCR §7.702.55 C.1,





## § 2. LEGAL CONSIDERATIONS

### HEALTH AND SAFETY REGULATION

Regulation and licensing of child care facilities contribute to a safe and healthy environment for children<sup>5</sup>.

Colorado law defines child care center as: *a facility, by whatever name known, that is maintained for the whole or part of a day for the care of five or more children who are eighteen years of age or younger and who are not related to the owner, operator, or manager thereof, whether such facility is operated with or without compensation for such care and with or without stated educational purposes.*

- The term includes, but is not limited to, facilities commonly known as day care centers, school-age child care centers, before- and after-school programs, nursery schools, kindergartens, preschools, day camps, summer camps, and centers for developmentally disabled children. It also covers facilities that give twenty-four hour care for children and those facilities for

children under the age of six years with stated educational purposes operated in conjunction with public, private, or parochial colleges or private or parochial schools.

- The term does not include any facility licensed as a family child care home or foster care home.
- The law requires that any preschool program located in a public school shall meet the states child care licensing standards.<sup>6</sup>

The Colorado Departments of Human Services (CDHS) and Public Health and Environment (CDPHE) implement Colorado regulations governing health and safety in child care settings. CDHS Child Care Facility Licensing regulations govern child care centers generally, and by specific age of the child,<sup>7</sup> school-age child care centers,<sup>8</sup> family child care homes<sup>9</sup>, and children's camps.<sup>10</sup> CDPHE regulations govern sanitation issues of child care centers.<sup>11</sup>

<sup>6</sup> CRS 22-28-111

<sup>7</sup> 12 CCR 2509-8

<sup>8</sup> CDHS.

[http://nrc.uchsc.edu/co/co\\_5TOC.htm](http://nrc.uchsc.edu/co/co_5TOC.htm).

<sup>9</sup> CDHS,

[http://nrc.uchsc.edu/co/co\\_1TOC.htm](http://nrc.uchsc.edu/co/co_1TOC.htm).

<sup>10</sup> CDHS

<http://nrc.uchsc.edu/co/campsTOC.htm>.

<sup>11</sup> CDPHE, 1010-7

<http://www.cdphe.state.co.us/op/regs/consumer/101007.pdf>.

<sup>5</sup> Child Care Licensing §§26-6-101, *et seq.*





## Legal Considerations (continued)

### HEALTH CARE CONSULTATION

Colorado regulations require monthly health consultation for all child-care programs licensed as day care centers. The monthly consultation must be specific to the needs of the facility and include some of the following topics: health and safety training, delegation and supervision of medication administration and special health procedures, health care, hygiene, disease prevention, equipment safety, nutrition, interaction between children and adult caregivers, and normal growth and development.<sup>12</sup>

### DELEGATION OF AUTHORITY TO ADMINISTER MEDICATION IN CHILD CARE SETTINGS

Colorado law allows for delegation of authority to administer certain medications (oral; topical, including eye and ear drops; inhaled; and emergency medications, pre-packaged in unit dose preparations, including, but not limited to injectable epinephrine, where there is an emergency need for such treatment) in child care settings.<sup>13</sup>

<sup>12</sup> Rules Regulating Child Care Centers, CCR §7.702.55 C.1,

<sup>13</sup> Rules and regulations regarding the delegation of nursing tasks, Chapter XIII, §8. <http://www.dora.state.co.us/nursing/statutesandrules/chapterXIII.htm>. Colorado Department of Labor, Division of Regulatory Agencies.

Properly trained licensed child care providers may administer these medications with specific and documented delegation and on-going supervision of a professional nurse licensed to practice in Colorado. All child care staff administering medications in licensed child-care programs housed either within or outside of a school setting are required to complete a four hour medication administration training course every three years with reviews and updates annually. The training course must be approved by the CDHS Division of Child Care, and taught by an approved trainer. The training includes information on how to administer nebulizer treatments and an Epi-Pen®.<sup>14</sup>

Child care staff may not generally refuse to administer medication to a child if the medication is for a disability, such as seizure disorder. However, the staff can refuse to give a medication that is not required for a disability.<sup>15</sup>

<sup>14</sup> CORRA. *Guidelines for medication administration: An instructional program for training unlicensed personnel to give medications in out-of-home child care, schools and camp settings, 4th edition, 2001*, <http://www.corra.org/CORRAPrograms/MAT.asp>.

