

Kansas Department of Health and Environment

Bureau of Family Health
1000 SW Jackson, Suite 200
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Child Care Program: (785) 296 -1270 Fax: (785) 296 -0803

Foster Care Program: (785) 296 -1270 Fax: (785) 296 -7025

Website: www.kdheks.gov/kidsnet



BEHAVIOR AND GUIDANCE

Kansas child care regulation (K.A.R. 28-4-132) requires that providers develop a written discipline policy indicating methods of guidance appropriate to the age of the children enrolled. Parents must be informed of the policy. The suggested guidance on the back of this page may be used to develop written policies. If this guidance is adopted as a written discipline policy, providers are required to read, understand, and practice.

- 1. The goal of discipline is to help children learn self-control. Providers help teach children about appropriate behavior and how to get along with others.**
- 2. Be consistent. Children are confused when providers respond in different ways to similar behavior.**
- 3. Appropriate guidance needs to follow a child's misbehavior immediately so that the child understands why he or she is being corrected. Never threaten to do something that the provider would not or could not do.**
- 4. Be a good role model. Act with kindness and patience toward each child. Respect and talk to children about their feelings.**
- 5. Talk with children about their behavior and what is expected. Tell children what they can do rather than what they can't. "Please walk" is more effective than "don't run".**
- 6. Follow a consistent daily schedule so that children know what to expect and are prepared for changes in activity throughout the day.**
- 7. Give children choices whenever possible.**
- 8. Praise good behavior often. Children (and adults) need to hear that the good things they do are appreciated!**
- 9. Talk to parents about both the good things their child(ren) has done while in child care and those things that require additional attention. Include parents in making decisions about effective ways to provide guidance for their child(ren). Consistency between the child's home and the child care home is most effective. Never spank or use another method of punishment that is prohibited by law or regulation, even if parents give permission.**

See back side for examples of age appropriate child care practices.

BEHAVIOR AND GUIDANCE

Suggested Guidance for Infants and Toddlers

1. Remove tempting items that are off limits to infants/toddlers. By nature they are curious about people and things. They are just learning.
2. Distract (this is also called redirection) the infant/toddler away from the activity that is not desired by attracting the child with a better choice.
3. Ignore the behavior, if the child is not in danger or causing someone else to be in danger.
4. Use the word "NO" sparingly. "NO" should be used only when the infant/toddler is approaching danger. Over using the word "NO" may result in the child learning to ignore you.
5. Provide duplicates of popular toys. Infants and toddlers do not understand the concept of "sharing".
6. Place a toy or item in "time-out"-not the child. Infants/toddlers have short attention spans and are naturally active. Time out for infants/toddlers is not appropriate.

Suggested Guidance for Preschool Age Children

Any of the above methods of guidance PLUS:

7. Allow preschool age children to make acceptable choices and let the natural consequence of the decision be the teacher (as long as the consequence is not dangerous). Be sure to offer choices you can live with!
8. Help children learn to solve problems. Offer suggestions when necessary and allow the child to decide.
9. Talk about the "rules" of the child care home. Remind the children. Children learn by repetition. Allow the preschool age children to help set the "rules".
10. Time-out should be used sparingly. Over use of "time out" or any other method of guidance causes the method to become "old hat" which causes it to lose its effectiveness. Time out provides the child the opportunity to think - cool off - calm down. Time out is not about your ability to control the child. Provide a "time out space" for the child that is nearby and which allows you to clearly supervise the child. Invite the child to rejoin the group when he/she is ready. Talk about the behavior, feelings and reassure the child when he/she rejoins the group. Never place a child in time out for long periods of time.

Suggested Guidance for School Age Children

Any of the above methods of guidance PLUS:

1. Involve school age children in planning activities.
2. Involve school age children in setting their own guidelines.
3. Allow school age children to suggest consequences when rules are "broken".

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Child Health Assessments

Your child should be seen during the preschool years by a health professional according to the following schedule:

At Birth	6 Months	18 Months	Then 1
1 Month	9 Months	24 Months	per year
2 Months	12 Months		until the
4 Months	15 Months		age of 20

Every child should be seen at least 13 times from birth to school entry. A careful examination of the eyes and ears should be included in the assessment.

