Health & Safety	
*4.1 Children under the age of 3 are in the provider's line of sight always,	*4.1 Children under the age of 3 are in the provider's line of sight always, except when attending to personal needs for up to 5 minutes. The provider assures the safety of all children while attending to her personal needs. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. Standard 2.2.0.1: Methods of Supervision of Children Head Start performance standards for Family Child Care https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hspps-appendix.pdf Program Operations â€“ 1302.23 Part 1302 provider in their home or other family-like setting. Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. Summary Caregivers/teachers should directly supervise infants, toddlers, and preschoolers by sight and hearing at all times, even when the children are going to sleep, napping or sleeping, are beginning to wake up, or are indoors or outdoors. A program must maintain appropriate ratios during all hours of program operation. A program must ensure providers have systems to ensure the safety of any child not within view for any period. A program must make substitute staff and assistant providers available with the necessary training and experience to ensure quality services to children are not interrupted. Most injuries occur to children in unsupervised group situations. Glossary Small family child care provides care and education for one to six children, including the caregiver's/teacher's own children. Family members or other helpers may be involved in assisting the caregiver/teacher, but often, there is only one caregiver/teacher present at any one time. Large family child care provides care and education for seven to twelve children, including the caregiver/teacher's own children. One or more qualified adult assistants are present to meet child:staff ratio requirements. Explanation of change In a " large family childcare," as defined by CFOC3, infants, toddlers and preschoolers should be within sight and sound of a caregiver at all times. In a "small family childcare" as defined by CFOC3, standard should indicate that the provider has procedures in place to ensure the safety of any child not within view for any period.

	See standard 4.2 for additional recommendations.
4.2 Children age 3 and older may be out of the provider's line of sight for short periods of time	4.2 Children age 3 and older may be out of the provider's line of sight for short periods of time, if the provider is close by and listens carefully to assure all children are safe. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. Standard 2.2.0.1: Methods of Supervision of Children Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. Summary: Caregivers/teachers should directly supervise infants, toddlers, and preschoolers by sight and hearing at all times, even when the children are going to sleep, napping or sleeping, are beginning to wake up, or are indoors or outdoors. School-age children should be within sight or hearing at all times. Most injuries occur to children in unsupervised group situations (Wills et al, 1997). Glossary Small family child care provides care and education for one to six children, including the caregiver's/teacher's own children. Family members or other helpers may be involved in assisting the caregiver/teacher, but often, there is only one caregiver/teacher present at any one time. Large family child care provides care and education for seven to twelve children, including the caregiver/teacher's own children. One or more qualified adult assistants are present to meet child:staff ratio requirements. Explanation of change: Recommend combining standards 4.1 and 4.2 to indicate that all children under the age of 6 are in the providers line of sight at all times, with the addition of "large family child care" (as defined by CFOC3,) infants, toddlers and preschoolers should be within sight and sound of a caregiver at all times. In a "small family child care" as defined by CFOC3, standard should indicate that the provider has procedures in place to ensure the safety of any child not within view for any period.
4.3 Children under the age of 6 are never inside or outside by themselves.	4.3 Children under the age of 6 are never inside or outside by themselves. When children are inside, the provider is inside. When children are outside, the provider is outside. References: American Academy of Pediatrics, American Public Health Association, National

	Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. (SS3) Standard 2.2.0.1: Methods of Supervision of Children Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. Summary: Caregivers/teachers should directly supervise infants, toddlers, and preschoolers by sight and hearing at all times, even when the children are going to sleep, napping or sleeping, are beginning to wake up, or are indoors or outdoors. Ratios should remain the same whether inside or outside. School-age children should be within sight or hearing at all times. Most injuries occur to children in unsupervised group situations. Glossary None Explanation of change: Added references; added children over the age of 6 must be within sight or sound at all times.
4.4 When children are sleeping: The provider can hear them (monitors are permitted) ï€ The provider visually checks on infants under the age of 8 months every 15 minutes (visual monitors are not permitted as a substitute for a visual check). ï€ The provider's own children may sleep in their own bed regardless of age.	4.4 When children are sleeping: The provider can hear them (monitors are permitted). 4.4a The provider visually checks on infants under the age of 8 months every 15 minutes (visual monitors are not permitted as a substitute for a visual check). 4.4b The provider's own children may sleep in their own bed regardless of age. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 2.2.0.1: Methods of Supervision of Children; Standard 1.1.1.1: Ratios for Small Family Child Care Homes 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction; Standard 1.1.1.2: Ratios for Large Family Child Care Homes and Centers Summary: Caregivers/teachers should directly supervise infants, toddlers, and preschoolers by sight and hearing at all times, even when the children are going to sleep, napping or sleeping, are beginning to wake up, or are indoors or outdoors. School-age children should be within sight or hearing at all times. Caregivers/teachers should not be on one floor level of the building, while children are on another floor or room. During nap time, at least one adult should be physically present in the same room as the children. Comments: It is best practice for the caregiver/teacher to remain in the

	same room as the infants when they are sleeping to provide constant supervision. However, in small family child care programs, this may be difficult in practice because the caregiver/teacher is typically alone, and all of the children most likely will not sleep at the same time. It is recommended the caregiver should do visual checks every 10-15 minutes for infants. Frequent visual checks are recommended for toddlers and preschoolers when sleeping. Use of safe sleep policies, continued education of parents/guardians, expanded training efforts for child care professionals, statewide regulations and mandates, and increased monitoring and observation of infants while they are sleeping are critical to reduce the risk of SUIDs in child care (2). Large family child care: during nap time for children birth-30 months of age child: staff ratio must be maintained Children over thirty-one months of age can usually be organized to nap on a schedule, but infants and toddlers as individuals are more likely to nap on different schedules. In the event even one child is not sleeping the child should be moved to another activity where appropriate supervision is provided. Rationale: Ratios are required to be maintained for children thirty months and younger during nap time due to the need for closer observation and the frequent need to interact with younger children during periods while they are resting. Close proximity of staff to these younger groups enables more rapid response to situations where young children require more assistance than older children, e.g., for evacuation. The requirement that a caregiver/teacher should remain in the sleeping area of children thirty-one months and older is not only to ensure safety, but also to prevent inappropriate behavior from taking place that may go undetected if a caregiver/teacher is not present. Glossary: Infant - A child between the time of birth and the age of ambulation (usually the ages from birth through twelve months). Small family child care provides care and education for one to six children, including the caregiver's/teacher's own children. Family members or other helpers may be involved in assisting the caregiver/teacher, but often, there is only one caregiver/teacher present at any one time. Large family child care provides care and education for seven to twelve children, including the caregiver/teacher's own children. One or more qualified adult assistants are present to meet child:staff ratio requirements. Explanation of change: Added references; modify definition of "infants" to meet CFOC3 definition. For large family child care, follow CFOC3 guidelines for nap time to maintain child:staff ratio during nap time for children. Modify to indicate in small family child care, provider visually checks on sleeping infants, (as defined by CFOC3) every 5-10 minutes.

	See additional recommendations regarding safe sleep practices in the Executive Summary.
4.5 The provider is particularly careful supervising children in high risk activities including,	4.5 The provider is particularly careful supervising children in high risk activities including, but not limited to, swimming, water play, woodworking, cooking, field trips, and other pursuits that could be potentially dangerous to the children involved. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. Standard 2.2.0.4: Supervision Near Bodies of Water Standard 6.3.5.3: Portable Wading Pools Summary: Constant and active supervision should be maintained when any child is in or around water. The ratio should always be one adult to one infant/toddler. Portable wading pools should not be permitted. Small portable wading pools do not permit adequate control of sanitation and safety, and they promote transmission of infectious diseases. Glossary None Explanation of change: The phrase "particularly careful" may be difficult to quantify with observable provider behaviors. Consider adding "participation in high risk activities is based on the child's developmental readiness and caregiver's ability to supervise the children/activity. Provider should not supervise a high-risk activity while also caring for children who are not developmentally able to participate." 4.36 limits water play with children under three to activities/guidelines listed. To align with 4.36, add that children under 3 not participate in swimming or other water play activities beyond the guidelines in 4.36 or specify following ratio of 1:1 for infants and toddlers during swimming or activities near water. Add - Portable wading pools are prohibited.
4.6 Children are not left in equipment that restrains their movement for more than 20 minutes at a time,	4.6 Children are not left in equipment that restrains their movement for more than 20 minutes at a time, and no more than half the time in care, except when eating or sleeping. Such equipment includes, but is not limited to, cribs, play pens, swings, baby seats, high chairs, exercisers. Back and front packs are excluded. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 5.3.1.10: Restrictive Infant Equipment Requirements 2.2.0.2: Limiting Infant/Toddler Time in Crib, High Chair, Car Seat, Etc. Standard 3.1.3.1: Active Opportunities for Physical Activity

	American Academy of Pediatrics, Committee on Injury and Poison Prevention. (2008). Policy statement: Injuries associated with infant walkers. Pediatrics, 122 (450). Summary: Use only when child is developmentally ready, limited to max 15 minutes twice a day. Includes recommendations regarding supervision and placement of equipment. Child should not sit in restrictive equipment for more than 15 minutes, twice a day, other than while eating. Children should not be left to sleep in equipment not intended for sleeping. Infants should not be seated for more than 15 minutes at a time, except while eating or sleeping. Restrictive equipment should be used “minimally, if at all” Recommendations specific to the use of mobile walkers, indicating they should not be used. Glossary None Explanation of change: Revise standard to include: - Infants are in the least restrictive environment that meets safety and supervision needs at all times, following the recommendation from CFOC3 "restrictive equipment should be used minimally, if at all. --The maximum amount of time a child can spend in restrictive equipment is 15 minutes twice per day, allowing for brief additional periods which would ensure the infant's safety while the provider is attending to personal needs or another child. --Cribs and high chairs may only be used for eating/sleeping (this time is not included in the total time a child is in restrictive equipment) -- Guidelines for supervision of children while in restrictive equipment -- Guidelines for developmental readiness. For example, infants should not be placed in exercisers until they are capable of sitting up unassisted. --Restrictions regarding children sleeping in equipment not intended for sleeping, such as car seats. (e.g., if a child arrives to care asleep in a car seat, the child must be taken out of the car seat and placed in a crib.) Recommend including the prohibition of mobile walkers in this standard, currently a separate standard (4.22 Updated 2017*)
4.7 If children are transported, take walks, or go on field trips,	4.7 If children are transported, take walks, or go on field trips, the provider has a comprehensive plan which addresses potential safety issues and strategies for keeping children from being separated from the group. References:

	American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 9.2.5.2: Transportation Policy for Small Family Child Care Homes 9.2.5.1: Transportation Policy for Centers and Large Family Homes Summary: Written policies should address the safe transport of children by vehicle to and from the small family child care home for any reason while the children are attending child care. Policies should include field trips or special outings. The following should be provided for: Child:staff ratio during transport; Backup arrangements for emergencies; use of seat belt and car safety seat, including booster seats; Accessibility to first aid kit, emergency ID/contact and pertinent health information for passengers, and cell phone or two-way radio; Licensing of vehicles and drivers; Maintenance of the vehicles; Safe use of air bags; Maximum travel time for children (no more than forty-five minutes in one trip); Procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading the vehicle; Use of passenger vans. 9.2.5.1 duplicates the content of 9.2.5.2 with the addition of the following: Vehicle selection to safely transport children, based on vehicle design and condition; Driver selection, training, and supervision; Permitted and prohibited activities during transport; Drop-off and pick-up plans; Plan for communication between the driver and the child care facility staff. Glossary None Explanation of change Added references; Add: - Provider has a written plan describing how children will be kept safe and supervised during outings. -Written consent is given by parents/guardians prior to any occasion in which children leave the premises. Permission can be obtained prior to each occasion or permission for some occasions, such as walks, etc. can be given at enrollment and then annually.
4.8 A qualified assistant is present when there are more than 6 children	4.8 A qualified assistant is present when there are more than 6 children in care, and no more than 12 children are in care at any one time. A comprehensive standard regarding ratios based on age groups of children present is presented under "summary." References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 1.1.1.1: Ratios for Small Family Child Care Homes 1.1.1.2: Ratios for Large Family Child Care Homes and Centers Summary:

	2 children under 2 = no other children in care 1 child under 2 = 1 to 3 older children in care 0 children under 2 = 1-6 older children in care Providers own children must be counted in ratios. Includes supervision during rest times. <12 mos. 2:1 max group 6 13-23 mos. 2:1 max group 8 2-3 yrs. 3: max group 12 3 yrs. 7:1 max group 12 4-5 yrs. 8:1 max group 12 6-8 yrs. 10:1 max group 12 9-12 yrs. 12:1 max group 12 Indicates ratios be maintained at all times, including during sleeping and adult breaks. Glossary This standard, as written, is contra-indicated. 4.8 indicates a max group size of 12 which far exceeds CFOC3 guidelines for infants & toddlers, but meets guidelines for preschool and school age children. Small family child care provides care and education for one to six children, including the caregiver's/teacher's own children. Family members or other helpers may be involved in assisting the caregiver/teacher, but often, there is only one caregiver/teacher present at any one time. Large family child care provides care and education for seven to twelve children, including the caregiver/teacher's own children. One or more qualified adult assistants are present to meet child:staff ratio requirements. Explanation of change Added references; recommend deleting this standard and creating a comprehensive standard regarding ratios based on age groups of children present. See additional notes in the Executive Summary.
4.9 When there are 6 or fewer children present,	4.9 When there are 6 or fewer children present, no more than two are under the age of two years. When there are 7 or more children present, no more than 4 are under the age of two years References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 1.1.1.1: Ratios for Small Family Child Care Homes 1.1.1.2: Ratios for Large Family Child Care Homes and Centers 1.1.1.3: Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities National Association for the Education of Young Children. (2018). NAEYC Early Learning Program Accreditation Standards and Assessment Items. NAEYC Early Learning Program Accreditation Standards and Assessment Items: Accreditation

	Assessment Items for Standard 10â€"Leadership and Management STANDARD 3 Teaching 3.Bâ€"Creating Caring Communities for Learning. www.naeyc.org Summary: 2 children under 2=no other children in care 1 child under 2 =1 to 3 older children in care 0 children under 2= 1-6 older children in care Providers own children must be counted in ratios Child:staff ratios in large family child care homes and centers should be maintained as follows during all hours of operation, including in vehicles during transport. Large Family Child Care Homes: (Ratio is determined by the age of the youngest child) <12 mos. 2:1 max group 6 13-23 mos. 2:1 max group 8 2-3 yrs. 3: max group 12 3 yrs. 7:1 max group 12 4-5 yrs. 8:1 max group 12 6-8 yrs. 10:1 max group 12 9-12 yrs. 12:1 max group 12 During nap time for children birth through thirty months of age, the child:staff ratio must be maintained at all times regardless of how many infants are sleeping. They must also be maintained even during the adult's break time so that ratios are not relaxed. Recommends that ratios be evaluated in the event a program is serving children with special needs to determine if lower ratios are required infants 4:1 ratio 6 max group size 8 toddlers and two year olds 6:1 ratio max group size 12 preschoolers 1:10 ratio max group size 20 kindergarteners 1:12 ratio max group size 24 school-age 1:15 max group size 30 Glossary Standard 4.9 meets CFOC3, Fiene and guidelines regarding ratios but does not indicate a maximum group size based on age. Standard 4.9 does not meet NFPA guidelines. Small family child care provides care and education for one to six children, including the caregiver's/teacher's own children. Family members or other helpers may be involved in assisting the caregiver/teacher, but often, there is only one caregiver/teacher present at any one time. Large family child care provides care and education for seven to twelve children, including the caregiver/teacher's own children. One or more qualified adult assistants are present to meet child:staff ratio requirements. Explanation of change Recommend modifying this standard and creating a comprehensive standard

	regarding ratios based on age groups of children present. See additional notes in the Executive Summary.
4.10 Checklist for Outings- The provider brings: first-aid kit ï€ emergency telephone numbers ï€ emergency treatment permission forms ï€ coins for a pay phone, calling card number, or cellular phone ï€ notepaper and pen ï€ items that meet children's basic health and personal care as needed, such as medications, food or snacks, and toileting necessities	4.10 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 5.6.0.1: First Aid and Emergency Supplies 5.3.1.12: Availability and Use of a Telephone or Wireless Communication Device Summary: "When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from a child care facility. When children walk or are transported to another location, the transportable first aid kit should include ALL items listed above AND the following emergency information/items: List of children in attendance (organized by caregiver/teacher they are assigned to) and their emergency contact information (i.e., parents/guardian/emergency contact home, work, and cell phone numbers); Special care plans for children who have them; Emergency medications or supplies as specified in the special care plans; List of emergency contacts (i.e., location information and phone numbers for the Poison Center, nearby hospitals or other emergency care clinics, and other community resource agencies); Maps; Written transportation policy and contingency plans. The facility should provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use: On the premises of the child care facility; In each vehicle used when transporting children; On field trips. Glossary None Explanation of change Added references; added -Specify that emergency phone numbers include emergency contact information for children. -Identifying information for the program and emergency contact information for the driver and/or provider is carried with the emergency contact information in the event the provider/driver were to be incapacitated. - Include individual care plans, medications, or any additional items to ensure the safety and wellbeing of the children present.
4.11 Children carry the provider's name and telephone	4.11 Children carry the provider's name and telephone number and their own name, where it is not visible, in case they become separated from the provider. References

	American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 9.2.5.2: Transportation Policy for Small Family Child Care Homes 9.2.5.1: Transportation Policy for Centers and Large Family Homes State of New Jersey Department of Education Division of Early Childhood Education. (2017). Preschool Guidance and Materials: Field Trip Guidance for Preschool. https://www.nj.gov/education/ece/psguide/trip.htm Head Start of Lane County. (2016). Policy and Procedure Manual â€“ Field Trip Safety. https://www.hsolc.org/policies/childcare/fieldtrip-safety" Summary: "Both standards provide guidelines for keeping children safe and supervised on outings. Identifying information and emergency contacts are included in the standard, although it does not specifically reference that the children themselves carry this information. The staff should prepare identification tags for all children that include the name of the school/center and phone number. Caution should be used in placing children's names on tags as this may result in alerting strangers to the individual child's name. You may consider that name tags be worn inside shirts or tops. Children will wear identification tags or buttons on all outings including trips to nearby parks. The child's name will not appear on tag/button. Identification shall consist of ""Head Start"" and the office telephone number. For safety reasons, tags/buttons are not to be worn around the neck. “A number of sources caution against children wearing personally identifying information. Glossary None Explanation of change Added references; recommend modifying standard to indicate that the children carry the provider phone number and either a program name or no specific name (that an unsafe adult may use to gain the child's trust.)
4.12 If children are transported in the provider's vehicle: â€¢ Seatbelts are used, at all times, by all passengers and the driver when transporting children â€¢ All vehicle restraint systems used meet the Federal Motor Vehicle Safety	4.12 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 6.5.2.2: Child Passenger Safety 9.2.5.1: Transportation Policy for Centers and Large Family Homes 9.2.5.2: Transportation Policy for Small Family Child Care Homes 6.5.1.1: Competence and Training of Transportation Staff Summary: "All children under the age of thirteen should be transported in the back seat of a car

