



**MODULE 1: ENVIRONMENTAL CONTROLS  
Application Form**

**Child Care Name:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Child Care Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Is there a child care health consultant available:**  Yes  No

**Center or Family Provider?** \_\_\_\_\_

**Do you currently have any children in care with asthma?**  Yes  No

**Enrollment** (Check the boxes of all ages present in your child care center):

Infants	1	2	3	4	5+	School age only Program
						Yes _____
						No _____

**Name of person completing the application:** \_\_\_\_\_

**Director's Name:** \_\_\_\_\_

**Director's Signature:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

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**Send Completed Application to:  
Maryland Asthma Control Program  
Attn: Rachel Hess-Mutinda  
201 W. Preston St., 3<sup>rd</sup> Floor  
Baltimore, MD 21201  
Or fax to 410-333-5995**

**Criteria #1: Policies are in place to ensure child care buildings and grounds, all vehicles used for transporting children, and all child care events are free of tobacco smoke at all times.**

**Rationale:** Tobacco smoke lowers indoor air quality and is a significant cause of asthma attacks and asthma related problems such as decreased lung function and child care/work absences. Exposure to tobacco smoke causes children to have more lung and ear infections, and to need more asthma medicine. Children and staff with asthma should not smoke and should avoid being around second hand smoke. They should also avoid being around smoke fumes that linger on clothing of those who smoke and in furnishings after someone has smoked in a room.

**Mandatory Activity:**

**This activity required according to licensing regulations.**

- There is strict enforcement of COMAR 13A.16.11. Smoking is not allowed anywhere on the child care site at any time

**Additional Activities:**

- Post “No Smoking” signs on the grounds of the child care site.
- Discuss the Smoke-Free Policy and the importance of smoking cessation with all child care staff.
- The child care site’s “no smoking” policy is included in the Parent Handbook, and distributed to all staff.
- Include age-appropriate smoking prevention education into the classroom curriculum
- Make parents and staff aware of resources for quitting smoking, including displaying smoking prevention information on bulletin board(s).
- Hold a smoking awareness education event for children (as appropriate), staff and parents.
- Child caregivers are not permitted to smoke at all during the day including off-site during breaks.
- Individuals who smoke and have smoke fumes on their clothing are not permitted in areas that are predominately child care areas (family child care homes).
- There are efforts to reduce child exposure to smoke smells on the clothes of child care providers who smoke.

**Other:**

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**Criteria #2: The child care program supports healthy indoor air quality by decreasing asthma triggers in the child care environment.**

**Rationale:** Good indoor air quality is an important factor in keeping children and staff with asthma healthy. In addition to tobacco smoke, other asthma triggers and allergens can cause children with asthma to have trouble breathing while in child care. There are many causes of poor indoor air quality. Understanding the issues related to good indoor air quality within a child care facility and correcting any issues that exist is one of the most important ways child care programs can support healthy indoor environments.

**Criteria 2a: General Indoor Air Quality Policies**

**Rationale:** There are many causes of poor indoor air quality including allergens (dust and mold) and irritants (e.g. strong smells and fumes). As required by COMAR 13A.16.05 the building must be free from health and safety hazards as identified by the office. Good ventilation is an important way to maintain good indoor air quality. Ventilation removes irritants and other asthma triggers from the air.

**Mandatory Activities:**

**These activities are required according to licensing regulations.**

- As required by COMAR 13A.16.05 only rooms with natural or mechanical ventilation that provide adequate exchange of air may be used for child care.
- Outdoor intake and inside supply vents are checked for blockages. Blockages repaired to eliminate potential hazards.
- Ventilation provides good airflow in all rooms and halls so that there is no stale or musty odor.

