



# ARKANSAS HEALTHY CHILDREN HANDBOOK

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## Chapter 12 **Recommendations Relating to Spread of Disease (Licensing and Accreditation)**

### Chapter Content

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#### Safety Concerns



Division of Child Care and Early Childhood Education

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Continuous and accurate attendance records should be maintained for each child, including arrival and departure times.

The current record of immunizations and/or a written program for further immunizations should be obtained for each child enrolled in a child care program.

The caregiver shall notify all parents of any communicable disease.

Child care facilities should always implement “best practice” recommendations as identified in the following nine areas:

### Toilet Use

- A clean toilet and hand-washing facility should be located in the best place in each classroom to meet the developmental needs of children and must be easily accessible.
- Equipment used for toilet learning/training should be provided. This equipment should be such that it can be easily cleaned and disinfected and used only in bathroom areas.
- Equipment should be cleaned and disinfected after each use in a sink exclusively used for cleaning them.
- Keep toilet rooms clean, in good repair, well lighted, well ventilated and fully enclosed.

### Diaper Changing

- Change infant’s diaper as needed.
- Facility should have at least one diaper-changing table per infant or toddler group.
- Use individual washcloths, towels or disposable towelettes to cleanse infant during diapering.
- Clean diaper-changing surfaces after each use by sanitizing the surface or the sanitizable diaper-changing pad.
- Hand-washing sinks in centers should be provided within arm’s reach of the caregiver to diaper changing tables and toilets.
- Caregiver must wash hands thoroughly before and after diaper-changing (even if gloves were worn).
- Wash infants/toddlers hands after diaper changing, before they return to the supervised area.



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- Have tightly covered, hands-free receptacles for diaper disposal within arms' reach to prevent environmental contamination.
- Diaper-changing areas and food preparation areas should always be physically separated.

### **Hand Washing**

#### **HAND HYGIENE IS THE MOST IMPORTANT WAY TO REDUCE THE SPREAD OF DISEASE.**

- All caregivers and teachers should be aware of the correct hand-washing technique, and it should be taught to all children when developmentally appropriate.
- Hand hygiene should be practiced before and after:
  - » Preparing food
  - » Eating and feeding a child
  - » Giving medications
  - » Diapering
- Hand-washing areas should be accessible without barriers to each child.
- Sinks should be placed at the child's height or be equipped with a stable step platform for easy and safe access as needed.
- Sinks should be provided at a ratio of one sink to every 15 children.
- Provide hot and cold running water, at a temperature of at least 60°F and no hotter than 120°F.
- A supply of hand-cleansing, nonbacterial, unscented liquid soap should be provided at each sink.
- Clean, disposable, single-use paper towel should be made available.
- **Hand sanitizers do not substitute for or serve as a replacement for hand washing in running water and soap.** Hand sanitizers should be used for *"transitions only."*
- EPA-labeled, approved alcohol-based sanitizers are an appropriate alternative for use in children above 24 months of age under supervision when running water and soap are not immediately available. *However, hands should be washed as soon as running water and soap are accessible in the recommended manner.*

### **Garbage Disposal**

- Garbage should be removed from rooms occupied by children on a daily basis and removed from the premises at least twice weekly or more often as regulated.

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- Containers approved by the regulatory health authority should be used. They should be kept covered with tight-fitting lids or covers when stored. Plastic garbage bag liners should be used.
- Soiled diapers should be stored inside the facility separate from other wastes.
- Each waste and diaper container should be labeled to show the intended content.
- Ensure that sewage and liquid water is properly discharged into a municipal sewage system (if available).

### Water Supply

- Every facility should be supplied water from an EPA/other regulatory-authority-approved source.
- The piped running water should be sufficient and under pressure to supply for cooking, cleaning, drinking and toilets.
- Adequate water-heating facilities should be provided.
- Drinking water should be provided by sanitary drinking fountains or individual cups.
- The use of common drinking containers are prohibited.

### Heating and Ventilation

- All heating and ventilation equipment must meet the requirements of the state regulatory authorities (fire department and health department).
- As much fresh air as possible should be provided in rooms occupied by children.
- A draft-free temperature of 68°F to 75°F should be maintained during winter and temperature of 74°F to 82°F should be maintained during summer.
- Rooms should be clean and dry.
- All openings to the outside, where flies and other insects are prevalent, should have effective screening.
- All heating and ventilation equipment should be inspected and cooled before each heating and cooling season.

### Cleaning and Sanitizing/Disinfecting

- Facilities should follow a routine schedule of cleaning and sanitizing/disinfecting.
- Cleaning and sanitizing/disinfectant solutions should not be used in close proximity to children. Adequate ventilation to prevent children and caregivers from inhaling toxic fumes is necessary during any cleaning procedure.

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### Storage

- Separate areas for storage of every child's personal objects should be provided.
- All personal belongings, such as toothbrushes, washcloths and combs, should be stored in separate, labeled, clean containers and should be labeled with the child's name.
- Children should not be given access to storage areas.

### Sleeping Equipment

- An individual cot, crib or mat and a separate cover should be provided.
- Each crib should have a waterproof mattress.
- Cots, cribs, and mats should be disinfected daily, marked by individual use and disinfected weekly or more often as needed.

## SAFETY CONCERNS\*

Child care centers shall comply with the Minimum Requirements of The National Fire Safety Code 101 as administered by the local fire department or by the State Fire Marshal, who has final authority.

- Child care centers should have heating systems inspected and cleaned by a qualified technician at least annually or more often if required by local/state law.
- It is further recommended that **smoke detectors** should be installed on all floors of the facility.
- Instructions in an "escape plan" (fire drills) and in "stop, drop and roll" could save many lives in case of fire or smoke.

Properly installed smoke alarms are 50 - 80 percent effective in preventing fire related death.

*NOTE: The state and local fire codes may not allow the use of basements or floors above ground level by children first grade and younger, unless there is a ground level exit.*

Carbon Monoxide is a deadly, colorless, odorless, poisonous gas. It is produced by the incomplete burning of various fuels. **Carbon monoxide detectors** are the only way to detect this substance. The symptoms mimic the flu: mild symptoms are typically headache, dizziness, fatigue and diarrhea. Prolonged exposure can cause confusion, shortness of breath, unconsciousness and eventually death.

- Although not required by any state or local law, except for any new home construction after January 1, 2012, and the state licensing agencies, **carbon monoxide detector(s)** should be installed in child care facilities if "the child care program uses any sources of coal, wood, charcoal, oil, kerosene, propane, natural gas or any other product that can produce carbon monoxide indoors or in an attached garage."

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Major appliances should be professionally installed and inspected. Older appliances should be checked for malfunctions and leaks. Never use a gas oven to provide heat in a facility.

*\*NOTE: Information for this section is from “Caring for Our Children,” 3rd Edition, 2011 and Arkansas Licensing Minimum Licensing Requirements (REV. 11/1/2011). Please refer to the appropriate Minimum Licensing Requirements manual# for questions. If additional information is needed, you may call 1-501-682-8590 or 1-800-445-3316. #DISPONIBLE EN ESPAÑOL*  
<http://humanservices.arkansas.gov/dccece/Pages/ChildCareLicensing.aspx#ChildCareLicensing>