



Asthma-Friendly Childcare Center Resource Guide

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I. Introduction

Background

As a childcare provider, you have been entrusted by parents with their most valuable asset, their children. You are already aware of the important role you play in the lives of the children you care for. In addition to protecting a child's safety, you also have the opportunity to improve their overall health and well-being. For children with asthma, an inflammatory lung disease, your role can be life saving!

Young children usually have the most difficulty with the disease. There are several reasons for this:

- The airways of younger children are smaller, so swelling or mucus blocks their airways more easily.
- Upper respiratory tract infections, a major asthma trigger, occur in young children more frequently.
- Young children are less able to identify and communicate asthma symptoms, making observation by caregivers the primary means for identifying and treating asthma.
- Most children under five cannot use a peak flow meter to monitor an asthma episode.
- Some parents of children with asthma may not have learned an effective method of tracking the course of an asthma episode.

Because of these challenges, children with asthma need support in childcare settings to keep their asthma under control. By partnering with parents, you can improve the quality of life for a child with asthma and help achieve the following goals of asthma management:

- Reduced need to limit physical activities
- Decreased coughing, wheezing, and shortness of breath
- Reduced nighttime symptoms
- Limited need for quick-relief (rescue) inhaler (albuterol/Maxair)
- No need for emergency room visits or admission to the hospital
- No missed daycare or school days from asthma

Purpose

This guide is provided as a resource to complement the information provided in the Asthma-Friendly Childcare Center training for center administrators and staff. The training and guide are meant to help childcare providers give the best possible care for children with asthma. Your participation in the training will pay off by helping to prevent episodes and by ensuring that you are prepared when they do occur. After participating in the training, you will be able to:

- Recognize the signs and symptoms of an asthma episode.
- Identify different types of asthma treatments and medications.
- Support children and their families who are dealing with asthma.
- Understand components of an Asthma Action Plan.
- Identify, manage and control asthma triggers in the childcare setting.
- Understand the components of an Asthma-Friendly Childcare Center.

The training is available in person and on the Florida Department of Health's Asthma Prevention and Control Program's website shown below.

Free Asthma-Friendly Childcare Center On-Line Training:
<http://www.doh.state.fl.us/environment/medicine/Asthma/childcare.html>

II. About Asthma

What Is Asthma?

Asthma is a disease that affects the lungs. It is one of the most common chronic diseases in children, but adults have asthma too. Asthma causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. If someone has asthma, then they will have it all the time; however, they will have asthma episodes or attacks only when something bothers their lungs. In most cases we do not know what causes asthma, and we do not know how to cure it. We do know that asthma tends to run in families.

There are various levels of asthma severity in children and adults. Asthma in infants and toddlers is often episodic. Some young children with mild asthma may have long stretches with little or no symptoms, and then develop symptoms requiring acute treatment. For this reason, it is especially important that childcare center staff are prepared by having an asthma action plan and rescue medications at the center should an episode begin while the child is in your care. Even children with “mild” asthma can have severe exacerbations that can be life threatening.

Asthma can be controlled and episodes can be avoided by knowing the warning signs of an episode, staying away from things that trigger an episode, and following the advice of a doctor or other medical professional. When asthma is controlled an individual:

- will not have symptoms such as wheezing or coughing,
- will sleep better,
- will not miss work or school,
- can take part in all physical activities, and
- will not have to go to the hospital or emergency department.

How Is Asthma Diagnosed?

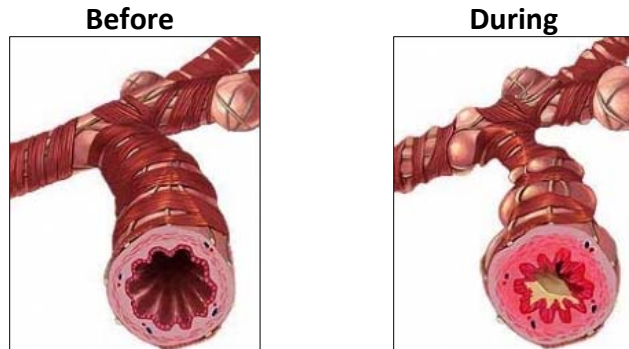
Asthma can be hard to diagnose, especially in children younger than 5 years of age. Regular physical checkups that include checking lung function and checking for allergies can help doctors or other medical professionals make the right diagnosis.

During a checkup, the doctor or other medical professional will ask questions to determine if the patient coughs a lot, especially at night, and whether breathing problems are worse after physical activity or during a particular time of year. Doctors will also ask about other symptoms, such as chest tightness, wheezing, and colds that last more than 10 days. They will ask whether individuals in the patient’s family have or have had asthma, allergies, or other breathing problems, and they will ask questions about the home. The doctor will also ask about missing school or work and whether the patient has any trouble doing certain activities.

What Is An Asthma Episode or Attack?

An asthma episode (sometimes called an attack) can occur when an individual is exposed to asthma triggers, including certain things in the environment such as house dust mites and tobacco smoke. An asthma episode happens in the body's airways, which are the paths that carry air to the lungs. As the air moves through the lungs, the airways become smaller, like the branches of a tree are smaller than the tree trunk. During an asthma episode, the sides of the airways in the lungs swell and the air passages narrow. Less air gets in and out of the lungs, and mucus secreted into the airways clogs up the airways even more.

Cross-sectional view of an airway before and during and asthma episode



The episode may include coughing, chest tightness, wheezing, and difficulty breathing. Usually we expect wheezing to be audible, but often times it can only be heard through a stethoscope. Also, as an episode worsens, the wheezing sound may disappear because the airways are so constricted that there is not enough air moving through them to make a wheezing sound. Other signs that asthma is worsening include rapid breathing and retractions (pulling-in of the skin) around the neck, above the collar bone, between and under the ribs. The child may also begin “belly breathing” because the child is relying on the use of abdominal muscles more than normal. Other signs include grunting and nasal flaring.

