

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

CHILD CARE BUREAU



# Table of Contents

<b>Introduction</b> .....	1
<b>Section I: Policies/Practices/Caregiver Training</b> .....	2
Staffing Ratios and Group Sizes .....	2
Caregiver Qualifications .....	3
Caregiver Training .....	3
Program Policies .....	4
<b>Section II: Building and Premises</b> .....	5
Safe Environment .....	5-7
Nurturing and Enriching Environment .....	8
Transportation .....	9
<b>Section III: Infection Control</b> .....	10
Immunization .....	10
Sanitation .....	11-12
Handwashing .....	12
Food Safety .....	13-14
Care of Ill Children .....	15
Caregiver Health .....	16
<b>Appendix: Standard Precautions</b> .....	17-18
<b>Resource List</b> .....	19-21

# INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) requires that in lieu of any licensing and regulatory requirements applicable under State and local law, the U.S. Department of Health and Human Services shall develop minimum child care standards for Indian Tribes and Tribal Organizations receiving funds under the Child Care and Development Fund (CCDF). The law requires that the standards be developed in consultation with Indian Tribes and Tribal Organizations and appropriately reflect tribal needs and available resources.

The Minimum Tribal Child Care Standards were first published in April 2000 after three years of consultation with Tribes, tribal organizations, and tribal child care programs. To oversee the development of the standards, the Child Care Bureau, U.S. Department of Health and Human Services, convened the Tribal Child Care Standards Advisory Committee that included representatives from tribal child care programs, the Child Care Bureau, the Indian Health Service, the Maternal and Child Health Bureau, the Head Start Bureau (American Indian Programs Branch), the American Academy of Pediatrics, and other health and child care organizations. In addition, the Child Care Bureau has undertaken several activities to inform and consult with Tribal Leaders, including holding consultative sessions with Tribal Leaders and tribal CCDF programs at ACF's annual American Indian/Alaska Native Child Care Conferences.

The Child Care Bureau is reissuing the minimum standards as a "Health and Safety Guide" for CCDF Tribal Lead Agencies in conjunction with the 2005 Tribal Cluster Trainings, "Supporting the Physical, Social, and Emotional Wellness of Our Tribal Children." These voluntary guidelines represent the baseline from which all programs should operate to ensure that children are cared for in healthy and safe environments and that their basic needs are being met. Many Tribes may currently be exceeding the standards set forth in this document; others may want to use these standards as the starting point for developing their own tribal child care standards.

All CCDF Tribal Lead Agencies should note that these guidelines express minimum standards for health and safety in child care and are not intended to supersede any existing federal, state, tribal, or local laws or regulations. Tribal CCDF programs are responsible for knowing the laws and regulations that govern them and the child care programs that they fund through CCDF and for incorporating these laws and regulations into their tribal child care policies, procedures, and standards, as appropriate.

# SECTION I

## POLICIES/PRACTICES/ CAREGIVER TRAINING

### STAFFING RATIOS AND GROUP SIZES

#### Principle

*Adequate staffing ratios are important for providing quality care to children and retaining staff.*

#### Why This Is Important

- Lower ratios allow for direct supervision and consistent caregiving.
- Children benefit from interaction in smaller groups.
- Smaller groups and lower ratios reduce stress on individual caregivers.
- Close supervision ensures the physical safety of the children and allows for better maintenance of sanitation routines.
- It is important for children to build long-term, trusting relationships with caregivers. Having a small number of caregivers contributes to forming these relationships.

#### Standards

- Caregivers should meet or exceed state standards for child-to-caregiver ratios and group sizes.
- Caregivers should directly supervise infants, toddlers, and preschool children by sight or hearing at all times, even when the children are in sleeping areas.

**NOTE:** In child care centers, caregivers should directly supervise infants, toddlers, and preschool children by sight **AND** sound at all times, even when the children are in sleeping areas.

- Caregivers should know the whereabouts of the children in their care at all times.

