



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

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**CCDF HEALTH AND SAFETY STANDARDS  
FOR HOME PROVIDERS**

**INTRODUCTION**

The Inter-Tribal Council of Nevada, Inc. (ITCN), Child Care Development Fund (CCDF) has developed Health and Safety Standards for its home providers. In order to ensure children are in an environment that promotes health and safety, this manual has been developed through 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 feel 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.

As the provider with the ITCN CCDF program, 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 provider's home to monitor and make certain the home meets the CCDF health and safety requirements. The first visit will be announced, the visits that will follow are announced or unannounced.

The CCDF program understands some homes are not equipped with some of the necessary equipment. The provider will be given 30 days to acquire the adequate material to meet the health and safety requirements. We do have grants available to help with meeting requirements upon the request from the provider (as long as funds are available).

## **SECTION I**

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

- ❖ One small family home caregiver (without an assistant) shall not care for more than 4 children, including no more than one child under the age of two. These numbers include the caregiver own children under the age the age of 6.
- ❖ If any child under the age 3 is in care, there shall be no more than four children, including the caregiver's children under the age of 6.
- ❖ If only children under the age of 2 are in care, there shall be no more than three children, including those of the caregiver.
- ❖ In large family-child-care homes with two or more caregivers caring for more than 8 children, there shall be no more than three children under the age of 2.

### **LICENSURE/CERTIFICATION OF QUALIFIED INDIVIDUALS (B)**

- ❖ Any individual who will be alone with children who will be responsible for a group must have prior approval from the CCDF Program Specialist.
- ❖ Home Providers must have a *Provider Health and Safety Self-Certification* approved and on file with ITCN CCDF office.
- ❖ Home providers will be required to have 42 clock hours of training hours per year. The ITCN CCDF program and other Child Care agencies will supply some training.
- ❖ Home Providers should be certified in pediatric first aid training that includes rescue breathing and first aid for choking.

### **HOME PROVIDERS QUALIFICATIONS (C)**

- ❖ Home providers shall directly supervise infants, toddlers, and preschool children by sight or hearing at all times, even when the children are in sleeping areas.
- ❖ Home providers shall know the whereabouts of the children in their care at all times.
- ❖ Home providers must be 21 years and older with a valid drivers license or identification card.
- ❖ A background check will be done on all child care providers. Any finding will be discussed with parents immediately.
- ❖ Employment and character references shall be completed for all home providers.
- ❖ If children will be transported, drivers shall be licensed and children shall be fastened in the vehicle in age-appropriate restraint that is properly positioned and installed.

- ❖ The home provider 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.
- ❖ When bottle feeding, home providers shall either hold infants or feed them sitting up. Infants who are unable to sit shall always be held for bottle feeding. The home provider shall not permit bottle propping or infants' carrying bottles throughout the day or night.
- ❖ 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.

## SECTION II

### FACILITIES AND SAFE ENVIRONMENT (A)

- ❖ Facilities shall not be located in areas not subject to high air pollution, loud noises, or heavy traffic, and away from unsafe buildings, deep excavations, radiation, and any other unsafe or harmful environmental elements.
- ❖ Child care areas shall not be used for business or purpose unrelated to child care when children are present in these areas.
- ❖ Telephones or another identified and acceptable means of communication shall be available to facilitate contact with emergency services.
- ❖ Rooms or spaces containing a commercial-type kitchen, boiler, maintenance shop, janitor closet, laundry, woodworking shop, flammable or combustible storage, or painting operation, or that are used for any purpose involving the presence of toxic substances, shall be separated from child care areas and from the means of exit.
- ❖ Play, dining, and napping may be carried on in the same room (exclusive of bathrooms, hallways, and closets), provided the room is of sufficient size to have a defined area for each of the activities allowed there at the time when the activity (play, dining, or napping) is under way and meets other building requirements, and programming is such that use of the room for one purpose does not interfere with the use of the room for other purposes.
- ❖ Indoor and outdoor play areas shall be checked daily, and prior to their use by children for hazards.
- ❖ Paint on both interior and exterior premises shall be free from hazardous quantities of lead.
- ❖ The physical layout of the facility shall be arranged to prevent child abuse.
- ❖ Exits shall be clearly visible and paths of escape shall be so arranged or marked that the path to safety outside is unmistakable.
- ❖ No obstructions shall be placed in the corridors or passageways leading to the exits.
- ❖ Exits or exit markers or signs shall be visible during all periods of operation.
- ❖ All rooms used by children shall be heated, cooled, and ventilated to maintain the required temperatures, humidity during the summer months.
- ❖ Electrical outlets accessible to children shall be covered with child-resistant covers or be of the childproof type. Shock stops (safety plugs) shall be installed on all unused outlets.
- ❖ Smoke detectors shall be placed on each floor, no more than 40 feet apart, installed on or 6 to 12 inches below the ceiling. Smoke detectors shall be tested monthly, and the batteries replaced at least yearly.

