

★ Office of Child Care



National Center on  
Early Childhood  
Quality Assurance



# Caring for Our Children Basics

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# Table of Contents

<b>Acknowledgements</b> .....	<b>5</b>
<b>Introduction to Caring for Our Children Basics (CFOCB)</b> .....	<b>5</b>
<b>Staffing</b> .....	<b>7</b>
1.1.1.1–1.1.1.5 Ratios for Centers and Family Child Care Homes .....	7
1.2.0.2 Background Screening .....	8
1.4.1.1 and 1.4.2.3 Pre-service Training and Orientation .....	9
1.4.3.1 First Aid and CPR Training for Staff .....	11
1.4.4.1 and 1.4.4.2 Continuing Education for Directors, Caregivers, and Teachers in Centers and Family Child Care Homes .....	11
1.4.5.2 Child Maltreatment Education .....	12
<b>Program Activities for Healthy Development</b> .....	<b>15</b>
2.1.1.4 Monitoring Children’s Development and Obtaining Consent for Screening .....	15
2.1.2.1 and 2.1.3.1 Personal Caregiver and Teacher Relationships for Children from Birth to 5 Years .....	16
2.2.0.1 Methods of Supervision of Children .....	16
2.2.0.4 Supervision near Water .....	17
2.2.0.8 Preventing Expulsions, Suspensions, and Other Limitations in Services .....	18
2.2.0.9 Prohibited Caregiver and Teacher Behaviors .....	19
<b>Health Promotion and Protection</b> .....	<b>22</b>
3.1.3.1. Active Opportunities for Physical Activity .....	22
3.1.4.1 Safe Sleep Practices and Sudden Unexpected Infant Death Risk Reduction .....	23
3.1.5.1 Routine Oral Hygiene Activities .....	24
3.2.1.4 Diaper Changing Procedure .....	25
3.2.2.1 Situations that Require Hand Hygiene .....	26
3.2.3.4 Prevention of Exposure to Blood and Body Fluids .....	27
3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting .....	28
3.4.1.1 Use of Tobacco, Alcohol, and Illegal Drugs .....	29
3.4.3.1 Emergency Medical Procedures .....	29
3.4.4.1 Reporting Suspected Child Maltreatment .....	30
3.4.4.3 Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma .....	32
3.4.5.1 Sun Safety Including Sunscreen .....	32
3.4.6.1 Strangulation Hazards .....	33
3.5.0.1 Care Plan for Children with Special Health Care Needs .....	33
3.6.1.1 Inclusion, Exclusion, and Dismissal of Children .....	35
3.6.1.4 Infectious Disease Outbreak Control .....	36
3.6.3.1 and 3.6.3.2 Medication Administration and Storage .....	36
3.6.3.3 Training of Caregivers and Teachers to Administer Medication .....	37

<b>Nutrition and Food Service</b> .....	<b>40</b>
4.2.0.3 Use of U.S. Department of Agriculture Child and Adult Care Food Program Guidelines.....	40
4.2.0.6 Availability of Drinking Water.....	40
4.2.0.10 Care for Children with Food Allergies.....	41
4.3.1.3 Preparing, Feeding, and Storing Human Milk.....	42
4.3.1.5 Preparing, Feeding, and Storing Infant Formula.....	42
4.3.1.9 Warming Bottles and Infant Foods.....	43
4.5.0.10 Foods that Are Choking Hazards.....	44
4.8.0.1 Food Preparation Area Access.....	44
4.9.0.1 Compliance with U.S. Food and Drug Administration Food Sanitation Standards and State and Local Rules.....	45
<b>Facilities, Supplies, Equipment, and Environmental Health</b> .....	<b>47</b>
5.1.1.2 Inspection of Buildings.....	47
5.1.1.3 Compliance with Fire Prevention Code.....	48
5.1.1.5 Environmental Assessment of Site Location.....	48
5.1.6.6 Guardrails and Protective Barriers.....	49
5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets.....	50
5.2.4.4 Location of Electrical Devices Near Water.....	50
5.2.8.1 Integrated Pest Management.....	51
5.2.9.1 Use and Storage of Toxic Substances.....	51
5.2.9.5 Carbon Monoxide Detectors.....	52
5.3.1.1, 5.5.0.6, and 5.5.0.7 Safety of Equipment, Materials, and Furnishings.....	53
5.3.1.12 Availability and Use of a Telephone or Wireless Communication Device.....	54
5.4.5.2 Cribs and Play Yards.....	55
5.5.0.8 Firearms.....	56
5.6.0.1 First Aid and Emergency Supplies.....	56
<b>Play Areas/Playgrounds and Transportation</b> .....	<b>59</b>
6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water.....	59
6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment.....	59
6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment.....	60
6.3.2.1 Lifesaving Equipment.....	61
6.3.5.2 Water in Containers.....	62
6.5.1.2 Qualifications for Drivers.....	62
6.5.2.2 Child Passenger Safety.....	63
6.5.2.4 Interior Temperature of Vehicles.....	65
6.5.3.1 Passenger Vans.....	65
<b>Infectious Disease</b> .....	<b>68</b>

7.2.0.1 Immunization Documentation .....	68
7.2.0.2 Unimmunized Children.....	68
7.2.0.3 Immunization of Caregivers/Teachers .....	69
<b>Program Management.....</b>	<b>72</b>
9.2.4.1 Written Plan and Training for Handling Urgent Medical Care and Threatening Incidents.....	72
9.2.4.3 and 9.2.4.5 Disaster Planning, Training, and Communication; and Emergency and Evacuation Drills..	73
9.2.4.7 Sign-In/Sign-Out System .....	74
9.2.4.8 Authorized Persons to Pick Up Child .....	74
9.4.1.12 Record of Valid License, Certificate, or Registration of Facility or Family Child Care Home .....	75
9.4.2.1 Contents of Child Records .....	75
<b>Licensing and Monitoring.....</b>	<b>78</b>
10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes .....	78

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## Introduction to Caring for Our Children Basics (CFOCB)

*Caring for Our Children Basics* (CFOCB) outlines a set of voluntary, foundational health and safety standards for early care and education programs. These standards are designed to help protect children and support their healthy development in child care settings.

*Caring for our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs* is a collection of national standards that represent the best practices, based on evidence, expertise, and experience, for quality health and safety policies and practices for early care and education settings. CFOCB is organized by the chapters and standards in the full [Caring for Our Children](#), with corresponding standard numbers, links, and prompts to guide alignment with state or territory rules, regulations, or guidance.

CFOCB provides a strong starting point. It includes the most basic practices that all programs should follow, especially those receiving Child Care and Development Fund (CCDF) support. However, it's important to know that these are foundation-level standards, they do not include everything needed for best practice or high-quality care.

Programs, agencies, and partners can use CFOCB to:

- Review and improve regulations and policies,
- Enhance alignment with federal health and safety requirements,
- Plan strategically for quality improvement, and
- Work with other early childhood system partners using a shared health and safety framework.

CFOCB represents a foundational set of standards. While it includes essential health and safety practices, it does not encompass all the elements needed for best practice or high-quality care. Programs and agencies are encouraged to use CFOCB as a starting point and to build upon it with additional standards and supports that meet the unique needs of their communities. By using CFOCB alongside other tools and standards, states and territories can build stronger health and safety that better supports children, families, and providers.

Alignment with full CFOCB standards, current as of May 16, 2025.



# Staffing

## Staffing

### 1.1.1.1–1.1.1.5 Ratios for Centers and Family Child Care Homes

The number of children per caregiver or teacher is an important factor in keeping children safe and healthy in child care centers and family child care homes. Programs should maintain ratios throughout the hours they are open. Children who have special health care needs or require more attention due to their specific needs may need additional staff.

**Centers:** In child care centers, ratios are based on the age of the children. The age of the youngest child usually determines the number of children per caregiver or teacher. Know the requirements in your state or territory.

Child Care Centers	
Age of Children	Maximum Child-to-Provider Ratio
≤ 12 months	4:1
13–23 months	4:1
24–35 months	4:1–6:1
3-year-olds	9:1
4- to 5-year-olds	10:1
6- to 8-year-olds	10:1
9- to 12-year-olds	12:1

**Family Child Care Homes:** For family child care, the number of children per caregiver includes the caregiver's children or other children living in the home. Know the requirements in your state or territory. For more information, check the [National Database of Child Care Licensing Regulations](#).

Family Child Care	
Age of Children	Maximum Child-to-Provider Ratio
If infants and toddlers are included in the mixed-age group	6:1 No more than 2 under 24 months old
If all children are under 36 months	4:1 No more than 2 under 18 months old
3-year-olds	7:1
4- to 5-year-olds	8:1

## What Does the Child Care and Development Fund Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41\(d\)](#) address group size limits. Each state and territory must describe in its Child Care and Development Fund (CCDF) Plan the group size limits for children by age and the appropriate ratio between the number of children to caregivers based on the age of the children in care. For more information, check the [National Database of Child Care Licensing Regulations](#).

## What Does Head Start Say?

[1302.21 Center-based option](#). “(b) *Ratios and group size*. (1) Staff-child ratios and group size maximums must be determined by the age of the majority of children and the needs of the children present. A program must determine the age of the majority of children in a class at the start of the year and may adjust this determination during the program year, if necessary. Where state or local licensing requirements are more stringent than the teacher-to-child ratios and group size specifications in this section, a program must meet the stricter requirements.”

### **1.2.0.2 Background Screening**

Early childhood caregivers, teachers, and prospective employees should have a complete comprehensive background screening upon employment or before caring for children and at least once every 5 years. This includes any individual age 18 and older and any minor older than age 10 (if allowed under state law and if a registry or database includes minors) residing or working in a family child care home. Programs should check with their state, territory, or Tribal regulations as family child care program minor background screening age requirements may vary. Programs should conduct background screenings as quickly as possible and complete them within 45 days. Caregivers and teachers may begin working with children only after they have received qualifying results for either the FBI fingerprint check or the in-state fingerprint check and are supervised by a staff member with a complete and qualifying background check. The early childhood program should require a candidate’s permission for the background investigation to be considered for the job.

Each comprehensive background check should include the following:

1. A search of the National Crime Information Center National Sex Offender Registry, a search of the state sex offender registry or repository in the state where the child care staff member lives and each state where the staff member lived during the previous 5 years
2. A search of state-based child abuse and neglect registries and databases in the state where the child care staff member lives and each state where the staff member lived during the previous 5 years
3. A fingerprint search of the state criminal history database, the FBI’s Next Generation Identification System, and each state where the staff member lived during the previous 5 years with fingerprints being optional
4. Reference checks from a variety of employment or volunteer sources not limited to an applicant’s family or friends
5. An in-person interview with questions about setting up proper and improper boundaries with young children

The state or territory will assess each person’s background screening and provide the results. This will include whether the caregiver or teacher is approved to work in an early learning program. Programs, teachers, and caregivers must follow state or territory law.

Caregivers and teachers should contact their state or territory child care licensing agency for the required background screening documentation.

## What Does CCDF Say?

Federal law requires all states and territories to ensure all staff in all licensed child care programs and all child care programs participating in CCDF pass state and federal criminal background checks.

### Who Must Have a Background Check?

- Any individual residing or working in a family child care home who is age 18 and older
- All child care center staff, including directors, teachers, caregivers, bus drivers, custodians, kitchen staff, and administrative employees, if they will have unsupervised access to a child
- Every adult volunteering in the program who will have unsupervised access to a child
- Other adults—such as therapists and art, dance, or sports instructors—who may come into the program and will have unsupervised access to a child

The [2024 CCDF Final Rule Fact Sheet](#) further clarifies the background check process.



## What Does Head Start Say?

The Administration for Children and Families' answers to frequently asked questions on comprehensive background check standards in [ACF-PI-HS-16-05 Attachment](#) state the following:

The Head Start Program Performance Standards (HSPPS) for background checks in 45 CFR §1302.90(b) went into effect Sept. 30, 2021, and require all Head Start programs to conduct a total of four components of a comprehensive background check: two components prior to employment and two components within 90 days of hire.

Prior to employment, the two required components are: 1) a criminal history with a fingerprint check (this can be either a state/tribal or an FBI criminal history with fingerprint check) and 2) a sex offender registry check (any available, including a National Cybersecurity and Communications Integration Center National Sex Offender Registry (NCCIC NSOR) check).

Within 90 days of hire, the last two required components are: 3) a child abuse and neglect state registry check (if available) and 4) a criminal history with a fingerprint check (whichever of the state/tribal or FBI checks was not conducted prior to employment). Programs must conduct complete background checks at least every five years. See question on five-year requirement below for more details on this component.

Note: In addition to the above requirements, Head Start programs that are licensed, regulated, or registered by their state must also meet the background check requirements in the CCDF Final Rule 2024.

### **1.4.1.1 and 1.4.2.3 Pre-service Training and Orientation**

To protect the health and safety of children, caregivers and teachers in early care and education should have health and safety training. Caregivers and teachers should not care for children unsupervised until they have completed required training on the following topics:

- Infectious disease, including prevention and immunizations. This includes cleaning, sanitizing, disinfecting, handwashing, and immunizations for children and staff.

