Minimum Health and Safety Standards: A Guide for American Indian and Alaska Native Child Care and Development Fund Grantees

CCDF Health and Safety Requirements

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ADMINISTRATION FOR CHILDREN & FAMILIES

Minimum Health and Safety Standards: A Guide for American Indian and Alaska Native Child Care and Development Fund Grantees

Contents

Introduction

In November 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law. The CCDBG Act reauthorized the Child Care and Development Fund (CCDF) program and introduced sweeping statutory changes to improve the health, safety, and quality of child care and provide more stable child care assistance to families. The Act continues to require that the U.S. Department of Health and Human Services (HHS) develop minimum child care standards for American Indian and Alaska Native (AI/AN) CCDF grantees.[1]

"AI/AN CCDF grantees" refers to tribal nations or organizations, including Alaska Native villages or regional or village corporations, that receive federal CCDF funding to plan and carry out programs for the purpose of increasing the availability, affordability, and quality of child care and childhood development programs.

Following the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) and after 3 years of consultation with tribes, AI/AN organizations, and AI/AN CCDF grantees, *Minimum Standards for Tribal Child Care: A Health and Safety Guide* was first published in 2000. The standards were updated and reissued in 2005. With the publication of the CCDF final rule on September 30, 2016, the standards have again been updated reflect the new focus on health and safety.

This document contains the most current health and safety standards for AI/AN CCDF grantees and replaces previous editions of *Minimum Standards of Tribal Child Care: A Health and Safety Guide*.

Health and Safety Requirements in the CCDF Final Rule

The 2016 CCDF final rule outlines requirements based on the CCDBG Act of 2014 for administering the CCDF program, including provisions to protect the health and safety of children in care.[2] The final rule strengthens health and safety requirements for programs receiving CCDF funds. All AI/AN CCDF grantees, regardless of allocation size[3], are required to meet the health and safety requirements in the final rule, which include the following:

- Requirements around a list of health and safety topics
- Health and safety training
- Setting group size limits and ratios
- Compliance with child abuse reporting requirements
- Monitoring and enforcement
- Comprehensive background checks

The final rule requirements for health and safety apply to AI/AN CCDF grantees. This includes all program options, including grantees that run tribally operated centers, those that only offer certificates, and those that operate a combination of tribally operated centers and certificate programs. These requirements apply to any provider that provides services funded by AI/AN CCDF grantees, including the following:

- *Center-based child care provider*s: "Providers licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a nonresidential setting, unless care in excess of 24 hours is due to the nature of the parents' work"

[1] Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67,438 (Sept. 30, 2016) (codified at 45 C.F.R. pt. 98).
[2] Child Care and Development Fund, 45 C.F.R. § 98.41 (2016).
[3] To account for variations in funding, the CCDF final rule established three categories of AI/AN CCDF grantees and created tiered requirements to provide greater flexibility to grantees with lower levels of funding. These categories are based on CCDF funding amount, referred to as "allocation size." Small allocations are less than $250,000, medium allocations are between $250,000 and $1 million, and large allocations are more than $1 million.

- *Family child care providers:* "Individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parents' work"
- *In-home child care providers: "*Individuals who provides child care services in the child's own home"[4]

However, AI/AN CCDF grantees can choose to exempt relative care providers from health and safety requirements. A relative care provider is a "child care provider who is 18 years of age or older who provides child care services only to eligible children who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, siblings (if such provider lives in separate residence), niece, or nephew of such provider."[5] These requirements are considered to be the necessary foundation for ensuring the health and safety of children in child care settings.

The full implementation of these health and safety requirements from the 2016 CCDF final rule should include three components: **standards**, **monitoring**, and **training**.

AI/AN CCDF grantees should develop health and safety standards for their own programs indicating how they will implement each of these final rule requirements. The health and safety standards that are developed and implemented should be appropriate to the age of children served as well as appropriate to the provider type. The preamble to the final rule explains,

> For example, prevention of sudden infant death syndrome and safe sleep training is only necessary if a caregiver cares for infants. Similarly, if an individual is caring for children of different ages, training in pediatric first-aid and CPR should include elements that take into account that practices differ for infants and older children. For providers that care for school-age children, Lead Agencies may need to develop requirements that are appropriate for that stage of development (i.e*.,* that recognize the greater need for older children's autonomy while maintaining health and safety).[6]

Grantees need to ensure that monitoring systems are in place for each required component in order to verify that the requirements are being fully implemented. Grantees should also include corresponding training plans for caregivers, teachers, and directors around each health and safety requirement as indicated in the CCDF final rule. Once grantees have determined their program's specific set of health and safety standards, their training and monitoring components can be built around those standards according to their program's infrastructure.

Minimum Standards for Health and Safety in AI/AN Child Care

In 2015, the Administration for Children and Families (ACF) released *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education* (CFOCB). CFOCB is a set of voluntary recommendations for minimum health and safety standards across all early childhood settings.[7] It is founded on *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd edition, a collection of 686 standards that represent best health and safety practices in child care settings.[8] CFOCB is based on the full *Caring for Our Children* resource and is meant to represent the minimum health and safety standards that experts believe should be in place where children are cared for outside of their homes.

ACF recommends that CCDF grantees consult *Caring for Our Children Basics* when developing their health and safety standards in response to the final rule. While use of CFOCB is voluntary, meeting these minimum standards will help grantees meet the new health and safety requirements in the final rule. Most importantly, implementing CFOCB standards will help grantees protect the health and safety of the children they serve.

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[4] Child Care and Development Fund, 45 C.F.R. § 98.2 (2016).
[5] Child Care and Development Fund, 45 C.F.R. § 98.2 (2016).
[6] Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67,438, 67,485 (Sept. 30, 2016) (codified at 45 C.F.R. pt. 98).
[7] Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education.* Retrieved from http://www.acf.hhs.gov/programs/ecd/caring-for-our-children-basics
[8] American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs* (3rd ed.). Retrieved from http://nrckids.org/CFOC

In response to the recommendations of the final rule, ACF's Office of Child Care (OCC) convened a health and safety workgroup to review *Minimum Standards for Tribal Child Care* and recommend updates to align the standards with CFOCB. The workgroup consisted of AI/AN CCDF Administrators from across the country and included representation from small-, medium-, and large-allocation grantees. The majority of the workgroup members were members of federally recognized tribal nations, and all members had extensive experience with child care programs serving AI/AN communities. The group met over a 3-month period to review the *Minimum Standards for Tribal Child Care* and CFOCB. They offered specific recommendations for adapting CFOCB in a way that is responsive to tribal customs, traditions, and culture. In July 2018, OCC hosted a tribal consultation to gather input on a draft of the revised standards prior to publishing the final *Minimum Health and Safety Standards: A Guide for American Indian and Alaska Native Child Care and Development Fund Grantees.*

In each recommended minimum standard below, the Δ symbol indicates CFOCB standards that were modified in response to recommendations from the AI/AN health and safety workgroup.

This document includes the CCDF final rule requirements in health and safety, with corresponding recommended minimum health and safety standards that are reflective of the recommendations of the health and safety workgroup. This guide is designed to provide a framework for AI/AN CCDF Administrators to consider when developing their own grantee's health and safety standards and subsequent training and monitoring components. This guide is intended to provide a minimum set of health and safety standards that are aligned specifically to the health and safety requirements outlined in the final rule. These minimum standards can be used instead of another set of comprehensive standards (e.g., *Caring for Our Children Basics*; *Caring for Our Children, 3rd edition*; or the *Head Start Program Performance Standards*). If the Tribal Lead Agency chooses to draft their own health and safety standards instead of adopting an existing set of standards or adapting their respective state child care licensing standards, then these minimum health and safety standards can be used as a foundation for AI/AN CCDF grantees to develop their own standards that meet the specific needs of their providers, families and children served.

These health and safety requirements represent the baseline from which all grantees should operate to ensure that children are cared for in healthy and safe environments and that their basic needs are met.

I. Prevention and Control of Infectious Disease

This section discusses standards for preventing and responding to health and medical issues and addresses proper hygiene and sanitation. Proper hygiene and routine cleaning, sanitizing, and disinfecting can prevent infection and illness. This section also discusses reasonable exclusion procedures for addressing instances of vaccine-preventable diseases. It also discusses requirements related to immunizations of children and staff in early care and education settings.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(i)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding the prevention and control of infectious disease, including immunizations, (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on the prevention and control of infectious disease must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(i)

hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.

✓ Ongoing and accessible training on required health and safety standards (including the prevention and control of infectious disease) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including prevention and control of infectious disease) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

✓ With respect to immunizations, Tribal Lead Agencies shall assure that children receiving services under the CCDF are age-appropriately immunized. Health and safety provisions shall incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the respective tribal, state, or territorial public health agency.

Note: *Tribal Lead Agencies may exempt children who are cared for by relatives (provided there are no other unrelated children who are cared for in the same setting), children who receive care in their own homes (provided there are no other unrelated children who are cared for in the home), children whose parents object to immunization on religious grounds, and children with medical conditions that prevent immunization.*

✓ Tribal Lead Agencies shall establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF services while providing their families (including foster families) a reasonable period of time to take any necessary action to comply with immunization and other health and safety requirements.

- The length of this grace period shall be established in consultation with the tribal, state, or territorial health agency.
- Tribal Lead Agencies must coordinate with licensing agencies or other relevant local agencies to provide referrals and support to help families of children receiving services during this grace period to comply with immunization and other health and safety requirements.
- Tribal Lead Agencies may also, at their option, establish grace periods for other children who are not experiencing homelessness or in foster care.

Recommended Minimum Standards

Routine Oral Hygiene Activities

♦ Caregivers and teachers should promote good oral hygiene through learning activities, including the habit of regular tooth brushing.

For more information, see *Caring for Our Children*, 3rd edition, 3.1.5.1: Routine Oral Hygiene Activities.

Diaper-Changing Procedure

- The following diaper-changing procedure should be posted in the changing area and followed to protect the health and safety of children and staff:
  - Step 1: Before bringing the child to the diaper changing area, wash hands and bring supplies to the diaper changing area.
  - Step 2: Carry or bring the child to the changing table or surface, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change. Always keep a hand on the child.
  - Step 3: Clean the child's diaper area.
  - Step 4: Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine.
  - Step 5: Put on a clean diaper and dress the child.
  - Step 6: Wash the child's hands and return the child to a supervised area.
  - Step 7: Clean and disinfect the diaper-changing surface. If a disposable paper liner was used on the diaper-changing surface, dispose of it in a plastic-lined, hands-free, covered can. If clothing was soiled, securely tie the plastic bag used to store the clothing and send home.
  - Step 8: Wash hands and record the diaper change, diaper contents, and any problems.
- Caregivers and teachers should never leave a child unattended on a table or countertop. A safety strap or harness should not be used on the diaper-changing table or surface.

For more information, see *Caring for Our Children*, 3rd edition, 3.2.1.4: Diaper Changing Procedure.

Situations That Require Hand Hygiene

- All staff, volunteers, and children should abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC):[9]
  - Wet hands with clean, running water (warm or cold), turn off the tap, and apply soap.
  - Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under nails.
  - Scrub hands for at least 20 seconds.
  - Rinse hands well under clean, running water.
  - Dry hands using a clean towel or air dry them.
- All staff, volunteers, and children should abide by the CDC's recommendations to use the above handwashing procedure at the following times:
  - Upon arrival for the day, after breaks, or when moving from one group to another
  - Before and after the following:
    - Preparing food or beverages

[9] Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2016). When and how to wash your hands [Web page]. Retrieved April 26, 2018, from https://www.cdc.gov/handwashing/when-how-handwashing.html

- Eating, handling food, or feeding a child
- Brushing or helping a child brush teeth
- Giving medication or applying a medical ointment or cream in which a break in the skin (for example, sores, cuts, or scrapes) may be encountered
- Playing in water (including swimming) that is used by more than one person
- Diapering

After the following:

- Using the toilet or helping a child use a toilet
- Handling bodily fluid (mucus, blood, vomit)
- Handling animals or cleaning up animal waste
- Playing in sand, on wooden play sets, and outdoors
- Cleaning or handling garbage

♦ Situations or times that children and staff should wash their hands should be posted in all food preparation, diapering, and toileting areas.

