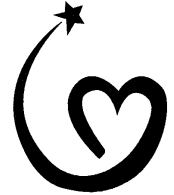


**INTER-TRIBAL COUNCIL OF NEVADA, INC.  
CHILD CARE DEVELOPMENT FUND**

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**CCDF HEALTH AND SAFETY STANDARDS  
FOR CCDF FUNDED CENTERS AND AFTER SCHOOL  
PROGRAMS**

**INTRODUCTION**

The Inter-Tribal Council of Nevada, Inc. (ITCN), Child Care Development Fund (CCDF) has developed Health and Safety Standards for tribal Child Care Center that use Child Care Funds. In order to ensure children are in an environment that promotes health and safety, this manual has been develop thru guidance from U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau's *TRIBAL CHILD CARE MINIMUM STANDARDS*, and the Caring For Our Children's *NATIONAL HEALTH AND SAFETY PERFORMANCE STANDARDS: GUIDELINES FOR OUT-OF-HOME CHILD CARE PROGRAMS*.

All children must be safe and protected from hazards and potential injuries, which includes both unintentional and intentional injuries. A child shall be protected from potential serious infectious diseases. Although it is impossible to prevent the spread of infectious diseases, an effort to reduce the infectious diseases to a minimum is essential. It is very important that children feels safe and comfortable in the child care environment for this will have a positive effect on the children's mental, physical, and emotional make-up.

You are required to read and understand these Health and Safety Standards. The standards are required by the U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau. The CCDF program will visit the child care center to monitor and make certain the center meets the CCDF health and safety requirements. The first visit will be announced, the visits that will follow are announced or unannounced.

## **SECTION I: POLICIES/PRACTICES/CAREGIVERS TRAINING**

### **CHILD: STAFF RATIO AND GROUP SIZE (A)**

- (1) Caregivers shall meet or exceed state caregiver to child ratios and group size limits. (See appendix for state ratios)
- (2) Caregivers shall directly supervise infants, toddlers, and preschool children by sight or hearing at all times, even when the children are in sleeping areas.
- (3) Caregivers shall know the whereabouts of the children in their care at all times.

### **CAREGIVER QUALIFICATIONS (B)**

- (1) Tribes shall have a policy for conducting background checks consistent with the Indian Child Protection and Family Violence Act.
- (2) Employment and character references shall be completed for all home providers.

### **CAREGIVER TRAINING (C)**

- (1) The tribe shall have a written plan to ensure of caregivers in areas including but not limited to health and safety, child development, infectious diseases (including universal precautions), child abuse, first response, and choking prevention.
- (2) Caregiver training shall be documented.
- Caregivers shall have 42 hours of certified training each program year.
- Caregivers shall have certifications for Food Handlers, Child CPR, and First Aid.

### **PROGRAM POLICIES (D)**

- (1) Written policies shall be established, implemented, and maintained, and available, and shall address, but not limited to, the following content areas: child development, health and safety, infectious diseases, child abuse, first response, and choking prevention.
- (2) Policies related to program operation shall be shared with parents of children in care.
- (3) All caregivers, other staff, and volunteers shall be trained in the importance and implementation of the policies.
- (4) If children will be transported, drivers shall be licensed and children shall be fastened in the vehicle in an age-appropriate restraint that is properly positioned and installed.
- (5) To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants shall be placed to sleep on their backs unless otherwise directed by the child's physician, and all sleeping arrangements for infants through 12 month of age shall use firm mattresses and avoid soft bedding materials such as comforters, pillows fluffy blankets, or stuffed toys.
- (6) The facility shall ask parent for information regarding the child's development, health and behavior status, especially information about child's health since the last attendance in the home provider or child care center.

## PROGRAM POLICIES (D) cont.

- (7) When bottle feeding, caregivers shall either hold infants or feed them sitting up. Infants who are unable to sit shall always be held for bottle feeding. The caregiver shall not permit bottle propping or infants' carrying bottles throughout the day or night.
- (8) Children shall not be physically restrained by bonds, ties, or straps for disciplinary purposes. If a child must be restrained for medical reasons, that restraint should occur in accordance with instruction of child's physician and/or practitioner and permission of the parent.
- (9) Each facility shall have and implement a discipline policy that outlines positive methods of guidance appropriate of the ages of the children enrolled.