- Safe sleep practices, including risk reduction for sudden unexpected infant death
- Medication administration, providers should complete this training before administering medication
- Food and allergy emergencies, including prevention and response
- Building and physical premises safety (protection from hazards, water, and traffic)
- Abusive head trauma, including shaken baby syndrome, and child maltreatment
- Emergency preparedness and response planning (For more information, see Standard 9.2.4.3/9.2.4.5.)
- Hazardous materials, including handling and storing any substance (solid, liquid, or gas) that could cause harm or a health hazard (e.g., bleach). This includes the disposal of biocontaminants. Biocontaminants include blood, body fluids or excretions that may spread infections, such as blood, phlegm, or soiled diapers.
- Child transportation
- Pediatric first aid and CPR
- Child abuse and neglect, including how to recognize and report child abuse and neglect
- Child development—typical and atypical

Caregivers and teachers should keep documentation of their training.

The following topics are recommended but not required by all states and territories. Check your state or territory regulations or standards for guidance:

- Nutrition and feeding
- Caring for children with special health care needs, including special care plans
- Physical activity

## What Does CCDF Say?

The CCDF training and professional development requirements at [45 C.F.R. § 98.44\(b\)](#) address pre-service and orientation training. Every state or territory must establish requirements for pre-service or orientation (to be completed within 3 months) for caregivers, teachers, and directors of child care programs that receive assistance under CCDF. Accessible pre-service or orientation training in health and safety standards appropriate to the setting and age of the children served should address the health and safety training topics noted above. For more information, check the [National Database of Child Care Licensing Regulations](#).

## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum and as appropriate based on staff roles and the ages of the children they work with, training in: (A) The prevention and control of infectious diseases; (B) Prevention of sudden infant death syndrome and use of safe sleeping practices; (C) Administration of medication, consistent with standards for parental consent; (D) Prevention and response to emergencies due to food and allergic reactions; (E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic; (F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (G) Emergency preparedness and response planning for emergencies; (H) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants; (I) Appropriate precautions in transporting children, if applicable; (J) First

aid and cardiopulmonary resuscitation; and, (K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section.”

### **1.4.3.1 First Aid and CPR Training for Staff**

All caregivers and teachers who provide direct care to children should have up-to-date documentation showing they completed training in pediatric first aid and have current certification in pediatric CPR. The facility should maintain these records in its personnel files. (Note: The training entity determines the length of certification, e.g., American Red Cross Child CPR certification is valid for 2 years. States and territories will determine the frequency of the training requirement.)

#### **What Does CCDF Say?**

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address pediatric first aid and CPR. Every caregiver or teacher who receives financial assistance through CCDF must take pediatric first aid and CPR training. Your state or territory will determine whether every caregiver in an early childhood program must also complete certification in first aid and CPR. For more information, check the [National Database of Child Care Licensing Regulations](#).

#### **School-Age Caregivers and Teachers**

Check with your state or territory to be sure you take the correct first aid and CPR classes for the age of the children you serve.

#### **What Does Head Start Say?**

[1302.47 Safety practices](#) “(b)(4) *Safety training.* (i) *Staff with regular child contact.* All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (J) First aid and cardiopulmonary resuscitation.”

### **1.4.4.1 and 1.4.4.2 Continuing Education for Directors, Caregivers, and Teachers in Centers and Family Child Care Homes**

Caregivers and teachers should complete required training in health, safety, and child development based on the requirements in their state or territory. Caregivers and teachers should complete training that builds from their previous child health, development, and safety learning and supports the needs of the children in their care. Training that helps caregivers and teachers take care of their personal well-being should also be part of their continuing education.

#### **What Does CCDF Say?**

States and territories must establish health, safety, and well-being requirements for ongoing professional development for caregivers, teachers, and directors of child care programs that receive assistance under CCDF. To the extent practicable, such requirements must align to a progression of professional development, including the minimum annual requirement for hours of training and professional development for eligible caregivers. For more information, access [45 C.F.R. § 98.44](#) and check the [National Database of Child Care Licensing Regulations](#).



## What Does Head Start Say?

The Head Start Program Performance Standards and Head Start Act, respectively, address applicable requirements related to this topic:

- [1302.92 Training and professional development](#). “(b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include: (1) Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act.”
- [Sec. 648A\(a\)\(5\) Staff qualifications and development; teacher in-service requirement](#). “Each Head Start teacher shall attend not less than 15 clock hours of professional development per year. Such professional development shall be high-quality, sustained, intensive, and classroom-focused in order to have a positive and lasting impact on classroom instruction and the teacher's performance in the classroom, and regularly evaluated by the program for effectiveness.”

### 1.4.5.2 Child Maltreatment Education

Child maltreatment including physical abuse, sexual abuse, emotional abuse, exploitation, and neglect puts children at risk for behavioral, physical, and mental health problems. Caregivers and teachers are mandated reporters, required to report child abuse or neglect. Caregivers and teachers should be trained in child abuse and neglect, including shaken baby and abusive head trauma, so they recognize signs of abuse and neglect, learn how to prevent abuse, and understand how to report concerns. Programs should make training and resources available that include content on physical, sexual, and psychological or emotional abuse and neglect.

Caregivers and teachers also need to know prevention strategies and ways to promote protective factors to prevent child maltreatment (child maltreatment includes all types of abuse and neglect of a child under age 18 by a parent, caregiver, or another person in a custodial role [e.g., clergy, coach, teacher, etc.] (CDC, 2014)). A child's age or special need may increase their risk of abuse. Caregivers and teachers should be trained according to their state or territory's child abuse and neglect reporting laws.



## What Does CCDF Say?

Recognition and reporting of child abuse and neglect must occur in accordance with the following requirement:

[45 C.F.R. § 98.41\(e\) Health and safety requirements](#). “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.”



## What Does Head Start Say?

The Head Start Program Performance Standards and guidance from the Administration for Children and Families, respectively, address applicable requirements related to this topic:

- [1302.47 Safety practices](#). “(b)(5) *Safety practices*. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws.”
- [Mandated Reporting of Child Abuse and Neglect \(ACF-IM-HS-15-04\)](#). Agencies must provide training in methods for identifying and reporting suspected child abuse and neglect (45 C.F.R. § 1304.52(l)(3)(i)). All Head Start and Early Head Start staff are “mandated reporters.” This information memorandum clarifies these requirements. As mandated reporters, staff members working for Head Start and Early Head Start programs are legally obligated to report suspected child abuse or neglect to the appropriate state child protection agency.



# **Program Activities for Healthy Development**

## Program Activities for Healthy Development

### 2.1.1.4 Monitoring Children's Development and Obtaining Consent for Screening

Caregivers and teachers should track each child's development. This includes screening a child's development and behavior as they enter care and, at minimum, every year after that. Developmental screening involves using a screening tool in partnership with parents to identify concerns about a child's development.

Screening tools should be:

- Age appropriate
- Used by trained and qualified caregivers
- Clearly identified for use in screening

Caregivers and teachers may want to partner with a local agency, pediatrician, child care health consultant, or health care professional who can do the screening. Caregivers and teachers can work with the parents or families to connect them with resources to make sure screening is completed and support is in place. Caregivers and teachers should also be sure to get parent or family consent before screening and include the child's health care provider, if needed. All screening results should be documented in the child's records.

#### Developmental Screening

- 1 in every 6 children in the United States has one or more developmental disabilities or other developmental delays (Centers for Disease Control and Prevention, 2022).
- Only 34.4% of children ages 9 months through 35 months received a developmental screening using a parent-completed screening tool in the past year (Child and Adolescent Health, 2023).

#### What Does CCDF Say?

[45 C.F.R. § 98.33\(c\)\(1\)–\(2\) Consumer and provider education](#). “The Lead Agency shall ... [p]rovide 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 ... [i]nformation on existing resources and services the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and [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 to obtain developmental screenings for children who receive assistance under this part who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.”

#### What Does Head Start Say?

[1302.33 Child screenings and assessments](#). “(a) *Screening*. (1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.”

## 2.1.2.1 and 2.1.3.1 Personal Caregiver and Teacher Relationships for Children from Birth to 5 Years

Caregivers and teachers should carry out policies that are based on relationships and program practices that promote consistency and provide the same caregivers and teachers for as long as possible, especially for infants and toddlers. Early care and education programs should offer opportunities for each child to build emotionally secure relationships with a limited number of caregivers and teachers. Children with special health care needs may need added staff or specialists to promote health and safety and support learning.

Program guidance and touch policies should emphasize the importance of respecting children's personal boundaries. Staff should respect the wishes of children, regardless of their age, for physical contact and their comfort or discomfort with it.

### **Relationships**

Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development—intellectual, social, emotional, physical, behavioral, and moral (National Scientific Council on the Developing Child, 2004, p. 1).

### **What Does CCDF Say?**

[2016 CCDF Final Rule Preamble](#). “The Congressional reauthorization of CCDBG made clear that the prior law was inadequate to protect the health and safety of children in care and that more needs to be done to increase the quality of CCDF-funded child care. It also recognized the central importance of access to subsidy continuity in supporting parents’ ability to achieve financial stability and children’s ability to develop nurturing relationships with their caregivers, which creates the foundation for a high-quality early learning experience.”

### **What Does Head Start Say?**

[1302.30 Purpose](#). “All programs must provide high-quality early education and child development services, including for children with disabilities, that promote children’s cognitive, social, and emotional growth for later success in school. A center-based or family child care program must embed responsive and effective teacher-child interactions. A home-based program must promote secure parent-child relationships and help parents provide high-quality early learning experiences. All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and support family engagement in children’s learning and development. A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. To deliver such high-quality early education and child development services, a center-based or family child care program must implement, at a minimum, the elements contained in §§1302.31 through 1302.34, and a home-based program must implement, at a minimum, the elements in §§1302.33 and 1302.35.”

## 2.2.0.1 Methods of Supervision of Children

Ensuring proper supervision in early childhood programs is important. In center-based programs, caregivers and teachers should directly supervise all children by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound, except during naptime, when home-based caregivers may supervise by sound with frequent (every 10–15 minutes) visual checks.

Programs should meet staff ratios during all hours of operation in accordance with state or territory requirements. Caregivers and teachers should follow safety measures for all areas of the program (e.g., on the playground, during naptime, and during water play). Children should never be inside or outside by themselves. The child-to-staff ratio should always be developmentally appropriate, including indoor and outdoor play and field trips. During transitions, staff should account for all children by matching name-to-face to visually identify each child. For more information on your state or territory's requirements, check the [National Database of Child Care Licensing Regulations](#).

### What Does CCDF Say?

[45 C.F.R. § 98.41\(d\)\(1\)–\(3\) Health and safety requirements](#). “Lead Agencies shall describe in the Plan standards for child care services for which assistance is provided under this part, appropriate to strengthening the adult and child relationship in the type of child care setting involved, to provide for the safety and developmental needs of the children served, that address: ... [g]roup size limits for specific age populations; ... [t]he appropriate ratio between the number of children and the number of caregivers, in terms of age of children in child care; and ... [r]equired qualifications for caregivers in child care settings as described at § 98.44(a)(4).”

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(2) *Equipment and materials*. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must, at a minimum: ... (iii) Be designed to ensure appropriate **supervision** of children at all times.” [Emphasis added.]

[1302.47 Safety practices](#). “(b)(5) *Safety practices*. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: ... (iii) Appropriate indoor and outdoor **supervision** of children at all times.” [Emphasis added.]

## 2.2.0.4 Supervision near Water

Caregivers and teachers should always maintain active supervision when any child is in or around water. During swimming or bathing where an infant or toddler is present, the ratio should always be one adult to one infant or toddler. The recommended ratio for preschoolers is one adult to four preschoolers ([Standard 1.1.1.5 Ratios and Supervision for Swimming, Wading and Water Play](#)). During wading or water play activities, the supervising adult should be within an arm's length providing “touch supervision.” Caregivers and teachers should ensure all pools have drain covers used in compliance with the [Virginia Graeme Baker Pool and Spa Safety Act](#).

### What Does CCDF Say?

CCDF health and safety requirements include state and territory standards, training, and monitoring. One of the topics that must be incorporated is “[b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.” [45 C.F.R. § 98.41\(a\)\(1\)\(v\)](#).

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal,

federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

## **2.2.0.8 Preventing Expulsions, Suspensions, and Other Limitations in Services**

Caregivers and teachers should use positive guidance strategies that promote children’s positive social and emotional development and reduce challenging behavior. Such strategies include the following:

- Caregivers and teachers establishing a discipline policy that includes social-emotional and behavioral supports appropriate to the children’s development
- Caregivers, administrators, and teachers receiving an orientation and ongoing training on practices that help reduce caregiver and teacher stress, manage challenging behaviors, support a child’s ability to feel and regulate their emotions, and form positive relationships
- Caregivers and teachers using guidance and intervention practices with targeted tools for preventing and responding to challenging behaviors
- Caregivers and teachers clearly communicating all behavior practices to all staff, families, and community partners and consistently carrying out those practices without bias or discrimination
- Caregivers and teachers using preventive and guidance practices as learning opportunities to guide children’s appropriate behavioral development
- The program assisting parents and guardians in securing resources and services when disenrollment is necessary

All programs should establish policies that eliminate or severely limit expulsion, suspension, or other exclusionary discipline (including limiting services). Such exclusionary measures should be used only in extraordinary circumstances where serious safety concerns exist that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.

Determinations of safety concerns should be based on actual risks and best available objective evidence.

### **What Does CCDF Say?**

[45 C.F.R. § 98.16\(ee\) Plan provisions](#). “A CCDF Plan shall contain ... [a] description of policies to prevent suspension, expulsion, and denial of services due to the behavior of children birth to age five in child care and other early childhood programs receiving assistance under this part, which must be disseminated as part of consumer and provider education efforts.”

