FLORIDA ASTHMA COALITION

The Asthma-Friendly Child Care Center Recognition

Application Guide

Revised August 2026

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I. Introduction

Background

As a child care provider, you are trusted by parents to ensure 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 benefit a child for a lifetime!

Young children usually have the most difficulty with asthma. 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 child care settings to keep their asthma under control. Controlling asthma early can prevent further lung damage and help children stay healthier over their lifetimes. 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 (such as albuterol/Maxair)
- Reduced or no need for emergency room visits or admission to the hospital
- Reduced or no missed daycare or school days from asthma

Purpose

This guide is provided as a resource to help child care center staff improve asthma management and to be considered for the Florida Asthma Coalition's (FAC) Asthma-Friendly Child Care Center Recognition through an application process. It also complements the information provided in the **FREE Online Asthma Friendly Child Care Center Training:** https://floridaasthmacoalition.com/afcc-training/

The training and this guide are meant to help child care providers give the best possible care for children with asthma. You will gain the knowledge needed to prevent asthma episodes and be prepared when they do occur. Participants will be able to**:**

- Recognize the signs and symptoms of an asthma episode.
- Identify different types of asthma treatment modalities and differentiate between controller and quick relief medications.
- Support children and their families who are dealing with asthma.
- Understand purpose and components of an Asthma Action Plan.
- Identify, manage and control asthma triggers in the childcare setting.
- Understand the necessary components of an Asthma-Friendly Childcare Center.

II. About Asthma – Frequently Asked Questions

What Is Asthma?

Asthma is a disease that affects the lungs. It tends to run in families. Asthma 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 experts do not know what causes asthma, and do not know how to cure it.

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 immediate treatment. For this reason, it is especially important that child care center staff are prepared to treat each individual child by having an Asthma Action Plan and rescue medications at the center. Even children with "mild" asthma can have life threatening episodes.

Asthma can be controlled and episodes can be avoided by knowing the warning signs of an episode, staying away from episodic triggers, and following the advice of a doctor or certified asthma educator. When asthma is controlled an individual:

- Will not have symptoms such as wheezing or coughing that stem from asthma,
- Will sleep better,
- Will not miss work or school because of asthma,
- Can take part in all physical activities, and
- Will not have to go to the hospital or emergency department because of an episode.

How Is Asthma Diagnosed?

Asthma can be difficult to diagnose, especially in children under 5 years old. Regular physical checkups that include assessing lung function and screening for allergies can help doctors and other medical professionals make the correct diagnosis. Providing a thorough medical history is important for diagnosing asthma in young children.

During a checkup, the doctor or other medical professional will ask questions to determine if the patient experiences frequent coughing, 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. The medical history will also include understanding 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 environment. The doctor will also ask about missing school or work and whether the patient has any trouble participating in certain activities. Once diagnosed, the doctor should provide a written Asthma Action Plan for the patient and the child care provider.

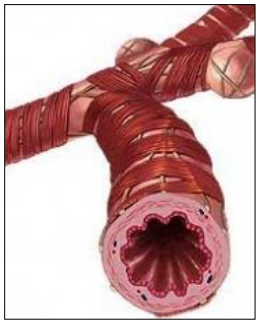
What Is An Asthma Episode or Attack?

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

Before



During



The episode may include coughing, chest tightness, wheezing, and difficulty breathing. Often the wheezing is audible, but sometimes 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 episode. Severe episodes 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.**

What are Common Asthma Medications and Delivery Devices?

Asthma medications are broken down into two main categories: "Quick-relief" and "Long-term Control". Child care 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. Always follow the instructions on the child's asthma action plan and from the parent or caregiver when dealing with asthma medication.

A note about medication management: Having a medication management system at your center is also important because you may have to administer prescription asthma medication if needed during child care hours. Therefore, it is important for child care 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 cabinet out of reach of children. Staff should have easy access to the cabinet in case of emergencies. Always ask the parent for instructions on administering the medication and caring for delivery devices.

Types of 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 medication 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 child care 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. Child care providers should be aware that not everyone is prescribed a controller medication.

It is important to note, if a doctor prescribed medicine for the child to take every day, it is because the child's asthma symptoms happen too often. Daily medicines won't prevent every asthma episode, but if they are used **every day**, the child won't get sick as often.