For more information, see *Caring for Our Children*, 3rd edition, 3.2.2.1: Situations That Require Hand Hygiene.

Routine Cleaning, Sanitizing, and Disinfecting

♦ AI/AN CCDF grantees should follow a routine schedule of cleaning, sanitizing, and disinfecting.

♦ Cleaning, sanitizing, and disinfecting products should not be used in close proximity to children, and adequate ventilation should be maintained during use.

For more information, see *Caring for Our Children*, 3rd edition, 3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting.

Prevention of Exposure to Blood and Body Fluids

♦ AI/AN CCDF grantees should adopt the use of the CDC's Standard Precautions to handle potential exposure to blood and other potentially infectious fluids.[10]

♦ Caregivers and teachers are required to be educated regarding Standard Precautions before beginning to work in the program and annually thereafter.

♦ For center-based care, training should comply with requirements of the Occupational Safety and Health Administration.[11]

For more information, see *Caring for Our Children*, 3rd edition, 3.2.3.4: Prevention of Exposure to Blood and Body Fluids.

[10] Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2017). Standard precautions for all patient care [Web page]. Retrieved April 26. 2018, from https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html
[11] Occupational Safety and Health Administration, United States Department of Labor. (2017). Bloodborne pathogens and needlestick prevention [Web page]. Retrieved April 26, 2018, from https://www.osha.gov/SLTC/bloodbornepathogens/index.html

Inclusion, Exclusion, and Dismissal of Children

- AI/AN CCDF grantees should notify parents or guardians when children develop new signs or symptoms of illness. Parent or guardian notification should be immediate for emergency or urgent issues.
- Staff should notify parents or guardians of children who have symptoms that require exclusion, and parents or guardians should remove children from the early care and education setting as soon as possible.
- For children whose symptoms do not require exclusion, verbal or written notification to the parent or guardian at the end of the day is acceptable.
- Most conditions that require exclusion do not require a primary health care provider visit before reentering care.
- When a child becomes ill but does not require immediate medical help, a determination should be made regarding whether the child should be sent home. The caregiver or teacher should determine whether the illness meets any of the following criteria:
  - Prevents the child from participating comfortably in activities.
  - Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
  - Poses a risk of spread of harmful diseases to others.
  - Causes a fever and behavior change or other signs and symptoms (for example, sore throat, rash, vomiting, and diarrhea). An unexplained temperature above 100 °F (37.8 °C) (armpit) in a child younger than 6 months should be medically evaluated. Any infant younger than 2 months of age with fever should get immediate medical attention.
- If any of the above criteria are met, the child should be removed from direct contact with other children and monitored and supervised by a staff member known to the child until dismissed to the care of a parent or guardian, primary health care provider, or other person designated by the parent.
- The Indian Health Service (IHS) and the tribal or state health department will be able to provide specific guidelines for exclusion.

For more information, see *Caring for Our Children*, 3rd edition, section 3.6.1.1: Inclusion/Exclusion/Dismissal of Children.

Infectious Disease Outbreak Control

- During the course of an identified outbreak of any reportable illness at the program, a child or staff member should be excluded if the local health department official or primary health care provider suspects that the child or staff member is contributing to transmission of the illness, is not adequately immunized when there is an outbreak of a vaccine-preventable disease, or is at increased risk from the circulating pathogen.
- The child or staff member should be readmitted when the health department official or primary health care provider who made the initial determination decides that the risk of transmission is no longer present.
- Parents or guardians should be notified of any determination.

For more information, see *Caring for Our Children*, 3rd edition, 3.6.1.4: Infectious Disease Outbreak Control.

Immunization Documentation

- AI/AN CCDF grantees should require that all parents or guardians of enrolled children provide written documentation of receipt of immunizations appropriate for each child's age.
- Infants, children, and adolescents should be immunized as specified in the "Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger," developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians.[12]
- Children whose immunizations are not up to date or have not been administered according to the recommended schedule should receive the required immunizations, unless for medical or legal exemptions.

For more information, see *Caring for Our Children*, 3rd edition, 7.2.0.1: Immunization Documentation.

Unimmunized Children

- If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents' or guardians' religious beliefs, a legal exemption with notarization, waiver, or other tribal or state-specific required documentation signed by the parent or guardian should be on file.
- Parents or guardians of an enrolling or enrolled infant who has not been immunized because of the child's age should be informed if there are children in care who have not had routine immunizations because of exemption.
- The parent or guardian of a child who has not received the age-appropriate immunizations before enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations.
- Children who are in foster care or experiencing homelessness as defined by the McKinney-Vento Act should receive services while parents or guardians are taking necessary actions to comply with the program's immunization requirements.[13] An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible.
- If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed.
- The Indian Health Service (IHS) or the tribal or state health department will be able to provide guidelines for exclusion requirements.

For more information, see *Caring for Our Children*, 3rd edition, 7.2.0.2: Unimmunized Children.

[12] Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2018). Recommended immunization schedule for children and adolescents aged 18 years or younger, United States, 2018 [Web page]. Retrieved April 26, 2018, from https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

[13] National Center on Homeless Education. (n.d.). The McKinney-Vento definition of homeless [Web page]. Retrieved April 26, 2018, from https://nche.ed.gov/legis/mv-def.php

Immunization of Caregivers and Teachers

- Caregivers and teachers should be current with all immunizations routinely recommended for adults by the Indian Health Service (IHS) and the CDC's Advisory Committee on Immunization Practices (ACIP) as shown in the "Recommended Immunization Schedule for Adults Aged 19 Years or Older" as follows:[14]
  - Vaccines recommended for all adults who meet the age requirements and who lack evidence of immunity (that is, lack documentation of vaccination or have no evidence of prior infection); and
  - Recommended if a specific risk factor is present.
- If a staff member is not appropriately immunized for medical or religious reasons, the program should require written documentation of the reason.
- If a vaccine-preventable disease to which adults are susceptible occurs in the facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department should be consulted to determine whether these adults should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed.
- Indian Health Service (IHS) or the tribal or state health department will be able to provide guidelines for exclusion requirements.

For more information, see *Caring for Our Children*, 3rd edition, 7.2.0.3: Immunization of Caregivers/Teachers.

II. Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices

This section discusses standards for safe sleep practices to reduce the risk of sudden infant death syndrome (SIDS).

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(ii)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding the prevention of sudden infant death syndrome and use of safe sleep practices (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on the prevention of sudden infant death syndrome and the use of safe sleep practices must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including the prevention of sudden infant death syndrome and the use of safe sleep practices) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and

[14] Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2018). Recommended immunization schedule for adults aged 19 years or older, United States, 2018 [Web page]. Retrieved April 26, 2018, from https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(ii)

professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including prevention of sudden infant death syndrome and the use of safe sleep practices) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Safe Sleep Practices and SIDS Risk Reduction

- All staff, parents and guardians, volunteers, and others who care for infants in the early care and education setting should follow safe sleep practices as recommended by the American Academy of Pediatrics.[15]
- Cribs must be in compliance with current U.S. Consumer Product Safety Commission and ASTM International safety standards.[16,17,18,19]
- Cradleboards may be used as a sleep surface for infants. When swaddling a baby for the cradleboard, caregivers should use a light blanket and make sure the baby does not overheat. Cradleboards should never be used when an infant is a passenger in a car or other motor vehicle. Staff should be trained regarding appropriate use of cradleboards for infants.[20] Δ

For more information, see *Caring for Our Children*, 3rd edition, 3.1.4.1: Safe Sleep Practices and SIDS Risk Reduction.

III. Administration of Medication, Consistent with Standards for Parental Consent

This section discusses standards for appropriate medication storage, administration, and disposal to ensure that children receive proper medication and to reduce the risk of poison exposure.

[15] American Academy of Pediatrics. (2016). *SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment, Task force on sudden infant death syndrome.* Retrieved April 26, 2018, from http://pediatrics.aappublications.org/content/138/5/e20162938

[16] Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule, 75 Fed. Reg. 81,765 (Dec. 28, 2010) (codified at 16 C.F.R. pt. 1219, 16 C.F.R. pt. 1220, 16 C.F.R. pt. 1500).

[17] U.S. Consumer Product Safety Commission. (2011). *Child care providers: Your guide to new crib standards.* Retrieved April 26, 2018, from https://www.cpsc.gov/s3fs-public/5023.pdf

[18] ASTM International. (2013). ASTM F1169-13: Standard consumer safety specification for full-size baby cribs. Retrieved April 26, 2018, from https://www.astm.org/Standards/F1169.htm

[19] ASTM International. (2017). ASTM F406-17: Standard consumer safety specification for non-full-size baby cribs/play yards. Retrieved April 26, 2018, from https://www.astm.org/Standards/F406.htm

[20] Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, U.S. Department of Health and Human Services. (2010). *Healthy Native Babies project workbook*. Retrieved April 26, 2018, from https://www1.nichd.nih.gov/publications/pubs/documents/healthy_native_babies_workbook.pdf

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(iii)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding the administration of medication, consistent with standards for parental consent (appropriate to provider setting and age of children served), that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on the administration of medication, consistent with standards for parental consent, must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including the administration of medication, consistent with standards for parental consent) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including the administration of medication, consistent with standards for parental consent) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Medication Administration and Storage

- The administration of medicines at the facility should be limited to the following:
  - Prescription or nonprescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent or guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication.
  - Labeled medications (over-the-counter) brought to the early care and education facility by the parent or guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific and legible instructions for administration, storage; and disposal.
- AI/AN CCDF grantees should never administer medication that is prescribed for one child to another child. Documentation that the medicine or agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent or guardian for disposal.
- All medications, refrigerated or unrefrigerated, should have child-resistant caps, be stored away from food at the proper temperature, and be inaccessible to children.

For more information, see *Caring for Our Children*, 3rd edition, 3.6.3.1: Medication Administration and *Caring for Our Children*, 3rd edition, 3.6.3.2: Labeling, Storage, and Disposal of Medications.

Training of Caregivers and Teachers to Administer Medication

- Any caregiver or teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration.
- The course should be repeated according to tribal, state, or local regulation and taught by a trained professional.
- Skill and competency should be monitored whenever an administration error occurs.

For more information, see *Caring for Our Children*, 3rd edition, 3.6.3.3: Training of Caregivers/Teachers to Administer Medication.

IV. Prevention of and Response to Emergencies due to Food and Allergic Reactions

This section discusses standards to address care of children with food allergies, and proper storage, preparation, and serving practices to prevent disease, illness, and choking.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(iv)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding prevention of and response to emergencies due to food and allergic reactions (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on the prevention of and response to emergencies due to food and allergic reactions must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including the prevention of and response to emergencies due to food and allergic reactions) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including the prevention of and response to emergencies due to food and allergic reactions) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Care of Children with Food Allergies

- Each child with a food allergy should have a written care plan that includes the following:
  - Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food.
  - A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications.
- Based on the child's care plan, and before caring for the child, caregivers and teachers should receive training for, demonstrate competence in, and implement measures for the following:
  - Preventing exposure to the specific food(s) to which the child is allergic
  - Recognizing the symptoms of an allergic reaction
  - Treating allergic reactions
- The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting.
- AI/AN CCDF grantees should notify the parents or guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur.
- AI/AN CCDF grantees should contact the emergency medical services system immediately whenever epinephrine has been administered.
- Each child's food allergies should be posted prominently in the classroom and wherever food is served, with permission of the parent or guardian.

For more information, see *Caring for Our Children*, 3rd edition, 4.2.0.10: Care for Children with Food Allergies.

Availability of Drinking Water

- Clean, sanitary drinking water should be readily accessible in indoor and outdoor areas, throughout the day.
- On hot days, infants receiving human milk in a bottle may be given additional human milk, and those receiving formula mixed with water may be given additional formula mixed with water.
- Infants should not be given water, especially in the first six months of life.

For more information, see *Caring for Our Children*, 3rd edition, 4.2.0.6: Availability of Drinking Water.

Preparing, Feeding, and Storing Human Milk

- AI/AN CCDF grantees should develop and follow procedures for the preparation and storage of expressed human milk that ensures the health and safety of all infants, as outlined by the Academy of Breastfeeding

Medicine Protocol #8; Revision 2010, and prohibits the use of infant formula for a breastfed infant without parental consent.[21]

- The bottle or container should be properly labeled with the infant's full name and date, and should only be given to the specified child.
- Unused breast milk should be returned to parent in the bottle or container.