### **What Does Head Start Say?**

Head Start Program Performance Standard [45 C.F.R. §1302.17\(a\)–\(b\)](#) requires Head Start programs to severely limit or prohibit the suspension and expulsion of all enrolled children. This standard refers to all children, including those with disabilities or suspected delays. For more information, read the Head Start Program Performance Standard ([1302.17](#)) in its entirety.

## **2.2.0.9 Prohibited Caregiver and Teacher Behaviors**

All early care and education settings should prohibit the following behaviors:

- The use of physical, psychological, or emotional punishment including but not limited to the following:
  - Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, pinching, or biting
  - Demanding excessive physical exercise, excessive rest, or demanding or abnormal postures
  - Forcing or requiring physical touch from a child
  - Forcing a child to eat or have soap, food, spices, or foreign substances in their mouth
  - Exposing a child to extreme temperatures
- Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised
- Binding, tying to restrict movement, or taping the mouth
- Using or withholding food or beverages as a punishment
- Toilet learning or training methods that punish, demean, or humiliate a child
- Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, influencing a child negatively, or exposing a child to harmful situations
- Any form of sexual abuse (sexual abuse in the form of inappropriate touching is an act that induces or coerces children in a sexually suggestive manner or for the sexual gratification of the adult, such as sexual intimacy or overall inappropriate touching or kissing)
- 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, car seat, high chair, or other restrictive equipment for a timeout or for disciplinary reasons
- Using any medication to control the behavior of a child without medical instruction from the child's health care provider and parental consent (e.g., medications that cause drowsiness such as melatonin or antihistamines)

### **What Does CCDF Say?**

While the law does not specifically address teacher behavior, the requirements that help keep children safe in child care include but are not limited to the following:

- [Criminal background checks, 45 C.F.R. § 98.43](#)
- [Health and safety requirements, 45 C.F.R. § 98.41](#)
- [Enforcement of licensing and health and safety requirements, 45 C.F.R. § 98.42](#)

 **What Does Head Start Say?**

[1302.90 Personnel policies](#). “(c) *Standards of conduct*. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct.” [Please note the Head Start standards of conduct include all prohibited behaviors listed in Standard 2.2.0.9.]

# Health Promotion and Protection



## Health Promotion and Protection

### 3.1.3.1. Active Opportunities for Physical Activity

Physical activity is an important part of every child's day. Caregivers and teachers should promote physical activity by offering opportunities for child-led and caregiver- or teacher-led activities. Activities should be appropriate to the children's age and development and include time for infants and toddlers to practice their motor skills every day. For young infants, caregivers and teachers should interact with an infant for short periods (3–5 minutes) while the infant is positioned on their tummy (tummy time) and increase the length of the interaction as the infant shows they enjoy the activity.

Infants should not be seated for more than 15 minutes at a time, except during meals. Caregivers and teachers should use infant equipment, such as swings, stationary activity centers, infant seats (e.g., bouncers), and molded seats only for short periods, if at all. Caregivers and teachers should always encourage a least-restrictive environment.

Children should be engaged in moderate to vigorous healthy, active outdoor play every day. When weather and air quality do not permit outdoor play, indoor physical activity is still recommended. Gross motor play also provides children the chance to bond with each other and their caregivers or teachers.

#### What Does CCDF Say?

[45 C.F.R. § 98.15\(a\)\(9\) Assurances and certifications](#). “The Lead Agency shall include the following assurances in its CCDF Plan: ... [t]he State will maintain or implement early learning and developmental guidelines that are developmentally appropriate for all children from birth to kindergarten entry, describing what such children should know and be able to do, and covering the essential domains of early childhood development (cognition, including language arts and mathematics; social, emotional and physical development; and approaches toward learning).”

[45 C.F.R. § 98.41\(a\)\(1\)\(xii\)\(B\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... and [m]ay include requirements relating to ... [a]ccess to physical activity.”

[45 C.F.R. § 98.44\(b\)\(1\)\(iii\)](#). “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 ... [a]ccessible pre-service or orientation training in health and safety standards appropriate to the setting and age of children served that addresses ... [c]hild development, including the major domains (cognitive, social, emotional, physical development and approaches to learning).”

#### What Does Head Start Say?

[1302.31 Teaching and the learning environment](#). “(e) Promoting learning through approaches to rest, meals, routines, and physical activity. ... (4) A program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as reward or punishment.”

### **3.1.4.1 Safe Sleep Practices and Sudden Unexpected Infant Death Risk Reduction**

Safe sleep practices help reduce the risk of sleep-related sudden and unexpected infant deaths (SUID), including sudden infant death syndrome (SIDS), suffocation, strangulation, entrapment and other deaths while an infant is in a crib or asleep. Early care and education programs should develop and follow written policies describing safe sleep practices for infants. Caregivers and teachers of infants should follow the safe sleep practices recommended by the American Academy of Pediatrics (AAP). Training on safe sleep practices should be completed before caring for infants. The full list of recommendations can be found in table 2 of AAP's [Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment](#) and include the following:

- Always place a baby on their back to sleep (i.e., “Back to sleep, every sleep”). When infants can roll comfortably from their backs to their stomachs and back again while sleeping (usually at 4-6 months), they can stay in the sleep position that they are in.
- Use a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment. Cover the mattress with a tight-fitting sheet only.
- Programs should encourage and support the parent/guardian in breastfeeding or in bringing expressed milk to the program.
- Place nothing in the crib but the baby.
- Offer babies a pacifier at naptime and bedtime. To prevent strangulation and suffocation, do not attach pacifiers to any item (clip, blanket, stuffed animal, etc.).
- Avoid smoke and nicotine exposure.
- Avoid alcohol, marijuana, opioid, and illicit drug use by caregiver or teacher.
- Avoid overheating and head covering infants.
- Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
- Move infants who fall asleep in another place to their cribs

#### **Safe Sleep Tip**



Always place a baby on their back to sleep for naps and at night.

**Tummy time:** Programs should have short periods (5-10 minute sessions) every day of supervised, awake tummy time outside of the sleep area (i.e., on a mat while supervised).

(Note: Cribs must be in compliance with current safety standards set by the [U.S. Consumer Product Safety Commission](#) (CPSC) and the American Society for Testing and Materials International (ASTM). See [Standard 5.4.5.2](#) for more information.)

#### **What Does CCDF Say?**

[45 C.F.R. § 98.41\(a\)\(1\)\(ii\) Health and safety requirements.](#) “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [p]revention of sudden infant death syndrome and use of safe sleeping practices.”

[45 C.F.R. § 98.53\(a\)\(4\)\(vi\) Activities to improve the quality of child care.](#) “The Lead Agency must expend funds from each fiscal year’s allotment on quality activities pursuant to §§ 98.50(b) and 98.83(g) in accordance with an assessment of need by the Lead Agency. Such funds must be used to carry out at least one of the following quality activities to improve the quality of child care services for all children, regardless of CCDF receipt, in accordance with paragraph (d) of this section: ... Improving the supply and quality of child care programs and services for infants and toddlers through activities, which may include ... [c]arrying out other activities determined by the Lead Agency to improve the quality of infant and toddler care provided, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being, including providing health and safety training (including training in safe sleep practices, first aid, and cardiopulmonary resuscitation for providers and caregivers[]).”



### What Does Head Start Say?

[1302.47 Safety practices.](#) “(b)(4) *Safety training.* (i) *Staff with regular child contact.* All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in : ... (B) Prevention of sudden infant death syndrome and use of safe sleeping practices.”

[1302.47 Safety practices.](#) “(b)(5) *Safety practices.* All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: ... (ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used.”

[1302.81 Prenatal and postpartum information, education, and services.](#) “(a) A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.”

[1302.46 Family support services for health, nutrition, and mental health.](#) “(a) *Parent collaboration.* Programs must collaborate with parents to promote children’s health and well-being by providing medical, oral, nutrition, and mental health education support services that are understandable to individuals, including individuals with low health literacy. (b) *Opportunities.* (1) Such collaboration must include opportunities for parents to: (i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep.”

## 3.1.5.1 Routine Oral Hygiene Activities

Caregivers and teachers should promote children’s good oral hygiene through learning activities that include the habit of regularly brushing one’s teeth.



### What Does CCDF Say?

CCDF does not specifically cover this topic; however, licensed caregivers and teachers should check whether routine oral hygiene activities are required under their licensing regulations. Visit the [National Database of Child Care Licensing Regulations](#) to view the regulations in your state or territory.

## What Does Head Start Say?

**1302.42 Child health status and care.** “(c) *Ongoing care.* (1) A program must help parents continue to follow recommended schedules of well-child and oral health care. (2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns. (3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.”

**1302.43 Oral health practices.** “A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.”

### **3.2.1.4 Diaper Changing Procedure**

Caregivers and teachers should follow safe and healthy diaper changing steps. Posting the following recommended diaper changing procedures will help to protect children, caregivers, and teachers:

- Step 1: Before you bring the child to the diaper changing area:
  - Wash your hands.
  - Collect supplies.
  - Bring supplies to the changing area.
- Step 2: Bring the child to the changing area.
  - Keep soiled clothing away from surfaces that cannot be easily cleaned.
  - Always keep a hand on the child.
- Step 3: Remove the dirty diaper and clothing. Securely bag soiled clothing.
- Step 4: Clean the child’s diaper area with fresh baby wipes. Always wipe from front to back. Remove soiled gloves, if used.
- Step 5: Put a clean diaper on the child and redress the child.
- Step 6: Wash the child’s hands and return the child to a supervised area.
- Step 7: Clean and disinfect the diaper changing surface.
  - If a disposable paper liner was used on the diaper changing surface as a barrier, throw away the liner in a plastic-lined, hands-free, covered can.
  - Wipe up any visible soil on the diaper changing surface with damp paper towels or a baby wipe, then spray the surface with a disinfectant and allow the surface to air dry or wipe it dry after allowing the disinfectant to remain on the surface for the recommended contact time indicated by the manufacturer of the product. Send home any dirty clothing secured in a plastic bag.
- Step 8: Discard the soiled diaper and wipes in a covered wastebasket

#### **Example of a Diaper Changing Poster**



Source: Centers for Disease Control and Prevention. (2024). *Safe and healthy diaper changing steps in childcare settings.*

<https://www.cdc.gov/hygiene/pdf/diaperin-g-childcare-508.pdf>

- Step 9: Wash hands and add the diaper change to the baby's information sheet.

Never leave a child alone or on a table or countertop. Do not use a safety strap or harness on the diaper changing surface.

## What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases.

## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(6) *Hygiene practices*. All staff systematically and routinely implement hygiene practices that at a minimum ensure: (i) appropriate toileting, hand washing, and diapering procedures are followed.”

### 3.2.2.1 Situations that Require Hand Hygiene

All caregivers, teachers, volunteers, and children should wash their hands at the following times, as identified by the Centers for Disease Control and Prevention (CDC):

Situations that Require Handwashing	Caregivers and Teachers	Children
Upon arrival		
Before and after making food or drinks; passing out food or drinks		
Before and after eating, handling food, or feeding a child		
Brushing or helping a child brush their teeth. When children need help with brushing, caregivers and teachers should wash their hands thoroughly between brushings for each child.		
Giving medication or applying a medical ointment or cream where there may be a break in the skin (e.g., sores, cuts, or scrapes)		
Playing in water (including swimming) that more than one person uses		
Before and after diapering		
After using the toilet		
After helping a child use a toilet		

Situations that Require Handwashing	Caregivers and Teachers	Children
After touching body fluids (mucus, blood, vomit) from sneezing or wiping and blowing noses, mouths, or sores		
After touching animals or cleaning up animal waste		
After playing in sand, on wooden play sets, and outdoors		
After cleaning or touching the garbage		
After applying sunscreen or insect repellent		

### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases.

### What Does Head Start Say?

[1302.31 Teaching and the learning environment.](#) “(e) *Promoting learning through approaches to rest, meals, routines, and physical activity.* ... (3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth.”

[1302.47 Safety practices.](#) “(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times.”

[1302.47 Safety practices.](#) “(b)(6) *Hygiene practices.* All staff systematically and routinely implement hygiene practices that at a minimum ensure: (i) Appropriate toileting, hand washing, and diapering procedures are followed.”

## **3.2.3.4 Prevention of Exposure to Blood and Body Fluids**

Caregivers and teachers should use the [standard precautions](#) developed by the CDC to prevent exposure to blood and other possibly infectious fluids. Caregivers and teachers are required to be educated on the standard precautions before beginning to work in a program and annually thereafter. For center-based care, training should comply with Occupational Safety and Health Administration requirements.

### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases, handling and storage of hazardous materials, and appropriate disposal of biocontaminants. Note: Biocontaminants include blood, body fluids, or excretions that may spread infections.

## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in ... (H) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants.”

[1302.47 Safety practices](#). “(b)(6) *Hygiene practices*. All staff systematically and routinely implement hygiene practices that at a minimum ensure: ... (iii) Exposure to blood and body fluids is handled consistent with standards of the Occupational Safety and Health Administration.”

### 3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting

Caregivers and teachers should routinely clean, sanitize, and disinfect surfaces to reduce the spread of germs. Programs should post cleaning schedules for caregivers, teachers, and families to reference.