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 more effective than 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. Child care 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 asthma 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.
- **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 immediately to keep mold from growing behind walls and under floors.

- **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.
- **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.
- **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.
- **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: Earning the Asthma-Friendly Child Care Center Recognition

Operating a comprehensive asthma management program and earning recognition for your child care center is easier than you may think! The Florida Asthma Coalition offers four levels of Asthma-Friendly Child Care Center Recognition: **bronze**, **silver**, **gold**, and **platinum** to child centers whose license is in good standing with the Department of Children and Families. The steps for achieving each criterion and recognition level are outlined below. Once these steps are complete, applying for recognition is simple. See the "Submitting your Application for Recognition" section for more information.

This section outlines simple steps to meet the criteria required for recognition. Activities do not necessarily need to be completed in this order. Technical assistance is available through the Florida Asthma Coalition by emailing: Info@floridaasthmacoalition.com

Bronze Recognition Criteria

1. Asthma Leadership Team

Child care center has a small team to assess, improve, and monitor asthma management activities.

The first step in earning recognition is connecting with an Asthma-Friendly Child Care Mentor by submitting an Asthma-Friendly Childcare Center Interest Form. Mentors are available to provide guidance via phone and email, and in some cases, can meet with your center staff in person.

Your center's asthma leadership team can be made up of center staff, parents, and health professionals from the community. 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 and pursue recognition. This is a good time to distribute the resources and brochures that meet the silver level criterion #7, see page 12.

2. Staff Training

At least 50% of staff and at least one administrator received a certificate of completion for the Asthma-Friendly Child Care Center On-Line Training. (See link below)

Staff training is critical for effective asthma management in a child care setting. The training provides an excellent foundation for achieving the remaining criteria. Staff must have completed training within one year of submitting the application.

Free Asthma-Friendly Child Care Center Training:

https://floridaasthmacoalition.com/afcc-training/

3. Asthma Action Plans

Children with asthma at the center have an asthma action plan signed by their healthcare provider on file. Every effort should be made to have an asthma action plan on file for all children with asthma.

Required percentage of children with asthma that have an asthma action plan are broken down by level:

- Bronze – 70%
- Silver – 80%
- Gold & Silver – 90%+

All children diagnosed with asthma should have an **Asthma Action Plan**, signed by the child's health care provider's office, on file at the child care center. (A sample **Asthma Action Plan**, developed by the American Lung Association, is provided as Appendix A.) An **Asthma Action Plan** is a written plan to help control asthma. It is typically developed by the doctor or healthcare provider with the parents. The 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. The plan also describes the child's asthma triggers and provides instructions for how to handle worsening asthma symptoms or episodes - including when to call the parents and when to call 911.

Centers should establish a process for parents to communicate their child's asthma status upon enrollment and at least once a year. Your list of children with asthma can be used by staff as a checklist to collect and file an Asthma Action Plan for each child with reported 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 plan. These periodic checks are helpful to ensure the appropriate rescue medications are on hand for each child who may require it.

Some child care centers face challenges obtaining Asthma Action Plans from health care providers. As health care providers become more familiar with the new asthma guidelines, the process will become easier. If plans are not already on file, child care center staff should communicate with parents in person, by phone, or by letter to request their assistance in obtaining the Asthma Action Plan. Child care center staff can encourage parents to advocate for themselves and their children by calling their doctor and requesting a written Asthma Action Plan signed by the providers office. It may also help to have copies of blank Asthma Action Plans on file at the center for parents to take to the doctor's office during routine visits. In some cases, the center staff may request 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 for this type of communication be in writing from the parent and kept on file with the child's records.

4. Parent and Child Care Provider Asthma Communication

Child care providers use daily communication tools to communicate asthma symptoms and treatments with parents as needed. The center provides five (5) blank communication forms for every child upon enrollment.

Managing asthma takes teamwork. It is essential that there is good communication between **ALL** child care providers, parents, and medical professionals. As discussed above, center staff should check 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 in preventing episodes. Child care providers and parents are strongly encouraged to use the daily communication forms included as **Appendices B and C** to ensure good communication regarding symptoms and treatment. One form is designed for the child care provider to give to the parent and one is for the parent to give to the child care provider. Parents should provide the form 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.