For more information, see *Caring for Our Children*, 3rd edition, 4.3.1.3: Preparing, Feeding, and Storing Human Milk.

Preparing, Feeding, and Storing Infant Formula

- AI/AN CCDF grantees should develop and follow procedures for the preparation and storage of infant formula that ensure the health and safety of all infants.
- Formula provided by parents or guardians or programs should come in sealed containers.
- The caregiver or teacher should always follow the parent or manufacturer's instructions for mixing and storing any formula preparation.
- The formula should be of the same brand that is served at home and should be of ready-to-feed strength or liquid concentrate to be diluted using cold water from a source approved by the health department.
- Powdered infant formula, though it is the least expensive formula, requires special handling in mixing because it cannot be sterilized. If instructions are not readily available, caregivers and teachers should obtain information from the World Health Organization's Safe Preparation, Storage, and Handling of Powdered Infant Formula Guidelines.[22]
- Bottles of prepared or ready-to-feed formula should be labeled with the child's full name, time, and date of preparation.
- Prepared formula should be discarded daily if not used.

For more information, see *Caring for Our Children*, 3rd edition, 4.3.1.5: Preparing, Feeding, and Storage Infant Formula.

Warming Bottles and Infant Foods

- Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed.
- If a caregiver or teacher chooses to warm them, or a parent requests they be warmed, bottles should be warmed under running, warm tap water; or with a commercial bottle warmer, stove-top warming methods, or slow-cooking device; or by placing them in container of warm water.
- Bottles should never be warmed in microwaves.
- Warming devices should not be accessible to children.

For more information, see *Caring for Our Children*, 3rd edition, 4.3.1.9: Warming Bottles and Infant Foods.

[21] The Academy of Breastfeeding Medicine. (2017). *ABM clinical protocol #8: Human milk storage information for home use for full-term infants*, revised 2017. Retrieved April 26, 2018, from https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/8-human-milk-storage-protocol-english.pdf

[22] World Health Organization & Food and Agriculture Organization of the United Nations. (2007). *Safe preparation, storage and handling of powdered infant formula guidelines.* Retrieved April 26, 2018, from http://www.who.int/foodsafety/publications/powdered-infant-formula/en/

Foods That Are Choking Hazards

- Caregivers and teachers should not offer foods that are associated with young children's choking incidents to children under 4 years of age.
- Food for infants should be cut into pieces one-fourth inch or smaller, food for toddlers should be cut into pieces one-half inch or smaller to prevent choking.
- Children should be supervised while eating, to monitor the size of food and that they are eating appropriately.

For more information, see *Caring for Our Children*, 3rd edition, 4.5.0.10: Foods That Are Choking Hazards.

Food Preparation Area Access

- Access to areas where hot food is prepared should only be permitted when children are supervised by adults who are qualified to follow sanitation and safety procedures.

For more information, see *Caring for Our Children*, 3rd edition, 4.8.0.1: Food Preparation Area Access.

Compliance with U.S. Food and Drug Administration (FDA) Food Code and State and Local Rules

- AI/AN CCDF grantees should conform to applicable portions of the FDA Food Code and all applicable tribal, Indian Health Service (IHS), state, and local food service rules and regulations for centers regarding safe food protection and sanitation practices.[23] Δ
- Family child care homes are exempt. Δ

For more information, see *Caring for Our Children*, 3rd edition, 4.9.0.1: Compliance with U.S. Food and Drug Administration (FDA) Food Code and State and Local Rules.

V. Building and Physical Premises Safety, Including Identification of and Protection from Hazards, Bodies of Water, and Vehicular Traffic

This section discusses standards for a safe physical environment to prevent injuries and health hazards in early care and education settings. This section discusses physical safety standards for indoor and outdoor play areas. This section also discusses policies and procedures that protect the safety and well-being of children and staff in early care and education settings.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(v)

✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic (appropriate to provider setting and age of children served) that are designed, implemented, and

[23] Food and Drug Administration, U.S. Department of Health and Human Services. (2018). FDA food code [Web page]. Retrieved April 26, 2018, from https://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(v)

enforced to protect the health and safety of children. These requirements are subject to monitoring.

✓ Preservice or orientation training on building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic, must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.

✓ Ongoing and accessible training on required health and safety standards (including building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Supervision near Water

- Constant and active supervision should be maintained when any child is in or around water.
- During swimming or bathing where an infant or toddler is present, the ratio should always be one adult to one infant or toddler.
- During wading or water play activities, the supervising adult should be within an arm's length providing "touch supervision."
- AI/AN CCDF grantees should ensure that all pools have drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act.[24,25]

For more information, see *Caring for Our Children*, 3rd edition, 2.2.0.4: Supervision near Water.

Use of Tobacco, Alcohol, Marijuana, and Illegal Drugs

- Directors, caregivers, volunteers, and staff should not be impaired because of the use of alcohol, marijuana, illegal drugs, or prescription medication during program hours.
- Tobacco (unless used for ceremonial or religious purposes), smoking or carrying a lighted smoking instrument (for example, cigarette, electronic cigarette, vaporizer), alcohol, marijuana, and illegal drug use should be

[24] Virginia Graeme Baker Pool and Spa Safety Act Regulations, 16 C.F.R. § 1450 (2011).
[25] U.S. Consumer Product Safety Commission. (n.d.). Pool safety campaign [Web page]. Retrieved April 26, 2018, from https://www.poolsafely.gov/about-us/

prohibited on the premises (both indoor and outdoor environments) and in any vehicles used by AI/AN CCDF grantees at all times. Δ

- This prohibition should include the use of all substances, legally obtained or otherwise, which could impair the care of any children in the facility. Δ
- In family child care settings, tobacco, alcohol, marijuana, and all medications should be inaccessible to children. Δ

For more information, see *Caring for Our Children*, 3rd edition, 3.4.1.1: Use of Tobacco, Alcohol, and Illegal Drugs.

Sun Safety, Including Sunscreen

- Caregivers and teachers should ensure sun safety for themselves and children under their supervision by keeping infants younger than 6 months out of direct sunlight, limiting sun exposure when ultraviolet rays are strongest, and applying sunscreen with written permission of parents and guardians.
- Manufacturer instructions should be followed.

For more information, see *Caring for Our Children*, 3rd edition, 3.4.5.1: Sun Safety Including Sunscreen.

Strangulation Hazards

- Strings and cords long enough to encircle a child's neck, such as those on toys and window coverings, should not be accessible to children in early care and education programs.

For more information, see *Caring for Our Children*, 3rd edition, 3.4.6.1: Strangulation Hazards.

Inspection of Buildings

- Existing and newly constructed, renovated, remodeled, or altered buildings should be inspected by a building inspector to ensure compliance with applicable Indian Health Service (IHS), tribal, state, and local building and fire codes before the building can be used for the purpose of early care and education. Δ
- Family child care homes and in-home care are exempt. Δ

For more information, see *Caring for Our Children*, 3rd edition, 5.1.1.2: Inspection of Buildings.

Compliance with Fire Prevention Code

- AI/AN CCDF grantees should comply with an Indian Health Service (IHS), tribal, state-approved, or nationally recognized fire prevention code, such as the National Fire Protection Association (NFPA) 101: Life Safety Code.[26] Δ

For more information, see *Caring for Our Children*, 3rd edition, 5.1.1.3: Compliance with Fire Prevention Code.

[26] National Fire Protection Association. (2018). *NFPA 101: Life safety code.* Retrieved April 26, 2018, from https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=101

Environmental Audit of Site Location

- If resources and trained personnel are available, an environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. Δ
- A written report that includes any remedial action taken should be kept on file.
- The audit should include assessments of the following:
  - Potential air, soil, and water contamination on program sites and outdoor play spaces
  - Potential toxic or hazardous materials in building construction, such as lead and asbestos
  - Potential safety hazards in the community surrounding the site

For more information, see *Caring for Our Children*, 3rd edition, 5.1.1.5: Environmental Audit of Site Location.

Guardrails and Protective Barriers

- Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces (for example, landings, balconies, porches) from which there is more than a 30-inch vertical distance to fall.

For more information, see *Caring for Our Children*, 3rd edition, 5.1.6.6: Guardrails and Protective Barriers.

Safety Covers and Shock Protection Devices for Electrical Outlets

- All accessible electrical outlets should be “tamper-resistant electrical outlets” that contain internal shutter mechanisms to prevent children from sticking objects into receptacles.
- In settings that do not have tamper-resistant electrical outlets, outlets should have safety covers that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child.
- Safety plugs may also be used if they cannot be easily removed from outlets by children and do not pose a choking risk.

For more information, see *Caring for Our Children*, 3rd edition, 5.2.4.2: Safety Covers and Shock Protection Devices for Electrical Outlets.

Location of Electrical Devices near Water

- No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

For more information, see *Caring for Our Children*, 3rd edition, 5.2.4.4: Location of Electrical Outlets near Water.

Integrated Pest Management

- AI/AN CCDF grantees should adopt an integrated pest management program to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations.

For more information, see *Caring for Our Children*, 3rd edition, 5.2.8.1: Integrated Pest Management.

Carbon Monoxide Detectors

- AI/AN CCDF grantees should meet tribal, state, or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary.
- Detectors should be tested monthly, and testing should be documented. Batteries should be changed at least yearly.
- Detectors should be replaced according to the manufacturer's instructions

For more information, see *Caring for Our Children*, 3rd edition, 5.2.9.5: Carbon Monoxide Detectors.

Safety of Equipment, Materials, and Furnishings

- Equipment, materials, furnishings, and play areas should be regularly inspected to ensure that they are sturdy, safe, in good repair, and meet the recommendations of the U.S. Consumer Product Safety Commission.[27] Δ
- AI/AN CCDF grantees should attend to possible safety hazards, including, but not limited to, the following:
  - Openings that could entrap a child's head or limbs
  - Elevated surfaces that are inadequately guarded
  - Lack of specified surfacing and fall zones under and around climbable equipment
  - Mismatched size and design of equipment for the intended users
  - Insufficient spacing between equipment
  - Tripping hazards
  - Components that can pinch, sheer, or crush body tissues
  - Equipment that is known to be of a hazardous type
  - Sharp points or corners
  - Splinters
  - Protruding nails, bolts, or other parts that could entangle clothing or snag skin
  - Loose, rusty parts

[27] U.S. Consumer Product Safety Commission. (n.d.). Playgrounds [Web page]. Retrieved April 26, 2018, from https://www.cpsc.gov/safety-education/safety-guides/playgrounds

- Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child
- Strangulation hazards (for example, straps, strings, and the like)
- Flaking paint
- Paint that contains lead or other hazardous materials
- Tip-over hazards, such as chests, bookshelves, and televisions

- Plastic bags that are large enough to pose a suffocation risk, as well as matches, candles, and lighters should be inaccessible to children.

For more information, see *Caring for Our Children*, 3rd edition, 5.3.1.1: Safety of Equipment, Materials, and Furnishings, *Caring for Our Children*, 3rd edition, 5.5.0.6: Inaccessibility to Matches, Candles, and Lighters, and *Caring for Our Children*, 3rd edition, 5.5.0.7: Storage of Plastic Bags.

Availability and Use of a Telephone or Wireless Communication Device

- The facility should provide at all times at least one working nonpay telephone or wireless communication device for general and emergency use on the premises of the child care program, in each vehicle used when transporting children, and on field trips. Wireless phones should be available while outside on program premises.
- While transporting children, drivers should not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or traffic.

For more information, see *Caring for Our Children*, 3rd edition, 5.3.1.12: Availability and Use of a Telephone or Wireless Communication Device.

Cribs and Play Yards

- Before purchase and use, cribs and play yards should be in compliance with current U.S. Consumer Product Safety Commission (CPSC) and ASTM International safety standards that include ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs,[28] ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards,[29] or the CPSC 16 CFR 1219, 1220, and 1500—Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule.[30]
- AI/AN CCDF grantees should only use cribs for sleep purposes and ensure that each crib is a safe sleep environment as defined by the American Academy of Pediatrics.[31]
- Each crib should be labeled and used for one infant's exclusive use.
- Cribs and mattresses should be thoroughly cleaned and sanitized before assignment for use by another child.
- Infants should not be placed in the cribs with items that could pose a strangulation or suffocation risk.

