



National Center on Tribal Early Childhood Development

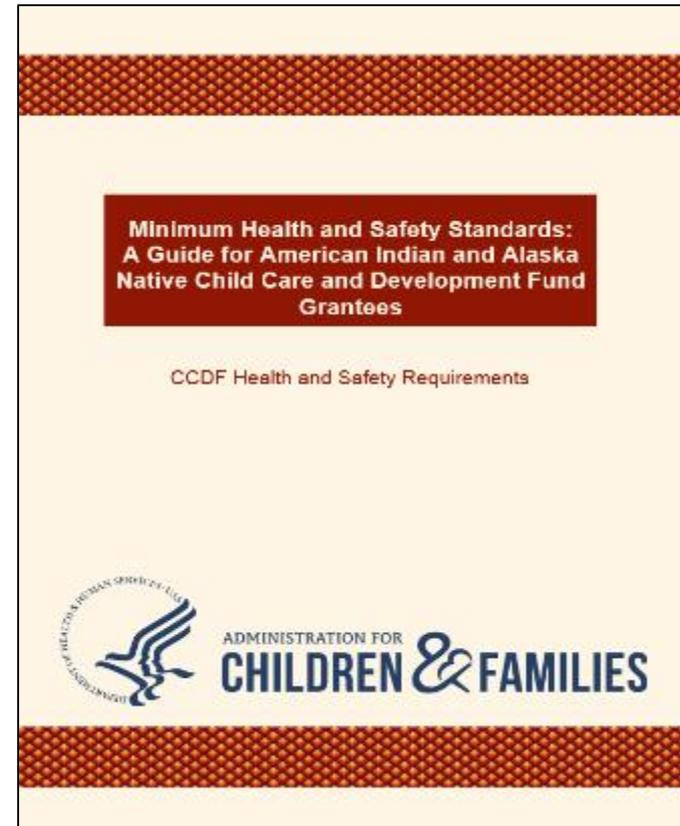
Exploring the Implementation of Child Care and Development Fund Health and Safety Standards

**Office of Child Care's 2018 American Indian
and Alaska Native Regional Conference**



Agenda

- ◆ Welcome and check in questions
- ◆ Overview of health and safety standards
- ◆ Demonstration of *Program Standards Crosswalk Tool*
- ◆ Available training and technical assistance (T&TA) resources
- ◆ Wrap up and next steps



Objectives

- ◆ Participants will learn more about the revised *Minimum Health and Safety Standards*.
- ◆ Participants will engage in peer sharing of ideas, strategies, and approaches to full implementation of Child Care and Development Fund (CCDF) health and safety standards.
- ◆ Participants will identify available resources to support their development, adaptation, and selection of health and safety standards that are culturally appropriate and responsive to the needs of their communities.

Check-In Questions

- ◆ Raise your hand if...
 - You plan to adopt the Head Start Performance Standards as your health and safety standards for CCDF
 - You plan to adopt your state health and safety standards for use in your CCDF program
 - You plan to adopt *Caring for Our Children Basics*, *Stepping Stones*, or *Caring for our Children, 3rd Edition* as your CCDF standards
 - You plan to write your own tribal-specific health and safety standards for your CCDF program
 - You plan to adopt the DRAFT Revised Minimum Health and Safety Standards as your CCDF standards

What Brought You Here?

- ◆ Using the post-it notes, please write down two questions regarding implementing health and safety standards in your CCDF program.



National Center on Tribal Early Childhood Development

Exploration of CCDF Health and Safety Standards

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



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
- ◆ Health and safety requirements are organized around a list of topics
- ◆ These topics apply to the following:
 - **Standards** developed
 - **Training** provided for caregivers, teachers, and directors
 - **Monitoring** processes conducted
- ◆ Monitoring and enforcement requirements
- ◆ Criminal background check requirements
- ◆ Group size and staff-child ratio requirements
- ◆ Relative care providers considerations



