



National Center on Tribal Early Childhood Development

**Ensuring the Health and Safety of
Children in American Indian and
Alaska Native (AI/AN) CCDF Programs**



Agenda

- ◆ Welcome and check in
- ◆ Part 1: Overview of health and safety requirements
- ◆ Part 2: Implementation considerations
- ◆ Part 3: Available training and technical assistance (T&TA) resources
- ◆ Wrap up and next steps

Objectives

- ◆ Provide an overview of the health and safety requirements in the Child Care and Development Fund (CCDF) final rule for AI/AN CCDF grantees
- ◆ Illustrate a pathway for successful implementation of the CCDF final rule as it applies to AI/AN CCDF grantees
- ◆ Highlight resources that are readily available and will support successful implementation

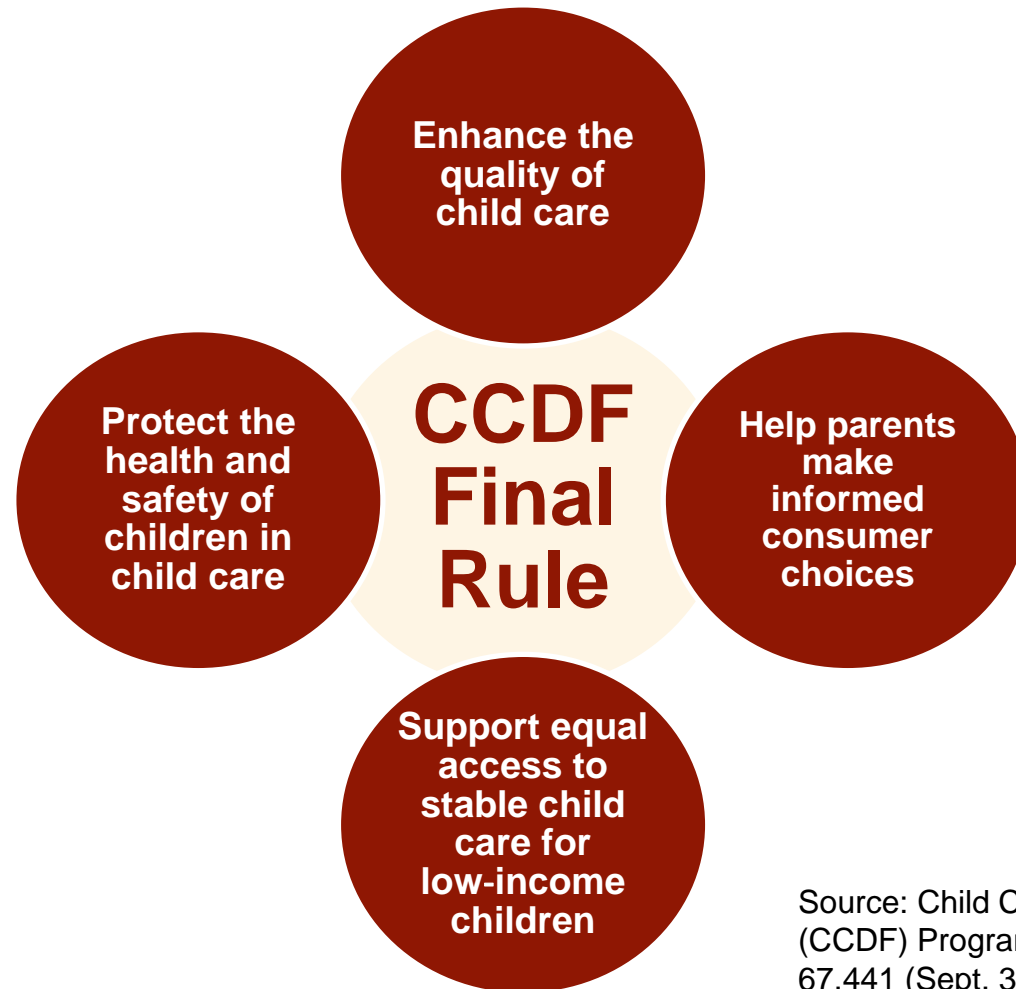




National Center on Tribal Early Childhood Development

Part 1: Overview of Health and Safety Requirements

CCDF Final Rule



Source: Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67,438–67,441 (Sept. 30, 2016) (codified at 45 C.F.R. pt. 98).

Our Destination: Successful Implementation of the CCDF Final Rule for Your Program, Community, and Tribe



Beginning Our Journey

- ◆ Starting point: reauthorization
- ◆ The CCDF final rule defines health and safety requirements for Tribes
- ◆ § 98.41: Health and safety requirements
- ◆ Date of compliance for Tribes: October 2019



Requirements for All CCDF Providers

- ◆ Health and safety requirements apply to **all** grantees regardless of allocation size and also apply to **all** child care providers who receive CCDF funds
 - Even small-allocation grantees who put all CCDF funds into quality need to ensure that the providers receiving those quality dollars are meeting all the health and safety requirements
- ◆ Health and safety requirements are organized around a list of topics
- ◆ These topics apply to the following:
 - **Standards** developed
 - **Training** provided for staff and providers
 - **Monitoring** processes conducted



Source: Child Care and Development Fund, 45 C.F.R §98.41 §98.83 (2016).