[28] ASTM International. (2013). ASTM F1169-13: Standard consumer safety specification for full-size baby cribs. Retrieved April 26, 2018, from https://www.astm.org/Standards/F1169.htm
[29] ASTM International. (2017). ASTM F406-17: Standard consumer safety specification for non-full-size baby cribs/play yards. Retrieved April 26, 2018, from https://www.astm.org/Standards/F406.htm
[30] Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule, 75 Fed. Reg. 81,765 (Dec. 28, 2010) (codified at 16 C.F.R. pt. 1219, 16 C.F.R. pt. 1220, 16 C.F.R. pt. 1500).
[31] American Academy of Pediatrics. (2016). *SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment, Task force on sudden infant death syndrome.* Retrieved April 26, 2018, from http://pediatrics.aappublications.org/content/138/5/e20162938

- Cribs should be placed away from window blinds or draperies.

For more information, see *Caring for Our Children*, 3rd edition, 5.4.5.2: Cribs.

Firearms

- Centers should not have any firearms, pellet or BB guns (loaded or unloaded), darts, bows and arrows, cap pistols, stun guns, paint ball guns, or objects manufactured for play as toy guns within the premises at any time.
- Any weapons, such as firearms, bows and arrows, and hunting knives, as well as ammunition, that are present in a family child care home or in-home care, should be kept in an inaccessible area. Δ
  - In addition, the following requirements should be met: Δ
    - Weapons should be kept unloaded in locked containers or cabinets
    - Ammunition should be kept in locked containers or cabinets, separate from weapons
    - Keys, combinations, and codes used for locked storage should be inaccessible
    - Parents should be notified if firearms are present
    - Parents should be informed of the program's weapons policy

For more information, see *Caring for Our Children*, 3rd edition, 5.5.0.8: Firearms.

Location of Play Areas near Bodies of Water, Enclosures for Outdoor Play Areas, and Enclosure of Bodies of Water

- Ponds, pools, stock tanks, or permanently standing water should be enclosed with a fence, or otherwise safeguarded to ensure that they cannot be accessed by children. Δ
- If the facility has a water play area, the following requirements should be met:
  - Water play areas should conform to all tribal, state, and local health regulations
  - Water play areas should not include hidden or enclosed spaces
  - Spray areas and water-collecting areas should have a nonslip surface, such as asphalt
  - Water play areas, particularly those that have standing water, should not have sudden changes in depth of water
  - Drains, streams, water spouts, and hydrants should not create strong suction effects or water-jet forces
  - All toys and other equipment used in and around the water play area should be made of sturdy plastic or metal (no glass should be permitted)
  - Water play areas in which standing water is maintained for more than 24 hours should be treated and inspected for glass, trash, animal excrement, and other foreign materials
- Minimum standards for supervision near water should be followed during wading and water play activities, as well as ceremonies and community events that take place near bodies of water.

For more information, see *Caring for Our Children*, 3rd edition, 6.1.0.6: Location of Play Areas near Bodies of Water, *Caring for Our Children*, 3rd edition, 6.1.0.8: Enclosures for Outdoor Play Areas, and *Caring for Our Children*, 3rd edition, 6.3.1.1: Access to and Safety around Bodies of Water.

Prohibited Surfaces for Placing Climbing Equipment

- Equipment used for climbing should not be placed over, or immediately next to, hard surfaces not intended for use as surfacing for climbing equipment.
- All pieces of playground equipment should be placed over a shock-absorbing material that is either the unitary or the loose-fill type extending beyond the perimeter of the stationary equipment. Organic materials that support the growth of molds and bacteria should not be used.
- This standard applies whether the equipment is installed outdoors or indoors.
- AI/AN CCDF grantees should follow Consumer Product Safety Commission guidelines and ASTM International Standards F1292 -17a and F2223-15.[32,33,34]

For more information, see *Caring for Our Children*, 3rd edition, 6.2.3: Prohibited Surfaces for Placing Climbing Equipment.

Inspection of Indoor and Outdoor Play Areas and Equipment

- The indoor and outdoor play areas and equipment should be inspected daily for basic health and safety, including, but not limited to, the following:
  - Missing or broken parts
  - Protrusion of nuts and bolts
  - Rust and chipping or peeling paint
  - Sharp edges, splinters, and rough surfaces
  - Stability of handholds
  - Visible cracks
  - Stability of nonanchored large play equipment (for example, playhouses)
  - Wear and deterioration
  - Vandalism and trash
- Any problems should be corrected before the playground is used by children.

For more information, see *Caring for Our Children*, 3rd edition, 6.2.5.1: Inspections of Indoor and Outdoor Play Areas and Equipment.

[32] U.S. Consumer Product Safety Commission. (n.d.). Playgrounds [Web page]. Retrieved April 26, 2018, from https://www.cpsc.gov/safety-education/safety-guides/playgrounds
[33] ASTM International. (2017). ASTM F1292-17a: Standard specification for impact attenuation of surfacing materials within the use zone of playground equipment. Retrieved April 26, 2018, from https://www.astm.org/Standards/F1292.htm
[34] ASTM International. (2015). ASTM F2223-15: Standard guide for ASTM standards on playground surfacing. Retrieved April 26, 2018, from https://www.astm.org/Standards/F2223.htm

Lifesaving Equipment

- Each swimming pool more than 6 feet in width, length, or diameter should be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity.
- This equipment should be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access.
- Caregivers and teachers should be trained on the proper use of this equipment.
- Children should be familiarized with the use of the equipment based on their developmental level.

For more information, see *Caring for Our Children*, 3rd edition, 6.3.2.1: Lifesaving Equipment.

Water in Containers

- Bathtubs, buckets, diaper pails, and other open containers of water should be emptied immediately after use.

For more information, see *Caring for Our Children*, 3rd edition, 6.3.5.2: Water in Containers.

Sign-In and Sign-Out System

- AI/AN CCDF grantees should have a system to track visitors who enter and exit the facility. Δ
- Family child care homes and in-home care are exempt. Δ

For more information, see *Caring for Our Children*, 3rd edition, 9.2.4.7: Sign-In/Sign-Out System.

Authorized Persons to Pick Up Child

- Children may only be released to adults authorized by parents or legal guardians whose identities have been verified by photo identification.
- Names, addresses, and telephone numbers of people authorized to pick up children should be obtained during the enrollment process and regularly reviewed, along with clarification and documentation of any custody issues or court orders.
- The legal guardian(s) of the child should be established and documented at the time of enrollment.

For more information, see *Caring for Our Children*, 3rd edition, 9.2.4.8: Authorized Persons to Pick up Child.

VI. Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment

This section discusses standards to protect children while in the care of early care and education providers. Training can help early childhood staff prevent, identify, and report shaken baby syndrome and child abuse and neglect. This section also outlines activities that should be avoided because they are harmful to children's health, safety, and well-being, such as suspension, expulsion, abuse, maltreatment, and excessive punishment.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(vi)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Child Abuse and Neglect Education

- ♦ Caregivers and teachers should be educated on child abuse and neglect to establish child abuse and neglect prevention and recognition strategies for children, caregivers and teachers, and parents and guardians.
- ♦ The education should address physical, sexual, and psychological or emotional abuse and neglect.
- ♦ Caregivers and teachers are mandatory reporters of child abuse or neglect[35].
- ♦ Caregivers and teachers should be trained annually in compliance with their tribal and state child abuse reporting laws. Δ

For more information, see *Caring for Our Children*, 3rd edition, 1.4.5.2: Child Abuse and Neglect Education.

Prohibited Caregiver and Teacher Behaviors

- ♦ The following behaviors should be prohibited in all early care and education settings:
  - The use of corporal punishment, including, but not limited to, the following:

[35] Child Welfare Information Gateway. (2016). Mandatory reporters of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved April 26, 2018, from https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/

- Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting
- Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures
- Compelling a child to eat or have in his or her mouth soap, food, spices, or foreign substances
- Exposing a child to extremes of temperature

- Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised
- Binding, tying to restrict movement, or taping the mouth
- Using or withholding food or beverages as a punishment
- Toilet learning or training methods that punish, demean, or humiliate a child
- Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child
- Any abuse or maltreatment of a child
- Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family
- Any form of public or private humiliation, including threats of physical punishment
- Physical activity or outdoor time taken away as punishment
- Placing a child in a crib for a time-out or for disciplinary reasons

For more information, see *Caring for Our Children*, 3rd edition, 2.2.0.9: Prohibited Caregiver/Teacher Behaviors.

Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma

- AI/AN CCDF grantees should have a policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma.
- All caregivers and teachers who are in direct contact with children, including substitute caregivers and teachers and volunteers, should receive training on prevention of shaken baby syndrome and abusive head trauma; recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with a crying, fussing, or distraught child; and the development and vulnerabilities of the brain in infancy and early childhood.

For more information, see *Caring for Our Children*, 3rd edition, 3.4.4.3: Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma.

VII. Emergency Preparedness and Response Planning for Emergencies

This section discusses standards to decrease the risk of preventable incidents such as injuries, illnesses, medical emergencies, and deaths in early care and education settings. Emergency procedures and training help prepare staff to prevent and respond to medical emergencies.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(vii)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility) that shall include procedures for evacuation, relocation, shelter-in-place and lockdown, staff and volunteer emergency preparedness training and practice drills, communication and reunification with families, continuity of operations, and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on emergency preparedness and response planning for emergencies is in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including emergency preparedness and response planning for emergencies) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including emergency preparedness and response planning for emergencies) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Emergency Procedures

- ♦ AI/AN CCDF grantees should have a procedure for responding to situations when an immediate emergency medical response is required.
- ♦ Emergency procedures should be posted and readily accessible.
- ♦ Child-to-provider ratios should be maintained, and additional adults may need to be called in to maintain the required ratio.
- ♦ AI/AN CCDF grantees should develop contingency plans for emergencies or disaster situations when it may not be possible to follow standard emergency procedures.
- ♦ All providers and staff should be trained to manage an emergency until emergency medical care becomes available.

For more information, see *Caring for Our Children*, 3rd edition, 3.4.3.1: Emergency Procedures.

First Aid and Emergency Supplies

- AI/AN CCDF grantees should maintain up-to-date first aid and emergency supplies in each location where children are cared for.
- The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children.
- When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit.
- In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from the program.
- First aid kits or supplies should be restocked after each use.

For more information, see *Caring for Our Children*, 3rd edition, 5.6.0.1: First Aid and Emergency Supplies.

Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents

- AI/AN CCDF grantees should have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff, or volunteers. Caregiver, teacher, and staff training procedures should also be included. The management, documentation, and reporting of the following types of incidents should be addressed: Δ
  - Lost or missing child
  - Suspected maltreatment of a child (also see Section XVIII: Compliance with Child Abuse Reporting Requirements and Procedure)
  - Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the program
  - Injuries to children requiring medical or dental care
  - Illness or injuries requiring hospitalization or emergency treatment
  - Mental health emergencies
  - Health and safety emergencies involving parents or guardians and visitors to the program
  - Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the early care and education program, even if the death occurred outside of early care and education hours
  - The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility

For more information, see *Caring for Our Children*, 3rd edition, 9.2.4.1: Written Plan and Training for Handling Urgent Medical Care or Threatening Incident.

Disaster Planning, Training, and Communication, and Emergency and Evacuation Drills

- AI/AN CCDF grantees should consider how to prepare for and respond to emergency situations or natural disasters that may require evacuation, lockdown, or sheltering in place and have written plans, accordingly. Δ
- Written plans should be posted in each classroom and areas used by children.
- Topics that should be addressed include but are not limited to the following: regularly scheduled practice drills, procedures for notifying and updating parents, and the use of daily class rosters to check attendance of children and staff during an emergency or drill when gathered in a safe space after exit and upon return to the program. All drills and exercises should be recorded.

For more information, see *Caring for Our Children*, 3rd edition, 9.2.4.3: Disaster Planning, Training, and Communication and *Caring for Our Children*, 3rd edition, 9.2.4.5: Emergency and Evacuation Drills/Exercises Policy.