Standards contained in the Code of Federal Regulations, Title 49, Section 571.213 â€¢ Excluding public transportation, all vehicle restraint systems used, including car seats, booster seats, and seat belts, are approved for the height and weight of the child using them, and has been properly installed and fitted according to the instructions of both the vehicle and the restraint system manufacturers â€¢ Infants, toddlers, preschoolers, and children under age 12 do not sit in the front seat â€¢ Children are never left unattended in a vehicle.	and each child not riding in an appropriate child restraint system, should have an individual lap-and-shoulder seat belt. Written policies should address the safe transport of children by vehicle to or from the facility, including field trips, home pick-ups and deliveries, and special outings. The transportation policy should include: Licensing of vehicles and drivers; Vehicle selection to safely transport children, based on vehicle design and condition; operation and maintenance of vehicles; driver selection, training, and supervision; Child:staff ratio during transport; accessibility to first aid kit, emergency ID/contact and pertinent health information for passengers, cell phone, or two-way radio; Permitted and prohibited activities during transport; Backup arrangements for emergencies; Use of seat belt and car safety seat, including booster seats; drop-off and pick-up plans; plan for communication between the driver and the child care facility staff; Maximum travel time for children (no more than forty-five minutes in one trip); procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading the vehicle; Use of passenger vans." "Written policies should address the safe transport of children by vehicle to and from the small family child care home for any reason while the children are attending child care. Policies should include field trips or special outings. The following should be provided for: Child:staff ratio during transport; Backup arrangements for emergencies; Use of seat belt and car safety seat, including booster seats; Accessibility to first aid kit, emergency ID/contact and pertinent health information for passengers, and cell phone or two-way radio; Licensing of vehicles and drivers; Maintenance of the vehicles; Safe use of air bags; Maximum travel time for children (no more than forty-five minutes in one trip); Procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading the vehicle; Use of passenger vans. The caregiver should hold a valid pediatric first aid certificate, including rescue breathing and management of blocked airways. Any emergency medications that a child might require should also be available at all times as well as a mobile phone to call for medical assistance. Vehicles should be equipped with a first aid kit, fire extinguisher, seat belt cutter, and maps. At least one adult should have a functioning cell phone at hand. Information, names of the children and parent/guardian contact information should be carried in the vehicle along with identifying information (name, address, and telephone number) about the child care center." Glossary None Explanation of change "Added references; -Written policies are available to parents which include how procedures in the standard will be implemented. - Infants, toddlers, preschoolers and children under age thirteen do not sit in the

	front seat. - Include all items in 4.10 or reference standard 4.10 here. -Identifying information for the program and emergency contact information for the driver and/or provider is carried with the emergency contact information in the event the provider/driver were to be incapacitated. "
4.13 The provider has a first-aid kit readily accessible but out of reach of children. The first-aid kit includes, but is not limited to: first-aid instructions ï€ disposable non-porous gloves ï€ soap and water ï€ tweezers ï€ bandage tape ï€ sterile gauze ï€ scissors ï€ a thermometer, infant-safe if infants are enrolled (may be kept separately from first aid kit) ï€ adhesive bandages ï€ cold pack ï€ CPR mouth guard	4.13 "The provider has a first-aid kit readily accessible but out of reach of children. The first-aid kit includes, but is not limited to: â€¢ first-aid instructions â€¢ disposable non-porous gloves â€¢ soap and water â€¢ tweezers â€¢ bandage tape â€¢ sterile gauze â€¢ scissors â€¢ a thermometer, infant-safe if infants are enrolled (may be kept separately from first aid kit) â€¢ adhesive bandages â€¢ cold pack â€¢ CPR mouth guard " â€¢ large gauze pads or sanitary napkins â€¢ plastic bags to dispose of gloves and other contaminated waste References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 5.6.0.1: First Aid and Emergency Supplies Summary: The first aid kit should contain at least the following items: a) Disposable nonporous, latex-free or non-powdered latex gloves (latex-free recommended); b) scissors; c) tweezers; d) non-glass, non-mercury thermometer to measure a child's temperature; e) bandage tape; f) sterile gauze pads; g) flexible roller gauze; h) triangular bandages; i) safety pins; j) eye patch or dressing; k) pen/pencil and note pad; l) cold pack; m) current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide such as the AAP Pediatric First Aid for Caregivers and Teachers (PedFACTS) Manual; n) Coins for use in a pay phone and cell phone; o) Water (2 liters of sterile water for cleaning wounds or eyes); p) liquid soap to wash injury and hand sanitizer, used with supervision, if hands are not visibly soiled or if water is present; q) tissues; r) wipes; s) individually wrapped sanitary pads to contain bleeding of injuries; t) adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood; u) flashlight; v) whistle; w) battery- powered radio (1). The CFOC3 list is extensive and includes items which would be appropriate to have in the event of a larger scale emergency, a natural disaster or if the caregiver and children will be a significant distance from emergency services on an outing. Glossary

	None Explanation of change Added references; "To the items listed for the first aid kit , add supplies specific to blood and body fluids (large gauze pads or sanitary napkins, and plastic bags to dispose of gloves and other contaminated waste.)
4.14 There is a working telephone, and emergency phone numbers are easy to access by all caregivers.	4.14 "There is a working telephone, and emergency phone numbers -conspicuously posted for anyone in the facility needing to respond to an emergency. Emergency phone numbers include parents' daytime numbers or the local emergency numbers for: â€¢ ambulance, police, and fire department â€¢ poison control â€¢ a nurse, doctor, or other medical consultant â€¢ an emergency back-up caregiver â€¢ two back-up contacts for each child Additional information will be available for the - address and phone number of the facility; - emergency contact/back-up for the caregiver; - child abuse and neglect reporting hotline References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 9.4.1.6: Availability of Documents to Parents/Guardians 5.3.1.12: Availability and Use of a Telephone or Wireless Communication Device Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. Summary: "Emergency phone numbers, resources, and other information should be posted in a highly visible place, such as near the door. Emergency phone numbers and program addresses should be posted by the telephone. Location of the nearest phone, emergency assistance numbers, address of the child care program, name of caregiver, location of fire extinguishers, location of the first aid kit, child abuse hotline numbers, and basic first aid information should also be posted. In an easily available space that parents/guardians are made aware of and able to access, facilities should make available the following items: r) Phone numbers and instructions for contacting the fire department, police, emergency medical services, physicians, dentists, rescue and ambulance services, and the poison center, child abuse reporting hotline; the address of the facility; and directions to the facility from major routes north, south, east, and west (this information should be conspicuously posted adjacent to the telephone); A non-pay, wireless communication devise must be available to providers at all times including on field trips and in vehicles."

	Glossary None Explanation of change Added references; add -conspicuously posted (rather than ""easy to access"") for anyone in the facility needing to respond to an emergency (rather than ""by caregivers"") near a phone are the following: address and phone number of the facility; emergency contact/back-up for the caregiver; child abuse and neglect reporting hotline
4.15 The provider helps children, as they are able to learn their full names, addresses, phone numbers, and how to dial 911 using equipment that is available, accessible, and familiar to them.	4.15 The provider helps children, as they are able to learn their full names, addresses, phone numbers, and how to dial 911 using equipment that is available, accessible, and familiar to them. 4.15a The provider will identify an area for children to go if they become separated from the group and people to talk to if need help. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 2.4.1.1: Health and Safety Education Topics for Children Summary: Health and safety education topics for children should include physical, oral, mental, nutritional, and social and emotional health, and physical activity. These topics should be integrated daily into the program of age-appropriate activities, to include: k. Safety, such as home, vehicular car seats and safety belts, playground, bicycle, fire, firearms, water, and that to do in an emergency, getting help, and/or dialing 911 for emergencies. Glossary None Explanation of change Added references
4.16 If the provider does not speak English, the provider is able to communicate basic emergency information in English and can understand English instructions printed	4.16 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 4.9.0.8: Supply of Food and Water for Disasters 9.2.4.3: Disaster Planning, Training, and Communication United States Department of Labor. (2014). Civil Rights Center - 29 C.F.R. Â§

on children's medication.	1606.7(b). https://www.dol.gov/oasam/programs/crc/EnglishOnlyRulesFS.htm Summary: "A workplace English-only rule that is applied only at certain times may be adopted only under very limited circumstances that are justified by business necessity. 29 C.F.R. Â§ 1606.7(b) Such a rule must be narrowly tailored to address the business necessity. Situations in which business necessity would justify an English-only rule include: For communications with customers, coworkers, or supervisors who only speak English, in emergencies or other situations in which employees must speak a common language to promote safety. For example, a rule requiring employees to speak only English in the event of an emergency and when performing their work in specific areas of the workplace that might contain flammable chemicals or other potentially dangerous equipment is narrowly tailored to safety requirements and does not violate Title VII." In areas where natural disasters (such as earthquakes, blizzards, tornadoes, hurricanes, floods) occur, a seventy-two hour supply of food and water should be kept in stock for each child and staff member. Facilities should consider how to prepare for and respond to emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, tsunamis or flash floods, storms, and volcanoes) and all hazards/disasters that could occur in any location including acts of violence, bioterrorism/terrorism, exposure to hazardous agents, facility damage, fire, missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place. " Glossary None Explanation of change Added references
4.17 Flammable materials including matches and lighters, are kept out of children’s reach, and are not stored in areas used for child care.	4.17 Flammable materials, including matches and lighters or any other combustible substances, are kept out of children’s reach. 4.17a Flammable materials are not stored in areas used for child care. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 4.17a Flammable materials are not stored in areas used for child care. 5.5.0.5 Storage of Flammable Materials 5.5.0.6 Inaccessibility to Matches, Candles and Lighters

	Summary: "Gasoline, hand sanitizers in volume, and other flammable materials should be stored in a separate building, in a locked area, away from high temperatures and ignition sources, and inaccessible to children. Matches, candles, and lighters should not be accessible to children. " Glossary None Explanation of change "Add references; separated indicators; add: - Flammable materials are kept in a locked cabinet, in addition to being stored out of children's reach and children's areas.
4.18 Equipment and materials, indoors and outdoors, are safe for the ages and ability of the children who use them, and in good repair. There are no sharp points, rough edges, peeling paint, or missing parts.	4.18 Equipment and materials, indoors and outdoors, are safe for the ages and ability of the children who use them, and in good repair. There are no sharp points, rough edges, peeling paint, or missing parts. 4.18a Equipment and materials, indoors and outdoors, do not have openings that could entrap a child's head 4.18b Equipment and materials, indoors and outdoors, that have small parts that may become detached during normal use 4.18c Equipment and materials, indoors and outdoors, that you can reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child. 4.18d Providers should screen toys and items for lead and other recall concerns 4.18e The facility should not have costume or metal jewelry and/or charms for children to play with as they may contain lead or other substances. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 5.3.1.1: Safety of Equipment, Materials, and Furnishings U.S. Consumer Product Safety Commission. (2004) CPSC warns parents about choking hazards to young children: Announces new recall of toys posing choking hazards. U.S. Consumer Product Safety Commission. https://www.cpsc.gov/ Summary: Equipment, materials, furnishings, and play areas should be sturdy, safe, and in good repair and should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the following safety hazards: Openings that could entrap a child’s head or limbs; Elevated surfaces that are inadequately guarded; Lack of specified surfacing and fall zones under and around climbable equipment; Mismatched size and design of equipment for the intended users; Insufficient spacing between equipment; Tripping hazards; Components that can pinch, sheer, or crush

	body tissues; Equipment that is known to be of a hazardous type; Sharp points or corners; Splinters; Protruding nails, bolts, or other components that could entangle clothing or snag skin; Loose, rusty parts; Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child; Strangulation hazards (e.g., straps, strings, etc.); Flaking paint; Paint that contains lead or other hazardous materials; Tip-over hazards, such as chests, bookshelves, and televisions. See the Health and Safety lead standard section for more details on lead in consumer products. Glossary None Explanation of change Consider including the comprehensive list of criteria for safety of equipment and materials as indicated in CFOC3. The following items are not covered by this or other NAFCC safety standards: openings that could entrap a child's head; hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child; Consider adding these items to this standard; added lead standards.
4.19 If high chairs or boosters are used, If high chairs or boosters are used, they have a wide base or are securely attached to a table or another chair. The chair has a T shaped restraint/harness that is fastened every time they are used, unless the child is able to get in and out of the seat independently or the seat is used according to manufacturer's recommendations for age and weight.	4.19 If provider use high chairs or boosters, it has a wide base or are securely attached to a table or another chair. 4.19a The chair has a T shaped restraint/harness that is fastened every time they are used, unless the child is able to get in and out of the seat independently. 4.19b The seat is used according to manufacturer's recommendations for age and weight. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 5.3.1.8: High Chair Requirements Summary: High chairs, if used, should have a wide base and a securely locking tray, along with a crotch bar/guard to prevent a child from slipping down and becoming entrapped between the tray and the seat. High chairs should also be equipped with a safety strap to prevent a child from climbing out of the chair. The safety strap should be fastened with every use. Caps or plugs on tubing should be firmly attached. Folding high chairs should have a locking device that prevents the high chair from collapsing. High chairs should be labeled or warranted by the manufacturer in documents provided at the time of purchase or verified thereafter by the manufacturer as meeting the ASTM International current Standard F404-08 Consumer Safety Specification for High Chairs. High chairs should be used in accordance with manufacturer's instructions including following restrictions based on age and

	minimum/maximum weight of children. Glossary None Explanation of change Added references; separated indicators; consider rewording standard for clarity. Eliminate the word "or" in the second sentence and include as a separate sentence "The seat is used according to manufacturer's recommendations for age and weight."
4.20 *Heavy furniture, climbing equipment, swings, and slides are stable or securely anchored.	4.20 Heavy furniture, climbing equipment, swings, and slides are stable or securely anchored in accordance with the manufacturer's instructions where appropriate or when available. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 6.2.1.3: Design of Play Equipment Summary: Outdoor climbing equipment and swings should be assembled, anchored and maintained in accordance with the manufacturer's instructions. Glossary None Explanation of change Added references; add: - in accordance with the manufacturer's instructions where appropriate or when available.
4.21 Sufficient cushioning materials are placed under all climbers, swings, and slides over 36 inches high, both indoors and outdoors.	4.21 Shock absorbing materials are placed under all climbers, swings, and slides over 36 inches high, both indoors and outdoors. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. http://nrckids.org/files/appendix/AppendixZ.pdf 6.2.3.1: Prohibited Surfaces for Placing Climbing Equipment Appendix Z CPSC. (2009).Outdoor Home Playground Safety Handbook, U.S. Consumer Product Safety Commission. https://www.cpsc.gov Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care.

	Summary: Previous research has documented that the majority of injuries occurring in child care involve falls, and that the most common consumer product associated with such falls is playground equipment. All pieces of playground equipment should be placed over and surrounded by a shock-absorbing surface. This material may be either the unitary or the loose-fill type, as defined by the U.S. Consumer Product Safety Commission (CPSC) guidelines and ASTM International (ASTM) standards, extending at least six feet beyond the perimeter of the stationary equipment (1,2). These shock-absorbing surfaces must conform to the standard stating that the impact of falling from the height of the structure will be less than or equal to peak deceleration of 200G and a Head Injury Criterion (HIC) of 1000 and should be maintained at all times (3). Appendix Z includes a chart with specific guidelines for the depth of cushioning materials. Glossary None Explanation of change Added references; specify that shock absorbing surfaces rather than cushioning are used. (The term ""cushioning materials"" could be assumed to suggest using pillows and blankets for use under equipment, for example.) Specify what constitutes ""sufficient"" shock absorbing materials based on CPSC Guidelines or local licensing regulations.
4.22 *There are no movable infant walkers or saucers.	4.22 *There are no movable infant walkers or saucers. There are no jumpers attached to a door frame or ceiling. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.3.1.10: Restrictive Infant Equipment Requirements Badihian, S., Adihian, N., & Yaghini, O. (2017). The effect of baby walker on child development: A Systematic Review. Iranian journal of child neurology, 11(4), 1â€“6. U.S. Consumer Product Safety Commission. (2004) CPSC warns parents about choking hazards to young children: Announces new recall of toys posing choking hazards. U.S. Consumer Product Safety Commission. https://www.cpsc.gov/ Summary: The use of jolly jumpers (attached to a door frame or ceiling) and infant walkers is prohibited. The fabric seat the child sits in puts their hips in a bad position developmentally. That position stresses the hip joint, and can actually cause harm like hip dysplasia, which is the malformation of the hip socket. Glossary None

	Recommendations: "Added reference; add There are no jumpers (attached to a door frame or ceiling."
4.23 Helmets fitted to the individual child using the equipment are always worn when riding bicycles, skateboards, and scooters, or when using in-line or roller skates.	4.23 Helmets fitted to the individual child using the equipment are always worn when riding bicycles, skateboards, and scooters, or when using in-line or roller skates. 4.23 a Children over one year of age should wear a helmet which meets the criteria of the U.S. Consumer Product Safety Commission (CPSC). 4.23b Helmets should be in good repair and replaced according to manufactures guidelines. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 6.4.2.2: Helmets U.S. Consumer Product Safety Commission. (2004) CPSC warns parents about choking hazards to young children: Announces new recall of toys posing choking hazards. U.S. Consumer Product Safety Commission. https://www.cpsc.gov/ Summary: All children one year of age and over should wear properly fitted and approved helmets while riding toys with wheels (tricycles, bicycles, etc.) or using any wheeled equipment (rollerblades, skateboards, etc.). Helmets should be removed as soon as children stop riding the wheeled toys or using wheeled equipment. Approved helmets should meet the standards of the U.S. Consumer Product Safety Commission (CPSC) (5). The standards sticker should be located on the bike helmet. Bike helmets should be replaced if they have been involved in a crash, the helmet is cracked, when straps are broken, the helmet can no longer be worn properly, or according to recommendations by the manufacturer (usually after three years). Glossary None Explanation of change "Added reference; add: - Children over one year of age should wear a helmet. - Helmets should meet the criteria of the U.S. Consumer Product Safety Commission (CPSC). -Helmets should be in good repair and replaced according to manufactures guidelines.
4.24 If there is a toy chest, it has safety hinges and air holes, or there is no lid.	4.24 If there is a toy chest, it has safety hinges and air holes, or there is no lid. Consider replace toy boxes with shelves or clear containers so children can see what they want to play with and accessibility is easier. References

	Healthy Children. (2009). Toy Box Safety. American Academy of Pediatrics. https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Toy-Box-Safety.aspx Summary Look for one with no top or choose one that has a lightweight removable lid or sliding doors or panels. â€¦ Be sure your box has ventilation holes or a gap between the lid and the box. Be sure the lid doesn't latch. Glossary None Explanation by change NONE
4.25 The provider has an effective system to check for new safety hazards, indoors and outdoors.	4.25 The provider has an effective system to check for new safety hazards, indoors and outdoors. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 9.2.6.1: Policy on Use and Maintenance of Play Areas CPSC. (2009).Outdoor Home Playground Safety Handbook, U.S. Consumer Product Safety Commission. https://www.cpsc.gov Summary: Child care facilities should have a policy on the use and maintenance of play areas that address the following: a) Safety, purpose, and use of indoor and outdoor equipment for gross motor play; ... e) Recommended inspections of the facility and equipment, as follows: 1) Inventory, once at the time of purchase, and updated when changes to equipment are made in the playground; 2) Audits of the active (gross motor) play areas (indoors and outdoors) by an individual with specialized training in playground inspection, once a year; 3) Monthly inspections to check for U.S. Consumer Product Safety Commission (CPSC) recalled or hazard warnings on equipment, broken equipment or equipment in poor repair that requires immediate attention; 4) Daily safety check of the grounds for safety hazards such as broken bottles and toys, discarded cigarettes, stinging insect nests, and packed surfacing under frequently used equipment like swings and slides. Glossary None Explanation of change Added references; revise standard to be more specific regarding frequency of checking for hazards, including what is checked daily, weekly, monthly, or annually, as appropriate.

