



Before You Begin: New Educator

Description of Health and Safety Guidelines- Standards/Training Content

The Tennessee Department of Human Services (TDHS) is committed to promoting early childhood environments that are safe, healthy, and educationally rich. The guidelines below prioritize the health and safety of children in care.

Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

Immunizations: Immunization certificate records are a requirement for parents to enroll their children in a child care program by licensing. The immunization form provided as a resource in this section. An exception applies to children who are homeless and/or children in state custody. Children who are homeless and/or children in state custody may receive care prior to providing all required documentation as determined by the Tennessee Department of Human Services, however care without documentation of immunizations may not exceed two weeks.

Hand Washing: Educators should wash their hands upon arrival at the program, before food preparation, before eating, after eating, after assisting the children with toileting, after messy play, and whenever your hands are dirty. A video from Centers for Disease Control is provided to reinforce the importance of hand washing.

Video - <https://youtu.be/AgKg--ZcFk>

Cleaning and Sanitizing Eating Surfaces: Cleaning and sanitizing through the two-step process includes a soap and water solution to clean and follow up with the bleach solution to sanitizing surfaces. Provide steps of Two-Step Process as a resource handout and video demonstrating it. If you use a commercial sanitizer, the label must state that it kills 99.9% of germs, HIV, OR be an EPA registered product.

Cleaning toys: If a sick child handles a toy, it must be removed from the play area to be cleaned and sanitized before it is used again. Toys should be cleaned weekly or sooner if visibly dirty.

Diapering: Provide some tips for setting up a diaper changing area, such as, set up a central location for changing diapers, preferably near a sink and away from food preparation or serving areas, in a place where you can still supervise the other children. A video and Tennessee Process for Diapering handout as a resource about the diapering process.

Video – <https://youtu.be/41hwctX84Cs>

Tennessee Process for Diapering Handout –
<https://www.tn.gov/content/dam/tn/human-services/documents/Tennessee%20Diapering%20Process%20Handout%20revised.pdf>

Nap time: All bedding should be washed once a week or more often if needed and place infants on their back to sleep. Each child's bedding should be stored separately from other children's bedding when not being used, unless it is washed daily. Cribs, cots, and/or mats should be at least three feet apart or separated by a solid barrier.

Handling a Sick Child: Educators need to know the following: how to recognize symptoms of illness, what to do if a child gets sick in your care, and how to give medications. If a child appears ill, the child should be kept away from other children until a parent arrives. The child should be isolated from the other children in an area that can be easily supervised and sanitized.

Physical Activity: Encourage movement and exercise for all children through individual activities or, for older children, group games they enjoy. Time outside gives an opportunity for all children to enjoy fresh air and sunshine. While supervising and engaging children in activities outside, you can enjoy the change of pace that outside play offers.

Sun Exposure: Keep infants under six months of age in shaded areas out of direct sunlight. Plan outdoor activities for mornings and use umbrellas and canopies for shade. If the children are outdoors for any extended period of time, give them plenty of drinking water to prevent dehydration.

Nutrition and Healthy Eating: Other ways to promote healthy lifestyles include provide healthy meals and snacks, encourage children to make healthy choices, include books and discussions on nutrition and health, and provide resources for parents.

USDA Meals and Snacks Guideline Handout –
https://www.tn.gov/content/dam/tn/human-services/documents/CACFP_mealplan.pdf

Prevention of sudden infant death syndrome and the use of safe-sleep practices. Prevention of sudden infant death syndrome:

Think, “BACK to SLEEP.” Place the baby on his/her back on a firm, tight-fitting mattress in a crib that meets current safety standards. Do not place baby on a sofa, soft mattress, pillow, or other soft surface to sleep. Infants 12 months and younger must not be covered with a blanket when sleeping. Tennessee licensing prohibits all soft bedding. This includes, but is not limited to, pillows, bumper pads, blankets, quilts, comforters, stuffed toys, and other soft items. To help reduce the risk of SIDS, child care licensing rules require educators to check all sleeping infants by touch every 15 minutes to make sure they are still breathing, to check body temperature, and to check position. Safe Sleep flyer is provided as a handout and an activity about this topic. Parents may not fully understand the importance of safe sleep for infants, therefore the video and flyer below are provided as a resource. Safe Sleep information has been provided by the Tennessee Department of Health.

Safe Sleep Video - <https://youtu.be/7iYolcU-bAA>

Safe Sleep Flyer - <https://www.tn.gov/content/dam/tn/human-services/documents/SleepSafeFlyer-1.pdf>

Administration of medication, consistent with standards for parental consent.