Contents of Child Records

- AI/AN CCDF grantees should maintain a confidential file for each child in one central location onsite, which should be immediately available to the child's caregivers and teachers (who should have parental or guardian consent for access to records), the child's parents or guardians, and the licensing authority upon request. The file for each child should include the following: Δ
  - Preadmission enrollment information
  - Admission agreement signed by the parent or guardian at enrollment
  - Initial and updated health care assessments, completed and signed by the child's primary care provider, based on the child's most recent well-care visit
  - Health history completed by the parent or guardian at admission
  - Medication record
  - Authorization form for emergency medical care
  - Results of developmental and behavioral screenings
  - Record of persons authorized to pick up child
  - Emergency contacts
  - Written informed consent forms signed by the parent or guardian allowing the facility to share the child's health records with other service providers

For more information, see *Caring for Our Children*, 3rd edition, 9.4.2.1: Contents of Child Records.

VIII. Handling and Storage of Hazardous Materials and the Appropriate Disposal of Biocontaminants

This section discusses standards to reduce the risk of exposure to health hazards in early care and education settings.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(viii)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding the handling and storage of hazardous materials and the appropriate disposal of biocontaminants (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on handling and storage of hazardous materials and the appropriate disposal of biocontaminants must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including handling and storage of hazardous materials and the appropriate disposal of biocontaminants) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including handling and storage of hazardous materials and the appropriate disposal of biocontaminants) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Use and Storage of Toxic Substances

- ♦ All toxic substances should be inaccessible to children and should not be used when children are present.
- ♦ Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers.
- ♦ The telephone number for the poison control center should be posted and readily accessible in emergency situations.

For more information, see *Caring for Our Children*, 3rd edition, 5.2.9.1: Use and Storage of Toxic Substances.

IX. Appropriate Precautions in Transporting Children (if applicable)

When transportation is provided to children in care, this section discusses physical safety standards for transportation vehicles. It also discusses standards for driver qualifications.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(ix)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding appropriate precautions in transporting children (if applicable) (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on appropriate precautions in transporting children (if applicable) must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including appropriate precautions in transporting children, if applicable) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including appropriate precautions in transporting children, if applicable) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Qualifications for Drivers

- ♦ In addition to meeting the general staff background-check standards, any driver who transports children for any purpose must be at least 18 years of age and should meet the following criteria: Δ
  - A valid driver's license that authorizes the driver to operate the type of vehicle being driven
  - A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the tribal or state Department of Motor Vehicles records
  - No use of alcohol, drugs, or any substance that could impair abilities before or while driving
  - No tobacco use while driving
  - No medical condition that would compromise driving, supervision, or evacuation capability
  - Valid pediatric cardiopulmonary resuscitation (CPR) and first aid certificate if transporting children alone. At least one trained adult must be present in the vehicle when transporting children.
- ♦ The driver's license number and date of expiration, vehicle insurance information, and verification of current vehicle inspection should be on file in the facility.

For more information, see *Caring for Our Children*, 3rd edition, 6.5.1.2: Qualifications for Drivers.

Child Passenger Safety

- If children are transported, a written permission slip signed by a parent or recognized guardian should be on file. Δ
- When children are driven in a motor vehicle other than a bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with tribal, state, and federal laws and regulations.
- The child should be securely fastened, according to the manufacturer's instructions.
- The child passenger restraint system should meet the federal motor vehicle safety standards contained in 49 C.F.R. § 571.213 and carry notice of compliance.[36]
- Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only.
- Car safety seats should be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash.[37]
- If the program uses a vehicle that meets the definition of a school bus and the school bus has safety restraints, the following should apply:
  - The school bus should accommodate the placement of wheelchairs with four tie-downs affixed, according to the manufactures' instructions, in a forward-facing direction
  - The wheelchair occupant should be secured by a three-point tie restraint during transport
  - At all times, school buses should be ready to transport children who must ride in wheelchairs
  - Manufacturers' specifications should be followed to assure that safety requirements are met

For more information, see *Caring for Our Children*, 3rd edition, 6.5.2.2: Child Passenger Safety.

Interior Temperature of Vehicles

- The interior of vehicles used to transport children for field trips and out-of-program activities should be maintained at a temperature comfortable to children. All vehicles should be locked when not in use, head counts of children should be taken before and after transporting to prevent a child from being left in a vehicle, and children should never be left in a vehicle unattended.

For more information, see *Caring for Our Children*, 3rd edition, 6.5.2.4: Interior Temperature of Vehicles.

Passenger Vans

- Early care and education programs that provide transportation for any purpose to children, parents and guardians, staff, and others should not use 15-passenger vans when avoidable.

For more information, see *Caring for Our Children*, 3rd edition, 6.5.3.1: Passenger Vans.

[36] Federal Motor Vehicle Safety Standards, 49 C.F.R. § 571.213.
[37] National Highway Traffic Administration, U.S. Department of Transportation. (n.d.). Car seat use after a crash [Web page]. Retrieved April 26, 2018, from https://www.nhtsa.gov/car-seats-and-booster-seats/car-seat-use-after-crash

Vehicle Insurance

- AI/AN CCDF grantees should carry liability insurance and vehicle insurance on any vehicle owned or leased by the facility and used to transport children.

For more information, see *Caring for Our Children*, 3rd edition, 9.4.1.1: Facility Insurance Coverage.

X. Pediatric First Aid and Cardiopulmonary Resuscitation

This section discusses standards for responding to health and medical issues where the use of age-appropriate cardiopulmonary resuscitation (CPR) and first aid may be necessary.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(x)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding pediatric first aid and cardiopulmonary resuscitation (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on pediatric first aid and cardiopulmonary resuscitation must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including pediatric first aid and cardiopulmonary resuscitation) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including pediatric first aid and cardiopulmonary resuscitation) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

First Aid and CPR Training for Staff

- All directors, teachers, and caregivers should have up-to-date documentation of satisfactory completion of training in pediatric first aid and current certification in pediatric CPR. Δ
- Additionally, at least one staff member off-site and in each vehicle during transportation should have the same training. Records of successful completion of training in pediatric first aid and CPR should be maintained in the personnel files of the facility. Δ

For more information, see *Caring for Our Children*, 3rd edition, 1.4.3.1: First Aid and CPR Training for Staff.

XI. Recognition and Reporting of Child Abuse and Neglect

This section discusses standards related to the recognition and reporting of child abuse and neglect in order to protect the health and safety of children.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(xi)

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding the recognition and reporting of child abuse and neglect (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on recognition and reporting of child abuse and neglect must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including recognition and reporting of child abuse and neglect) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including recognition and reporting of child abuse and neglect) should be repeated and how often they need to occur as part of the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation

- ♦ Because caregivers and teachers are mandated reporters of child abuse and neglect, AI/AN CCDF grantees should have a written policy for reporting child abuse and neglect.[38]
- ♦ The written policy should specify that in any instance where there is reasonable cause to believe that child abuse or neglect has occurred, the individual who suspects child abuse or neglect should report his or her suspicions directly to the child abuse reporting hotline, child protective services, or the tribal or state police, as required by tribal, federal, state, and local laws. Δ

For more information, see *Caring for Our Children*, 3rd edition, 3.4.4.1: Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation.

[38] Child Welfare Information Gateway. (2016). Mandatory reporters of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved April 26, 2018, from https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/

XII. Nutrition

This section discusses standards for sufficient and nutritious food and beverages in early care and education settings.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(xii)(A)

✓ **Optional:** Tribal Lead Agencies may establish, implement, and enforce requirements related to child nutrition (including age-appropriate feeding).

Recommended Minimum Standards

Use of U.S. Department of Agriculture Child and Adult Care Food Program Guidelines

- AI/AN CCDF grantees should serve nutritious and sufficient foods that meet the requirements for meals of the child care component of the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP).[39]
- Traditional Native American foods (for example, fresh-grown fruits and vegetables, hunted game, and fresh fish) may be served as described in the USDA memorandum *Tribal Participation in the CACFP and the SFSP* (#CACFP18 SFSP14-2012).[40] Δ

For more information, see *Caring for Our Children*, 3rd edition, 4.2.0.3: Use of U.S. Department of Agriculture Child and Adult Care Food Program Guidelines.

XIII. Physical Activity

This section provides guidance related to activities that promote healthy child development. Free play, active play, and outdoor play are important for children's physical health and development and help them learn about their environment, science, and nature. Daily physical activity is an important part of preventing excessive weight gain and childhood obesity.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(xii)(B)

✓ **Optional:** Tribal Lead Agencies may establish, implement, and enforce requirements related to access to physical activity.

[39] Food and Nutrition Service, U.S. Department of Agriculture. (2017). Nutrition standards for CACFP meals and snacks [Web page]. Retrieved April 26, 2018, from https://www.fns.usda.gov/cacfp/meals-and-snacks

[40] Food and Nutrition Service, U.S. Department of Agriculture. (2012). *Tribal participation in the CACFP and the SFSP* (CACFP18 SFSP14-2012). Retrieved April 26, 2018, from https://www.fns.usda.gov/tribal-participation-cacfp-and-sfsp

Recommended Minimum Standards

Active Opportunities for Physical Activity

- AI/AN CCDF grantees should actively encourage developmentally appropriate active play for all children, including infants and toddlers, every day. Δ
- Children should have opportunities to engage in moderate to vigorous activities indoors and outdoors.
- Toddlers (12 months to 3 years) should be allowed 60–90 minutes of physical activity per 8-hour day and preschoolers (3 to 6 years) 90–120 minutes of physical activity per 8-hour day. Δ
- AI/AN CCDF grantees should limit screen time (television, digital video display [DVD], video games, phones, and computers) to meet state requirements, or adopt their own requirements regarding screen time. AI/AN CCDF grantees should consult with each other tribal nations when developing their own screen time policies. All requirements should meet the American Academy of Pediatrics Council on Communications and Media recommendations for screen time and digital media use.[41] Δ

For more information, see *Caring for Our Children*, 3rd edition, 3.1.3.1: Active Opportunities for Physical Activity and *Caring for Our Children*, 3rd edition: 2.2.0.3: Screen Time/Digital Media Use.

XIV. Caring for Children with Special Needs

This section provides guidance related to activities that promote healthy child development, including accommodations for children with special needs.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(xii)(C)

✓ **Optional:** Tribal Lead Agencies may establish, implement, and enforce requirements related to caring for children with special needs.

Recommended Minimum Standards

Care Plan for Children with Special Health Care Needs

- Children with special health care needs are defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[42]
- Any child who meets these criteria in an early care and education setting should have an up-to-date routine and emergent care plan, completed annually by their primary health care provider with input from parents or guardians, included in their onsite health record and readily accessible to those caring for the child. Δ

[41] American Academy of Pediatrics. (2018). Media and children communication toolkit [Web page]. Retrieved April 26, 2018, from https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Media-and-Children.aspx

[42] McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P., Perrin, J., Shonkoff, J., & Strickland, B. (1998). A new definition of children with special health care needs. *Pediatrics 102*,137–140. As cited in *Caring for Our Children*, 3rd edition, 3.5.0.1.: Care Plan for Children with Special Health Care Needs (http://nrckids.org/CFOC/Database/3.5.0.1).

- Community resources should be used to ensure that adequate information, training, and monitoring are available for early care and education staff.
- Caregivers should undergo training in pediatric first aid and cardiopulmonary resuscitation (CPR) that includes responding to an emergency for any child with a special health care need.

For more information, see *Caring for Our Children*, 3rd edition, 3.5.0.1: Care Plan for Children with Special Health Care Needs.

XV. Other Subject Areas to Promote Child Development or to Protect Children's Health and Safety

This section discusses the flexibility that AI/AN CCDF grantees have to include additional health and safety standards that meet the needs of children in early care and education settings.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(xii)(D)

✓ **Optional:** Tribal Lead Agencies may establish, implement, and enforce requirements related to any other subject area determined by the Lead Agency to be necessary to promote child development or to protect children's health and safety.

Examples of Other Subject Areas to Promote Child Development or to Protect Children's Health and Safety

AI/AN CCDF grantees can choose to establish, implement, and enforce requirements regarding additional subject areas that they determine are necessary to support child development or protect health and safety. Examples include quality sleep, age-appropriate screen time, partnerships with child care health consultants, and standards relating to indigenous knowledge specific to children's health and well-being. Suggested subject areas can also be found in the full version of the *Caring for Our Children*, 3rd edition. The other subject areas defined by the grantee can also be reflective of the needs of the community, children, and families served.