Topic 1: Infectious Disease Control

- ◆ This topic covers, for example,
 - daily child health checks and
 - policies for illness prevention.
- ◆ The CCDF immunization requirements now apply to AI/AN CCDF grantees
- ◆ The final rule clarifies the specific details, including handling immunization exemptions



From the CCDF final rule: “(i) The prevention and control of infectious diseases (including immunizations)”

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Infectious Disease Control

- ◆ Suggestions for incorporating infection control (including immunizations):
 - Trainings and resources from tribal, local, or community partners
 - Handwashing routine or song in your language
- ◆ Build on tribal programs and community partners currently available:
 - Indian Health Service (IHS)
 - Environmental health
 - Public health nurses
 - Health promotion
 - State or local Child and Adult Care Food Program (CACFP) agency



Topic 2: Safe Sleep

- ◆ Includes ensuring a safe environment for children to sleep and nap
- ◆ Prevention of sudden infant death syndrome (SIDS) and practices for safe sleep apply to infants
- ◆ Can also include cultural considerations such as the use of cradleboards or other traditional infant sleep methods

From the CCDF final rule: “(ii) Prevention of sudden infant death syndrome and use of safe sleeping practices...”



Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Safe Sleep

- ◆ Enhance awareness of sudden unexpected infant death
- ◆ Understand high rates of infant mortality in AI/AN populations
- ◆ Importance of safe sleep practices and environments
 - Cradleboards or your Tribe's traditional way of safe infant sleep
- ◆ Build partnerships in your Tribe or community
 - Tribal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), IHS public health nurses, IHS Pediatrics

Topic 3: Medication Administration

- ◆ How to properly administer approved medications to children in your care
- ◆ Examples can include the following:
 - Giving a child an inhaler for asthma
 - Completing a breathing treatment
 - Administering a dose of a prescribed antibiotic

From the CCDF final rule: “(iii)
Administration of medication, consistent
with standards for parental consent”



Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Medication Administration

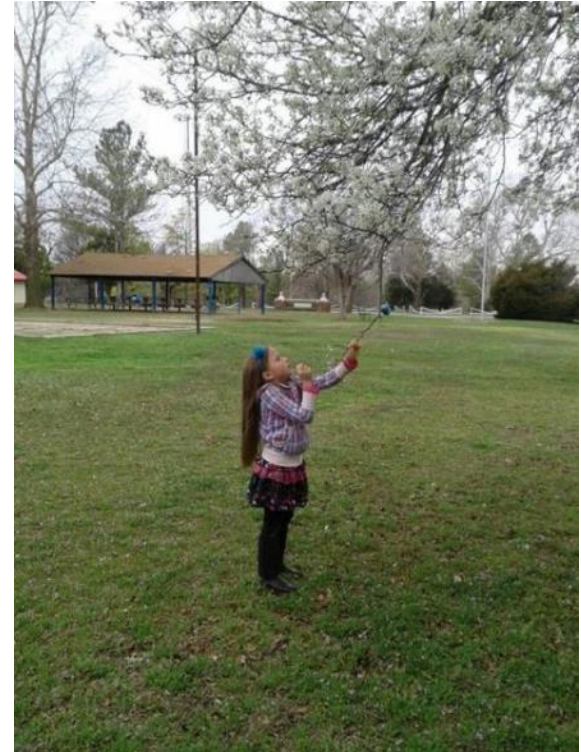
- ◆ Types of medications to include
 - Prescribed medications
 - Over-the-counter medications
 - Topical creams and ointments

- ◆ Potential partners
 - IHS public health nurses
 - IHS pharmacy
 - State or county health department
 - Head Start or Early Head Start program
 - Others?

Topic 4: Allergy Response

- ◆ Awareness of children's food allergies and other allergy triggers
- ◆ Prevention of allergic reactions
- ◆ Response to allergic-reaction emergencies that may occur

From the CCDF final rule: “(iv) Prevention and response to emergencies due to food and allergic reactions...”



Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Allergy Response

- ◆ Food allergies and allergy triggers
 - Information collection starts at intake and enrollment
 - Ongoing communication between providers and parents is key to children's health
- ◆ Include procedures for dealing with allergies that may be identified during care
- ◆ Potential partners
 - IHS public health nurses
 - IHS Pediatrics
 - State or county health department
 - Local hospital or clinic

Topic 5: Physical Environment

- ◆ Includes the facility where the child is cared for, whether it is a center or home
- ◆ Ensuring that safety measures are taken
- ◆ Includes indoor and outdoor environments, such as facility where care is provided as well as both indoor areas and outdoor areas that the child may encounter

From the CCDF final rule: “(v) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic...”



Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Physical Environment

◆ Indoor environment examples

- Classroom equipment, facility repairs, flooring, and windows and doors

◆ Outdoor environment examples

- The playground, any water elements such as a river or a wading pool, and traffic in the surrounding area

◆ Potential partners for physical environment

- IHS Environmental Health
- Building or maintenance manager or supervisor

Topic 6: Prevention of Child Maltreatment

- ◆ Involves preventing shaken baby syndrome, head trauma, and other maltreatment of children.
- ◆ Defines the measures taken to ensure that children are not being mistreated and are kept safe from harm

From the CCDF final rule: “(vi) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment”

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Prevention of Child Maltreatment

- ◆ Meeting the prevention of child maltreatment requirement
 - Working with your Indian Child Welfare (ICW) program to have consistent messaging to families and a referral process; consider working with ICW on your definition of protective services to look at families who are at risk and in need of support

- ◆ Potential partners
 - Tribal social services
 - Tribal ICW
 - State or county child welfare
 - Child abuse prevention agency
 - Child protection team

Topic 7: Emergency Preparedness

- ◆ Implementing both preparation and plans for response to emergencies caused by the following:
 - Weather
 - Natural disasters
 - Man-made events, such as violence or the presence of unauthorized persons

From the CCDF final rule: “(vii) 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)...”



Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Emergency Preparedness

- ◆ Learn about your Tribe's emergency preparedness and emergency management plans
- ◆ Consider how your CCDF program can fit into the larger plan
- ◆ Build partnerships in your Tribe and community
 - Tribal police department
 - Tribal fire department
 - IHS Environmental Health
 - IHS public health nurses
 - Tribal programs
 - Injury prevention program or coalition
 - Local emergency management



Topic 8: Hazardous Materials Storage and Disposal

- ◆ Involves making sure toxic chemicals such as concentrated bleach are properly stored and used appropriately
- ◆ Can also include the Material Safety Data Sheets for any chemicals used in a child care facility, whether a center or a home

From the CCDF final rule: “(viii) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants”

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Hazardous Materials Storage and Disposal

- ◆ Identify materials, chemicals, or solutions used and how they are currently stored and disposed of
- ◆ Build partnerships in your Tribe and community
 - IHS Environmental Health Department
 - Tribal Head Start and Early Head Start programs
 - Local health department

Topic 9: Transportation

- ◆ Might not apply to all providers
- ◆ Where transportation is provided to children, this requirement ensures that the provider is taking appropriate safety measures to transport children safely
- ◆ Includes age- and weight-appropriate child safety seats, proper booster seat use, and proper seat belt use

From the CCDF final rule: “(ix) Appropriate precautions in transporting children, if applicable...”

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Transportation

Some examples for addressing transportation include the following:

- ◆ Have knowledge of and adhering to tribal or state child passenger safety laws
- ◆ Coordinate with tribal or local certified child passenger safety technicians
- ◆ Build partnerships with the following:
 - IHS Environmental Health Department
 - Tribal transportation departments
 - Tribal fire department and police department
 - Tribal injury prevention program or coalition

Topic 10: Pediatric CPR and First Aid

- ◆ Ensures that individuals who care for children are properly trained to use CPR according to the age of children being cared for
- ◆ Apply appropriate first aid if emergencies should occur

From the CCDF final rule:

“(x) Pediatric first aid and cardiopulmonary resuscitation”



Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Pediatric CPR and First Aid

- ◆ Identify local resources for training
 - State CCDF program's training?
 - Tribal health programs?
- ◆ Build partnerships in your Tribe and community
 - IHS public health nurses
 - Tribal fire department
 - Community baby showers geared toward families expecting babies and with children through age 2
 - Tribal Head Start and Early Head Start programs

Topic 11: Child Abuse and Neglect Recognition and Reporting

- ◆ Ensures that individuals who care for children are properly trained to recognize the signs of child abuse or neglect
- ◆ Includes following appropriate reporting processes
- ◆ Reporting procedures in place for staff, caregivers, directors, and providers

From the CCDF final rule: “(xi) Recognition and reporting of child abuse and neglect, in accordance with the requirement in paragraph (e) of this section”

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Certification of Child Abuse and Neglect Reporting Processes

- ◆ § 98.41: Health and safety requirements
- ◆ Grantee's child abuse reporting requirements apply to the following:
 - Caregivers (including in-home care)
 - Teachers
 - Directors

From the CCDF final rule: “(e) Lead Agencies shall certify that caregivers, teachers, and directors of child care providers within the State or service area will comply with the State’s, Territory’s, or Tribe’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.”

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Recommended (optional)

Nutrition	Physical Activity	Children with Special Needs
<p>From the CCDF final rule: “(A) <i>Nutrition (including age appropriate feeding)</i>”</p>	<p>From the CCDF final rule: “(B) <i>Access to physical activity...</i>”</p>	<p>From the CCDF final rule: “(C) <i>Caring for children with special needs</i>”</p>
<p>Can include</p> <ul style="list-style-type: none"> • participation in the CACFP, • serving fresh fruits and vegetables to children, • serving traditional foods to children, and • gardening activities. 	<p>Can involve</p> <ul style="list-style-type: none"> • ensuring that all children have daily access to minimum recommended time for gross motor movement indoors and outdoors, • such as riding a tricycle, running, or dancing. 	<p>Can include</p> <ul style="list-style-type: none"> • accommodations for children on an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP), or • developing a health care plan or behavior plan for children in need of additional supports.

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Nutrition (recommended)

- ◆ Tribal WIC program; tribal diabetes prevention or Special Diabetes Program for Indians (SDPI) program; IHS nutritionist, registered dietitian, and pediatrician
- ◆ Think of your Tribe's traditional diet; look at healthy-living resources and even gardening
- ◆ Especially important if there is a prevalence of childhood obesity in the community or a tribally identified priority of prevention of childhood obesity, or a prevalence of diabetes and a community need for diabetes prevention among children and families
- ◆ Partnering with tribal Head Start and Early Head Start on a healthy menu for the children served

Considerations for Physical Activity (recommended)

- ◆ Coordinating with the following programs, if available:
 - SDPI or tribal diabetes program
 - Tribal youth activities program
 - Tribal Community Health Representative program
 - Tribal Head Start and Early Head Start
 - Incorporate the IHS Physical Activity Kit into programs' or partners' services
- ◆ Traditional dances and games
- ◆ Connect children and staff to nature



Considerations for Children with Special Needs (recommended)

- ◆ Coordinate with your local school district on referral and follow-up processes
- ◆ Build partnerships in your Tribe and community
 - IHS public health nurses
 - IHS pediatricians
 - IHS Behavioral Health
 - Local health providers
 - Local or tribal early intervention program
 - Tribal Head Start or Early Head Start programs

Relative Care Providers

- ◆ The final rule reiterates that relative care providers can be exempted from the health and safety requirements
- ◆ Tribes can choose to exempt the following relative providers from their standards:
 - Grandparents
 - Great-grandparents
 - Siblings in a separate residence
 - Aunts
 - Uncles

From the CCDF final rule: “(c) The requirements in paragraph (a) of this section shall apply to all providers of child care services for which assistance is provided under this part, within the area served by the Lead Agency, except the relatives specified at §98.42(c)...”

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Group Sizes and Staff-Child Ratio

- ◆ Grantees to set group size limits for the ages served
- ◆ Specify the staff-child ratio by age of child served by your program
- ◆ Final rule does not establish a federal requirement for group size and staff-child ratios
- ◆ Includes recommendations

From the CCDF final rule: “(1) Group size limits for specific age populations; (2) The appropriate ratio between the number of children and the number of caregivers, in terms of age of children in child care...”



Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Considerations for Group Sizes and Ratios

- ◆ Using guidelines in *Caring for Our Children Basics*
- ◆ Use guidelines set by the state CCDF program
- ◆ Use guidelines set by Head Start or Early Head Start
- ◆ Build partnerships in your Tribe and community
 - State licensing
 - IHS Environmental Health
 - Tribal Head Start or Early Head Start program

Required Health and Safety Topics

- i. The prevention and control of infectious diseases (including immunizations);
- ii. Prevention of sudden infant death syndrome and use of safe sleeping practices;
- iii. Administration of medication, consistent with standards for parental consent;
- iv. Prevention and response to emergencies due to food and allergic reactions;
- v. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
- vi. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- vii. 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)
- viii. Handling and storage of hazardous materials and the appropriate disposal of biocontaminants;
- ix. Appropriate precautions in transporting children, if applicable;
- x. Pediatric first aid and cardiopulmonary resuscitation;
- xi. Recognition and reporting of child abuse and neglect

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Review: Minimum Required Health and Safety Standards, Trainings, and Monitoring Systems

- ◆ Infectious disease control (including immunizations)
- ◆ Safe sleep
- ◆ Medication administration
- ◆ Allergy response
- ◆ Physical environment
- ◆ Prevention of child abuse and neglect
- ◆ Emergency preparedness
- ◆ Hazardous materials storage and disposal
- ◆ Transportation (if applicable)
- ◆ Pediatric CPR and first aid
- ◆ Child abuse and neglect recognition and reporting

Source: Child Care and Development Fund, 45 C.F.R §98.41 (2016).

Required Health and Safety Trainings

- ◆ Infectious disease control (including immunizations)
- ◆ Safe sleep
- ◆ Medication administration
- ◆ Allergy response
- ◆ Physical environment
- ◆ Prevention of child abuse and neglect
- ◆ Emergency preparedness
- ◆ Hazardous materials storage and disposal
- ◆ Transportation (if applicable)
- ◆ Pediatric CPR and first aid
- ◆ Child abuse and neglect recognition and reporting
- ◆ Child development (from § 98.44, training and professional development)

Source: Child Care and Development Fund, 45 C.F.R §98.41 § 98.44 (2016).

Considerations for Health and Safety Trainings

- ◆ For caregivers, teachers, and directors
 - Emphasis on “care provided on a person-to-person basis”
 - Definitions are listed in the CCDF regulations
- ◆ Preservice training or orientation training within 3 months
 - Ensure that there are requirements to be completed by new hires
- ◆ Ongoing professional development
 - Indicate that training is ongoing

From the CCDF final rule, § 98.44, Training and Professional Development: “(b) The Lead Agency must describe in the Plan its established requirements for pre-service or orientation (to be completed within three months) and ongoing professional development for caregivers, teachers, and directors of child care providers of services for which assistance is provided under the CCDF that, to the extent practicable, align with the State framework”

Source: Child Care and Development Fund, 45 C.F.R § 98.44 (2016).

Considerations for Health and Safety Trainings

From the CCDF final rule, § 98.44, Training and Professional Development:

(1) Accessible pre-service or orientation training in health and safety standards appropriate to the setting and age of children served that addresses: (i) Each of the requirements relating to matters described in § 98.41(a)(1)(i) through (xi), **specifying critical health and safety training that must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised**; (ii) At the Lead Agency option, matters described in §98.41(a)(1)(xii); **(iii) Child development, including the major domains (cognitive, social, emotional, physical development and approaches to learning);**

(2) Ongoing, accessible professional development, aligned to a progression of professional development, including the minimum annual requirement for hours of training and professional development for eligible caregivers, teachers and directors, appropriate to the setting and age of children served, that: (i) Maintains and updates health and safety training standards described in § 98.41(a)(1)(i) through (xi), and at the Lead Agency option, in § 98.41(a)(1) (xii);

Source: Child Care and Development Fund, 45 C.F.R § 98.44 (2016).

Health and Safety Requirements for All Grantees: Monitoring and Inspections

From the CCDF final rule:

(2) Tribal Lead Agencies with large, medium, and small allocations shall be subject to the provision at § 98.42(b)(2) to require inspections of child care providers and facilities, unless a Tribal Lead Agency describes an alternative monitoring approach in its Plan and provides adequate justification for the approach.

Source: Child Care and Development Fund, 45 C.F.R §98.42 §98.83 (2016).

Monitoring and Inspections

Tribal Lead Agencies must have requirements for health, safety, and fire monitoring and inspection as follows:

- ◆ Licensed or regulated CCDF providers
 - One prelicensure inspection
 - An annual unannounced inspection

- ◆ License-exempt CCDF providers
 - An annual inspection



Source: Child Care and Development Fund, 45 C.F.R §98.42 (2016).

Health and Safety Requirements for All Grantees: Criminal Background Checks

From the CCDF final rule:

(i) Requirements, policies, and procedures to require and conduct 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 assistance is provided

Source: Child Care and Development Fund, 45 C.F.R §98.43 §98.83 (2016).

Criminal Background Checks

- ◆ Background checks are required for child care staff and for individuals age 18 or older residing in family child care homes.
- ◆ Prospective staff members are allowed to provide services to children on a provisional basis (if supervised at all times) after completing either Federal Bureau of Investigation or state criminal repository check while background checks are being processed.
- ◆ Tribal Lead Agencies may submit in their CCDF Plans an alternative background check approach.

Source: Child Care and Development Fund, 45 C.F.R §98.43 §98.83 (2016).