## CAREGIVER QUALIFICATIONS

### Principle

*Children must be cared for and directly supervised by responsible, caring individuals.*

### Why This Is Important

- Children need to receive the highest quality of care available.
- Children thrive emotionally, physically, and developmentally in a high quality, nurturing child care environment.

### Standards

- Tribes should have a policy for conducting employment and character references on each individual who has contact or control over children in child care settings.
- Tribal child care programs should have a policy for conducting background checks consistent with appropriate federal, state, and tribal laws and regulations and should coordinate their background check policy with other tribal agencies.

## CAREGIVER TRAINING

### Principle

*Well-trained caregivers can provide a healthy and high-quality environment for the children and for themselves.*

### Why This Is Important

- Caregivers play an important role in the development of young children and should have all the tools necessary to provide children with optimal care.
- Training ensures caregivers have access to current knowledge and techniques.
- Training can be an opportunity for professional development and networking with other child care providers.
- Joint training with members of the community (physicians or fire safety officials, for example) can expand the level and quality of care for children.
- Child care providers can support families as partners in the child's education and care.

### Standards

- The Tribe should have a written plan to ensure the training of caregivers in areas including, but not limited to: health and safety, child development, prevention and control of infectious diseases (including Standard Precautions), child abuse prevention and reporting, first aid/first response, and choking prevention.
- Caregiver training should be documented.

## PROGRAM POLICIES

### Principle

*Established child care health and safety policies, including policies for emergency situations, ensure the safety and well being of all persons in the child care setting.*

### Why This Is Important

- Pre-established policies reduce confusion during emergencies.
- Written policies assure parents of the quality of care their child should receive and reduce misunderstandings between the child care providers and family members.
- Prevention strategies can help improve caregiver job satisfaction and morale, and reduce the number and seriousness of injuries and illnesses.

### Standards

- Written policies should be established, implemented, maintained, and available, and should address, but not be limited to, the following content areas: child development, health and safety, prevention and control of infectious diseases, child abuse prevention and reporting, first aid/first response, and management of blocked airway (CPR).
- Policies related to program operation should be shared with parents of children in care.
- All caregivers, other staff, and volunteers should be trained in the importance and implementation of the policies.
- If children will be transported, drivers should be licensed and children should be fastened in the vehicle in an age-appropriate restraint that is properly positioned and installed. Appropriate child passenger restraints should be utilized when any mode of transportation is used.
- To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants should be placed to sleep on their backs unless otherwise directed by the child's physician, and all sleeping arrangements for infants under 12 months of age should use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets, or stuffed toys.
- The caregiver should ask parents for information regarding the child's development, health, and behavioral status, especially information about the child's health since the last attendance in the facility. The child's cultural background should be respected in all aspects of the program.
- When bottle feeding, caregivers should hold infants. Infants who are unable to sit should always be held for bottle feeding. The caregiver should not permit bottle propping or infants carrying bottles throughout the day or night.
- Children should not be physically restrained by bonds, ties, or straps for disciplinary purposes. If a child must be restrained for medical reasons, that restraint should occur in accordance with the instruction of the child's physician and/or practitioner and permission of the parent. The use of manufacturer installed safety straps on infant and toddler equipment is permissible.
- Each caregiver should have and implement a written discipline policy that outlines positive methods of guidance appropriate to the ages of the children.

# SECTION II

## BUILDING AND PREMISES

### SAFE ENVIRONMENT

#### Principle

*Healthy children require a safe physical environment in which to eat, sleep, and play.*

#### Why This Is Important

- A well-designed environment within a clean and well-maintained facility supports each child's physical, cognitive, emotional, and social development.
- Proper attention to the issues of safety and sanitation protects the health of children and caregivers and prevents injuries.