Caregivers and teachers should use the following cleaning processes for the purposes indicated:

- **Clean:** Use soap/detergent and water, or all-purpose cleaners, **to remove germs, dirt, oils, and sticky substances** from surfaces or objects.
- **Sanitize:** Use an appropriate product, following manufacturer's directions for safe use, **to reduce the number of germs after cleaning**. Clean surfaces before you sanitize them if dirt is present.
- **Disinfect:** Use an appropriate product, following directions for safe use, **to kill any remaining germs on surfaces or objects**. Clean surfaces before you disinfect them.

Caregivers and teachers should not use cleaning, sanitizing, or disinfecting products when children are nearby and should ensure fresh air flow is maintained when using such products. During illness outbreaks, caregivers and teachers may need to sanitize or disinfect surfaces more often to reduce the spread of germs.

For more information: [Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting](#)



## What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases.



## What Does Head Start Say?

[1302.47 Safety practices](#). “(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times.”

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (ii) Clean and free from pests.”

[1302.47 Safety practices](#). “(b)(2) *Equipment and materials*. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the

American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum: (i) Be clean and safe for children's use and are appropriately disinfected."

### **3.4.1.1 Use of Tobacco, Alcohol, and Illegal Drugs**

Directors, caregivers, teachers, and volunteers should not be impaired due to using alcohol, illegal drugs, or prescription medication during program hours. Tobacco, electronic cigarettes (e-cigarettes), vaping products, alcohol, and illegal drug use should always be prohibited in the program (both indoors and outdoors) and in vehicles the program uses. In family child care settings, children should have no access to tobacco, e-cigarettes, alcohol, or any drug.

#### **What Does CCDF Say?**

According to Federal Regulation at [45 CFR 98.13\(b\)\(6\)](#), Lead Agencies need to "comply with the applicable provisions of Public Law 103-277, Part C—Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994, regarding prohibitions on smoking." Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, says smoking is not allowed in any indoor area that is regularly used for health care, day care, education, or library services for children under 18. This rule applies if these services are funded by Federal programs, either directly or through State or local governments.

#### **What Does Head Start Say?**

Applicable to Head Start Programs: Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, says smoking is not allowed in any indoor area that is regularly used for health care, day care, education, or library services for children under 18. This rule applies if these services are funded by Federal programs, either directly or through State or local governments.

### **3.4.3.1 Emergency Medical Procedures**

Caregivers and teachers should have procedures in place to respond immediately in the event of a medical emergency. Post the emergency procedures in an area where they are readily accessible to all staff and families. Child-to-provider ratios should be maintained, and caregivers and teachers may need to call in additional adults to maintain those ratios during a medical emergency. Caregivers and teachers should also develop alternate plans for emergencies or disaster situations when it is not possible to follow planned emergency actions. Every caregiver and teacher should be trained to manage a medical emergency until emergency help arrives.

#### **What Does CCDF Say?**

Emergency medical procedures are not specifically mentioned in the 2016 CCDF law; however, they fall under emergency plans.

[45 C.F.R. § 98.16\(aa\)\(2\)\(iii\)\(A\)–\(B\) Plan provisions](#). "A CCDF Plan shall contain the following: ... Requirements that child care providers of services for which assistance is provided under the CCDF, as well as other child care providers as determined appropriate by the State, Territory, or Tribe, have in place ... [p]rocedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodations of infants and toddlers, children with disabilities, and children with chronic medical conditions;

and ... [p]rocedures for staff and volunteer emergency preparedness training and practice drills, including training requirements for child care providers of services for which assistance is provided under CCDF.”

[45 C.F.R. § 98.41\(a\)\(1\)\(vii\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [e]mergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event.”



## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (G) Emergency preparedness and response planning for emergencies.”

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (ii) *Staff without regular child contact*. All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program’s emergency and disaster preparedness procedures.”

[1302.47 Safety practices](#). “(b)(8) *Disaster preparedness plan*. The program has all-hazards emergency management/disaster preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.”

[1303.74 Safety procedures](#). “(a) A program must ensure children who receive transportation services are taught safe riding practices, safety procedures for boarding and leaving the vehicle and for crossing the street to and from the vehicle at stops, recognition of the danger zones around the vehicle, and emergency evacuation procedures, including participating in an emergency evacuation drill conducted on the vehicle the child will be riding.”

[1303.74 Safety procedures](#). “(b) A program that provides transportation services must ensure at least two bus evacuation drills in addition to the one required under paragraph (a) of this section are conducted during the program year.”

### **3.4.4.1 Reporting Suspected Child Maltreatment**

Caregivers and teachers are mandated reporters of child abuse, neglect, and maltreatment. Each early childhood program should have a written policy or plan for reporting child abuse and neglect. The written policy should specify that any time there is reasonable basis to believe child abuse or neglect has occurred, the individual who suspects child abuse or neglect should report directly to the child abuse reporting hotline, child protective services, or the police, as required by state and local laws. Instructions on how to report child maltreatment in the program’s state, community, territory, or Tribe should be posted where all staff can see them. Almost all states have hotlines, but they may not operate 24 hours a day, and some toll-free numbers may only work in a specific state. Childhelp has a national hotline: 1-800-4-A-CHILD (1-800-422-4453).

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(xi\) Health and safety requirements.](#) “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [r]ecognition and reporting of child abuse and neglect, in accordance with the requirement in paragraph (e) of this section.” [See below.]

[45 C.F.R. § 98.41\(e\) Health and safety requirements.](#) “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.”

## What Does Head Start Say?

[1302.47 Safety practices.](#) “(b)(4) *Safety training.* (i) *Staff with regular child contact.* All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section; ... (5) *Safety practices.* All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws.”

[1302.92 Training and professional development.](#) “(b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include: ... (2) Training on methods to handle suspected or known child abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws.”

[1302.102 Achieving program goals.](#) “(d) *Reporting.* (1) A program must submit: ... (ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law, including at a minimum: (A) Any reports regarding agency staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders.”

[Mandated Reporting of Child Abuse and Neglect \(ACF-IM-HS-15-04\).](#) Staff in Head Start and Early Head Start programs are legally obligated to report suspected child abuse or neglect to the appropriate child protection agency. This information memorandum outlines the requirements.

[Reporting Child Health and Safety Incidents \(ACF-IM-HS-22-07\).](#) When health and safety incidents occur, Head Start recipients are required to report to the Office of Head Start (OHS) Regional Office immediately or as soon as practicable, and not later than 7 calendar days following the incident. This information memorandum clarifies these requirements.

### **3.4.4.3 Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma**

According to the CDC (2022), “abusive head trauma (AHT), which includes shaken baby syndrome, is a preventable and severe form of physical child abuse that results in an injury to the brain of a child.”<sup>1</sup> AHT causes damage to a child’s brain from violent and forceful shaking or impact.

Caregivers and teachers should have training to identify signs and symptoms of abusive head trauma; strategies for coping with a crying, fussing, or upset child; and an understanding of infants’ and children’s brain vulnerabilities. Caregivers and teachers should have a plan in place such as a “crying plan” to cope with excessive infant crying and prevent frustration and child maltreatment.

#### **What Does CCDF Say?**

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

#### **What Does Head Start Say?**

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.”

[1302.90 Personnel policies](#). “(c) *Standards of conduct*. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior; (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment; [or] ... (G) Physically abuse a child.”

[Reporting Child Health and Safety Incidents \(ACF-IM-HS-22-07\)](#). “A program must report all significant incidents affecting the health and safety of children. [The Office of Head Start] considers a ‘significant incident’ to be any incident that results in serious injury or harm to a child, violates Head Start standards of conduct at 45 CFR §1302.90(c), or results in a child being left alone, unsupervised, or released to an unauthorized adult. ... Some examples of significant incidents include, but are not limited to: ... potential child abuse and maltreatment.”

### **3.4.5.1 Sun Safety Including Sunscreen**

Caregivers and teachers should make sure they follow sun safety habits for themselves and children. Sun safety includes keeping infants younger than 6 months out of direct sunlight; providing shade under a tree, umbrella, or a stroller canopy; limiting sun exposure between 10 a.m. and 4 p.m. when ultraviolet rays are strongest; and

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<sup>1</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2022). *Preventing Abusive Head Trauma*. <https://www.cdc.gov/violenceprevention/childabuseandneglect/Abusive-Head-Trauma.html>

applying sunscreen with the written permission of parents and guardians (following the instructions on the sunscreen). Put sunscreen on at least 15 minutes before going outdoors so the skin can absorb it. Programs should make sure that sunscreen is always kept out of reach of children. When sunscreen is brought from home and is supplied for an individual child, the sunscreen must be labeled with the child's first and last name. Program staff should wash their hands before and after applying sunscreen on each child.

### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address medication administration.

### What Does Head Start Say?

While Head Start does not address sun safety specifically in the Head Start Program Performance Standards, it does address the topic in the "[Safety and Unintentional Injury Prevention Considerations for Infants and Toddlers](#)" section of the [Health Manager Orientation Guide](#) (2023).

## 3.4.6.1 Strangulation Hazards

Strings and cords long enough to circle a child's neck, such as those on toys, clothing, and window blinds, should not be accessible to children in early care and education programs. This includes outdoors where strings or cords can get tangled on playground equipment.

### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address building safety and hazardous materials.

### What Does Head Start Say?

[1302.47 Safety practices](#). "(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards."

## 3.5.0.1 Care Plan for Children with Special Health Care Needs

Children with special health care needs are defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."<sup>2</sup>

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<sup>2</sup> McPherson, M., P. Arango, H. Fox, C. Lauver, M. McManus, P. Newacheck, J. Perrin, J. Shonkoff, B. Strickland. 1998. A new definition of children with special health care needs. *Pediatrics* 102:137-40.

Any child who is identified as having a disability or special health care need in an early care and education setting should have an up-to-date routine and emergent care plan completed by the child's primary health care provider with input from parents or families. A program should include this special care plan in the child's onsite health records and ensure it is readily available to the child's caregiver or teacher. Community resources provide information, training, and monitoring available for caregivers and teachers. Caregivers and teachers should have training in pediatric first aid and CPR that includes responding to an emergency for a child with a special health care need.

## What Does CCDF Say?

CCDF law in many places references children who have special health care needs or disabilities. As it relates to this standard, the plan provision regulations at [45 C.F.R. § 98.16\(aa\)\(2\)\(iii\)\(A\)](#) state child care providers must have in place, “[p]rocedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodations of infants and toddlers, children with disabilities, and children with chronic medical conditions.”

[45 C.F.R. § 98.41\(a\)\(1\)\(xii\)\(C\) Health and safety requirements.](#) “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 ... [i]nclude health and safety topics consisting of, at a minimum ... and [m]ay include requirements relating to ... [c]aring for children with special needs.”

[45 C.F.R. § 98.44\(b\)\(2\)\(iv\)\(C\) Training and professional development.](#) “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 ... [o]ngoing, 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 ... [t]o the extent practicable, are appropriate for a population of children that includes ... [c]hildren with developmental delays and disabilities.”

[45 C.F.R. § 98.53\(a\)\(1\)\(i\)\(B\) Activities to improve the quality of child care.](#) “The Lead Agency must expend funds from each fiscal year's allotment on quality activities pursuant to §§ 98.50(b) and 98.83(g) in accordance with an assessment of need by the Lead Agency. Such funds must be used to carry out at least one of the following quality activities to improve the quality of child care services for all children, regardless of CCDF receipt, in accordance with paragraph (d) of this section: ... Supporting the training, professional development, and postsecondary education of the child care workforce as part of a progression of professional development through activities such as those included at § 98.44, in addition to ... [o]ffering training, professional development, and postsecondary education opportunities for child care caregivers, teachers and directors that ... [o]ffer specialized training, professional development, and postsecondary education for caregivers, teachers and directors caring for those populations prioritized at § 98.44(b)(2)(iv), and children with disabilities.”

[45 C.F.R. § 98.53\(a\)\(4\)\(iii\)\(B\) Activities to improve the quality of child care.](#) “The Lead Agency must expend funds from each fiscal year's allotment on quality activities pursuant to §§ 98.50(b) and 98.83(g) in accordance with an assessment of need by the Lead Agency. Such funds must be used to carry out at least one of the following quality activities to improve the quality of child care services for all children, regardless of CCDF receipt, in accordance with paragraph (d) of this section: ... Improving the supply and quality of child care programs and services for infants and toddlers through activities, which may include ... [p]romoting and expanding child care providers' ability to provide developmentally appropriate services for infants and toddlers through, but not limited to ... [i]mproved coordination with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431. et seq.).”

## What Does Head Start Say?

[Inclusion of Children with Disabilities \(ACF-IM-HS-20-01\)](#). This guidance highlights requirements in the Head Start Program Performance Standards related to the inclusion of children with disabilities and delays.

### **3.6.1.1 Inclusion, Exclusion, and Dismissal of Children**

Caregivers and teachers should let parents or families know when children develop new symptoms of illness and notify families immediately when emergencies or urgent issues arise. When a child has symptoms that require exclusion, caregivers and teachers should notify the parent or family that the child needs to be removed from care as soon as possible. For children whose symptoms do not require exclusion, caregivers and teachers can share the information with the parent or family in person or in writing at the end of the day. Most conditions that require exclusion do not require a visit to the child's doctor before the child re-enters care.