## SECTION II: BUILDING AND PREMISES

### SAFE ENVIRONMENT (A)

- (1) The building interior and exterior shall be maintained as follow:
  - (a) Guidelines shall be developed to assure facilities are safe, and meet tribal, state, or local fire and safety regulations.
  - (b) The facility shall follow tribal, state, or local guidance regarding the installation and appropriate use of smoke detectors.
  - (c) Smoke detectors shall meet the tribal, state, or local regulations.
  - (d) Usable space, equipment, and exit arrangements shall be adequate for the number, ages, and abilities of the children.
  - (e) Indoor and outdoor play areas shall be checked daily, and prior to their use by children, for hazards.
  - (f) Paint on both interior and exterior premises shall be free from hazardous quantities of lead.
  - (g) A plan shall be in place to ensure routine maintenance, and sanitation procedures shall be conducted to keep the structure clean, sound, and in good repair.
  - (h) Sufficient heating and cooling shall be provided within facility to maintain a temperature that will not cause harm to the children.
  - (i) Ventilation shall be provided to prevent the accumulation of harmful odors and fumes.
- (2) Access and exposure to hazardous materials shall be prevented as follows:
  - (a) Poisons, toxic materials, cleaning supplies, sharp or pointed objects, plastic bags, matches, flammable liquids, drugs of any kind, insecticides, guns, and other hazardous materials shall be stored and locked, covered, or removed so as to be inaccessible to children.
  - (b) All water hazards, such as pool and permanent standing water, shall be enclosed with a fence, or otherwise safeguarded to ensure that they cannot be accessed.
  - (c) Electrical outlets accessible to children shall be covered with child-resistant safety plugs.

## **SAFE ENVIRONMENT (A)**

- (2) Access and exposure to hazardous materials shall be prevented as follows (cont.):
- (d) Smoking, alcohol, and illegal drugs shall be prohibited on the premises of the facility at all times.
  - (e) Persons under the influence of alcohol or illegal drugs shall not be allowed in the child care setting.
- (3) In the event of an emergency, children and caregivers shall be protected as follows:
    - (a) The child care facility shall have and post emergency plans and procedures appropriate for the facility, addressing potential disasters such as fire, hurricane, volcano, flood, blizzard, tornado, etc.
    - (b) Emergency plans shall include:
      - ❖ (i) a record of two emergency contact persons for each child
      - ❖ (ii) permission slips for emergency transport to health care facilities for the provision of emergency care, signed by parents or legal guardians
      - ❖ (iii) permission for emergency treatment
      - ❖ (iv) a hospital and physician of choices as designated by the parent or guardian
      - ❖ (v) individual plans for children with special health care needs, including allergies, developed by that child's physician
    - (c) Telephones or another identified and acceptance means of communication shall be available to facilitate contact with emergency services.
    - (d) The facility shall have a minimum of two unobstructed exits leading to safe, open areas.
    - (e) Emergency evacuation procedures shall be in place and posted prominently within the facility to evacuate children as a first priority in the event of a fire or other emergency services.
    - (f) Approved, properly maintained, multi-purpose fire extinguishers, appropriate for the size of the facility, shall be readily available, and caregivers shall be trained on their operation.
    - (g) An appropriately stocked first aid kit shall be presented and easily accessible to caregivers at all times, including during field trips and while transporting children. At a minimum it shall include: emergency plans, disposable gloves, band-aids and bandages, tape, sterile gauze pads, roll gauze, scissors, emergency numbers, first aid resource guide, insect sting kit.
  - (4) Equipment shall be maintained to reduce the possibility of injury as follows:
    - (a) Materials, toys, and furnishings, shall be safe, age appropriate, durable, and maintained in a good condition.
    - (b) The layout and maintenance of all indoor and outdoor equipment and surfaces shall be carefully selected to minimize the possibility of injury to children.
    - (c) Equipment shall be in a safe and orderly fashion when not in use.
    - (d) Infant and toddler toys shall be made of non-toxic materials and shall be cleaned and/or sanitized when soiled or at least daily. If the toys are not used, they shall be cleaned weekly.

- (4) Equipment shall be maintained to reduce the possibility of injury as follows (cont.):
  - (e) Cribs, cradle boards and/or infant sleep equipment shall keep the infant safe from the dangers of suffocation, and will not allow a child to either fall, become entrapped, or have clothing tangled on protrusions.
  - (f) No child shall sleep on a bare, uncovered surface. Seasonally appropriate covering, such as sheets or blankets that are sufficient to maintain adequate warmth, shall be available and shall be used by each child below school age.
  - (g) Children shall not share bedding. Related children may share sleeping arrangements upon parental approval. Each item of sleep equipment (sheets, blankets, pillows, etc.) shall be assigned to an individual child and shall be used only by that child while he/she is enrolled in the facility. Each mat, cot, or crib mattress shall be covered with the child's individual sheet for exclusive use by that child.