#### Standards

**The building interior and exterior should be maintained as follows:**

- Guidelines should be developed to assure child care settings are safe, and meet tribal, state, or local fire and safety regulations.
- The caregiver should follow tribal, state, or local guidelines regarding the installation and appropriate use of smoke detectors.
- Smoke detectors and other devices should meet the tribal, state, or local standards.
- Usable space, equipment, and exit arrangements should be adequate for the number, ages, and abilities of the children.
- Indoor and outdoor play areas should be checked for hazards daily and prior to their use by children.
- Paint on both interior and exterior premises should be free from hazardous quantities of lead. It is recommended that tribal programs seek assistance in assessing lead paint levels by contacting the Indian Health Service, tribal sanitarian, or local lead paint assessor who is certified by the Environmental Protection Agency.
- A plan should be in place to ensure routine maintenance, and sanitation procedures should be followed to keep the building clean, sound, and in good repair.
- Sufficient heating and cooling should be provided within the facility to maintain a temperature that will not cause harm to the children.
- Ventilation should be provided to prevent the accumulation of harmful odors and fumes.

**Access and exposure to hazardous materials should be prevented as follows:**

- Poisons, toxic materials, cleaning supplies, sharp or pointed objects, plastic bags, matches, flammable liquids, drugs of any kind, insecticides, and other hazardous materials should be inaccessible to children at all times. Hazardous materials should be properly stored in labeled containers which, if appropriate, should be locked.
- Guns should be equipped with child protective devices and kept under lock and key and separate from ammunition.
- Ponds, pools, stock tanks, or permanently standing water should be enclosed with a fence, or otherwise safeguarded to ensure that they can not be accessed by children. When children are engaged in water play activities, constant supervision should be required.
- Electrical outlets accessible to children should be covered with child-resistant safety plugs.
- Smoking, alcohol, and illegal drugs should be prohibited on the premises when children are present. Alcohol, tobacco products, and drugs of any kind should be inaccessible to children at all times.

**NOTE:** In child care centers, smoking, alcohol, and illegal drugs should be prohibited on the premises **AT ALL TIMES**.

- Persons under the influence of alcohol or illegal drugs should not be allowed in the child care setting.

**In the event of an emergency, children and caregivers should be protected as follows:**

- The child care facility should have emergency plans and procedures in place that are appropriate for the child care setting, addressing potential disasters such as fire, hurricane, volcano, flood, blizzard, tornado, etc. These plans and procedures, excluding child-specific information, should be prominently posted in public areas of the facility.
- Emergency plans should include:
  - A record of two emergency contact persons for each child;
  - Permission slips for emergency transport to health care facilities for the provision of emergency care, signed by parents or legal guardians;
  - Permission for emergency treatment;
  - A hospital and physician of choice as designated by the parent or guardian; and
  - Individual plans for children with special health care needs, including allergies, developed by that child's physician.
- Telephones or another identified and acceptable means of communication should be available to facilitate contact with emergency services.
- The child care setting should have a minimum of two unobstructed exits leading to safe, open areas.



- Emergency evacuation procedures should be in place and posted prominently within the child care setting. Evacuating children should be the first priority in the event of a fire or other emergency.
- Approved, properly maintained, multi-purpose fire extinguishers, appropriate for the size of the child care setting, should be readily available, and caregivers should be trained on their operation.
- An appropriately stocked first aid kit should be present and easily accessible to caregivers at all times, including during field trips and while transporting children. At a minimum, it should include: emergency plans, disposable gloves, band-aids and bandages, tape, sterile gauze pads, roll gauze, scissors, emergency numbers, first aid resource guide, and an insect sting kit.