## FACILITIES AND SAFE ENVIRONMENT (cont.)

- ❖ An appropriately stocked first aid kit shall be present 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, and insect sting kit.
- ❖ Fire extinguisher(s) shall be installed and maintained. The fire extinguisher shall be of the A-B-C type. Instructions for the use of the fire extinguisher shall be posted on or near the fire extinguisher.
- ❖ Equipment, materials, and furnishings shall be sturdy and free of sharp points or corners splinters, protruding nails or bolts, loose rusty parts, hazardous small parts, or paint that contains lead or other poisonous materials.
- ❖ Materials, toys, and furnishings shall be safe, age appropriate, durable, and maintained in good condition.
- ❖ Equipment shall be stored in a safe and orderly fashion when not in use.
- ❖ 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.
- ❖ Cribs and/or cradleboards and 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.
- ❖ 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.
- ❖ Children shall not share bedding. Related children may share sleeping arrangements upon parent approval. Each item of sleep equipment (sheets, blankets, pillow, etc.) shall be assigned to an individual child while he/she is enrolled in the program. Each mat, cot, or crib mattress shall be covered with the child's individual sheet for exclusive use by that child.
- ❖ 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/or locked, covered, or removed so as to be inaccessible to children.
- ❖ 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.
- ❖ In child care homes, smoking and alcohol consumption shall be prohibited on the premises when children are present. Persons under the influence of alcohol or illegal drugs shall not be allowed in the child care setting.

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

- ❖ A written plan of daily activities shall be in place.
- ❖ The daily activities shall include the goals for children's development and learning and the experience through which they will achieve these goals.
- ❖ Daily routines shall be established to allow children to develop expectations and feel secure at the child care setting.
- ❖ 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.
- ❖ The child care setting shall include toys, activities, and materials that are safe and appropriate for various developmental stages of the children in care.
- ❖ 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.

## **SECTION III**

### **HEALTH PROTECTION AND HEALTH PROMOTION IN ALL CHILD CARE (A)**

- ❖ Every day, or as often as possible, and during observation of the child at play, the home provider shall conduct a health assessment of each child. The assessment shall include the following:
  - a) Change in behavior or appearance from those observed during the previous day's attendance.
  - b) Skin rashes, itchy skin, or itchy scalp.
  - c) Increase in body temperature, determined by taking the child's temperature, if there is a change in the child's behavior or appearance.
  - d) Complaints of pain or of not feeling well.

### **HAND WASHING (B)**

- ❖ The child care provider 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.
- ❖ Children and child care provider shall wash and scrub their hands for at least 10 seconds with soap and warm running water.
- ❖ Hand must be washed after exposure to blood or blood-containing body fluids and tissue discharges.

### **SANITATION (C)**

- ❖ The child care provider shall avoid contact with blood or blood-containing body fluids and tissue discharges. Gloves shall be worn if there is contact with blood or blood-containing body fluids or tissue discharges.
- ❖ Spills of body fluids (i.e., urine, feces, blood, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be cleaned and disinfected immediately, and caregivers shall use universal precautions including gloves, when cleaning contaminated areas.
- ❖ Equipment shall be kept clean, sanitary, and in operable condition.
- ❖ Potty chairs and changing tables shall be cleaned and disinfected after each use.
- ❖ Toilet areas, including sinks, countertops, faucets, handles, doorknobs, toilet bowls, toilet and seats shall be cleaned immediately when soiled, or at least daily.

## SANITATION (cont.)

- ❖ Garbage and rubbish shall be removed from rooms where children and adults will be present.
- ❖ Garbage and rubbish should be stored in a closed container that prevents access to children and animals including rodents and insects.
- ❖ Dishes, highchair trays, and food service utensils shall be cleaned and disinfected after each use.
- ❖ Dishes and food service utensils shall be allowed to air dry and stored in a manner that preserves their clean/disinfected status.
- ❖ Floors shall be cleaned when soiled or at least daily. Carpets and rugs shall be shampooed when soiled and vacuumed at least daily.
- ❖ 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.

## FOOD SAFETY (D)

- ❖ The facility shall ensure that:
  - ⇒ Children in care for 8 and fewer hours shall be offered at least one nutritious meal and two nutritious snacks or two meals and one snack;
  - ⇒ Children in care for 9 and more hours shall be offered at least two meals and two snacks or one meal and three snacks;
  - ⇒ A nutritious snack shall be offered to all children in midmorning and in mid-afternoon;
  - ⇒ 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.
- ❖ Home Providers shall feed infants on demand unless parent provides written instruction other wise.
- ❖ Individuals responsible for food preparation or service shall be free of contagious disease.
- ❖ Food preparation areas shall be separate from play, toilet, bathroom, and diaper changing areas, and areas where animals are kept.
- ❖ Food preparation areas, including countertops and tabletops shall be cleaned and disinfected, before and after each use.
- ❖ 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.
- ❖ Warm food shall be maintained and served at a temperature not less than 140° f.



