Rectal Handout 1

Commonly Asked Questions about Child Care Centers and the Americans With Disabilities Act

Coverage

1. Q: Does the Americans with Disabilities Act -- or "ADA" -- apply to child care centers?

A: Yes. Privately-run child care centers -- like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks -- must comply with title III of the ADA. Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

A child care center's employment practices are covered by other parts of the ADA and are not addressed here. For more information about the ADA and employment practices, please call the Equal Employment Opportunity Commission (see question 30).

2. Q: Which child care centers are covered by title III?

A: Almost all child care providers, regardless of size or number of employees, must comply with title III of the ADA. Even small, home-based centers that may not have to follow some State laws are covered by title III.

The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

Private child care centers that are operating on the premises of a religious organization, however, are generally **not** exempt from title III. Where such areas are leased by a child care program not controlled or operated by the religious organization, title III applies to the child care program but not the religious organization. For example, if a private child care program is operated out of a church, pays rent to the church, and has no other connection to the church, the program has to comply with title III but the church does not.

General Information

3. Q: What are the basic requirements of title III?

A: The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care center's programs and services. Specifically:

- Centers cannot exclude children with disabilities from their programs unless their presence would pose a *direct threat* to the health or safety of others or require a *fundamental alteration* of the program.

- Centers have to make *reasonable modifications* to their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a *fundamental alteration*.

- Centers must provide appropriate auxiliary aids and services needed for *effective communication* with children or adults with disabilities, when doing so would not constitute an *undue burden*.

- Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the *readily achievable* standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be *fully accessible*.

4. Q: How do I decide whether a child with a disability belongs in my program?

A: Child care centers cannot just assume that a child's disabilities are too severe for the child to be integrated successfully into the center's child care program. The center must make an *individualized assessment* about whether it can meet the particular needs of the child without fundamentally altering its program. In making this assessment, the caregiver must not react to unfounded preconceptions or stereotypes about what children with disabilities can or cannot do, or how much assistance they may require. Instead, the caregiver should talk to the parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. Providers are often surprised at how simple it is to include children with disabilities in their mainstream programs.

Child care centers that are accepting new children are not required to accept children who would pose a *direct threat* (see question 8) or whose presence or necessary care would *fundamentally alter* the nature of the child care program.

5. Q: My insurance company says it will raise our rates if we accept children with disabilities. Do I still have to admit them into my program?

A: Yes. Higher insurance rates are not a valid reason for excluding children with disabilities from a child care program. The extra cost should be treated as overhead and divided equally among all paying customers.

6. Q: Our center is full and we have a waiting list. Do we have to accept children with disabilities ahead of others?

A: No. Title III does not require providers to take children with disabilities out of turn.

7. Q: Our center specializes in "group child care." Can we reject a child just because she needs individualized attention?

A: No. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care.

For instance, if a child with Down Syndrome and significant mental retardation applies for admission and needs one-to-one care to benefit from a child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or though a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Down Syndrome need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into a mainstream child care program. As in other cases, an *individualized assessment* is required. But the ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

8. Q: What about children whose presence is dangerous to others? Do we have to take them, too?

A: No. Children who pose a *direct threat* -- a substantial risk of serious harm to the health and safety of others -- do not have to be admitted into a program. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an *individualized assessment* that considers the particular activity and the actual abilities and disabilities of the individual.

In order to find out whether a child has a medical condition that poses a significant health threat to others, child care providers may ask all applicants whether a child has any diseases that are communicable through the types of incidental contact expected to occur in child care settings.

Providers may also inquire about specific conditions, such as active infectious tuberculosis, that in fact pose a direct threat.

9. Q: One of the children in my center hits and bites other children. His parents are now saying that I can't expel him because his bad behavior is due to a disability. What can I do?

A: The first thing the provider should do is try to work with the parents to see if there are reasonable ways of curbing the child's bad behavior. He may need extra naps, "time out," or changes in his diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, he may be expelled from the program even if he has a disability. The ADA does not require providers to take any action that would pose a *direct threat* -- a substantial risk of serious harm -- to the health or safety of others. Centers should not make assumptions, however, about how a child with a disability is likely to behave based on their past experiences with other children with disabilities. Each situation must be considered individually.

10. Q: One of the children in my center has parents who are deaf. I need to have a long discussion with them about their child's behavior and development. Do I have to provide a sign language interpreter for the meeting?

A: It depends. Child care centers must provide effective communication to the customers they serve, including parents and guardians with disabilities, unless doing so poses an undue burden. The person with a disability should be consulted about what types of auxiliary aids and services will be necessary in a particular context, given the complexity, duration, and nature of the communication, as well as the person's communication skills and history. Different types of *auxiliary aids and services* may be required for lengthy parent-teacher conferences than will normally be required for the types of incidental day-to-day communication that take place when children are dropped off or picked up from child care. As with other actions required by the ADA, providers cannot impose the cost of a qualified sign language interpreter or other auxiliary aid or service on the parent or guardian.

A particular auxiliary aid or service is not required by title III if it would pose an *undue burden*, that is, a significant difficulty or expense, relative to the center or parent company's resources.

11. Q: We have a "no pets" policy. Do I have to allow a child with a disability to bring a service animal, such as a seeing eye dog?

A: Yes. A service animal is **not** a pet. The ADA requires you to modify your "no pets" policy to allow the use of a service animal by a person with a disability. This does not mean that you must abandon your "no pets" policy altogether, but simply that you must make an exception to your general rule for service animals.