<sup>15</sup> CORRA. Medication Administration F.A.Q. <http://www.corra.org/CORRAPrograms/MAT/MedFAQ.asp>.







## Legal Considerations (continued)

The revised rules require the nurse consultant to delegate authority to the child-care staff to perform routine special health care procedures, such as oxygen delivery, gastrostomy feedings, catheterizations, and special medications or treatments. These procedures must be delegated for a child with a stable health condition on a case-by-case basis to specific school/child-care staff person for a period up to one year.<sup>16</sup>

### Part-Day Preschool, School Age and Camp Programs

Part-day preschool, school age and camp programs are exempt from the monthly nurse consultation requirements, but they are still required to have the nurse consultant delegate the administration of routine medications and special health-care procedures.

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<sup>16</sup> 7.702.61.C.5





## Legal Considerations (continued)

### PRESCHOOL SPECIAL EDUCATION SERVICES

Pursuant to the federal Individuals with Disabilities Education Act (IDEA) and the Colorado Exceptional Children's Act, communities must locate, identify, and evaluate all children, birth to 21 years, who may have a disability and may be eligible for special education or family services and supports. Child Find is the system that locates, identifies, and evaluates these children.<sup>17</sup> (See **Special Education**). Three-, four-, and five-year-old children who meet state eligibility criteria of developmental delay can receive special education preschool services in public schools. Services are provided through school-based programs and under contracts with Head Start and other local preschool programs.<sup>18</sup>

Federal timelines are designed to insure that infants, toddlers, and preschoolers have access to a timely, responsive system of identification because of the rapid rate of development in early childhood. Child Find programs have primary

responsibility for the screening and evaluation of children, birth to 3 years of age, but many school districts collaborate with other community resources, which could include the school nurse serving as a consultant in a child care setting.

- When a community member (e.g. parent, physician, school nurse, child care provider, etc.) requests a developmental screening or multidisciplinary evaluation for a child, age birth to 3 years, an Individual Family Service Plan (IFSP) must be completed within forty-five (45) calendar days of the request.
- For preschool children ages 3 to 5, the timeline for an initial IEP (Individualized Education Plan) is 45 school days. If classroom observation is not possible because the child care center is not in session, only that part of the evaluation may be postponed.<sup>19</sup>

<sup>17</sup> Individuals with Disabilities Education Act of 1997 (IDEA) 20 U.S.C. §1400(d)(1)(A); Part C, 34 Code of Federal Regulations Part 303; Exceptional Children's Educational Act, §§22-20-101, *et seq.* CRS;

<sup>18</sup> Colorado Department of Education, Prevention Initiatives, <http://www.cde.state.co.us/earlychildhoodconnections/early.htm#speced>.

<sup>19</sup> Colorado Department of Education. (May 2001). Fast Facts - Child Identification. [http://www.cde.state.co.us/earlychildhoodconnections/docs/pdf/Fast\\_Facts1.pdf](http://www.cde.state.co.us/earlychildhoodconnections/docs/pdf/Fast_Facts1.pdf).





## Legal Considerations (continued)

### CONFIDENTIALITY

Child care programs in school settings must comply with state and federal confidentiality and privacy laws that apply to public schools and child care settings. Federal programs such as Head Start or Early Head Start also have specific confidentiality performance standards.<sup>20</sup> **(See Records)** Child care settings outside public school settings must comply with Department of Human Services, Division of Child Care regulations on confidentiality.<sup>21</sup>

Child care settings or Head Start and Early Head Start grantees are not regarded as subject to the privacy requirements of the Health Information Portability and Accountability Act (HIPAA) because they do not function as health plans or health care clearinghouses. Some grantees, however, may fall under the

requirements of HIPAA if they bill or receive payment for health care in the normal course of business, and engage in certain health-related electronic transactions.<sup>22</sup> Health providers collaborating with child care providers or Head Start providers must comply with HIPAA regulations and will require claim forms for health services to comply with these privacy regulations. The school nurse acting as a consultant to a child care center must be aware of confidentiality issues with which health care partners must comply as well as federal regulations that apply to schools – The Family Education Rights and Privacy Act (FERPA). This understanding along with collaborative communication can help assure that children and families can continue to receive needed health services in a timely manner in the child care or pre-school setting.