**Activities:**

- The child care program has a written Indoor Air Quality management plan to improve indoor air quality. The plan includes identifying and reducing allergens and irritants and a process for addressing other indoor air quality issues.
- The child care program ensures that child care providers and/or all custodial and maintenance personnel are properly trained on how to identify and reduce allergens and irritants in the child care building.
- Child care staff and/or all custodial and maintenance personnel are provided resources and guidelines on how to maintain healthy indoor air quality
- Service guidelines and routine maintenance procedures, including regular changing/cleaning of air filters, is done for HVAC and window AC units according to manufacturer's instructions

**Other:**

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**Criteria 2b: Dust Mites**

**Rationale:** Dust mites are tiny insects that are invisible to the naked eye. Every home has dust mites. They feed on human skin flakes and are found in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, fabric, and fabric-covered items. Body parts and feces from dust mites can trigger asthma in individuals with allergic reactions to dust mites, and exposure to dust mites can cause asthma in children who have not previously exhibited asthma symptoms. Reducing exposure to dust mites is an important way to prevent asthma attacks. Also, regular cleaning of dust catching items is important to reducing dust mites in the environment. This is often done by washing items in hot water and putting them in a hot dryer or placing items in the freezer.

**Activities:**

- Mattresses and pillows are covered with mite-proof/allergen-proof covers.
- Books, magazines, and toys are stored in enclosed bookcases or closed boxes.
- The following are AVOIDED in child care areas:
  - Wall-to-wall carpeting (**or** is cleaned with a HEPA-filtered vacuum cleaner at least once a week)
  - Soft mattresses and upholstered furniture (**or** are cleaned with a HEPA-filtered vacuum cleaner at least once a week)
  - Window shades (**or** are wiped often with a damp cloth)
  - Piles of paper and other “clutter”
  - “Dust catchers” such as curtains, drapes, and fabric wall hangings
- The following are washed and put in a HOT dryer:
  - Children’s bed linens and personal blankets – at least once a week
  - Woven area rugs that can be washed – at least once a week
  - Fabric items (stuffed toys or “dress up” clothes) – as needed
  - If curtains must be used they are washable – at least once a month

**Other:**

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**Criteria 2c: Pests and Pesticides**

**Rationale:** Pests such as mice, rats, and cockroaches are significant causes of allergic responses and can trigger severe asthma symptoms. As required by COMAR 13A.16.05 the building must be clean and free from infestation of insects and rodents. In addition, chemicals used to treat that treat pest infestations may also trigger asthma symptoms and should be avoided if possible. Chemical pesticides should be selected carefully for their impact on children’s health and must only be used appropriately (according to label instructions and while children are not present for a suitable period of time).

**Activities:**

- The child care program follows an integrated pest management (IPM) program that emphasizes least toxic control methods to control pests as recommended by the Model IPM Policy (see attached).
- Foggers or other aerosol/spray pesticides are NOT used.
- Sticky traps and baits are used only when insects are present.
- Rodenticide/mouse poisons are never used. Any contracted service providers follow least-toxic IPM procedures
- Pest management techniques that emphasize prevention are used to minimize pest and pesticide risks. (e.g. effective cleaning and sanitation, seal all cracks in walls, floors, and ceilings; eliminate clutter; keep food in airtight containers, repairing water leaks and drips).
- Trash is kept in tightly covered containers, and removed often to an outdoor enclosed trash area that is not in the reach of children.
- Parents are informed and provided at least 24-hour notice prior to pesticide applications.
- The child care makes parents aware of the Maryland Department of Agriculture’s Pesticide Sensitive Individual Notification Program and encourages the a child care site to be noted on the child’s application so the Director is notified of nearby exterior pesticide application and can take appropriate avoidance measures.
- There are no cosmetic pesticide applications on lawns or landscapes

**Other:**

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**Criteria #2d: Mold/Mildew**

**Rationale:** Molds can be found almost anywhere as they grow on virtually any substance when moisture or humidity (i.e. dampness or moisture in the air) is present. Mold is a known trigger for some children with asthma. Since mold thrives on humidity, efforts to reduce excess moisture are important to prevent and control mold and mildew. Sources of mold include bathrooms, potted plants, or anywhere there is a leak or moisture.