When a child becomes ill but does not need immediate medical help, caregivers and teachers should consider whether the illness does the following:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than the caregiver or teacher can offer without compromising the health and safety of other children
- Risks spreading harmful diseases to others
- Causes a fever with behavior change or other symptoms

*Note: Caregivers and teachers should send a child home if the child has a temperature of 100.4° F (38° C) or above (taken under the arm or across the forehead in infants and children) with behavior change. For infants younger than 2 months, a temperature of 100.4° F or above with or without a behavior change or other symptoms (e.g., sore throat, rash, vomiting, diarrhea) requires exclusion and immediate medical attention.*

If the child's illness meets any of the above criteria, the child should be moved away from other children, monitored, and supervised by a caregiver or teacher known to the child until the parent, guardian, or designated pick-up person arrives to sign out the child. The local or state health department can provide specific guidelines for exclusion.

## What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases.

## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: (A) The prevention and control of infectious diseases.”

[1302.47 Safety practices](#). “(b)(7) *Administrative safety procedures*. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: ... (iii) Protection from contagious disease, including appropriate

inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness.”

### **3.6.1.4 Infectious Disease Outbreak Control**

When an outbreak of an infectious disease has been identified, a child, caregiver, or teacher should be excluded for any of the following reasons:

- If the local health department official or the individual’s health care provider suspects the child or staff member is contagious.
- If the child or staff member is not immunized and the disease is preventable by a vaccine.
- If the disease poses an increased risk to the individual.

The child or staff member can return when the health department official or health care provider has determined the child or staff member is no longer at risk or no longer putting others at risk. Parents or guardians should be notified.

#### **What Does CCDF Say?**

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases.

#### **What Does Head Start Say?**

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: (A) The prevention and control of infectious diseases.”

[1302.47 Safety practices](#). “(b)(7) *Administrative safety procedures*. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: ... (iii) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness.”

### **3.6.3.1 and 3.6.3.2 Medication Administration and Storage**

A program should limit the administration of medication to children at the facility to the following:

- Prescription or nonprescription (over-the-counter) medication with a written order from a health professional with the following:
  - Written permission of the parent or guardian
  - A labeled prescription that includes the following information:
    - Child’s name
    - Date the prescription was filled

- Name of the prescribing health professional
  - Expiration date
  - Dosage/instructions
  - Name and strength of the medication
  - Name of the pharmacy and phone number
- Labeled (over-the-counter) medications brought to the early care and education facility by the parent or guardian in the original container, if allowed by state and territory requirements. The label should include the child's name; dosage; relevant warnings; and specific and legible instructions for administration, storage, and disposal.

Caregivers and teachers should never give a child a medication that is not prescribed for the child. Caregivers and teachers should document any medication given to a child was given as prescribed. Caregivers and teachers should not use medication beyond its expiration date and should return any unused medications to the parent or guardian for disposal.

All medications, refrigerated or unrefrigerated, should have child-proof caps, be stored away from food at the correct temperature, and be out of reach of children.

### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address medication administration.

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(7) *Administrative safety procedures*. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: ... (iv) The handling, storage, administration, and record of administration of medication.”

## **3.6.3.3 Training of Caregivers and Teachers to Administer Medication**

Any caregiver or teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The course should be repeated according to state regulations, local regulations, or both and taught by a licensed health professional, such as a pharmacist, nurse, or physician. Programs should monitor the skill and competency of a caregiver or teacher whenever the caregiver or teacher makes an error in giving medication to a child.

### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address medication administration.



## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (C) Administration of medication, consistent with standards for parental consent.”

[1302.47 Safety practices](#). “(b)(7) *Administrative safety procedures*. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: ... (iv) The handling, storage, administration, and record of administration of medication.”



# **Nutrition and Food Service**

## Nutrition and Food Service

### 4.2.0.3 Use of U.S. Department of Agriculture Child and Adult Care Food Program Guidelines

The [Child and Adult Care Food Program \(CACFP\)](#) is a federal program that provides reimbursements for nutritious meals and snacks to eligible children who are enrolled for care at participating child care centers and child care homes. Caregivers and teachers should serve snacks and meals that meet [CACFP](#) meal plan requirements.

#### What Does CCDF Say?

[45 C.F.R. § 98.14\(a\)\(1\)\(x\) Plan process.](#) “In the development of each Plan, as required pursuant to § 98.17, the Lead Agency shall: ... Coordinate the provision of child care services funded under this part with other Federal, State, and local child care and early childhood development programs (including such programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care) to expand accessibility and continuity of care as well as full-day services. The Lead Agency shall also coordinate the provision of services with the State and, if applicable, tribal agencies responsible for ... Child and Adult Care Food Program (CACFP) authorized by the National School Lunch Act (42 U.S.C. 1766) and other relevant nutrition programs.”

#### What Does Head Start Say?

[1302.44 Child nutrition.](#) “(a) *Nutrition service requirements.* ... (2) Specifically, a program must: ... (iii) Serve three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt; [and] (iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible.”

### 4.2.0.6 Availability of Drinking Water

Caregivers and teachers should ensure clean, sanitary drinking water is available to children in indoor and outdoor areas throughout the day. On hot days, caregivers and teachers may give infants who receive human milk in a bottle additional human milk and may give infants who receive formula mixed with water additional formula mixed with water. Caregivers and teachers should not give any infant water alone, especially in an infant's first 6 months of life. Caregivers and teachers should not allow toddlers to walk around with water continuously in a sippy cup or bottle.

#### What Does CCDF Say?

CCDF law does not provide guidance on the availability of drinking water. [Check your state or territory licensing regulations](#) to see if they provide guidance.

## What Does Head Start Say?

[1302.44 Child nutrition](#). “(a) *Nutrition service requirements*. ... (2) Specifically, a program must: ... (ix) Make safe drinking water available to children during the program day.”

### 4.2.0.10 Care for Children with Food Allergies

Caregivers, teachers, and substitutes should know whether any of the children in their care have food allergies and should ask families on their registration paperwork if their child has any known allergies. Each child with a food allergy should have a care plan, written and signed by the child’s primary health care provider that includes the following:

- Which food or foods the child is allergic to and steps to take to avoid that food.
- A detailed treatment plan to use in the event of an allergic reaction. The plan should include information on medications, including the name of the medication, dosage, and method of quick administration. The plan should also include specific symptoms that indicate the need to administer one or more medications.

Based on the child’s care plan and before caring for the child, caregivers, teachers, and substitutes should receive training for, demonstrate competence in, and implement measures for the following:

- Preventing exposure to the specific food or foods to which the child is allergic
- Recognizing the signs of an allergic reaction
- Treating allergic reactions

If a child is at risk of developing a severe allergic reaction, caregivers and teachers should routinely carry the child’s written care plan, a mobile phone, and the proper medications for appropriate treatment on field trips and during transportation outside of the early care and education setting. Caregivers and teachers should store a copy of the child’s care plan with the child’s emergency medication in an unlocked location that is out of the reach of children.

Caregivers, teachers, and substitutes should immediately let parents or families know of any suspected allergic reactions in their child and whether the child ate or came in contact with the problem food even if a reaction did not occur. Caregivers, teachers, and substitutes should also immediately contact the emergency medical services system (by calling 911) whenever they administer epinephrine, even if the child appears to have recovered from the allergic reaction.

With the permission of the child’s parent or family, caregivers and teachers should post each child’s food allergies in the classroom where all staff can see, wherever food is prepared or served, or in both locations.

## What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address prevention and response to emergencies due to food and allergic reactions.

## What Does Head Start Say?

[1302.42 Child health status and care](#). “(b) *Ensuring up-to-date child health status*. ... (4) A program must identify each child’s nutritional health needs, taking into account available health information, including the child’s health

records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health Services Advisory Committee.”

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (D) Prevention and response to emergencies due to food and allergic reactions.”

### **4.3.1.3 Preparing, Feeding, and Storing Human Milk**

Caregivers and teachers should develop and follow safe steps for preparing and storing human milk. The [Academy of Breastfeeding Medicine Protocol #8, Revised 2017](#) provides information to ensure the health and safety of all breastfed infants. Infant formula should never be used with a breastfed infant without parental consent. Caregivers and teachers should properly label the bottle or container with the infant's full name and date and only give that milk to the specified child. Any unused human milk should be stored properly and returned to the parents or family in its original bottle or container. Any human milk remaining in a bottle after feeding should be discarded after 2 hours.

*Note: Caregivers and teachers should never prop up a bottle from which they are feeding an infant and should closely supervise infants while feeding.*

#### **What Does CCDF Say?**

CCDF law does not provide guidance on preparing, feeding, and storing human milk. [Check your state or territory licensing regulations](#), if applicable.

#### **What Does Head Start Say?**

[1302.44 Child nutrition](#). “(a) *Nutrition service requirements*. (1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31(e)(2). (2) Specifically, a program must: ... (viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors.”

### **4.3.1.5 Preparing, Feeding, and Storing Infant Formula**

Caregivers and teachers should develop and follow safe steps for preparing and storing infant formula to ensure the health and safety of all infants. Formula provided by parents, guardians, or programs should come in sealed containers. Caregivers and teachers should always (1) follow manufacturer's instructions for mixing and storing formula, (2) label bottles of prepared or ready-to-feed formula with the child's full name and the time and date of preparation, and (3) daily discard any unused prepared formula after 1 hour.

*Note: Caregivers and teachers should never prop up a bottle from which they are feeding an infant and should closely supervise infants while feeding.*

Caregivers and teachers can get additional information from their local [Special Supplemental Nutrition Program for Women, Infants, and Children](#).

### What Does CCDF Say?

CCDF law does not provide guidance on preparing, feeding, and storing infant formula. [Check your state or territory licensing regulations](#), if applicable.

### What Does Head Start Say?

[1302.44 Child nutrition](#). “(a) *Nutrition service requirements*. (1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31(e)(2). (2) Specifically, a program must: ... (iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible; [and] (v) Ensure bottle-fed infants are never laid down to sleep with a bottle.”

## 4.3.1.9 Warming Bottles and Infant Foods

Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed. Bottles or food items that are warmed—at the parent’s request or if a caregiver chooses to warm them—should be warmed in a safe manner. Safe warming methods include the following:

- Holding the bottle under running, warm tap water
- Using a commercial bottle warmer
- Warming the bottle on a stovetop (by heating water in a pan, removing the pan from the heat, and setting the bottle in the water until its contents are warm)
- Using a slow-cooking device (by setting the bottle in the slow-cooking device until the contents of the bottle are warm)
- Placing the bottle in a container of warm water

**Never** warm a bottle in a microwave. **Always** test the temperature of the formula, human milk, or food before giving it to an infant. Warming devices should never be accessible to children. Keep cords out of the reach of children.

### What Does CCDF Say?

CCDF law does not provide guidance on warming bottles and infant foods. [Check your state or territory licensing regulations](#), if applicable.

### What Does Head Start Say?

[1302.44 Child nutrition](#). “(a) *Nutrition service requirements*. (1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities.

Family style meals are encouraged as described in §1302.31(e)(2). (2) Specifically, a program must: ... (iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible; [and] (v) Ensure bottle-fed infants are never laid down to sleep with a bottle.”

### **4.5.0.10 Foods that Are Choking Hazards**

Caregivers and teachers should not offer children younger than 4 years of age foods that may cause choking (e.g. hot dogs, popcorn, apples, and grapes). To prevent choking, caregivers and teachers should cut food for infants into pieces that are one-quarter of an inch or smaller and cut food for toddlers into pieces that are one-half of an inch or smaller.

Caregivers and teachers should supervise children while they eat to monitor the size of the food they are eating and make sure they are eating appropriately.

#### **What Does CCDF Say?**

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address prevention and response to emergencies due to food and allergic reactions.

#### **What Does Head Start Say?**

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards.”

### **4.8.0.1 Food Preparation Area Access**

Caregivers and teachers should not allow children in food preparation areas unless the children are supervised by a caregiver or teacher who has been trained on safety and sanitation procedures.

#### **What Does CCDF Say?**

CCDF law does not provide guidance on food preparation area access. [Check your state or territory licensing regulations](#), if applicable.

#### **What Does Head Start Say?**

[1302.47 Safety practices](#). “(b)(6) *Hygiene practices*. All staff systematically and routinely implement hygiene practices that at a minimum ensure: ... (ii) Safe food preparation.”

## **4.9.0.1 Compliance with U.S. Food and Drug Administration Food Sanitation Standards and State and Local Rules**

Caregivers and teachers should follow portion sizes and meal components in the [USDA CACFP meal plan](#) and all applicable state and local food service rules and regulations about safe food protection and sanitation practices for centers and family child care homes.

### **What Does CCDF Say?**

[45 C.F.R. § 98.14](#). “In the development of each Plan, as required pursuant to §98.17, the Lead Agency shall: (a)(1) Coordinate the provision of child care services funded under this part with other Federal, State, and local child care and early childhood development programs (including such programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care) to expand accessibility and continuity of care as well as full-day services. The Lead Agency shall also coordinate the provision of services with the State, and if applicable, tribal agencies responsible for: ... (x) Child and Adult Care Food Program (CACFP) authorized by the National School Lunch Act (42 U.S.C. 1766) and other relevant nutrition programs.”

### **What Does Head Start Say?**

[1302.22 Home-based option](#). “(d) *Safety requirements*. The areas for learning, playing, sleeping, toileting, preparing food, and eating in facilities used for group socialization in the home-based option must meet the safety standards described in [§1302.47\(1\)\(ii\) through \(viii\)](#).”