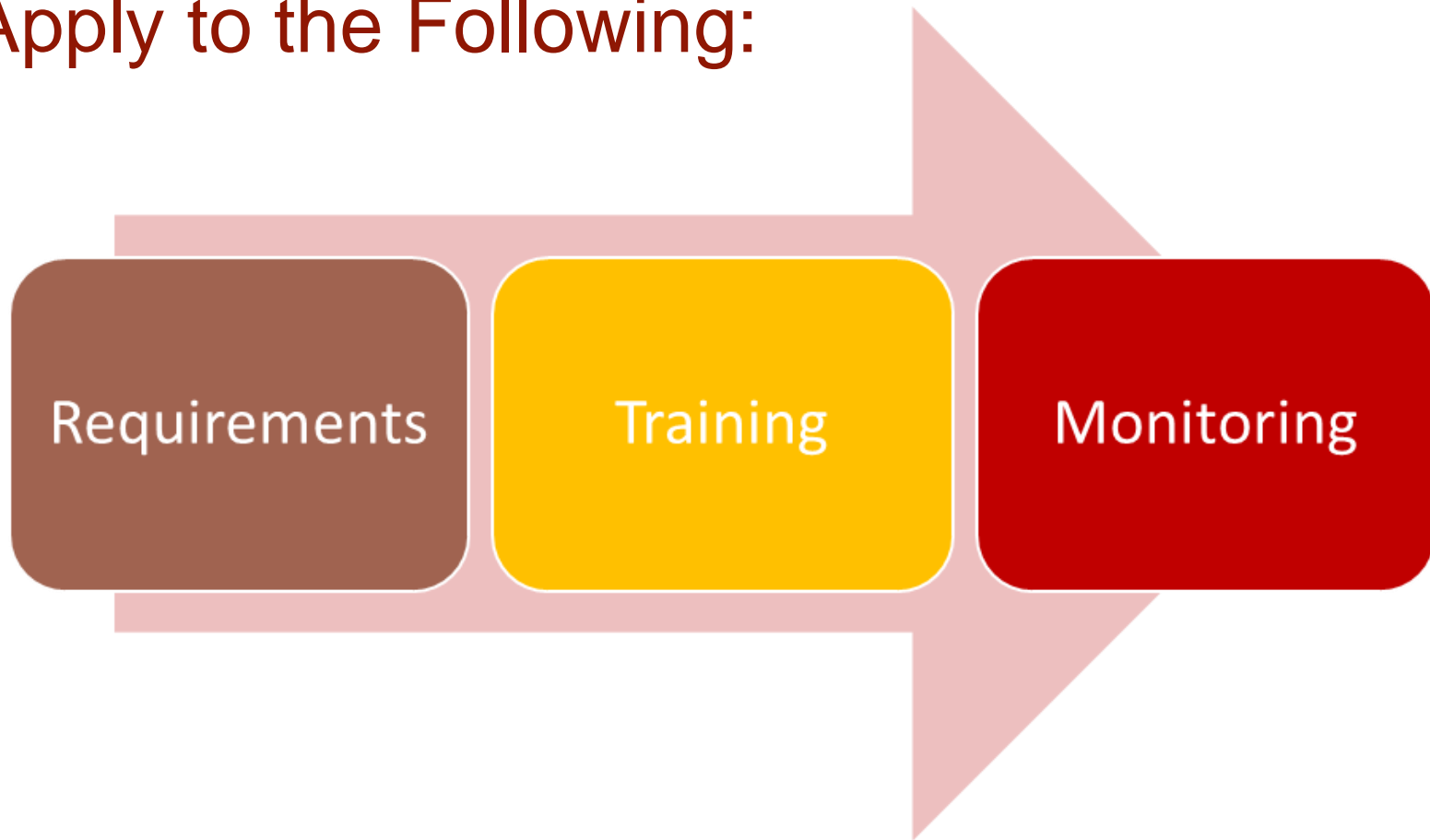
Criminal Background Checks (continued)

Must include checks of the following:

- ◆ Federal Bureau of Investigation fingerprint check using Next Generation Identification
- ◆ National Crime Information Center's National Sex Offender Registry
- ◆ Searches of the following in the State of residence (as well as each additional State of residence in the previous 5 years):
 - State criminal registry or repository (with fingerprints required in current State of residence and optional in previous States)
 - State sex offender registry or repository
 - State-based child abuse and neglect registry and database

Source: Child Care and Development Fund, 45 C.F.R §98.43 (2016).

Health and Safety Topics in Final Rule Apply to the Following:



For caregivers, teachers, and directors

Continuing Our Journey

- ◆ After reviewing the foundation of health and safety, we need to consider the following:
 - **Where are we now?**
 - What does our program look like?
 - What do we need to implement fully?
 - Which health and safety topics do we need additional support in implementing?





National Center on Tribal Early Childhood Development

Part 2: Implementation Considerations

Continuing Our Journey: Where Do We Go Next?



CHILD CARE AND DEVELOPMENT FUND
for
TRIBE: _____

FFY 2017-2019

CCDF Plan

This Plan describes the CCDF program to be administered by the Tribes for the period 10/1/2016 – 9/30/2019. As provided for in the applicable Tribal Code, the Tribes have the authority to modify this program at any time, including amendments to the Tribal Code, by the Tribal Council.

For purposes of simplicity and clarity, the specific provisions of the Tribal Code and regulations are sometimes paraphrased or summarized in this Plan. The Tribal Lead Agency acknowledges its responsibility to ensure that the Tribal Code and regulations are consistent with the CCDF Plan.

Public reporting burden for this collection of information is estimated to average 120 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not collect information unless it displays a currently valid control number.

(Form ACF 118-A; Child Approval Form (CAF) XXX-XX, expires XX/XX/XXXX)



76382 Federal Register / Vol. 81, No. 190 / Friday, September 30, 2016 / Rules and Regulations

§ 86.41 Health and safety requirements.