12. Q: If an older child has delayed speech or developmental disabilities, can we place that child in the infant or toddler room?

A: Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom, unless the parents or guardians agree otherwise.

13. Q: Can I charge the parents for special services provided to a child with a disability, provided that the charges are reasonable?

A: It depends. If the service is required by the ADA, you cannot impose a surcharge for it. It is only if you go beyond what is required by law that you can charge for those services. For instance, if a child requires complicated medical procedures that can only be done by licensed medical personnel, and the center does not normally have such personnel on staff, the center would not be required to provide the medical services under the ADA. If the center chooses to go beyond its legal obligation and provide the services, it may charge the parents or guardians accordingly. On the other hand, if a center is asked to do simple procedures that are required by the ADA -- such as finger-prick blood glucose tests for children with diabetes (see question 20) -- it cannot charge the parents extra for those services. To help offset the costs of actions or services that are required by the ADA, including but not limited to architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available (see question 24).

Personal Services

14. Q: Our center has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?

A: No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. While some state laws may differ, generally speaking, as long as reasonable care is used in following the doctors' and parents' or guardians written instructions about administering medication, centers should not be held liable for any resulting problems. Providers, parents, and guardians are urged to consult professionals in their state whenever liability questions arise.

15. Q: We diaper young children, but we have a policy that we will not accept children more than three years of age who need diapering. Can we reject children older than three who need diapering because of a disability?

A: Generally, no. Centers that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, centers that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so.

Centers must also provide diapering services to young children with disabilities who may need it more often than others their age.

Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Centers should not consider this type of assistance to be a "personal service."

16. Q: We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance due to a disability?

A: It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and a center does not normally provide diapering, the center should consider factors including, but not limited to, (1) whether other non-disabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the center would have to purchase diapering tables or other equipment.

If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that even in these circumstances, the child could not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.

Issues Regarding Specific Disabilities

17. Q: Can we exclude children with HIV or AIDS from our program to protect other children and employees?

A: No. Centers cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of incidental contact that take place in child care centers. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are cleansing and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

18. Q: Must we admit children with mental retardation and include them in all center activities?

A: Centers cannot generally exclude a child just because he or she has mental retardation. The center must take reasonable steps to integrate that child into every activity provided to others. If other children are included in group sings or on playground expeditions, children with disabilities should be included as well. Segregating children with disabilities is not acceptable under the ADA.

19. Q: What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?

A: Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A center needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called "epinephrine" that will be provided in advance by the child's parents or guardians.

The Department of Justice's settlement agreement with La Petite Academy addresses this issue and others (see question 26).

20. Q: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?

A: Generally, yes. Children with diabetes can usually be integrated into a child care program without fundamentally altering it, so they should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar -- or "blood glucose" -- levels before lunch and whenever the child appears to be having certain easy-to-recognize symptoms of a low blood sugar incident. While the process may seem uncomfortable or even frightening to those unfamiliar with it, monitoring a child's blood sugar is easy to do with minimal training and takes only a minute or two. Once the caregiver has the blood sugar level, he or she must take whatever simple actions have been recommended by the child's parents or guardians and doctor, such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

The Department of Justice's settlement agreements with KinderCare and La Petite Academy address this issue and others (see question 26).

21. Q: Do we have to help children take off and put on their leg braces and provide similar types of assistance to children with mobility impairments?

A: Generally, yes. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the child care day. As long as doing so would not be so time consuming that other children would have to be left unattended, or so complicated that it can only done by licensed health care professionals, it would be a *reasonable modification* to provide such assistance.

The Department of Justice's settlement agreement with the Sunshine Child Center of Gillett, Wisconsin, addresses this issue and others (see question 26).

Making the Child Care Facility Accessible

22. Q: How do I make my child care center's building, playground, and parking lot accessible to people with disabilities?

A: Even if you do not have any disabled people in your program now, you have an ongoing obligation to remove barriers to access for people with disabilities. Existing privately-run child care centers must remove those architectural barriers that limit the participation of children with disabilities (or parents, guardians, or prospective customers with disabilities) if removing the barriers is *readily achievable*, that is, if the barrier removal can be easily accomplished and can be carried out without much difficulty or expense. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs, and other furniture are all examples of barrier removal that might be undertaken to allow a child in a wheelchair to participate in a child care program. Centers run by government agencies must insure that their programs are accessible unless making changes imposes an undue burden; these changes will sometimes include changes to the facilities.

23. Q: We are going to build a new facility. What architectural standards do we have to follow to make sure that our facility is accessible to people with disabilities?

A: Newly constructed privately-run child care centers -- those designed and constructed for first occupancy after January 26, 1993 -- must be readily accessible to and usable by individuals with disabilities. This means that they must be built in strict compliance with the ADA Standards for Accessible Design. New centers run by government agencies must meet either the ADA Standards or the Uniform Federal Accessibility Standards.

Tax Provisions

24. Q: Are there tax credits or deductions available to help offset the costs associated with complying with the ADA?

A: To assist businesses in complying with the ADA, Section 44 of the IRS Code allows a tax credit for small businesses and Section 190 of the IRS Code allows a tax deduction for all businesses.