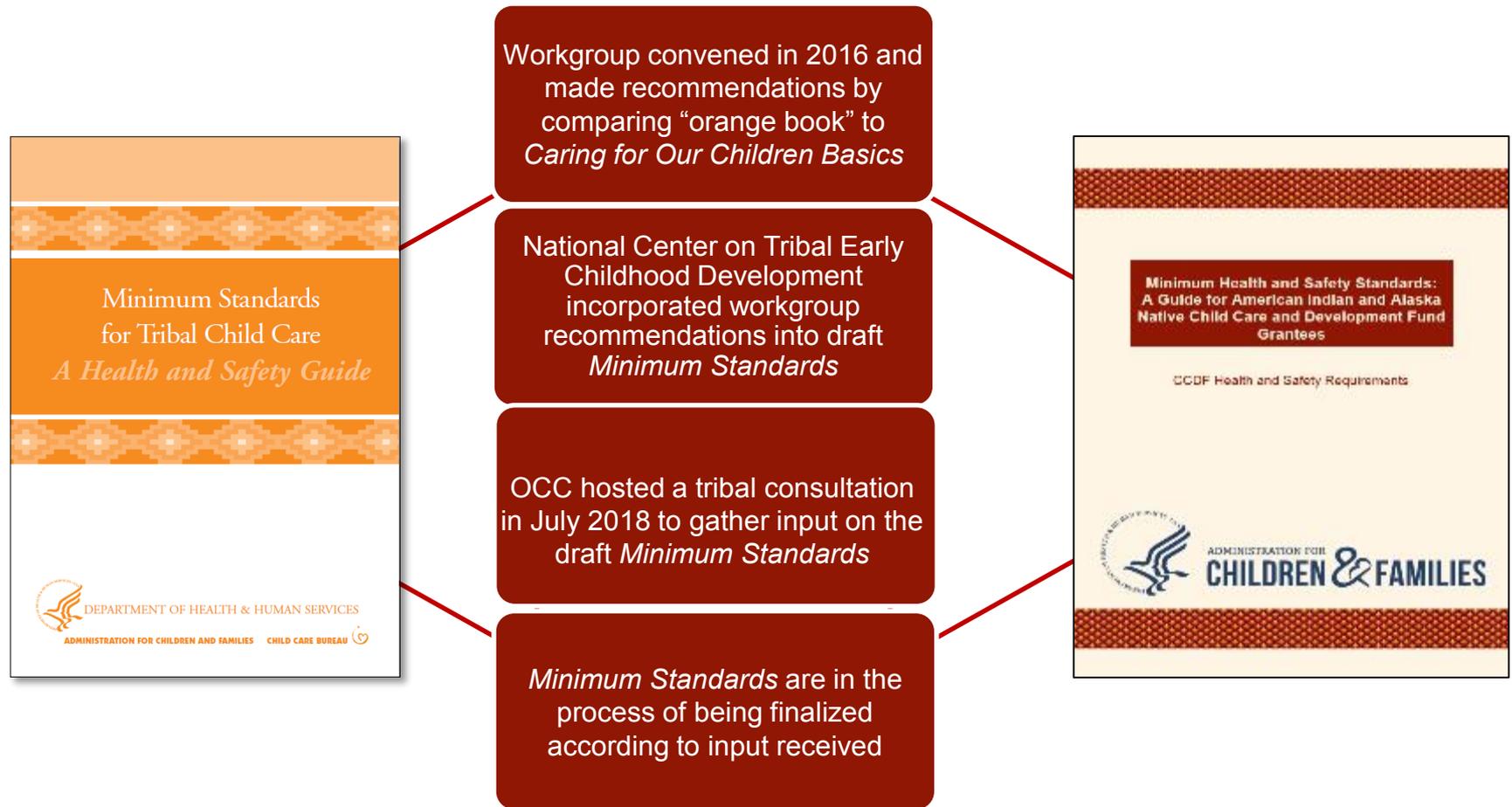
Source: Child Care and Development Fund, 45 C.F.R §98.41 §98.83 (2016).