The parent must sign a written authorization to administer medicine. Instructions must also be provided by the parent. Give only medication (prescription or over the counter) that is in the original container that is not outdated or expired and is labeled with the child's name. Document the specific dosage and times the medication is to be administered to the child. All medications, prescriptions, and

non-prescriptions, whether requiring refrigeration or not, shall be stored in a locked compartment or container. If medications requiring refrigeration are kept in a refrigerator used for food storage, the medicine shall be put in a leak-proof locked container. All medications and all preventative products, such as non-prescription diaper cream, sunscreen, and insect repellent, shall be administered by a designated staff person or persons. The following documentation shall be maintained in the child's file and a copy provided to the parent/guardian: medication was administered according to parent/guardian or health care provider instruction, including times and amounts of medications administered and name of staff person administering medication to child.

Prevention of and response to emergencies due to food and allergic reactions.

A food intolerance is an adverse food-induced reaction that does not involve the immune system. A food allergy occurs when the immune system reacts to a certain food. When a child has a food allergy, his or her body responds as if the food is a dangerous substance. Food sensitivities may still develop or intensify as children grow. Signs and symptoms children might have due to an intolerance or allergy might include skin reaction, behavior reaction, digestive system reaction, respiratory system reaction, and cardiovascular reaction. A parent must be contacted when you notice symptoms.

Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

Building and physical premises safety: Keeping children safe includes supervising children at all times, creating and maintaining a safe environment for children to play and learn, and being prepared for emergency situations.

Focus Supervision: The best way to prevent accidents is through focused supervision. You must be able to hear children at all times and you must be able to position yourself so that you can see all children with a quick glance. Knowing all children and including items in their environment that match their individual abilities is important.

Supervision During Meals and Snacks: Meals and snacks are considered a high risk activity for children. During mealtime, an adult must be in the direct sight and

sound of all children while the children are eating. You can also engage children in enjoyable mealtime conversations.

Safety for Different Age Groups: To prevent falls, infants should be supervised carefully. Infants should never be placed on tables, beds, or counter tops or left unattended in highchairs or strollers. To prevent choking incidents, all small items such as coins, beads, buttons, marbles, beans, and balloon pieces must be kept away from infants. A resource handout about BUMBO seats and another one about Crib Standards for Child Care Providers for infants are provided below. Make sure toddlers drink water if they are outside on hot sunny days for long periods of time. Toddlers love to climb. To prevent falls, maintain adequate supervision. While outside, teach preschool children to ride wheeled toys in appropriate areas, climb safely and only when an adult is watching and use equipment as intended.

BUMBO Seat Handout - https://www.tn.gov/content/dam/tn/human-services/documents/BUMBO_Seat_Memo_5072018.pdf

Crib Standards Handout - <https://www.tn.gov/content/dam/tn/human-services/documents/Crib%20Standards%20for%20Child%20Care%20Providers.pdf>

Signing In and Out Procedures: Child care licensing rules require all child care agencies to have procedures for signing children in and out. Parents are required to sign children in when they bring them to the agency and to sign them out when they pick them up.

Playground Safety: Remember, playground safety minimizing tripping hazards, sufficient ground cover, closed S hooks, and equipment in good repair. Equipment hazards should be noted and repaired or removed immediately.

Playground Safety Handout - <https://www.tn.gov/content/dam/tn/human-services/documents/Illustrated-Playground-Sheet-8-1-16.pdf>

Injury procedures: Any type of injury requires an incident report and the report must be kept on file. Licensing requires that a copy of the report be given to the child's parent on the day that the incident occurs. In the event of a serious injury, first, dial 911 and then call the parent.

Incident reporting: The following information should be included child's name and date of birth, name of the report writer, date and time of the incident, date and time report was written, and description of the incident and action taken.

Serious Injury Reporting Process Updates Handout – <https://www.tn.gov/content/dam/tn/human-services/documents/Serious%20Injury%20Incident%20Reporting%20Process%20Updates.pdf>

Serious Injury Report Form (online) - https://stateoftennessee.formstack.com/forms/serious_injury_incident_report

Identification of and protection from hazards: Shelves and child size furniture should be in good repair and sturdy. Toys should be durable and easy to store and remove for use. Most importantly, toys should be age-appropriate. Observe the areas that the children use both inside and outside for safety hazards. If heavier toys are located on lower shelves, it will be easier for the children to reach and play with the desired item. To avoid burns, microwaves, crock pots, bottle warmers, and their cords must be out of reach of children. To avoid choking, cereal or other solid foods must not be served in bottles. In addition, it is essential to be mindful of the children who have been identified to have food allergies. Some environmental hazards include choking, poisoning, burning, tripping, or falling, dehydration, and ingesting foreign objects.