**Mandatory Activities:**

**These activities are required according to licensing regulations.**

- Exhaust fans are used in bathrooms, kitchens, and basement areas to help remove humidity.
- As required by COMAR 13A.16.06 only rooms that are free of moisture and dampness may be used for child care.

**Additional Activities:**

- Wet carpeting and padding are removed, if not dry within 24 hours, to prevent mold growth.
- Mats, including activity and sleep mats, that are placed on carpeted floors (especially in basement areas) are vinyl-covered and are wiped regularly with diluted chlorine bleach and water (1/4 cup bleach in 1-gallon water).
- Live indoor houseplants are not present in the center or child care area.
- Foam pillows are not used in the center or child care area.
- Bathrooms and other damp areas (such as refrigerator drip pans) are wiped regularly with diluted chlorine bleach and water (1/4 cup bleach in 1-gallon water).
- Wet boots and clothing are removed and stored where they do not track wetness into activity space.
- The building is checked every month for leaks and areas of standing water.
- Plumbing leaks are fixed promptly.
- Humidity level is monitored, using a humidity gauge, if the center or family child care home has a mold problem or a child with a mold allergy. Humidifiers are NOT used and dehumidifiers are used if necessary.
- Outdoor yard and play areas are kept clean of fallen leaves, compost piles, and cut grass. Children are not allowed to play in piles of fallen leaves.

**Other:**

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**Criteria #2e: Outdoor Pollen**

**Rationale:** Controlling outdoor pollen from entering the child care building is an important way to maintain healthy indoor air quality. Pollens in the air are a very common trigger for asthma symptoms. Pollen comes from trees, grasses and weeds, and is easily inhaled. Pollen is present at various times of the year, but especially during warm-weather months. It is important during high pollen seasons that pollen is prevented from entering the facility from the air intakes and from tracking in on shoes.

**Activities:**

- Outdoor pollen levels are monitored regularly during high pollen seasons (<http://www.pollen.com/allergy-weather-forecast.asp>).
- Windows are kept closed during periods of high pollen count when adequate ventilation (AC units) is available.
- Air conditioners with clean filters are used during warm seasons, if possible to prevent outdoor pollen and allergens from coming into the center through open windows.

**Other:**

**Criteria #2f: Cleaning Products and Practices**

**Rationale:** Common cleaning products may have fragrances or other odors that could trigger asthma attacks in some children with asthma. In addition, cleaning may inadvertently stir up dust or other asthma triggers. Cleaning practices that consider what cleaning products are used and when cleaning is performed can help reduce asthma triggers.

**Activities:**

- A high efficiency vacuum cleaner (ideally with the “HEPA” filter) is used for vacuuming.
- Vacuuming and other routine cleaning is done when children are not present.
- If cleaning is required when children are present, cleaning supplies with strong fragrances or odors are not used and indoor spaces are carefully ventilated during and after their use.
- Areas are dusted at least once a week with a damp cloth to avoid stirring up the dust. Areas dusted should include books, shelves, furniture surfaces and all solid surfaces.
- Aerosol dusting sprays are not used.
- Shared items such as computer keyboards and tables are cleaned to limit the spreading of viruses which can trigger asthma
- If rugs or carpet are used, they are vacuumed at least once a week.
- Doormats are placed outside all entrances to reduce tracking in of dirt, allergens, and pesticides that can trigger asthma attacks. Doormats are cleaned daily.

**Other:**

**Criteria #2g: Other Airborne Triggers**

**Rationale:** Personal care products and other household products often have strong fragrances or odors. These products may be intentionally used for their fragrance (such as perfume and air fresheners) and are not always thought of as an asthma trigger or irritant. However, these everyday items can trigger an asthma attack in some children with asthma.