Required Health and Safety Topics

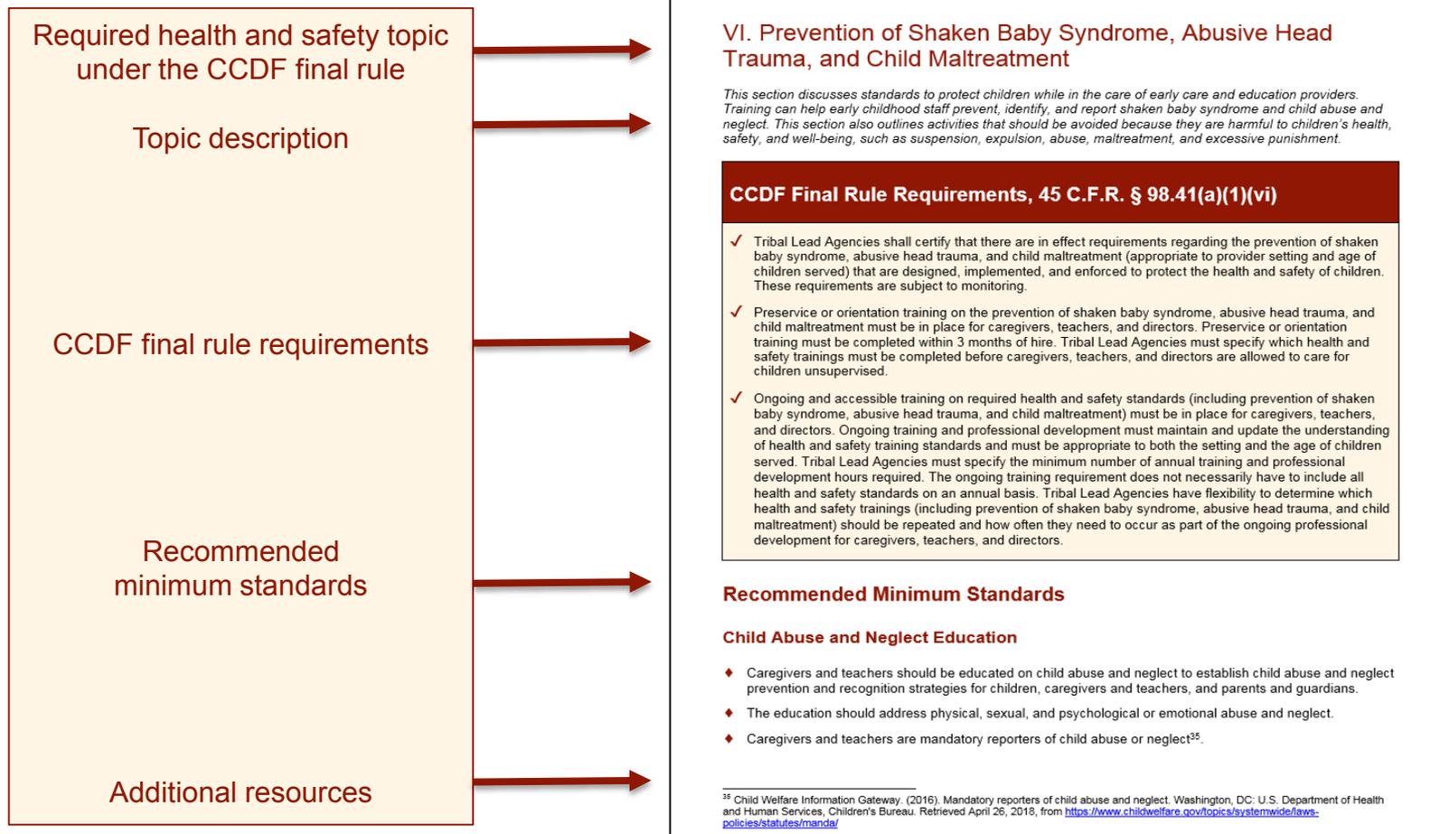
- i. The prevention and control of infectious diseases (including immunizations);
- ii. Prevention of sudden infant death syndrome and use of safe sleeping practices;
- iii. Administration of medication, consistent with standards for parental consent;
- iv. Prevention and response to emergencies due 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).

Revising the *Minimum Standards for Tribal Child Care: A Health and Safety Guide*



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



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 American Indian and Alaska Native (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).

Topic 1: Infectious Disease Control

Minimum Health and Safety Standards

In response to the recommendations of the final rule, ACO's Office of Child Care (OCC) convened a health and safety workgroup to review Minimum Standards for Tribal Child Care and recommend updates to align the standards with CPOCB. The workgroup consisted of AIWAN OODF Administrators from across the country and included representation from small, medium, and large allocation grantees. The majority of the workgroup members were members of federally recognized tribal nations, and all members had extensive experience with child care programs serving AIWAN communities. The group met over a 3-month period to review the Minimum Standards for Tribal Child Care and CPOCB. They offered ideas for recommendations for adopting CPOCB in a way that is responsive to tribal customs, traditions, and culture.

This document includes the OODF final rule requirements in health and safety, with corresponding recommended minimum health and safety standards. It also reflects one of the recommendations of the health and safety workgroup.

