



Standard 5: NAEYC Accreditation Criteria for Health Standard

The following chart presents the accreditation criteria for this topic area. Each criterion provides specific details to guide program plans, policies and practices. The criteria are numbered (01, 02, 03, etc.) within their topic area. Each criterion within each program standard is identified by its relevant age group (or groups). Many criteria are identified as "universal" (U), meaning that all classrooms and programs pursuing NAEYC Accreditation must address these criteria. These aspects of quality should be seen in any programs or classrooms serving birth through kindergarten, though they may look somewhat different in practice depending on the children's age.

Age Groups:

U = universal

I = infant

T = toddlers/twos

P = preschool

K = kindergarten

5.A.

Promoting and Protecting Children's Health and Controlling Infectious Disease

5.A.01

U I T P K

The program maintains current health records for each child:

- Within six weeks after a child begins the program, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the Web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice.
- When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption. Child health records include
- current information about any health insurance coverage required for treatment in an emergency;
- results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;

- current emergency contact information for each child, which is kept up to date by a specified method during the year;
- names of individuals authorized by the family to have access to health information about the child;
- instructions for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes); and
- supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family's beliefs. Staff implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

5.A.02

U I T P K

The program has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or a health professional with specific training in health consultation for early childhood programs.

- The health consultant visits at least two times a year and as needed. Where infants and toddlers/twos are in care, the health consultant visits the program at least four times a year and as needed.
- The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, including the care and exclusion of ill children.
- Unless the program participates in the United States Department of Agriculture's Child and Adult Care Food Program, at least two times a year a registered dietitian or pediatric public health nutritionist evaluates the menus for nutritional content; portion sizes; nationally recommended limits on juice, sugar, sodium, and saturated fats; food service operations; special feeding needs to be met by the program; and procedures used for food brought from home.
- The program documents compliance and implements corrections according to the recommendations of the consultant (or consultants).

(This criterion is an Emerging Practice.)

5.A.03

U I T P K

At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.

(This is a required criterion.)

5.A.04

U I T P K

The program follows these practices in the event of illness:

- If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed.
- The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program.
- A program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about (a) what level and types of illness require exclusion; (b) how care is provided for those who are ill but who are not excluded; and (c) when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.

5.A.05

U I T P K

Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.

5.A.06

U I T P K

Children of all ages have daily opportunities for outdoor play (when weather, air quality, or environmental safety conditions do not pose a health risk). When outdoor opportunities for large-motor activities are not possible because of conditions, the program provides similar activities inside. Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

5.A.07

U I T P K

To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:

- Children wear clothing that is dry and layered for warmth in cold weather.

- Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so).
- When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission.

5.A.08

U I T P K

For children who are unable to use the toilet consistently, the program makes sure that:

- Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason).
- For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.
- Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
- Staff check children for signs that diapers or pull-ups are wet or contain feces (a) at least every two hours when children are awake and (b) when children awaken.
- Diapers are changed when wet or soiled.
- Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group. (This indicator only is an Emerging Practice.)
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.
- In the changing area, staff post and follow changing procedures (as outlined in the Cleaning and Sanitation Frequency Table, p. 51). These procedures are used to evaluate teaching staff who change diapers.
- Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can).
- Containers are kept closed and are not accessible to children.

- Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.

5.A.09

U I T P K

The program follows these practices regarding hand washing:

- Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.
- Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.
- Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults wash their hands

- on arrival for the day;
- after diapering or using the toilet (use of wet wipes is acceptable for infants);
- after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit);
- before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry);
- after playing in water that is shared by two or more people;
- after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and
- when moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos.

Adults also wash their hands

- before and after feeding a child;
- before and after administering medication;
- after assisting a child with toileting; and
- after handling garbage or cleaning.

Proper hand-washing procedures are followed by adults and children and include

- using liquid soap and running water;
- rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any required hand-washing situation listed above.

- Staff wear gloves when contamination with blood may occur.
- Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material.
- In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

Note: The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings. If these products are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Since the alcohol-based hand rubs are toxic and flammable, they must be stored and used according to the manufacturer's instructions.