XVI. Health and Safety Training

This section discusses standards to ensure appropriate health and safety training for early care and education staff, including caregivers, teachers, and directors. Preservice or orientation training as well as ongoing training ensures healthy child development and protects the health, safety, and well-being of children in care.

CCDF Final Rule Requirements, 45 C.F.R. § 98.44(b)

✓ Tribal Lead Agencies must describe in their CCDF Plans their established requirements for accessible preservice or orientation training (to be completed within 3 months of hire) for caregivers, teachers, and directors of child care programs. These training requirements must address health and safety standards appropriate to the setting and age of children served.

CCDF Final Rule Requirements, 45 C.F.R. § 98.44(b)

✓ Health and safety training shall include each of the requirements regarding the following:

- The prevention and control of infectious diseases (including immunizations)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Emergency preparedness and response planning for emergencies
- Handling and storage of hazardous materials and the appropriate disposal of biocontaminants
- Appropriate precautions in transporting children (if applicable)
- Pediatric first aid and cardiopulmonary resuscitation
- Recognition and reporting of child abuse and neglect
- Child development, including the major domains (cognitive, social, emotional, physical development and approaches to learning);
- Optional: Lead Agency requirements regarding nutrition (including age-appropriate feeding), access to physical activity, caring for children with special needs, or any other subject area determined by the Lead Agency to be necessary to promote child development or to protect children's health and safety (see Section XV).

✓ Tribal Lead Agencies shall specify the critical health and safety training that must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.

✓ Tribal Lead Agencies must describe in their CCDF Plans their established requirements for ongoing, accessible professional development (PD) for caregivers, teachers, and directors (including the required minimum number of training and PD hours) that meets the following requirements:

- Maintains and updates health and safety training standards on the required health and safety topics listed above
- Incorporates social-emotional behavior intervention models
- To the extent practicable, is appropriate for different age groups, English learners, and children with developmental delays and disabilities
- To the extent practicable, awards continuing education units or is credit-bearing

Recommended Minimum Standards

Preservice Training and Orientation

- Before or during the first 3 months of employment, training and orientation should detail health and safety issues for early care and education settings, including, but not limited to, the following:
  - Typical and atypical child development
  - Pediatric first aid and cardiopulmonary resuscitation (CPR)
  - Safe sleep practices, including risk reduction of sudden infant death syndrome (SIDS) and sudden unexplained infant death (SUID)
  - Poison prevention
  - Shaken baby syndrome and abusive head trauma
  - Standard precautions for the prevention of communicable disease
  - Emergency preparedness
  - Nutrition and age-appropriate feeding
  - Medication administration
  - Care plan implementation for children with special health care needs
- Caregivers and teachers should complete training before administering medication to children.
- All directors or program administrators, caregivers, and teachers should document receipt of training.
- Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including SIDS and SUID risk reduction; standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome and abusive head trauma.
  - Note: While this is a recommended standard, it is not a regulatory requirement under the CCDF final rule. Tribal Lead Agencies have flexibility to specify the critical health and safety training topics that must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.

For more information, see *Caring for Our Children*, 3rd edition, 1.4.1.1: Pre-service Training and *Caring for Our Children*, 3rd edition, 1.4.2.3: Orientation Topics.

Continuing Education for Directors, Caregivers and Teachers in Centers, and Family Child Care Homes

- Directors, caregivers, and teachers should successfully complete intentional and sequential education or professional development (online is acceptable) in child development programming and child health, safety, and staff health based on individual competency and any special needs of the children in their care. Δ

For more information, see *Caring for Our Children*, 3rd edition, 1.4.4.1: Continuing Education for Directors and Caregivers/Teachers in Centers and Large Family Child Care Homes and *Caring for Our Children*, 3rd edition, 1.4.4.2: Continuing Education for Small Family Child Care Home Caregivers/Teachers.

Monitoring Children's Development and Obtaining Consent for Screening

- If resources and trained personnel are in place, AI/AN CCDF grantees should have a process in place for age-appropriate developmental and behavioral screenings with culturally appropriate tools for all children at the beginning of a child's enrollment in the program, at least yearly thereafter, and as developmental concerns become apparent to staff or parents or guardians. Δ
- Input from parents should be encouraged. Δ
- AI/AN CCDF grantees may choose to conduct screenings themselves, partner with a local agency or health care provider or specialist who conducts the screening, or work with parents in connecting them to resources to ensure that screening occurs.
- This process should consist of parent or guardian education, consent, and participation, as well as connection to resources and support, including the primary health care provider, as needed.
- Results of screenings should be documented in child records.

For more information, see *Caring for Our Children*, 3rd edition, 2.1.1.4: Monitoring Children's Development/Obtaining Consent for Screening.

Personal Caregiver and Teacher Relationships for Children from Birth to 5 Years

- AI/AN CCDF grantees are encouraged to implement relationship-based policies and program practices that promote consistency and continuity of care, especially for infants and toddlers.
- These policies and procedures should be culturally responsive and involve the families in the relationship. Δ
- AI/AN CCDF grantees should provide opportunities for each child to build emotionally secure relationships with a limited number of caregivers or teachers.
- Children with special health care needs may require additional specialists to promote health and safety and to support learning.

For more information, see *Caring for Our Children*, 3rd edition, 2.1.2.1: Personal Caregiver/Teacher Relationships for Infants and Toddlers and *Caring for Our Children*, 3rd edition, 2.1.3.1: Personal Caregiver/Teacher Relationships for Three- to Five-Year-Olds.

Preventing Expulsions, Suspensions, and Other Limitations in Services

- AI/AN CCDF grantees should have a comprehensive discipline policy that includes developmentally appropriate and culturally responsive social-emotional and behavioral health promotion practices, as well as discipline and intervention procedures that provide specific guidance on what caregivers, teachers, and programs should do to prevent and respond to challenging behaviors.
- AI/AN CCDF grantees should ensure that all caregivers and teachers have access to preservice and in-service training on such practices and procedures.
- Practices and procedures should be clearly communicated to all staff, families, and community partners, and implemented consistently and without bias or discrimination.
- Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development.
- AI/AN CCDF grantees should establish policies that eliminate or severely limit expulsion, suspension, or other exclusionary discipline (including limiting services); these exclusionary measures should be used only in

extraordinary circumstances where there are serious safety concerns that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.

For more information, see *Caring for Our Children*, 3rd edition, 2.2.0.8: Preventing Expulsions, Suspension, and Other Limitations in Services.

XVII. Group Size and Ratios

This section discusses standards for maintaining adequate staff ratios in order to ensure the health and safety of the children in care. Staff ratios and group size limits should be appropriate to the age of children served as well as appropriate to the early care and education setting in which care is provided.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(xii)(d)

✓ Tribal Lead Agencies shall describe in their CCDF Plans standards for child care services that include the following:

- Group size limits for specific age populations
- The appropriate ratio between the number of children and the number of caregivers, in terms of age of children in child care

Recommended Minimum Standards

Group Size and Ratios for Care

- Providers should meet or exceed state standards for child-to-caregiver ratios and group size. Δ
- AI/AN CCDF grantees should also consult with other tribal nations regarding their standards for group size and ratio.

For more information, see *Caring for Our Children*, 3rd edition, 1.1.1: Child:Staff Ratio and Group Size.

Methods of Supervision of Children

- In center-based programs, caregivers and teachers should directly supervise children under age 6 by sight and sound at all times.
- In family child care settings, caregivers should directly supervise children by sight or sound.
- When children are sleeping, caregivers may supervise by sound with frequent visual checks.
- Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed.
- Children under the age of 6 should never be inside or outside by themselves.

For more information, see *Caring for Our Children*, 3rd edition, 2.2.0.1: Methods of Supervision of Children.

XVIII. Compliance with Child Abuse Reporting Requirements and Procedures

This section discusses standards to ensure compliance with applicable child abuse reporting requirements.

CCDF Final Rule Requirements, 45 C.F.R. § 98.41(a)(1)(xii)(e)

✓ Tribal Lead Agencies shall certify that caregivers, teachers, and directors of child care providers within the service area will comply with the tribe's, state's, or territory's child abuse reporting requirements as required by section 106(b)(2)(B)(i) of the Child Abuse and Prevention and Treatment Act [42 U.S.C. 5106a(b)(2)(B)(i)] or other child abuse reporting procedures and laws in the service area.

Recommended Minimum Standards

- Caregivers, teachers, and directors should follow all child abuse and neglect reporting requirements and procedures established under federal law (the Child Abuse and Prevention and Treatment Act) and all applicable reporting requirements established by the tribe, state, or territory.[43]
- See Section VI: Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment and Section XI: Recognition and Reporting of Child Abuse and Neglect for recommended minimum standards on requirements; training and professional development; and policies and procedures related to child abuse and neglect prevention, recognition, and reporting.

For more information, see *Caring for Our Children*, 3rd edition, 3.4.4.1: Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation.

XIX. Enforcement of Licensing and Health and Safety Requirements

This section addresses the enforcement of the health and safety standards implemented by AI/AN CCDF grantees. Monitoring processes help to protect the safety and well-being of children and staff in early care and education settings.

CCDF Final Rule Requirements, 45 C.F.R. § 98.42

✓ Tribal Lead Agencies shall certify in their CCDF Plans that procedures are in effect to ensure that CCDF child care providers within the area served by the Lead Agency comply with all applicable state, local, or tribal health and safety requirements.

✓ Tribal Lead Agencies shall certify in their CCDF Plans that they have monitoring policies and practices for all child care providers and facilities eligible to deliver services for which assistance is provided.

[43] Child Welfare Information Gateway. (2016). Mandatory reporters of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved April 26, 2018, from https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/

CCDF Final Rule Requirements, 45 C.F.R. § 98.42

✓ Tribal Lead Agencies must select **one of the following approaches** regarding monitoring of child care providers and facilities:

- Tribal Lead Agencies are subject to the provision to require inspections of child care providers and facilities.
  - For licensed* child care providers and facilities: one prelicensure inspection for compliance with health, safety, and fire standards and at least one unannounced inspection per year for compliance with all child care licensing, health and safety, and fire standards
  - For license-exempt child care providers and facilities that are eligible to provide services: an annual inspection for compliance with health and safety and fire standards
- **OR** a Tribal Lead Agency describes an alternative monitoring approach in its CCDF Plan and provides adequate justification for the approach.

✓ Tribal Lead Agencies shall require child care providers to report to a designated state, territorial, or tribal entity any serious injuries or deaths of children occurring in child care.

* AI/AN CCDF grantees are exempt from the requirement to have licensing applicable to child care services.

Recommended Minimum Standards

Record of Valid License, Certificate, or Registration of Facility or Family Child Care Home

♦ Every facility or child care home should hold and post a valid license, certificate, or documentation of registration as required by the tribal, local, or state statute. Δ

For more information, see *Caring for Our Children*, 3rd edition, 9.4.1.12: Record of Valid License, Certificate, or Registration of Facility or Family Child Care Home.

Frequency of Inspections for Child Care Centers and Family Child Care Homes

♦ AI/AN CCDF grantees should have a process in place to ensure onsite inspections to measure program compliance with health, safety, and fire standards before issuing a full license or approval. Δ

♦ Thereafter, at least one unannounced inspection should be completed each year to ensure compliance with regulations. Δ

♦ Additional inspections should take place if needed for the program to achieve satisfactory compliance or if the program is closed at any time.

♦ The number of inspections should not include those inspections conducted for the purpose of investigating complaints.

♦ Complaints should be investigated promptly, based on the severity of the complaint.

- AI/AN CCDF grantees should have a system to make available the results of licensing or monitoring inspections, including complaints, for public review. Δ
- Parents and guardians should have easy access to licensing rules and made aware of how to report complaints to the licensing or approval agency. Δ
- Adequate staff should be available to approve or license child care programs. Δ
- AI/AN CCDF grantees should determine the qualifications and training required for their licensing and monitoring staff.