The guide is designed to provide a framework for AIWAN OODF Administrators to consider when developing their own grantees' health and safety standards and subsequent training and monitoring components. This guide is intended to provide a minimum set of health and safety standards that are aligned specifically to the health and safety requirements outlined in the final rule. These minimum standards can be used instead of another set of comprehensive standards (e.g., Caring for Our Children Basics: Caring for Our Children, 3rd edition, or the Head Start Program Performance Standards). If the Tribal Lead Agency chooses to draft their own standards instead of adopting an existing set of standards or adopting their respective standards, then these minimum health and safety standards can be used as a starting point to develop their own standards that meet the specific needs of their grantees served.

These health and safety requirements represent the baseline from which all grantees that children are cared for in healthy and safe environments and that their best interests are protected.

I. Prevention and Control of Infectious Disease

This section discusses standards for preventing and responding to health and medical issues and addresses proper hygiene and sanitation, proper nutrition and nutrition planning, infection and controlling and disease exclusion and illness. This section also discusses reasonable exclusion procedures for addressing instances of vaccine-preventable diseases. It also discusses requirements related to immunizations of children and staff in early care and education settings.

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

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

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

I. Prevention and Control of Infectious Disease

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

Topic 2: Safe Sleep

- ◆ Includes ensuring a safe environment for children to sleep and nap
- ◆ Addresses prevention of sudden infant death syndrome (SIDS) and practices for safe sleep as applied 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).

Topic 2: Safe Sleep

Minimum Health and Safety Standards

Immunization of Caregivers and Teachers

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

For more information, see [Caring for Our Children, 3rd edition, 7.2.0](#).

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

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

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

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

¹⁴ Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2018). Recommended immunization schedule for adults aged 18 years or older, United States, 2018 [Web page]. Retrieved April 26, 2018, from <https://www.cdc.gov/vaccines/schedules/topic/immz/adult.html>

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

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

Topic 2: Safe Sleep

Recommended Minimum Standards

Safe Sleep Practices and SIDS Risk Reduction

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

For more information, see [Caring for Our Children, 3rd edition, 3.1.4.1: Safe Sleep Practices and SIDS Risk Reduction](#).

Topic 3: Medication Administration

- ◆ How to properly administer approved medications to children in 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).

Topic 3: Medication Administration

Minimum Health and Safety Standards

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

Recommended Minimum Standards

Safe Sleep Practices and SIDS Risk Reduction

- All staff, parents and guardians, volunteers, and others who care for infants in the early care setting should follow safe sleep practices as recommended by the American Academy of Pediatrics.¹⁶
- Chairs must be in compliance with current U.S. Consumer Product Safety Commission safety standards.^{17,18}
- Crateboards may be used as a sleep surface for infants. When swaddling a baby, caregivers should use a light blanket and make sure the baby does not overheat. A crateboard should be used when an infant is a passenger in a car or other motor vehicle. Staff should follow appropriate use of crateboards for infants.¹⁹

For more information, see [Caregiver for Our Children, 3rd edition, 3.1.4.1, Safe Sleep Practices](#).

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

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

¹⁶ American Academy of Pediatrics. (2016). SIDS and other sleep-related infant deaths: Updated 2016 recommendations for safe infant sleeping environments. [Task Force on sudden infant death syndrome](#). Retrieved April 28, 2018, from <http://pediatrics.aappublications.org/doi/10.1542/peds.2016-2858>

¹⁷ Safety Standards for Full-Size Baby Cribs with Mattress Baby Crib, Final Rule, 70 Fed. Reg. 61,190 (Dec. 28, 2005) (codified at 16 C.F.R. 26,1216, 16 C.F.R. 26,1222, 16 C.F.R. 26,1502).

¹⁸ U.S. Consumer Product Safety Commission. (2017). [Crateboard products](#). Retrieved April 28, 2018, from <http://www.cpsc.gov/cpscpub/pubs/2017/04>

¹⁹ ASTM International. (2017). [ASTM F1181-17: Standard consumer safety specification for full-size baby cribs](#). Retrieved April 28, 2018, from <http://www.astm.org/Standards/F1181.htm>

²⁰ Federal Commission on Infant and Child Abuse. (2017). [Standard consumer safety specification for use full-size baby cribs by youth](#). Retrieved April 28, 2018, from <http://www.fccia.gov/infantandchildabuse/2017/04>

