HEALTH BASICS

Child care

Child care is the day-to-day supervision and support children receive from caregivers

WHAT IT IS
Supervision and support provided while parents or guardians are unavailable

WHERE IT COMES UP
Choosing nurseries, day care, preschool, or in-home caregivers

WHY IT MATTERS
Safe, responsive care supports health, development, and family wellbeing

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Child care services, pediatric clinicians, or local licensing agencies

HOW IT IS CHECKED
Licensing records, inspection reports, and caregiver observations

Overview

Child care means looking after a child's everyday needs when a parent or guardian is not providing all of the care directly. It may be provided by relatives, nannies, childminders, nurseries, day care centers, preschools, or after-school programs.

Child care is not a disease, treatment, or medical diagnosis. It is an arrangement that affects where and how a child eats, sleeps, plays, learns, takes medicine, and interacts with other people.

Good child care is more than supervision. Children need caregivers who respond to them, provide age-appropriate activities, maintain a safe environment, and communicate with their families. Infants and young children also need reliable routines for feeding, sleep, hygiene, and comfort.

Rules for licensing, staffing, training, and inspections differ by location and type of care. Some care provided by relatives or in a family home may not require a license. Licensing can show that a service meets certain local standards, but it does not tell you everything about the quality of daily care.

How it works

A child care arrangement should match the child's age, health needs, development, and family circumstances. For example, an infant needs safe sleep arrangements and frequent feeding. An older child may need active play, learning activities, help with toileting, or supervision after school.

Caregivers should have clear information about the child. This can include emergency contacts, allergies, medicines, dietary needs, vaccination records, and any health or developmental support plan. Information should be updated when something changes.

Child care programs commonly use written policies. These may cover illness, handwashing, food safety, medication, emergencies, discipline, outdoor play, collection by approved adults, and communication after an injury or unusual event.

In group care, children share rooms, toys, bathrooms, and play areas. This creates opportunities for learning and social contact, but it also makes the spread of infections easier. Handwashing, cleaning, ventilation, vaccination, and sensible illness policies can reduce risk. They cannot remove it completely.

Development is supported through ordinary interactions. Talking, reading, singing, playing, and responding to a child's signals all matter. Developmental monitoring means noticing how a child plays, communicates, moves, behaves, and learns over time. Formal developmental screening uses a structured questionnaire or tool and is usually arranged through a pediatric or primary care service.

Why it matters for your health

Child care affects both physical and emotional wellbeing. Safe surroundings reduce the risk of falls, burns, poisoning, choking, unsafe sleep, and other injuries. Appropriate food handling can reduce foodborne illness, while accurate allergy information can help prevent accidental exposure.

For infants, sleep practices are especially important. They should be placed on their back on a firm, flat sleep surface intended for infants. Soft bedding, pillows, loose blankets, and toys should not be in the sleep space. Caregivers should follow the child's current safe sleep plan every time the child sleeps.

Responsive care can support language, learning, emotional regulation, and secure relationships. "Responsive" means that a caregiver notices a child's signals and responds in a steady, appropriate way. It does not mean that every moment must be structured or educational.

Child care can also affect family health. Reliable care may allow parents or guardians to work, rest, attend appointments, or care for other family members. Poor communication or unstable arrangements can add stress, particularly when a child has medical, developmental, dietary, or disability-related needs.

What can go wrong

Child care itself is not an illness. However, health and safety problems can arise within a care setting.

Respiratory infections, stomach infections, conjunctivitis, and other contagious conditions can spread when children have close contact. An illness policy should explain when families will be contacted, when a child needs to leave, and what is required before returning. Exclusion should be based on the child's condition, the program's ability to provide care, and local public health rules-not simply on the name of an infection.

Injuries can occur through falls, unsafe equipment, choking hazards, burns, unsecured medicines, or inadequate supervision. Unsafe sleep arrangements can increase the risk of sleep-related infant death.

