



**MODULE 2: MANAGEMENT  
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 assessment:** \_\_\_\_\_

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

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

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

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

**Send Completed Application to:  
Maryland Asthma Control Program  
Attn: Rachel Hess-Mutinda  
201 W. Preston St., Rm 327  
Baltimore, MD 21201  
Or Fax to 410-333-5995**

**Criteria #1: Each child with asthma has an Individual Emergency Care and an Emergency Preparedness Plan to make sure appropriate emergency care is given when needed.**

**Rationale:** Children with asthma may have an asthma attack without warning or known trigger exposure. Since an emergency may occur at any time and in any part of the child care center, it is important that the child care center institute policies to address emergencies for children with asthma. Child care centers should share with all appropriate staff what to do in case of an emergency. While each child should have an emergency plan as required by COMAR 13A.16.04, a general emergency plan as required by COMAR 13A.16.10, should include appropriate information such as when to call 911 and how emergencies will be communicated to parent/guardians.

**Mandatory Activities:**

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

- As required by COMAR 13A.16.03.04 and COMAR 13A.16.10.01, Individualize Emergency Care Plans or Asthma Action Plans are developed by the child’s health care provider and provided to the child care provider.
- Staff available to respond to an asthma exacerbation has received the appropriate Office of Child Care medication training as required by COMAR 13A.16.11 and has the knowledge to supervise and monitor correct inhaler use by children who take asthma medications.
- Child care providers have met the first aid/CPR requirements as required by COMAR 13A.16.10
- The child care provider/director works with parents to make sure that the child care center has current emergency contact information and an up-to-date asthma history.
- The child care provider has a policy and procedure to address school age children who self-carry in school who are not authorized to self-carry in child care. The policy should include how to appropriately store the inhaler brought from school to assure the inhaler is kept out of reach of other children and for returning the inhaler to the student at the end of the child care program day, and for obtaining an inhaler to be administered by child care program staff.
- Emergency care plans are readily accessible and shared with all child care staff that have contact with children with asthma and who may be required to respond to an emergency.

**Additional Activities:**

- There is a backup plan to ensure that each child with asthma has access to a metered dose inhaler and spacer device(s) or nebulizer in the event of an emergency, such as a fire, weather, lockdown, or if a child forgets his/her medicine.
- The child care provider/director, in collaboration with the parents, the child’s personal physician, and/or nursing consultant ensures that there is a written emergency plan and procedures for teachers and staff to follow to assure appropriate treatment in the event of an emergency including assuring the center staff has quick and easy access to the child’s medication..
- Individualize Emergency Care Plans are shared with all child care staff that have contact with children with asthma and who may be required to respond to an emergency.
- The child care provider reviews the Emergency Plan, with the parent(s) or guardian(s).
- Asthma First Aid posters are on display in the child care center/family child care home.
- Parents and providers communicate regularly about the status of each child’s asthma.

**Other:**

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**Criteria #2: 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:**

<b>Criteria #3: 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.</b>
<b>Rationale:</b> 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.
<b>Mandatory Activities:</b>
<b>These activities are required according to licensing regulations.</b>
<input type="checkbox"/> The child care director has received training regarding asthma recognition, asthma management, and asthma medication administration.
<input type="checkbox"/> 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.
<input type="checkbox"/> A child care health consultant helps child-care directors write policy and guidelines for managing medication administration and tracking medication usage for children with asthma.
<b>Additional Activities:</b>
<input type="checkbox"/> In addition to the child care center director, all staff that care for a child with asthma are trained to administer medication, and in the use and care of all nebulizers, inhalers, spacers, and peak flow meters in addition to the required training for child care center directors.
<input type="checkbox"/> The family child care provider is trained to administer medication, and in the use and care of all nebulizers, inhalers, spacers, and peak flow meters
<input type="checkbox"/> There is an age-appropriate Asthma Awareness program/education project for all children including those who do not have asthma.
<input type="checkbox"/> Child care staff, whenever possible, works with healthcare professionals to provide outreach/education to the families of children with asthma regarding Medicaid eligibility, community immunization programs or other preventive health activities
<input type="checkbox"/> 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)
<b>Other:</b>
<input type="checkbox"/>

**Criteria #4: Children with asthma fully and safely join in physical activity, sports, recess, and field trips.**

**Rationale:** It is important for all children to participate in sports and physical education and is a requirement by the Individuals with Disabilities Act for children with asthma to be fully incorporated and able to participate in all physical activities. Participation may require reasonable accommodations to be made. Except in extreme cases where accommodations are an undo burden on the program, most children with asthma should be able to have accommodations made that allow them to participate. A physician should determine the appropriate level of physical activity for children with asthma, which for most children is full activity. Child care facilities should have policies and procedures in place to support the physician’s recommended level of activity. Many of these policies also relate to other activities that improve asthma management and emergency intervention in the event of an asthma attack. As required by COMAR 13A.16.09 children must be taken outdoors daily (except in inclement weather or bad air quality days). **This includes children with asthma if not indicated to the contrary by a health care provider.**

**Activities:**

- The child’s quick relief medications are readily available, before and after exercise (including self-carrying of medication, if appropriate) including for exercise activities that take place away from the child care facility (e.g. field trips, during transportation).
- Children with asthma may choose a modified or alternative activity that is different from others in the class when it is medically necessary and they can do so without fear of being ridiculed or punished.
- A plan is in place for managing asthma during child care sporting activities or field trips is included in the child’s individualized health care plan, asthma action plan, or emergency plan..
- Training/resources are utilized by child care providers/director regarding offering safe physical education for children with asthma.
- Children with asthma are encouraged to be active.
- The child care health consultant helps child-care staff write policy and guidelines that promotes safe physical activities and safe field trips for children with asthma.

**Other:**

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**Criteria #5: 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:**