**Equipment should be maintained to reduce the possibility of injury as follows:**

- Materials, toys, and furnishings should be safe, age appropriate, durable, and maintained in good condition.
- The layout and maintenance of all indoor and outdoor equipment and surfaces should be carefully selected to minimize the possibility of injury to children.
- Equipment should be stored in a safe and orderly fashion when not in use.
- Infant and toddler toys should be made of non-toxic materials and should be cleaned and/or sanitized at least daily. When soiled, they should be removed from use until they have been cleaned and sanitized. If the toys are not used, they should be cleaned weekly.
- Cribs, cradle boards, and/or infant sleep equipment should keep the infant safe from the dangers of suffocation, and should not allow a child to either fall, become entrapped, or have clothing tangled on protrusions.
- No child should sleep on a bare, uncovered surface. Seasonally appropriate covering, such as sheets or blankets that are sufficient to maintain adequate warmth, should be available and should be used by each child below school age. Sleeping arrangements for infants under 12 months of age should follow SIDS prevention strategies as outlined on page 4.
- Children should not share bedding. Related children may share sleeping arrangements with parental approval. Each item of sleep equipment (sheets, blankets, pillows, etc.) should be assigned to an individual child and should be used only by that child while he/she is enrolled in the child care program. Each mat, cot, or crib mattress should be covered with the child's individual sheet for exclusive use by that child.

## NURTURING AND ENRICHING ENVIRONMENT

### Principle

*A nurturing and enriching child care environment stimulates learning across all domains of a child's development: social, emotional, cognitive, and physical.*

### Why This Is Important

- The quality of a child's surroundings can have a significant effect on his or her happiness and emotional well-being.
- Children who are encouraged to respect the feelings and rights of others engage in positive relationships that build social competence.
- Healthy child development and brain growth requires human contact as well as interesting and stimulating surroundings.

### Standards

- A written plan for daily activities should be in place. The daily plan should include the goals for children's development and learning and the activities through which they will achieve these goals.
- Daily routines should be established to allow children to develop expectations and feel secure at the child care setting.
- Caregivers should model respect for the feelings and rights of others, and provide an environment that respects gender, culture, ethnicity, family composition, and the special emotional, cognitive and developmental needs of the individual child.
- The child care setting should include toys, activities, and materials that are safe and appropriate for the various developmental stages of the children in care.
- All equipment in the setting should be designed to support the abilities and developmental levels of the children served, with adaptations made as necessary to support children with disabilities.

# TRANSPORTATION

## Principle

*Children should always be transported in a safe manner.*

## Why This Is Important

- Motor vehicle accidents are the leading cause of death for children in the United States.

## Standards

- If children are transported, a written permission slip signed by a parent or recognized guardian should be on file.
- Children should be required to use safety belts or, for children under age 4, federally approved and properly installed child passenger restraint systems (car seats) or other appropriate child passenger safety seats appropriate for the mode of transportation.
- Children should never be transported in the rear of a pick-up truck.
- The National Highway Traffic Safety Administration (NHTSA) recommends placing all children 12 and under in the rear seat. In the event that no option exists for placing a child in the rear seat, the following steps should be taken:
  - Properly restrain the child.
  - Push vehicle seat all the way back to maximize distance between child and air bag.
  - Seat child directly against the seat back.
- Children should never be left unattended in vehicles.
- Only licensed drivers should be allowed to transport children.
- Appropriate child-to-caregiver ratios should be maintained during the transportation of children.
- Strict policies should be developed to prevent persons under the influence of alcohol or illegal drugs from operating vehicles while transporting children.
- Automobile insurance should be maintained to meet or exceed minimum state standards.
- Vehicles should be routinely inspected and maintained to ensure that all safety features are operational.
- There should be no smoking in vehicles when transporting children.

# SECTION III

## INFECTION CONTROL

### IMMUNIZATIONS

#### Principle

*Immunizations prevent the spread of disease.*

#### Why This Is Important

- Diseases may spread quickly in all child care settings.
- Young children may be more vulnerable to certain vaccine-preventable diseases.
- Child care can provide a service by identifying children who need immunizations and referring them to available health care resources.
- Since public school attendance requires immunizations, it is important for young children to receive required immunizations, appropriate health examinations, and other health services in the early years of life.

#### Standards

- Children receiving care should be age-appropriately immunized in accordance with Indian Health Service (IHS) or State public health agency recommendations.
- Tribes may exempt:
  - Children whose parents or guardians object to immunization on religious grounds, and/or
  - Children whose medical condition requires that immunizations not be given.