Frequency of Inspections for In-Home Care

- AI/AN CCDF grantees should develop monitoring requirements and procedures for care provided in the child's home that are appropriate to the setting. Δ

For more information, see *Caring for Our Children*, 3rd edition, 10.4.2.1: Frequency of Inspections for Child Care Centers and Family Child Care Homes.

XX. Criminal Background Checks

This section includes standards to ensure that comprehensive background checks are completed and maintained for all early care and education staff members as well as all providers eligible to deliver services. Comprehensive background checks help to ensure the health and safety of children in care.

CCDF Final Rule Requirements, 45 C.F.R. § 98.43

Tribal Lead Agencies are subject to the requirement to conduct comprehensive criminal background checks, unless the Tribal Lead Agency describes an alternative background check approach in its CCDF Plan and provides adequate justification for the approach. Unless the Tribal Lead Agency is using an alternative background check approach, the following requirements apply:

- ✓ For the purpose of background checks, “a child care provider” means a center-based child care provider, a family child care provider, or another provider of child care services for compensation and on a regular basis who 1) is not related to all children for whom child care services are provided and 2) is licensed, regulated, or registered or eligible to receive CCDF funds.
- ✓ For the purpose of background checks, a “child care staff member” covers the following individuals (other than individuals who are related to all children for whom child care services are provided): 1) an individual who is employed by a child care provider for compensation, including contract employees or self-employed individuals; 2) an individual whose activities involve the care or supervision of children for a child care provider or unsupervised access to children who are cared for or supervised by a child care provider; or 3) any individual residing in a family child care home who is age 18 and older.
- ✓ Tribal Lead Agencies are subject to the requirements to conduct comprehensive criminal background checks for child care staff members (including prospective child care staff members) of all licensed, regulated, or registered child care providers and all child care providers eligible to deliver services for which CCDF assistance is provided. These requirements include the following:
  - A Federal Bureau of Investigation (FBI) fingerprint check using Next Generation Identification

CCDF Final Rule Requirements, 45 C.F.R. § 98.43

- A search of the National Crime Information Center's National Sex Offender Registry
- A search of the following registries, repositories, or databases in the state where the child care staff member resides and each state where such staff member resided during the preceding 5 years:
  - State criminal registry or repository, with the use of fingerprints being required in the state where the staff member resides and optional in other states
  - State sex offender registry or repository
  - State-based child abuse and neglect registry and database

✓ A child care staff member shall be ineligible for employment by CCDF child care providers if he or she refuses to consent to the criminal background check, knowingly makes a materially false statement in connection with such criminal background check, is registered or is required to be registered on a state sex offender registry or repository or the National Sex Offender Registry, or has been convicted of a felony. Felonies include murder; child abuse or neglect; crimes against children (including child pornography); spousal abuse; crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery; drug-related offenses committed during the last 5 years; and violent misdemeanors committed as an adult against a child.

- **Note:** The Office of Child Care may grant flexibility to AI/AN CCDF grantees regarding disqualifying crimes, but will not approve any alternative approaches that request flexibility regarding violent crimes or crimes committed against children.

✓ A child care provider shall be ineligible for CCDF assistance if the provider employs a staff member who is ineligible for employment based on the criminal background check provisions.

✓ A child care provider shall submit a request for a criminal background check for each child care staff member, including prospective child care staff members, before the date that the individual becomes a staff member and at least once every 5 years of the individual's employment.

- **Note:** A background check is not required if an individual received a background check and received a qualifying result within the past 5 years while he or she was employed by or seeking employment by another child care provider. The individual must still be employed by a CCDF provider or must have been employed by a CCDF provider within the last 180 consecutive days.

✓ A prospective staff member may begin work for a child care provider after the FBI fingerprint check or the search of the state criminal registry or repository with the use of fingerprints. Pending completion of all background check components described above, the staff member must be supervised at all times by an individual who received a qualifying result on a background check within the past 5 years

✓ The state, territory, or tribe shall carry out a child care provider's request for a criminal background check as quickly as possible, and no longer than 45 days after the provider submits the request. Results shall be provided within this timeframe to the requesting provider and staff member.

✓ To ensure privacy of background check results, the results provided to the provider shall indicate whether or not an individual is eligible or ineligible for employment without revealing any disqualifying crime or other related information regarding the individual.

✓ If an individual is ineligible for employment because of the background check results, the state, territory, or tribe will provide the results of the background check to the individual and include information related to each disqualifying crime, along with information on the opportunity to appeal.

✓ States, territories, and tribes must provide for a process by which a child care staff member (including a

CCDF Final Rule Requirements, 45 C.F.R. § 98.43

prospective child care staff member) may appeal the results of a criminal background check conducted under this section to challenge the accuracy or completeness of the information contained in such member's criminal background report. Individuals must be informed of the opportunity to appeal and given clear instructions regarding how to complete the process.

✓ The results of individual background checks shall not be released or shared publically.

✓ States, territories, and tribes may allow for a review process of drug-related felonies committed in the past 5 years through which the state, territory, or tribe may determine that a child care staff member (including a prospective child care staff member) disqualified for a crime is eligible for employment.

Please see appendix B, Background Check Requirement Highlights, for a graphic depicting these requirements.

Recommended Minimum Standards

Criminal Background Checks

- AI/AN CCDF grantees should have a policy for conducting employment and character references on each individual who has contact with or control over children in child care settings. Δ
- AI/AN CCDF grantees should have policies for conducting background checks consistent with applicable federal, state, and tribal laws and regulations, and should coordinate their background check policies with other tribal agencies. Δ

For more information, see *Caring for Our Children*, 3rd edition, 1.2.0.2: Background Screening.

Appendix A. *Caring for Our Children* Basics Standards by Final Rule Health and Safety Requirements

This appendix provides an at-a-glance crosswalk of each final rule health and safety requirement followed by the corresponding *Caring for Our Children Basics* sections for ease of reference by AI/AN CCDF grantees as health and safety standards are developed.

- **§ 98.41(a)(1)(i), Prevention and control of infectious diseases**
  - *Caring for Our Children Basics*, section III: Health Promotion and Protection
    - 3.1.5.1 Routine Oral Hygiene Activities
    - 3.2.1.4 Diaper Changing Procedure
    - 3.2.2.1 Situations That Require Hand Hygiene
    - 3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting
    - 3.2.3.4 Prevention of Exposure to Blood and Body Fluids
    - 3.6.1.1 Inclusion/Exclusion/Dismissal of Children
    - 3.6.1.4 Infectious Disease Outbreak Control
  - *Caring for Our Children Basics*, section VII: Infectious Disease
    - 7.2.0.1 Immunization Documentation
    - 7.2.0.2 Unimmunized Children
    - 7.2.0.3 Immunization of Caregivers/Teachers
- **§ 98.41(a)(1)(ii), Prevention of sudden infant death syndrome and use of safe sleeping practices**
  - *Caring for Our Children Basics*, section III: Health Promotion and Protection
    - 3.1.4.1 Safe Sleep Practices and SIDS Risk Reduction
- **§ 98.41(a)(1)(iii), Administration of medication, consistent with standards for parental consent**
  - *Caring for Our Children Basics*, section III: Health Promotion and Protection
    - 3.6.3.1/3.6.3.2 Medication Administration and Storage
    - 3.6.3.3 Training of Caregivers/Teachers to Administer Medication
- **§ 98.41(a)(1)(iv), Prevention and response to emergencies due to food and allergic reactions**
  - *Caring for Our Children Basics*, section IV: Nutrition and Food Service
    - 4.2.0.10 Care for Children with Food Allergies
    - 4.2.0.6 Availability of Drinking Water
    - 4.3.1.3 Preparing, Feeding, and Storing Human Milk
    - 4.3.1.5 Preparing, Feeding, and Storing Infant Formula
    - 4.3.1.5 Preparing, Feeding, and Storing Infant Formula
    - 4.3.1.9 Warming Bottles and Infant Foods
    - 4.5.0.10 Foods That Are Choking Hazards

- 4.8.0.1 Food Preparation Area Access
- 4.9.0.1 Compliance with U.S. Food and Drug Administration (FDA) Food Code and State and Local Rules

♦ **§ 98.41(a)(1)(i), Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic**

- *Caring for Our Children Basics*, section II: Program Activities for Heathy Development
  - 2.2.0.4 Supervision near Water
- *Caring for Our Children Basics*, section III: Health Promotion and Protection
  - 3.4.1.1 Use of Tobacco, Alcohol, and Illegal Drugs
  - 3.4.5.1 Sun Safety Including Sunscreen
  - 3.4.6.1 Strangulation Hazards
- *Caring for Our Children Basics*, section V: Facilities, Supplies, Equipment, and Environmental Health
  - 5.1.1.2 Inspection of Buildings
  - 5.1.1.3 Compliance with Fire Prevention Code
  - 5.1.1.5 Environmental Audit of Site Location
  - 5.1.6.6 Guardrails and Protective Barriers
  - 5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets
  - 5.2.4.4 Location of Electrical Devices near Water
  - 5.2.8.1 Integrated Pest Management
  - 5.2.9.5 Carbon Monoxide Detectors
  - 5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings
  - 5.3.1.12 Availability and Use of a Telephone or Wireless Communication Device
  - 5.4.5.2 Cribs and Play Yards
  - 5.5.0.8 Firearms
- *Caring for Our Children Basics*, section VI: Play Areas/Playgrounds and Transportation
  - 6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas near Bodies of Water/ Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water
  - 6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment
  - 6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment
  - 6.3.2.1 Lifesaving Equipment
  - 6.3.5.2 Water in Containers
- *Caring for Our Children Basics*, section IX: Policies
  - 9.2.4.7 Sign-In/Sign-Out System
  - 9.2.4.8 Authorized Persons to Pick Up Child

♦ **§ 98.41(a)(1)(vi), Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment**

- *Caring for Our Children Basics*, section I: Staffing

- 1.4.5.2 Child Abuse and Neglect Education

Caring for Our Children Basics, section II: Program Activities for Healthy Development

- 2.2.0.9 Prohibited Caregiver/Teacher Behaviors

Caring for Our Children Basics, section III: Health Promotion and Protection

- 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma

♦ **§ 98.41(a)(1)(vii), Emergency preparedness and response planning for emergencies**

Caring for Our Children Basics, section III: Health Promotion and Protection

- 3.4.3.1 Emergency Procedures

Caring for Our Children Basics, section V: Facilities, Supplies, Equipment, and Environmental Health

- 5.6.0.1 First Aid and Emergency Supplies

Caring for Our Children Basics, section IX: Policies

- 9.2.4.1 Written Plan and Training for Handling Urgent Medical Care or Threatening Incident
- 9.2.4.3/9.2.4.5 Disaster Planning, Training and Communication/Emergency and Evacuation Drills
- 9.4.2.1 Contents of Child Records

♦ **§ 98.41(a)(1)(viii), Handling and storage of hazardous materials and the appropriate disposal of biocontaminants**

Caring for Our Children Basics, section V: Facilities, Supplies, Equipment, and Environmental Health

- 5.2.9.1 Use and Storage of Toxic Substances

♦ **§ 98.41(a)(1)(ix), Appropriate precautions in transporting children (if applicable)**

Caring for Our Children Basics, section VI: Play Areas/Playgrounds and Transportation

- 6.5.1.2 Qualifications for Drivers
- 6.5.2.2 Child Passenger Safety
- 6.5.2.4 Interior Temperature of Vehicles
- 6.5.3.1 Passenger Vans