(a) Each Lead Agency shall certify that these are in effect, within the State for other areas served by the Lead Agency, under State, local or tribal law, requirements (appropriate and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. Such requirements must be applicable to child care providers of service for which assistance is provided under this part. Such requirements, which are subject to payment to § 86.42, shall:

- (1) Be subject to the direct supervision and control of the Lead Agency or its designees (including but not limited to the following: _____);
- (2) Be part of their health and safety provisions in this area. Lead Agencies shall assure that children receiving services under the CCDF are age-appropriately supervised. Those health and safety provisions shall incorporate the most up-to-date information available to the Lead Agency at the time of the review of the respective State, local, or tribal public health requirements.
- (3) Children who are cared for in a separate residential unit, and are not provided there are no other unrelated children who are cared for in the same unit, shall be exempt from these requirements, provided there are no other children who are cared for in the same unit.
- (4) Children whose parents object to participation in religious programs, shall be exempt from these requirements.
- (5) Children whose medical condition requires immunization shall be exempt from these requirements.
- (6) Lead Agencies shall establish a grace period that allows children experiencing homelessness and children in foster care to receive services under this part while providing their families (including foster families) a reasonable time to take any necessary action to comply with immunization and other health and safety requirements.
- (7) The length of such grace period shall be established in consultation with the State, Territorial or Tribal health agency.
- (8) Any payment for such a child during the grace period shall not be counted under subpart K of this part.
- (9) The Lead Agency may, at its option, establish grace periods for other

health to age five in child care and other early childhood programs, as described in the Plan pursuant to § 86.10(c).

(b) Provide information on receiving assistance under this part.

(c) Provide information on developmental screenings to parents as part of the intake process for families receiving assistance under this part, and to providers through training and education, including:

- (1) Information on existing resources and services the State can make available in conducting developmental screenings and providing referrals to services when appropriate (including the coordinated Early and Periodic Screen, Diagnosis, and Treatment program (42 CFR 141.101) and developmental screening services available under subpart C of the Individuals with Disabilities Education Act (20 U.S.C. 1410, 1411 of sec. 2); and
- (2) A description of how a family or eligible child care provider may utilize the resources and services described in paragraph (c)(1) of this section for developmental screenings for children who may be at risk for cognitive, developmental delays, which may include social, emotional, physical, linguistic, delays.
- (3) For families that receive assistance under this part, provide specific information about the child care provider selected by the parent.

The addition and revision read as follows:

(i) Compliance with health and safety requirements shall be a condition of receiving assistance under this part.

(ii) Lead Agencies shall ensure that the health, safety, or development of children who receive services from such programs. Lead Agencies must provide the required description and demonstration for any exemptions based on:

- (A) Provider category, type, or setting;
- (B) Length of stay;
- (C) Providers not subject to licensing because the number of children served falls below a State-defined threshold; and
- (D) Any other exemption to licensing requirements;
- (E) Provide a detailed description in the Plan of the requirements under paragraph (a)(1) of this section and of how they are effectively enforced.

■ 20. Revise § 86.41 to read as follows:

Successful Implementation Considerations

- ◆ Standards
 - Includes developing, aligning, and implementing standards (requirements) for health and safety in your program
- ◆ Policies and procedures
 - Involves drafting, aligning, and using administrative and programmatic policies and procedures to guide day-to-day practice and provide sustainability for the program—also known as contingency planning
- ◆ Monitoring systems
 - Developing and aligning your program's monitoring processes to ensure that all of your program's health and safety requirements and standards are met
 - Internal compliance checks; measures for accountability; and enforcement of policies, procedures, and program standards

Successful Implementation Considerations

- ◆ Forms
 - All the corresponding forms, tools, and checklists that document the ways your program is ensuring compliance with the health and safety standards at the administrative, program, and provider levels
- ◆ Staff training and supports
 - Ensuring that program staff and providers are trained in all the required health and safety topics
 - Identifying appropriate resources, such as partnering with Indian Health Service or tribal health programs, or implementing online training modules so staff and providers have access to these trainings
 - Includes the ways your program documents that these trainings have occurred and are continuing to occur according to the final rule
- ◆ Communication (internal and external)
 - Involves ensuring that program staff, tribal leaders, providers, and participating families are all aware of the health and safety standards, policies and procedures, and systems in place

Weaving Together Health and Safety

- ◆ Start with standards or requirements
- ◆ Review your program's current health and safety standards
- ◆ You will need the following:
 - Current program CCDF Plan
 - Current approved program policies and procedures
 - Staff handbook
 - Provider handbook
 - Family handbook



Weaving Together Health and Safety

- ◆ What will your program's health and safety standards (also known as requirements) be?
- ◆ Will you use any of the following?
 - State licensing requirements?
 - Tribal health program requirements?
 - IHS requirements?
 - Other sets of standards, such as *Caring for Our Children Basics*, *Caring for Our Children*, 3rd ed., or Head Start Program Performance Standards?
 - *Minimum Standards for Tribal Child Care: A Health and Safety Guide*, also known as “the orange book” (2005)?
 - Accreditation standards?
- ◆ Will your program set its own standards specific to your Tribe and community?

Considerations for Planning

- ◆ Find out what families need the most
 - Ideas?
- ◆ Survey your providers to find out what their priorities are
- ◆ Provide your office and program CCDF staff with a survey as a way to gather input and also to measure what they know of the program already
- ◆ What are the health and safety priorities in the community?
- ◆ Find priorities that align with the topics and see how you can address them

Implementation and Cultural Adaptation

- ◆ Indigenous perspective on health, safety, and wellness
- ◆ Think about your stories and what they can mean for children's health in your program
- ◆ What are your people's traditions and perspectives on health and wellness?
- ◆ Find your message for your staff, providers, and families



Partnership Building and Collaboration

- ◆ Goal: To maximize reach, raise awareness, and leverage funding
- ◆ Who are potential and current partners for your program?