# SANITATION

## Principle

*Proper sanitation practices significantly reduce the spread of disease.*

## Why This Is Important

- Germs can be spread in the child care setting, toilet areas, and on toys.
- Practicing good personal and environmental hygiene reduces the incidence of infectious diseases.
- Diapering and the disposal of solid waste in the child care setting create the risk of infection and need to be managed safely.

## Standards

- General sanitation equipment should be kept clean, sanitary, and in operable condition.
- Any surface contaminated by body fluids (saliva, mucus, vomit, urine, stools, or blood) should be cleaned and disinfected immediately, and caregivers should use Standard Precautions (see Appendix), including the wearing of gloves, when cleaning contaminated areas.
- Toilet areas, including sinks, countertops, faucets, handles, doorknobs, toilet bowls, and toilet seats, should be cleaned daily. These areas should be cleaned immediately when soiled.
- Potty chairs and changing tables should be cleaned and disinfected after each use.
- Floors should be cleaned daily; when soiled, they should be cleaned immediately. Carpets and rugs should be shampooed when soiled and vacuumed at least daily.
- Toys should be cleaned weekly; when soiled, they should be cleaned immediately. Small toys that children can place in their mouths should be cleaned and disinfected after each use.
- Garbage and rubbish should be removed from rooms where children and adults will be present.
- Garbage and rubbish should be stored in closed containers that prevent access by children, insects, and rodents and other animals.

## Food Service Sanitation

- Food preparation areas should be separate from play, toilet, bathroom, and diaper changing areas, and areas where animals are kept.

**NOTE:** In child care centers, food preparation areas should be separate from eating areas as well.

- Food preparation areas, including countertops and tabletops, should be cleaned and disinfected before and after each use.
- Dishes, highchair trays, and food service utensils should be cleaned and disinfected after each use. Dishes and food service utensils should be cleaned in separate wash basins from those used to clean up after diaper changing.
- Dishes and food service utensils should be allowed to air dry and stored in a manner that preserves their clean/disinfected status.

## HANDWASHING

### Principle

*Proper handwashing routines are a regular part of every quality child care program's health promotion and disease prevention strategy.*

### Why This Is Important

- Thorough handwashing is one of the most important and effective means for preventing disease transmission.

### Standards

- All caregivers, volunteers, and children should wash all parts of their hands for at least 10 seconds with soap and water and then rinse them with water. If standing water is used to rinse hands, the water should be fresh for each person and should not be re-used. Running water is preferable.
- All caregivers, volunteers, and children should wash their hands:
  - Before and after eating, giving medication, and participation in moist play;
  - After diapering, toileting, cleaning, and the handling of body fluids, even if gloves are used;
  - After handling animals, animal waste, or animal cages.
- A clean, individual paper or cloth towel should be used for each child within the child care setting.

**NOTE:** In child care centers, paper towels should be used to dry hands and turn off faucet handles. Additionally, in child care centers, signs should be posted at each sink indicating when handwashing is required and the proper steps to follow.

- Each paper towel should be used once by only one individual.

## FOOD SAFETY

### Principle

*Food should be stored, prepared, and served in a manner that prevents the spread of disease.*

### Why This Is Important

- Improperly stored food can spoil and/or lead to rodent and insect contamination.
- Poor food preparation practices can lead to contamination and disease.

### Standards

#### Drinking Water

- Safe drinking water should be accessible to children while indoors or outdoors.
- Drinking water should be dispensed by personal water bottle, drinking fountain, or cups labeled for individual use by each child.

#### Food Handling

- Food should be properly wrapped and handled.
- Foods brought from home should be labeled with the child's name, date, and the type of food, and should not be shared with other children unless intended for that purpose.
- Warm food should be maintained at a temperature not less than 140°F.
- Cold foods should be properly refrigerated, maintained at a temperature of 40°F or lower in the refrigerator and 0°F or lower in the freezer.
- Food that has been served on the child's plate and not eaten should be discarded in containers with tight fitting lids that are emptied at least daily.