It is important not to underestimate the severity of an exacerbation. Severe exacerbations can be life threatening and can occur in patients with any level of asthma severity, i.e. intermittent, or mild, moderate, or severe persistent asthma. **Follow the asthma action plan at the first sign of an asthma episode and NEVER leave a child experiencing asthma symptoms alone.**

Asthma Medications and Delivery Devices

Always follow the instructions on the child’s asthma action plan and from the parent or caregiver when dealing with asthma medication. Asthma medications are broken down into two main categories: “Quick-relief” and “Long-term Control”. Childcare staff and parents should be aware that medical professionals often have different terms for these two categories. The different names are discussed below. There are also several different types of delivery devices for asthma medications, which are also discussed below.

Medications

- **Quick-Relief Medicines**

(Also Called: Rescue Meds, Relievers, Quick-Relievers, Bronchodilators.)

(Common Names / Brands: Albuterol, Combivent, Ventolin, Proventil, Pro-Air, Xopenex, Levalbuterol)

Quick-relief medications relieve the part of asthma the child feels—the broncho-constrictions or muscle squeezing around the airways. The medications usually begins working within 5-10 minutes of administering, and can last for 4-6 hours. Quick-relief medication is what every child with asthma needs to have available at childcare or school. This is especially important for young children because asthma is very episodic, or sporadic, in this age group. The child can be

exposed to a new or unknown trigger at any time that results in the need for acute care. Quick-relief medication is only used for relief of symptoms and is the first choice for sudden episodes. Quick-relief medications are not for prevention of symptoms. Side effects of quick-relief medications are rapid heart rate, shaky hands, and jitters.

- **Long-Term Control Medicines**

(Also called: Control Meds, Preventers, Controllers, etc.)

(Common Names / Brands: Advair, Flovent, Q-var)

Long-term control medicines work on the parts of asthma that is *not* felt—the inflammation—and are usually inhaled corticosteroids (ICS). They may be prescribed by a clinician for children with *persistent* asthma. They work slowly to prevent symptoms and episodes and help establish long-term asthma control. These daily medications are usually given at home in the morning and evening. In order to be effective, these medications need to be used as prescribed, *even when the child feels well*. Thrush or a yeast infection in the mouth is another side effect of controller medications. These side effects can be minimized if a child rinses with water and spits after each use of his or her long-term controller medication. Short courses (several days) of oral systemic corticosteroids are also sometimes prescribed to re-establish symptom control during exacerbations. Childcare providers should be aware that not everyone is prescribed a controller medication.

Medicine Delivery Devices

There are several different types of delivery devices for asthma.

- **Dry-powdered inhalers (DPIs)**

DPIs are “effort dependent.” This means they require the child to be able to take in a long, deep breath and are only recommended for children greater than 4 years old. DPIs should not be kept in the bathroom because they contain a powdered medication, and the humidity in bathrooms can cause the powder to become clogged.

- **Metered-dose inhalers (MDIs)**

MDIs are how most of the quick-relief inhalers are sold. When used with proper technique and equipment MDIs can be given to children of ALL AGES, including babies. In adults and older children, it requires a slow, deep inhalation. These should be used with a device called a spacer with a one-way valve (valved holding chamber). Spacers are especially necessary for children less than five years of age. More information is provided below.

- **Spacers with a one-way valve** (also called: valved holding chambers)

Spacers with a one-way valve are used with metered-dose inhalers to deliver medication more easily and effectively. A spacer / valved holding chamber helps coordinate better delivery of medication to the airways. It takes away the need to coordinate spraying and breathing at the same time, something that can be very difficult for a small child to do. Spacers with a proper fitting mask can be used in infants and toddlers. Spray the MDI dose into the spacer while the mask is sealed well around the nose and mouth. The child should breathe in and out normally for 10-15 seconds. Masks are available in all sizes but most infants and toddlers require a size medium. The National Asthma Education and Prevention Program recommends rinsing the plastic valved holding chambers once a month with low concentration of liquid household dishwashing detergent (1:5,000 or 1-2 drops per cup of water) and let drip dry.

- **Nebulizers**

A nebulizer is a device used to administer medication in the form of a mist inhaled into the lungs. Nebulizers use oxygen, compressed air, or ultrasonic power to break up medicines into small aerosol droplets that can be directly inhaled from the mouthpiece of the device. When an inhaler is used with a good technique (including a spacer / valved holding chamber), studies show it is as effective as a nebulizer treatment. However, some people prefer a nebulizer. In order to get a full dose of the prescribed medication when using a nebulizer, the child needs to wear a face mask for the entire 5-15 minute duration of administration. Simply blowing the medication toward the child's nose and mouth gives only a fraction of the proper dose. When helping a child in need of nebulizer treatment, be sure to follow the instructions provided by the physician and the manufacturer. The manufacturer's instructions should also be followed for cleaning the nebulizer.

What Are Common Asthma Triggers and How Can They be Managed?

Asthma triggers can be very different for each person with asthma. Nonetheless, in every case it is important to avoid triggers to minimize airway inflammation and to reduce episodes.

Childcare center staff should be aware of what triggers episodes so that those triggers can be avoided whenever possible. Here are some tips:

- **Environmental Tobacco Smoke (Secondhand Smoke & Thirdhand Smoke):** Environmental tobacco smoke is often called *secondhand smoke* because the smoke created by a smoker is breathed in by a second person nearby. *Thirdhand smoke*, the residue that remains on clothing, hair, furniture, walls, and carpeting after a cigarette has been smoked, can also trigger an asthma episode. Parents, friends, and relatives, and caretakers of children with asthma should try to stop smoking and should never smoke around a person with asthma. They should only smoke outdoors and not smoke in the family home or car. Smokers should wear a special jacket just for smoking outside that can be removed and kept away from children. Smokers should also wash their hands after smoking.
- **Dust Mites:** Dust mites may be a trigger for an episode. Dust mites are in almost all homes, but they do not cause everybody to have asthma episodes. To help prevent asthma episodes, use special mattress covers and pillowcase covers that create a barrier between dust mites and the child. Do not use down-filled pillows, quilts, or comforters. Remove stuffed animals and clutter from sleeping areas.
- **Outdoor Air Pollution:** Pollution caused by industrial emissions and automobile exhaust can cause an asthma episode. Pay attention to air quality forecasts on the radio, television, and Internet. Plan outdoor activities for when air pollution levels will be low. Have a plan for inside activities when air quality is poor.
- **Cockroach Allergen:** Cockroaches and their droppings may trigger an asthma episode. Get rid of cockroaches and keep them from coming back by taking away their food and water. Cockroaches are usually found where food is eaten and crumbs are left behind. Remove as many water and food sources as you can because cockroaches need food and water to survive. At least every 2 to 3 days, vacuum or sweep areas that might attract cockroaches. You can also use roach traps or gels to decrease the number of cockroaches in your home.