²¹ Institute of Medicine of the National Academies of Sciences, Engineering, and Medicine. (2014). [Medicine for All: Improving Access to Health Care for All Americans](#). Retrieved April 28, 2018, from <http://www.nationalacademies.org/humanities/med-for-all/med-for-all-report.aspx>

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Topic 3: Medication Administration

Recommended Minimum Standards

Medication Administration and Storage

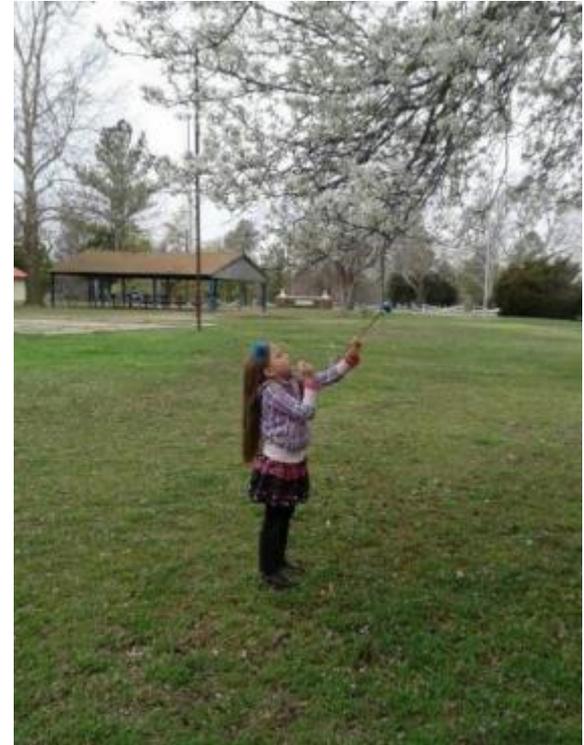
- ◆ The administration of medicines at the facility should be limited to the following:
 - Prescription or nonprescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent or guardian. Prescription medication should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

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

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 of and response to emergencies due to food and allergic reactions...”



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

Topic 4: Allergy Response

Minimum Health and Safety Standards

Training of Caregivers and Teachers to Administer Medication

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

For more information, see [Caring for Our Children, 3rd edition, 3.6.3.3: Training to Administer Medication](#).

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

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

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

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

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

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Topic 5: Physical Environment

- ◆ Includes the facility where the child is cared for, whether it is a center or home
- ◆ Ensures that safety measures are taken
- ◆ Includes indoor and outdoor environments, such as the 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).

Topic 5: Physical Environment

Minimum Health and Safety Standards

Foods That Are Choking Hazards

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

For more information, see [Caring for Our Children, 3rd edition, 4.5.0.10: Foods That Are Choking Hazards](#).

Food Preparation Area Access

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

For more information, see [Caring for Our Children, 3rd edition, 4.8.0.1: Food Preparation Area Access](#).

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

- ◆ All/AN CCDF grantees should conform to applicable portions of the Food Code of the U.S. Food and Drug Administration (FDA), Indian Health Service (IHS), state, and local food service rules and regulations regarding food safety, food protection and sanitation practices.²⁴ Δ
- ◆ Family child care homes are exempt. Δ

For more information, see [Caring for Our Children, 3rd edition, 4.8.0.1: Food Preparation Area Access](#) and [Caring for Our Children, 3rd edition, 4.8.0.1: Food Preparation Area Access](#).

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

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

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

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

²⁴ Food and Drug Administration. U.S. Department of Health and Human Services. (2016). FDA food code [Web page]. Retrieved April 26, 2016, from <https://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode>.

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Sharing

- ◆ Take a moment to consider these first five topics
- ◆ In your group, share which standards your CCDF program is currently using
- ◆ Strategize with each other regarding which standards will fit each type of care you provide
- ◆ Plan to share with the larger group

Topic 6: Prevention of Child Maltreatment

- ◆ Involves prevention of 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).

Topic 6: Prevention of Child Maltreatment

Minimum Health and Safety Standards

Water in Containers

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

For more information, see [Caring for Our Children, 3rd edition, 6.3.5.2. Water in Containers](#).

Sign-In and Sign-Out System

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

For more information, see [Caring for Our Children, 3rd edition, 9.2.4.7. Sign-In/Sign-Out](#).

Authorized Persons to Pick Up Child

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

For more information, see [Caring for Our Children, 3rd edition, 9.2.4.7. Sign-In/Sign-Out](#).

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

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

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

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including prevention of shaken

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).