5. Posters for Staff and Family Awareness

The following posters are displayed at the 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*

Posters serve as easy reminders to staff, parents/caregivers, and children in a child care center. Be sure to place near drop-off / pick-up areas in addition to other high-traffic areas in the center. The following posters are included as **Appendices D, E, and F.**



1. **Steps to Follow for an Asthma Episode in a Child Care 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. Monitoring and Managing Environmental Triggers

Center staff completed the Environmental Triggers Assessment, with at least 80% of items checked "O.K." for every room. [Submit original signed copy with the application form]

The **Environmental Triggers Checklist**, provided as Appendix G, is an excellent tool for assessing your child care 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.

The center's asthma leadership team should complete the Environmental Triggers Checklist early in the process of seeking recognition. 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. A signed copy of the completed checklist must be submitted with the completed recognition application.

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 educational materials to parents and having at least two staff complete a more in-depth training on asthma medication.

7. Parent / Caregiver Education

Families, and staff, receive asthma education via brochures or trainings at least once per year.

Child care center staff can help empower parents by distributing training opportunities, brochures, and/or health education materials about asthma 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. The American Lung Association's Free Asthma Basics online learning is available at https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-basics. You're encouraged to use e-mail and social media to distribute these materials.

- **Help Your Child Gain Control Over Asthma:** https://www.epa.gov/asthma/help-your-child-gain-control-over-asthma
- **Asthma and Outdoor Air Pollution:**
- https://www.airnow.gov/sites/default/files/2018-03/asthma-flyer.pdf
- **Dusty the Asthma Goldfish and His Asthma Triggers Funbook:** This educational activity book helps children learn more about asthma triggers. https://www.epa.gov/asthma/dusty-asthma-goldfish-and-his-asthma-triggers-funbook
- **Asthma Prevention Tri-fold:** https://www.epa.gov/sites/default/files/2013-08/documents/asthma_prevention_trifold_en.pdf
- **Why Is Coco Orange?** Coco and his friends solve the mystery as they learn about air quality:
- https://www.epa.gov/asthma/asthma-picture-book-why-coco-orange
- **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. https://www.epa.gov/sites/default/files/2018-05/documents/asthma_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. https://www.epa.gov/asthma/10-steps-making-your-home-asthma-friendly

8. In-Depth Asthma Medication Training for Staff

At least 2 staff at the center completed an asthma medication training (at least 30 minutes covering inhalers, spacers, and other devices). Parents/caregivers of children with asthma should also be invited to participate. *Centers with fewer than five (5) kids will only need one staff member trained.

It is important that a few staff members at your center have in-depth knowledge of asthma medications and the devices used to deliver them. At least two center staff must complete more in-depth training on asthma medications to achieve silver-level recognition. The training lasts at least 30 minutes and covers inhalers, spacers, and other devices. Parents/caregivers of children with asthma should also be encouraged to participate in this training.

Free trainings are available through members of the Florida Asthma Coalition. E-mail Info@floridaasthmacoalition.com to be connected to training providers in your area.

Gold Recognition

Achieving gold-level recognition requires centers to meet all bronze and silver criteria and criterion #9 on local air quality alerts and radon testing.

9.1 Outdoor Air Quality Plan and Practices

Center staff receives Airnow.gov alerts about local outdoor air quality and arrange inside activities when outdoor air quality is poor.

Changes in Outdoor air can bring on an asthma episode. Center Administrators should designate at least one staff member to obtain 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*: https://www.airnow.gov/sites/default/files/2018-03/asthma-flyer.pdf

9.2 Radon Testing

Center staff have reviewed information from the Florida Department of Health regarding county requirements for radon testing for child care centers.

Currently, radon is the leading cause of lung cancer for non-smokers. The state of Florida has established regulations for radon testing, in which certain counties are required to test for radon. The Florida Asthma Coalition encourages center administrators to read the regulations for radon in their respective counties and conduct either mandatory or voluntary radon testing. More information, including the steps required to conduct radon testing for childcare centers is available here.