- **Pets:** Furry pets, such as cats and dogs, may trigger an asthma episode. When a furry pet is suspected of causing asthma episodes, the simplest solution is to find the pet another home. If pet owners are too attached to their pets or are unable to locate a safe, new home for the pet, then they should keep the pet out of the bedroom of the person with asthma. Pets should be bathed weekly and kept outside as much as possible. People with asthma are not allergic to the pet's fur but rather to its skin flakes, urine, and/or saliva, so trimming your pet's fur will not help asthma. If you have a furry pet, vacuum often to clean up anything that could cause an asthma episode. If your floors have a hard surface, such as wood or tile, then damp mop them every week.
- **Mold:** Inhaling or breathing in mold can cause an asthma episode, so getting rid of mold can help control asthma episodes. Keep the humidity level in your home between 35% and 50%. Florida is a humid climate where air conditioners and dehumidifiers can help control indoor mold. Fix water leaks to keep mold from growing behind walls and under floors.
- **Other Triggers:** Strenuous physical exercise; some medicines; bad weather, such as thunderstorms, high humidity, or freezing temperatures; biomass smoke from burning wood, grass, or other vegetation; and some foods and food additives can trigger an asthma episode. Strong emotions such as fear or anxiety can also lead to hyperventilation and an asthma episode.

III. Asthma Management in the Childcare Setting

There are several simple things that every childcare center provider can do to help a child with asthma. This section describes the tools and resources that can be used in the childcare center to support children with asthma.

1. Staff Training

Staff training is critical for effective asthma management in a childcare setting. There are many free and low cost training opportunities for childcare center administrators and staff, including those listed below.

- Florida Asthma-Friendly Childcare Center Training: A one-hour training delivered on-line or in person. Visit the following website for more information: <http://www.myfloridaeh.com/medicine/Asthma/childcare.html>.
- Asthma 101 from the American Lung Association: An in-person general asthma training for adults. Call 1-800-LUNGUSA for more information and scheduling.
- The University of Florida's Pediatric Pulmonary Division Trainings: In person and web based training opportunities are available by e-mailing capencl@peds.ufl.edu or by calling (352) 273-8381.

2. Asthma Action Plans and Medication Storage System

Asthma Action Plans:

All children with asthma should have an Asthma Action Plan on file at the childcare center and all staff interacting with the child should receive a copy. An **Asthma Action Plan** is a written plan to help control asthma. It is developed by the doctor or healthcare provider with the parents. The Asthma Action Plan shows the child's daily treatment plan, such as what kind of

medicines the child should take and when s/he should take them. If a doctor prescribed medicine for the child to take every day, it is because the child's asthma symptoms happen too often. The child must take it every day to stay well, even if they are not experiencing any symptoms that day. Daily medicines won't prevent every asthma episode, but if they are used **everyday**, the child won't get sick as often. The Asthma Action Plan should also describe the child's asthma triggers and provide instructions for how to handle worsening asthma symptoms or episodes - including when to call the parents and when to call 911!

Some childcare centers face challenges when trying to obtain Asthma Action Plans from health care providers. As health care providers become more aware of the new asthma guidelines, this process will become easier. Childcare center staff can encourage parents to advocate for themselves and their children by calling their doctor and requesting a written plan. It may also help to have copies of blank asthma action plans on file at the center that parents can take with them to the doctor's office during routine visits.

A sample Asthma Action Plan developed by the American Lung Association is provided as **Appendix A**. In addition, the Regional Asthma Management and Prevention (RAMP) developed an Asthma Action Plan that includes instructions for health care providers, and is available in several languages through the following link:

<http://www.rampasthma.org/info-resources/asthma-action-plans/>

Medication Storage System

Having a medication management system is also important. You may have to administer prescription asthma medication if needed during school or childcare hours. Therefore, it is important for childcare center staff to be aware of how to store and provide medications. Medications should always be kept in original containers with the child's name, medication name, and dosing instructions clearly stated. Medications should be placed in individual plastic bags and kept in a locked cabinet out of reach of children. Staff should have easy access to the locked cabinet in case of emergencies. Always be sure to ask the parent for instructions on how to administer the medication and how to care for delivery devices.

It is recommended that parents document their child's asthma status upon enrollment into your facility. Your list of children with asthma can be used by staff as a check list to collect and file an Asthma Action Plan for each child with asthma. It is also important to check in with parents several times a year to ensure there have not been any changes to the child's Asthma Action Plan. Be sure that childcare center staff have the appropriate rescue medications at the center for each child who may require it.

3. Parent and Childcare Provider Asthma Communication

Managing asthma takes teamwork. It is essential that there is good communication between ALL childcare providers, parents, and medical professionals. As discussed above, center staff should check in with parents and family members frequently to get updates to the child's medication or treatment as described in the Asthma Action Plan. Talk with the parents and caregivers to learn about the child's unique triggers and signs and symptoms of an asthma episode. Knowing the child's unique signs and symptoms is helpful because some look very similar to signs and symptoms for other health issues. In addition, childcare providers and parents are strongly encouraged to use the daily communication forms included as **Appendices B and C** to ensure good communication between parents/guardians and the provider about

asthma symptoms and treatment. One form is designed for the childcare provider to give to the parent and one is for the parent to give to the childcare provider. Parents should provide the form in the morning when the child is dropped off and center staff should provide the form to the parent when the child is picked up. The forms can be used every day, or only as needed. All necessary staff should be informed of the information provided by the parent on the form, and the form should be kept on file at the center as needed.