#### Bottle Feeding and Breastfeeding

- Breastmilk (if not frozen) and prepared bottles of formula should be kept refrigerated until immediately before use.
- Frozen breastmilk should be thawed under cold running water or in the refrigerator.
- When there is more than one bottle-fed infant, bottles of breastmilk and formula should be labeled with the child's name and should be used only for the intended child.

- Breastmilk or formula should be warmed in a pan of hot, not boiling, water for 5 minutes. The bottle should then be shaken, and the milk temperature tested before feeding.
- Microwaves should never be used to heat bottles of formula or breastmilk.
- Any contents remaining in a bottle of formula or breastmilk after feeding should be discarded.
- Prepared bottles of formula should be discarded after 24 hours if not used.
- Once opened, containers of ready-to-feed or concentrated formula should be kept covered and refrigerated. They should be discarded after 48 hours if not used.
- Unused, expressed breastmilk should be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.

### Choking Prevention

- Precautions against choking should be taken when feeding infants and toddlers.
- Caregivers should not offer to children under 4 years of age any foods that are implicated in choking incidents (including foods that are round, hard, small, thick and sticky, smooth, or slippery). Examples of these foods are hot dogs (whole or sliced into rounds), whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, carrot and celery sticks, and chunks of meat larger than can be swallowed whole.

### Feeding Schedules

- The caregiver should provide nutritious meals according to a written plan.
- The caregiver should ensure that:
  - Children in care for 8 and fewer hours are offered at least one nutritious meal and two nutritious snacks **or** two meals and one snack;
  - Children in care for more than 8 hours are offered at least two meals and two snacks **or** three meals and one snack;
  - A nutritious snack is offered to all children in midmorning and in midafternoon;
  - Children are offered food at intervals of not less than 2 hours apart and not more than 3 hours apart unless the child is asleep.
- Caregivers should feed infants on demand unless the parent provides written instructions otherwise.
- Individuals responsible for food preparation or service should be free of contagious disease.



# CARE OF ILL CHILDREN

## Principle

*Reasonable exclusion criteria for ill children benefit all children in the child care group, their caregivers, and their parents.*

## Why This Is Important

- Many illnesses can be spread from person to person, particularly among young children in group care where diapers, drooling, and frequent hand to mouth behavior increase the likelihood of disease transmission.
- Children with more than mild infectious diseases can pose a safety hazard to other children by requiring a disproportionate amount of the caregiver's attention.

## Standards

- A written policy for determining inclusion, exclusion, and dismissal of ill children should be implemented.
- A child should be excluded from the program if:
  - The child does not feel well enough to participate comfortably in the usual activities of the program;
  - The caregivers cannot care for the sick child without interfering with the care of the other children; or
  - Keeping the child in care poses an increased risk to other children or adults in the child care facility, as determined by the caregiver or, if necessary, a local health official.
- A written plan should be in place for caring for an ill child.
- A written plan should be in place addressing the administration of any medication (prescription or over-the-counter) to children in care.

# CAREGIVER HEALTH

## Principle

*Policies addressing caregiver health are important for ensuring a healthy and safe child care environment.*

## Why This Is Important

- Caregivers can spread disease to children, and children can spread disease to caregivers.
- Caregivers who are physically and emotionally healthy are likely to provide a higher quality of care to children than those who are ill.
- Certain diseases that children may acquire and transmit to others, such as cytomegalovirus (CMV), rubella, and parvovirus, may pose additional risks for caregivers who are pregnant.
- Other diseases such as toxoplasmosis and listeria that can be transmitted through contact with food, feces, and animals may also pose a risk to pregnant caregivers.

## Standards

- Policies should be developed for maintaining and addressing issues related to caregiver health. The policies should include:
  - Guidelines for exclusion for illness and the subsequent return to work;
  - Information on the major occupational health hazards for caregivers; and
  - Stress management techniques.
- A policy should be in place to ensure that all caregivers are physically and emotionally able to care for children. The policy may include an option to request that a caregiver provide a statement of physical fitness to care for young children from his/her doctor or other primary health care professional.