Potential Partners

◆ Possible partnerships in your Tribe

- Head Start and Early Head Start Programs
- Home visiting program
- Community Health Representatives
- Injury Prevention Program
- Behavioral health
- Suicide prevention
- Indian Child Welfare
- Transportation



◆ Possible partnerships in your community

- Indian Health Service
- County or local health department
- Local pediatric dentists
- Local pediatricians and family practice
- State Medicaid agency
- WIC Program
- CACFP agency
- State licensing agency (local office)
- Child care health consultants



National Center on Tribal Early Childhood Development

Part 3: Available Training and Technical Assistance (T&TA) Resources

Climbing the Mountain: T&TA Resources Available to Tribes

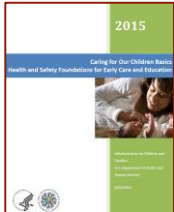
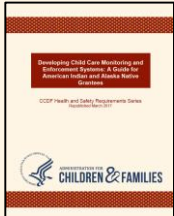
- ◆ We can work with your regional office to schedule trainings specific to your region.
- ◆ We can provide tailored training and technical assistance.
- ◆ We can support peer learning groups.
- ◆ We can provide webinars on specific topics.
- ◆ We can help you navigate the many resources developed by the Office of Child Care and the Office of Head Start!

T&TA Resources Available to Tribes

- ◆ These resources apply to the following:
 - Tribal-operated centers
 - Center-based providers
 - Family child care home providers (including relative providers)
- ◆ How can we help you with implementing the health and safety requirements?






Resources Currently Available

Resource Title	Description	Link
<i>Minimum Standards for Tribal Child Care: A Health and Safety Guide</i>	Developed in 2005 and currently undergoing revision according to the CCDF final rule with input from AI/AN CCDF grantees	https://childcareta.acf.hhs.gov/resource/minimum-standards-tribal-child-care-health-and-safety-guide
<i>Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education</i>	Published by the federal Administration for Children and Families to represent the minimum health and safety standards experts believe should be in place where children are cared for outside their homes	http://www.acf.hhs.gov/programs/ecd/caring-for-our-children-basics 
Tribal CCDF Monitoring Toolkit: Resources for Centers and Family Child Care Homes	Developed and distributed to AI/AN CCDF Grantees in September 2016. Resource guides accompanied by videos and sample forms	https://childcareta.acf.hhs.gov/technical-assistance-guides 

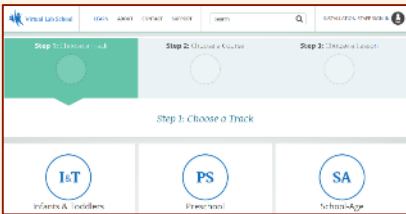

Revising the Minimum Health and Safety Standards for Tribes



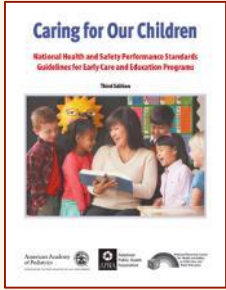
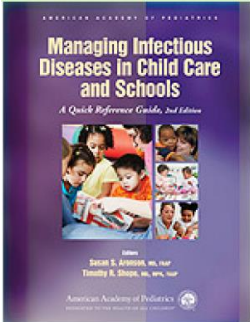
Resources Currently Available

Resource Title	Description	Link
<p><i>Model Child Care Health Policies</i>, 5th edition</p> 	<p>Recommendations for child care health policies from the American Academy of Pediatrics.</p>	<p>http://ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies</p>
<p><i>Stepping Stones to Caring for Our Children</i>, 3rd edition (SS3)</p> 	<p>A shorter version of the <i>Caring for Our Children</i> guidelines, highlighting 138 standards that are considered most important.</p>	<p>http://nrckids.org/index.cfm/product/s/stepping-stones-to-caring-for-our-children-3rd-edition-ss3/</p>
<p>Early Childhood Education Linkage System (ECELS)</p> 	<p>The mission of the ECELS is to improve the quality of early childhood education and school-age child care programs. ECELS provides consultation, training, and technical assistance about health and safety in child care.</p>	<p>http://ecels-healthychildcarepa.org/tools/forms</p>

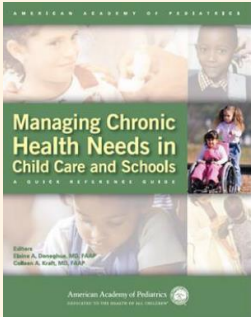
Resources Currently Available

Resource Title	Description	Link
<p>Virtual Lab School</p> 	<p>Provides an easy-to-navigate online professional development and resource system that empowers professionals to build their knowledge and skills around research-based practices in child care and youth development</p>	<p>https://www.virtuallabschool.org/learn</p>
<p>Program Management and Fiscal Operations: Head Start Management System-Communication</p> 	<p>Provides a management system wheel that represents 12 program management, planning, and oversight systems of a high-quality program. The communication system highlights the importance of effectively exchanging information with internal and external stakeholders.</p>	<p>https://eclkc.ohs.acf.hhs.gov/organizational-leadership/article/communication</p>

Resources Currently Available

Resource Title	Description	Link
<p><i>Caring for Our Children</i></p> 	<p>Provides the full set of 686 standards that represent a high-quality program in health and safety</p>	<p>http://cfoc.nrckids.org/</p>
<p><i>Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 3rd edition</i></p> 	<p>A collection of fact sheets on common infectious diseases and symptoms that occur in children in group settings; includes guidelines for when children should and should not be excluded from child care settings based on illness</p>	<p>Available from the American Academy of Pediatrics</p>