The tax credit is available to businesses that have total revenues of $1,000,000 or less in the previous tax year or 30 or fewer full-time employees. This credit can cover 50% of the eligible access expenditures in a year up to $10,250 (maximum credit of $5,000). The tax credit can be used to offset the cost of complying with the ADA, including, but not limited to, undertaking barrier removal and alterations to improve accessibility; provide sign language interpreters; and for purchasing certain adaptive equipment.

The tax deduction is available to all businesses with a maximum deduction of $15,000 per year. The tax deduction can be claimed for expenses incurred in barrier removal and alterations.

To order documents about the tax credit and tax deduction provisions, contact the Department of Justice's ADA Information Line (see question 30).

The Department of Justice's Enforcement Efforts

25. Q: What is the Department of Justice's enforcement philosophy regarding title III of the ADA?

A: Whenever the Department receives a complaint or is asked to join an on-going lawsuit, it first investigates the allegations and tries to resolve them through informal or formal settlements. The vast majority of complaints are resolved voluntarily through these efforts. If voluntary compliance is not forthcoming, the Department may have to litigate and seek injunctive relief, damages for aggrieved individuals, and civil penalties.

26. Q: Has the United States entered into any settlement agreements involving child care centers?

A: The Department has resolved three matters through formal settlement agreements with the Sunshine Child Center, KinderCare Learning Centers, and La Petite Academy.

- In the first agreement, Sunshine Child Center in Gillett, Wisconsin, agreed to: (1) provide diapering services to children who, because of their disabilities, require diapering more often or at a later age than nondisabled children; (2) put on and remove the complainant's leg braces as necessary; (3) ensure that the complainant is not unnecessarily segregated from her age-appropriate classroom; (4) engage in readily achievable barrier removal to its existing facility; and (5) design and

- construct its new facility (planned independently of the Department's investigation) in a manner that is accessible to persons with disabilities.

- In 1996, the Department of Justice entered into a settlement agreement with KinderCare Learning Centers -- the largest chain of child care centers in the country -- under which KinderCare agreed to provide appropriate care for children with diabetes, including providing finger-prick blood glucose tests. In 1997, La Petite Academy -- the second-largest chain -- agreed to follow the same procedures.

- In its 1997 settlement agreement with the Department of Justice, La Petite Academy also agreed to keep epinephrine on hand to administer to children who have severe and possibly life-threatening allergy attacks due to exposure to certain foods or bee stings and to make changes to some of its programs so that children with cerebral palsy can participate.

The settlement agreements and their attachments, including a waiver of liability form and parent and physician authorization form, can be obtained by calling the Department's ADA Information Line or through the Internet (see question 30). Child care centers and parents or guardians should consult a lawyer in their home state to determine whether any changes need to be made before the documents are used.

27. Q: Has the Department of Justice ever sued a child care center for ADA violations?

A: Yes. On June 30, 1997, the United States filed lawsuits against three child care providers for refusing to enroll a four-year-old child because he has HIV. See **United States v. Happy Time Day Care Center**, (W.D. Wisc.); **United States v. Kiddie Ranch**, (W.D. Wisc.); and **United States v. ABC Nursery, Inc.** (W.D. Wisc.).

28. Q: Does the United States ever participate in lawsuits brought by private citizens?

A: Yes. The Department sometimes participates in private suits either by intervention or as *amicus curiae* -- "friend of the court." One suit in which the United States participated was brought by a disability rights group against KinderCare Learning Centers. The United States supported the plaintiff's position that KinderCare had to make its program accessible to a boy with multiple disabilities including mental retardation. The litigation resulted in KinderCare's agreement to develop a model policy to allow the child to attend one of its centers with a state-funded personal assistant.

Additional Resources

29. Q: Are there any reference books or video tapes that might help me further understand the obligations of child care providers under title III?

A: Through a grant from the Department of Justice, The Arc published ***All Kids Count: Child Care and the ADA***, which addresses the ADA's obligations of child care providers. Copies are available for a nominal fee by calling The Arc's National Headquarters in Arlington, Texas:

800-433-5255 (voice)

800-855-1155 (TDD)

Under a grant provided by the Department of Justice, Eastern Washington University (EWU) produced eight 5-7 minute videotapes and eight accompanying booklets on the ADA and child care providers. The videos cover different ADA issues related to child care and can be purchased as a set or individually by contacting the EWU at:

509-623-4246 (voice)

TDD: use relay service

30. Q: I still have some general questions about the ADA. Where can I get more information?

A: The Department of Justice operates an ADA Information Line. Information Specialists are available to answer general and technical questions during business hours on the weekdays. The Information Line also provides 24-hour automated service for ordering ADA materials and an automated fax back system that delivers technical assistance materials to fax machines or modems.

800-514-0301 (voice)

800-514-0383 (TDD)

The ADA Home Page, which is updated frequently, contains the Department of Justice's regulations and technical assistance materials, as well as press releases on ADA cases and other issues. Several settlement agreements with child care centers are also available on the Home Page.

www.usdoj.gov/crt/ada/index.html

The Department of Justice also operates an ADA Electronic Bulletin Board, on which a wide variety of information and documents are available.

202-514-6193 (by computer modem)

There are ten regional Disability and Business Technical Assistance Centers, or DBTAC's, that are funded by the Department of Education to provide technical assistance under the ADA. One toll-free number connects to the center in your region.

800-949-4232 (voice & TDD)

The Access Board offers technical assistance on the ADA Accessibility Guidelines.