<sup>20</sup> Head Start Program Performance Standards on Confidentiality, 45 CFR §§1304.51(g); 1304.52(h)(1); HHS Office for Civil Rights. April 3, 2003. Information Memorandum: Information on Privacy Regulations for the Health Insurance Portability and Accountability Act (HIPAA) [http://www.headstartinfo.org/publications/im03/im03\\_04.htm](http://www.headstartinfo.org/publications/im03/im03_04.htm).

<sup>21</sup> Colorado Department of Human Services, Division of Child Care, Child Care Facility Licensing (12 CCR 2509-8), Confidentiality Of Records §7.701.7 7.700 [http://www.cdhs.state.co.us/pls/cdhs/rule\\_display\\$.DisplayVolume?p\\_vol\\_num=7700](http://www.cdhs.state.co.us/pls/cdhs/rule_display$.DisplayVolume?p_vol_num=7700).

<sup>22</sup> See "Am I a Covered Entity?" decision tool at: <http://www.cms.hhs.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp>.





# SCHOOL NURSING IN CHILD CARE SETTINGS

## Legal Considerations (continued)

LAWS/REGULATIONS IMPACTING SHOOOL NURSING in CHILD CARE SETTING	
	Citation
Administering Restraints	Colorado Protection of Persons From Restraint Act, §26-20-108, CRS (2000); §22-2-107CRS , 1 CCR 301-45 §§2620-R-1,00 <i>et seq</i> ,
Animal Bites, Reporting	State Of Colorado Rules And Regulations Pertaining To Epidemic And Communicable Disease Control 6 CCR-1009-1 Effective September 1, 2002
Cardio Pulmonary Resuscitation (CPR) Directives/Do Not Resuscitate (DNR) for Children	Advanced Directives Rules (CPR Directives), 6 CCR 1015-2 (1998)
Child Abuse, Reporting of	Colorado Child Protection Act of 1997 §18-6-401(1)(a), CRS. (2002). Rules Regulating Child Care Centers, CCR §7.702.55 C.1,
Child Care Services	§§26-6-101, <i>et seq</i> , CRS.
Child Care Centers Sanitary Standards	Regulations Concerning the Sanitation of Child Care Centers in Colorado, 6 CCR 1010-7.
Colorado Preschool Program	§§22-28-111, CRS
Communicable Disease Reporting	State Of Colorado Rules And Regulations Pertaining To Epidemic And Communicable Disease Control 6 CCR-1009-1 Effective September 1, 2002
Confidentiality	Family Educational Rights and Privacy Act, 20 USC §1232g; regulations are found in 34 CFR Part 99.  Health Insurance Portability and Accountability Act (HIPAA),  Privacy Amendment Regulations, 45 CFR Parts 160 and 164, Colorado Child Care Facility Licensing (12 CCR 2509-8), Confidentiality Of Records §7.701.7 7.700  Head Start Program Performance Standards on Confidentiality 45 CFR §§1304.51(g); 45 CFR 1304.52(h)(1)
Criminal Activity on School Property	§22-32-109.1(9) CRS 2000
Environmental Safety Regulations for Schools	Rules Regulating Child Care Centers, CCR §7.702.55 C.1, See Environmental Safety
“Good Samaritan” law	§13-21-108, CRS (1997).
Good Samaritan AED Act	§13-21-108.1 CRS
Health Services in Schools	9 CCCR 6 CCR-1010
Immunization	<a href="#">See Immunization</a>
Storing Medications	6 CCR 1010 Chapter 9, section 9-105
Safe Schools	§22-32-109.1(9) CRS 2000
Scope Of Care For Health Professionals	Nurse Practice Act §12-38-101,CRS Nurse Aide Practice Act §12-38.1-101, CRS
Special Education	Individuals with Disabilities Education Act of 1997 (IDEA) 20 U.S.C.§1400(d)(1)(A); Part C, 34 Code of Federal Regulations Part 303; Exceptional Children's Educational Act, §§22-20-101, <i>et seq</i> . CRS;





