

Sample Policies and Procedures for Health and Safety

The policies and procedures below are provided as examples. There are no federal requirements regarding the structure or format of Child Care and Development Fund (CCDF) policies and procedures. Tribal Lead Agencies (TLAs) have the flexibility to develop written CCDF policies and procedures that meet the unique needs of their program and the children and families they serve.

Sample: Safe Sleep Practices Standard

Policy

- ◆ The TLA has adopted *Minimum Health and Safety Standards: A Guide for American Indian and Alaska Native Child Care and Development Fund Grantees* as the set of health and safety standards that all staff and providers must abide by. In order to ensure compliance with the standards, the following will apply to all CCDF staff, volunteers, and providers involved in the CCDF program regarding safe sleep practices and sudden infant death syndrome risk reduction.
- ◆ In order to ensure that the standard is implemented, the CCDF Administrator will ensure that all staff, parents and guardians, volunteers, and others who care for infants in the early care and education settings served by the CCDF program follow safe sleep practices as recommended by the American Academy of Pediatrics.
- ◆ Cribs must be in compliance with current U.S. Consumer Product Safety Commission and ASTM International safety standards. 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.

Procedure

- ◆ **A. Area for Sleeping and Napping**
 - Play, dining, and napping may be carried on in the same room (exclusive of bathrooms, kitchens, hallways, and closets), provided that the following criteria are met:
 - The room is large enough to accommodate each activity in separated and isolated areas
 - Programming is such that usage of the room for one purpose does not interfere with other uses (for example, children playing loudly with toys while other children are trying to nap)
- ◆ **B. Handling of Sleeping Equipment**

- The child care provider (including family child care home providers; relative care providers; and child care center directors, teachers, staff, and caregivers) will check that each crib, cot, sleeping bag, bed, mat, or pad is labeled with the name of the one child who uses it. Before sleep equipment can be used for a different child, all surfaces of the equipment will be cleaned and disinfected. Sleeping equipment will provide a firm surface for sleeping and will meet the safety standards of the U.S. Consumer Product Safety Commission. Bunk beds will not be accessible to children under 7 years of age. Sleeping surfaces are firm. Waterbeds and soft bedding materials such as sheepskin, quilts, comforters, pillows, and granular materials (plastic foam beads or pellets) used in bean bags are not accessible to infants.
 - Infants will be put to sleep on their backs without loose bedding or soft objects. Children who can turn themselves over will be allowed to assume a sleeping position that is comfortable for them.
 - The child care provider will check that cribs, cots, sleeping bags, beds, mats, or pads are placed at least three feet away from where any other child sleeps and that sleep surfaces are sanitary.
 - Bedding materials will be stored in a way that allows no contact between the sleeping surfaces of one child and the sleeping surfaces of another child or surfaces that were in contact with the floor.
 - Infants ages 0–10 months old will be put to sleep in flat cribs that meet the current guidelines with firm mattresses and tightly fitted sheets.
 - Infants over 10 months of age will be transitioned to sleeping on cots with fitted sheets and light blankets.
 - Children over 1 year old will be put to sleep on cots with fitted sheets and light blankets.
 - When cots and cribs are used by one child during the week, all cribs and cots will be stripped of their linens and disinfected with bleach water and allowed to air dry.
 - When cots and cribs are used by drop-in children during the week, all cribs and cots used by drop-ins will be stripped of their linens at the end of the day and disinfected with bleach water and allowed to air dry. The subsequent linens will be laundered that day and will be placed in the dryer by the last staff member on the premises in the evening.
- ◆ **C. Monitoring and Enforcement of Safe Sleep Practices and Sudden Infant Death Syndrome Risk-Reduction Standard**
- The CCDF Administrator will ensure that all approved providers receive one unannounced monitoring inspection visit as well as one announced monitoring inspection visit per year that verifies observation of compliance with the TLA’s standard on safe sleep practices and SIDS risk reduction.
 - Monitoring staff will document the inspection visit on the “Health and Safety Checklist for Early Care and Education Programs: Based on *Caring for Our Children* National Health and Safety Performance Standards, Third Edition” form, located here: https://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/6-3-18-HS_Checklist.pdf.
 - Upon completion of each inspection visit, the form will be reviewed with the child care provider staff on site. A copy will be given to the child care provider, and any corrective actions will be noted on the form and summarized for the provider to address within a 30-day timeframe. TLA staff will maintain a copy of the form in the provider’s file and will make the completed form and any follow-up documentation available to the public upon request.
- ◆ **D. Staff Training**
- Staff members who care for infants must receive professional development to ensure that they understand and use safe sleep practices to prevent sleep-related deaths. The TLA uses the American Academy of Pediatrics’ Healthy Native Babies curriculum for training of child care providers and CCDF program staff. The CCDF Administrator will ensure that trained instructors are available to schedule and conduct trainings as deemed necessary.