800-872-2253 (voice)

800-993-2822 (TDD)

Electronic Bulletin Board

202-272-5448

The Equal Employment Opportunity Commission, or EEOC, offers technical assistance on the ADA provisions for employment which apply to businesses with 15 or more employees.

Employment questions

800-669-4000 (voice)

800-669-6820 (TDD)

Employment documents

800-669-3362 (voice)

800-800-3302 (TDD)

If you have further questions about child care centers or other requirements of the ADA, you may call the U.S. Department of Justice's toll-free ADA Information Line at: 800-514-0301 (voice) or 800-514-0383 (TDD).

Note: Reproduction of this document is encouraged

Rectal Handout 2

Policy Areas to Consider when Enrolling Children with Special Healthcare Needs

Consider these POLICY AREAS when Enrolling Children with Special Health Care Needs:

1. Admission and Enrollment
2. Safety surveillance
3. Sanitation and hygiene
4. Child health Services
5. Transportation and field trips
6. Food handling, feeding, and nutrition
7. Smoking, prohibited substances, and firearms
8. Supervision
9. Discipline
10. Sleeping
11. Medications
12. Emergency plans
13. Evacuation plans
14. Care of acutely ill children
15. Authorized caregivers
16. Health education
17. Evening and night Care Plan
18. Use of health consultants
19. Staff health, training, benefits, and equipment
20. Maintenance of the facility and equipment
21. Review and revision of policies, plans and procedures

Source: Managing Chronic Health Needs in Child Care and Schools, A quick reference guide. American Academy of Pediatrics, www.aap.org)

Special Health Care Plan

The special health care plan defines all members of the care team, communication guidelines (how, when, and how often), and all information on appropriately accommodating the special health concerns and needs of this child while in child care.

Name of Child: _____ **Date:** _____

Facility Name: _____

Description of condition(s): (include description of difficulties associated with each condition) _____

Team Member Names and Titles (parents of the child are to be included)

Care Coordinator (responsible for developing and administering the Special Health Care Plan): _____

ⓘ If training is necessary, then all team members will be trained.

☐ Individualized Family Service Plan **(IFSP)** attached ☐ Individualized Education Plan **(IEP)** attached

Outside Professionals Involved	**Telephone**
Health Care Provider (MD, NP, etc.): _____	_____
Speech & Language Therapist: _____	_____
Occupational Therapist: _____	_____
Physical Therapist: _____	_____
Psychologist/Mental Health Consultant: _____	_____
Social Worker: _____	_____
Family-Child Advocate: _____	_____
Other: _____	_____

Communication

How the team will communicate (notes, communication log, phone calls, meetings, etc.):

How often will team communication occur: ☐ **Daily** ☐ **Weekly** ☐ **Monthly** ☐ **Bi-monthly** ☐ **Other** _____

Date and time specifics: _____

Specific Medical Information

* Medical documentation provided and attached: ☐ Yes ☐ No

☐ **Information Exchange Form** completed by health care provider is in child's file on site.

* Medication to be administered: ☐ Yes ☐ No

☐ **Medication Administration Form** completed by health care provider and parents are in child's file on site (including: type of medications, method, amount, time schedule, potential side effects, etc.)

Any known allergies to foods and/or medications: _____

Specific health-related needs: _____

Planned strategies to support the child's needs and any safety issues while in child care: (diapering/toileting, outdoor play, circle time, nap/sleeping, etc.) _____

Plan for absences of personnel trained and responsible for health-related procedure(s): _____

Other (i.e., transportation, field trips, etc.): _____

Special Staff Training Needs

Training monitored by: _____

1) Type (be specific): _____

Training done by: _____ Date of Training: _____

2) Type (be specific): _____

Training done by: _____ Date of Training: _____

3) Type (be specific): _____

Training done by: _____ Date of Training: _____

Equipment/Positioning

* Physical Therapist (PT) and/or Occupational Therapist (OT) consult provided: ☐ Yes ☐ No ☐ Not Needed

Special equipment needed/to be used: _____

Positioning requirements (attach additional documentation as necessary): _____

Equipment care/maintenance notes: _____

Nutrition and Feeding Needs

☐ **Nutrition and Feeding Care Plan Form** completed by team is in child's file on-site. (See for detailed requirements/needs.)

Behavior Changes (be specific when listing changes in behavior that arise as a result of the health-related condition/concerns)

_____

_____

_____

Additional Information (include any unusual episodes that might arise while in care and how the situation should be handled)

_____

_____

_____

Support Programs the Child Is Involved with Outside of Child Care

1. Name of program: _____ Contact person: _____
   Address and telephone: _____
   Frequency of attendance: _____

2. Name of program: _____ Contact person: _____
   Address and telephone: _____
   Frequency of attendance: _____

☐

3. Name of program: _____ Contact person: _____
   Address and telephone: _____
   Frequency of attendance: _____

Emergency Procedures

☐ Special emergency and/or medical procedure required (additional documentation attached)

Emergency instructions: _____

_____

_____

Emergency contact: _____ Telephone: _____

Follow-up: Updates/Revisions

This Special Health Care Plan is to be updated/revised whenever child's health status changes or at least every _____ months as a result of the collective input from team members.