## § 3. ROLE OF THE SCHOOL NURSE

### IN THE SCHOOL SETTING

School nurses who have a preschool setting in their public school should check the regulations for the type of child care setting against existing school policies, especially those related to health, safety, facilities, and environment, for any gaps.<sup>23</sup> If gaps are identified they should be discussed with the school administrator and/or the state school nurse consultant to determine the best way to supplement or modify existing policies to accommodate the preschool program. The following topics should receive particular attention:

- health history (physical and mental) and immunizations for children in child care;
- health history (physical and mental) and immunizations for providers of child care;
- exclusion for illness;
- reporting requirements for illnesses;
- emergency illness or injury procedures;
- emergency/crisis procedures;
- child abuse reporting;
- children with special education and/or health needs;
- medication administration;
- nutrition/foods brought from home and food allergies;
- food and other allergies;

- regulations related to smoking or use of alcohol or illegal drugs;
- universal precautions;
- disciplinary practices;
- playground safety;
- developmentally appropriate practices, such as toileting, playground play;
- classroom safety.

### CHILD CARE HEALTH CONSULTATION

Currently, there is no national or state certification requirement for Child Care Health (Nurse) Consultants (CCHCs). In Colorado, there is a CCHC training offered for RNs through the Healthy Child Care Colorado Initiative. This training, however, does not represent certification, nor is this training required to do child care nursing consultation. In addition, this training does not provide the required pediatric expertise for nurses with no prior pediatric knowledge or experience.

Nurse consultants should work with the director of the child care center to identify children on routine medications and children with potential health issues, special medications or health procedures and to address these issues in the day care setting.

<sup>23</sup> Id. Child Care Facility Licensing (12 CCR 2509-8) (12 CCR 2509-8),





## § 4. THE SCHOOL NURSE AND HER COLLEAGUES

The program's director and the nurse should decide on how they would like each visit to be conducted (e.g., individual classroom visits for a child needing observation or intervention, staff education about a health issue, or an office visit for general policy making discussions with the director).

Many licensed child care programs in public, private, charter, or independent schools may already have a school nurse designated as the child care health (nurse) consultant. The expanded consultation regulations may require the nurse serving as a child care health consultant to document monthly consultations as well as to delegate administration of routine medications to trained non-professional child care staff.

Delegation to child-care providers to administer medications or health care procedures includes training, checking competency, and providing ongoing supervision. The school nurse retains responsibility for overall regulation of the health services program. The child care staff member must demonstrate competence to the nurse consultant's satisfaction before the authority to administer medications or procedures can

be delegated. In addition, while the regulations require participation in the medication administration training course every three years, the nurse consultant is required under the "delegatory clause" of the Colorado Nurse Practice Act to review and re-delegate the administration of medication at least annually.<sup>24</sup>

The school nurse must work with the child care staff to support the needs of children with individualized health care plans (IHP) and assure that delegation is working safely and effectively. If a child has an IHP and has a stable condition, the nurse consultant can discuss the child's specific requirements with the staff on a case-by-case basis in order to work out the details of delegation. Even if a specific task is delegated, the nurse consultant must provide ongoing supervision and evaluation of the staff and be responsive to staff questions or concerns about the delegation.

<sup>24</sup> Satowiak article





## § 4. THE SCHOOL NURSE AND HER COLLEAGUES

The school nurse whose responsibilities include a child care setting must partner with school administrators and preschool staff to provide a seamless school health delivery system, utilizing all available community resources.<sup>25</sup>

Involving parents is also critical to ensuring this seamless health system. The school nurse acting as a health consultant should work with the child care program director so that the nurse's expertise is available to all staff at the child care center.