♦ **§ 98.41(a)(1)(x), Pediatric first aid and cardiopulmonary resuscitation**

Caring for Our Children Basics, section I: Staffing

- 1.4.3.1 First Aid and CPR Training for Staff

♦ **§ 98.41(a)(1)(xi), Recognition and reporting of child abuse and neglect**

Caring for Our Children Basics, section III: Health Promotion and Protection

- 3.4.4.1 Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation

♦ **§ 98.41(a)(1)(xii)(A), Nutrition**

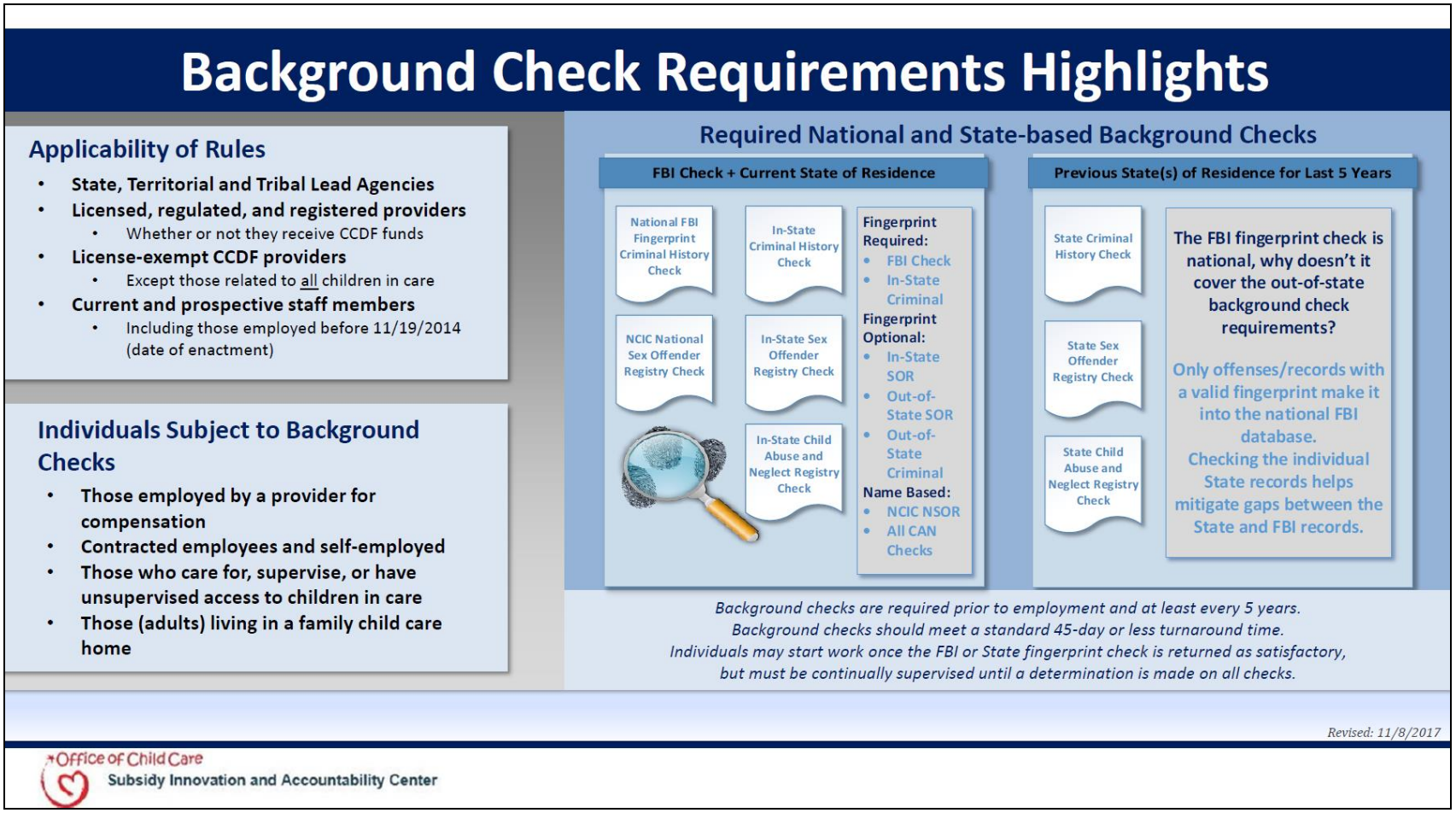
Caring for Our Children Basics, section IV: Nutrition and Food Service

- 4.2.0.3 Use of U.S. Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP) Guidelines

- **§ 98.41(a)(1)(xii)(B), Physical activity**
  - *Caring for Our Children Basics*, section III: Health Promotion and Protection
    - 3.1.3.1 Active Opportunities for Physical Activity
- **§ 98.41(a)(1)(xii)(C), Caring for children with special needs**
  - *Caring for Our Children Basics*, section III: Health Promotion and Protection
    - 3.5.0.1 Care Plan for Children with Special Health Care Needs
- **§ 98.41(a)(1)(xii)(D), Other subject areas to promote child development or to protect children's health and safety**
- **§ 98.44(b), Health and safety training**
  - *Caring for Our Children Basics*, section I: Staffing
    - 1.4.1.1/1.4.2.3 Pre-service Training/Orientation
    - 1.4.4.1/1.4.4.2 Continuing Education for Directors, Caregivers/Teachers in Centers, and Family Child Care Homes
  - *Caring for Our Children Basics*, section II: Program Activities for Healthy Development
    - 2.1.1.4 Monitoring Children's Development/Obtaining Consent for Screening
    - 2.1.2.1/2.1.3.1 Personal Caregiver/Teacher Relationships for Birth to Five-Year-Olds
    - 2.2.0.8 Preventing Expulsions, Suspensions, and Other Limitations in Services
- **§ 98.41(a)(1)(xii)(d), Group size, ratios, and caregiver qualifications**
  - *Caring for Our Children Basics*, section I: Staffing
    - 1.1.1.1–1.1.1.5 Ratios for Centers and Family Child Care Homes
  - *Caring for Our Children Basics*, section II: Program Activities for Healthy Development
    - 2.2.0.1 Methods of Supervision of Children
- **§98.41(a)(1)(xii)(e), Compliance with child abuse reporting requirements and procedures**
  - *Caring for Our Children Basics*, section III: Health Promotion and Protection
    - 3.4.4.1 Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation
- **§ 98.42, Enforcement of licensing and health and safety requirements**
  - *Caring for Our Children Basics*, section IX: Policies
    - 9.4.1.12 Record of Valid License, Certificate, or Registration of Facility or Family Child Care Home
    - 10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes
- **§ 98.43, Criminal background checks**
  - *Caring for Our Children Basics*, section I: Staffing
    - 1.2.0.2 Background Screening

Appendix B. Background Check Requirement Highlights

The image below was developed by the National Center on Child Care Subsidy Innovation and Accountability. It highlights key criminal background check requirements from the Child Care and Development Block Grant Act of 2014 and the CCDF final rule. Topics include the applicability of rules, individuals subject to background checks, and required national and state-based background checks. It is important to note that AI/AN CCDF grantees can propose an alternative background check approach in their CCDF Plan if they provide adequate justification for the approach.



National Center on Child Care Subsidy Innovation and Accountability. (2017). Background check requirements highlights. Washington, DC: Office of Child Care. Retrieved from https://childcareta.acf.hhs.gov/resource/background-check-requirement-highlights

Appendix C. Resource List

Numerous publications and organizations exist to provide information and guidance on health and safety in child care programs. A sampling of key resources is provided below.

Publications and Online Resources

- *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd edition: *Caring for Our Children* provides a list of 686 standards that represent best health and safety practices in child care settings. Each standard, written by health and safety experts and reviewed by licensors and providers, also includes a rationale that explains why the standard is important. Users can download a PDF and search the online full-text version, which is available on the National Resource Center for Health and Safety in Child Care and Early Education's website.
- *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education*: This resource is published by the Administration for Children and Families and is based on the full *Caring for Our Children* resource. *Caring for Our Children Basics* represents the minimum health and safety standards experts believe should be in place where children are cared for outside of their homes. It provides standards on the following topics: staffing; program activities for healthy development; health promotion and protection; nutrition and food service; facilities, supplies, equipment, and environmental health; play areas and playgrounds; transportation; infectious disease; and policies.
- *Stepping Stones to Caring for Our Children*, 3rd edition: *Stepping Stones* contains a subset of the standards in *Caring for Our Children* that are believed to have the greatest impact on preventing disease, disability, and death in child care programs. This resource augments *Caring for Our Children* by providing policymakers and program managers with an abridged tool to assist with the development of effective child care policies and regulations.

Resources from the National Center on Tribal Early Childhood Development

- American Indian and Alaska Native Child Care and Development Fund Monitoring Toolkit: The AI/AN CCDF Monitoring Toolkit was developed to support AI/AN CCDF grantees with the design and implementation of monitoring and enforcement systems. The toolkit includes the following components:
  - Three guides that outline the parts of a monitoring and enforcement system and describe many important skills, tools, and strategies needed by AI/AN CCDF Lead Agency staff to implement their monitoring programs.
  - A number of appendices that accompany each guide and provide details of policies and procedures, pertinent resources to use with each part of the process, sample letters, checklists, and examples of various policies and monitoring skills.
  - Three videos to supplement the written training guides by showing actual monitoring visits to AI/AN facilities.
- Ensuring the Health and Safety of Children in American Indian and Alaska Native (AI/AN) CCDF Programs
  - This presentation provides an overview of the CCDF final rule regulations on health and safety for AI/AN CCDF grantees. It also includes a discussion of implementation considerations and information on available training and technical assistance resources.

- *Safe Sleep for Tribal Early Childhood Settings*
  - This brief, a collaboration between the National Center on Tribal Early Childhood Development and the Child Care State Capacity Building Center, addresses the causes of sudden infant death, the incidence of such deaths in AI/AN communities, prevention strategies, and best practices for tribal early childhood programs.

Organizations

American Academy of Pediatrics (AAP)

AAP offers resources and links on child care health topics. In addition to providing free and low-cost materials for parents and providers, AAP can also help connect programs to state and local resources and contacts.

- Phone: 800-433-9016
- Fax: 847-434-8000
- Email: https://www.aap.org/Pages/contactus.aspx
- Website: https://www.aap.org/en-us/Pages/Default.aspx

National Association for Regulatory Administration (NARA)

NARA is a membership organization for professionals working in the field of human service regulation, including child care licensing. They provide technical assistance and consultation and training in all aspects of regulation and monitoring.

- Phone: 888-674-7052
- Email: admin@naralicensing.org
- Website: http://www.naralicensing.org/

National Center on Early Childhood Development, Teaching, and Learning (DTL Center)

The DTL Center provides training and technical assistance to early childhood programs to support the implementation of evidence-based practices that are culturally and linguistically responsive. It promotes positive child outcomes across early childhood programs and supports strong professional development systems. The DTL Center has many resources to support training and professional development efforts and quality early childhood teaching practices.

- Phone: 844-261-3752
- Email: ecdtl@ecetta.info
- Website: https://eclkc.ohs.acf.hhs.gov/about-us/article/national-center-early-childhood-development-teaching-learning-ncecdtl

National Center on Early Childhood Health and Wellness (ECHW Center)

The ECHW Center provides information, resources, materials, training, and implementation support focused on developing comprehensive and coordinated health and wellness services within early childhood settings. It has resources to help CCDF grantees improve the health and safety of children in care and meet the requirements of the CCDF final rule.

- Phone: 888-227-5125
- Email: health@ecetta.info
- Website: https://eclkc.ohs.acf.hhs.gov/about-us/article/national-center-early-childhood-health-wellness-ncechw

National Center on Early Childhood Quality Assurance (ECQA Center)

The ECQA Center helps state and community leaders and their partners plan and implement approaches to quality in all early care and education settings for children from birth to school age.

- Phone: 877-296-2250
- Email: QualityAssuranceCenter@ecetta.info
- Website: https://childcareta.acf.hhs.gov/centers/national-center-early-childhood-quality-assurance

National Center on Tribal Early Childhood Development (NCTECD)

NCTECD provides training and technical assistance to AI/AN CCDF grantees. It supports AI/AN grantees in their efforts to increase the quality, affordability, and availability of child care in AI/AN communities. Training and technical assistance focuses on supporting AI/AN CCDF grantees with meeting the requirements of the CCDF final rule and implementing early childhood best practices, systems, and infrastructure.

- Phone: 877-296-2401
- Email: nctecd@ecetta.info
- Website: https://childcareta.acf.hhs.gov/centers/national-center-tribal-early-childhood-development

National Resource Center for Health and Safety in Child Care (NRC)

The NRC has maintained and continues to develop national health and safety standards for early care and education settings, as compiled in *Caring for Our Children: National Health and Safety Standards; Guidelines for Early Care and Education Programs*, now in its third edition.

- Email: info@nrckids.org
- Website: http://nrckids.org/

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The National Center on Tribal Early Childhood Development, A Service of the Office of Child Care

9300 Lee Highway
Fairfax, VA 22031

Phone: 877-296-2401

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