

The National Association for the Education of Young Children

Do you care about the needs and rights of young children? If so, you might want to become a member of the National Association for the Education of Young Children (NAEYC). The NAEYC works to improve the lives of young children by promoting high-quality early childhood education and by educating the public about issues affecting the development of young children.

STANDARDS

One way that the NAEYC encourages the best in early childhood programs is by publishing standards for these. These standards can help early childhood educators evaluate and improve their programs. The standards can also help parents assess the quality of particular programs.

Some questions that the NAEYC recommends that parents ask about an early childhood program include:

- Are the children in the program generally comfortable, relaxed, happy, and involved in play and other activities?
- Are there sufficient numbers of adults with specialized training in early childhood development and education?
- Do adult expectations vary appropriately for children of differing ages and interests?
- Are all areas of a child's development stressed equally, with time and attention being devoted to cognitive development, social and emotional development, and physical development?

- Do staff members meet regularly to plan and evaluate the program?
- Are parents welcome to observe, discuss policies, make suggestions, and participate in the work of the program?

The NAEYC has also developed standards for the education of early childhood teachers. It aids the on-going professional development of teachers and staff in early childhood programs through national conferences and institutes and by publishing books and journals on early childhood education.

ACCREDITATION

To make it easier for parents to find high-quality early childhood programs, the NAEYC has developed an accreditation system to evaluate child care centers, preschools, and kindergartens. Early childhood centers voluntarily apply to the NAEYC if they want to be considered for accreditation. The accreditation process looks at all parts of an early childhood program, not just health and safety issues. Curriculum, teacher qualifications, and staff-to-children ratios are also evaluated.

There are now more than 10,000 programs accredited by the NYAEC in the United States. Programs are accredited for five-year periods and must fulfill ongoing requirements.

Each program is required to file annual reports. Programs can also be randomly selected for a site visit at any time.

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OTHER ACTIVITIES

The NAEYC is concerned about the well-being of all young children, not only children who attend child care centers, preschools, and kindergartens. As a result, the organization works to educate the

public about developmental appropriateness and other early childhood issues. It also lobbies in support of efforts to make high-quality early childhood programs available to all young children.

Taking Action

Imagine that you are a parent who is comparing child care options for a two-year-old. Working in a small group, develop evaluation sheets that you could use to record information about two of the following options: in-home care, family child care, play groups, child care centers, and parent cooperatives. Consult the NAEYC Web site. Use their standards and recommendations to help you develop the topics for your sheets. Brainstorm possible questions to ask or items to evaluate. Refine your lists and develop a format for the final evaluation sheets.

Monitoring Health in Preschools and Child Care

Preschools and child care centers establish basic rules about the health of the children in their charge. These rules reassure parents that any time a child develops an illness, the center staff will do its best to try to prevent other children from catching the disease.

HEALTH HISTORIES AND IMMUNIZATIONS

Parents must provide basic health-related information about their child as part of the enrollment process. Typical questions include:

- The name, address, and phone number of the parent or parents. This helps the staff contact parents if a problem arises.
- The name, address, and phone number of at least two people the center could contact if a parent is not available.
- The name, address, and phone number of the child's regular doctor or other health care provider.
- The name, address, and phone number of the hospital that the family uses.
- The date of the child's last physical exam. The Centers for Disease Control and Prevention recommends that any child under two years old who has not had an exam within six months, or any child ages two to six who has not had an exam within the past year, should be required to have a physical within 30 days of enrollment.
- Any special health problems or medical conditions, including allergies, that the child has. The center needs to know what symptoms to watch for and steps to take if a problem does occur.

- The child's record of immunizations. The Centers for Disease Control and Prevention urges that any child who is not up-to-date on all immunizations should be excluded from the center until he or she begins to receive the needed vaccinations. Many states require this exclusion.
- Whether the child has had a tuberculosis (TB) skin test.

DISPENSING MEDICATIONS

Some states have regulations that limit giving medications in child care settings. Centers that do give medications must establish safe and consistent procedures for doing so. Such policies may include:

- A signed parental information and permission form.
- Written directions for the times and amounts of medication to be given, a list of possible side effects, and contact information for the prescribing doctor.
- A log to record each time medication is given and by whom.
- A system for keeping medications safe and secure.

WHEN TO NOTIFY PARENTS

Parents need to know when their own children or other children become ill at school. Parents should be notified if their child becomes listless, develops a fever, has difficulty breathing, begins vomiting, has diarrhea, complains of strong pain, develops a rash, or has a bad fall.