**Activities:**

- Staff does not wear perfume or other scented personal products.
- Arts and crafts materials with fragrances or fumes are avoided (i.e. markers, paints, adhesives) and unscented products are used instead. If scented products are used, extra ventilation is provided (i.e. fans or open windows).
- Air fragrance sprays and highly fragrant “air fresheners” are not used. Open windows (when appropriate) and/or use exhaust fans are used instead. Fragrant sprays or similar products are not used to mask undesirable odors.
- New purchases (such as pressed-wood furnishings or plastic laminated products) are aired out until no obvious odors are detected before using them in the center or child care area.
- Office equipment that emit fumes (such as photocopiers) are in vented areas away from the children
- Home repair products with strong odors are not used when children are present; indoor spaces are carefully ventilated during and after their use.
- Painting, repairs, or construction work are done when children are not in the center. Indoor spaces are protected from construction dust, debris, strong odors, and fumes
- Outdoor fumes (such as from car exhaust, idling vans, or buses, or nearby businesses) are prevented from entering the building through open windows or doors.

**Other:**

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**Criteria #3: All children with moderate to severe asthma have a written Asthma Action Plan or an individualized health plan on file at the child care facility and have the document kept in a central location as well as shared and kept with appropriate child care staff.**

**Rationale:** The National Asthma Education and Prevention Program and the National Heart, Lung, and Blood Institute recommend the development of an asthma action plan (AAP) to guide daily asthma management. An AAP is an important educational tool, communication tool and management tool. This asthma action plan lists allergies and asthma triggers, medication schedule, and emergency instructions. It also makes it clear what action to take, whom to call and when to call. Children with moderate to severe asthma are at greater risk for asthma attacks and child care absences due to asthma. Obtaining an AAP and sharing it with appropriate child care staff will make sure that everyone who is in contact with the child is able to assist the child in avoiding asthma triggers and acting quickly in the event of an asthma attack. Ongoing communication between the child care provider, the family and the health care provider is critical to appropriate asthma management. An asthma action plan is an effective tool to facilitate communication.

**Mandatory Activities:**

**These activities are required according to licensing regulations.**

- COMAR 13.A.16.04 requires that written information about the child's individual needs be supplied by the parent at the time of the child's admission to care.
- The child care provider/director is provided with a personalized care plan (asthma action plan) regarding asthma care and management that is created by the child's health care provider in collaboration with a child's parents (and his/her personal physician).

**Additional Activities:**

- The child care provider/director works with the family and the child's health care provider to obtain an AAP.
- The AAP is shared with appropriate staff and is on file and readily available when needed.
- The child care provider works to obtain an Individualized health care plan when unable to obtain an AAP.
- The child care center maintains updated contact information for the parent(s) or guardian(s) and the individual health care provider of the child with asthma, as well as the center's own health care consultant.
- Obtains written permission from the parent(s) or guardian(s), signed by the parent(s) or guardian(s), to discuss care with the child's health care provider.
- The child care provider reviews the Asthma Action Plan, Emergency form, and medication form with the parent(s) or guardian(s).
- The child care health consultant serves in an advisory role to help answer general questions regarding the care of a child with asthma and is available during the hours of operation of the child care center.
- The child care Provider/director contacts a child's parents and discusses care with the child care health consultant if the child's symptoms seem to be increasing in frequency or the child is having increased absences due to asthma.

**Other:**

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**Criteria #4: The child care facility has identified resources for parents/guardians and child care staff to provide asthma awareness, education and support to the families of children with asthma and training/professional development to child care staff.**

**Rationale:** The Centers for Disease Control and Prevention recommends asthma education for child care staff and children. It is important that child care providers/directors and staff stay abreast of the latest recommendations and guidelines in asthma care and management. To support the needs of children with asthma, all staff should attend one of several available trainings on asthma management. Maryland Asthma Control Program partners are available to assist in the implementation of educational activities within the child care setting. According to COMAR 13A.14.09 in order to qualify for levels of Staff Credential 4 or 5 and Administrator Credential at all levels an individual must have a minimum number of hours of training in health, safety and special needs. Training vouchers and/or reimbursement are provided if certain guidelines are met. As required by COMAR 13A.14.11 Child Care Quality Incentive Grant Program grant funds are available to help pay expenses that enhance the quality of child care provide through the purchase of approved materials, equipment and supplies.