5.A.10

U I T P K

Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained. Alternately, fresh potable water flows freely through the water play table and out through a drain in the table. (This criterion is an Emerging Practice.)

5.A.11

U I T P K

Safeguards are used with all medications for children:

- Staff administer both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the program written permission.
- The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff.
- Any administrator or teaching staff who administers medication has (a) specific training and (b) a written performance evaluation updated annually by a health professional on the practice of the five right practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method with documentation of each right each time the medication is given. The person giving the medication signs documentation of items (1) through (5) above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in

writing about how to perform the procedure by the prescribing health care provider.

- Medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the licensed health care provider, the expiration date of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it.
- All medications are kept in a locked container.

5.A.12

I

To reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. (This indicator is required of all programs with infants.)
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for Infants younger than eight months.
- If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
- The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

5.A.13

I

After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. (This criterion is an Emerging Practice.)

5.A.14

I T

Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. Infants and toddlers/twos do not have bottles while in a crib or bed and do not eat from propped bottles at any time. Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

5.A.15

I T

Infants and toddlers/twos do not have access to large buckets that contain liquid.

5.A.16

T P K

At least once daily in a program where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.)

5.B.

Ensuring Children's Nutritional Well-being

5.B.01

U I T P K

If the program provides food for meals and snacks (whether catered or prepared on-site), the food is prepared, served, and stored in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines.

5.B.02

U I T P K

Staff take steps to ensure the safety of food brought from home:

- They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines.
- All foods and beverages brought from home are labeled with the child's name and the date.
- Staff make sure that food requiring refrigeration stays cold until served.
- Food is provided to supplement food brought from home if necessary.
- Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. (This indicator only is an Emerging Practice.)

5.B.03

U I T P K

The program takes steps to ensure food safety in its provision of meals and snacks Staff discard foods with expired dates. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.

5.B.04

U I T P K

For all infants and for children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information.

5.B.05

U I T P K

For each child with special health care needs or food allergies or special nutrition needs,

the child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.

5.B.06

U I T P K

Clean sanitary drinking water is made available to children throughout the day. (Infants who are fed only human milk do not need to be offered water.)

5.B.07

U I T P K

Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.

5.B.08

I

If the program provides food to infants, then the program staff work with families (who are informed by their child's health care provider) to ensure that the food is based on the infants' individual nutritional needs and developmental stage.

5.B.09

I

The program supports breastfeeding by

- accepting, storing, and serving expressed human milk for feedings;
- accepting human milk in ready-to-feed sanitary containers labeled with the infant's name and date and storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months;
- ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk; and
- providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother.

5.B.10

I

Except for human milk, staff serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions.

(This indicator is an Emerging Practice.)

Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice.

Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. No milk, including human milk, and no other infant foods are warmed in a microwave oven.

5.B.11

I

Teaching staff do not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families. Sweetened beverages are avoided. If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.

5.B.12

I

Teaching staff who are familiar with the infant feed him or her whenever the infant seems hungry. Feeding is not used in lieu of other forms of comfort.

5.B.13

I T

The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.

5.B.14

I T

Staff do not offer children younger than four years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.

Staff cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability.

5.B.15

T P K

The program prepares written menus, posts them where families can see them, and has copies available for families. Menus are kept on file for review by the consultant described in criterion 5.A.02.

5.B.16

T P K

The program serves meals and snacks at regularly established times. Meals and snacks are at least two hours apart but not more than three hours apart.

5.C. Maintaining a Healthful Environment

5.C.01

U I T P K

The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the Cleaning and Sanitation Frequency Table, p. 51. Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets.

5.C.02

U I T P K

Procedures for standard precautions are used and include the following:

- Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.
- Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease.
- When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.
- After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the Cleaning and Sanitation Frequency Table, p. 51.
- Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.
- Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.

5.C.03

U I T P K

A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried or (b) washed and dried in a mechanical dishwasher before it can be used by another child.

5.C.04

U I T P K

Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.

5.C.05

U I T P K

Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for

contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.

5.C.06

I

Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.

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