Due date for revision and team meeting: _____

Rectal Handout 4

What to Do when Managing a Seizure

1. Keep calm - Focus on your goal — to keep the child safe until the seizure stops.

2. Move things out of the way

- ✓ Remove the child's eyeglasses, hat, or scarf, if present.
- ✓ Look out for any hard or sharp objects nearby that might cause injury.
- ✓ If seated, try to gently place the child him onto a low flat surface so he/*she* does not fall.

3. Place something soft and flat under the head. A pillow, a folded jacket, or a sweater offers protection.

4. Try to turn the child on his side. This clears the airway by allowing saliva to flow out of the mouth.

5. Time the seizure - Note the time when the seizure begins and ends.

6. Follow the IHP and the Emergency Care Plan - this should be accessible at all times. If the child remains unconscious after seizure is over, maintain open airway and continue to assess breathing. If necessary, start CPR.

7. Control the environment and supervise other children and staff present - If you are in a public place, clear a path for emergency medical workers; be sure other children are supervised.

Individual Health Care Plan for a Child with Special Health Care Needs

Working in collaboration with the child's parent/guardian and child's health care provider, the following health care plan was developed to meet the individual needs of:

Child's name:	**Child's date of birth:**
Name of the child's health care provider:	☐ **Physician** ☐ **Physician Assistant** ☐ **Nurse Practitioner**

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the Medical Statement at the time of enrollment or information shared post enrollment.

Identify the program staff who will provide care to this child with special health care needs:

Name	**Credentials or Professional License Information***

Describe any additional training, procedures or competencies the staff identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the Medical Statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

Signature of Authorized Program Representative:
I understand that it is my responsibility to follow the above plan and all health and infection control day care regulations related to the modality of care I provide. This plan was developed in close collaboration with the child's parent and the child's health care provider. *I understand that it is my responsibility to see that those staff identified to provide all treatments and administer medication to the child listed in the specialized health care plan have a valid MAT certificate, CPR and first aid certifications or have a license that exempts them from training; and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Provider/Facility Name:	Facility address:	Facility Telephone Number:
Authorized child care provider's name (please print)		Date:
Authorized child care provider's signature:		

Signature of Parent or Guardian:

	Date:

Signature of Health Care Provider:

	Date:

Rectal Suppositories

Children's Healthcare of Atlanta

Patient and Family Education

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's health care team about specific care for your child.

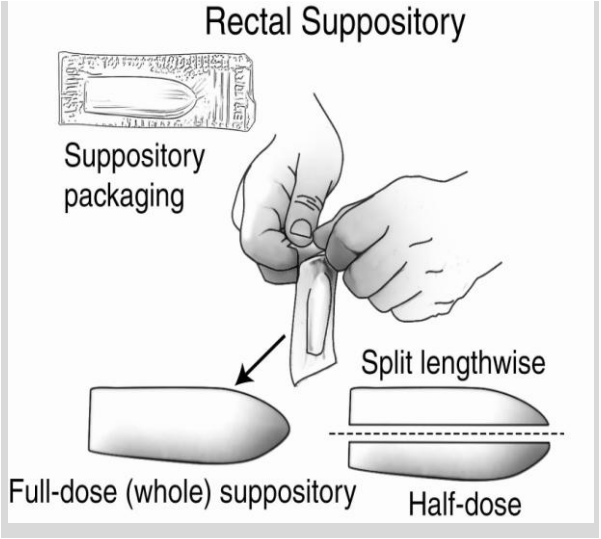
What are rectal suppositories?

A rectal suppository is medicine shaped like a cone or cylinder. It is inserted into the rectum (body opening where stool comes out). It is made of a waxy substance that melts easily.

How should I give a rectal suppository?

Get ready:

- Gather your supplies
- Make sure your nails are short so you don't scratch soft rectal tissue.
- Wash your hands and put on a disposable glove. You may also cover your finger with a plastic sandwich bag or finger cot.
- Remove the wrapper from the suppository.
- If the suppository needs to be split for correct dosage, cut in half lengthwise (from top to bottom).
- Place warm water or water soluble jelly such as KY Jelly or Surgilube on the suppository to make insertion easier. **Do not use petroleum jelly such as Vaseline. It may keep the medicine from working correctly.**



Insert the suppository

- **For babies and toddlers** - have your child lie on his tummy with his knees bent. Or he can lie on his tummy across your lap.
- **For young children** - have your child lie on his side with his legs bent.
- **For older children and teens** - Let your child give the suppository to himself if he prefers.
- Gently push the suppository into your child's rectum blunt end first. Push it until it goes past the rectal muscle (sphincter). Make sure it rests against the rectal wall.
  - If your child is under 3 years old, use your little finger (pinky) to push the suppository in.
  - If your child is 3 years of age or older, use your index finger (pointer) to push the suppository in.
- If needed, hold your child's buttocks closed for several minutes after giving the suppository. This gives the suppository time to melt.

Once you are done

- **Remove your gloves or finger cot. Wash your hands and your child's skin well with soap and water.**
- Comfort your child once you are done.
- **Praise your child for helping**

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

How do I store suppositories?

Keep suppositories in a cool place. Heat will cause suppositories to melt.

- Refrigerate suppositories if directed to do so by your child's doctor or pharmacist.
- Allow the suppository to come to room temperature before using.