4.26 The provider conducts monthly emergency drills and keeps a log which includes the type of drill, date, and time of drills practiced.	4.26 The provider conducts monthly emergency drills and keeps a log which includes the type of drill, date, and time of drills practiced. 4.26a Drills should include fire, natural disaster, threatening person, threatening animal, and other drills as appropriate for the individual setting. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 9.2.4.5: Emergency and Evacuation Drills/Exercises Policy Summary: The facility should have a policy documenting that emergency drills/exercises should be regularly practiced for geographically appropriate natural disasters and human generated events such as: a) Fire, monthly; b) Tornadoes, on a monthly basis in tornado season; c) Floods, before the flood season; d) Earthquakes, every six months; e) Hurricanes, annually; f) Threatening person outside or inside the facility; g) Rabid animal; h) Toxic chemical spill; i) Nuclear event. All drills/exercises should be recorded. Glossary None Explanation of change Added references; revise to include specific emergency drills and frequency of drills appropriate to the program location. Drills should include fire, natural disaster, threatening person, threatening animal, and other drills as appropriate for the individual setting. -Fire drills should be conducted monthly."
4.27 Children under the age of 6 do not wear necklaces (unless the necklace can be easily broken), pacifiers on a cord around the neck, or clothing with draw strings around the neck. There are no toys with cords, strings, or straps long enough to wrap around the neck (over 12 inches long).	4.27 Children under the age of 6 do not wear necklaces (unless the necklace can be easily broken), pacifiers on a cord around the neck, or clothing with draw strings around the neck. 4.27a There are no toys with cords, strings, or straps long enough to wrap around the neck (over 12 inches long). 4.27b There are no toys or other items such as window blinds with cords, strings, or straps long enough to wrap around the neck (over 12 inches long). References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 3.4.6.1: Strangulation Hazards Summary: Strings and cords (such as those that are parts of toys and those found on window

	coverings) long enough to encircle a child's neck should not be accessible to children in child care. Miniblinds and venetian blinds should not have looped cords. Vertical blinds, continuous looped blinds, and drapery cords should have tension or tie-down devices to hold the cords tight. Inner cord stops should be installed. Shoulder straps on guitars and chin straps on hats should be removed (1). ... Pacifiers attached to strings or ribbons should not be placed around infants' necks or attached to infants' clothing. Hood and neck strings from all children's outerwear, including jackets and sweatshirts, should be removed. Drawstrings on the waist or bottom of garments should not extend more than three inches outside the garment when it is fully expanded. Glossary None Recommendations: Added references; add: -There are no toys or other items such as window blinds with cords, strings, or straps long enough to wrap around the neck (over 12 inches long)."
4.28 There are no latex balloons within reach of children under the age of 4.	4.28 There are no latex balloons within reach of children under the age of 8 in the childcare program. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 6.4.1.5: Balloons Summary: "Infants, toddlers, and preschool children should not be permitted to inflate balloons, suck on or put balloons in their mouths nor have access to uninflated or underinflated balloons. Children under eight should not have access to latex balloons or inflated latex objects that are treated as balloons and these objects should not be permitted in the child care facility. Glossary None Explanation of change Added references; modify to indicate that children under eight should not have access to latex balloons.
4.29 If there is a working fireplace, woodstove, or space heater, it is safely screened and inaccessible to children when in	4.29 If there is a working fireplace, woodstove, or space heater, it is safely screened and inaccessible to children when in use, or not used or cool to the touch when children are present. 4.29a Fireplaces, woodstoves and or space heaters follow manufacturers guidelines for safe use.

use, or not used or cool to the touch when children are present.	Citations: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.1.12: Fireplaces, Fireplace Inserts, and Wood/Corn Pellet Stoves 5.2.1.11: Portable Electric Space Heaters Summary: "Fireplaces, fireplace inserts, and wood/corn pellet stoves should be inaccessible to children. Fireplaces, fireplace inserts, and wood/corn pellet stoves should be certified to recognized national performance standards such as Underwriters Laboratories (UL) or the American National Standards Institute (ANSI) and Environmental Protection Agency (EPA) standards for air emissions. The front opening should be equipped with a secure and stable protective safety screen". "Portable electric space heaters should: Be attended while in use and be off when unattended; Be inaccessible to children; Have protective covering to keep hands and objects away from the electric heating element; Bear the safety certification mark of a nationally recognized testing laboratory; Be placed on the floor only and at least three feet from curtains, papers, furniture, and any flammable object; Be properly vented, as required for proper functioning; Be used in accordance with the manufacturer's instructions; Not be used with an extension cord. The heater cord should be inaccessible to children as well." Recommendations: Added references; add fireplaces, woodstoves and or space heaters follow manufacturers guidelines for safe use.
4.30 "Poisonous items are kept in a locked or out-of-reach location. Poisonous items include, but are not limited to: Poisonous items include, but are not limited to: ï€ medications ï€ poisons ï€ alcoholic beverages ï€ tobacco ï€ pesticides ï€ cosmetics ï€ cleaning supplies ï€ air fragrance products ï€ pet food and pet care products	4.30 Poisonous items are kept in a locked or out-of-reach location. All poisonous items are stored in original containers. Purses, and cosmetics should be kept out of reach; chemicals should be locked. Poisonous items include, but are not limited to: â€¢ medications â€¢ poisons â€¢ alcoholic beverages â€¢ tobacco â€¢ pesticides â€¢ cosmetics â€¢ cleaning supplies â€¢ air fragrance products â€¢ pet food and pet care products â€¢ poisonous plants. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.9.1: Use and Storage of Toxic Substances Summary:

	The following items should be used as recommended by the manufacturer and should be stored in the original labeled containers: a) Cleaning materials; b) Detergents; c) Automatic dishwasher detergents; d) Aerosol cans; e) Pesticides; f) Health and beauty aids; g) Medications; h) Lawn care chemicals; i) Other toxic materials. Material Safety Data Sheets (MSDS) must be available onsite for each hazardous chemical that is on the premises. These substances should be used only in a manner that will not contaminate play surfaces, food, or food preparation areas, and that will not constitute a hazard to the children or staff. When not in active use, all chemicals used inside or outside should be stored in a safe and secure manner in a locked room or cabinet, fitted with a child-resistive opening device, inaccessible to children, and separate from stored medications and food. Glossary None Recommendations: Added references; add: - All poisonous items are stored in original containers. -Delineate items which must be locked vs. items that are ok to be out of reach (for example cosmetics should be kept out of reach, chemicals should be locked.)
4.31 Weapons and firearms are in a locked place inaccessible to the children. Firearms are kept unloaded and ammunition is stored in a separate, locked place.	4.31 Weapons and firearms are in a locked place inaccessible to the children. 4.31a Firearms are kept unloaded and ammunition is stored in a separate, locked place. 4.21 b Parents/guardians are notified in writing that firearms and/or other weapons are on the premises and what precautions are taken to ensure children's safety. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.5.0.8: Firearms 9.2.3.16: Policy Prohibiting Firearms Summary: "Centers should not have any firearms, pellet or BB guns (loaded or unloaded), darts, bows and arrows, cap pistols, stun guns, paint ball guns, or objects manufactured for play as toy guns within the premises at any time. If present in a small or large family child care home, these items must be unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children. Parents/guardians should be informed about this policy. Large or small family homes should have a written policy that if firearms and other weapons are present, they should: a) Have child protective devices; b) Be unloaded or disarmed; c) Be kept under lock and key; d) Be inaccessible to children. For large and small family homes the policy should include that ammunition and ammunition

	supplies should be: a) Placed in locked storage; b) Separate from firearms; c) Inaccessible to children. Parents/guardians should be notified that firearms and other weapons are on the premises." Glossary None Explanation of change Added references; add: - Parents/guardians are notified in writing that firearms and/or other weapons are on the premises and what precautions are taken to ensure children's safety."
4.32 The provider helps children understand dangerous situations and the reasons for safety rules. The provider involves all children in discussions about their safety, according to their level of developmental readiness."	4.32 The provider helps children understand dangerous situations and the reasons for safety rules. The provider involves children age 3 and older in discussions about their safety. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 2.4.1.1: Health and Safety Education Topics for Children Summary: Health and safety education topics for children should include physical, oral, mental, nutritional, and social and emotional health, and physical activity. These topics should be integrated daily into the program of age-appropriate activities, to include: k. Safety, such as home, vehicular car seats and safety belts, playground, bicycle, fire, firearms, water, and hat to do in an emergency, getting help, and/or dialing 911 for emergencies; and healthy and safe behaviors Glossary None Explanation of change Added references; modify second sentence in the standard ('The provider involves children age 3 and older in discussions about their safety.") to indicate "provider involves all children in discussions about their safety, according to their level of developmental readiness."
4.33 If there are children under the age of 3, toys or objects less than 1 Â¼ inches in diameter and 2 Â¼ inches in length are kept out of reach.	4.33 *For children under 3 years old, toys or objects less than 1 Â¼ inches in diameter and 2 Â¼ inches in length or fits inside of a cardboard toilet paper roll, are kept out of reach. 4.33a Providers should screen toys for lead and other recall concerns. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 4.5.0.6 Adult Supervision of Children Who Are Learning to Feed Themselves.

	4.5.0.10 Foods that Are Choking Hazards 5.2.9.13: Testing for and Remediating Lead Hazards American Academy of Pediatrics. (2010). Policy statement; Prevention of choking among children. Pediatrics, 125(3), 601-607. https://doi.org/10.1542/peds.2009-2862 US Consumer Product Safety Commission. (2021). Choking hazards. https://www.cpsc.gov Centers for disease control and prevention. (2021). Choking hazards. US Food and Drug Administration. https://www.cdc.gov Summary Choking is a leading cause of morbidity and mortality among children, especially those aged 3 years or younger. Food, coins, and toys are the primary causes of choking-related injury and death. Certain characteristics, including shape, size, and consistency, of certain toys and foods increase their potential to cause choking among children. Childhood choking hazards should be addressed through comprehensive and coordinated prevention activities. See the Health and Safety lead standard section for more details on lead in consumer products. Glossary None Explanation of change Added references; added references to toilet paper roll.
4.34 Children are never left alone on a changing table. The provider keeps one hand on the child or diapering occurs on a non-porous mat on the floor.	4.34 Children are never left alone on a changing table. The provider keeps one hand on the child or diapering occurs on a non-porous mat on the floor. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 3.2.1.4: Diaper Changing Procedure Summary: Caregivers/teachers should never leave a child unattended on a table or countertop, even for an instant. Glossary None Recommendations: Added reference
4.35 Infants under 1 year of age are	4.35 Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless an infant's primary health care provider has completed a signed waiver indicating

placed on their backs for sleeping.	that the child requires an alternate sleep position. 4.35a All staff, parents/guardians, volunteers and others who care for infants in the family child care setting should be trained to follow required safe sleep practices as recommended by the American Academy of Pediatrics (AAP). 4.35b Swaddling is not necessary or recommended. 4.35 c. Infants should be placed for sleep in safe sleep environments which include a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib (the crib should meet the standards and guidelines reviewed/ approved by the U.S. Consumer Product Safety Commission and ASTM International. 4.35d No monitors or positioning devices should be used unless required by the child's primary health care provider. 4.35e No other items should be in a crib occupied by an infant except for a pacifier; 4.35f Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard, highchair, chair, futon, sofa/ couch, or any other type of furniture/equipment that is not a safety-approved crib. Infants that arrives at the facility asleep in such equipment should be immediately remove and place them in the supine position in a safe sleep environment. 4.35g Infant that falls asleep in any place that is not a safe sleep environment should immediately move the infant and place them in the supine position in their crib. 4.35h Only one infant should be placed in each crib. 4.35i Loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/ items should not be hung on the sides of cribs. 4.35j Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments. 4.35k When providers place infants in their crib for sleep, they should check to ensure that the temperature in

	the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty). 4.35l Bibs, necklaces, and garments with ties or hoods are removed. (Safe clothing sacks or other clothing designed for safe sleep can be used in lieu of blankets. 4.35m Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up. 4.35n Bedding should be changed between children, and if mats are used, they should be cleaned between uses. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death Risk Reduction 3.1.4.2. Swaddling 3.1.4.4: Scheduled Rest Periods and Sleep Arrangements 1.5.0.2: Orientation of Substitutes Moon R.Y. & AAP Task force on Sudden Infant Death Syndrome. (2016). SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. Pediatrics, 138(5). United States Department of Health and Human Services Administration for Children and Families, Office of Child Care. National Database of Licensing Regulations. https://childcareta.acf.hhs.gov/licensing Summary: "Facilities that offer infant care should provide a safe sleep environment and use a written safe sleep policy that describes the practices they follow to reduce the risk of sudden infant death syndrome and other infant deaths. For example, when infants fall asleep, they must be put down to sleep on their back in a crib with a firm mattress and no blankets or soft objects. Most SIDS deaths in child care occur on the first day of care or within the first week due to unaccustomed prone (on stomach) sleeping. Unaccustomed prone sleeping increases the risk of SIDS 18 times. With swaddling, there is an increased risk of developmental dysplasia of the hip, a hip condition that can result in long-term disability. Glossary Swaddling - a traditional practice of wrapping a baby up gently in a light, breathable blanket to help them feel calm and sleep. Explanation of changes:

	Added references; added all items listed in CFOC3 standard 3.1.4.1. Additional discussion in Executive Summary; combine this standard with 4.65 and 4.66; added all staff, parents/guardians, volunteers and others who care for infants in the child care setting should be trained to follow required safe sleep practices as recommended by the American Academy of Pediatrics (AAP).
4.36 If children under the age of 3 participate in water play, water play is limited to: A stable water table with the height at or above the chest level of the smallest child, and the water is less than 6 inches deep ï€ Sprinklers and containers less than 6 inches wide, or water less than 1 inch deep.	4.36 No change 4.36a Portable wading pools are prohibited. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 1.1.1.5: Ratios and Supervision for Swimming, Wading, and Water Play 6.3.5.3 Portable Wading Pools" Summary: "During any swimming/wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler Portable wading pools should not be permitted. Small portable wading pools do not permit adequate control of sanitation and safety, and they promote transmission of infectious diseases." Glossary None Explanation of change "This does not fully align with Standard 4.5, which does not specifically indicate that children under 3 cannot participate in ""high risk activities, such as swimming"" - see recommendations made to 4.5 Add: Portable wading pools are prohibited."
4.37 Children cannot lock themselves into rooms. Privacy locks on bathroom or bedroom doors are inaccessible to children, or locks can be opened quickly from outside.	4.37 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.1.4.4: Locks Summary: In large or small family child day care homes, a double-cylinder deadbolt lock which requires a key to unlock the door from the inside should not be permitted on any door along the escape path from any child care except the exterior door, and then only if the key required to unlock the door is kept hanging at the door. Glossary None

	Recommendations: Added references
4.38 Working smoke, fire, and carbon monoxide detectors are properly installed according to manufacturer's instructions.	4.38 Working smoke, fire, and carbon monoxide detectors are properly installed according to manufacturer's instructions. Although it is not required, NAFCC strongly encourages devises be hard wired rather than battery operated. 4.38a Smoke and fire devices are on each floor of the home. Smoke and fire devices and carbon monoxide detectors are adjacent to or where children sleep. 4.38c Monthly maintenance checks of all equipment are conducted and recorded, including batteries being changed annually or as needed. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.5.1: Smoke Detection Summary: In large and small family child care homes, smoke alarms that receive their operating power from the building electrical system or are of the wireless signal-monitored-alarm system type should be installed. Battery-operated smoke alarms should be permitted provided that the facility demonstrates to the fire inspector that testing, maintenance, and battery replacement programs ensure reliability of power to the smoke alarms and signaling of a monitored alarm when the battery is low and that retrofitting the facility to connect the smoke alarms to the electrical system would be costly and difficult to achieve. Glossary None Explanation by change Added references
4.39 A fully charged and operable ABC-type fire extinguisher is in plain sight and available in or near the kitchen and on each floor of the home used for child care	4.39 A fully charged and operable ABC-type fire extinguisher is in plain sight and available in or near the kitchen and on each floor of the home used for child care but inaccessible to children. 4.39a Instructions for use are posted on or near the fire extinguisher 4.39b All extinguishers are inspected and tagged annually. Non-rechargeable extinguishers shall be replaced according to manufacturer's instruction. 4.38c Caregiver/staff are trained in the use of fire extinguisher. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020).

	National Resource Center for Health and Safety in Child Care and Early Education 5.2.5.2: Portable Fire Extinguishers Summary: Portable fire extinguisher(s) should be installed and maintained, and staff should be trained on their proper use as stated in Standard 3.4.3.2. The fire extinguisher should be of the A-B-C type. Size/number of fire extinguishers should be determined after a survey by the fire marshal or by an insurance company fire loss prevention representative. Instructions for the use of the fire extinguisher should be posted on or near the fire extinguisher. Fire extinguishers should not be accessible to children. Fire extinguishers should be inspected and maintained annually or more frequently as recommended by the manufacturer's instructions. Glossary None Explanation of change Added references; add caregiver/staff are trained in the use of fire extinguisher. -Fire extinguishers are inaccessible to children. -Instructions for use are posted on or near the fire extinguisher
4.40 Hot radiators and water pipes are covered or out of reach of children	4.40 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.1.13: Barriers/Guards for Heating Equipment and Units Summary: Heating equipment and units, including hot water heating pipes and baseboard heaters with a surface temperature hotter than 120Â°F, should be made inaccessible to children by barriers such as guards, protective screens, or other devices. Glossary None Explanation of change Added references
4.41 All tap water used by children does not exceed 120 degrees F.	4.41 * All tap water used by children does not exceed 120 degrees F 4.41a Providers should use only cold water for drinking and cooking, especially when making baby formula, as cold water is less likely to leach lead from pipes or fixtures. 4.41b *Flush water at the tap before each use. Contact your local water utility to gather more information on suggested flushing times. 4.41c *Test the water for lead and if needed, use water filtration devices that have been certified to remove lead at the outlet.

	References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.1.14: Water Heating Devices and Temperature Allowed U.S. Environmental Protection Agency. (2018). Consumer tool for Identifying point of use (POU) drinking water filters certified to reduce lead. https://www.epa.gov/water-research/consumer-tool-identifying-pou-drinking-water-filters-certified-reduce-lead U.S. Environmental Protection Agency. (2020). Three Ts (Training, Testing, and taking action) for reducing lead in drinking water. https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water Summary: Hot water temperature at sinks used for handwashing, or where the hot water will be in direct contact with children, should be at a temperature of at least 60Â°F and not exceeding 120Â°F. See the Health and Safety lead standard section for more details on lead in water. Glossary None Explanation of change Added reference
4.42 Hot items, including beverages, are kept out of children's reach.	4.42 Items over 120 degrees are kept out of reach of children, including crock pots, hot beverages, soups, and stews. 4.42a Hot foods and/or drinks are not consumed in childcare areas when children are present. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 4.5.0.9: Hot Liquids and Foods Summary: Adults should not consume hot liquids above 120Â°F in child care areas (3). Hot liquids and hot foods should be kept out of the reach of infants, toddlers, and preschoolers. Hot liquids and foods should not be placed on a surface at a child's level, at the edge of a table or counter, or on a tablecloth that could be yanked down. Glossary None Explanation of change

	Added references; recommend modifying standard to indicate that adults do not consume hot liquids in child care areas.
4.43 Paint on the walls, ceilings, woodwork, and any other surface is not peeling or flaking. 4.43a There are no paint chips or paint dust on floors or window sills. Walls and ceilings are free of holes or large cracks. 4.43b Providers will conduct annual inspections of paint. 4.43c. Providers will perform routine maintenance to ensure that paint remains intact in homes built before 1978. 4.43d. If any repair or renovation work (not lead hazard control work) is needed in homes built before 1978, providers should use an EPA-certified lead-safe contractor (also known as a renovation, repair, and painting, or RRP, contractor).	4.43 Paint on the walls, ceilings, woodwork, and any other surface is not peeling or flaking. 4.43a FCC providers seek to decrease potential lead exposure from drinking water sources in our child care home by taking the following steps: - We know about the source (public or private) of the water coming in our child care home. - We test our water for lead and determine whether our home has a lead service line or lead-containing pipes, fixtures or solder. - Families and FCC assistants will be notified about the date and result of the inspection. - If testing indicates we have led in our drinking water we develop a plan to reduce people's exposures. - Inform families to consult pediatrician about blood lead testing among children at high risk of exposure. 4.43b FCC providers seek to decrease potential lead exposure from paint in our child care home by taking the following steps: - We have our FCC home inspected and tested for lead-based paint hazards by a certified lead inspector or certified risk assessor - Paint on the walls, ceilings, woodwork, and any other surface is not peeling or flaking. - Families and FCC assistants will be notified about the date and result of the inspection. - Remove lead paint hazards from places children spend time. - There are no paint chips or paint dust on floors or window sills. - Walls and ceilings are free of holes or large cracks. - If a lead paint problem is identified, we will collaborate with our local health department to determine the steps needed to reduce hazards. 4.43c FCC providers seek to decrease potential lead exposure from consumer products in our child care home by taking the following steps: - Only a certified laboratory can accurately test toys and products for lead contamination. - We do not use imported, old or handmade pottery to cook or serve food or liquids. - We do not allow children to play with children's play tea set or any other toys made from imported pottery - We do not have costume or metal jewelry and/or charms. - We do not have antique toys. - We avoid toys or other items made pvc/vinyl (e.g. bath books, teethers, rubber ducks, bath toys, dolls, beach balls, backpacks, pencil cases, rain jackets, rain boots, or shower curtains. - We get rid of toys when it shows significant signs of wear. - We keep metal keys out of children's reach. - If there's lead in the plastic toy, the breakdown of the plastic may cause lead-contaminated dust on the toy.