# Facilities, Supplies, Equipment, and Environmental Health



# Facilities, Supplies, Equipment, and Environmental Health

## 5.1.1.2 Inspection of Buildings

Before a program uses a new or existing building for the purpose of early care and education, they should have the building inspected. The need for inspection also applies to renovated, remodeled, and altered buildings. A qualified building inspector should do the inspection. Passing this inspection ensures the building meets all applicable state and local building and fire codes.

### What Does CCDF Say?

Enforcement of licensing and health and safety requirements at [45 C.F.R. § 98.42\(b\)\(2\)\(i\)–\(iii\)](#) state the following:

(b) Each Lead Agency shall certify in the Plan it has monitoring policies and practices applicable to all child care providers and facilities eligible to deliver services for which assistance is provided under this part. The Lead Agency shall:

(2) Require inspections of child care providers and facilities, performed by licensing inspectors (or qualified inspectors designated by the Lead Agency), as specified below:

(i) **For licensed child care providers and facilities,**

(A) Not less than one pre-licensure inspection for compliance with health, safety, and fire standards, and

(B) Not less than annually, an unannounced inspection for compliance with all child care licensing standards, which shall include an inspection for compliance with health and safety, (including, but not limited to, those requirements described in § 98.41) and fire standards (inspectors may inspect for compliance with all three standards at the same time); and

(ii) **For license-exempt child care providers and facilities** that are eligible to provide services for which assistance is made available in accordance with this part, an annual inspection for compliance with health and safety (including, but not limited to, those requirements described in § 98.41), and fire standards;

(iii) Coordinate, to the extent practicable, monitoring efforts with other Federal, State, and local agencies that conduct similar inspections.

[Emphasis added.]

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet [sic] licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d).”

### 5.1.1.3 Compliance with Fire Prevention Code

Caregivers and teachers should follow their state-approved or nationally recognized fire prevention code, such as the [National Fire Protection Association 101: Life Safety Code](#).

#### What Does CCDF Say?

Enforcement of licensing and health and safety requirements at [45 C.F.R. § 98.42\(b\)\(2\)\(i\)–\(iii\)](#) state the following:

(b) Each Lead Agency shall certify in the Plan it has monitoring policies and practices applicable to all child care providers and facilities eligible to deliver services for which assistance is provided under this part. The Lead Agency shall:

(2) Require inspections of child care providers and facilities, performed by licensing inspectors (or qualified inspectors designated by the Lead Agency), as specified below:

(i) **For licensed child care providers and facilities,**

(A) Not less than one pre-licensure inspection for compliance with health, safety, and fire standards, and

(B) Not less than annually, an unannounced inspection for compliance with all child care licensing standards, which shall include an inspection for compliance with health and safety, (including, but not limited to, those requirements described in § 98.41) and fire standards (inspectors may inspect for compliance with all three standards at the same time); and

(ii) **For license-exempt child care providers and facilities** that are eligible to provide services for which assistance is made available in accordance with this part, an annual inspection for compliance with health and safety (including, but not limited to, those requirements described in § 98.41), and fire standards;

(iii) Coordinate, to the extent practicable, monitoring efforts with other Federal, State, and local agencies that conduct similar inspections.

[Emphasis added.]

#### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet [sic] licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d).”

### 5.1.1.5 Environmental Assessment of Site Location

Programs should conduct an environmental assessment before the construction of a new building, before renovation or occupation of an existing building, and after a natural disaster. The indoor and outdoor environments of an early childhood program are important to the health and well-being of children. An environmental assessment provides helpful information on the types of environmental issues that may affect

children. A written assessment provides the caregiver the opportunity to properly assess and, where necessary, remediate or avoid sites where children's health could be compromised. Programs should keep on file written reports that document any remedial actions.

An environmental assessment should examine the following:

- Completed past environmental assessments at the site
- Land use or deed restrictions for the site
- Potential air, soil, and water contamination on program sites and outdoor play spaces
- Potential toxic or hazardous materials in building construction, such as lead and asbestos
- Potential safety hazards in the community surrounding the site

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

### What Does Head Start Say?

[1303.44 Applications to purchase, construct, and renovate facilities](#). “(a) *Application requirements*. If a grantee is preliminarily eligible under §1303.42 to apply for funds to purchase, construct, or renovate a facility, it must submit to the responsible HHS official: ... (4) Certification by a licensed engineer or architect that the facility is, or will be upon completion, structurally sound and safe for use as a Head Start facility and that the facility complies, or will comply upon completion, with local building codes, applicable child care licensing requirements, the accessibility requirements of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Flood Disaster Protection Act of 1973, and the National Historic Preservation Act of 1966.”

## 5.1.6.6 Guardrails and Protective Barriers

Caregivers and teachers should provide guardrails or protective barriers, such as a gate that is secured to the walls, for any walking surface from which a child could fall 30 inches or more. This includes areas such as an open side of stairs, ramps, decks, and other walking surfaces (e.g., landings, balconies, and porches).

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet [sic] licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d); [and] ... (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards.”

## 5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets

To protect the safety of children, programs should use tamper-resistant electrical outlets for all accessible electrical outlets. Tamper-resistant receptacles include a safety feature that prevents accidental electrical contact when an object is inserted into the receptacle where it shouldn't be. Caregivers and teachers often use outlet box covers for items that are always plugged in to prevent young children from accessing the outlet. Sliding outlet covers or self-closing covers should contain an internal mechanism that automatically closes over the socket holes when an item is unplugged. This prevents children from sticking objects into the sockets. Caregivers and teachers may use outlet plugs in settings that do not have tamper-resistant electrical outlets if the outlet plugs cannot be easily removed from outlets by children and do not pose a choking risk.

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet [sic] licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d); [and] ... (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards.”

## 5.2.4.4 Location of Electrical Devices Near Water

Caregivers and teachers should keep electrical devices and equipment away from water. No electrical device or equipment should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet [sic] licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d); [and] ... (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards.”

## 5.2.8.1 Integrated Pest Management

Programs should use an integrated pest management (IPM) program to keep away pests (e.g., cockroaches, rodents, ants, and stinging insects). IPM uses a mixture of tools and strategies, such as eliminating the food, water, and shelter that pests need to survive. This includes keeping areas clean and clutter free, removing visible pests, and eliminating conditions that promote pest infestations. IPM helps prevent, find, and manage pests with the use of pesticides only as a last resort.

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet [sic] licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d); [and] (ii) Clean and free from pests.”

## 5.2.9.1 Use and Storage of Toxic Substances

Caregivers and teachers should take the following steps to ensure the proper use and storage of toxic substances away from food, formula, medication, etc.:

- Store toxic substances in their original labeled containers.
- Keep toxic substances out of the reach of children.
- Use toxic substances only as recommended by the manufacturer.
- Do not use toxic substances when children are present.
- Make Occupational Safety and Health Administration (OSHA) approved [safety data sheets](#) available onsite for each hazardous chemical on the premises. Also see ChemicalSafety.com's [safety data sheet database](#).

In addition, caregivers and teachers should post the telephone number for the National Poison Control Center (800-222-1222) and ensure it is quickly available in emergency situations.

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(viii\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [h]andling and storage of hazardous materials and the appropriate disposal of biocontaminants.”

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children’s safety.”

## 5.2.9.5 Carbon Monoxide Detectors

Caregivers and teachers should meet state or local laws regarding carbon monoxide detectors, including when detectors are necessary. Caregivers and teachers should test detectors monthly, document test dates, and change the batteries in detectors at least yearly. Caregivers and teachers should follow the manufacturer’s instructions when replacing detectors.

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children’s safety.”

### **5.3.1.1, 5.5.0.6, and 5.5.0.7 Safety of Equipment, Materials, and Furnishings**

Caregivers and teachers should be sure that equipment, materials, furnishings, and play areas located indoors and outdoors are in good repair. These items should be sturdy, in good condition, safe to use, and used only as the manufacturer intended. These items should meet the recommendations of the [U.S. Consumer Product Safety Commission \(CPSC\)](#) and [American Society for Testing and Materials International \(ASTM\)](#). Caregivers and teachers should pay attention to safety hazards including but not limited to the following:

- Openings that might trap a child’s body parts (e.g., head or fingers)
- Raised surfaces and uneven surfaces that do not have protective barriers
- Lack of recommended or required surfacing and recommended or required area that surrounds swings, slides, or climbing equipment to prevent injury
- Equipment that is not developmentally appropriate for a child’s age or size (e.g., intended for older children)
- Equipment that is positioned too close together for safety
- Tripping hazards
- Components that can pinch, cut, or crush body parts
- Equipment that is known to be hazardous (e.g., infant walkers, inclined sleepers, trampolines)
- Sharp points or corners
- Surfaces that may cause splinters
- Protruding nails, bolts, or other items that could cause injury
- Loose, rusty, or cracked parts
- Hazardous small parts that may become separated during continuous use of the equipment and present a choking, breathing, or eating hazard to a child
- Strangulation hazards (e.g., straps and strings)
- Chipping or flaking paint that contains lead or other hazardous materials
- Tip-over hazards, such as furnishings that are shaky or uneven, equipment that can tip over (e.g., bookshelves, dressers, televisions, and indoor climbing equipment), and playground equipment that is loosely anchored to the ground

In addition, children should have no access to plastic bags that are large enough to risk suffocation nor to matches, candles, and lighters.

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) and \(viii\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic; [and] ... [h]andling and storage of hazardous materials and the appropriate disposal of biocontaminants.”

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(2) *Equipment and materials*. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum: (i) Be clean and safe for children’s use and are appropriately disinfected; (ii) Be accessible only to children for whom they are age appropriate; (iii) Be designed to ensure appropriate supervision of children at all times; (iv) Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and, (v) Be kept safe through an ongoing system of preventative maintenance.”

## 5.3.1.12 Availability and Use of a Telephone or Wireless Communication Device

Caregivers and teachers should have at least one working non-pay telephone or cellphone for general and emergency use. A phone should be available at the child care program, in each vehicle staff use when transporting children, and on field trips. While transporting children, drivers should not operate a motor vehicle while using a phone when the vehicle is in motion or traffic.

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

### What Does Head Start Say?

Head Start does not address the availability and use of telephones and cellphones.

### 5.4.5.2 Cribs and Play Yards

Cribs and play yards should meet current [CPSC](#) and ASTM safety standards. Effective December 28, 2012, the cribs in early childhood programs should comply with current CPSC crib standards: ASTM F1169-10a, Standard Consumer Safety Specification for Full-Size Baby Cribs; ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards; or CPSC 16 C.F.R. §§ 1219, 1220, and 1500, Safety Standards for Full-Size Baby Cribs; Non-Full-Size Baby Cribs, Final Rule. Programs can read about consumer product recalls at <https://www.saferproducts.gov/>.

Caregivers and teachers should take the following steps to ensure the safe use of cribs and play yards:

- Only use cribs and play yards for children who are sleeping and make sure each crib or play yard is safe.
- Label each crib or play yard with the name of the child the crib is used for.
- Thoroughly clean cribs and play yards and mattresses before another child uses them.
- Do not place infants in cribs or play yards with items that could pose a strangulation or suffocation risk. Such items include pillows, blankets, and stuffed animals.
- Place cribs away from potential hazards, such as window coverings, cords, heaters, etc.
- Inspect each crib or play yard before each use to ensure hardware is tightened and no safety hazards are present.

Cribs may be used for emergency evacuations. Cribs for evacuation should have wheels to safely move up to five non-ambulatory children to a designated evacuation area. The cribs should be easy to move and fit through emergency routes and exits.

#### Play Yard Standards



Source: Consumer Product Safety Commission. (n.d.). *Keep baby safe in a play yard space.* <https://www.cpsc.gov/s3fs-public/playyard.pdf>

### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(ii\) Health and safety requirements.](#) “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [p]revention of sudden infant death syndrome and use of safe sleeping practices.”

### What Does Head Start Say?

[1302.47 Safety practices.](#) “(b)(2) *Equipment and materials.* Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum: (i) Be clean and safe for children’s use and are appropriately disinfected; (ii) Be accessible only to children for whom they are age appropriate; (iii) Be designed to ensure appropriate supervision of children at all

times; (iv) Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and, (v) Be kept safe through an ongoing system of preventative maintenance.”

[1302.47 Safety practices](#). “(b)(5) *Safety practices*. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: ... (ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used.”

### **5.5.0.8 Firearms**

Center-based programs should not have firearms or any other weapon on the premises at any time. If a firearm is kept in a family child care home, the caregiver must inform parents or guardians. The provider should have a clear policy stating that all firearms must be:

- Unloaded
- Fitted with child safety devices
- Stored in a locked location, separate from locked ammunition
- Kept in areas that children cannot access

Caregivers should share this safety policy with all families.

### **What Does CCDF Say?**

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

### **What Does Head Start Say?**

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (vii) Free from firearms or other weapons that are accessible to children.”

### **5.6.0.1 First Aid and Emergency Supplies**

Caregivers and teachers should maintain up-to-date first aid and emergency supplies and make supplies available in each location in which children are cared for. Caregivers and teachers should keep the first aid kit or supplies in a closed and labeled container, cabinet, or drawer. Programs should label and store extra supplies in a location known and accessible to all caregivers or teachers, but not accessible to children. When children leave the facility for a walk or to be transported, a staff member should bring a portable first aid kit. In addition, a portable first aid kit should be located in every vehicle the program uses to transport children to and from the program. Caregivers and teachers should restock first aid kits or supplies after each use.