# APPENDIX

## STANDARD PRECAUTIONS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*, (2002), page 419:

### CLEANING UP BODY FLUIDS

Treat urine, stool, vomitus, blood, and body fluids as potentially infectious. Spills of body fluid should be cleaned up and surfaces sanitized immediately.

- For small amounts of urine and stool on smooth surfaces; Wipe off and clean away visible soil with a little detergent solution. Then rinse the surface with clean water.
- Apply a sanitizer to the surface for the required contact time.

#### **For larger spills on floors, or any spills on rugs or carpets:**

- Wear gloves while cleaning. While disposable gloves can be used, household rubber gloves are adequate for all spills except blood and bloody body fluids. Disposable gloves should be used when blood may be present in the spill.
- Take care to avoid splashing any contaminated material onto the mucous membranes of your eyes, nose or mouth, or into any open sores you may have.
- Wipe up as much of the visible material as possible with disposable paper towels and carefully place the soiled paper towels and other soiled disposable material in a leak-proof, plastic bag that has been securely tied or sealed. Use a wet/dry vacuum on carpets, if such equipment is available.
- Immediately use a detergent, or a disinfectant-detergent to clean the spill area. Then rinse the area with clean water.
- For blood and body fluid spills on carpeting, blot to remove body fluids from the fabric as quickly as possible. Then spot clean the area with a detergent-disinfectant rather than with a bleach solution. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary.

- Sanitize the cleaned and rinsed surface by wetting the entire surface with a sanitizing solution of bleach in water (1/4 cup of household bleach in 1 gallon of water) or an industrial sanitizer used according to the manufacturer's instructions. For carpets cleaned with a detergent-disinfectant, sanitizing is accomplished by continuing to apply and extract the solution until there is no visible soil. Then follow the manufacturer's instructions for the use of the sanitizer to be sure the carpet is sanitized by the treatment.
- Dry the surface.
- Clean and rinse reusable household rubber gloves, then treat them as a contaminated surface in applying the sanitizing solution to them. Remove, dry and store these gloves away from food or food surfaces. Discard disposable gloves.
- Mops and other equipment used to clean up body fluids should be:
  - 1) Cleaned with detergent and rinsed with water;
  - 2) Rinsed with a fresh sanitizing solution;
  - 3) Wrung as dry as possible;
  - 4) Air-dried.
- Wash your hands afterward, even though you wore gloves.
- Remove and bag clothing (yours and those worn by children) soiled by body fluids.
- Put on fresh clothes after washing the soiled skin and hands of everyone involved.

### ***References:***

Canadian Paediatric Society. *Well Being: A Guide to Promote the Physical Health, Safety and Emotional Well-Being of Children in Child Care Centers and Family Day Care Homes*, 2nd ed. Toronto, ON; 1996.

Centers for Disease Control and Prevention. *The ABC's of Safe and Healthy Child Care*; 1996.

Centers for Disease Control and Prevention. Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers. *MMWR*. 1989; 38(S-6): 1-36.

Centers for Disease Control and Prevention. Update: Universal precautions for prevention of transmission of Human immunodeficiency virus, hepatitis B Virus, and other bloodborne pathogens in health-care settings. *MMWR*. 1988; 37: 377-382, 387-388.

# RESOURCE LIST

Numerous publications and organizations exist to provide information and guidance on health and safety in child care programs. A sampling of key resources is provided below.

## PUBLICATIONS AND ONLINE RESOURCES

*Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, Second Edition* (2002). Published by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care. Available in full-text online at <http://nrc.uchsc.edu/>.

*Caring for Our Children* is a comprehensive set of more than 600 health and safety standards for child care programs serving children from birth to age 12. The standards in this Guide are designed to be consistent with those in *Caring for Our Children*.

*Stepping Stones to Using Caring For Our Children, 2nd Edition* (2003). Published by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care. Available in full-text online at <http://nrc.uchsc.edu/>.