Safety Checklist Handout – [https://www.tn.gov/content/dam/tn/human-services/documents/Health%20and%20Safety%20ChecklistBYBNC%20\(2\).pdf](https://www.tn.gov/content/dam/tn/human-services/documents/Health%20and%20Safety%20ChecklistBYBNC%20(2).pdf)

Safe Environment Video - <https://youtu.be/CbwprdjUNdE>

Bodies of water: Close supervision is required. Constant and active supervision should be maintained when any child is in or around water. During wading and /or water play activities, the supervising adult should be within an arm's length providing "touch supervision." Ratios with any water activities should be one infant/toddler to one adult.

Vehicular traffic: Anytime children are transported in a vehicle, adults should be extra vigilant in providing proper child restraints, monitoring of vehicle temperatures, and headcounts of children.

Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Shaken baby syndrome is a term often used by physicians and the public to describe abusive head trauma inflicted on infants and young children. If you suspect a child has been shaken or you have shaken a child, seek medical attention immediately. It is important to learn how to take charge of your emotions and develop a plan for coping. You must never take out your frustrations on a child. If all routine needs have been met, and the infant continues to cry you can avoid becoming angry by: acknowledging that you are frustrated and seek assistance, take deep calming breaths, count to 10, request a break, seek out training and resources for calming children, turn on a calming sound or music, walk with the baby, or place the baby in a safe place and take a short break nearby while still providing supervision.

Coping Strategies Handout - <https://www.tn.gov/content/dam/tn/human-services/documents/Coping%20Stratgies%20revised.pdf>

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)).
Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

It's important to have an emergency or disaster response plan in place to address emergency medical situations and emergencies resulting from a natural disaster such as a tornado, storm, flood, earthquake, or fire, as well as a man-caused event such as violence in or near the child care facility. Emergency and disaster plan information should be reviewed every three months to make sure materials are up to date. It is important in the event of an evacuation to take both the program's daily attendance record and the emergency and disaster policy binder. One of the first items to have in place to aid in the event of an emergency or disaster is a list of

emergency contacts in each child care area. A list of conditions that require emergency response with specific steps and clear procedures to follow should be included. Include building evacuation plans/maps and a plan for staying in the building during emergencies. Periodically practice emergency procedures with the children. Emergency drills should include evacuation emergencies and emergencies when everyone must remain inside, such as a tornado. Post emergency numbers and procedures in an accessible location, have a telephone on-site and accessible, keep a first aid kit well-stocked, and all staff is required to have Pediatric First Aid and CPR training. A list of contact information for families of the children you have in care should also be included. The phone numbers and contact information should be updated regularly and a current image of the child and primary family member could be included.

TDHS Child Care Agency Emergency Preparedness Plan Template -

[https://www.tn.gov/content/dam/tn/human-services/documents/hs-3275%20Child%20Care%20Agency%20Emergency%20Preparedness%20Plan%20\(rev.%2002.21\).pdf](https://www.tn.gov/content/dam/tn/human-services/documents/hs-3275%20Child%20Care%20Agency%20Emergency%20Preparedness%20Plan%20(rev.%2002.21).pdf)

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

If you find broken glass in an outside play area, pick it up and dispose of it properly. Lock away all chemicals, medications, and any substances marked “Keep Out of the Reach of Children.” Items that are labeled “Keep Out of the Reach of Children” must be locked away at all times unless in use. Placing such items in an unlocked cabinet, or even on a high shelf, still poses a safety hazard to the children. Emergency procedures should state how to protect yourself from exposure to blood or other potentially infectious materials (OPIM) and the use of personal protective equipment (PPE). It is best to wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Additional instructions may include removing immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

Precautions in transporting children (if applicable).

The use of a passenger log to record the name of each individual child. Upon loading and unloading children, the log must be updated to reflect each child's status. After all children have exited the vehicle, a staff person must physically walk through the vehicle and inspect all seats and other interior areas of the vehicle. A second inspection of the vehicle by another staff person is required to verify that all children have been accounted for at the conclusion of the trip. All drivers, monitors, and reviewers, and persons who may become responsible at any time for transportation shall complete and have documented Department-recognized transportation training.

Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

All staff members involved in providing direct care to children should have up-to-date documentation of satisfactory completion of training in pediatric first aid and pediatric CPR. Records of successful completion of training must be kept in the personnel files of the facility. Talk with your director/owner or Program Evaluator about the emergency procedure plans for your child care program and the licensing requirements for first aid and CPR.

Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

You will now be working in a staff position that automatically makes you a "mandated reporter." A mandated reporter is any person who has contact with children in a professional capacity. The suspicion or knowledge of child abuse or neglect must be reported. This includes any instance of abuse that may occur at the hand of another staff member. Suspicions of abuse or neglect need to be reported directly to the Department of Children's Services (DCS) by calling the Report Child Abuse Hotline at (877) 237-0004.

Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

Domains of Development: Social and emotional development includes a child's relationship with others as well as his/her own self-concept, self-esteem, and the ability to express feelings. The child's social and emotional development growth over time includes the child's interactions with the environment, with peers, and with adults. Intellectual/cognitive development includes a child's general knowledge, curiosity, memory, attention span, problem solving, and analytical thinking. Physical/motor development includes a child's gross motor, fine motor, and perceptual skill development. Language development includes a child's utterances, pronunciations, vocabulary, sentence length, and ability to express needs, feelings, and ideas.

Development is Sequential: In order to support learning, it is essential to remember that learning for very young children is an integrated process across all developmental domains. Each child is at a particular developmental level and is able to accomplish certain tasks alone but needs assistance to go beyond what they can accomplish by themselves.

Domains of Development are interrelated: Each child is at a particular developmental level and is able to accomplish certain tasks alone but needs assistance to go beyond what they can accomplish by themselves. Most children go through stages of development in a sequence, but they do so in ways that reflect their own rate of growth and their own background.

Developmentally Appropriate Practice: It means that everything the child does and everything that you provide for the child, needs to be a good fit for the child's unique abilities, interests, stage of development, and is culturally relevant.

Environments

- **Schedules and Routines:** The schedule should include ample time for outside play, extended blocks of time for play in learning centers, and short periods of time when children are expected to participate in teacher-directed activities. Teacher-directed activities should be developmentally appropriate for the children and are most effective when

done individually and in small groups. Routines are an important part of the schedule and offer valuable teachable moments for learning opportunities.

- **Balance of Activities:** Children need access to a variety of materials and a balance of activities.
- **Learning Centers:** The concept of learning centers is grouping like materials together in order to facilitate children's use. All items in each area must be safe as well as developmentally appropriate.
- **Diversity:** Materials representing diversity can be located in a variety of centers and displayed around the room. Diverse materials showing people of various skin tones, cultures, ages, abilities, and pictures of non-stereotypical gender roles should be included in the materials provided.
- **Materials-available and accessible:** Available means that materials are present, but children may not get to use them. Accessible means that children can freely access and are permitted to use materials.

Handout - <https://www.tn.gov/content/dam/tn/human-services/documents/Age%20Appropriate%20Materials.pdf>

Interactions: Interactions with children should happen: frequently, during routines like meals, diapering/toileting and nap, during play activities and when children want or request interaction

Transitions Handout - <https://www.tn.gov/content/dam/tn/human-services/documents/Transitions.pdf>

- **Types of Interactions:** Verbal interactions consist of the social conversations we have with children. Conversations include discussions about children's activities, interests, and families. Non-verbal interactions include facial expressions, gestures, tone, focused attention, and touch.
- **Responding to Infants:** Communication begins with crying. Infants use their cries to let you know that they are hungry, tired, bored, in pain, or need to be held. As they grow, they may begin to vary their cries depending on their needs.
- **Toddler Communication:** Talk about feelings and emotions as they are experiencing them. Modeling positive interactions teaches toddlers appropriate and respectful ways to respond to challenges and to other people. Toddler Communication Video - <https://youtu.be/zCwj0f9-MrA>
- **Preschoolers and Emotions:** Helping them become aware of the perceptions of other people (seeing things through the eyes of other

people) is a critical part of developing positive interactions. Include ways educators can help preschoolers communicate. Preschooler communication video - <https://youtu.be/TlZufLr7j9E>

- **Peers:** This involves helping children develop the skills they need to get along with other children. It takes guidance, time, and patience for children to learn skills needed to successfully play together. Provide peer interactions for each age group.
- **Inclusions of Children with Special Needs:** When caring for children with special needs, make sure they are included in aspects including interactions and activities (making modifications as needed). By taking the time to evaluate your program, educators are able to meet the needs of each child, make modifications to schedules and spaces, and provide opportunities for inclusive interactions.
- **Multi-Age groups:** Infants benefit from being included but need close supervision to make sure they are still safe and only access appropriate materials. Toddlers may spend time exploring on their own. Preschoolers should also receive frequent interactions while you are meeting the needs of infants and toddlers.

Working with Families: Every aspect of a child's development is influenced by the relationships they have with their family.

- **Reciprocal Relationships:** When educators make children and families feel as though they are important and their opinions are valued, children and families return that same attitude and behavior.
- **Appreciation of Diversity:** Keep your interactions professional and honest. Parents will differ in how openly they communicate.
- **Family Participation:** Two ways to promote communication and build relationships is through family participation and acceptance of diversity.
- **Respect:** Be sensitive and supportive as families work through all phases of a child's development.