	- We wash toys weekly. - We do not give children in our care imported candy. - We also do not offer children in our care herbal or folk medicines 4.43d We identify whether you have a product in your home that has been recalled. If you do have a recalled toy in your home: - Take it out of your child's hands immediately - Follow the manufacturer's instructions for the recall; do not just throw out the product; - If the recalled toy contains lead, wipe down other toys that were near the recalled toy to catch lead dust. - Beware of young children's tendencies to put small toys in their mouths. - Beware of choking hazards, including small magnets. - To determine if there are toys or parts of toys that may pose a choking hazard to a young child, use the inside of a toilet paper tube. If a toy or piece of a toy easily fits through, do not let children under three play with or have access to these toys. 4.43e FCC providers seek to decrease potential lead exposure from air and soil sources around our child care home by taking the following steps: - Reduce air lead emissions. - Clean up contaminated soil. - We make sure all bare soil is covered with mulch, plantings, or grass. - Place a rough mat at the entrances of our home or go shoe-free. - Wet mop floors, daily. - Cleaning window frames and window sills weekly using a damp mop, sponge or paper towel. 4.43f EPA's Lead Renovation, Repair and Painting Rule (RRP Rule) requires that firms performing renovation, repair, and painting projects that disturb lead-based paint in homes, child care facilities and pre-schools built before 1978 have their firm - Certified by EPA (or an EPA authorized state), - Use certified renovators or contractor who are trained by EPA-approved training providers and follow lead-safe work practices as mandated by EPA's Lead Safe Certified Guide to Renovate Right. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.9.13: Testing for and Remediating Lead Hazards, 5.3.1.1: Safety of Equipment, Materials, and Furnishings 5.7.0.5: Cleaning Schedule for Exterior Areas" U.S. Environmental Protection agency. (2021). Protect your family from sources of lead. https://www.epa.gov/lead/protect-your-family-sources-lead U.S. Consumer Product Safety Commission. (2021). Total Lead Content Business Guidance & Small Entity Compliance Guide. https://www.cpsc.gov/

	U.S. Environmental Protection agency. (2021). Renovation, repair and painting program: Operators of child care facilities, https://www.epa.gov/lead/renovation-repair-and-painting-program-operators-child-care-facilities Summary: "Equipment, materials, furnishings, and play areas should be sturdy, safe, and in good repair and should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the following safety hazards: â€¦ o) Flaking paint; p) Paint that contains lead or other hazardous materials; Delegated staff members should actively look for flaking or peeling paint while cleaning the exterior areas. If flaking/peeling paint is found, it should be tested for lead. If the paint is found to contain lead, the area should be covered by latex-based paint to create a barrier between the lead-based paint and the children in care. CFOC3 recommends that any paint chips found in exterior areas be tested for lead, and exposure be mitigated if lead is found. This may be cost prohibitive for providers and could be a recommended but not required element of the standard. See the Health and Safety lead standard section for more details on lead in paint. Glossary None Explanation of change Added references
4.44 There are no toxic plants within children's reach.	4.44 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.9.10: Prohibition of Poisonous Plants Summary: Poisonous or potentially harmful plants are prohibited in any part of a child care facility that is accessible to children. All plants not known to be nontoxic should be identified and checked by name with the local poison center (1-800-222- 1222) to determine safe use. Glossary None Explanation of change Add references; add: - Provider should be able to identify all plants as nontoxic or take steps to determine potential toxicity."
4.45 All cords, including power cords and non-	4.45 No change References

power cords, are safely secured and out of reach of children.	American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.4.6: Electrical Cords Summary: Electrical cords should be placed beyond children's reach. Glossary None Recommendations: Added references
4.46 No cords are placed under rugs or carpeting.	4.46 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.4.5: Extension Cords Summary: The use of extension cords should be discouraged; however, when used, they should bear the listing mark of a nationally recognized testing laboratory, and should not be placed through doorways, under rugs or carpeting, behind wall-hangings, or across water-source areas. Glossary None Recommendations: Added references
4.47 *Every electrical outlet within children's reach is covered with a choke-proof, child resistant device or otherwise "child proof."	4.47* Every electrical outlet in the childcare space shall be covered with a tamper resistant device when not in use. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.4.2: Safety Covers and Shock Protection Devices for Electrical Outlets Summary: All electrical outlets accessible to children who are not yet developmentally at a kindergarten grade level of learning should be a type called "tamper-resistant electrical outlets." These types of outlets look like standard wall outlets but contain an internal shutter mechanism that prevents children from sticking objects like hairpins, keys, and paperclips into the receptacle. This spring-loaded shutter mechanism only opens when equal pressure is applied to both shutters such as when

	an electrical plug is inserted. In existing child care facilities that do not have “tamper resistant electrical outlets.” Outlets should have “safety covers” that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child. “Safety plugs” should not be used since they can be removed from an electrical outlet by children. Glossary None Explanation of change Modify the language of the standard to be more specific regarding the types of "tamper resistant devices" for children younger than kindergarten. Plug covers should be designed to prevent children from removing them.
4.48 Each floor used by children has at least two exits that lead to the ground level.	4.48 No change. Reference: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.1.4.1: Alternate Exits and Emergency Shelter Summary: Each building or structure, new or old, should be provided with a minimum of two exits, at different sides of the building or home, leading to an open space at ground level. If the basement in a small family child care home is being used, one exit must lead directly to the outside. Glossary None Explanation of change Added references
4.49 Exits are unobstructed and usable by toddlers and older children.	4.49 No change References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.1.4.1: Alternate Exits and Emergency Shelter Summary: Each floor above or below ground level used for child care should have at least two unobstructed exits that lead to an open area at ground level and thereafter to an area that meets safety requirements for a child care indoor or outdoor area. Glossary None

	Recommendations: Added references
4.50 Stairs with more than 3 steps, or a total rise of 24 inches or more, have railings usable by the children.	4.50 Stairs with more than 3 steps, or a total rise of 24 inches or more, have railings usable by the children. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.1.5.2: Handrails Summary: Handrails should be provided on both sides of stairways, be securely attached to the walls or stairs, and at a maximum height of thirty-eight inches. The outside diameter of handrails should be between one and one-quarter inches and two inches. Glossary None Explanation of change Added references
4.51 Secure and safety gates or barriers close off access to all stairs adjoining areas used for children under the age of 4.	4.51 Secure and safety gates or barriers close off access to all stairs adjoining areas used for children under the age of 5. 4.51a There are no pressure gates or accordion gates with openings large enough to entrap a child's head. 4.51b Gates at the tops of stairs should be hardware mounted with latching devices that can be easily opened by adults (but not children) in an emergency. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.1.5.4: Guards at Stairway Access Openings Summary: Securely installed, effective guards (such as gates) should be provided at the top and bottom of each open stairway in facilities where infants and toddlers are in care. Gates should have latching devices that adults (but not children) can open easily in an emergency. "Pressure gates" or accordion gates should not be used. Gate design should not aid in climbing. Gates at the top of stairways should be hardware mounted (e.g., to the wall) for stability. Basement stairways should be shut off from the main floor level by a full door. This door should be self-closing and should be kept locked to entry when the basement is not in use. No door should be locked to prohibit exit at any time.

	Glossary None Explanation of change Added references; add: -Gates at the tops of stairs should be hardware mounted. -Gates should have latching devices that can be easily opened by adults (but not children) in an emergency.
4.52 *If windows more than 3 feet above ground are opened, they cannot be opened more than 6 inches, or they are opened from the top and have safety guards â€“ with bars no more than 4â€ apart. The safety guards must be removable from inside or outside by an adult in case of an emergency.	4.52 *If windows more than 3 feet above ground are opened, they cannot be opened more than 4 inches, or they are opened from the top and have safety guards â€“ with bars no more than 4â€ apart. The safety guards must be removable from inside or outside by an adult in case of an emergency. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.1.3.2: Possibility of Exit from Windows Summary: All windows in areas used by children under five years of age should be constructed, adapted, or adjusted to limit the exit opening accessible to children to less than four inches, or be otherwise protected with guards that prevent exit by a child, but that do not block outdoor light. Where such windows are required by building or fire codes to provide for emergency rescue and evacuation, the windows and guards, if provided, should be equipped to enable staff to release the guard and open the window fully when evacuation or rescue is required. Opportunities should be provided for staff to practice opening these windows, and such release should not require the use of tools or keys. Children should be given information about these windows, relevant safety rules, as well as what will happen if the windows need to be opened for an evacuation. Glossary None Explanation of change Added references; recommend changing 6 inch opening to 4 inch opening to align with CFOC3 guidelines
4.53 Windows that are opened have screens in good repair.	4.53 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.1.3.3: Screens for Ventilation Openings Summary:

	All openings used for ventilation should be screened against insect entry. Glossary None Explanation of change Added references
4.54 The stove and other cooking appliances are used safely or not used while children are present. Basic stove and oven safety guidelines: ï€ Pot handles are turned to the back. ï€ Back burners are used when available. ï€ Knobs are removed or covered when not in use, or there are safety knobs, or they are out of children's reach. ï€ Children do not play within 3 feet of stove while in use. (School-agers may cook on stove if they are carefully supervised.)	4.54 The stove and other cooking appliances are used safely or not used while children are present as follows: -Pot handles are turned to the back. -Back burners are used when available. -Knobs are removed or covered when not in use, or there are safety knobs, or they are out of children's reach. 4.54a Children do not play within 3 feet of stove while in use. 4.54b School-agers may cook on stove if they are carefully supervised. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 4.5.0.9: Hot Liquids and Foods 4.8.0.1: Food Preparation Area Summary: " Appliances containing hot liquids, such as coffee pots and crock pots, should be kept out of the reach of children. Electrical cords from any appliance, including coffee pots, should not be allowed to hang within the reach of children. Food preparers should position pot handles toward the back of the stove and use only back burners when possible. Infants and toddlers should not have access to the kitchen in child care centers. Access by older children to the kitchen of centers should be permitted only when supervised by staff members who have been certified by the nutritionist/registered dietitian or the center director as qualified to follow the facility's sanitation and safety procedures. In all types of child care facilities, children should never be in the kitchen unless they are directly supervised by a caregiver/teacher. Children of preschool-age and older should be restricted from access to areas where hot food is being prepared. School-age children may engage in food preparation activities with adult supervision in the kitchen or the classroom. " Glossary None

	Explanation of change Added references; separated indicators
4.55 Lower cupboards are free of dangerous items or have child-proof latches.	4.55 Lower cabinets should be free of dangerous items or have child-proof latches. 4.55a Any items that present a choking, poisoning or other potential serious hazard be kept in locked cabinets. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.9.1: Use and Storage of Toxic Substances 6. 4.1.2: Inaccessibility of Toys or Objects to Children Under Three Years of Age Summary "When not in active use, all chemicals used inside or outside should be stored in a safe and secure manner in a locked room or cabinet, fitted with a child-resistive opening device, inaccessible to children, and separate from stored medications and food. Toys or objects with removable parts with a diameter less than one and one-quarter inches and a length between one inch and two and one-quarter inches; Balls and toys with spherical, ovoid (egg shaped), or elliptical parts that are smaller than one and three-quarters inches in diameter; Toys with sharp points and edges; plastic bags; Styrofoam objects; Coins; Rubber or latex balloons; Safety pins; Marbles; Magnets; Foam blocks, books, or objects; Other small objects; Latex gloves; Bulletin board tacks; Glitter." Glossary None Explanation of change Added reference; modify to indicate lower cabinets should be free of dangerous items. Any items that present a choking, poisoning or other potential serious hazard be kept in locked cabinets.
4.56 Dishes, utensils, cooking and serving items, and bottles are washed in a dishwasher, or washed in clean, hot, soapy water, rinsed, and air dried; or disposable dishes, cups, and utensils are used.	4.56 Dishes, utensils, cooking and serving items, and bottles are washed in a dishwasher, or washed in clean, hot, soapy water, rinsed, and air dried; or disposable dishes, cups, and utensils are used. 4.56a High chair trays and other surfaces where food is prepared and served to list of areas to be cleaned and sanitized daily. 4.56b Items used for bottle feeding are boiled for one minute after being washed and rinsed. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020).

	National Resource Center for Health and Safety in Child Care and Early Education 4.3.1.10: Cleaning and Sanitizing Equipment Used for Bottle Feeding 4.5.0.2: Tableware and Feeding Utensils" Summary: "Bottles, bottle caps, nipples and other equipment used for bottle feeding should not be reused without first being cleaned and sanitized by washing in a dishwasher or by washing, rinsing, and boiling them for one minute. Single-service articles (such as napkins, paper placemats, paper tablecloths, and paper towels) should be discarded after one use; Washable bibs, placemats, napkins, and tablecloths, if used, should be laundered or washed, rinsed, and sanitized after each meal. Fabric articles should be sanitized by being machine-washed and dried after each use; Highchair trays, plates, and all items used in food service that are not disposable should be washed, rinsed, and sanitized. Highchair trays that are used for eating should be washed, rinsed, and sanitized just before and immediately after they are used for eating. Children who eat at tables should have disposable or washed and sanitized plates for their food;" Recommendations: Added references; add: -High chair trays and other surfaces where food is prepared and served to list of areas to be cleaned and sanitized daily. -Items used for bottle feeding are boiled for one minute after being washed and rinsed.
4.57 "Garbage containers are plastic-lined, covered, and hands free, or are located out of reach of children.	4.57 Garbage containers are plastic-lined, covered, and hands free, or are located out of reach of children. 4.57a Plastic garbage bags are stored out of the reach of children. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.7.3: Containment of Garbage 5.5.0.7: Storage of Plastic Bags" Summary: "Plastic garbage bag liners should be used in such containers. Children should not be allowed access to garbage, waste, and refuse storage areas. Lining the containers with plastic bags reduces the contamination of the container itself and the need to wash the containers, which hold a concomitant risk of spreading the contamination into the environment. Plastic bags, whether intended for storage, trash, diaper disposal, or any other purpose, should be stored out of reach of children. " Glossary None

	Explanation of change Added references; add: -Plastic garbage bags are stored out of the reach of children."
4.58 A cold pack or equivalent is easily accessible when needed for first aid.	4.58 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.6.0.1: First Aid and Emergency Supplies Summary: "The first aid kit should contain at least the following items: l) Cold pack; Glossary None Recommendations: Added references
4.59 Diapering and toileting areas are separated from food areas.	4.59 Diapering and toileting areas are separated from food areas. 4.59a If the same sink is used for hand washing after toileting or diaper changing, it is disinfected before being used for hand washing for any other reason, including food preparation. 4.59b Infants and toddlers should only be diapered in the diapering area. All other children wearing diapers are diapered in an area offering privacy, such as the bathroom. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 3.2.1.4: Diaper Changing Procedure 5.4.2.4: Use, Location, and Setup of Diaper Changing Areas Summary: Diaper-changing areas should never be located in food preparation areas and should never be used for temporary placement of food, drinks, or eating utensils (page107) Infants and toddlers should be diapered only in the diaper changing area. Children should be discouraged from remaining in or entering the diaper changing area. The contaminated surfaces of waste containers should not be accessible to children. Glossary None

	Recommendations: Added references; add: -Include infants and toddlers should only be diapered in the diapering area. "
4.60 The diapering surface is made of non-porous padding and is disinfected after each diaper change.	4.60 The diapering surface is made of non-porous padding or paper and is disinfected after each diaper change. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.4.2.6: Maintenance of Changing Tables Summary: Changing tables should be nonporous, kept in good repair, and cleaned and disinfected after each use to remove visible soil and germs. Glossary None Explanation of change Added references; added "or paper"
4.61 Diapers are disposed of in a plastic-lined, hands free container, out of reach of children.	4.61 Diapers are disposed of in a plastic-lined, hands free container, out of reach of children. 4.61a Soiled cloth diapers and/or clothing are placed in a sealed bag, not accessible to children and sent home at the end of the day. 4.61b Plastic bags used for soiled clothing, diapers or garbage cans are stored of the reach of children References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.7.4: Containment of soiled diapers 5.5.0.7: Storage of Plastic Bags Summary: "Soiled diapers should be stored inside the facility in containers separate from other waste. Soiled cloth diapers and soiled clothing that are to be sent home with a parent/guardian, however, should be individually bagged. Plastic bags, whether intended for storage, trash, diaper disposal, or any other purpose, should be stored out of reach of children. " Glossary None

	Recommendations: "Add: -Criteria for the safe storage of soiled cloth diapers; specifically, that diapers are placed in a sealed bag, not accessible to children and sent home at the end of the day. -Plastic bags used for soiled clothing, diapers or garbage cans are stored of the reach of children"
4.62 If a potty chair is used, it is washed and sanitized after each use.	4.62 If a potty chair is used, it is washed and sanitized after each use. 4.62a Potty chairs should be used only in the bathroom area, under direct supervision. 4.62b The sink used to clean the chair after use should also be cleaned and sanitized after each use. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.4.1.7: Toilet Learning/Training Equipment Summary: If child-sized toilets, step aids, or modified toilet seats cannot be used, non-flushing toilets (potty chairs) meeting the following criteria should be provided for toddlers, preschoolers, and children with disabilities who require them. Potty chairs should be: Easily cleaned and disinfected; Used only in a bathroom area; Used over a surface that is impervious to moisture; Out of reach of toilets or other potty chairs; Cleaned and disinfected after each use in a sink used only for cleaning and disinfecting potty chairs. Equipment used for toilet learning/training should be accessible to children only under direct supervision. The sink used to clean and disinfect the potty chair should also be cleaned and disinfected after each use. Recommendations: "Add: - Potty chairs should be used only in the bathroom area, under direct supervision and the sink used to clean the chair after use should also be cleaned and sanitized after each use. "
4.63 A safe and age appropriate step stool is located next to any sink where children wash their hands, or children can reach faucets without a step stool. Children may be	4.63 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.4.1.10: Handwashing Sinks Summary: Sinks should be placed at the child's height or be equipped with a stable step

held while washing hands.	platform to make the sink available to children. If a platform is used, it should have slip-proof steps and platform surface. Glossary None Explanation of change Added references
4.64 Soap, running water, and paper towels or single use towels are provided.	4.64 Soap, running water, and paper towels or single use towels are provided. 464a Written procedures for toileting, diapering and handwashing are available for substitutes. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 3.2.2.2: Hand washing procedure 1.5.0.2: Orientation of Substitutes Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. Summary: "Use of shared cloth towels instead of individual paper towels and washing of sleeping mats less than once a week were also associated with a higher frequency of respiratory illness. Children and staff members should wash their hands using the following method: Check to be sure a clean, disposable paper (or single-use cloth) towel is available; Turn on clean, running water to a comfortable temperature; Moisten hands with water and apply soap (not antibacterial) to hands; "During the first week of employment, all substitute caregivers/teachers should be oriented to, and should demonstrate competence in, at least the following items: Diapering technique, if care is provided to children in diapers, including appropriate diaper disposal and diaper changing techniques and use and wearing of gloves" Glossary None Explanation of change Added references; include written procedures for toileting, diapering and handwashing are available for substitutes.
4.65 If a crib, porta-crib, or playpen is	4.65 If a crib, porta-crib, or playpen is used, it meets current federal safety standards.