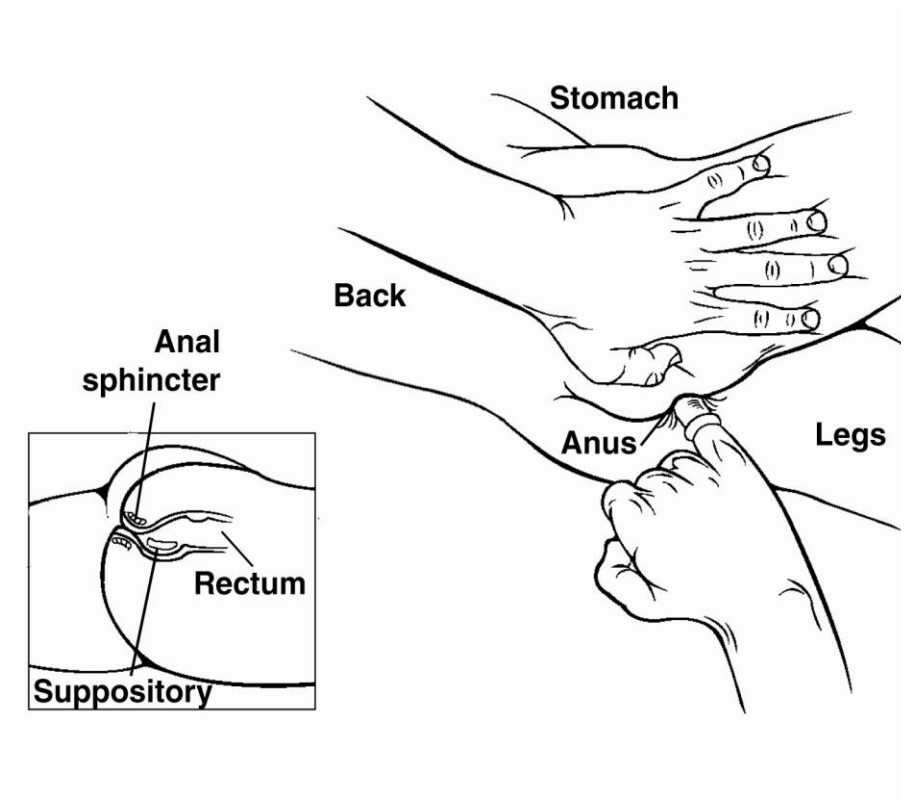
What can I do to reduce anxiety for my child?

- Let your child know the medicine needs given in this way to help him feel better.
- Make sure your child knows this is NOT a punishment but is needed to get better.
- Treat your child in a firm, calm, caring, "no nonsense" way.
- Respect your toddler or child by using a quiet room without other family members present.
- Place a towel or sheet over your child so just his bottom shows.
- Distract your child. Use stories, songs, videos and back rubs.
- Tell your child that it will not take long and will help him feel better.
- Have someone gently hold your child if he will not stay still. A toddler who is toilet training may not like this and may fight you.

When should I call the doctor?

Call your child's doctor if:

- Your child is unable to keep the suppository in his rectum.
- The suppository does not help your child, or if he feels worse.
- You have any questions or concerns about how your child looks or feels.



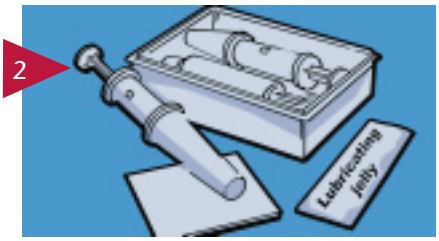
In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

MAT

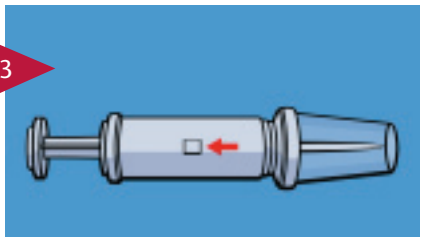
Rectal Handout 7

CHILD ADMINISTRATION INSTRUCTIONS

Put person on their side where they can't fall.



Get medicine.



Get syringe. *Note: seal pin is attached to the cap.*

Push up with thumb and pull to remove cap from syringe. **Be sure seal pin is removed with the cap.**

Rectal Handout 7

Lubricate rectal tip with lubricating jelly.

Turn person on side facing you.

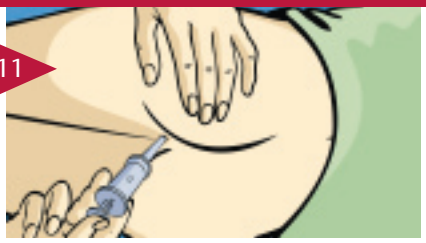
Bend upper leg forward to expose rectum.

Separate buttocks to expose rectum.

Gently insert syringe tip into rectum.
Note: rim should be snug against rectal opening.

SLOWLY… COUNT OUT LOUD TO THREE…1…2…3

Slowly count to 3 while gently pushing plunger in until it stops.



Slowly count to 3 before removing syringe from rectum.

Slowly count to 3 while holding buttocks together to prevent leakage.

ONCE DIASTAT® IS GIVEN

Keep person on the side facing you, note time given, and continue to observe.

CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR

- Seizure(s) continues 15 minutes after giving DIASTAT® or per the doctor's instructions: _____
- Seizure behavior is different from other episodes
- You are alarmed by the frequency or severity of the seizure(s)
- You are alarmed by the color or breathing of the person
- The person is having unusual or serious problems

Local emergency number: _____ Doctor's number: _____
(Please be sure to note if your area has 911)

Information for emergency squad: Time DIASTAT® given: _____ Dose: _____

DIASTAT® Indication

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected, refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity, for patients 2 years and older.