- Safe sleep practices and SIDS risk reduction training is provided during the preservice orientation of new child care provider staff, CCDF program staff, and volunteers.
- All child care provider and CCDF program staff receive the safe sleep practices and SIDS risk reduction training every 2 years to ensure ongoing compliance with current regulations, research, and practices.
- The CCDF Administrator maintains a file with each child care provider and CCDF program staff member that indicates the individual's name and the date the training was completed.

Sample: Monitoring and Enforcement Policy

Policy

- ◆ The TLA has adopted *Minimum Health and Safety Standards: A Guide for American Indian and Alaska Native Child Care and Development Fund Grantees* as the set of health and safety standards that all staff and providers must abide by. In order to ensure compliance with the standards, the CCDF Administrator will ensure that mechanisms are in place to monitor and enforce compliance with the standards of the CCDF program, including ensuring that providers receive health, safety, environmental, and fire inspections before approval and on an annual basis.

Procedure

- ◆ The following apply to approved CCDF providers who are licensed by the state:
 - The CCDF Administrator ensures that CCDF staff have ongoing communication with relevant state monitoring staff according to the current memorandum of understanding between the TLA and the state CCDF Lead Agency.
 - TLA staff will ensure that approved CCDF providers have a current state license as verified by the state provider monitoring database. Documentation of the staff member who verified the current provider license status, as well as the date the verification was completed, will be maintained in the provider file by the CCDF program staff.
 - The CCDF Administrator will ensure that all TLA staff adhere to the monitoring requirements as outlined below:
 - CCDF providers will be informed of the monitoring and enforcement requirements during the orientation process, and reminders will be given during the annual renewal process.
 - Potential CCDF providers can apply for approval from the TLA to provide care to eligible CCDF children.
 - TLA staff will ensure that all provider application documents are completed, signed, and dated, and maintained in the provider's file. Copies will be given to the provider. Review and approval of the provider application packet will take place within 30 days of receiving the completed application and all necessary documents. The provider will be notified of the application decision in writing by CCDF program staff.
 - TLA staff will ensure that each CCDF provider signs the provider agreement and completes the provider packet during the orientation and initial approval process, as well as the renewal process.
 - TLA staff will work with their state counterparts to obtain copies of ongoing monitoring reports and document in each approved provider's file.
 - Since the TLA has adopted standards that allow for the use of cradleboards and traditional indigenous foods, the CCDF Administrator will ensure that each approved provider receives a preapproval visit as well as ongoing annual unannounced visits from trained CCDF program staff.

- TLA staff will document the monitoring visit using the provider monitoring forms packet and maintain the completed forms in the provider's file.
 - Any noncompliance items indicated in the state monitoring summary report will be discussed with both state agency staff and the provider to ensure that corrective action was completed.
- ◆ The following apply to approved CCDF providers who are regulated by the TLA:
- The CCDF Administrator will ensure that all TLA staff adhere to the monitoring requirements as outlined below:
 - CCDF providers will be informed of the monitoring and enforcement requirements during the orientation process, and reminders will be given during the annual renewal process.
 - Potential CCDF providers can apply for approval from the TLA to provide care to eligible CCDF children.
 - TLA staff will ensure that all provider application documents are completed, signed, and dated, and maintained in the provider's file. Copies will be given to the provider. Review and approval of the provider application packet will take place within 30 days of receiving the completed application and all necessary documents. The provider will be notified of the application decision in writing by CCDF program staff.
 - TLA staff will ensure that each CCDF provider signs the provider agreement and completes the provider packet during the orientation and initial approval process, as well as the renewal process.
 - Monitoring inspections are conducted as follows:
 - Indian Health Service (IHS) Environmental Health Officer (EHO): The local IHS Environmental Health Officer conducts annual unannounced inspections of child care providers using the environmental safety checklist developed by IHS and the TLA.
 - TLA staff: Assigned TLA staff conduct annual announced inspections of child care providers using the "Health and Safety Checklist for Early Care and Education Programs: Based on *Caring for Our Children* National Health and Safety Performance Standards, Third Edition" form, located here: https://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/6-3-18-HS_Checklist.pdf.
 - Upon completion of the IHS monitoring inspection visit, IHS EHO will discuss the findings with the child care provider and follow up with the TLA staff. The IHS EHO will provide the CCDF program with a copy of the monitoring inspection visit report. TLA staff will then follow up with the provider to ensure that support is provided regarding necessary corrective actions identified.
 - Upon completion of the TLA monitoring inspection visit, CCDF program staff will discuss the findings with the child care provider, complete a written plan of correction as appropriate, and follow up as needed to provide support to the provider to ensure that appropriate corrective actions are completed and documented according to the plan of correction. The CCDF program staff will provide a copy of the completed monitoring inspection visit checklists to the provider after the visit is completed. Copies of all completed monitoring inspection visit checklists, plans of correction, and any supporting documentation will be maintained by CCDF program staff in each provider's file.
 - Since the TLA has adopted standards that allow for the use of cradleboards and traditional indigenous foods, the CCDF Administrator will ensure that each approved provider receives a preapproval visit as well as ongoing annual unannounced visits from trained CCDF program staff.
 - TLA staff will document the monitoring visit using the provider monitoring forms packet and maintain the completed forms in the provider's file.
 - Noncompliance issues identified during monitoring inspection visits will be handled as follows:
 - Providers who are not in compliance with the standards during the monitoring inspection visit will complete a plan of correction with CCDF program staff onsite and be given a specific time period (dependent on risk to children in care) in writing to demonstrate compliance.