## FOOD SAFETY (cont.)

- ❖ 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.
- ❖ Breast milk (if not frozen) and prepared bottles of formula shall be kept refrigerated until immediately before use.
- ❖ Frozen breast milk shall be thawed under cold running water or in the refrigerator.
- ❖ 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.
- ❖ Microwaves shall never be used to heat bottles of formula or breast milk.
- ❖ 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.
- ❖ Any contents remaining in a bottle of formula or breast milk after feeding shall be discarded.
- ❖ Unused, expressed breast milk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.
- ❖ 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.
- ❖ Precautions against choking shall be taken when feeding infants and toddlers.
- ❖ Home Providers 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.
- ❖ The facility shall provide nutritious meals according to a written plan.
- ❖ Safe drinking water shall be accessible to children while indoors or out doors and shall be dispensed by personal water bottle, drinking fountain, or cups labeled for individual use by children.

## **CHILDS HEALTH AND IMMUNIZATION (E)**

- ❖ A child whose illness requires that the child be sent home shall be given appropriate attention to his/her needs, so long as this attention does not compromise the care of other children in the providers home.
- ❖ 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 12 months of age shall use firm mattresses to avoid soft bedding materials such as comforters, pillows, fluffy blankets, or stuffed toys.
- ❖ A child with uncontrolled vomiting or diarrhea shall be provided separate care apart from other children, with extra attention giving to hygiene and sanitation, until the child's parents arrive.
- ❖ Cuts and sores shall be covered whenever possible.
- ❖ Children receiving care should be age-appropriately immunized in accordance with Indian Health Service (IHS) or the state/county public health agency recommendations.
- ❖ Tribes may exempt: children whose parents or guardians object to immunization on religious grounds, and/or children whose medical condition requires that immunization not to be given.

## **DISCIPLINE (E)**

- ❖ Discipline shall include positive guidance, redirection, and setting clear-cut limits that foster the child's ability to become self-disciplined. Discipline measures shall be clear and understandable to the child, shall be consistent, and shall be explained to the child before and at the time of any disciplinary action.
- ❖ Disciplinary practices established by the facility shall be designed to encourage the child to be fair, to respect property, and to assume personal responsibility for others.
- ❖ The following behavior shall be prohibited I all child care settings and by all home providers:
  - a) Corporal punishment, including hitting, spanking, beating, shaking, pinching, and other measures that produce physical pain.
  - b) Withdrawal or threat of withdrawal of food, rest, or bathroom opportunities.
  - c) Abusive or profane language.
  - d) Any form of public or private humiliation, including treats of physical punishment.
  - e) Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolation, or corrupting a child.

## **TRANSPORTATION (F)**

- ❖ If children are transported, a written permission slip signed by a parent or recognized guardian shall be on file.
- ❖ 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).
- ❖ Children shall never be transported in the rear of a pick-up truck.
- ❖ 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:
  - Properly restrain the child.
  - Push vehicles seat all the way back to maximize distance between child and air bag.
  - Seat child directly against the seat back.
- ❖ Children should never be left unattended in vehicles.
- ❖ Appropriate caregiver to child ratios shall be maintained during the transportation of children.
- ❖ Only licensed drivers shall be allowed to transport children.
- ❖ Automobile insurance shall be maintained to meet or exceed minimum state standards and on file at ITCN CCDF office.
- ❖ Persons under the influence of alcohol or illegal drugs cannot transport or operate vehicles.
- ❖ There shall be no smoking in the vehicles when transporting children.
- ❖ Vehicles shall be routinely inspected and maintained to ensure that all safety features are operational.

## **EMERGENCY PROCEDURES (G)**

- ❖ The child care home shall have and post emergency plans and procedures appropriate for that home, addressing potential disasters such as fire, hurricane, volcano, flood, blizzard, tornado, etc.
- ❖ 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.
- ❖ The child care setting shall have a minimum of two unobstructed exits leading to safe, open areas.
- ❖ Emergency plans shall include:
  - A record of two emergency contacts persons for each child
  - Permission slips for emergency transport to health care facilities for the provision of emergency care, signed by the parent or legal guardian
  - Permission for emergency treatment
  - A hospital and physician of choice as designated by the parent or guardian
  - Individual plans for children with special health needs, including allergies, developed by that child's physician.
- ❖ When immediate response is required, the following emergency procedures shall be utilized:
  - a) First aid and CPR care shall be employed, and emergency medical response team shall be called, as indicated
  - b) The home shall have a plan for emergency transportation to a local hospital or health care facility.
  - c) The parent or parent's emergency contact person shall be called.
  - d) The CCDF program Specialist shall be called.
- ❖ The staff shall demonstrate the ability to locate and operate the fire extinguishers.
- ❖ Children shall be instructed to drop and roll when garments catch fire. Cold water shall be applied.