The Florida Department of Health provides a list of counties where radon testing is required, based on the type of construction or building. Look for your county by clicking on this map.

Additionally, the Florida Department of Health provides an informational flyer on radon testing in both English and Spanish that outlines how to test for radon and what to do once the results have been received.

Platinum Recognition

Achieving platinum level recognition requires centers to achieve all bronze, silver, and gold criteria, as well as establish policies and procedures for comprehensive asthma management.

10. Asthma-Friendly Child Care Center Policy or Procedure

Center adopted policies or procedures incorporating annual requirements for all bronze, silver, and gold criteria (at a minimum). [Submit a copy of the signed and dated policy or procedure with the application form]

Written policies or procedures must require that all Asthma-Friendly Childcare Center Recognition criteria be monitored and carried out throughout the year. A signed and dated copy of the center's policy or procedures document(s) must be submitted with the application form.

IV. Submitting Your Application for Recognition

Seeking recognition for your hard work is easy once the asthma management criteria are met. All of the criteria are listed on the Asthma-Friendly Child Care Center Recognition Application Form, **Appendix H**. To complete the form, the center administrator must identify the criteria achieved and provide their signature where indicated for verification. The date each criterion was achieved is also required on the form. A copy of the completed and signed environmental triggers checklist, Asthma Team list, and list of staff members who have completed training are required for all levels of recognition. For platinum recognition, a signed and dated copy of the center's asthma policy or procedure is required. Submit the completed application form with the needed attachments to info@floridaasthmacoalition.com.

Applications are reviewed by members of the Florida Asthma Coalition quarterly. You may be contacted via email or by phone to answer questions about your activities. A coalition member may also schedule an on-site visit to review the criteria with center staff. A recognition certificate will be emailed to you, and your child care center will be listed on the Florida Asthma Coalition's website after the recognition materials are reviewed.

If you have questions, please feel free to e-mail the coalition at info@floridaasthmacoalition.com.

V. Appendices

A. *Asthma Action Plan*

Asthma Action Plans are an essential part of care for patients with asthma that allow the patient and providers to work together to identify triggers and symptoms, thereby reducing the overall burden for the patient. These plans should be reviewed and refined at every follow-up visit with the patient's clinician. At the very least, Asthma Action Plans should be reviewed by a patient, their family, and a clinician on an annual basis.

- **American Lung Association** Asthma Action Plan, also available in Spanish and Haitian Creole.
- **American Lung Association** Asthma Action Plan for Home & School, also available in Spanish and Haitian Creole.
- **American Academy of Allergy Asthma & Immunology's (AAAAI)** Asthma Action Plan for Home & School template, also available in Spanish Asma Plan de Acción.

B. Daily Asthma/Allergy Communication: Childcare Provider to the Family



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)

❑ Tired ❑ Restless/fussy ❑ Hyperactive/agitated

❑ Increased appetite ❑ Trouble feeding (sucking) ❑ Needs extra attention

❑ Decreased appetite ❑ Other: _____

Current Symptoms (Check or circle those that apply)

❑ Coughing ❑ Wheezing ❑ Upset stomach

❑ Runny nose ❑ Congestion ❑ Nausea

❑ Sneezing ❑ Itching: _____ ❑ Other: _____

Factors that may have triggered these symptoms:

❑ Physical activity ❑ Exposure to _____

❑ Insect sting ❑ 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:

❑ Normal activity (running and active play) ❑ Quiet indoor activity only

❑ 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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Revised: August 2011

Appendix B. Daily Asthma/Allergy Communication: Childcare Provider to the Family

C. *Daily Asthma/Allergy Communication: Family to the Child Care Provider*



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)

- ❑ Tired
- ❑ Restless/fussy
- ❑ Hyperactive/agitated
- ❑ Increased appetite
- ❑ Trouble feeding (sucking)
- ❑ Needs extra attention
- ❑ Decreased appetite
- ❑ Other: _____

Current Symptoms (Check or circle those that apply)

- ❑ Coughing
- ❑ Wheezing
- ❑ Upset stomach
- ❑ Runny nose
- ❑ Congestion
- ❑ Nausea
- ❑ Sneezing
- ❑ Itching: _____
- ❑ Other: _____