Important Safety Information

In clinical trials with DIASTAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilatation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (1%–5%).

Diastat® (diazepam rectal gel)

Diastat® AcuDial™ (diazepam rectal gel) C IV

DISPOSAL INSTRUCTIONS ON REVERSE SIDE

D955-0308

Diastat®
(diazepam rectal gel)

Diastat® AcuDial™
(diazepam rectal gel)

CHILD ADMINISTRATION AND DISPOSAL INSTRUCTIONS

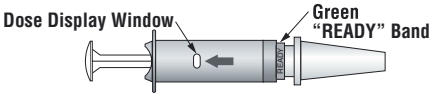
IMPORTANT

Read first before using

To the caregiver using DIASTAT®:
Please do not give DIASTAT® until:
1. You have thoroughly read these instructions
2. Reviewed administration steps with the doctor
3. Understand the directions

To the caregiver using Diastat® AcuDial™:
Please do not give DIASTAT® AcuDial™ until:
1. You have confirmed:
- Prescribed dose is visible and if known, is correct
- Green "ready" band is visible

Confirm the dose and green ready band are visible.



2. You have thoroughly read these instructions
3. Reviewed administration steps with the doctor
4. Understand the directions

Please do not administer DIASTAT® until you feel comfortable with how to use DIASTAT®. The doctor will tell you exactly when to use DIASTAT®. When you use DIASTAT® correctly and safely you will help bring seizures under control. Be sure to discuss every aspect of your role with the doctor. If you are not comfortable, then discuss your role with the doctor again.

To help the person with seizures:
- ✔ You must be able to tell the difference between cluster and ordinary seizures.
- ✔ You must be comfortable and satisfied that you are able to give DIASTAT®.
- ✔ You need to agree with the doctor on the exact conditions when to treat with DIASTAT®.
- ✔ You must know how and for how long you should check the person after giving DIASTAT®.

To know what responses to expect:
- ✔ You need to know how soon seizures should stop or decrease in frequency after giving DIASTAT®.
- ✔ You need to know what you should do if the seizures do not stop or there is a change in the person's breathing, behavior, or condition that alarms you.

If you have any questions or feel unsure about using the treatment, **CALL THE DOCTOR** before using DIASTAT®.

Where can I find more information and support?

For information on DIASTAT® and DIASTAT® AcuDial™:
Call 1-877-361-2719 or visit www.diastat.com
Additional resource:
Epilepsy Foundation (EF). You can reach EF by calling 1-800-EFA-1000 or www.efa.org.

VALEANT™
Pharmaceuticals North America

Printed in USA 4/08

When to treat. *Based on the doctor's directions or prescription*

Special considerations

DIASTAT® should be used with caution:
- In people with respiratory (breathing) difficulties (eg, asthma or pneumonia)
- In the elderly
- In women of child bearing potential, pregnancy, and nursing mothers

Discuss beforehand with the doctor any additional steps you may need to take if there is leakage of DIASTAT® or a bowel movement.

Patient's DIASTAT® dosage is: _____mg

Patient's resting breathing rate _____ Patient's current weight _____

Confirm current weight is still the same as when DIASTAT® was prescribed _____

Check expiration date and always remove cap before using. Be sure seal pin is removed with the cap.

TREATMENT 1

Important things to tell the doctor

Date	Seizures before DIASTAT® Time	Seizure type	No. of seizures	Seizures after DIASTAT® Time	Seizure type	No. of seizures
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Things to do after treatment with DIASTAT® AcuDial™

Stay with the person for 4 hours and make notes on the following:
- Changes in resting breathing rate _____
- Changes in color _____
- Possible side effects from treatment _____

TREATMENT 2

Important things to tell the doctor

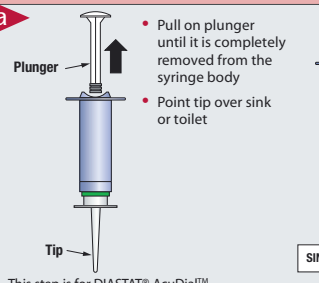
Date	Seizures before DIASTAT® Time	Seizure type	No. of seizures	Seizures after DIASTAT® Time	Seizure type	No. of seizures
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Things to do after treatment with DIASTAT® AcuDial™

Stay with the person for 4 hours and make notes on the following:
- Changes in resting breathing rate _____
- Changes in color _____
- Possible side effects from treatment _____

DISPOSAL INSTRUCTIONS FOR DIASTAT® AcuDial™

14a



- Pull on plunger until it is completely removed from the syringe body
- Point tip over sink or toilet
- Replace plunger into syringe body, gently pushing plunger until it stops
- Flush toilet or rinse sink with water until gel is no longer visible

This step is for DIASTAT® AcuDial™ users only

At the completion of step 14a:
- *Discard all used materials in the garbage can*
- *Do not reuse*
- *Discard in a safe place, away from children*