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Parents may need to take their child to the doctor. In an emergency, a staff member will take the child to the hospital or summon emergency help.

If one of the children in the program comes down with a communicable disease, such as chicken pox, all parents should be notified in writing. Because symptoms generally do not become apparent immediately, the child may have transmitted an illness to his or her classmates before parents or teachers are aware of the disease. Once

notified, families can take precautions at home. Parents should be told the name of the disease, the symptoms, the time it takes for the symptoms to begin appearing, and when a child can return to school if the disease is contracted. Outbreaks of diseases like measles, mumps, and chicken pox must also be reported to the Health Department of your city or county.

Taking Action

Design a form that a child care center could use to collect the basic information on every child. Use the space below to list the items you will want to include on your form. Use a separate sheet of paper to create the form.

Meals and Food Safety in Child Care Centers

Children who spend several hours in a child care center need to eat a snack. Those who attend a center all day need lunch as well. It is always important to practice food safety, but particularly in a child care center. Infants and young children are especially vulnerable to foodborne illness because their immune systems are not yet fully developed. Guidelines for preparing and serving food vary with the age of the child.

FOOD SAFETY AND PREPARATION FOR INFANTS

Formula and Breast Milk

- All infant formula has an expiration date. Check this date to make sure that you use the formula before it expires. After the expiration date, the amount of vitamins and minerals in the formula decreases, and there may also be other changes.
- Do not freeze formula or use formula that has been frozen. Freezing formula may cause parts of the formula to separate.
- Discard any formula left in the bottle after feeding. The remaining formula may have germs from the baby's mouth.
- Date and refrigerate cans of liquid formula after they have been opened, as well as bottles of formula that have been prepared but not used. Containers of ready-to-use formula that have been opened are safe to use for up to 48 hours. Formula that has been mixed should be used within 24 hours.
- Do not heat bottles in the microwave. This can cause "hot spots" in the milk and burn the baby's mouth.
- Avoid keeping bottles of formula at room temperature for long periods of time. Doing so allows bacteria to grow.

- Clean and disinfect bottles, bottle caps, and nipples that will be reused.
- An infant's bottle of formula or breast milk should be labeled with the child's name and date. Center staff should only give a child a bottle labeled with that child's name and that day's date.
- Infants should be fed on demand—that is, when they need it, rather than according to a schedule—unless a parent instructs otherwise.
- Some parents will provide frozen breast milk. It should be thawed in a refrigerator or under cold running water. It cannot be refrozen.
- Hold young infants while feeding them. At about six months they can drink a bottle while sitting up.

Baby Food

- When serving baby food from a jar or can, check the expiration date. Before opening a new jar or can, check the safety seal.
- Do not feed babies straight from baby food jars. Instead, spoon some of the food into a dish and feed the baby from the dish. Germs from the baby's mouth could contaminate the rest of the food in the jar.
- When storing leftover baby food in a container, reseal it tightly and place it in the refrigerator. Use the leftover food within two to three days.
- Do not microwave baby food in jars. This can cause "hot spots" and burn the baby's mouth. Put the food in a dish and microwave the dish. Stir the food after it has been heated, and test it on your own mouth. Baby food should not be heated higher than 90°–120°F (32°–49°C).

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FOOD SAFETY AND PREPARATION FOR OLDER CHILDREN

- Children who are in the center full-time for up to eight hours should be fed three times. Those in the center for more than eight hours should be fed four times. At least one feeding should be a meal.
 - Avoid juice drinks. Give children 100 percent juice, milk, or water instead. Be aware if any children have food allergies. Post a list with each child's name and allergies in each room, as well as in the office.
 - Serve small portions but allow children to have more if they wish. Similarly, do not force children to eat if they are not hungry. Food needs vary from child to child—and for the same child from day to day.
 - Avoid serving foods that can pose a choking hazard. Monitor children closely during meal times and snack times.
- When storing food in a refrigerator, put meat, eggs, seafood, and poultry on the bottom shelves. These foods may contain bacteria and can contaminate other foods if they drip.
 - A refrigerator should be set at 40°F (4.4°C) and a freezer at 0°F (17°C). Both should be cleaned and disinfected regularly.
 - If serving cooked foods, make sure they are cooked thoroughly and to the correct temperature.
 - If serving cold foods, make sure they are served right from the refrigerator. Do not let cold foods sit out for very long, since bacteria can grow.