used, it meets current federal safety standards.	4.65a Children are not left to sleep in equipment not intended for sleeping, such as car seats, swings, bouncers, strollers, etc. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.4.5.1: Sleeping Equipment and Supplies 5.4.5.2: Cribs 5.4.5.3: Stackable Cribs 2.2.0.2: Limiting Infant/Toddler Time in Crib, High Chair, Car Seat, Etc. U. S. Consumer Product Safety Commission. (2021). Safety Education. https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/cribs Summary: "Facilities should ensure that toddler beds are in compliance with the current U.S. Consumer Product Safety Commission (CPSC) and ASTM safety standards Crib mattresses should fit snugly and be made specifically for the size crib in which they are placed. Infants should not be placed on an inflatable mattress due to potential of entrapment or suffocation. Facilities should check each crib before its purchase and use to ensure that it is in compliance with the current U.S. Consumer Product Safety Commission (CPSC) and ASTM safety standards. Crib slats should be spaced no more than two and three-eighths inches apart, with a firm mattress that is fitted so that no more than two fingers can fit between the mattress and the crib side in the lowest position. If stackable cribs are used, they must meet the current Consumer Product Safety Commission's (CPSC) federal standard for non-full-size cribs, 16 CFR 1220. Children should not be left to sleep in equipment not intended for sleeping. Contains current standards for crib safety. " Glossary None Recommendations: "Add: - Children are not left to sleep in equipment not intended for sleeping, such as car seats, swings, bouncers, strollers, etc.
4.66 Sleeping areas for infants do not have any surface that can conform to the face, such as a soft pillow, soft	4.66 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education

mattress, comforter, or stuffed animal.	5.4.5.1: Sleeping Equipment and Supplies Summary: "Pillows, blankets, and sleep positioners should not be used with infants. Glossary None Explanation of change Recommend standards 4.35, 4.65, and 4.66 be combined into a single, comprehensive standard following AAP Safe Sleep Guidelines. See Executive Summary for additional discussion.
4.67 Children are provided with individual sleeping spaces allowing their faces to be at least 3 feet apart from each other.	4.67 Children are provided with individual sleeping spaces allowing their faces to be at least 3 feet apart from each other with a minimum 18 inches, head to toe. 4.67a All providers, substitutes and assistants be required to participate in an AAP approved Safe Sleep training or have received and reviewed written materials for safe sleep guidelines in the event training is unavailable. 4.67b Training and/or resources reviewed should be documented in writing. 4.67c A written policy regarding safe sleep practices is given to all personnel in the program and all family/guardians. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.4.5.1: Sleeping Equipment and Supplies 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction Summary: Because respiratory infections are transmitted by large droplets of respiratory secretions, a minimum distance of three feet should be maintained between cots, cribs, sleeping bags, beds, mats, or pads used for resting or sleeping (2). A space of three feet between cribs, cots, sleeping bags, beds, mats, or pads will also provide access by the staff to a child in case of emergency. "All staff, parents/guardians, volunteers and others approved to enter rooms where infants are cared for should receive a copy of the Safe Sleep Policy and additional educational information and training on the importance of consistent use of safe sleep policies and practices before they are allowed to care for infants (i.e., first day as an employee/volunteer/substitute). Documentation that training has occurred and that these individuals have received and reviewed the written policy before they care for children should be kept on file. Despite the decrease in deaths attributed to sleeping practices and the decreased frequency of prone (tummy) infant sleep positioning over the past two decades,

	some caregivers/teachers continue to place infants to sleep in positions or environments that are not safe. Most sleep-related deaths in child care facilities occur in the first day or first week that an infant starts attending a child care program (4). Many of these deaths appear to be associated with prone positioning, especially when the infant is unaccustomed to being placed in that position (2). Training that includes observations and addresses barriers to changing caregiver/teacher practices would be most effective. Use of safe sleep policies, continued education of parents/guardians, expanded training efforts for child care professionals, statewide regulations and mandates, and increased monitoring and observation of infants while they are sleeping are critical to reduce the risk of SUIDs in child care (2). AAP provides a free online course on safe sleep practices." "Reducing the Risk of SIDS and SUID in Early Education and Child Care" The AAP provides a free online learning module for early education and child care providers regarding safe sleep. You can learn more about this free course here: https://shop.aap.org/reducing-the-risk-of-sids-and-suid-in-early-education-and-child-care/" Glossary None Explanation of change Added references; add recommend standards 4.35, 4.65, and 4.66 be combined into a single, comprehensive standard following AAP Safe Sleep Guidelines. Recommend including in the comprehensive standard that all providers, substitutes and assistants be required to participate in an AAP approved Safe Sleep training or have received and reviewed written materials for safe sleep guidelines in the event training is unavailable. Training and/or resources reviewed should be documented in writing. Recommend a written policy regarding safe sleep practices which is given to all personnel in the program and all parents/guardians. See further discussion in the Executive Summary
4.68 Outdoor play equipment is spaced to avoid safety hazards for active children.	4.68 Provider creates an outdoor play site free of obstacles that could cause injuries such as low overhanging tree branches, overhead wires, tree stumps and/or roots, large rocks, bricks, and concrete. 4.68a Choose a level location for the equipment. 4.68b Locate play equipment at least 6 feet from any structure or obstacle, such as a house, fence, sheds, trees or poles. 4.68c Locate bare metal platforms and slides out of direct sunlight to reduce the likelihood of serious burns. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020).

	National Resource Center for Health and Safety in Child Care and Early Education 6.2.2 Use Zones and Clearance Requirements 6.2.4 Specific Play Equipment U.S. Consumer Product Safety Commission. (2005). Outdoor home playground safety handbook. https://www.cpsc.com Summary Choosing a level location for the equipment can reduce the likelihood of the play set tipping over and loose-fill surfacing materials washing away during heavy rains. Some sites may need regrading to improve drainage or to reduce the slope. Swings should be further away from structures to the front and rear of the swings a distance equal to twice the height of the top bar from which the swing is suspended. A slide that faces north will receive the least direct sunlight. Glossary None Explanation of change Added references; modify standard to include a requirement that program follow specific U.S. Consumer Product Safety Commission (CPSC) guidelines for spacing of outdoor equipment.
4.69 Play space, including neighborhood playground if used, is free of animal feces, broken glass, paint chips, and trash. There is no flaking or peeling paint or bare soil within 15 feet of a structure.	4.69 Play space, including neighborhood playground if used, is free of animal feces, broken glass, paint chips, and trash. 4.69a All child care facilities built before 1978 should have annual inspections of exterior surfaces to ensure paint remains intact and there is no friction/rubbing in areas where lead-based paint may be present. 4.69b Providers should test any bare soil in or around their child care facility for lead by an Environmental Protection Agency-recognized National Lead Laboratory Accreditation Program (NLLAP) or cover any bare soil with mulch, plantings, or grass. See the Health and Safety lead standard section for more details on lead in paint and soil hazards. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.2.9.13: Testing for and Remediating Lead Hazards, 5.3.1.1: Safety of Equipment, Materials, and Furnishings 5.7.0.5: Cleaning Schedule for Exterior Areas" U.S. Environmental Protection agency. (2021). Protect your family from sources of lead. https://www.epa.gov/lead/protect-your-family-sources-lead U.S. Consumer Product Safety Commission. (2021). Total Lead Content Business Guidance & Small Entity Compliance Guide. https://www.cpsc.gov/

	U.S. Environmental Protection agency. (2021). Renovation, repair and painting program: Operators of child care facilities, https://www.epa.gov/lead/renovation-repair-and-painting-program-operators-child-care-facilities Summary: "Equipment, materials, furnishings, and play areas should be sturdy, safe, and in good repair and should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the following safety hazards: â€¦ o) Flaking paint; p) Paint that contains lead or other hazardous materials; Delegated staff members should actively look for flaking or peeling paint while cleaning the exterior areas. If flaking/peeling paint is found, it should be tested for lead. If the paint is found to contain lead, the area should be covered by latex-based paint to create a barrier between the lead-based paint and the children in care. CFOC3 recommends that any paint chips found in exterior areas be tested for lead, and exposure be mitigated if lead is found. This may be cost prohibitive for providers and could be a recommended but not required element of the standard. See the Health and Safety lead standard section for more details on lead in paint. Glossary None Explanation of change Added references
4.70 A fence or natural barrier, a minimum of 4 feet in height, encloses the play space.	4.70 A fence or natural barrier, a minimum of 4 feet in height, encloses the play space. 4.70a Wooden fences and playground structures created out of wood should be tested for chromated copper arsenate (CCA). References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 6.1.0.8 Enclosures for Outdoor Play Areas ASTM International (ASTM) (2009). Standard guide for fences/barriers for public, commercial, and multi-family residential use outdoor play areas. ASTM F2049-09b. https://www.ASTM.gov Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. U.S. Consumer Product Safety Commission (CPSC) (2008). Public playground safety handbook. https://www.cpsc.gov/cpscpub/pubs/325.pdf.

	U.S. Environmental Protection Agency. (2021). Chromated arsenicals. https://www.epa.gov/ingredients-used-pesticide-products/chromated-arsenicals-cca Summary If the barrier is a wall or fence, it must make the safety hazard inaccessible to children by completely enclosing the hazard or the children. The wall or fence must meet the following specifications: A. Height â€“ at least 4 feet high or meet local code, whichever is more restrictive. The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the observation of children by caregivers/teachers. If a fence is used, it should conform to applicable local building codes in height and construction. Fence posts should be outside the fence where allowed by local building codes. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device should be high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than three and one-half inches. The fence and gates should be constructed to discourage climbing. Play areas should be secured against inappropriate use when the facility is closed. Wooden fences and playground structures created out of wood that is found to contain CCA should be sealed with an oil-based outdoor sealant annually. See the Health and Safety lead standard section for more details on lead in products. Glossary Chromated arsenicals (which include chromated copper arsenate) - a group of pesticides containing chromium, copper, and/or arsenic that protect wood against termites, fungi and other pests that can degrade or threaten the integrity of wood products. Explanation of change Added references
4.71 Ponds, wells, tool sheds, and other hazards are not accessible to children.	4.71 Ponds, wells, tool sheds, and other hazards are locked and not accessible to children. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 6.3.1.7 Pool Safety Rules ASTM International (ASTM). 2006. Standard guide for use of a residential swimming pool, spa, and hot tub safety: Audit to prevent unintentional drowning. https://www.ASTM. gov

	Summary Supervision of children is the most important element in maintaining their safety. However, children often do the unexpected, for which those supervising them are unprepared. Effective barriers prevent or delay children's access to hazards. There may be many hazards near child care facilities from which children need to be protected. Swimming pools, spas, and hot tubs located in close proximity to child care facilities are potential sources of injuries and drowning. Other hazards such as high cliffs, bodies of water, heavy machinery, heavy vehicular traffic, train tracks (currently in use), etc. are also life-threatening hazards from which children require protection. The following steps should be taken when identifying and reducing life-threatening safety hazards in, around or near your child care facility. Inspect the premises of the child care facility and adjacent areas for potentially life-threatening hazards such as high cliffs, bodies of water, swimming pools, hot tubs, spas, heavy vehicular traffic, heavy machinery, train tracks (currently in use), and other hazards. Life-threatening safety hazards must have barriers making them inaccessible to children. Glossary None Explanation of change Added references; add: -Gates to pools must be locked. -Tool sheds and other structures containing items hazard to children be locked.
4.72 No trampolines are accessible to the children in care, except for therapeutic equipment used with supervision.	4.72 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 5.3.1.1 Safety of Equipment, Materials, and Furnishings Summary Equipment, materials, furnishings, and play areas should be sturdy, safe, and in good repair and should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the safety hazards. Glossary None Explanation of change Added references
4.73 If there is a swimming pool: â€¢ It is inaccessible to children except	4.73 No change References American Academy of Pediatrics Committee on Injury, Violence, and

when supervised by more than one adult, one of whom is a certified lifeguard. â€¢ It has a barrier such as a gate or door which is locked when the pool is not in use. â€¢ In-ground: it is surrounded by a barrier at least 4 feet above grade that children cannot climb. â€¢ Above-ground: pool sides are at least 4 feet high and the ladder is locked or removed when not in use. â€¢ Life-saving equipment is located nearby.	Poison Prevention, J. Weiss. (2010). Technical report: Prevention of drowning. Pediatrics 126, 253-262. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 6.1.0.8 Enclosures for Outdoor Play Areas ASTM International (ASTM) (2009). Standard guide for fences/barriers for public, commercial, and multi-family residential use outdoor play areas. ASTM F2049-09b. https://www.ASTM.gov Consumer Product Safety Commission. Steps for safety around the pool: The pool and spa safety act. Pool Safely. http://www.poolsafely.gov/ wp-content/uploads/360.pdf. Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. U.S. Consumer Product Safety Commission (CPSC). 2009. CPSC warns of in-home drowning dangers with bathtubs, bath seats, buckets. Release #10-008. http://www.cpsc.gov/cpscpub/prerel/prhtml10/10008.html. U.S. Consumer Product Safety Commission (CPSC) (2021). Pool and spa safety: The Virginia Graeme Baker pool and spa safety act. http://www.poolsafely. gov/wp-content/uploads/VGBA.pdf. Summary If the barrier is a wall or fence, it must make the safety hazard inaccessible to children by completely enclosing the hazard or the children. The wall or fence must meet the following specifications: A. Height â€“ at least 4 feet high or meet local code, whichever is more restrictive. The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the observation of children by caregivers/teachers. If a fence is used, it should conform to applicable local building codes in height and construction. Fence posts should be outside the fence where allowed by local building codes. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device should be high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than three and one-half inches. The fence and gates should be constructed to discourage climbing. Play areas should be secured against inappropriate use when the facility is closed. Add Glossary

	None Explanation of change Added references; add: - Portable wading pools are prohibited.
Consumer Federation of America. (2014). Product safety: Children's products. The Consumer Federation of America. Retrieved from www.consumerfed.org	
4.74 Any hot tub or spa that is not fenced off has a locked cover strong enough for an adult to stand on.	4.73 No change References American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention, J. Weiss. (2010). Technical report: Prevention of drowning. Pediatrics 126, 253-262. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 6.1.0.8 Enclosures for Outdoor Play Areas ASTM International (ASTM) (2009). Standard guide for fences/barriers for public, commercial, and multi-family residential use outdoor play areas. ASTM F2049-09b. https://www.ASTM.gov Consumer Product Safety Commission. Steps for safety around the pool: The pool and spa safety act. Pool Safely. http://www.poolsafely.gov/wp-content/uploads/360.pdf. Fiene, R. (2002). 13 indicators of quality child care: Research update. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. U.S. Consumer Product Safety Commission (CPSC). 2009. CPSC warns of in-home drowning dangers with bathtubs, bath seats, buckets. Release #10-008. http://www.cpsc.gov/cpscpub/prerel/prhtml10/10008.html. U.S. Consumer Product Safety Commission (CPSC) (2021). Pool and spa safety: The Virginia Graeme Baker pool and spa safety act. http://www.poolsafely.gov/wp-content/uploads/VGBA.pdf. Summary If the barrier is a wall or fence, it must make the safety hazard inaccessible to children by completely enclosing the hazard or the children. The wall or fence must meet the following specifications: A. Height â€“ at least 4 feet high or meet local code, whichever is more restrictive. The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the observation of children by caregivers/teachers. If a fence is used, it should conform to applicable local building codes in height and construction.

	Fence posts should be outside the fence where allowed by local building codes. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device should be high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than three and one-half inches. The fence and gates should be constructed to discourage climbing. Play areas should be secured against inappropriate use when the facility is closed. Add Glossary None Explanation of change Added references; add: -Children are not permitted in hot tubs, spas or saunas.
4.75 If there are swings, they are safe and meet or exceed current standards from the U.S. Consumer Product Safety Commission for outdoor home playgrounds. ï€ Swings are surrounded by a clearance area and fall zone that extends at least 6 feet beyond the stationary swing. ï€ Each swing hangs at least 30 inches away from the support poles and frame. ï€ There are no exposed, moving parts which may present a pinching, crushing, or entanglement hazard, including all swing seat hooks ï€ All connecting devices or fasteners, such as hooks, are	4.75 If there are swings, they are safe and meet or exceed current standards from the U.S. Consumer Product Safety Commission for outdoor home playgrounds. â€¢ Swings are surrounded by a clearance area and fall zone that extends at least 6 feet beyond the stationary swing. â€¢ Each swing hangs at least 30 inches away from the support poles and frame. â€¢ There are no exposed, moving parts which may present a pinching, crushing, or entanglement hazard, including all swing seat hooks â€¢ All connecting devices or fasteners, such as hooks, are closed, including those at the top of the swing -ropes or chains â€¢ Swing sets must be securely and adequately anchored. â€¢ Swing sets are constructed and installed according to manufacturer's recommendations. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education CFOC3 Standard 6.2.1.3: Design of Play Equipment CFOC3 Standard 6.2.2.5: Clearance Space for Swings CFOC3 6.2.1.1: Play Equipment Requirements ASTM International (ASTM) (2008). Standard consumer safety performance specification for public use play equipment for children 6 months through 23 months. ASTM F2373-08. ASTM. ASTM International (ASTM) (2007). Standard consumer safety performance specification for playground equipment for public use. ASTM F1487-07ae1. ASTM. U.S. Consumer Product Safety Commission (CPSC). 2008. Public playground safety handbook. http://www.cpsc.gov/cpscpub/pubs/325.pdf.

closed, including those at the top of the swing -ropes or chains ï€ Swing sets must be securely and adequately anchored.	Summary: Swings should have a use zone (clearance space) on the sides of the swing of six feet. The use zone to the front and rear of the swings should extend a minimum distance of twice the height of the pivot point measured from a point directly beneath the pivot to the protective surface. Glossary None Explanation of change Added references; add: -Swing sets are constructed and installed according to manufacturer's recommendations.
4.76 If a child has been diagnosed as having a special need, the provider understands the diagnosis, requests a copy of the child's plan, and works with parents and specialists to follow the plan.	4.76 If a child has been diagnosed as having a special need, the provider understands the diagnosis, requests a copy of the child's plan, and works with parents and specialists to follow the plan. 4.76a Program has a detailed, written plan for children with special health or medical needs, including modifications required and emergency procedures. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 1.4.2.2: Orientation for Care of Children with Special Health Care Needs 3.5.0.1: Care Plan for Children with Special Health Care Needs Summary: When a child care facility enrolls a child with special health care needs, the facility should ensure that all staff members have been oriented in understanding that child's special health care needs and have the skills to work with that child in a group setting. Family child care providers, who care for a child with special health care needs, should meet with the family/guardians and meet or speak with the child's primary care provider (if the family/guardian has provided prior, informed, written consent) or a child care health consultant to ensure that the child's special health care needs will be met in child care and to learn how these needs may affect his/her developmental progression or play with other children. Any child who meets these criteria should have a Routine and Emergent Care Plan completed by their primary care provider in their medical home. The plan should include: A list of the child's diagnosis/diagnoses; Contact information for the primary care provider and any relevant sub-specialists; Medications to be administered on a scheduled basis; Medications to be administered on an emergent basis with clearly stated parameters, signs, and symptoms that warrant giving the medication written in lay language; Procedures to be performed; Allergies; Dietary modifications required for the health of the child; Activity modifications; Environmental

	modifications; Stimulus that initiates or precipitates a reaction or series of reactions (triggers) to avoid; Symptoms for caregiver/teachers to observe; Behavioral modifications; Emergency response plans â€“ both if the child has a medical emergency and special factors to consider in programmatic emergency, like a fire; Suggested special skills training and education for staff. Glossary None Explanation of change Added references; add: Program has a detailed, written plan for children with special health or medical needs, including modifications required and emergency procedures.
4.77 Smoking of any kind, drinking alcohol, or using marijuana substances does not take place in the presence of children or on the premise during child care hours.	4.77 Smoking of any kind, drinking alcohol, or using mind altering substances does not take place in the presence of children or on the premise during child care hours. This includes e-cigarettes, medicine, and edible marijuana. References U.S. Environmental Protection Agency. Secondhand tobacco smoke and smoke-free homes (2016). https://www.epa.gov/indoor-air-quality-iaq/secondhand-tobacco-smoke-and-smoke-free-homes. American Academy of Pediatrics (2015). The dangers of secondhand smoke. https://www.healthychildren.org/English/healthissues/conditions/tobacco/Pages/Dangers-of-Secondhand-Smoke.aspx. Hang, B., Sarker, A.H., Havel, C., Saha, S., Hazra, T.K., Schick, S., Jacob, P., Rehan, V. K., Chenna, A., Sharan, D., Sleiman, M., Destaillats, H., & Gundel, L. A. (2013). Thirdhand smoke causes DNA damage in human cells. Mutagenesis. 2013;28(4):381-391. https://www. ncbi.nlm.nih.gov/pubmed/23462851. Dale, L. (2014). What is thirdhand smoke, and why is it a concern? http://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/third-hand-smoke/faq-20057791. Centers for Disease Control and Prevention (2016). Health effects of secondhand smoke. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/. Campaign for Tobacco-Free Kids. Secondhand smoke, kids and cars (2016). http://www.tobaccofreekids.org/research/factsheets/pdf/0334.pdf. U.S. Fire Administration. Electronic cigarette fires and explosions (2014). https://www.usfa.fema.gov/downloads/pdf/publications/electronic_cigarettes.pdf. Campbell. R. (2016). Electronic cigarette explosions and fires: The 2015 Experience. http://www.nfpa.org/news-and-research/fire-statistics-and-reports/fire-statistics/fire-causes/electrical-and-consumer-electronics/electroniccigarette-

explosions-and-fires-the-2015-experience.