*Stepping Stones* contains a subset of the standards in *Caring for Our Children* that are believed to have the greatest impact on preventing disease, disability, and death in child care programs. *Stepping Stones* was designed to augment *Caring for Our Children*, providing policymakers and program managers with an abridged tool to assist with the development of effective child care policies and regulations.

Head Start National Training Guides. Published by the Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Available in full-text online from the Head Start Information and Publication Center (HSIPC) at <http://www.headstartinfo.org/publications/trainingguides.cfm>.

Head Start's series of National Training Guides includes a number of publications on health and safety topics, including *Caring for Children with Chronic Conditions*, *Enhancing Health in the Head Start Workplace*, *Preventing and Managing Communicable Diseases*, and *Safety First: Preventing and Managing Childhood Injuries*. The HSIPC also provides access to other publications and links on health, safety, child development, and other related topics through their Web site, <http://www.headstartinfo.org>.

## ORGANIZATIONS

### **American Academy of Pediatrics (AAP)**

Department of Community Pediatrics  
Early Education and Child Care Initiatives  
141 Northwest Point Blvd  
Elk Grove Village, IL 60007  
Phone (toll-free): 1-888-227-5409  
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E-mail: [childcare@aap.org](mailto:childcare@aap.org)  
Web site: <http://healthychildcare.org/>

AAP offers resources and links on child care health topics. In addition to providing free and low-cost materials for parents and providers, AAP can also help connect programs to state and local resources and contacts.

### **National Association for Regulatory Administration (NARA)**

Eastern Office  
910 Glen Falls Court  
Newark, DE, 19711  
Phone: 302-234-4152  
Fax: 302-234-4153  
E-mail: [Paulinekoch@aol.com](mailto:Paulinekoch@aol.com)  
Web site: <http://www.nara-licensing.org/>

NARA is a membership organization for professionals working in the field of human service regulation, including child care licensing. They provide technical assistance/consultation and training in all aspects of regulation and monitoring.

### **National Child Care Information Center (NCCIC)**

10530 Rosehaven St., Suite 400  
Fairfax, VA 22030  
Phone (toll-free): 1-800-616-2242  
Fax (toll-free): 1-800-716-2242  
TTY (toll-free): 1-800-516-2242  
E-mail: [info@nccic.org](mailto:info@nccic.org)  
Web site: <http://nccic.org>

NCCIC, a clearinghouse funded by the Child Care Bureau, responds to requests for information from the general public on child care issues. NCCIC's comprehensive Web site provides access to a vast array of links and publications on early care and education topics, including health and safety. NCCIC's online State Profiles provide state-specific demographic, statistical, and licensing data, as well as contact information for statewide resources such as child care resource and referral (CCR&R) agencies.

## **National Resource Center for Health and Safety in Child Care (NRC)**

UCHSC at Fitzsimons  
Campus Mail Stop F541; PO Box 6508  
Aurora, CO 80045-0508  
Phone (toll-free): 1-800-598-KIDS (5437)  
Fax: 303-724-0960  
E-mail: [natl.child.res.ctr@uchsc.edu](mailto:natl.child.res.ctr@uchsc.edu)  
Web site: <http://nrc.uchsc.edu/>

The federally-funded NRC's mission is to promote health and safety in out-of-home child care settings. NRC provides question-and-answer services, as well as full-text online access to a variety of health and safety resources, such as *Caring for Our Children*, *Stepping Stones*, and all State licensing regulations.

## **Tribal Child Care Technical Assistance Center (TriTAC)**

6858 Old Dominion Drive, Suite 302  
McLean, VA 22101  
Phone (toll-free): 1-800-388-7670  
Fax: 703-821-8626  
E-mail: [tritac2@aol.com](mailto:tritac2@aol.com)  
Web site: <http://nccic.org/tribal/>

TriTAC, funded by the Child Care Bureau, assists Indian Tribes and tribal organizations in their efforts to enhance the quality, affordability, and availability of child care. TriTAC responds to requests for information about tribal child care and provides an extensive Web site of links and publications on tribal early care and education topics.