Factors that may have triggered these symptoms:

- ❑ Physical activity
- ❑ Exposure to _____
- ❑ Insect sting
- ❑ 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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Appendix C. Daily Asthma/Allergy Communication: Family to the Childcare ProvideR

D. (Poster) Steps to Follow for an Asthma Episode in the Child Care Setting

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****

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E. (Poster) Common Asthma Triggers

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:

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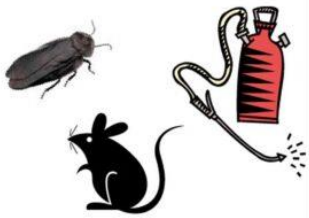
Dust, Mold, and Pollen 	Exercise 	Extreme Emotions (laughing, crying) 
Feathered and Furry Animals and Stuffed Dolls and Toys 		Food Allergies 
Fumes, Odors, and Strong Scents 	Illness 	Pests and Pesticides 
Pollen 	Tobacco Smoke 	Weather and Air Pollution 

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F. *(Poster) Top Ten Actions to Reduce Asthma Triggers*

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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G. ***Environmental Triggers Checklist***

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

Dust mites		
	Needs Improvement	**O.K.**
Surfaces, including furniture, are wiped with a damp disposable cloth daily. (No aerosol "dusting" sprays are used.)	❑	❑
Floors are cleaned with a damp mop daily.	❑	❑
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.)	❑	❑
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.	❑	❑
Children's bed linens, personal blankets and toys, are washed weekly in hot water.	❑	❑
Fabric items (stuffed toys or "dress up" clothes) are washed weekly in hot water, to kill dust mites.	❑	❑
Soft mattresses and upholstered furniture are avoided.	❑	❑
Beds and pillows that children sleep or rest on are encased in allergy-proof covers.	❑	❑
Curtains, drapes, fabric wall hanging and other "dust catchers" are not hung in child care areas.	❑	❑
If light curtains are used they are washed regularly in hot water.	❑	❑
If window shades are used, they are wiped often with a damp disposable cloth.	❑	❑
Books, magazines and toys are stored in enclosed bookcases, closed boxes, or plastic bags.	❑	❑
Supplies and materials are stored in closed cabinets; piles of paper and other clutter are avoided.	❑	❑

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.).	❑	❑
Cockroaches and mice infestation are aggressively controlled, using preventive practices and least toxic extermination methods.	❑	❑
Feather-stuffed furnishings, pillows or toys are not used.	❑	❑

Mold and mildew:		
	Needs Improvement	**O.K.**
Exhaust fans are used in bathrooms, kitchens and basement areas to help remove humidity.	❑	❑
Wet carpeting and padding are removed if not dry within 24 hours to prevent mold growth.	❑	❑
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).	❑	❑
Mildew growth in bathroom and other damp areas (such as refrigerator drip pans) is prevented by regular wiping with diluted chlorine bleach and water.	❑	❑
Indoor houseplants and foam pillows, which can develop mold growth, are not used.	❑	❑

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

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.	❑	❑
Staff take measures to reduce third-hand smoke exposure such as changing shirts or pulling hair back upon returning from breaks.	❑	❑

Chemical Fumes, Fragrances, and Other Strong Odors:		
	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.	❑	❑
Staff does not wear perfume or other scented personal products. (Use products labeled "fragrance-free" whenever possible.)	❑	❑
Personal care products (such as hair spray, nail polish, powders) are not used around the children.	❑	❑
Air fragrance sprays, incense, and "air fresheners "are not used. (Open the windows and/or use exhaust fans instead.)	❑	❑
New purchases (such as pressed-wood furnishings or plastic laminated products) are checked for formaldehyde fumes, and aired out before installation.	❑	❑
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.	❑	❑
Office equipment that emits fumes (e.g., photocopy) are in vented areas away from children.	❑	❑

Other Irritants:		
	Needs Improvement	**O.K.**
Fireplaces and wood or coal stoves are not used.	❑	❑