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Volkow, N.D., Baler, R.D., Compton, W.M., R.B. Weiss, S.R.B. Adverse health effects of marijuana use. N Engl J Med 2014:370:2219-2227. DOI: 10.1056/NEJMra1402309.

Lenna MG, Dietze PM, Triggs TJ, Walmsley S, Murphy B, Redman JR. The effects of cannabis and alcohol on simulated arterial driving: Influences of driving experience and task demand. Accid Anal Prev. 2010;42(3):859-866. doi:10.1016/j.aap.2009.04.021.

Hartman R.L. & Huestis M.A. (2013). Cannabis effects on driving skills. Clinical Chemistry, 59(3), 478-492. doi:10.1373/clinchem.2012.194381.

American Lung Association (2016). E-cigarettes and Lung Health. http://www.lung.org/stop-smoking/smoking-facts/e-cigarettes-and-lung-health.html?referrer=https://www.google.com/

Children's Hospital Colorado (2016). Acute marijuana intoxication. https://www.childrenscolorado.org/conditions-and-advice/conditions-and-symptoms/conditions/acute-marijuana-intoxication/

Summary

The age, defenselessness, and lack of discretion of the child under care make this prohibition an absolute requirement. The hazards of second-hand and third-hand smoke exposure warrant the prohibition of smoking in proximity of child care areas at any time. Third-hand smoke refers to gases and particles clinging to smokers' hair and clothing, cushions, carpeting and outdoor equipment after visible tobacco smoke has dissipated. The residue includes heavy metals, carcinogens, and even radioactive materials that young children can get on their hands and ingest, especially if they're crawling or playing on the floor. Residual toxins from smoking at times when the children are not using the space can trigger asthma and allergies when the children do use the space.

Safe child care necessitates sober caregivers/teachers. Alcohol and drug use, including the misuse of prescription, over-the-counter (OTC), or recreational drugs, prevent caregivers/teachers from providing appropriate care to infants and children by impairing motor coordination, judgment, and response time. Off-site use prior to or during work, of alcohol and illegal drugs is prohibited. OTC medications or prescription medications that have not been prescribed for the user or that could impair motor coordination, judgment, and response time is prohibited. The use of alcoholic beverages and legal drugs in family child care homes when children are not in care is not prohibited, but these items should be stored safely at all times.

	The policies related to smoking and use of prohibited substances should be discussed with staff and parents/guardians. Educational material such as handouts could include information on the health risks and dangers of these prohibited substances and referrals to services for counseling or rehabilitation programs. It is strongly recommended that, whenever possible, all family child care providers should be non-tobacco and non-electronic cigarette (e-cigarette) users. Family child care homes should be kept smoke-free at all times to prevent exposure of the children who are cared for in these spaces. In states that permit recreational and/or medicinal use of marijuana, special care is needed to store edible marijuana products securely and apart from other foods. State regulations typically required that these products be clearly labeled as containing an intoxicating substance and stored in the original packaging that is tamper-proof and child-proof. Any legal edible marijuana products in a family child care home should be held in a locked and child-resistant storage device. Glossary None Explanation of changes Added references; add:- - Caregivers/teachers should not use tobacco, alcohol, or illegal drugs, or mind altering legal or over the counter medicines on the premises. This ensures that children are not exposed to smoke residue from clothing if cigarettes are smoked off the premises during a break, as well as ensures that provider or other staff do not drink alcohol or use marijuana or other drugs off the premises and return to caring for children while impaired after a break.
4.78 Prescription medication is only administered from the original container with the original label intact, listing the child's name.	4.78 Prescription medication is only administered from the original container with the original label intact, listing the child's name. 4.78a Written prescription directions are always followed. The provider obtains written permission of the family and administers medications as prescribed by the child's heath care professional. 4.78b Non-prescription remedies may be administered with both written directions and permission from a family or guardian. 4.78c The initial dose of any medication , including prescribed medications, topical ointment, and other non-prescription remedies, is first administered outside of the child care. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 9.2.3.9: Written Policy on Use of Medications Summary:

	The facility should have a written policy for the administration of any prescription or non-prescription (over-the-counter [OTC]) medication. The policy should address at least the following: a) The use of written parental/guardian consent forms for each prescription and OTC medication to be administered at the child care facility. The consent form should include: 1) The child's name; 2) The name of the medication; 3) The date(s) and times the medication is to begiven; 4) The dose or amount of medication to be given; 5) How the medication is to be administered; 6) The period of time the consent form is valid, which may not exceed the length of time the medication is prescribed for, the expiration date of the medication or one year, whichever is less. Glossary None Explanation of change Added references; clarification needed: The first dose of any medication, including prescribed medications, topical ointment, and other non-prescription remedies, is first administered outside of the child care. Is the "first dose" is referring to the initial dose of the medication or the first dose each day?
4.79 Children are learning to keep themselves safe and healthy.	4.79 Children are learning about personal safety, physical activity, good nutrition and healthy habits. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 2.1.1.2: Health, Nutrition, Physical Activity, and Safety Awareness 2.4.1.1: Health and Safety Education Topics for Children Summary Early care and education programs should create and implement written program plans addressing the physical, oral, mental, nutritional, and social and emotional health, physical activity, and safety aspects of each formally structured activity documented in the written curriculum. These plans should include daily opportunities to learn health habits that prevent infection and significant injuries and health habits that support healthful eating, nutrition education, physical activity, and sleep. Awareness of healthy and safe behaviors, including good nutrition, physical activity, and sleep habits, should be an integral part of the overall program. Health and safety education topics for children should include physical, oral, mental, nutritional, and social and emotional health, and physical activity. These topics should be integrated daily into the program of age-appropriate activities, to include: Standard includes a list of 23 specific topics related to health and safety. Glossary

	None Explanation of change Added references; modify wording of standard to indicate that children are learning about personal safety, physical activity, good nutrition and healthy habits.
4.80 The provider serves nutritious and sufficient food following Child and Adult Care Food Program guidelines.	4.80 The provider serves nutritious and sufficient food following Child and Adult Care Food Program guidelines. 4.80a If family/guardians bring food, the provider assures the food is nutritious and/or supplements it to meet the national Child and Adult Care Food Program. (CACFP) guidelines. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 4.2.0.3: Use of USDA - CACFP Guidelines U. S. Department of Agriculture Food and Nutrition Service. (2018). Child and Adult Care Food Program. https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program" Summary: "All meals and snacks and their preparation, service, and storage should meet the requirements for meals of the child care component of the U.S. Department of Agriculture. This site contains all CAFCP guidelines. Glossary None Explanation of change Added references; added guideline for family who bring food into the program.
4.81 *Food, including breast milk, is stored, prepared, and served to children in a safe and sanitary manner. Solid food is cut into cubes no larger than 1/4 inch for infants and 1/2 inch for toddlers.	4.81 *Food, including breast milk and/or pre-made formula bottles, is stored, prepared, and served to children in a safe and sanitary manner. 4.81a *Solid food is cut into cubes no larger than 1/4 inch for infants and 1/2 inch for toddlers. 4.81b *Providers should not serve food or liquids using imported, old or handmade pottery. 4.81c *All surfaces in contact with food should be lead-free. 4.81d *All bottles should be labeled with the child's name and date. All unused milk/food/formula should be discarded immediately. References American Academy of Pediatrics, American Public Health Association, National

	Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 4.3.1.3: Preparing, feeding, and storing human milk 4.5.0.10: Foods that Are Choking Hazards Centers for Disease Control and Prevention. (2021). Lead in food, cosmetics, and medicines. https://www.cdc.gov/nceh/lead/prevention/sources/foods-cosmetics-medicines.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fnceh%2Flead%2Ftips%2Ffolkmedicine.htm U.S. Consumer Product Safety Commission. (2021). Total Lead Content Business Guidance & Small Entity Compliance Guide. https:/www.CPSC.gov Summary: "Expressed human milk should be placed in a clean and sanitary bottle with a nipple that fits tightly or into an equivalent clean and sanitary sealed container to prevent spilling during transport to home or to the facility. Only cleaned and sanitized bottles, or their equivalent, and nipples should be used in feeding. The bottle or container should be properly labeled with the infant's full name and the date and time the milk was expressed. The bottle or container should immediately be stored in the refrigerator on arrival. Food for infants should be cut into pieces one-quarter inch or smaller, food for toddlers should be cut into pieces one-half inch or smaller to prevent choking. Providers can screen items for lead by searching www.cpsc.gov. See the Health and Safety lead standard section for more details on lead in consumer products. Glossary None Explanation of change Added references; added detailed to the original indicators
4.82 Baby bottles containing milk or other liquid food, or beverages should never be heated in a microwave and should always be checked to ensure that it is at a safe temperature before offering it to a child. Any other foods heated in the microwave should	4.82 Baby bottles containing milk or other liquid food, or beverages should never be heated in a microwave. Liquids should always be checked to ensure that it is at a safe temperature before offering it to a child. 4.82a Bottles are warmed in hot tap water or on the stove. 4.82b Any other foods heated in the microwave should be allowed to rest for several minutes to ensure that it is at a safe temperature before offering it to a child. 4.82c Baby bottles fed to infants prepared by the family within should be labelled with the child's name and date within 24 hours. 4.82d Provider should not hold infant while heating food or preparing infant food that has been heated.

be allowed to rest for several minutes to ensure that it is at a safe temperature before offering it to a child.	References Seltzer, H. (2012). Keeping infant formula safe. U.S Department of Health & Human Services. https://www.foodsafety.gov/blog/infant_formula.html. U. S. Department of Agriculture, Food and Nutrition Service (2017). Feeding infants: A guide for use in the child nutrition programs. https://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs. U.S. Department of Health & Human Services & the U.S. Food & Drug Administration (2016). Food safety for moms to be: Once baby arrives. https://www.fda.gov/food/resourcesforyou/healtheducators/ucm089629.htm World Health Organization (2007). Safe preparation, storage and handling of powdered infant formula: Guidelines. http://www.who.int/foodsafety/publications/powdered-infant-formula/en/. Summary Bottles of formula prepared from powder or concentrate, or ready-to-feed formula should be labeled with the child's full name and time and date of preparation. Any prepared formula must be discarded within one hour after serving to an infant. Prepared powdered formula that has not been given to an infant should be covered, labeled with date and time of preparation and child's full name, and may be stored in the refrigerator for up to twenty-four hours. Heating breast milk or infant formula in the microwave is not recommended. Studies have shown that microwaves heat baby's milk and formula unevenly. This results in "hot spots" that can scald a baby's mouth and throat. Glossary None Explanation of change Added references; added statement on prepared bottles so providers can reduce personal liability; added how to feed infant.
4.82 Baby bottles containing milk or other liquid food, or beverages should never be heated in a microwave and should always be checked to ensure that it is at a safe temperature before offering it to a child. Any other foods	4.82 Baby bottles containing milk or other liquid food, or beverages should never be heated in a microwave. Liquids should always be checked to ensure that it is at a safe temperature before offering it to a child. 4.82a 4.82b Bottles are warmed in hot tap water or on the stove. 4.82b Any other foods heated in the microwave should be allowed to rest for several minutes to ensure that it is at a safe temperature before offering it to a child. 4.82c Baby bottles fed to infants should be prepared by the family. Fresh bottles labelled with the child's name and date is given to the provider each 24 hours.

heated in the microwave should be allowed to rest for several minutes to ensure that it is at a safe temperature before offering it to a child.	4.82d Provider should not hold infant while heating food or preparing infant food that has been heated. References Seltzer, H. (2012). Keeping infant formula safe. U.S Department of Health & Human Services. https://www.foodsafety.gov/blog/infant_formula.html. U. S. Department of Agriculture, Food and Nutrition Service (2017). Feeding infants: A guide for use in the child nutrition programs. https://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs. U.S. Department of Health & Human Services & the U.S. Food & Drug Administration (2016). Food safety for moms to be: Once baby arrives. https://www.fda.gov/food/resourcesforyou/healtheducators/ucm089629.htm World Health Organization (2007). Safe preparation, storage and handling of powdered infant formula: Guidelines. http://www.who.int/foodsafety/publications/powdered-infant-formula/en/. Summary Bottles of formula prepared from powder or concentrate, or ready-to-feed formula should be labeled with the child's full name and time and date of preparation. Any prepared formula must be discarded within one hour after serving to an infant. Prepared powdered formula that has not been given to an infant should be covered, labeled with date and time of preparation and child's full name, and may be stored in the refrigerator for up to twenty-four hours. Heating breast milk or infant formula in the microwave is not recommended. Studies have shown that microwaves heat baby's milk and formula unevenly. This results in "hot spots" that can scald a baby's mouth and throat. Glossary None Explanation of change Added references; added statement on prepared bottles so providers can reduce personal liability; added how to feed infant.
4.83 When parents bring in food for their child, perishable items are refrigerated immediately. Infant formula is in factory-sealed containers. If powdered formula is used, it is brought in	4.83 When parents bring in food for their child, perishable items are refrigerated immediately. 4.83a Infant formula is in factory-sealed containers. If powdered formula is used, it is brought in its original container. 4.83b All food brought by parents is labeled with the child's name and date of preparation. 4.83c Breast milk is labeled with the date and time it was expressed.

its original container. All food brought by parents is labeled with the child's name and date of preparation. Breast milk is labeled with the date and time it was expressed.	References World Health Organization. 2007. Safe preparation, storage and handling of powdered infant formula: Guidelines. http://www.who.int/foodsafety/publications/powdered-infant-formula/en/. 2. U.S. Department of Health & Human Services, U.S. Food & Drug Administration. 2016. Food safety for moms to be: Once baby arrives. College Park, MD. https://www.fda.gov/food/resourcesforyou/healtheducators/ucm089629.htm. 3. Seltzer, H. 2012. U.S Department of Health & Human Services. Keeping infant formula safe. https://www.foodsafety.gov/blog/infant_formula.html. 4. Centers for Disease Control and Prevention. 2016. Water. https://www.cdc.gov/nceh/lead/tips/water.htm. 5. Seattle Children's Hospital. 2014. Topics covered for formula feeding: Is this your child's symptoms? Seattle, WA. http://www.seattlechildrens.org/medical-conditions/symptom-index/bottle-feeding-formula-questions/. 6. Brown, J., Krasowski, M. D., & Hesse, M. 2015. Forced water intoxication: A deadly form of child abuse. The Journal of Law Enforcement. 4(4). 7. United States Department of Agriculture, Food and Nutrition Service. 2017. Feeding infants: A guide for use in the child nutrition programs. https://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs. Summary Caregivers/teachers help in promoting the feeding of infant formula that is familiar to the infant and supports family feeding practice. By following this standard, the staff is able, when necessary, to prepare formula and feed an infant safely, thereby reducing the risk of inaccuracy or feeding the infant unsanitary or incorrect formula. Written guidance for both staff and parents/guardians must be available to determine when formula provided by parents/guardians will not be served. Formula cannot be served if it does not meet the requirements for sanitary and safe formula. Staff preparing formula should thoroughly wash their hands prior to beginning preparation of infant feedings of any type. Water used for mixing infant formula must be from a safe water source as defined by the local or state health department. If the caregiver/teacher is concerned or uncertain about the safety of the tap water, s/he should "flush" the water system by running the tap on cold for 1-2 minutes or use bottled water (4). Warmed water should be tested in advance to make sure it is not too hot for the infant. To test the temperature, the caregiver/teacher should shake a few drops on the inside of her/his wrist. A bottle can be prepared by adding powdered formula and room temperature water from the tap just before feeding. Bottles made in this way from powdered formula can be ready for feeding as no additional refrigeration or warming would

	be required. Adding too little water to formula puts a burden on an infant's kidneys and digestive system and may lead to dehydration (5). Adding too much water dilutes the formula. Diluted formula may interfere with an infant's growth and health because it provides inadequate calories and nutrients and can cause water intoxication. Water intoxication can occur in breastfed or formula-fed infants or children over one year of age who are fed an excessive amount of water. Water intoxication can be life-threatening to an infant or young child (6).If a child has a special health problem, such as reflux, or inability to take in nutrients because of delayed development of feeding skills, the child's primary care provider should provide a written plan for the staff to follow so that the child is fed appropriately. Some infants are allergic to milk and soy and need to be fed an elemental formula which does not contain allergens. Other infants need supplemental calories because of poor weight gain. Infants should not be fed a formula different from the one the parents/guardians feed at home, as even minor differences in formula can cause gastrointestinal upsets and other problems (7). Excessive shaking of formula may cause foaming that increases the likelihood of feeding air to the infant. Glossary None Explanation of change Added references;
4.84 The current daily or weekly menu is posted and shared with parents, unless parents provide food. Modifications are noted when changes occur.	4.84 The current daily or weekly menu is dated and shared with parents, unless parents provide food. 4.84a Menu modifications are noted when changes occur. References Lester J. (2016). Nutrition 411: Introducing solid foods. Promise powered by Nemours Children's Health System. https://blog.nemours.org/2016/02/nutrition-411-introducing-solid-foods. U.S. Department of Agriculture. (2021). Food Safety and Inspection Service. https://www.fsis.usda.gov/wps/portal/fsis/home. U.S. Department of Health and Human Services. Baby food and infant formula. https://www.foodsafety.gov/keep/types/babyfood/index.html. U.S. Department of Health and Human Services & U.S. Food and Drug

