



Arizona Child Care Licensees and Children with Diabetes

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What types of services do children with diabetes require at child care?

Children with type 1 diabetes and some children with type 2 diabetes require medication and care throughout the day, including blood glucose testing (finger prick tests); insulin administration via a syringe, insulin pen, or insulin pump; and treatment of low blood glucose (hypoglycemia) which can include an emergency injection of glucagon.

Are child care licensees required to provide this type of care?

Federal and Arizona law require both public and private child care licensees to provide all children with diabetes with an equal opportunity to attend their programs, services, or activities. Licensees are also required to evaluate, on a case by case basis, and make reasonable accommodations for children with diabetes. Arizona regulations regarding child care licensees allow child care staff, including staff who are not health care professionals, to provide diabetes care to children attending child care once certain requirements are met. Designating and training child care staff to administer blood glucose tests, insulin, and emergency glucagon to a child with diabetes is one example of a reasonable accommodation.

What is the process for providing care to a child with diabetes?

According to Ariz. Admin. Code R9-5-507¹, upon enrollment of a child with special needs, such as a child with diabetes, the licensee shall request that the parent or guardian of the child provide the licensee with an individualized plan that can be reviewed and adopted by the licensee. For example, if the child is enrolled in school and has a Section 504 Plan and Diabetes Medical Management Plan at school, the licensee can adopt this plan. If the child does not already have an existing plan, the parents can create a Diabetes Medical Management Plan² with input from the child's treating physician. Whether the plan is new or based on an existing plan, it must include: 1) medication schedule; 2) nutrition and feeding instructions; 3) skills required of a staff member who feeds the enrolled child, such as carbohydrate counting; 4) a description of medical equipment the child uses, such as an insulin pump; 5) medical emergency instructions,

¹ Available on the Arizona Department of Health Services website at <http://www.azdhs.gov/als/childcare/rules/OCCL%20Facility%20Rules-Unofficial%20Copy%202010.pdf>

² A sample Diabetes Medical Management Plan can be found on the American Diabetes Association Website at <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/written-care-plans/>



such as: emergency contacts, a description of the signs and symptoms of severe high or low blood sugar (hypoglycemia or hyperglycemia), and appropriate treatment in the event of hypoglycemia or hyperglycemia; 6) toileting and personal hygiene instructions; 7) specific child care services to be provided to the enrolled child at the facility, such as blood glucose testing, insulin administration, and glucagon administration in an emergency; 8) training required of a staff member to care for the enrolled child's special needs; and 9) participation in fire and emergency evacuation drills.

Ariz. Admin. Code R9-5-516³ allows child care licensees to administer injectible medication, including routine and emergency injectible medication, pursuant to Arizona state law. If the plan includes administration of medication, the plan must list: 1) type of medication; 2) prescription number, if any; 3) instructions for administration, including the times and frequency of administration; and 4) authorization from the parent or guardian for the child care licensee to administer the medication, with the date of the authorization.

But what if the child needs shots or blood glucose testing and the child care licensee does not have a nurse on staff?

Even if there is no nurse on staff, staff who are not health care professionals may administer blood glucose testing, insulin, and glucagon to the child, so long as the licensee has received written authorization from a member of the child's treating health care team for a lay person to provide this care as required by Ariz. Admin. Code R9-5-516.⁴ This written authorization does not need to be in a particular format, but can be included in a Diabetes Medical Management Plan by having a member of the treating health care team sign the Diabetes Medical Management Plan. A signed letter from a member of the child's treating health care team describing the diabetes care that a trained child care staff person can safely perform can also serve as the written authorization. There is no requirement that the staff member see the authorizing health care professional in person or be trained by the authorizing health care professional. The authorization is designed to verify that a trained, unlicensed person can safely provide the care, but the arrangements for selecting and training the child care staff person who will provide the care are the shared responsibility of the licensee and parent/guardian, rather than the authorizing health care professional.

Once a licensee receives written authorization from the child's treating health care team for a lay person at the child care organization to administer blood glucose testing, insulin, and/or glucagon to a particular child, the licensee should make arrangements for its existing staff to meet the needs of the child as outlined in the child's written plan. Arizona laws and regulations do not require a particular type of training in order for child care staff to care for a child with diabetes. However, it is recommended that child care personnel who are interacting with a child with

³ Available on the Arizona Department of Health Services website at <http://www.azdhs.gov/als/childcare/rules/OCCL%20Facility%20Rules-Unofficial%20Copy%202010.pdf>

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diabetes should receive basic training, including a general overview of diabetes and typical health care needs of individuals with diabetes, recognition of common symptoms of hypoglycemia and hyperglycemia, and which staff person to contact in an emergency. These staff do not require any special authorization to provide ordinary child care to a child with diabetes.

If the parents or guardians request that the licensee administer blood glucose tests, insulin administration, glucagon administration, or other routine and emergency diabetes care, and the parents submit a written authorization from the treating health care team, the licensee will arrange a second level of training for a small number of child care personnel, who need not be health care professionals, regarding the special needs of the child, including, but not limited to: 1) blood glucose testing; 2) insulin administration via insulin pump, pen, or syringe; and 3) glucagon administration in an emergency. While Arizona laws and regulations do not require any particular type of training, this child-specific training may be given by any qualified person agreed upon by the parents or guardians, such as a certified diabetes educator.⁵



⁵ The American Diabetes Association has developed free diabetes training modules that can be used by health care professionals to train child care personnel in diabetes care. The training modules are available online at: <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/school-staff-trainings/diabetes-care-tasks.html>. The American Diabetes Association also has a list of local diabetes care trainings if you call 1-888-DIABETES. *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, a detailed guide on diabetes care in the school setting which is also useful in the child care setting, is available through the National Diabetes Education Program at http://ndep.nih.gov/media/Youth_NDEPSchoolGuide.pdf