4. Monitoring and Managing Environmental Triggers

The **Environmental Triggers Checklist**, provided as **Appendix D**, is an excellent tool for assessing your childcare setting to be sure it is a safe and healthy environment for children. Common asthma triggers are allergens such as dust mites, cockroaches, animal dander, mold, and pollens, and irritants such as smoke, smells, or very cold air. Asthma can also be triggered by exercise or an upper respiratory infection. Use of preventative medications and avoiding asthma triggers is key to overall control of asthma. Each child's asthma is different, so it is important to know and manage the asthma triggers of each individual child.

5. Posters for the Childcare Center

Posters serve as easy reminders to staff, parents and children in a childcare center. Be sure to post them in an area that is frequently visited by the target audiences. Consider posting near parent pick-up areas in addition to other high-traffic areas in the center. The following posters are included as **Appendices E, F, and G**.



1. **Steps to Follow for an Asthma Episode in a Childcare Setting:** An asthma episode can be a very scary situation that may cause you to forget some key rules. This poster was designed to serve as a reminder of “what to do” in an emergency asthma situation.



2. **Common Asthma Triggers:** Children, parents, and childcare center staff must keep in mind the importance of preventing exposure to asthma triggers. This poster was designed to serve as a reminder about the most common asthma triggers in the childcare setting.



3. **Top Ten Actions to Reduce Asthma Triggers:** Reducing asthma triggers requires ongoing monitoring and action. This poster can serve as a reminder about the most important actions for reducing asthma triggers in a childcare environment.

6. Brochures and Information for Parents

Childcare center staff have an important educational relationship with parents. You can help empower parents to learn more about asthma by distributing brochures and health education materials at least once a year. The following brochures can be downloaded and printed or ordered for free from the Environmental Protection Agency's website www.epa.gov.

- **Help Your Child Gain Control Over Asthma:**

http://www.epa.gov/asthma/pdfs/ll_asthma_brochure.pdf

- **Asthma and Outdoor Air Pollution:**

http://www.epa.gov/airnow/health-prof/Asthma_Flyer_Final.pdf

- **Dusty the Asthma Goldfish and His Asthma Triggers Funbook:** This educational activity book helps children learn more about asthma triggers.

http://www.epa.gov/asthma/pdfs/dustythegoldfish_en.pdf

- **Asthma Prevention Tri-fold:**

http://www.epa.gov/asthma/pdfs/asthma_prevention_trifold_en.pdf

- **Why Is Coco Orange? Coco and his friends solve the mystery as they learn about air quality:**

<http://www.epa.gov/airnow/picturebook/koko's-orange-day-web.pdf>

- **You Can Control Your Asthma:**

http://www.cdc.gov/asthma/pdfs/asthma_brochure.pdf

- **Asthma Home Environment Checklist:** This checklist guides home care visitors in identifying environmental asthma triggers most commonly found in homes. It includes sections on the building, home interior and room interior and provides low-cost action steps for remediation.

http://www.epa.gov/asthma/pdfs/home_environment_checklist.pdf

- **Clearing the Air: 10 Steps to Making your Home Asthma-Friendly**

This one page, simple to follow guidance document lists recommended actions to help control asthma triggers in the home.

http://www.epa.gov/asthma/pdfs/10_steps_en.pdf

IV: Asthma-Friendly Childcare Center Recognition

Operating a comprehensive asthma management program in your childcare center is easier than you may think! Centers should have systems in place to ensure that:

- Staff are knowledgeable about asthma and prepared to deal with an asthma emergency,
- Children with asthma are identified and that communication with parents about the child's asthma symptoms and management is ongoing. This includes having Asthma Action Plans on file and rescue medications easily accessible,
- A healthy center environment is maintained, and
- Educational opportunities are provided to parents and new staff.

The Florida Asthma Coalition offers a recognition opportunity for childcare centers that demonstrate actions to create an Asthma-Friendly Childcare Center. There are four levels of recognition, bronze, silver, gold, and platinum. The steps for achieving each level are described below under "Getting Started." Once these steps are complete, applying for recognition is simple. Additional information is provided in the following pages under "Applying for Recognition."

Getting Started

This section provides simple steps for completing the criteria needed to achieve recognition. Activities do not necessarily need to be completed in this order. Technical assistance is available through the Florida Asthma Coalition by e-mailing FLAsthmacoalition@gmail.com.

1. Bronze Recognition

The first recommended step is establishing a small asthma leadership team for the center. The team can be made up of center staff and parents. Include public health practitioners, nurses or health care providers from the community when possible. The purpose of the team is to help assess, improve, and monitor asthma management activities at the center. Once a team is in place, it's helpful to let the parents know about your efforts to improve asthma management. This is a good time to distribute the brochures suggested in the resource guide to parents. It is also a good time to post the suggested posters in high-traffic areas of the center.

Childcare providers and members of the leadership team should complete the Asthma-Friendly Childcare Center on-line training early in the process. The training provides an excellent foundation for implementing a comprehensive asthma management program. At least 51% of staff need to receive a certificate of completion each year in order to qualify for the recognition.

The center's asthma leadership team should also complete the Environmental Triggers Checklist (**Appendix D**) early in the process. Items needing improvement should be addressed as soon as possible. For recognition, the center must be able to respond "O.K." to at least 80% of the items on the list and a copy of the completed checklist must be submitted with the recognition application.

Another important component of this process is compiling a list of all children in the center that have asthma and ensuring that Asthma Action Plans are on file. Centers may

want to ask all parents to indicate if the child has asthma upon registration. If plans are not already on file, childcare center staff should connect with parents in person, on the phone, or through a letter home asking for their assistance in obtaining the Asthma Action Plan. In some instances, the center staff may consider requesting authorization from the parent to contact the child's health care provider directly. Keep in mind that confidentiality laws (HIPAA and FL statute) require authorization from the parent be in writing and kept on file with the child's records. Once children are identified, provide parents of children with copies of the Daily Asthma/Allergy Communication: Family to the Childcare Provider form and encourage them to use the document on days when they need to communicate symptoms or instructions regarding their child's asthma. At this time, staff should begin using the form for childcare providers to the family as needed to inform parents about asthma symptoms or medication provided at the center.