All staff and all children must wash their hands before eating or handling food. Help children to wash their hands after eating as well. Insist on thorough handwashing after using the restroom, sneezing, or coughing.

Taking Action

Suppose you were the head of a child care center. Turn these ideas into a set of rules that you could give to your staff members about feeding children.

Playground Safety

Watching children happily enjoying the equipment on a playground brings back warm memories of their own childhood for many adults. However, playgrounds are a place where injuries occur all too often. Statistics from the U.S. Consumer Product Safety Commission (CPSC) indicate that nearly 200,000 emergency room visits each year are the result of playground-related injuries.

THE IMPORTANCE OF SUPERVISION

It is estimated that more than 40 percent of playground injuries are the result of a lack of proper supervision. Children are far too busy enjoying themselves to think about their own safety.

There should always be adults present when children are at a playground. Adults should make sure that children use equipment properly and that they do not behave in ways that will endanger themselves or others. If a child does get hurt, adults need to be available to provide immediate help. Those supervising children on a playground also need to check the playground for potential problems or safety hazards.

CHECK EQUIPMENT

Faulty or broken equipment greatly increases the chances of injuries. Children also must be taught how to use equipment safely. Here are some recommendations for specific types of equipment:

- **Climbing equipment.** Equipment for climbing, such as vertical and horizontal ladders, is associated with the most injuries on public playgrounds. Inspect the steps on climbing equipment to make sure that they are in good condition. Teach children to use both hands when climbing, and make sure they know how to get down safely from climbing equipment. Preschoolers should not be allowed to climb higher than five feet. Old-fashioned monkey bars

that have interior bars are no longer considered safe equipment for playgrounds.

- **Swings.** Check swings to be sure they are far enough apart. Most guidelines recommend that swings be at least 24 inches apart at the base of the seats and at least 30 inches from the side supports. Seats should be made of plastic or rubber, not metal or wood. Teach children not to stand or kneel on swings and to hold on tightly. Make sure that children on the ground do not get too close to children who are swinging.
- **Slides.** Examine slides to make sure that they are firmly anchored to the ground. As with climbing equipment, check that steps are in good condition and have good traction. Keep in mind that metal slides can become very hot in the sun and may cause burns. Teach children to hold onto handrails when climbing to the top of a slide. Make sure they slide down feet first, sitting up.
- **Seesaws.** Check the handles on seesaws to make sure that they are firmly attached. Seesaws should have padding under the seats to provide cushioning when the seats make contact with the ground. Tell children to hold tightly to the handles and to keep their feet out from under the seesaw. Do not let children balance in the middle of a seesaw. Because two children must work together to make a seesaw function smoothly, extra supervision is needed, especially with preschoolers.

CHECK PLAYGROUND SURFACES

The surfaces beneath playground equipment should be cushioned. Asphalt, blacktop, concrete, grass, and packed earth are not appropriate playground surfaces. Falls on these hard surfaces can cause serious injuries. Sand, mulch, pea gravel, and rubber make safer playground surfaces. Any

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materials used as surfacing should be at least 12 inches deep for equipment up to 8 feet high.

Also check the playground area for possible hazards. Broken glass or other loose items could cause injuries.

CHECK FOR DEVELOPMENTAL APPROPRIATENESS

Playgrounds can help children develop physically, emotionally, socially, and intellectually. However, children should play only on equipment that is appropriate for their age and developmental level. Appropriate equipment can encourage children to experiment and stretch their bodies to new limits, without risking their safety.

Many injuries on playgrounds occur because children ages four and under are allowed to play on equipment designed for children ages five to twelve. Older children should also not be allowed to play on equipment designed for younger children.

Equipment that is too small is not developmentally challenging and may create hazards by having small steps or narrow spaces.

Some examples of age-appropriate equipment for children ages two to five include activity panels, swings, small slides, sand and water tables, crawling tunnels, and playhouses. Some examples for children ages five to twelve include tire swings, spiral slides, chain and net climbers, sliding poles, and seesaws.

All parents and caregivers are responsible for playground safety. Checking equipment, teaching safe behavior, and considering what is appropriate for children of different ages are all part of safe play.

Taking Action

Survey a local playground in your area. Take notes on the condition of the equipment and any possible hazards that you notice. Explain how the condition of the playground could be improved so that it would be safer and meet the needs of children of various ages.