Food allergies may cause reactions if allergens are not identified or if food is shared. Medication errors can occur when instructions are unclear, medicine is stored incorrectly, or the wrong child receives it. Programs should have a documented process for accepting, storing, giving, and recording medicine.

A child's developmental, communication, sensory, or disability-related needs may be overlooked. This does not necessarily mean that the child has a condition. It means that a concern may need to be discussed and, when appropriate, assessed.

Harsh punishment, humiliation, neglect, or physical or sexual abuse are safeguarding concerns. If you believe a child is being harmed or is at immediate risk, contact emergency services or the appropriate local child protection service.

Call emergency services for a child who is unresponsive, has severe trouble breathing, has blue or gray lips or skin, has a seizure that requires emergency help, has signs of a severe allergic reaction, or has a serious injury or uncontrolled bleeding.

For concerns that are not immediately life-threatening-such as worsening illness, poor fluid intake, an unusual level of sleepiness, a concerning injury, or repeated unexplained incidents-seek prompt advice from the child's pediatric or primary care service. Routine questions about policies, development, sleep, or behavior can usually be discussed during normal service hours.

What you can do

Visit a care setting before enrolling a child if possible. Notice how caregivers speak to children, respond to distress, supervise play, and handle meals, toileting, and sleep. Ask to see the areas children actually use.

Useful checks include:

Give the service written information about allergies, medicines, emergency contacts, and health needs. If a child has an emergency care plan, such as a plan for a severe allergy or seizure disorder, ask who will follow it and how staff are trained. Do not assume that every caregiver has seen information given to one staff member.

Keep copies of medication authorizations, care plans, vaccination records, incident reports, and important messages. Record the date and details when you raise a concern.

There is no medical test that measures child care quality. Licensing checks, inspection reports, direct observation, and conversations with caregivers provide different pieces of information. If you are concerned about a child's development, ask a pediatric or primary care clinician about developmental screening rather than relying only on comparisons with other children.

- Current license, registration, and inspection reports
- Staff training in first aid, emergency response, and child safeguarding
- Written illness, medication, allergy, discipline, and safe sleep policies
- Procedures for injuries, emergencies, evacuation, and family notification
- Secure storage for medicines, cleaning products, and hazardous items
- A clear process for releasing children only to approved adults
- Age-appropriate staffing and supervision arrangements

Common questions

Does licensed child care mean it is high quality?

A license usually means the service must meet specified local requirements. It does not guarantee that the setting is the right fit for every child. Inspection records, staff stability, daily interactions, communication, and how the service handles concerns are also important.

Will a child get sick more often in group care?

Close contact with other children can increase exposure to common infections. Good hygiene and illness policies reduce spread but cannot prevent every infection. Ask how the service

handles outbreaks and when children should stay home.

Can child care staff give medicine?

Some services can give medicine under written procedures, while others cannot. Ask what authorization, original packaging, labeling, storage, and staff training are required. Emergency medicines should have a clear care plan.

What if my child cries at drop-off?

Some children need time to adjust to separation and a new routine. Ask caregivers how long the distress lasts, what helps, and how the child behaves during the rest of the day. Persistent distress or a sudden change in behavior can be discussed with the caregiver and the child's healthcare service.

What if I have no concerns?

No special medical action is needed. Keep contact and health information current, review care arrangements periodically, and continue routine health and developmental follow-up.

Sources

- American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: National Health and Safety Performance Standards
- Centers for Disease Control and Prevention. Hand Hygiene in Schools and Early Care and Education Settings
- Centers for Disease Control and Prevention. Developmental Monitoring and Screening
- U.S. Department of Health and Human Services. Health and Safety Requirements for Child Care Providers
- Moon RY, Carlin RF, Hand I; American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment . Pediatrics . 2022;150(1)
- U.S. Department of Agriculture, Food and Nutrition Service. Child and Adult Care Food Program