2. Silver Recognition

In addition to completing the activities above for bronze level recognition, centers are encouraged to take extra steps to achieve silver recognition status. These steps include providing additional educational opportunities to parents and having at least two staff complete a more in-depth training on asthma medication. Free or low cost trainings are available through the American Lung Association's Asthma 101 course (call 1-800-LUNGUSA to reach your local office), The University of Florida's Pediatric Pulmonary Division (e-mail capencl@peds.ufl.edu or by call (352) 273-8381), or the Florida Asthma Prevention and Control Program, which can be reached by calling (850) 245-4299, or by e-mailing FLAsthmaInfo@doh.state.fl.us.

3. Gold Recognition

Achieving gold level recognition requires designating staff to receive air quality alerts from Airnow.gov. A plan must be in place to ensure children have indoor play activities on days when the air quality is poor. More information about asthma and outdoor air quality can be found on the following fact sheet: *Asthma and Outdoor Air Pollution*: http://www.epa.gov/airnow/health-prof/Asthma_Flyer_Final.pdf.

4. Platinum Recognition

Achieving platinum level recognition involves establishing policies and procedures that incorporate the criteria in previous levels of recognition. Policies must ensure that criteria included on the Asthma-Friendly Childcare Center Recognition Signature Form actually occur and are monitored at least annually. A copy of the center's policy or procedures document(s) must be submitted with the application for recognition.

It should be noted that additional recognition opportunities are available through the Florida Healthy Homes Consortium for childcare centers, Head Start Centers, and /or Early Head Start Centers that bring their asthma management activities into the home during routine home visits. Achieving this recognition involves working directly with the Florida Healthy Homes Program to obtain training on conducting and documenting findings during healthy homes assessments. The healthy homes approach is an excellent opportunity to help raise awareness and bring about positive changes in the home environment of children. Additional information can be obtained by e-mailing the FLAsthmaCoalition@gmail.com with the subject line Healthy Homes.

Applying for Recognition

Seeking recognition for your hard work is easy once asthma management processes are complete and in place. All of the criteria are listed on the Asthma-Friendly Childcare Center Recognition Signature Form, **Appendix H**. To complete the form, the childcare center administrator must identify the criteria that have been achieved and provide his or her signature where indicated for verification. The date each criterion was achieved is also required on the form. A copy of the completed environmental triggers checklist is required for all levels of recognition. For gold recognition, a copy of the center's asthma policy or procedure is required. Submit the completed signature form with the needed attachments by fax to (850) 922-8473 or scan and e-mail to FlAsthmaCoalition@gmail.com.

Your form will be reviewed by members of the Florida Asthma Coalition and you may be contacted to answer questions about your activities. A member of the coalition may also schedule an on-site visit to review the center's signature form with center staff in person. Once it is verified that the criteria have been achieved, a recognition certificate will be mailed to you and your childcare center will be listed on the Florida Asthma Coalition's website! If you have questions about the recognition process, please feel free to e-mail the coalition at FlAsthmacoalition@gmail.com.

Asthma Action Plan



General Information:

■ Name _____
■ Emergency contact _____ Phone numbers _____
■ Physician/healthcare provider _____ Phone numbers _____
■ Physician signature _____ Date _____

Severity Classification	Triggers	Exercise
<input type="radio"/> Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air Pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Premedication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well

Peak Flow Meter Personal Best =

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night

Control Medications:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

More than 80% of personal best or _____

Yellow Zone: Getting Worse

Contact physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

Continue control medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 50% and 80% of personal best or _____ to _____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN

- ☐ Take quick-relief medication every 4 hours for 1 to 2 days.
- ☐ Change your long-term control medicine by _____
- ☐ Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN

- ☐ Take quick-relief treatment again.
- ☐ Change your long-term control medicine by _____
- ☐ Call your physician/Healthcare provider within _____ hour(s) of modifying your medication routine.

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Continue control medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Less than 50% of personal best or _____ to _____

Go to the hospital or call for an ambulance if: Call an ambulance immediately if the following danger signs are present:

- ☐ Still in the red zone after 15 minutes.
- ☐ You have not been able to reach your physician/healthcare provider for help.
- ☐ _____
- ☐ Trouble walking/talking due to shortness of breath.
- ☐ Lips or fingernails are blue.



Daily Asthma/Allergy Communication Childcare Provider to the Family

Child's Name _____ Date _____

Name of Person Completing Form _____

Child's Current Physical – Emotional Status (Check or circle those that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Tired | <input type="checkbox"/> Restless/fussy | <input type="checkbox"/> Hyperactive/agitated |
| <input type="checkbox"/> Increased appetite | <input type="checkbox"/> Trouble feeding (sucking) | <input type="checkbox"/> Needs extra attention |
| <input type="checkbox"/> Decreased appetite | <input type="checkbox"/> Other: _____ | |

Current Symptoms (Check or circle those that apply)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Upset stomach |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Congestion | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Itching: _____ | <input type="checkbox"/> Other: _____ |

Factors that may have triggered these symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Exposure to _____ |
| <input type="checkbox"/> Insect sting | <input type="checkbox"/> Other: _____ |

Information for Parent/Guardian

In **addition** to the **normal daily** medications, the following were given to your child today:

What _____	How Much _____	When _____
_____	_____	_____
_____	_____	_____

Other information: _____

Activity level for today:

- | | |
|--|---|
| <input type="checkbox"/> Normal activity (running and active play) | <input type="checkbox"/> Quiet indoor activity only |
| <input type="checkbox"/> Outdoor activity with no running | |

Note: This form is provided as a tool to facilitate daily communications between parents/guardians and child care providers. Please refer to the child's Asthma Action Plan for the routine plan of care.