	Administration. (2017). Food safety for moms to be: Once baby arrives. https:// www.fda.gov/food/resourcesforyou/healtheducators/ucm089629.htm>. Robert Wood Johnson Foundation. (2017). Feeding guidelines for infants and young toddlers: A responsive parenting approach. Guidelines for Health Professionals. http://healthyeatingresearch.org/ wp-content/uploads/2017/02/her_feeding_guidelines_brief_021416.pdf. U.S. Department of Agriculture Food and Nutrition Service. (2017). Feeding infants: A guide for use in the child nutrition programs, FNS-258. U.S. Department of Agriculture. https://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs. US Department of Agriculture. (2018). Child and adult care food program: Best practices. https://www.fns.usda.gov/sites/default/files/cacfp/CACFP_factBP. pdf. U.S. Department of Agriculture Food and Nutrition Service. (2016). Child and adult care food program: Meal pattern revisions related to the Healthy, Hunger-Free Kids Act of 2010. Federal Register, 81(79), 24347â€“24383. https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf. U.S. Department of Agriculture. Updated Child and adult care food program: meal patterns: Child and adult meals. https://www.fns.usda.gov/ sites/default/files/cacfp/CACFP_MealBP.pdf. U.S. Department of Agriculture Food and Nutrition Service. (2019) CACFP Nutrition: Standards for CACFP meals and snacks. https://www.fns.usda.gov/cacfp/meals-andsnacks U.S. Department of Agriculture. (2019). Healthy tips for picky eaters. https://wicworks.fns.usda.gov/wicworks/Topics/TipsPickyEaters.pdf) Summary: "Family child care providers will develop, at least one week, in advance, written menus showing all foods to be served during that week and should make the menus available to family/guardians. COFC3 does not require menu be posted. Feeding of age-appropriate solid foods in a bottle to a child is often associated with premature feeding (i.e., when the infant is not developmentally ready for solid foods). The external surface of a commercial container or jar may be contaminated with disease-causing microorganisms during shipment or storage and may contaminate the food product during removal of food for placement in the child's serving dish. Following CACFP guidelines ensures that all children enrolled receive a greater variety of vegetables and fruits and more whole grains and less added sugar and saturated fat during their meals while in care. Even during periods of slower growth, children must continue to eat nutritious foods. Picky or selective eating is common among

	toddlers. They may decide to eat a meal/snack one day but not the next. Over time, with consistent exposure, toddlers are more likely to accept new foods." Glossary None Explanations of change Added references; separated indicators
4.85 Children's food allergies and special diet information are posted in the food preparation and/or eating areas in a manner that will both accurately and efficiently identify the child while maintaining confidentiality to visitors. If there are no children with food allergies or special diets enrolled, notification is posted in the food preparation and/or eating areas: “There are no children with food allergies enrolled at this time”.	4.85 Children's food allergies and special diet information are posted in the food preparation and/or eating areas in a manner that will both accurately and efficiently identify the child while maintaining confidentiality to visitors. If there are no children with food allergies or special diets enrolled, notification is posted in the food preparation and/or eating areas: “There are no children with food allergies enrolled at this time”. A written procedure is in place to ensure the safety of children with food allergies which includes steps for preventing exposure, treatment in the event of exposure, notification of parent/guardian immediately in the event of exposure, and the orientation of staff and substitutes to the plan. " 4.2.0.1 Written Nutrition Plan 3.5.0.1: Care Plan for Children with Special Health Care Needs 4.2.0.10: Care for Children with Food Allergies Summary: "Some children may have medical conditions that require special dietary modifications. A written care plan from the primary care provider, clearly stating the food(s) to be avoided and food(s) to be substituted should be on file. Requires a Routine and Emergent care plan completed by child’s primary health care provider as well as specific information regarding the child’s diagnosis, care needs, modifications required and emergency procedures. "Each child with a food allergy should have a care plan prepared for the facility by the child’s primary health care provider, to include 1. A written list of the food(s) to which the child is allergic and instructions for steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications. b. Based on the child’s care plan, the child’s caregivers/teachers should receive training, demonstrate competence in, and implement measures for 1. Preventing exposure to the specific food(s) to which the child is allergic; 2. Recognizing the symptoms of an allergic reaction; 3. Treating allergic reactions c. Parents/guardians and staff should arrange for the facility to have the necessary medications, proper storage of such medications, and the equipment and training to manage the child’s food allergy while the child is at the early care and education facility. d. Caregivers/teachers should promptly and properly administer prescribed

	medications in the event of an allergic reaction according to the instructions in the care plan. e. The facility should notify parents/guardians immediately of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur. f. The facility should recommend to the family that the child's primary health care provider be notified if the child has required treatment by the facility for a food allergic reaction. g. The facility should contact the emergency medical services (EMS) system immediately if the child has any serious allergic reaction and/or whenever epinephrine (eg, EpiPen, EpiPen Jr) has been administered, even if the child appears to have recovered from the allergic reaction. h. Parents/guardians of all children in the child's class should be advised to avoid any known allergens in class treats or special foods brought into the early care and education setting. i. Individual child's food allergies should be posted prominently in the classroom where staff can view them and/or wherever food is served. j. The written child care plan, a mobile phone, and a list of the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting. For all children with a history of anaphylaxis (severe allergic reaction), or for those with peanut and/or tree nut allergy (whether or not they have had anaphylaxis), epinephrine should be readily available. This will usually be provided as a premeasured dose in an auto-injector, such as EpiPen or EpiPen Jr. Specific indications for administration of epinephrine should be provided in the detailed care plan. Within the context of state laws, appropriate personnel should be prepared to administer epinephrine when needed. Food sharing between children must be prevented by careful supervision and repeated instruction to children about this issue. Exposure may also occur through contact between children or by contact with contaminated surfaces, such as a table on which the food allergen remains after eating. Some children may have an allergic reaction just from being in proximity to the offending food, without actually ingesting it. Such contact should be minimized by washing children's hands and faces and all surfaces that were in contact with food. In addition, reactions may occur when a food is used as part of an art or craft project, such as the use of peanut butter to make a bird feeder or wheat to make modeling compound." Recommendations: "Add: -A written procedure is in place to ensure the safety of children with food allergies which includes steps for preventing exposure, treatment in the event of exposure, notification of parent/guardian immediately in the event of exposure, and the orientation of staff and substitutes to the plan. "
4.86 Meals or snacks are available at least every 3 hours. These times are relaxed,	4.86 Meals or snacks are available at least every 3 hours. 4.86a Meal or snacks times are relaxed, with some conversation.

with some conversation.	References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 4.2.0.5: Meal and Snack Patterns 4.5.0.4: Socialization During Meals Summary: The family child care provider will ensure that the following meal and snack pattern occurs: a. Children in care for 8 or fewer hours in 1 day should be offered at least 1 meal and 2 snacks or 2 meals and 1 snack. b. A nutritious snack should be offered to all children in mid-morning (if they are not offered a breakfast on-site that is provided within 3 hours of lunch) and in mid-afternoon. c. Children will be offered food at intervals at least 2 hours apart but not more than 3 hours apart unless the child is asleep. Infants are feed on demand. Some very young infants may need to be fed at shorter intervals than every 2 hours to meet their nutritional needs, especially breastfed infants being fed expressed human milk. Lunch may need to be served to toddlers earlier than preschool-aged children because of their need for an earlier nap schedule. Children must be awake prior to being offered a meal/snack. d. Children should be allowed time to eat their food and not be rushed during the meal or snack service. They will not be allowed to play during these times. Family child care providers and the children will sit at the table and eat the meal or snack together. Recommendations: "Consider combining the portion of this standard which states ""these times are relaxed, with some conversation"" with standard 4.89, which relates to the overall tone and of meal and snack times.
4.87 Children are encouraged to drink water and it is available at all times. Cold-water faucets that are used for drinking or cooking are flushed for 30-60 seconds every morning before use. Hot tap water is never used for cooking or for formula.	4.87 Children are encouraged to drink water and it is available at all times. 4.87a Providers should use only cold water for drinking and cooking, especially when making baby formula, as cold water is less likely to leach lead from pipes or fixtures. 4.87b Hot tap water is never used for cooking or for formula. 4.87c Flush water at the tap before each use. Contact your local water utility to gather more information on suggested flushing times. 4.87d Test the water for lead and if needed, use water filtration devices that have been certified to remove lead at the outlet. References

	American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 4.2.0.6: Availability of Drinking Water 4.3.1.5: Preparing, Feeding, and Storing Infant Formula 5.2.6.2: Testing of Drinking Water Not From Public System" Environmental Defense Fund. (2019). Tackling Lead in Water at Child Care Facilities. httpS:/www.edf.org/health/tackling-lead-waterchild-care-facilities Lead Service Line Replacement Collaborative. (2021). https://www.lslr-collaborative.org/ U.S. Environmental Protection agency (2021). Basic Information about lead in drinking water. https://www.epa.gov/groundwater-and-drinking-water/basic-information-about-lead-drinkingwater#findout Summary: "Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day (1). Water should not be a substitute for milk at meals or snacks where milk is a required food component unless recommended by the child's primary health care provider. Water used for mixing infant formula must be from a safe water source as defined by the local or state health department. If the caregiver/teacher is concerned or uncertain about the safety of the tap water, s/he should ""flush"" the water system by running the tap on cold for 1-2 minutes or use bottled water (4). Warmed water should be tested in advance to make sure it is not too hot for the infant. If the facility's drinking water does not come from a public water system, or the facility gets the drinking water from a household well, programs should test the water every year or as required by the local health department, for bacteriological quality, nitrates, total dissolved solids, pH levels, and other water quality indicators as required by the local health department. Testing for nitrate is especially important if there are infants under six months of age in care. See the Health and Safety lead standard section for more details on lead in water. Glossary None Explanation of change Added references; add: - Water is not to be substituted for milk at mealtimes. - Testing of water if water does not come from a public source Consider revising this standard to : ""Children are encouraged to drink water and it is available at all times."" Include "" Cold-water faucets that are used for drinking or cooking are flushed for 30-60 seconds every morning before use. Hot tap water is never used for cooking."" as a

	separate standard in the Nutrition and Food Preparation section. Include "" Hot tap water is never used for cooking or for formula."" in standard 4.82 which addresses the preparation of infant formula
4.88 Children are encouraged to taste new foods, but they do not have to eat anything they do not want.	4.88 Children are introduced to new foods but are not forced to eat anything they don't want. References Summary Glossary Explanation of change NONE
4.89 Children always sit down to eat meals and drink beverages	4.89 Children always sit down to eat meals and drink beverages. 4.89a Meals and snacks are not rushed nor are children forced to stay at the table for more than a few minutes after they have finished eating. 4.89b There is no use of screen media during meals and snacks. 4.89c Meal and snack times are relaxed, with some conversation. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. .0.3: Activities that Are Incompatible with Eating 2.2.0.3: Screen Time/Digital Media Use 4.2.0.5: Meal and Snack Patterns Summary: Children will be seated while eating. Children will not eat while playing, laying down or using screens. Screens/digital media will not be used during meals or snacks Children will not be rushed during meals and snacks Recommendations Added references; consider adding ""These times are relaxed, with some conversation"" from standard 4.86
4.90 Food is never used as a reward or withheld as a punishment.	4.90 No change. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 4.5.0.11: Prohibited Uses of Food

	Summary: Caregivers/teachers should not force or bribe children to eat nor use food as a reward or punishment. Glossary None Explanation of change: Added references
4.91 The provider feeds infants when they are hungry.	4.91 No change References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 4.3.1.2: Feeding Infants on Cue by a Consistent Caregiver/Teacher Summary: Family child care providers should feed infants on cue unless the parent/guardian and the child's primary health care provider give written instructions stating otherwise. Family child care providers should be gentle, patient, sensitive, and reassuring when responding appropriately to the infant's feeding cues. A pacifier should not be offered to an infant prior to being fed. Glossary None Explanation of change: Added references
4.92 Infants under the age of eight months are held when bottle fed, and beyond eight months if the child is unable to hold the bottle	4.92 Infants under the age of eight months are held when bottle fed, and beyond eight months if the child is unable to hold the bottle. 4.92a Bottles are never propped. 4.92b Infants over eight months sit while holding their own bottles. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 9.2.3.12: Infant Feeding Policy 4.3.1.8: Techniques for Bottle Feeding 4.5.0.5: Numbers of Children Fed Simultaneously by One Adult Summary: " A policy about infant feeding will be developed with the input and approval from the nutritionist/registered dietitian and should include the following: Holding infants

	during bottle-feeding or feeding them sitting up; Infants should always be held for bottle feeding. Caregivers/teachers should hold infants in the caregiver's/teacher's arms or sitting up on the caregiver's/teacher's lap. Bottles should never be propped. The facility should not permit infants to have bottles in the crib. The facility should not permit an infant to carry a bottle while standing, walking, or running around. Caregivers should only bottle feed one infant or three children who need feeding assistance at a time Glossary None Explanation of change Added references
4.93 The provider is attentive and responsive to infants during feeding.	4.93 The provider is attentive and responsive to infants during feeding. 4.93a Provider should not bottle feed more than one infant at a time. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 4.3.1.2: Feeding Infants on Cue by a Consistent Caregiver/Teacher 4.5.0.5: Numbers of Children Fed Simultaneously by One Adult Summary: "Family child care providers should be gentle, patient, sensitive, and reassuring when responding appropriately to the infant's feeding cues. Responsive feeding is most successful when caregivers/teachers learn how infants externally communicate hunger and fullness. Crying alone is not a cue for hunger unless accompanied by other cues, such as opening the mouth, making sucking sounds, rooting, fast breathing, clenched fingers/fists, and flexed arms/legs. Family child care providers should not feed infants beyond satiety; just as hunger cues are important in initiating feedings, observing satiety cues can limit overfeeding. An infant will communicate fullness by shaking the head or turning away from food. A family child care provider should hold to feed one infant at a time. Glossary None Explanation of change Add references; added "provider should not bottle feed more than one infant at a time. "
4.94 Children have opportunities to help plan and prepare meals and	4.94 No change References: American Academy of Pediatrics, American Public Health Association, National

snacks according to their abilities.	Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 4.5.0.7: Participation of Older Children and Staff in Mealtime Activities Summary: Both older children and staff should be actively involved in serving food and other mealtime activities, such as setting and cleaning the table. Staff should supervise and assist children with appropriate handwashing procedures before and after meals and sanitizing of eating surfaces and utensils to prevent cross contamination. Glossary None Explanation of change: Added references
4.95 Children with mild symptoms of illness may stay at the provider's discretion. Children with severe or contagions symptoms are separated from other children and parents are contacted to pick up the child.	4.95 Children with mild symptoms of illness may stay at the provider's discretion. 4.95a Children with severe or contagious symptoms are separated from other children and parents are contacted to pick up the child. 4.95b Program will consult with health department or other health consultants to determine if an unimmunized child should be excluded in the event of a vaccine preventable illness being reported in the program (ex. chicken pox). 4.95c Program will notify family/guardians in the event of a contagious condition with specific information. The child with the contagious condition will not be identified. 495d Providers have a written sick policy that has been shared with the family/guardian. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 3.6.1.1: Inclusion/Exclusion/Dismissal of Children 3.6.4.1 Procedure for Parent/Guardian Notification About Exposure of Children to Infectious Disease 3.6.4.3: Notification of the Facility About Infectious Disease or Other Problems by Parents/Guardians 3.6.4.4: List of Excludable and Reportable Conditions for Parents/Guardians 9.2.3.2: Content and Development of the Plan for Care of Children and Staff Who Are Ill 3.6.4.1: Procedure for Parent/Guardian Notification About Exposure of Children to Infectious Disease 7.2.0.2: Unimmunized Children Summary: "Standard contains an extensive and comprehensive list of conditions and criteria

	which do or do not require exclusion from care. Upon registration of each child, the program should inform family/guardians that they must notify the program within twenty-four hours after their child or any member of the immediate household has developed a known or suspected infectious or vaccine-preventable disease. When a child has a disease that may require exclusion, the family/guardians should inform the facility of the diagnosis. The program should give to each family/guardian a written list of conditions for which exclusion and dismissal may be indicated. The provider should have written policies for the management and care of children and staff who are ill. "Family child care providers should work collaboratively with local and state health authorities to notify family/guardians about potential or confirmed exposures of their child to an infectious disease. Notification should include the following information: The names, both the common and the medical name, of the diagnosed disease to which the child was exposed, whether there is one case or an outbreak, and the nature of the exposure (such as a child or staff member in a shared room); Signs and symptoms of the disease for which the family/guardian should observe; Mode of transmission of the disease; Period of communicability and how long to watch for signs and symptoms of the disease; Disease-prevention measures recommended by the health department (if appropriate); Control measures implemented at the program; Pictures of skin lesions or skin condition may be helpful to family/guardians (i.e., chicken pox, spots on tonsils, etc.). The notice should not identify the child who has the infectious disease. If a vaccine-preventable disease to which children are susceptible occurs in the program and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements." Glossary None Explanation of change Clarify standard to indicate that ""mild symptoms of illness"" do not fall into any category which requires exclusion. Add: -Program will consult with health department or other health consultants to determine if an unimmunized child should be excluded in the event of a vaccine preventable illness being reported in the program (ex. chicken pox); Program will notify parents/guardians in the event of a contagious condition with specific information included in CFOC3 3.6.4.1. The child with the contagious condition will not be identified.
4.96 Upon enrollment, the provider examines children's immunization records to ensure	4.96 Upon enrollment, the provider examines children's immunization records to ensure they are consistent with local and national standards. 4.96a Ongoing, the provider has a system in place, which monitors the immunization status of the children enrolled and provides families with information about the importance of keeping children’s immunization current.

they are consistent with local and national standards.	4.96b If children are exempt from immunization, written documentation is kept on file. 4.96c Documentation is provided within 2 weeks of enrollment. 4.96d If, after resources are made available, a child remains unimmunized, notice will be given to parents/guardians that the child will be excluded from care until the immunizations are up to date or progress is being made on receiving needed immunizations. 4.96e Caregivers are up to date on all immunizations recommended for adults." References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education 7.2.0.1: Immunization Documentation 7.2.0.2: Unimmunized Children 9.2.3.5: Documentation of Exemptions and Exclusion of Children Who Lack Immunizations 7.2.0.3: Immunization of Caregivers/Teachers Summary: "Family child care provider should require that all family/guardians of children enrolled provide written documentation of receipt of immunizations appropriate for each child's age. If immunizations have not been or are not to be administered because of a medical condition (contraindication), a statement from the child's primary care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the family/guardians' religious or philosophical beliefs, a legal exemption with notarization, waiver or other state-specific required documentation signed by the family/guardian should be on file. The family/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. For children who have been exempted from required, up-to-date immunizations, these exemptions should be documented in the child's health record as a cross reference, (acceptable documentation includes a statement from the child's primary provider, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the family/guardian). Within two weeks of enrollment the family/guardian should provide documentation to the family child care provider regarding progress in obtaining immunizations. The family/guardian should receive written notice of exclusion if noncompliance or lack of progress is evident.