- A follow-up visit will be conducted by CCDF program staff to ensure compliance.
- Providers who are still not meeting the standards after the follow-up visit will receive an administrative review to determine continued eligibility as an authorized child care provider.
- Upon documented evidence of noncompliance with standards which may present a danger to the health and safety of children in care, the TLA may revoke the provider's CCDF approval or place the provider on an inactive status.
- The child care provider will not be returned to active status or approved as a child care provider until the provider has verified that the situation has been corrected and a plan is in place to help prevent the noncompliance from happening again.
- After three unsuccessful attempts to visit by the designated monitoring staff, the child care provider may be placed on inactive status. Subsidy payments will not be made to inactive providers.
- If the child care provider is placed on inactive status because a monitoring inspection visit has not taken place, the child care provider will not be approved for payment until a monitoring visit has been completed by CCDF program staff to determine compliance with the TLA health and safety standards.
- If the provider does not agree with the decision, he or she will have the right to appeal the decision through the provider appeals process described below.
- If noncompliance with the standards remains after two monitoring follow-up visits, CCDF program staff will request and schedule an office conference with the provider and the CCDF Administrator. During the office conference, the CCDF program staff member and the CCDF Administrator will go over the history of noncompliance to help the provider understand how serious it is. The provider will be informed that he or she may not be allowed to continue providing care if the problem is not corrected. CCDF program staff will let the provider discuss what has been done to correct the problem or the problems he or she is having with the child care issue(s) identified.

If deemed appropriate, the provider may be asked to abide by a consent agreement. A consent agreement provides written directions for what the provider must do to maintain CCDF approval, with a deadline for the correction. If the consent agreement action is taken, the provider and CCDF program staff will sign the agreement, which will outline specifically what the provider will be expected to do, within a specified timeframe, and will clearly state that if the specified actions are not completed as agreed upon, then the provider's approval to receive CCDF subsidy payments will be revoked and the provider will no longer be eligible as an approved provider. During the time period that the consent agreement is in effect, CCDF program staff will conduct weekly or biweekly monitoring visits to verify agreed-upon progress toward compliance with the program standards as determined during the office conference.

After the office conference is completed, the provider will receive written confirmation of the consent agreement parameters and copies of the signature pages. Copies will be maintained in the CCDF program provider's file.

- If a consent agreement is not deemed appropriate during the office conference because the continued noncompliance is serious, the TLA will make a decision on whether to continue to approve the provider and continue the contract for subsidy. The written decision will be sent to the child care provider. If the provider is no longer eligible for approval, the children who receive CCDF subsidies may have to be relocated to approved programs.
- If the provider continues to have serious noncompliance with TLA standards or where children in care could be severely harmed, even after the plan of correction, administrative review, office conference, and consent agreement, the TLA can revoke and deny the provider's approval.
- If a provider's approval is revoked or denied, the parents of children eligible for or approved to receive CCDF subsidies will be notified in writing by TLA staff. The CCDF program staff will then support the parents in locating and selecting another approved provider.