Topic 7: Emergency Preparedness

Minimum Health and Safety Standards

- Toilet learning or training methods that punish, demean, or humiliate a child
- Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child
- Any abuse or maltreatment of a child
- Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family
- Any form of public or private humiliation, including threats of physical punishment
- Physical activity or outdoor time taken away as punishment
- Placing a child in a crib for a time-out or for disciplinary reasons

For more information, see [Caring for Our Children, 3rd edition, 2.2.0.9: Pro](#)

Preventing and Identifying Shaken Baby Syndrome

- ◆ *AIIAN* CCDF grantees should have a policy and procedure to prevent abusive head trauma.
- ◆ All caregivers and teachers who are in direct contact with children, including teachers and volunteers, should receive training on preventing abusive head trauma; recognition of potential signs and symptoms of abusive head trauma; and strategies for coping with a crying, fussing, or distressed child, including brain in infancy and early childhood.

For more information, see [Caring for Our Children, 3rd edition, 2.2.0.9: Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma](#).

VII. Emergency Preparedness and Response Planning for Emergencies

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

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

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility) that shall include procedures for evacuation, relocation, shelter-in-place and lockdown, staff and volunteer emergency preparedness training and practice drills, communication and reunification with families, continuity of operations, and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.

VII. Emergency Preparedness and Response Planning for Emergencies

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

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).

Topic 8: Hazardous Materials Storage and Disposal

Minimum Health and Safety Standards

Contents of Child Records

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

For more information, see [Licensing for Day Children](#)

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

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

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

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding the handling and storage of hazardous materials and the appropriate disposal of biocontaminants (appropriate to provider setting and age of children served) that are developed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Presence of or orientation training on handling and storage of hazardous materials and the appropriate disposal of biocontaminants must be in place for caregivers, teachers, and directors. Pre-service or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including handling and storage of

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

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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).

Topic 9: Transportation

Minimum Health and Safety Standards

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

hazardous materials and the appropriate disposal of biocontaminants) must be in place for caregivers, teachers, and directors. Ongoing training and professional development must maintain and update the understanding of health and safety training standards and must be appropriate to both the setting and the age of children served. Tribal Lead Agencies must specify the minimum number of annual training and professional development hours required. The ongoing training requirement does not necessarily have to include all health and safety standards on an annual basis. Tribal Lead Agencies have flexibility to determine which health and safety trainings (including handling and storage of hazardous materials and appropriate disposal of biocontaminants) should be repeated and how often they should be repeated for the ongoing professional development for caregivers, teachers, and directors.

Recommended Minimum Standards

Use and Storage of Toxic Substances

- ◆ All toxic substances should be inaccessible to children and should be stored in locked containers.
- ◆ Toxic substances should be used as recommended by the manufacturer.
- ◆ The telephone number for the poison control center should be posted in the facility.

For more information, see [Caring for Our Children, 7th Edition, Chapter 10, Section 10.10](#).

IX. Appropriate Precautions in Transporting Children (if applicable)

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

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

- ✓ Tribal Lead Agencies shall certify that there are in effect requirements regarding appropriate precautions in transporting children (if applicable) (appropriate to provider setting and age of children served) that are designed, implemented, and enforced to protect the health and safety of children. These requirements are subject to monitoring.
- ✓ Preservice or orientation training on appropriate precautions in transporting children (if applicable) must be in place for caregivers, teachers, and directors. Preservice or orientation training must be completed within 3 months of hire. Tribal Lead Agencies must specify which health and safety trainings must be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.
- ✓ Ongoing and accessible training on required health and safety standards (including appropriate precautions in transporting children, if applicable) must be in place for caregivers, teachers, and directors. Ongoing

IX. Appropriate Precautions in Transporting Children (if applicable)

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

Topic 10: Pediatric CPR and First Aid

- ◆ Ensures that individuals who care for children are properly trained to use cardiopulmonary resuscitation (CPR) according to the age of the 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).

Topic 10: Pediatric CPR and First Aid

X. Pediatric First Aid and Cardiopulmonary Resuscitation

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

Minimum Health and Safety Standards

X. Pediatric First Aid and Cardiopulmonary Resuscitation

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

CCDF Final Rule Requirements, 45 C.F.R. § 96.41(a)(1)(x)

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

Recommended Minimum Standards

First Aid and CPR Training for Staff

- All directors, teachers, and caregivers should have up-to-date documentation of satisfactory completion of training in pediatric first aid and current certification in pediatric CPR. ⁴
- Additionally, at least one staff member off-site and in each vehicle during transportation should have the same training. Records of successful completion of training in pediatric first aid and CPR should be maintained in the personnel file of the facility. ⁴

For more information, see [Child Care for Our Children, 3rd edition, 1.4.2.1, First Aid and CPR Training for Staff](#).