DISPOSAL FOR DIASTAT® 2.5 MG

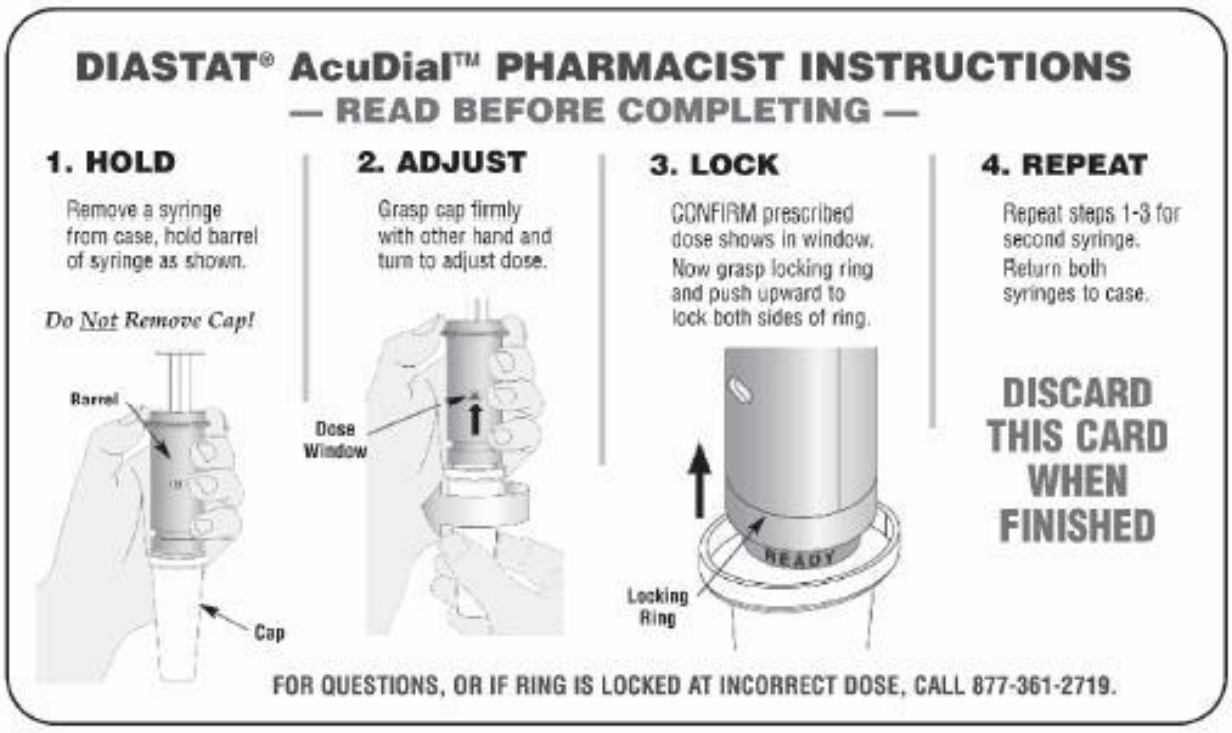
14b

At the completion of step 13:
- *Discard all used materials in the garbage can*
- *Do not reuse*
- *Discard in a safe place, away from children*

Adult administration instructions available for download at **diastat.com**

Rectal Handout 8

The Use of an AcuDial™ when Administering Rectal Diazepam (Diastat®)



Rectal Medication Administration Resource Guide

Module 1:

1. Handout 1 - Commonly Asked Questions about Child Care and the ADA - download from link: http://www.ada.gov/childq%26a.htm

2. Handout 2 – Policy Areas to Consider when Enrolling Children with Special Health Care Needs

3. Inclusion Toolkit:
   Special Needs Inclusion Project
   Support for Families of Children with Disabilities
   1663 Mission Street, 7th floor
   San Francisco CA 94103
   www.snipsf.org
   415.282.7494
   Direct link to Inclusion Toolkit is http://www.snipsf.org/wp-content/uploads/2011/08/v2010Inclusion-Tool-Kit-Sept-update1.pdf with resources on policy development on pg. 42-43.

4. Handout 3 – Special Health Care Plan

Module 2:

5. Handout 4 - What to Do When Managing a Seizure

6. Handout 5 – MAT Individual Health Care Plan for a Child with Special Health Care Needs

Module 3:

7. Handout 6 – Steps for Giving a Rectal Suppository

8. Handout 7 – Child Administration Instructions for Rectal Injectable

9. Handout 8 – The Use of an AcuDial when Administering Rectal Diazepam (Diastat)

Other Useful Resources:

1. **Virginia Department of Social Services**, Child Care Facilities information page (links to Regulations) http://www.dss.virginia.gov/family/cc/index.html
2. Medication Administration Training course *administered by Medical Home Plus* http://www.medhomeplus.org/MAT/
3. Model Child Care Health Policies. 4th edition. www.aap.org for purchasing information
4. American Disabilities Act www.ada.gov or 1-800-514-0301
5. Caring for our Children: National Health and Safety Performance Standards, 3rd Edition http://nrckids.org/CFOC3/index.html
6. Managing Chronic Health Needs in Child Care and Schools. A Quick Reference Guide. www.aap.org for purchasing information
8. Diastat AcuDial™ www.diastat.com
9. **Healthy Child Care Virginia, Virginia Department of Health** for information on Child Care Health Consultation. Call (804) 864-7685 or email vacchcs@aol.com . Or visit website at: http://www.vahealth.org/childadolescenthealth/EarlyChildhoodHealth/HealthyChildCareVA/
10. **VDH School Health** www.vahealth.org/childadolescenthealth/schoolhealth