Adapted with permission from a tool developed by the Pediatric/Adult Asthma Coalition of New Jersey

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Daily Asthma/Allergy Communication Family to the Childcare Provider

Child's Name _____ Date _____

My Name _____ Relationship to Child _____

Where I can be reached today: _____

Child's Current Physical – Emotional Status (Check or circle those that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Tired | <input type="checkbox"/> Restless/fussy | <input type="checkbox"/> Hyperactive/agitated |
| <input type="checkbox"/> Increased appetite | <input type="checkbox"/> Trouble feeding (sucking) | <input type="checkbox"/> Needs extra attention |
| <input type="checkbox"/> Decreased appetite | <input type="checkbox"/> Other: _____ | |

Current Symptoms (Check or circle those that apply)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Upset stomach |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Congestion | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Itching: _____ | <input type="checkbox"/> Other: _____ |

Factors that may have triggered these symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Exposure to _____ |
| <input type="checkbox"/> Insect sting | <input type="checkbox"/> Other: _____ |

Medications:

Asthma/Allergy medications given **at home** (during last 24 hours)

What _____ How Much _____ When _____

Instructions for Child Care Provider

In **addition** to the **normal daily** medications, please give the following:

What _____ How Much _____ When _____

Other information: _____

Activity level for today:

- ☐ Normal activity (running and active play)
☐ Outdoor activity with no running
☐ Quiet indoor activity only

REMINDER

All medication administered requires an order from an authorized prescriber in addition to parental permission

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FLORIDA ASTHMA FRIENDLY CHILDCARE
Environmental Triggers Checklist



Asthma is the most common chronic childhood disease. Children with asthma have sensitive airways. They are bothered by many things that start (or “trigger”) their symptoms and make their asthma worse. The most common asthma triggers are allergies to dust mites, cockroaches, animal dander, mold, and pollens, and exposure to irritating smoke, smells, or very cold air. Children's asthma can also be triggered by excessive exercise or an upper respiratory infection. The airways of people who have asthma are “chronically” (almost always) inflamed or irritated, especially if they are exposed to their triggers every day. This makes it hard for them to breathe.

Asthma can be controlled by being aware of its warning signs and symptoms, using medicines properly to treat and prevent asthma episodes, and avoiding the things that trigger asthma problems. Each child's asthma is different, so it is important to know the asthma triggers and treatment plan of each individual.

Use this checklist to learn how to make your child care setting a safe and healthy environment

[Avoiding or Controlling Allergens](#)

<i>Dust mites</i>		
	Needs Improvement	O.K.
Surfaces, including furniture, are wiped with a damp disposable cloth daily. (No aerosol "dusting" sprays are used.)	<input type="checkbox"/>	<input type="checkbox"/>
Floors are cleaned with a damp mop daily.	<input type="checkbox"/>	<input type="checkbox"/>
Small area rugs are used, rather than wall-to-wall carpeting. Woven rugs that can be washed in hot water are best. (Water temperature of at least 130. F/54. C kills dust mites.)	<input type="checkbox"/>	<input type="checkbox"/>
If wall-to-wall carpeting can't be avoided, children are prevented from putting their faces, nap mats, blankets or fabric toys directly on the floor.	<input type="checkbox"/>	<input type="checkbox"/>
Children's bed linens, personal blankets and toys, are washed weekly in hot water.	<input type="checkbox"/>	<input type="checkbox"/>
Fabric items (stuffed toys or "dress up" clothes) are washed weekly in hot water, to kill dust mites.	<input type="checkbox"/>	<input type="checkbox"/>
Soft mattresses and upholstered furniture are avoided.	<input type="checkbox"/>	<input type="checkbox"/>
Beds and pillows that children sleep or rest on are encased in allergy-proof covers.	<input type="checkbox"/>	<input type="checkbox"/>
Curtains, drapes, fabric wall hanging and other "dust catchers" are not hung in child care areas.	<input type="checkbox"/>	<input type="checkbox"/>
If light curtains are used they are washed regularly in hot water.	<input type="checkbox"/>	<input type="checkbox"/>
If window shades are used, they are wiped often with a damp disposable cloth.	<input type="checkbox"/>	<input type="checkbox"/>
Books, magazines and toys are stored in enclosed bookcases, closed boxes, or plastic bags.	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and materials are stored in closed cabinets; piles of paper and other clutter are avoided.	<input type="checkbox"/>	<input type="checkbox"/>

Animal substances: (both pets and pests shed dander, droppings and other proteins which cause allergic responses and trigger asthma symptoms)		
	Needs Improvement	O.K.
Furry or feathered pets are not allowed anywhere on the premises (cats, dogs, gerbils, hamsters, birds, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
Cockroaches and mice infestation are aggressively controlled, using preventive practices and least toxic extermination methods.	<input type="checkbox"/>	<input type="checkbox"/>
Feather-stuffed furnishings, pillows or toys are not used.	<input type="checkbox"/>	<input type="checkbox"/>

Mold and mildew:		
	Needs Improvement	O.K.
Exhaust fans are used in bathrooms, kitchens and basement areas to help remove humidity.	<input type="checkbox"/>	<input type="checkbox"/>
Wet carpeting and padding are removed if not dry within 24 hours to prevent mold growth.	<input type="checkbox"/>	<input type="checkbox"/>
Mats that are placed on carpeted floors (especially in basement areas) are vinyl-covered, and wiped regularly with diluted chlorine bleach and water (1/4 cup bleach in 1 gallon water).	<input type="checkbox"/>	<input type="checkbox"/>
Mildew growth in bathroom and other damp areas (such as refrigerator drip pans) is prevented by regular wiping with diluted chlorine bleach and water.	<input type="checkbox"/>	<input type="checkbox"/>
Indoor houseplants and foam pillows, which can develop mold growth, are not used.	<input type="checkbox"/>	<input type="checkbox"/>

Outdoor pollen and mold spores:		
	Needs Improvement	O.K.
If ventilation is adequate, windows are kept closed during periods of high pollen count	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioners with clean filters are used during warm seasons, if possible.	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor yard and play areas are kept clean of fallen leaves, compost piles, and cut grass.	<input type="checkbox"/>	<input type="checkbox"/>