### **NURTURING AND ENRICHING ENVIRONMENT (B)**

- (1) A written plan of daily activities shall be in place.
- (2) The daily activities shall include the goals for children's development and learning and the experience through which they will achieve these goals.
- (3) Daily routines shall be established to allow children to develop expectations and feel secure at the child care setting.
- (4) Caregivers shall model respect for the feelings and rights of others, and provide an environment that respects gender, culture, ethnicity, family composition, and the special emotional, cognitive, and development needs of the individual child.
- (5) The child care setting shall include toys, activities, and materials that are safe and appropriate for various developmental stages of the children in care.
- (6) All equipment in the setting shall be designed to support the abilities and developmental levels of the children served, with adaptations made as necessary to support children with disabilities.

### **TRANSPORTATION (C)**

- (1) If children are transported, a written permission slip signed by a parent or recognized guardian shall be on file.
- (2) Children shall be required to use safety belts or, for children under age 4, federally-approved and properly installed child passenger restraint systems (car seats).
- (3) Children shall never be transported in the rear of a pick-up truck.

#### TRANSPORTATION (C) cont.

- (4) The National Highway Traffic Safety Administration recommends placing all children 12 and under in the rear seat. In the event that no option exists for placing a child in the rear seat, the following steps shall be taken:
  - (i) Properly restrain the child.
  - (ii) Push vehicles seat all the way back to maximize distance between child and air bag.
  - (ii) Seat child directly against the seat back.
- (5) Children should never be left unattended in vehicles.
- (6) Appropriate caregiver to child ratios shall be maintained during the transportation of children.
- (7) Only licensed drivers shall be allowed to transport children.
- (8) Automobile insurance shall be maintained to meet or exceed minimum state standards and on file at ITCN CCDF office.
- (9) Strict policies shall be developed to prevent persons under the influence of alcohol or illegal drugs from operating vehicles while transporting children.
- (10) Vehicles shall be routinely inspected and maintained to ensure that all safety features are operational.
- (11) There shall be no smoking in vehicles when transporting children.

### **SECTION III      INFECTION CONTROL**

#### **IMMUNIZATION (A)**

- (1) Children receiving care should be age-appropriately immunized in accordance with Indian Health Service (IHS) or the state/county public health agency recommendations.
- (2) Tribes may exempt:
  - (a) Children whose parents or guardians object to immunization on religious grounds, and/or
  - (b) Children whose medical condition requires that immunization not be given.

#### **SANITATION (B)**

- (1) Equipment shall be kept clean, sanitary, and in operable condition.
- (2) Any surface contaminated by body fluids (saliva, mucus, vomit, urine, stools, or blood) shall be cleaned and disinfected immediately, and caregivers shall use universal precautions (see Appendix), including gloves, when cleaning contaminated areas.
- (3) Potty chairs and changing tables shall be cleaned and disinfected after each use.
- (4) Toilet areas, including sinks, countertops, faucets, handles, doorknobs, toilet bowls, toilet and seats shall be cleaned immediately when soiled, or at least daily.
- (5) Floors shall be cleaned when soiled or at least daily. Carpets and rugs shall be shampooed when soiled and vacuumed at least daily.

## **SANITATION (B) cont.**

- (6) Toys shall be cleaned when soiled or at least weekly, and small toys that children can place in their mouths shall be cleaned and disinfected after each use.
- (7) Garbage and rubbish shall be removed from rooms where children and adults will be present.
- (8) Garbage and rubbish should be stored in a closed container that prevents access to children and animals including rodents and insects.
- (9) Food Service Sanitation
  - (a) Dishes, highchair trays, and food service utensils shall be cleaned and disinfected after each use. If basins are used, there shall be separate basins for diapers changing cleanup and cleaning of food service utensils.
  - (b) Dishes and food service utensils shall be allowed to air dry and stored in a manner that preserves their clean/disinfected status.
  - (c) Food preparation areas shall be separate from eating, play, toilet, bathroom, and diaper changing areas, and areas where animals are kept.
  - (d) Food preparation areas, including countertops and tabletops, shall be cleaned and disinfected, before and after each use.