XI. Recognition and Reporting of Child Abuse and Neglect

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

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
- ◆ Requires reporting procedures in place for staff, caregivers, directors, and providers

From the CCDF final rule: “(xi) Recognition and reporting of child abuse and neglect”

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

Topic 11: Child Abuse and Neglect Recognition and Reporting

Minimum Health and Safety Standards

X. Pediatric First Aid and Cardiopulmonary Resuscitation

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

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

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

Recommended Minimum Standards

First Aid and CPR Training for Staff

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

For more information, see [Caring for Our Children, 3rd edition](#).

XI. Recognition and Reporting of Child Abuse and Neglect

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

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Certification of Child Abuse and Neglect Reporting Processes

- ◆ 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).

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
- ◆ The 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).

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).

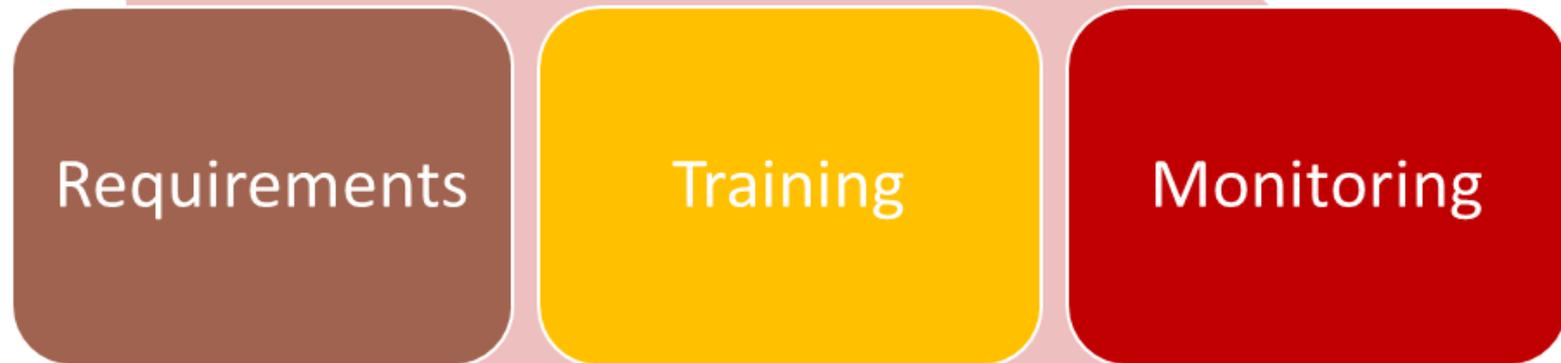
Considerations for Health and Safety Trainings

- ◆ 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 three 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).

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



For caregivers, teachers, and directors

Sharing

- ◆ Take a moment to consider these topics
- ◆ In your group, share which standards your CCDF program is currently using
- ◆ Strategize with each other regarding which standards will fit each type of care you provide
- ◆ Plan to share with the larger group



NATIONAL CENTER ON

Early Childhood Quality Assurance

Demonstration of the National Program Standards Crosswalk Tool

National Program Standards Crosswalk Tool

U.S. Department of Health & Human Services & Administration for Children & Families Office of Child Care (Main Site) Office of Child Care (TA Network)

National Program Standards Crosswalk Tool

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Welcome to the National Program Standards Crosswalk Tool

This website contains a searchable database of national program standards for early childhood learning and development programs. It includes standards from a variety of government and non-profit organizations. Use the form below to search and compare standards by topic and issuing organization. Learn more about the [standards](#)

- ◆ Website: <https://grisguide.acf.hhs.gov/crosswalk/>



Instructions -

Step 1 Choose Topics

Children with Special Needs

Eligibility, Recruitment & Transition

Family & Community Partnerships

Health & Safety

Learning Environment, Teaching Practices & Curriculum

Nutrition

- Allergies/Other Special Needs
- Food Storage/Disposal
- Meal Preparation/Service
- Meal Time/Environment
- Reporting/Communications