Avoiding or Controlling Irritants

Tobacco Smoke: (triggers asthma symptoms; causes children to have more respiratory and ear infections, and to need more asthma medication)		
	Needs Improvement	O.K.
Staff and parents are encouraged to participate in smoking cessation programs, and given referrals and assistance.	<input type="checkbox"/>	<input type="checkbox"/>
Staff take measures to reduce third-hand smoke exposure such as changing shirts or pulling hair back upon returning from breaks.	<input type="checkbox"/>	<input type="checkbox"/>

<i>Chemical Fumes, Fragrances, and Other Strong Odors:</i>		
	Needs Improvement	O.K.
Arts and crafts materials with fragrances or fumes are avoided (e.g., markers, paints, adhesives). If they are used, extra ventilation is provided.	<input type="checkbox"/>	<input type="checkbox"/>
Staff does not wear perfume or other scented personal products. (Use products labeled "fragrance-free" whenever possible.)	<input type="checkbox"/>	<input type="checkbox"/>
Personal care products (such as hair spray, nail polish, powders) are not used around the children.	<input type="checkbox"/>	<input type="checkbox"/>
Air fragrance sprays, incense, and "air fresheners" are not used. (Open the windows and/or use exhaust fans instead.)	<input type="checkbox"/>	<input type="checkbox"/>
New purchases (such as pressed-wood furnishings or plastic laminated products) are checked for formaldehyde fumes, and aired out before installation.	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning supplies and home repair products with strong smells are not used when children are present; indoor spaces are carefully ventilated during and after their use.	<input type="checkbox"/>	<input type="checkbox"/>
Office equipment that emits fumes (e.g., photocopy) are in vented areas away from children.	<input type="checkbox"/>	<input type="checkbox"/>

<i>Other Irritants:</i>		
	Needs Improvement	O.K.
Fireplaces and wood or coal stoves are not used.	<input type="checkbox"/>	<input type="checkbox"/>

General Physical Site/Space

<i>Physical Site / Space:</i>		
	Needs Improvement	O.K.
Ventilation provides good air flow in all rooms and halls in every season. There is no stale or musty smell. Outdoor intake and inside supply vents are checked for blockages.	<input type="checkbox"/>	<input type="checkbox"/>
Heating or cooling system filters are properly installed and changed often; other service guidelines and routine maintenance procedures are followed.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
The building is checked periodically for water leaks and areas of standing water.	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing leaks are fixed promptly.	<input type="checkbox"/>	<input type="checkbox"/>
Humidity level is monitored, using a humidity gauge, if possible. Humidifiers are not used; dehumidifiers are used if necessary. (Dust mites and mold thrive on humidity.)	<input type="checkbox"/>	<input type="checkbox"/>
Wet boots and clothing are removed and stored where they don't track wetness into activity space.	<input type="checkbox"/>	<input type="checkbox"/>
Doormats are placed outside all entrances, to reduce tracking in of allergens.	<input type="checkbox"/>	<input type="checkbox"/>

Cleaning and Maintenance:		
	Needs Improvement	O.K.
If rugs or carpets must be used, they are vacuumed frequently (every day or two).	<input type="checkbox"/>	<input type="checkbox"/>
High efficiency vacuum cleaner (ideally with the "HEPA" filter) is used. (Others blow tiny particles back into the air.)	<input type="checkbox"/>	<input type="checkbox"/>
Dusting is done often, with a damp disposable cloth, to avoid stirring up the dust.	<input type="checkbox"/>	<input type="checkbox"/>
Vacuuming and other cleaning is done when children are not present.	<input type="checkbox"/>	<input type="checkbox"/>
Integrated pest management techniques are used, to limit amount of pesticide needed (e.g., seal all cracks in walls, floors and ceilings; eliminate clutter; keep food in air tight containers).	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides are applied properly, with adequate ventilation, when children are not present.	<input type="checkbox"/>	<input type="checkbox"/>
Garbage is kept in tightly covered containers, and removed promptly to outdoor enclosed trash area that is not accessible to children.	<input type="checkbox"/>	<input type="checkbox"/>
Painting, repairs or construction work is done when children are not present. Indoor spaces are protected from construction dust, debris, strong odors and fumes.	<input type="checkbox"/>	<input type="checkbox"/>
Shampooing of rugs and upholstery is done with low emission, fragrance-free products. They are dried thoroughly to prevent growth of mold and dust mites.	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY DAY-CARE: Special Concerns

When children are cared for in "family day-care" settings, they are exposed to things that are part of daily life in that household, some of which may be harmful for children with asthma. Parents and providers need to have honest discussions about these issues, which may involve sensitive matters. For example:

- members of the provider's family may smoke cigarettes in the home, or use strong smelling perfumes or lotions;
- the family may have pets, or acquire new pets, to which the asthmatic child is allergic;
- the home may have a wood stove, fireplace or space heater that produces particles or fumes that irritate sensitive airways;
- home furnishings are likely to include upholstered chairs and sofas that contain dust mites;
- hobbies or home repairs may produce fumes strong odors.

The habits and activities of a childcare provider's family may need to be adjusted, in order to provide a healthy environment for all children who spend time in the household. Parents of children with asthma need to find out whether asthma triggers are present. In some circumstances, they may need to make other childcare arrangements. Childcare centers housed in public or private buildings may also have limits on their ability to improve their indoor air quality and remove all asthma triggers.

This checklist was developed by the Asthma & Allergy Foundation of America, New England Chapter, with the support of a grant from the U.S. Environmental Protection Agency, Region. Minor modifications have been made by the Florida Asthma Coalition for use in Florida.