General Physical Site/Space

Physical Site / Space:		
	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.	❑	❑
Heating or cooling system filters are properly installed and changed often; other service guidelines and routine maintenance procedures are followed.	❑	❑
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.	❑	❑
The building is checked periodically for water leaks and areas of standing water.	❑	❑
Plumbing leaks are fixed promptly.	❑	❑
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.)	❑	❑
Wet boots and clothing are removed and stored where they don't track wetness into activity space.	❑	❑
Doormats are placed outside all entrances, to reduce tracking in of allergens.	❑	❑

Cleaning and Maintenance:		
	Needs Improvement	**O.K.**
If rugs or carpets must be used, they are vacuumed frequently (every day or two).	❑	❑
High efficiency vacuum cleaner (ideally with the "HEPA" filter) is used. (Others blow tiny particles back into the air.)	❑	❑
Dusting is done often, with a damp disposable cloth, to avoid stirring up the dust.	❑	❑
Vacuuming and other cleaning is done when children are not present.	❑	❑
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).	❑	❑
Pesticides are applied properly, with adequate ventilation, when children are not present.	❑	❑
Garbage is kept in tightly covered containers, and removed promptly to outdoor enclosed trash area that is not accessible to children.	❑	❑
Painting, repairs or construction work is done when children are not present. Indoor spaces are protected from construction dust, debris, strong odors and fumes.	❑	❑
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.	❑	❑

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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H. Asthma-Friendly Child Care Center Recognition Application Form

Florida Asthma Coalition
Asthma-Friendly Childcare Center Recognition Application

Please fill out the Asthma-Friendly Childcare Center Interest Form and submit it to info@floridaasthmacoalition.com to connect with a mentor in your area before beginning this application.

To complete this form, *the center administrator's signature is required on all items*. Please e-mail the completed form and required documentation to info@floridaasthmacoalition.com. The Asthma-Friendly Childcare Center recognition is good for two years.

Center Name:_____ **County:**_____

Address:_____ **City:**_____ **Zip:**_____ **License #:**_____

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

Level	Recognition Requirement	Administrator Signature	Date Completed
BRONZE	**1. Asthma Leadership Team:** Childcare center has a small team to assess, improve, and monitor asthma management activities. *Submit the list of Asthma Leadership Team members with application.*		
	2. Staff Training: At least 50% of staff *and* at least one administrator received a certificate of completion for the **Asthma-Friendly Childcare Center Training** (Covers asthma basics and practices for operating an asthma-friendly childcare center). *Submit a list of staff members who have completed training and the online post-test within 1 year of the application date.* *Total number of staff:*_____ *Number that participated:*_____		
	3. Asthma Action Plans and Parent Communication: Children with asthma at the center have an Asthma Action Plan signed by their health care provider on-file. Every effort should be made to have an Asthma Action Plan on file for all children with asthma. **(70% Bronze, 80% Silver, 90%+ Gold and Platinum)** *Number with Asthma:*_____ *Number with Asthma Action Plan:*_____		
	4. Parent and Child Care Provider Asthma Communication: The center provides **5** blank communication forms for every child upon enrollment. The tools will be used to communicate asthma symptoms with parents and providers as needed.		
	5. Staff Awareness: The following posters are displayed at the center in high-traffic areas. Posters should be updated every two years, before an application is submitted. 1. Steps to follow for an Asthma Episode in a Childcare-Center 2. Common Asthma Triggers 3. Top Ten Actions to Reduce Asthma Triggers		
	6. Environmental Monitoring: Center staff completed the Environmental Triggers Assessment, with at least 80% of items checked "O.K." for every room. *Submit original copy with this form*		
SILVER	**7. Parent/Caregiver Education:** Families and staff receive asthma education via pre-approved brochures and/or trainings at least once per year. *Asthma education materials distributed to all families?* ☐*YES* ☐*NO* *ALA Asthma Basics offered?* ☐*YES* ☐*NO*		
	8. In-Depth Asthma Medication Training: At least 80% of staff have watched the **approved asthma videos.** Training should be held at least every two years and within six months of application submission. *Number of staff participated:*_____ *Number of families participated:*_____ *Submit the sign-in sheet for the training with the application.*		
GOLD	**9.1 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. **9.2 Radon Testing:** Center staff have read the information from the Florida Department of Health for county requirements on radon testing for child care centers.		
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 Name (print):_____ **E-mail:**_____

Form Revised April 2026