OR

Step 1 Search

Search Keywords

Search



Topic	ACSI	CFOC3	CFOCB	COA-AS	DOD	HSPPS	NAC	NAFCC	NAEYC	NECPA	CCDF
Allergies/Other Special Needs	0	4	1	1	3	5	1	1	2	2	1

Choose Standards to Compare Step 3

Choose up to three standards:

- Association for Christian Schools International, REACH Standards and Indicators (ACSI)
- Child Care and Development Fund Final Rule (CCDF)
- Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs, 3rd Edition; and Stepping Stones to Caring for Our Children, 3rd Edition (CFOC3)
- Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education (CFOCB)
- Council on Accreditation After School Program Standards (COA-AS)
- Department of Defense Instruction and Effective Rating and Improvement System (DOD)
- Head Start Program Performance Standards (HSPPS)
- National Accreditation Commission for Early Care and Education Programs (NAC)
- National Association for the Education of Young Children, Academy for Early Childhood Program Accreditation (NAEYC)
- National Association for Family Child Care Accreditation (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

Compare Standards

Table shows
number of criteria



New Search

Modify Search

Excel

Print

Nutrition Allergies/Other Special Needs

Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education (CFOCB)

4.2.0.10 Care for Children with Food Allergies
Each child with a food allergy should have a written care plan that includes:

- a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
- b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for:

- a) Preventing exposure to the specific food(s) to which the child is allergic;
- b) Recognizing the symptoms of an allergic reaction;
- c) Treating allergic reactions.

Child Care and Development Fund Final Rule (CCDF)

§ 98.41 Health and safety requirements. (a) Each Lead Agency shall certify that there are in effect, within the State (or other area served by the Lead Agency), under State, local or tribal law, requirements (appropriate to provider setting 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 services for which assistance is provided under this part. Such requirements, which are subject to monitoring pursuant to § 98.42, shall:

- (1) Include health and safety topics consisting of, at a minimum:
- (iv) Prevention and response to emergencies due to food and allergic reactions

National Association for Family Child Care Accreditation (NAFCC)

4.77 - Children's food allergies are posted in the food preparation and eating areas.



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Clipboard Font Alignment Number Styles Cells Editing

C3 4.2.0.10 Care for Children with Food Allergies

	A	B	C	D	E
	State Licensing Requirements	State QRIS Standards	Nutrition:Allergies/Other Special Needs		
			CFOCB	CCDF	NAFCC
1			<p>4.2.0.10 Care for Children with Food Allergies Each child with a food allergy should have a written care plan that includes:</p> <ul style="list-style-type: none"> a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food; b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications. <p>Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for:</p> <ul style="list-style-type: none"> a) Preventing exposure to the specific food(s) to which the child is allergic; b) Recognizing the symptoms of an allergic reaction; c) Treating allergic reactions. <p>The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting.</p> <p>The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered.</p> <p>Each child's food allergies should be posted prominently in the classroom and/or whenever food is served with permission of the parent/guardian.</p>	<p>§ 96.41 Health and safety requirements. (a) Each Lead Agency shall certify that there are in effect, within the State (or other area served by the Lead Agency), under State, local or tribal law, requirements (appropriate to provider setting 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 services for which assistance is provided under this part. Such requirements, which are subject to monitoring pursuant to § 96.42, shall:</p> <ul style="list-style-type: none"> (1) Include health and safety topics consisting of at a minimum: <ul style="list-style-type: none"> (a) Prevention and response to emergencies due to food and allergic reactions 	<p>4.77 - Children's food allergies are posted in the food preparation and eating areas.</p>
2					
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sheet1

READY

Accessing Tools

- ◆ All tools and resources are available on the Child Care Training and Technical Assistance website at <https://childcareta.acf.hhs.gov/>.
 - National Center on Early Childhood Quality Assurance: <https://childcareta.acf.hhs.gov/centers/national-center-early-childhood-quality-assurance>
 - Protecting Children's Health and Safety topic page: <https://childcareta.acf.hhs.gov/topics/protecting-childrens-health-and-safety>

Let's Discuss

- ◆ Think about what this tool might mean for your program
- ◆ Share with a partner



Health and Safety Resource Lists

- ◆ Staff Training and Support (handout)
- ◆ Standards, Policies, and Monitoring Systems (handout)
- ◆ Health and Safety Program Practice (handout)

Action Planning Time

- ◆ *Implementation Planning Notes*
 - ◆ Action Steps



Reflective Evaluation

What worked today?

What do we want more of?

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