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Steps to Follow for an Asthma Episode in the Child Care Setting

EARLY WARNING SIGNS

- Cough, chest hurts, wheezing
- Changes in behavior: unusually tired, not wanting to play, restlessness, trouble sleeping
- An inhaled rescue/reliever drug causes no improvement
- Exposure to known triggers that result in symptoms

ACTIONS TO TAKE

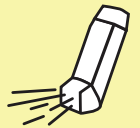
1

Stop activity
Help child to an UPRIGHT position
Remove from trigger if possible



2

Follow Asthma Action Plan or health care provider's instructions for use of rescue/reliever medication



3

Look for improvement



4

Document in Medication Record



5

Contact the family



6

Watch for **Late Warning Signs** as listed below



LATE WARNING SIGNS of an emergency

- Chest/neck muscles are working hard
- Struggling to breathe
- Trouble walking or talking
- Breathing does not improve or is worse after treatment
- Lips/fingernails are gray or blue

CALL 911 IMMEDIATELY

- Follow the Actions to Take listed above
- Watch the child until help arrives

****NEVER LEAVE A CHILD WITH ASTHMA SYMPTOMS UNATTENDED****

Adapted with permission from a tool developed by the Pediatric/Adult Asthma Coalition of New Jersey

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This Valg_ Wf was supported Tk 5aabV6fHwBYdW_ Wf@g_ TVd' G' +7: "'''' \$%2' \$Xb_ fZWCenters for Disease Control and Prevention (CDC)2 ;feUb' fW feSdWaa Wk fZV responsibility of the authors and do not necessarily represent the official views of the CDC.

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Appendix E. (Poster) Steps to Follow for An Asthma Episode in the Childcare Setting



Common Asthma Triggers

An asthma trigger is something that causes an asthma attack or episode. Asthma triggers are different from person to person.

Triggers include:



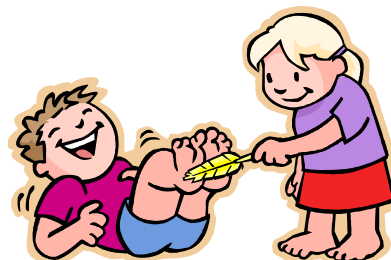
Dust, Mold, and Pollen



Exercise



Extreme Emotions
(laughing, crying)



Feathered and Furry Animals and Stuffed Dolls and Toys



Food Allergies



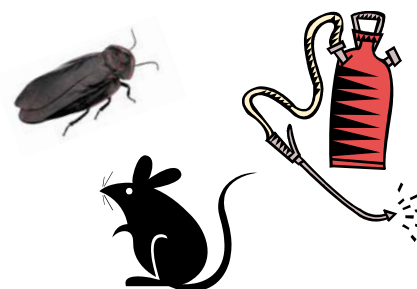
Fumes, Odors, and Strong Scents



Illness



Pests and Pesticides



Pollen



Tobacco Smoke



Weather and Air Pollution



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Top Ten Actions to Reduce Asthma Triggers in the Child Care Setting



- 1) Dust often with a clean, damp disposable cloth when children are not present



- 2) Encourage the use of allergen impermeable nap mats or crib/mattress covers and wash bedding in hot water weekly



- 3) Prohibit pets (particularly furred or feathered pets)



- 4) Prohibit smoking inside the facility and on the playground



- 5) Discourage the use of perfumes, scented cleaning products and other fumes



- 6) Quickly fix leaky plumbing or other sources of excess water



- 7) Ensure frequent vacuuming of carpet and upholstered furniture at times when the children are not present



- 8) Store all food in airtight containers, cleaning up all food crumbs or spilled liquids, and properly disposing of garbage and trash



- 9) Use integrated pest management techniques to get rid of pests (use the least hazardous treatments first and progress to more toxic treatments only as necessary)



- 10) Keep children indoors when local weather forecasts predict unhealthy air quality. For Florida air quality information, visit: airnow.gov

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Florida Asthma Coalition
Asthma-Friendly Childcare Center Recognition Signature Form



To complete this form, **the center administrator's** signature is required on **all items**. Please FAX or Scan and E-mail completed form to (850) 922-8473 or FLAsthmaCoalition@gmail.com.

Center Name: _____ **County:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Number of Children:** _____ **Number of Staff:** _____

Recognition Level	Recognition Requirement	Signature of Person Certifying Completion	Date Completed
BRONZE	1. Asthma Leadership Team: Childcare center has a small team to assess, improve, and monitor asthma management activities.	(Administrator's Signature)	
	2. Staff Training: 51% of staff <i>and</i> at least one administrator received a certificate of completion for the Asthma-Friendly Childcare Center On-Line Training. (Covers asthma basics and practices for operating an asthma-friendly childcare center) <i>Total number of staff</i> _____ <i>Number that participated</i> _____	(Administrator's Signature)	
	3. Asthma Action Plans and Parent Communication: At least 70% of children with asthma at the center have an Asthma Action Plan on-file. <i>Number with Asthma</i> _____ <i>Number with Asthma Action Plan</i> _____	(Administrator's Signature)	
	4. Childcare providers use daily communication tools to communicate asthma symptoms with parents as needed.	(Administrator's Signature)	
	5. Staff Awareness: The following posters are displayed at center. 1. Steps to follow for an Asthma Episode in a Childcare Center 2. Common Asthma Triggers 3. Top Ten Actions to Reduce Asthma Triggers	(Administrator's Signature)	
	6. Environmental Monitoring: Center staff completed the Environmental Triggers Assessment, with at least 80% of items checked "O.K.". [Submit original copy with this form]	(Administrator's Signature)	
SILVER	7. Additional Education: Parents & staff offered to participate in the American Lung Association's Asthma 101 Course. <i>Number of parents that participated:</i> _____ <i>Number of staff that participated:</i> _____	(Administrator's Signature)	
	8. Additional Staff Training: At least 2 childcare providers at the center completed an asthma medication training (at least 30 minutes) covering inhalers, spacers and other devices. <i>Total number of staff</i> _____ <i>Number that participated</i> _____	(Administrator's Signature)	
GOLD	9. Air Quality Plan and Practices: Center staff receives Airnow.gov alerts about local air quality and arrange inside activities when outdoor air quality is poor.	(Administrator's Signature)	
PLATINUM	10. Asthma Policy / Procedure: Center adopted policies or procedures incorporating annual requirements for all items listed above (at minimum). [Submit a copy of the policy with this form]	(Administrator's Signature)	

Administrator's Name (print): _____ **Phone:** _____

Administrator's Signature: _____ **E-mail:** _____