**Mandatory Activities:**

**These activities are required according to licensing regulations.**

- The child care director has received training regarding asthma recognition, asthma management, and asthma medication administration.
- All new members of staff are provided with asthma awareness material upon hire. All staff is trained on asthma awareness, warning signs or an asthma attack, and procedures to follow in an emergency.
- A child care health consultant (or an individual child’s health care provider) assists the child-care director write, develop, or review policy and guidelines for managing environmental triggers in the center/or family child care home.

**Additional Activities:**

- There is an age-appropriate Asthma Awareness program/education project for all children including those who do not have asthma.
- Encourage parents and children to work with a healthcare professional and take part in a self-management program to help improve asthma care at home (e.g. recognizing early warning signs and triggers)

**Other:**

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**Criteria #5: The child care center monitors outdoor air quality and modifies outdoor activities when appropriate.**

**Rationale:** Many outdoor irritants can make asthma worse. The Air Quality Index and pollen counts are important tools that allows child care facilities to know the air quality and level of possible health effects from poor air quality and high pollen levels. There are certain seasons/times of year when outdoor air quality is of significant concern because the air quality is bad. Ozone Action Days are often reported and child care programs can support the health of all children and staff by monitoring for ozone and other pollutant levels and adjusting child care activities to minimize health effects. Children with pollen as an asthma trigger need to avoid the outdoors on high pollen count days. Fallen leaves, compost piles and cut grass have pollen and/or mold in them that may trigger an asthma attack in a child with sensitivities to pollen or mold.

**Activities:**

- The Air Quality Index (<http://www.airnow.gov/>) and pollen counts (<http://www.pollen.com/allergy-weather-forecast.asp>) are monitored daily and reported to staff and children. Outdoor activities are modified or rescheduled as appropriate based on outdoor air quality.
- Outdoor activities are limited or reschedules as appropriate when the Air Quality index is unhealthy.
- Outdoor time is adjusted for cold sensitive children and alternative indoor activities are offered as needed according to the child’s individualized health care plan.
- Outdoor yard and play areas are kept clean of fallen leaves, compost piles, and cut grass.
- Consider activities that are in proximity to the facility (such as construction, spraying of pesticide, etc.) when planning outdoor activities and engage in alternative activities as needed.

**Other:**

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**Criteria #6: Health and education information is used to monitor the asthma friendly child care activities and the outcomes for children with asthma.**

**Rationale:** Knowing whether your asthma related activities are effective is important to program improvement and program development. It is also important to determine if the asthma friendly activities are improving the health of the children with asthma. Gathering information is the first step to determine if the activities have made a difference and whether more activities are needed.

**Activities:**

- The child care program collects and monitors absenteeism for children with asthma.
- Educational outcomes for children with asthma are tracked and compared with health information as needed.
- The child care center monitors frequency of albuterol inhaler use while at center.
- The child care center reviews how successful they are in implementing these criteria twice yearly.

**Other:**

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**Criteria #7: Furry or feathered pets (cats, dogs, gerbils, hamsters, birds, etc.) are not allowed in any areas where children are being cared for at all times (this would include after child care hours.)**

**Rationale:** Furry or feathered pets are significant causes of allergic responses and can trigger severe asthma symptoms. Skin cells from pets (dander) can linger in rooms for significant periods of time and therefore, a strict “no pet” policy must be enforced to assure the child care areas are free of dander. This means for family child care homes, a family pet may be acceptable if the family pets is not allowed in the child care area.

**Activities:**

- Child Care Site has a “no pets” policy and parents are informed of the “no pets” policy.
- A “no pets allowed” sign is place in the child care facility.
- The child care site has a policy and procedure that addresses family pets in the child care home, that limits or restricts the pet from entering the child care areas.
- Cleaning procedures are implemented (more frequent vacuuming, air filters, duct cleaning) to reduce animal dander from the air and child care environment when removing a pet is not possible.
- Policy and procedures regarding pets and animals in the classroom is tailored to the needs of the children in care.

**Other:**

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