<sup>25</sup> NASN position statement The Role of the School Nurse in Services to Preschool Children Co-Located on School Campuses During School Hours





## RESOURCES

### COLORADO

Division of Child Care,  
Colorado Dept. of Human Services  
1575 Sherman St.  
Denver, CO 80203-1714  
Phone: 1-800-799-5876 or 303-  
321-4164  
[www.cdhs.state.co.us/childcare/licensing.htm](http://www.cdhs.state.co.us/childcare/licensing.htm)

Colorado Department of Public  
Health and Environment  
Prevention Partnerships  
Rachel Hutson, PNP, RN  
303-692-2365

Healthy Child Care Colorado  
provides consultation, technical  
assistance and training for  
providers of child care in Colorado  
to enhance their response to the  
health and safety needs of young  
children. The goals of the Healthy  
Child Care Colorado initiative are  
to provide safe and healthy child  
care environments for all children  
including those with special health  
needs, accessible immunizations,  
access to quality health, dental  
and developmental screenings,  
comprehensive follow-up as  
needed, and health, nutrition and  
safety education for child care  
providers, children, and their  
families.

Information is available on the  
Healthy Child Care website  
concerning Part C and the role of  
the school nurse, immunizations,  
child abuse and neglect, child  
development and developmentally

appropriate practices in English  
and Spanish, universal  
precautions training manuals,  
medication administration,  
Linda Satkowiak, ND, RN  
(303) 290-9088 x 208  
<http://www.cdphe.state.co.us/ps/pp/hcc/healthyhom.asp>

*Infectious Diseases in Child Care  
settings*  
<http://www.cdphe.state.co.us/dc/epidemiology/ChildCare.flipchart02a.pdf> and  
<http://www.thechildrenshospital.org/publications/schoolhealth/2002/spring.pdf>

Colorado Office of Resource and  
Referral Agencies (CORRA)  
provides comprehensive  
information on early childhood  
care and education and maintains  
databases of providers who have  
completed the state approved  
Medication Administration  
curriculum and the approved  
Medication Administration RN  
trainers. *Guidelines for Medication  
Administration: An Instructional  
Program for Training Unlicensed  
Personnel to Give Medications in  
Out-of-Home Child Care, School,  
and Camp Settings* -  
[www.corra.org](http://www.corra.org)

*How to Choose Your Child Care  
Health Consultant –*  
[www.corra.org/InfSta/Contnet/HowToChooseHCC.pdf](http://www.corra.org/InfSta/Contnet/HowToChooseHCC.pdf)







## RESOURCES

### NATIONAL

National Resource Center for Health and Safety in Child Care (NRC) is located at the University of Colorado Health Sciences Center in Denver, Colorado, and is funded by the Maternal and Child Health Bureau, U.S. Department of Health & Human Services, (HRSA). NRC's primary mission is to promote health and safety in out-of-home child care settings throughout the nation.  
<http://nrc.uchsc.edu>

*Caring for Our Children: National Health and Safety Performance Standards, Second Edition* (2002). The standard resource guidelines were developed through the collaborative efforts of the American Public Health Association, the American Academy of Pediatrics, and the Maternal and Child Health Bureau.  
<http://nrc.uchsc.edu/CFOC/index.html>.

*Children with Special Needs Standards from Caring for Our Children, 2nd Ed.* This document is a compilation of the 101 standards on providing child care to children with special needs.  
<http://nrc.uchsc.edu/spinoff/CSN.html>.

These resources also include useful forms, such as staff health assessments, care plans for preschool children with asthma, food service cleaning schedule; permission for medical treatment form, Child Care Health Assessment form, etc.  
<http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20E.pdf>

National Center for Infectious Diseases at the Centers for Disease Control provides a document that includes information on how diseases are spread, keeping children healthy, disease and injury prevention practices, and how to recognize and care for common childhood diseases. *The ABC's of Safe and Healthy Child Care: An Online Handbook for Child Care Providers* -  
<http://www.cdc.gov/ncidod/hip/ABC/abc.htm>.

Head Start - Head Start Performance Standards - 45 CFR Parts 1301 through 1311  
<http://www.acf.hhs.gov/programs/hhsb/performance/index.htm>



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