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(x\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [p]ediatric first aid and cardiopulmonary resuscitation.”

## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies.”



# **Play Areas/Playgrounds and Transportation**

## Play Areas/Playgrounds and Transportation

### 6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water

Outdoor play areas should have a fence or natural barriers around them. The fence or barrier should not block supervision by caregivers and teachers. If a fence is used, it must be in good condition and meet local building codes for height and construction. The outdoor play area should have at least two exits, with one being away from the home or building.

Gates should have a self-closing and self-latching mechanism that children cannot open. The fence and gates should have small openings, no larger than 3 ½ inches. Fences and gates should also be built to discourage climbing. Outdoor play areas should not be near unsecured bodies of water. If there is water nearby, it should be inaccessible to children, be surrounded by a fence that is at least 4 to 6 feet high and close to the ground, within 2 inches.

#### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements.](#) “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

#### What Does Head Start Say?

[1302.47 Safety practices.](#) “(b)(1) *Facilities.* All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet [sic] licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d); [and] ... (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards.”

### 6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment

Programs should place all indoor and outdoor climbing equipment on a shock-absorbing material that covers an area larger than the edges of the equipment. Programs should not place climbing equipment over or next to a hard surface not meant for climbing equipment. Play areas should not include organic materials that support the growth of molds and bacteria. Caregivers and teachers should rake all loose-fill materials to retain their proper distribution and shock-absorbing properties and remove foreign material. Playgrounds intended for toddlers should avoid the use of loose-fill materials. Programs should follow U.S. Consumer Product Safety Commission guidelines and American Society for Testing and Materials International standards F1292-13 and F2223-10.

For best practices, consider the [Consumer Product Safety Commissions' Public Safety Playground Handbook](#). [Check your state or territory licensing regulations](#) for more information.

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

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## 6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment

Caregivers and teachers should inspect indoor and outdoor play areas every day for basic health and safety concerns including but not limited to the following:

- **Missing or broken parts:** Look carefully for any parts that are missing, loose, or damaged.
- **Protruding nuts and bolts:** Inspect for any sharp edges or hardware that sticks out that could cause harm.
- **Rust and paint issues:** Look for signs of rust, chipped paint, or peeling surfaces.
- **Edges, splinters, and rough surfaces:** Check for sharp edges, splinters, or rough spots that might cause injuries.
- **Handhold stability:** Make sure handholds (such as railings or bars) are secure and stable.
- **Visible cracks:** Inspect for cracks in structures or surfaces.
- **Stability of non-anchored large equipment:** Large play equipment (such as playhouses) should be stable even if not anchored.
- **Wear and deterioration:** Assess overall wear and tear. Make sure absorbent materials are thick enough under play equipment for children’s safety.
- **Vandalism or trash:** Remove any destruction to property, hazards (e.g., fallen branches), and trash promptly.
- **Temperature and surfaces:** Check surfaces and equipment for temperature to prevent burns, if wet or icy to prevent falls, etc.

Caregivers and teachers should address any issues right away to maintain a safe environment for children.

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet [sic] licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d); (ii) Clean and free from pests; (iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children’s safety; (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards; (v) Well lit, including emergency lighting; (vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies; (vii) Free from firearms or other weapons that are accessible to children; (viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children’s activities; and, (ix) Kept safe through an ongoing system of preventative maintenance.”

### 6.3.2.1 Lifesaving Equipment

Safety equipment should be available for every swimming pool wider than 6 feet:

- A ring buoy with a rope, or
- A rescue tube, or
- A throwing line and a shepherd’s hook (of a material that won’t conduct electricity)

This equipment should be long enough to reach the center of the pool from the edge. Caregivers and teachers should ensure such equipment is well-maintained and stored safely for quick access. Caregivers and teachers also should know how to properly use such equipment. Children should learn about this equipment based on their age and understanding.

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

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[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards.”

### 6.3.5.2 Water in Containers

Caregivers and teachers should empty the following containers immediately after use: Bathtubs, buckets, diaper pails, water tables, sensory tables, and other open containers of water.

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(v\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [b]uilding and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.”

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[1302.47 Safety practices](#). “(b)(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: ... (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards.”

### 6.5.1.2 Qualifications for Drivers

In addition to completing the required health and safety training and background check for employment, drivers employed by the program and transportation staff members who transport children should have the following:

- **Valid driver’s license:** The license should indicate the driver or transportation staff member is allowed to operate the specific type of vehicle they will be driving.
- **Safe driving record:** Drivers should have a safe driving record for at least 5 years (meaning no crashes where they received a citation) verifiable through records from the state department of motor vehicles.
- **No substance use:** Drivers should not use alcohol, drugs, or any substances that could impair their abilities before or while driving.
- **No tobacco or e-cigarette use:** Drivers should not smoke, vape, or use e-cigarettes while driving.
- **Good health:** Drivers should have no medical conditions that could negatively impact their ability to drive, supervise, or evacuate children.
- **Pediatric CPR and first aid certification:** If drivers transport children alone, the drivers should hold a valid pediatric CPR and first aid certificate.

Additionally, the facility should keep records of the driver's license number, license expiration date, vehicle insurance information, and verification of the current state vehicle inspection on file.

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(ix\) Health and safety requirements.](#) “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [a]ppropriate precautions in transporting children, if applicable.”

## What Does Head Start Say?

[1303.72 Vehicle operation.](#) “(b) *Driver qualifications.* A program, with the exception of transportation services to children served under a home-based option, must ensure drivers, at a minimum: (1) In states where such licenses are granted, have a valid Commercial Driver's License (CDL) for vehicles in the same class as the vehicle the driver will operating; and (2) Meet any physical, mental, and other requirements as necessary to perform job-related functions with any necessary reasonable accommodations.”

[1303.72 Vehicle operation.](#) “(c) *Driver application review.* In addition to the applicant review process prescribed §1302.90(b) of this chapter, a program, with the exception of transportation services to children served under a home-based option, must ensure the applicant review process for drivers includes, at minimum: (1) Disclosure by the applicant of all moving traffic violations, regardless of penalty; (2) A check of the applicant's driving record through the appropriate state agency, including a check of the applicant's record through the National Driver Register, if available; (3) A check that drivers qualify under the applicable driver training requirements in the state or tribal jurisdiction; and, (4) After a conditional employment offer to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.”

[1303.72 Vehicle operation.](#) “(d) *Driver training.* (1) A program must ensure any person employed as a driver receives training prior to transporting any enrolled child and receives refresher training each year. (2) Training must include: (i) Classroom instruction and behind-the-wheel instruction sufficient to enable the driver to operate the vehicle in a safe and efficient manner, to safely run a fixed route, to administer basic first aid in case of injury, and to handle emergency situations, including vehicle evacuation, operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints, conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary; and, (ii) Instruction on the topics listed in §1303.75 related to transportation services for children with disabilities. (3) A program must ensure the annual evaluation of each driver of a vehicle used to provide such services includes an on-board observation of road performance.”

## **6.5.2.2 Child Passenger Safety**

When children travel in a motor vehicle other than a bus, it is crucial to ensure their safety by using appropriate restraints. Caregivers and teachers should take the following steps regarding the equipment and circumstances listed below:

- **Car safety restraints:**

- Transport a child only if they are securely restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness.
- Match car safety restraints to the individual child’s weight, age, and psychological development.
- Securely fasten each child according to the manufacturer’s instructions for the specific child restraint system.
- Ensure car safety restraints meet federal motor vehicle safety standards (49 C.F.R. § 571.213). A federally compliant car seat has a warning label that states: “This child restraint system conforms to all applicable Federal Motor Vehicle Safety Standards (FMVSS).”
- Use child passenger restraint systems only in the back seats of the vehicle.
- **Replacing car safety seats:**
  - Replace car safety seats if they have been recalled.
  - Replace seats that are past the manufacturer’s “date of use” expiration date.
  - Replace seats involved in a crash that meets the U.S. Department of Transportation’s crash severity criteria or the manufacturer’s criteria for replacement after a crash.
- **School buses with safety restraints (if applicable):**
  - Ensure the school bus can accommodate placement of a wheelchair facing forward with four tie-downs affixed according to the manufacturer’s instructions.
  - Secure the wheelchair occupant using a three-point tie restraint during transport.
  - Ensure school buses are always ready to transport children who must ride in wheelchairs.
  - Follow manufacturers’ specifications to assure safety requirements are met.

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(ix\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [a]ppropriate precautions in transporting children, if applicable.”

## What Does Head Start Say?

[1303.72 Vehicle operation](#). “(a) *Safety*. A program must ensure: (1) Each child is seated in a child restraint system appropriate to the child’s age, height, and weight; (2) Baggage and other items transported in the passenger compartment are properly stored and secured, and the aisles remain clear and the doors and emergency exits remain unobstructed at all times; (3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route; and, (4) With the exception of transportation services to

children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary.”

### 6.5.2.4 Interior Temperature of Vehicles

When transporting children, caregivers and teachers should do the following:

- Maintain the inside of vehicles at a temperature that is comfortable for children.
- Provide adequate heating or cooling to ensure children’s well-being.
- Consider how children are dressed when adjusting the heating and cooling.
- Always lock all vehicles when they are not in use.
- Count the number of children and conduct a face-to-name count before and after transportation. This practice helps prevent a child from being accidentally left behind in a vehicle.
- Never leave children unattended inside a vehicle. Even brief periods in a parked vehicle can be dangerous due to heat buildup or cold temperatures.

#### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(ix\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [a]ppropriate precautions in transporting children, if applicable.”

#### What Does Head Start Say?

[1303.72 Vehicle operation](#). “(a) *Safety*. A program must ensure: (1) Each child is seated in a child restraint system appropriate to the child’s age, height, and weight; (2) Baggage and other items transported in the passenger compartment are properly stored and secured, and the aisles remain clear and the doors and emergency exits remain unobstructed at all times; (3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route; and, (4) With the exception of transportation services to children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary.”

### 6.5.3.1 Passenger Vans

Early care and education programs that provide transportation for any purpose to children, parents and guardians, staff, and others should not use 15-passenger vans when avoidable due to safety risks.

#### **Stop. Look. Lock.**

Even in cooler temperatures, a vehicle can heat up to dangerous temperatures very quickly. An outside temperature in the mid-60s can cause a vehicle’s inside temperature to rise above 110° F. The inside temperature of a car can increase by almost 20° F within the first 10 minutes (National Highway Traffic Safety Administration, 2024).

## What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(ix\) Health and safety requirements](#). “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 ... [i]nclude health and safety topics consisting of, at a minimum ... [a]ppropriate precautions in transporting children, if applicable.”

## What Does Head Start Say?

[1303.72 Vehicle operation](#). “(a) *Safety*. A program must ensure: (1) Each child is seated in a child restraint system appropriate to the child’s age, height, and weight; (2) Baggage and other items transported in the passenger compartment are properly stored and secured, and the aisles remain clear and the doors and emergency exits remain unobstructed at all times; (3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route; and, (4) With the exception of transportation services to children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary.”



# **Infectious Disease**

## Infectious Disease

### 7.2.0.1 Immunization Documentation

Caregivers and teachers should have documentation of immunizations for each child enrolled. Each child enrolled should be immunized as recommended in the [Child and Adolescent Immunization Schedule by Age](#) developed by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. Children whose immunizations are not up to date or who have not received the required immunizations should start catch-up immunizations or work with their physician or pediatric health care provider to get caught up on immunizations. If state regulations allow personal or philosophical exemptions, programs should document these as required.



#### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases, including immunizations.



#### What Does Head Start Say?

[1302.15 Enrollment](#). “(e) *State immunization enrollment requirements*. A program must comply with state immunization enrollment and attendance requirements, with the exception of homeless children as described in §1302.16(c)(1).”

[1302.42 Child health status and care](#). “(b) *Ensuring up-to-date child health status*. (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must: (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems; (ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).”

### 7.2.0.2 Unimmunized Children

Caregivers and teachers should document and file a statement from a child's primary health care provider if the child will not receive immunizations due to a medical condition. This documentation should include which vaccines the child is exempt from having and the reason for the exemption. Some states allow other exemptions, and caregivers and teachers should document these per state regulations.

Caregivers and teachers should inform parents and guardians who are enrolling or have enrolled an infant whether other children enrolled in care have not had routine immunizations due to exemptions.

If a child has not received age-appropriate immunizations before enrollment and doesn't have documented exemptions, their parent or guardian should provide proof of a scheduled immunization appointment or

arrangement to receive immunizations. Children in foster care or experiencing homelessness should still receive services while families (including foster families) have a reasonable amount of time to work on meeting immunization requirements. Parents and families should work with a health provider upon program enrollment to develop an immunization plan for catch-up immunizations for any child who has not received their vaccines and does not have medical exemptions.

Caregivers and teachers should consult the health department if unimmunized children are exposed to a disease that can be prevented by a vaccine. The health department will determine whether unvaccinated children should be excluded during the exposure period or until they receive the necessary immunizations. The local or state health department will provide guidelines for exclusion requirements.

### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases, including immunizations.

### What Does Head Start Say?

[1302.16 Attendance](#). “(c) *Supporting attendance of homeless children*. (1) If a program determines a child is eligible under §1302.12(c)(1)(iii), it must allow the child to attend for up to 90 days or as long as allowed under state licensing requirements, without immunization and other records, to give the family reasonable time to present these documents. A program must work with families to get children immunized as soon as possible in order to comply with state licensing requirements.”