- Upon reviewing the provider’s completed application and supporting materials, CCDF program staff will make a decision as to whether to approve or deny the provider to receive CCDF subsidy payments as an approved TLA CCDF provider.
 - If the provider is determined to not be able or likely to meet the program standards, the provider’s application will be denied and the provider will be notified via a denial letter from CCDF program staff.
- The process for issuing an emergency order to cease care immediately is as follows:
- When CCDF program staff or IHS staff conduct a monitoring inspection visit and the children in care are deemed to be in immediate danger, the CCDF Administrator will be contacted to issue an emergency order for that provider. The emergency order will indicate that the provider must stop care of children immediately. The staff who identified the immediate danger or issue of serious noncompliance will remain on site with the provider until all children in care have been removed from the premises. The emergency order also indicates that provider approval is automatically revoked or denied starting with the date and time the emergency order is given. The following situations are examples where an emergency order is necessary: no heat on a cold, snowy day; power turned off for several days; sexual abuse by the provider or someone living in a child care home. After the children are removed from the provider, TLA staff will support the children’s parents in finding an appropriate and approved replacement provider.
 - After an emergency order is issued, within 3 business days, the provider will be issued a written notification of a hearing date set no more than 30 days from the date of written notification. After receiving the written notification, the provider will attend the hearing.
 - The emergency order hearing will occur as follows:
 - The emergency order hearing will give the provider a chance to provide an explanation of what led to the serious noncompliance identified in the emergency order. The TLA will also give an explanation of why the emergency order was issued.
 - Emergency order hearings will be held before the TLA’s child care advisory board. The CCDF Administrator and staff will outline the actions leading up to the hearing. The provider will be given a chance to explain why he or she feels the revocation of approval is unwarranted. The child care advisory board will appoint a note taker for the meeting. After both the CCDF Administrator and the provider present their explanations, the child care advisory board will discuss whether to uphold the decision. The provider and the CCDF Administrator will be notified by the child care advisory board in writing of the outcome of the emergency order hearing. The child care advisory board’s decision will be final.
- The provider appeals process is as follows:
- Within 5 business days of receiving the written notice of action from the TLA, the provider can request an appeal hearing by submitting a written request using the contact information given on the notice of action.
 - The appeal hearing will give the provider a chance to say why he or she should be able to maintain approval to continue to receive federal child care subsidy. The TLA will also give an explanation of why the approval is being taken away.
 - Appeal hearings will be held before the TLA’s child care advisory board. The CCDF Administrator and staff will outline the actions leading up to the hearing. The provider will be given a chance to explain why he or she feels that the denial or revocation of approval is unwarranted. The child care advisory board will appoint a note taker for the meeting. After both the CCDF Administrator and the provider present their explanations, the child care advisory board will discuss whether to uphold the decision. The provider and the CCDF Administrator will be notified by the child care advisory board in writing of the outcome of the appeal hearing. The child care advisory board’s decision will be final.

Sample: Prevention of Child Maltreatment Training Requirements

Policy

- ◆ The TLA has adopted *Minimum Health and Safety Standards: A Guide for American Indian and Alaska Native Child Care and Development Fund Grantees* as the set of health and safety standards that all staff and providers must abide by. In order to ensure compliance with the standards, the following will apply to all CCDF staff, volunteers, and providers involved in the CCDF program regarding training and professional development on preventing and identifying shaken baby syndrome, abusive head trauma, and child maltreatment.

Procedure

- ◆ The CCDF Administrator will ensure that CCDF staff and providers have access to preservice, orientation, and ongoing training and professional development that directly addresses how to identify and prevent shaken baby syndrome, abusive head trauma, and child maltreatment.
- ◆ In accordance with the TLA's training and professional development policies and procedures located in the administrative section of this document, and in accordance with the TLA's health and safety standards as indicated in the health and safety section of this document, the CCDF Administrator will ensure that each CCDF program staff member, volunteer, and provider will have received appropriate training and professional development that includes the following:
 - All caregivers and teachers who are in direct contact with children, including substitute caregivers and teachers and volunteers, have received training on the following:
 - Preventing shaken baby syndrome and abusive head trauma
 - Recognizing potential signs and symptoms of shaken baby syndrome and abusive head trauma
 - Strategies for coping with a crying, fussing, or distraught child
 - The development and vulnerabilities of the brain in infancy and early childhood
 - Verification of training received will be maintained in the staff member and provider files.

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