Resources Currently Available

Resource Title	Description	Link
<p><i>Managing Chronic Health Needs in Child Care and Schools: A Quick Reference Guide</i></p> 	<p>“The health conditions described in this book cover a spectrum of chronic illnesses, acute situations, selected developmental and behavioral problems, and special health care needs, with a special emphasis on children with special health care needs. It gives teachers, administrators, school nurses, and caregivers ready access to practical information and ‘what-to-do-when’ advice. It helps health care providers communicate essential information and instructions clearly and time-efficiently.” (From: www.aap.org)</p>	<p>Available from the American Academy of Pediatrics</p>
<p><i>Health and Safety Checklist for Early Care and Education Programs: Based on Caring for Our Children National Health and Safety Performance Standards, 3rd Edition</i></p>	<p>A comprehensive health and safety monitoring checklist for center-based providers based on the full version of <i>Caring for Our Children</i></p>	<p>http://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/HS_Checklist.pdf</p>

Resources Currently Available

Resource Title	Description
Head Start Program Performance Standards	The federal regulations that govern the administrative operations and program activities of Head Start and Early Head Start programs.
Accreditation standards	Voluntary standards set by various national organizations that providers must meet in order to demonstrate high-quality care.
Healthy Child Care America website	This website is provided by the American Academy of Pediatrics and has a wide range of resources including some of those identified in previous slides. Available at http://www.healthychildcare.org/ .
National Database of Child Care Licensing Regulations	Search for any State and find its licensing regulations to use as a guide or comparison in developing or revising your own regulations. Available at https://childcareta.acf.hhs.gov/licensing .
<i>Caring for Our Children Basics Health and Safety Standards Alignment Tool for Child Care Centers and Family Child Care Homes</i>	Developed by the National Center on Early Childhood Quality Assurance. Available at https://childcareta.acf.hhs.gov/resource/caring-our-children-basics-health-and-safety-standards-alignment-tool-child-care-centers .

Existing Resources: National Center on Early Childhood Quality Assurance (ECQA Center)

- ◆ Nine health and safety briefs:
<https://childcareta.acf.hhs.gov/new-briefs-about-health-and-safety-topics>

- *Brief 1: Prevention and Control of Infectious Diseases*
- *Brief 2: Administering Medications*
- *Brief 3: Prevention of and Response to Emergencies Due to Food and Allergic Reactions*
- *Brief 4: Reducing the Risk of Sudden Infant Death Syndrome and Using Safe Sleeping Practices*

CCDF Health and Safety Requirements Brief #1

NATIONAL CENTER ON Early Childhood Quality Assurance

Prevention and Control of Infectious Diseases

This brief, one in a series of nine addressing health and safety requirements specified in the Child Care and Development Block Grant Act of 2014, provides an overview of prevention and control of infectious diseases for center-based and home-based child care settings. Licensing administrators and Child Care and Development Fund Administrators may find the brief helpful as they begin to assess and consider future revisions to state standards for both licensed and license-exempt providers. It may also be of value to early childhood and school-age care and education programs and providers in understanding and improving the health and safety of their learning environments.

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Examples of State Licensed Child Care Requirements	10
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New Federal Requirements

The Child Care and Development Block Grant Act of 2014 includes provisions related to health and safety requirements for all providers that receive payment from the Child Care and Development Fund (CCDF).¹

(i) Health and Safety Requirements. - The plan shall include a certification that there are in effect within the State, under State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers that provide services for which assistance is made available under this subchapter. Such requirements

(i) shall relate to matters including health and safety topics consisting of

(i) the prevention and control of infectious diseases (including immunization) and the establishment of a grace period that allows homeless children and children in foster care to receive services under this subchapter while their families (including foster families)


¹ The Child Care and Development Block Grant Act of 2014 and section 418 of the Social Security Act (42 USC 618), as amended, provide the statutory authority for implementation of the CCDF program as designated by the Administration for Children and Families. Retrieved from <http://www.acf.hhs.gov/programs/blockgrantsof/418>

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Existing Resources: ECQA Center

◆ Health and safety briefs (continued)

CCDF Health and Safety Requirements Brief #6

 NATIONAL CENTER ON
Early Childhood Quality Assurance

Emergency Preparedness and Response Planning

This brief, one in a series of nine addressing health and safety requirements specified in the Child Care and Development Block Grant Act of 2014, provides an overview of emergency preparedness and response planning for center-based and home-based child care settings. Licensing administrators and Child Care and Development Fund Administrators may find the brief helpful as they assess and consider future revisions to state standards for both licensed and license-exempt providers. It may also be of value to early childhood and school-age care and education programs and providers in understanding and improving the health and safety of their learning environments.

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(i) shall relate to matters including health and safety topics consisting of

(VII) 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), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)).

¹The Child Care and Development Block Grant Act of 2014 and section 419 of the Social Security Act (42 USC 619), as amended, provide the statutory authority for implementation of the CCDF program as designated by the Administration for Children and Families. Retrieved from <http://www.acf.hhs.gov/orr/pubs/2014ccdf-fact-sheet>

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- *Brief 5: Building and Physical Premises Safety*
- *Brief 6: Emergency Preparedness and Response Planning*
- *Brief 7: Handling, Storing, and Disposing of Hazardous Materials and Biological Contaminants*
- *Brief 8: Transportation of Children*
- *Brief 9: Health and Safety Training*

Existing Resources: National Program Standards Crosswalk Tool



- ◆ Website: <https://grisguide.acf.hhs.gov/crosswalk/>
- ◆ See the National Center on Early Childhood Quality Assurance for more information

Thank You for Participating!

For reference

- ◆ Final regulatory language available in the Code of Federal Regulations:
Child Care and Development Fund, 45 C.F.R. § 98 (2016).
 - Available at <https://www.ecfr.gov/cgi-bin/text-idx?SID=4f7ade0a312b92f614ef180b7bbbec06&mc=true&node=pt45.1.98>

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- ◆ Newsletter: <http://eepurl.com/cs6Osv>

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