Dental Health

A child's initial visit to a dentist should take place within 6 months after the first tooth can be seen, but no later than 1 year of age. Following the initial visit, regular check-ups should be scheduled every 6 months (or twice a year).

In communities where the drinking water is not fluoridated, a dentist should be consulted about an age appropriate fluoride treatment plan.

Social-Emotional Health

Caring for your child's social and emotional health is also an essential part of raising a healthy child. To learn more about age appropriate development tasks as well as ideas for encouraging healthy social and emotional growth, visit:

www.brightfutures.org/mentalhealth/pdf/tools.html#families.

Safety

Providing your child with a safe environment to grow is an important part of raising a healthy child. For information about safety precautions and more, visit: www.kdheks.gov/safekids.

Well-Child Visits Should Include

- A. Discussion of your child's physical and behavior problems with the physician.
- B. A Health Assessment of your child by the physician or nurse approved to perform Health Assessments.
(including important screenings such as vision, hearing and blood tests)
- C. Immunizations
 - Make sure your child has the necessary immunizations for his/her age. This is important for your child's health.
 - Many childhood diseases can be prevented with regular health care visits and up-to-date immunizations.
 - Discuss with your child's physician the appropriate course of immunizations.
 - Your child's physician will also provide you with Vaccine Information Statements (VISs) prepared by the Centers for Disease Control (CDC) regarding certain vaccinations your child will be given.
 - Repeat immunizations as recommended by the Kansas Department of Health and Environment. Your child's physician may also discuss new vaccines with you as they become available.
- D. Discussion of your child's health history since the last visit.
- E. Written instructions concerning your child's care, diet and recommendations for the solution of any special health problems.
- F. Referrals when necessary to other persons for special services.
- G. Appointment for next Well-Child Visit.

**Guidelines for Exclusion of Children (or Staff Working With Children) Who Are Ill
As Recommended in *Caring for Our Children: National Health and Safety
Standards: Guidelines for Out-of-Home Child Care Programs (Third Edition)***

When formulating exclusion policies, it is reasonable to focus on the needs and behavior of the ill child and the ability of staff in the out-of-home child care setting to meet those needs without compromising the care of other children in the group.

Children with fever are managed differently in child care. The presence of fever alone has little relevance to the spread of disease and may not preclude a child's participation in child care. A small proportion of childhood illness with fever is caused by life-threatening diseases, such as meningitis. It is unreasonable and inappropriate for child care staff to attempt to determine which illnesses with fevers may be serious. The child's parents or legal guardians, with the help of their child's health care provider, are responsible for these decisions. Parents should be notified anytime a child has a fever.

A facility should not deny admission to or send home a child because of illness unless one or more of the following conditions exists. The parent, legal guardian, or other person authorized by the parent should be notified immediately when a child has a sign or symptom requiring exclusion from the facility, as described below:

- 1) The illness prevents the child from participating comfortably in facility activities;**
- 2) The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children; or**
- 3) The child has any of the following conditions and poses a risk of spread of harmful diseases to others:**
 - A. An acute change in behavior including lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, uncontrolled coughing, noticeable (spreading) rash, or other signs or symptoms of illness until medical evaluation indicates inclusion in the facility.
 - B. Fever (temperature above 101 degrees Fahrenheit orally, above 102 degrees Fahrenheit rectally, or 100 degrees or higher taken auxiliary (armpit)) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea). Oral temperature should not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature should be taken only by persons with specific health training.
 - C. Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper until diarrhea stops; blood or mucus in the stools not explained by dietary change, medication, or hard stools.
 - D. Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration.
 - E. Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness.
 - F. Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious.
 - G. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease.
 - H. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated.
 - I. Untreated scabies, head lice, or other infestation.
 - J. Untreated Tuberculosis, until a health care provider or health official states that the child can attend child care.
 - K. Known contagious diseases while still in the communicable stage (chicken pox, streptococcal pharyngitis, rubella, pertussis, mumps, measles, hepatitis A).