## **HAND WASHING (C)**

- (1) Signs shall be posted at each sink indicating when hand washing is required and the proper steps to follow.
- (2) All caregivers, volunteers, and children shall wash all parts of their hand and scrub their hands for at least 10 seconds with soap and warm running water.
- (3) All caregivers, volunteers, and children shall wash their hands at least at the following times, and whenever hands are contaminated with body fluids:
  - (a) Before and after food preparation, handling, or serving.
  - (b) After toileting or changing diapers.
  - (c) After assisting a child with toilet use.
  - (d) Before and after handling food.
  - (e) Before and after any food service activity (including setting the table).
  - (f) Before and after eating meals or snacks.
  - (g) Before and after giving medication
  - (h) After handling pets or other animals.
- (4) Paper towels shall be used to dry hands and turn off faucet handles. Each paper towel shall be used once by only one individual.

## **FOOD SAFETY (D)**

- (1) WATER
  - (a) Safe drinking water shall be accessible to children while indoors or outdoors and shall be dispensed by personal water bottle, drinking fountain, or cups labeled for individual use by children.

## FOOD SAFETY (D) cont.

- (2) FOOD HANDLING
  - (a) Food shall be properly wrapped and handled.
  - (b) Food that has been served to the children and not eaten shall be discarded by placement in containers with tight-fitted lids that are emptied at least daily.
  - (c) Food bought from home shall be labeled with the child's name, date, and the type of food, and shall not be shared with other children unless intended for that purpose.
  - (d) Warm food shall be maintained and served at a temperature not less than 140°f.
  - (e) Cold food shall be maintained refrigerated at a temperature of 40°f or lower in the refrigerator and 0°f or lower in the freezer.
  - (f) Breast milk (if not frozen) and prepared bottles of formula shall be kept refrigerated until immediately before use.
  - (g) Frozen breast milk shall be thawed under cold running water or in the refrigerator.
  - (h) Breast milk or formula shall be warmed in a pan of hot, not boiling water, for 5 minutes. The bottle should then be shaken, and milk temperature tested before feeding.
  - (i) Microwaves shall never be used to heat bottles of formula or breast milk.
  - (j) When there is more than one bottle-fed infant, bottles of breast milk or formula shall be labeled with the child's name and shall be used only for the intended child.
  - (k) Any contents remaining in a bottle of formula or breast milk after feeding shall be discarded.
  - (l) Unused, expressed breast milk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.
  - (m) Prepared bottles of formula shall be discarded after 24 hours if not used. An open container of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used.
  
- (3) CHOKING PREVENTION
  - (a) Precautions against choking shall be taken when feeding infants and toddlers.
  - (b) Caregivers shall not offer to children under 4 years of age foods that are implicated in choking incidents (round hard, small, thick and sticky, smooth, or slippery). Examples of foods are hot dogs (whole or sliced into rounds), whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole.



## FOOD SAFETY (D) cont.

- (4) FEEDING SCHEDULE
  - (a) The facility shall provide nutritious meals according to a written plan.
  - (b) The facility shall ensure that:
    - ❖ (i) Children in care for 8 and fewer hours shall be offered at least one nutritious meal and two nutritious meals and two nutritious snacks or two meals and one snack;
    - ❖ (ii) Children in care for 9 and more hours shall be offered at least two meals and two snacks or one meal and three snacks;
    - ❖ (iii) A nutritious snack shall be offered to all children in midmorning and in mid-afternoon;
    - ❖ (iv) Children shall be offered food at intervals not less than 2 hours apart and not more than 3 hours apart unless the child is asleep.
  - (c) Caregivers shall feed infants on demand unless parent provides written instruction other wise.
  - (d) Individuals responsible for food preparation or service shall be free of contagious disease.

## CARE OF ILL CHILDREN (E)

- (1) A written policy for determining inclusions, exclusions, and dismissal of ill children shall be implemented.
- (2) A child shall be excluded from the facility if:
  - (a) the child does not feel well enough to participate comfortably in usual activities of the facility;
  - (b) the caregivers cannot care for the sick child without interfering with the care of the other children; or
  - (c) keeping the child in care poses an increase risk to other children or adults
- (3) A written plan shall be in place for caring for an ill child.
- (4) A written plan shall be in place for addressing medication administration.

## CARE GIVER HEALTH (F)

- (1) Policies shall be developed for maintaining and addressing issues related to caregiver health. The policies shall include:
  - (a) guidelines for exclusion for illness and subsequent return to work
  - (b) information on the major occupational health hazards for caregivers
  - (c) stress management techniques
  - (d) break schedules
- (2) A policy shall be in place to ensure that all caregivers shall be physically and emotionally able to care for children.