## 7.2.0.3 Immunization of Caregivers/Teachers

Caregivers and teachers should be current with all immunizations in the following categories as recommended in the *Adult Immunization Schedule by Age* developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians:

- Recommended vaccinations for adults 19 years or older
- Recommended vaccinations for adults with an additional risk factor or another indication
- Other vaccines as determined by the CDC, the Advisory Committee on Immunization Practices, and state and local public health authorities as new vaccines are developed or in response to the unexpected emergence of other diseases (e.g., the COVID-19 pandemic)

Programs should require and keep documentation of staff immunization records. Programs should require staff members who are not fully immunized for medical reasons to provide written documentation by their licensed health care provider of the reason. If the state allows religious or philosophical exemptions, programs should document those exemptions per state regulations.

Programs should consult the health department if unimmunized caregivers or teachers are exposed to a disease that can be prevented by a vaccine. The health department will determine if unvaccinated adults should be excluded during the exposure period or until they receive the necessary immunizations. The local or state health department will provide guidelines for exclusion requirements.

 **What Does CCDF Say?**

CCDF regulations do not cover immunizations of caregivers and teachers. For more information, check the [National Database of Child Care Licensing Regulations](#).

 **What Does Head Start Say?**

[1302.93 Staff health and wellness](#). “(a) A program must ensure each staff member has an initial health examination and a periodic re-examination as recommended by their health care provider in accordance with state, tribal, or local requirements, that include screeners or tests for communicable diseases, as appropriate. The program must ensure staff do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.”



# **Program Management**

## Program Management

### 9.2.4.1 Written Plan and Training for Handling Urgent Medical Care and Threatening Incidents

Each program should have a written plan for how to respond to any unusual or threatening event that could impact the health, safety, or well-being of children, staff, or volunteers. The written plan should include guidelines for training caregivers, teachers, volunteers, and staff. The plan should address how to manage and document incidents related to safety, security, and medical events, including the following:

- A lost or missing child
- Suspected sexual, physical, or emotional abuse or neglect of a child
- Staff members not reporting a suspicion of abuse, even though they are mandated reporters
- Instances of onsite physical, sexual, or emotional abuse or altercations that include staff, volunteers, or families
- Illness or injury that requires urgent or emergency medical care or dental care (Note: For the purposes of this document, *urgent care* is defined as requiring medical attention within 12 hours; *emergency care* is defined as requiring immediate medical attention.)
- Mental health emergencies
- Health and safety emergencies involving parents, guardians, or visitors to the early care program
- Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the early care and education program, even if the death occurred outside of the early care and education program's hours
- An unauthorized, threatening, or violent person who tries to enter or does enter the home or building
- Violence in the community

#### What Does CCDF Say?

CCDF law does not provide guidance on written policies in programs, apart from requiring programs funded under CCDF to have emergency plans (see 9.2.4.3 and 9.2.4.5). For more information on your state or territory's requirements, check the [National Database of Child Care Licensing Regulations](#).

#### What Does Head Start Say?

[1302.47 Safety practices](#). "(b)(5) *Safety practices*. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws; ... (7) *Administrative safety procedures*. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: (i) Emergencies."

### 9.2.4.3 and 9.2.4.5 Disaster Planning, Training, and Communication; and Emergency and Evacuation Drills

Each program should have written plans for how to prepare for and respond to emergency situations and disasters, including plans for the following:

- **Evacuation:** Decide and document how to safely move the children, including infants and children with special needs, out of the home or building.
- **Relocation:** Plan where caregivers and teachers can safely provide services until parents and children can be reunified. This provision should include bringing children's approved pick-up lists and special health care plans to the location.
- **Shelter in place and lockdown:** Identify and write down a safe place in the home or building to shelter in place.
- **Staff and volunteer emergency preparedness training and practice drills:** Document how to train staff and volunteers, when to practice drills, how to take attendance of the children during a drill, and how to log training and practice drills. Keep in mind electronic records may be inaccessible during an emergency, so you should account for this possibility in your plan.
- **Communication and reunification with families:** Plan how to communicate with families if an emergency or disaster occurs and document how to notify and update parents and how to verify whether a parent or other person is approved to pick up a child.
- **Continuity of operations:** Document how to continue providing early childhood services if you are unable to use the program's building or caregiver's current home.
- **Accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions:** Plan how to move children who do not walk and how to evacuate each child's individual health plan, medications, and equipment with them.

#### Practice Drills

A child's developmental stage determines how much they understand about a practice drill. Caregivers and teachers should teach children the skills necessary to respond to a need to evacuate the program and should teach those skills before children participate in drills. Children, parents, and staff should receive notice about drills to reduce unnecessary psychological distress.

Programs should also take these steps:

- Make written plans available in each room the program uses.
- Use class rosters to check attendance of children and staff during an emergency or drill when gathered in a safe space, after exit, and upon return to the program.
- Document all drills and exercises.

#### What Does CCDF Say?

[45 C.F.R. § 98.41\(a\)\(1\)\(vii\) Health and safety requirements.](#) "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 ... [i]nclude health and safety topics consisting of, at a minimum ... [e]mergency 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)) that shall include procedures for evacuation, relocation, shelter-in-place and lock down, 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.”

### What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (G) Emergency preparedness and response planning for emergencies; ... (7) *Administrative safety procedures*. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: (i) Emergencies; [and] (ii) Fire prevention and response.”

## 9.2.4.7 Sign-In/Sign-Out System

Early childhood programs should have a system for signing in and out to keep track of people who enter and exit the facility. The sign-in/sign-out system should include the person’s name, contact number, relationship to the facility (e.g., parent, guardian, vendor, guest, etc.), and recorded time in and out.

### What Does CCDF Say?

CCDF law does not provide guidance on written policies in programs, apart from requiring programs funded under CCDF to have emergency plans (see 9.4.2.3 and 9.2.4.5). For more information on your state or territory’s requirements, check the [National Database of Child Care Licensing Regulations](#).

### What Does Head Start Say?

[1302.16 Attendance](#). “(a) *Promoting regular attendance*. A program must track attendance for each child.”

## 9.2.4.8 Authorized Persons to Pick Up Child

Caregivers and teachers should only release children to an authorized adult. Programs should clearly establish and record the child’s legal guardian(s) during enrollment. Caregivers and teachers should collect the names, addresses, and telephone numbers of adults authorized to pick up a child. An authorized adult should provide photo identification to verify their identity. Programs should clarify and document any custody issues or court orders during the enrollment process. Caregivers and teachers should review the list of authorized adults with the child’s legal guardian(s) on a regular basis, to keep the list current.

## What Does CCDF Say?

CCDF law does not provide guidance on written policies in programs, apart from requiring programs funded under CCDF to have emergency plans (see 9.4.2.3 and 9.2.4.5). For more information on your state or territory's requirements, check the [National Database of Child Care Licensing Regulations](#).

## What Does Head Start Say?

[1302.47 Safety practices](#). “(b)(7) *Administrative safety procedures*. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: ... (v) Maintaining procedures and systems to ensure children are only released to an authorized adult.”

## 9.4.1.12 Record of Valid License, Certificate, or Registration of Facility or Family Child Care Home

Every facility and child care home should hold a valid license, certificate, or documentation of registration prior to operation as required by the local statute, state statute, or both.

## What Does CCDF Say?

CCDF law does not provide guidance on written policies in programs, apart from requiring programs funded under CCDF to have emergency plans (see 9.2.4.3 and 9.2.4.5). For more information on your state or territory's requirements, check the [National Database of Child Care Licensing Regulations](#).

## What Does Head Start Say?

[1302.21 Center-based option](#). “(d) *Licensing and square footage requirements*. (1) The facilities used by a program must meet state, tribal, or local licensing requirements, even if exempted by the licensing entity. When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision takes precedence.”

[1302.23 Family child care option](#). “(d) *Licensing requirements*. A family child-care provider must be licensed by the state, tribal, or local entity to provide services in their home or family-like setting. When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision applies.”

## 9.4.2.1 Contents of Child Records

Programs should keep a confidential file for each child in one place at the early care and education program and make the file immediately available to the following individuals upon request:

- The child's caregivers or teachers (with the consent of the child's parent or guardian)
- The child's parents or guardians
- The licensing authority and other authorized local, state, or federal agencies

*Please note programs should ensure understanding of all consent forms, agreements, and other information by parents and guardians.*

Programs should include the following essential information in the child's file:

- Information needed to enroll the child
- Any allergies the child has, such as food allergies or allergies to insect stings
- Health care information that is completed, signed, and routinely updated by the child's physician (this includes the child's complete immunization record and any special health care needs, such as asthma)
- The child's health history, completed by their parent or guardian
- Medication records
- The child's admission agreement, and the parent's or guardian's signature indicating they received and understand the agreement
- An authorization form for medical treatment in case of emergencies
- A record of emergency contacts and who is authorized to pick up the child (other than the parent and guardian)
- Documentation from developmental screening results, behavioral screening results, or both (this includes observations of a child's development over time)
- Consent forms signed by the parent or guardian that allow the facility to share the child's health records with other service providers, such as a speech therapist, if needed

### **What Does CCDF Say?**

CCDF law does not provide guidance on written policies in programs, apart from requiring programs funded under CCDF to have emergency plans (see 9.4.2.3 and 9.2.4.5). For more information on your state or territory's requirements, check the [National Database of Child Care Licensing Regulations](#).

### **What Does Head Start Say?**

See [1303 Subpart C—Protections for the Privacy of Child Records](#).

# Licensing and Monitoring



## Licensing and Monitoring

### 10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes

Licensing and monitoring staff should visit child care programs onsite to assess how well the program meets health, safety, and fire standards and licensing requirements, if applicable. Licensing and monitoring reports are documents that result from these visits. Programs should post these reports, including complaints, for parents, families, and the public. This ensures families have access to information to make the best child care choice for their family. Programs should ensure parents and guardians have easy access to licensing rules and make parents and guardians aware of how to report complaints to the licensing agency.

Programs should complete regular inspections at the following times:

- Before the child care program provides care
- At least once a year to ensure the program continues to meet health, safety, and licensing standards

Licensors should conduct unannounced inspections.

Additional inspections may be necessary if a program is not meeting health, safety, and fire standards and licensing requirements, if applicable, or if a program closes and reopens.

Regulatory agencies typically investigate complaints separately in a timely manner based on the complaint.

Licensors and monitors should be trained in related health, safety, and licensing requirements and qualified to inspect early care and education programs.

### What Does CCDF Say?

[45 C.F.R. § 98.15 Assurances and certifications](#). “(b) The Lead Agency shall include the following certifications in its CCDF Plan: ... (5) In accordance with § 98.33(a), that the State makes public, through a consumer-friendly and easily accessible Web site, the results of monitoring and inspection reports, as well as the number of deaths, serious injuries, and instances of substantiated child abuse that occurred in child care settings.”

The [2024 CCDF Final Rule Fact Sheet](#) further clarifies that states and territories are required to post monitoring and inspection reports of child care providers on their consumer education websites.

In addition, the CCDF enforcement of licensing and health and safety requirements at [45 C.F.R. § 98.42](#) state the following:

(b) Each Lead Agency shall certify in the Plan it has monitoring policies and practices applicable to all child care providers and facilities eligible to deliver services for which assistance is provided under this part. The Lead Agency shall:

- (1) Ensure individuals who are hired as licensing inspectors are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements appropriate to provider setting and age of children served. Training shall

include, but is not limited to, those requirements described in § 98.41, and all aspects of the State, Territory, or Tribe's licensure requirements;

(2) Require inspections of child care providers and facilities, performed by licensing inspectors (or qualified inspectors designated by the Lead Agency), as specified below:

(i) For licensed child care providers and facilities,

(A) Not less than one pre-licensure inspection for compliance with health, safety, and fire standards, and

(B) Not less than annually, an unannounced inspection for compliance with all child care licensing standards, which shall include an inspection for compliance with health and safety, (including, but not limited to, those requirements described in § 98.41) and fire standards (inspectors may inspect for compliance with all three standards at the same time); and

(ii) For license-exempt child care providers and facilities that are eligible to provide services for which assistance is made available in accordance with this part, an annual inspection for compliance with health and safety (including, but not limited to, those requirements described in § 98.41), and fire standards.

## What Does Head Start Say?

The Head Start Program Performance Standards on monitoring at [1304.2](#) state the following:

(a) *Areas of noncompliance.* If a responsible HHS official determines through monitoring, pursuant to section 641(A)(c)(1) and (2) of the Act, that a grantee fails to comply with any of the standards described in parts 1301, 1302, and 1303 of this chapter, the official will notify the grantee promptly in writing, identify the area of noncompliance, and specify when the grantee must correct the area of noncompliance.

(b) *Deficiencies.* If the Secretary determines that a grantee meets one of the criteria for a deficiency, as defined in section 637(2)(C) of the Act, the Secretary shall inform the grantee of the deficiency. The grantee must correct the deficiency pursuant to section 641A(e)(1)(B) of the Act, as the responsible HHS official determines.

(c) *Quality improvement plans.* If the responsible HHS official does not require the grantee to correct a deficiency immediately as prescribed under section 641A(e)(1)(B)(i) of the Act, the grantee must submit to the official, for approval, a quality improvement plan that adheres to section 641A(e)(2)(A) of the Act.

**National Center on  
Early Childhood Quality Assurance**

NCECQA@icf.com

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