	Family child care providers should be current on all immunizations recommended for adults (list included in standard)" Glossary None Explanation of change "Add references; documentation is provided within 2 weeks of enrollment. -Provider will offer parents information and resources to assist with obtaining needed immunizations. -If, after resources are made available, a child remains unimmunized, notice will be given to parents/guardians that the child will be excluded from care until the immunizations are up to date or progress is being made on receiving needed immunizations. -Caregivers are up to date on all immunizations recommended for adults."
4.97 The provider practices standard health precautions. â€¢ Disposable, non-latex, non-porous gloves are worn when the provider has contact with blood, other bodily fluids, or feces. â€¢ Surfaces contaminated with bodily fluids or fecal matter are immediately cleaned and disinfected. - Contaminated articles are wrapped in plastic and carefully disposed of or sent home with parents. â€¢ If provider is unable to use disposable gloves to wipe a child's nose, the provider washes their hands with soap and water immediately after wiping. â€¢ Provider removes gloves and washes hands with	4.97 The provider practices standard health precautions. â€¢ Disposable, non-latex, non-porous gloves are worn when the provider has contact with blood, other bodily fluids, or feces. 4.97a Surfaces contaminated with bodily fluids or fecal matter are immediately cleaned and disinfected. 4.97b Contaminated articles are wrapped in plastic and carefully disposed of or sent home with parents. 4.97c If provider is unable to use disposable gloves to wipe a child's nose, the provider washes their hands with soap and water immediately after wiping. 4.97d Provider removes gloves and washes hands with soap and water before touching non-contaminated items and prior to handling another child. Summary Healthy habits help prevent certain health conditions, such as heart disease, stroke, and high blood pressure. If you take care of yourself, you can keep your cholesterol and blood pressure within a safe range. This keeps your blood flowing smoothly, decreasing your risk of cardiovascular diseases. Important habits don't always have to do with your physical health. An important habit can be a beauty habit, a mental habit, a habit of manners, or even a habit you use when socializing with others. Basically, habits of health are worth cultivating. Glossary None Explanation of change Added references

soap and water before touching non-contaminated items and prior to handling another child.	
4.98 Children do not share personal items including combs, brushes, toothbrushes, bibs, towels, washcloths, bedding, or personal clothing.	4.98 No change References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 3.6.1.5: Sharing of Personal Articles Prohibited Summary: Combs, hairbrushes, toothbrushes, personal clothing, bedding, and towels should not be shared and should be labeled with the name of the child who uses these objects. Glossary None Explanation of change: Added references
4.99 Toothbrushes are stored in a manner that prevents the bristles from coming into contact with one another or dripping on one another. (NEW)	4.99 No change References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 3.1.5.2: Toothbrushes and Toothpaste Mantovani, R. P., Sandri, A., Boaretti, B., Grilli, A., Volpi, S., Melotti, P., Burlacchini, G., LleÃ², M. M. & Signoretto, C. (2019). Toothbrushes may convey bacteria to the cystic fibrosis lower airways, Journal of Oral Microbiology, 11(1). doi: 10.1080/20002297.2019.1647036 Summary: After use, toothbrushes should be stored on a clean surface with the bristle end of the toothbrush up to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface. Glossary None Explanation of change: Added references
4.100 Provider offers an	4.100 Provider offers an opportunity for children to brush their teeth after eating at least once during each day.

opportunity for children to brush their teeth after eating at least once during each day. (NEW)	4.100a Provider will assist younger children, as needed. - References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 3.1.5.1: Routine Oral Hygiene Activities Summary: Caregivers/teachers should promote the habit of regular tooth brushing. All children with teeth should brush or have their teeth brushed with a soft toothbrush of age-appropriate size at least once during the hours the child is in child care. Children under three years of age should have only a small smear (grain of rice) of fluoride toothpaste on the brush when brushing. Those children ages three and older should use a pea-sized amount of fluoride toothpaste (1). An ideal time to brush is after eating. The caregiver/teacher should either brush the child's teeth or supervise as the child brushes his/her own teeth. Glossary None Explanation of change: "Add references; added provider will assist younger children as needed."
4.101 All floors used by children are swept and/or vacuumed daily. Washable floors used by children are mopped daily with a disinfectant solution that is not harmful to children. Washable floors in child diapering and toilet areas are mopped with disinfectant.	4.101 All floors used by children are swept with a damp mop and/or vacuumed daily with a high-efficiency particulate air (HEPA) filter. 4.101a Washable floors used by children are mopped daily with fragrance-free soap and water or 3rd party certified environmentally friendly cleaner. Washable floors in child diapering and toilet areas are cleaned first with fragrance-free soap and water or 3rd party certified (Green Seal, EcoLogo or EPA's Safer Choice) environmentally friendly cleaner and then disinfect with an EPA-registered, fragrance-free disinfectant. 4.101b Supply a commercial walk off mat at the entrance of the child care home or remove shoes when coming inside to reduce contaminated lead dust or dirt within the child care. 4.101c Providers will clean window frames, and window sills monthly, using a damp mop, paper towel with warm water and an all-purpose, fragrance-free cleaner or 3rd party certified environmentally friendly cleaner. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. http://nrckids.org/files/appendix/AppendixK.pdf

	3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting Appendix K: Routine schedule for cleaning, santizing, and disinfecting Summary: Includes guidelines for daily, weekly and monthly cleaning and sanitizing, including daily cleaning of all floors, using a mop and disinfectants solution where applicable. See the Health and Safety lead standard section for more details on lead hazards. Glossary None Explanation of change Added references; separated indicators; added lead incicators
4.102 Toys and surfaces are cleaned and sanitized regularly. Toys that are mouthed by a child are not used by others until sanitized.	4.102 Toys and surfaces are cleaned and sanitized regularly. 4.102a Toys that are mouthed by a child are not used by others until sanitized. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. http://nrckids.org/files/appendix/AppendixK.pdf 3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting 3.3.0.2: Cleaning and Sanitizing 3.3.0.3: Cleaning and Sanitizing Objects Intended for the Mouth 4.9.0.12 Dishwashing in Small and Large Family Child Care Homes. Appendix K: Routine schedule for cleaning, santizing, and disinfectant Summary: "Keeping objects and surfaces in a family child care setting as clean and free of pathogens as possible requires a combination of: a) Frequent cleaning, b) When necessary, an application of a sanitizer or disinfectant. The family child care providers should follow a routine schedule of cleaning, sanitizing, and disinfecting as outlined in Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting. Toys that cannot be cleaned and sanitized should not be used. Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion should be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried or in a mechanical dishwasher that meets the requirements of Standard 4.9.0.12. Thermometers, pacifiers, teething toys, and similar objects should be cleaned, and reusable parts should be sanitized between uses. Pacifiers should not be shared. Includes a schedule for cleaning of all surfaces and materials in the program. " Glossary

	None Explanation of change Added references; amend to indicate that surfaces such as tables and food prep areas are cleaned and sanitized before each use; other surfaces are cleaned and sanitized following the schedule recommended in CFOC3 Appendix K
4.103 If there is water play, water containers are emptied and sanitized daily.	4.103 No change References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 6.2.4.2: Water Play Tables Summary: " Communal water tables should be permitted if children are supervised and the following conditions apply: a) The water tables should be filled with fresh potable water immediately before designated children begin a water play activity at the table, and changed when a new group begins a water play activity at the table even if all the child-users are from a single group in the space where the water table is located; or, the table should be supplied with freely flowing fresh potable water during the play activity; b)The basin and toys should be washed and sanitized at the end of the day;" Glossary None Explanation of change NONE
4.104 If there is a sand area or box, it is covered when not in use	4.104 No change References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 6.2.4.1.b Sandboxes Reinberg, S. (2017). The neighborhood sandbox: A breeding ground for germs. https://www.webmd.com Summary Covering up the sandbox when it's not in use makes it harder for animals, rocks, and other debris to infiltrate it. Keep your sandbox covered is to prevent water from getting in. Excess water can actually cause mold to grow on the sand. Glossary None

	Explanation of change Added references
4.105 Individual children's bedding is laundered at least once a week, when visibly soiled, or before being used by another child. Each child's bedding is stored so that it does not come into contact with other bedding.	4.105 Individual children's bedding is laundered at least once a week, when visibly soiled, or before being used by another child. 4.105a Each child's bedding is stored so that it does not come into contact with other bedding. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 3.3.04: Cleaning Individual Bedding Summary: Bedding (sheets, pillows, blankets, sleeping bags) should be of a type that can be washed. Each child's bedding should be kept separate from other children's bedding, on the bed or stored in individually labeled bins, cubbies, or bags. Bedding that touches a child's skin should be cleaned weekly or before use by another child. Glossary None Explanation of change: Added references; separate indicators
4.106 Children's hands are washed with soap and running water and dried with individual disposable or single use cloth towels at the following times:	4.106 The provider washes hands with fragrance-free soap and running water and dries with individual disposable or single use cloth towel at the following times: â€¢ Upon arrival at the program, or before the first child arrives â€¢ Before and after: handling food, eating, feeding a child, giving medication or applying a medical ointment or cream, diapering a child, joining children in water play or play dough that is used by more than one person â€¢ After: using the toilet or helping a child use the toilet, contact with bodily fluids, handling animals and/or their waste, cleaning, handling garbage, coming inside from outdoors Providers will clean window frames, and window sills monthly, using a damp mop, sponge or paper towel with warm water and an all-purpose, fragrance-free cleaner. â€¢ When needed 4.106a Alcohol based hand sanitizer (60-90% alcohol) is a suitable alternative for hand hygiene only when running water is unavailable. 4.106b Pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with fragrance-free soap and water. Providers should avoid antibacterial soap. References: American Academy of Pediatrics, American Public Health Association, National

	Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 3.2.2 Hand Hygiene 3.2.2.1. Situations that Require Hand Hygiene Fiene, R. (2002). 13 indicators of quality child care. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. Summary: "Children attending family child care had more respiratory illness than children attending group child care homes. Infrequent washing of children's or providers hands after diapering, before meals, and before food preparation was significantly associated with a higher frequency of respiratory illness. Use of shared cloth towels instead of individual paper towels and washing of sleeping mats less than once a week were also associated with a higher frequency of respiratory illness. These findings underscore the importance of hand washing in reducing the spread of disease in family child care settings. Frequently washing hands, especially after coming inside and before eating, can help reduce exposure to lead-contaminated dust or dirt. Hand sanitizer and pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with fragrance-free soap and water. Situations or times that children and staff should perform hand hygiene should be posted in all food preparation, hand hygiene, diapering, and toileting areas. See the Health and Safety lead standard section for more details on lead hazards." Glossary None Explanation of change: Added references; specify before and after meals and snacks in addition to or instead of "handling food, added lead standards
4.107 Children's hands are washed with soap and running water and dried with individual disposable or single use cloth towels at the following times: ï€ Upon arrival ï€ Before and after: handling food or playing in water or with sand, or play dough that is used by more than one person ï€ After:	4.107 (Health and Safety) Updated 2017 Children’s hands are washed with fragrance-free soap and running water and dried with individual disposable or single use cloth towels at the following times: â€¢ Upon arrival â€¢ Before and after: handling food or playing in water or with sand, or play dough that is used by more than one person â€¢ After: toileting, diapering, contact with bodily fluids, handling animals, cleaning, handling garbage, and playing outdoors â€¢ Alcohol-based hand sanitizer is a suitable alternative for children over the age of 24 months only when running water is unavailable. References American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education.

toileting, diapering, contact with bodily fluids, handling animals, cleaning, handling garbage, and playing outdoors ï€ Alcohol-based hand sanitizer is a suitable alternative for children over the age of 24 months only when running water is unavailable. Pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with soap and water.	3.2.2 Hand Hygiene 3.2.2.1. Situations that Require Hand Hygiene Fiene, R. (2002). 13 indicators of quality child care. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. Summary Pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with fragrance-free soap and water. Providers should avoid antibacterial soap. Frequently washing hands, especially after coming inside and before eating can help reduce exposure to lead-contaminated dust or dirt. "Children attending family child care had more respiratory illness than children attending group child care homes. Infrequent washing of children's or providers hands after diapering, before meals, and before food preparation was significantly associated with a higher frequency of respiratory illness. Use of shared cloth towels instead of individual paper towels and washing of sleeping mats less than once a week were also associated with a higher frequency of respiratory illness. These findings underscore the importance of hand washing in reducing the spread of disease in child care settings. Frequently washing hands, especially after coming inside and before eating, can help reduce exposure to lead-contaminated dust or dirt. Hand sanitizer and pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with fragrance-free soap and water. Situations or times that children and staff should perform hand hygiene should be posted in all food preparation, hand hygiene, diapering, and toileting areas. See the Health and Safety lead standard section for more details on lead hazards." Glossary None Explanation of change Added references; specify before and after meals and snacks in addition to or instead of "handling food," Added lead standards
4.106 The provider washes hands with soap and running water and dries with individual disposable or single use cloth towel at the following times	4.106 "The provider washes hands with soap and running water and dries with individual disposable or single use cloth towel at the following times: â€¢ Upon arrival at the program, or before the first child arrives â€¢ Before and after: handling food, eating, or feeding a child, giving medication or applying a medical ointment or cream, diapering a child, joining children in water play or play dough that is used by more than one person â€¢ After: using the toilet or helping a child use the toilet, contact with bodily fluids, handling animals and/or their waste, cleaning, handling garbage, coming inside from outdoors â€¢ When needed â€¢ Alcohol based hand sanitizer (60-90% alcohol) is a suitable alternative for hand hygiene only when running water is unavailable. Pre-moistened wipes do not effectively clean hands and should not be used as a substitute for washing hands with

	soap and water. Citations: "Fiene, R. 2002. 13 indicators of quality child care: Research update. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/basic-report/13-indicators-quality-child-care. CFOC3 Standard 3.2.2 Hand Hygiene Summary: "Children attending family child care had more respiratory illness than children attending group child care homes. Infrequent washing of children's or providers hands after diapering, before meals, and before food preparation was significantly associated with a higher frequency of respiratory illness. Use of shared cloth towels instead of individual paper towels and washing of sleeping mats less than once a week were also associated with a higher frequency of respiratory illness. These findings underscore the importance of hand washing in reducing the spread of disease in child care settings. All staff, volunteers, and children should follow the procedure in Standard 3.2.2.2 for hand hygiene at the following times: a) Upon arrival for the day, after breaks, or when moving from one child care group to another; b) Before and after: 1) Preparing food or beverages; 2) Eating, handling food, or feeding a child; 3) Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered; 4) Playing in water (including swimming) that is used by more than one person; 5) Diapering; c) After: 1) Using the toilet or helping a child use a toilet; 2) Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores; 3) Handling animals or cleaning up animal waste; 4) Playing in sand, on wooden play sets, and outdoors; 5) Cleaning or handling the garbage. Situations or times that children and staff should perform hand hygiene should be posted in all food preparation, hand hygiene, diapering, and toileting areas." Recommendations: NONE
4.108 Families are informed in writing before enrollment if there are any pets in the home. They are also informed in writing before new pets are introduced into the home.	4.108 No change References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 9.2.1.1: Content of Policies Summary:

	The family child care program should have policies to specify how the family child care provider addresses the developmental functioning and individual or special health care needs of children of different ages and abilities who can be served by the facility, as well as other services and procedures. These policies should include, but not be limited to, presence and care of any animals on the premises. Glossary None Explanation of change: Added references
4.109 Pets present no hazard to the safety of the children. Pets should be in good health, free of parasites and fleas, even tempered, friendly, and comfortable around children or kept in areas inaccessible to children. There are no exotic or poisonous animals, hermit crabs, birds from the parrot family, ferrets, or wolf hybrids.	4.109 Pets present no hazard to the safety of the children. 4.109a Children are closely supervised while in the presence of any animal. 4.109b Animals less 1 year of age are not present. 4.109c Pets should be in good health, free of parasites and fleas, even tempered, friendly, and comfortable around children or kept in areas inaccessible to children. 4.109d There are no exotic or poisonous animals, hermit crabs, birds from the parrot family, ferrets, or wolf hybrids. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 3.4.2.1: Animals that Might Have Contact with Children and Adults 3.4.2.2: Prohibited Animals Summary: "The following domestic animals may have contact with children and adults if they meet the criteria specified in this standard: a) Dog; b) Cat; c) Ungulate (e.g., cow, sheep, goat, pig, horse); d) Rabbit; e) Rodent (e.g., mice, rats, hamsters, gerbils, guinea pigs, chinchillas). Fish are permissible but must be inaccessible to children. Any animal present at the facility, indoors or outdoors, should be trained/adapted to be with young children, in good health, show no evidence of carrying any disease, fleas or ticks, be fully immunized, and be maintained on an intestinal parasite control program. A current (time-specified) certificate from each animal's attending veterinarian should be on file in the facility, stating that all animals on the facility premises meet these conditions and meet local and state requirements.

	The following animals should not be kept at or brought onto the grounds of the child care facility (4,6,7): Bats; Hermit crabs; Poisonous animals - Inclusive of spiders, venomous insects, venomous reptiles (including snakes), and venomous amphibians; Wolf-dog hybrids - These animals are crosses between a wolf and a domestic dog and have shown a propensity for aggression, especially toward young children; Stray animals - Stray animals should never be present at a child care facility because the health and vaccination status of these animals is unknown; Chickens and ducks - These animals excrete E. coli O157:H7, Salmonella, Campylobacter, S. paratyphoid; Aggressive animals - Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated such aggressive behavior in the past, should not be permitted on the grounds of the child care facility. Exceptions may be sentry or canine corps dogs for a demonstration. These dogs must be under the control of trained military or law enforcement officials; Reptiles and amphibians - Inclusive of non-venomous snakes, lizards, and iguanas, turtles, tortoises, terrapins, crocodiles, alligators, frogs, tadpoles, salamanders, and newts; Psittacine birds unless tested for psittacosis - Inclusive of parrots, parakeets, budgies, and cockatiels. Psittacine birds can carry diseases that can be transferred to humans; Ferrets - Ferrets have a propensity to bite when startled; Animals in estrus - Female dogs and cats should be determined not to be in estrus (heat) when at the child care facility; Animals less than one year of age - Incorporating young animals (animal that are less than one year of age) into child care programs is not permitted because of issues regarding unpredictable behavior and elimination control. Additionally, the immune systems of very young puppies and kittens are not completely developed, thereby placing the health of these animals at risk. Glossary: Aggressive animals - Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated such aggressive behavior Explanation of change: Add -references -Animals less 1 year of age are not present. -Children are closely supervised while in the presence of any animal. -Add reptiles and amphibians to list of prohibited pets. (See standard 4.10)
4.110 Reptiles and amphibians must be kept behind a glass wall in a tank where children cannot touch them.	4.110 Reptiles and amphibians, inclusive of non-venomous animals, must be kept behind a glass wall in a tank where children cannot touch them. References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020).

	National Resource Center for Health and Safety in Child Care and Early Education. 3.4.2.2: Prohibited Animals Summary: "The following animals should not be kept at or brought onto the grounds of the child care facility, h) Reptiles and amphibians - Inclusive of non-venomous snakes, lizards, and iguanas, turtles, tortoises, terrapins, crocodiles, alligators, frogs, tadpoles, salamanders, and newts;" Glossary: None Explanation of change: Added references; delete standard and add reptiles and amphibians to the list of prohibited pets. This standard is contraindicated per CFOC3
4.111 If there are animals in the home, current rabies and distemper immunization records are on file and a document signed by a veterinarian within the past year verifies that the animal is rabies free.	4.111 No change References: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. 3.4.2.1: Animals that Might Have Contact with Children and Adults Summary: Any animal present at the facility, indoors or outdoors, should be trained/adapted to be with young children, in good health, show no evidence of carrying any disease, fleas or ticks, be fully immunized, and be maintained on an intestinal parasite control program. A current (time-specified) certificate from each animal's attending veterinarian should be on file in the facility, stating that all animals on the facility premises meet these conditions and meet local and state requirements. Glossary: None Recommendations: Added references; replaced terminology "cats or dogs" with "animals"
NEW - The below lead standards were developed from the Lead-Safe Toolkit for Home-Based Child Care: https://nchh.org/tools-and-data/technical-assistance/protecting-children-from-	OVERVIEW/INTRODUCTION Exposure to invisible sources of lead can permanently damage the developing brains of children and contribute to heart disease, kidney failure and other health problems later in life. The good news is that lead exposure is 100% preventable! For comprehensive guidance on how to reduce lead exposures in family child care homes go to the The Lead-Safe Toolkit for Home-Based Child Care. The Toolkit offers policies and worksheets (in both English and Spanish) that provide easy-to-follow steps for finding out if lead hazards exist in the home and what to do to reduce any exposures. The Toolkit was developed with input from child care professionals and lead prevention experts under the guidance of the Children's Environmental Health

lead-exposures-in-child-care/hbcc-toolkit/	Network, National Center for Healthy Housing and the National Association of Family Child Care. For more detailed lead in child care standards go to the Caring for Our Children (CFOC), collection of national standards that represent the best evidence on quality health and safety practices that should be followed in early care and education settings.
4.112 Providers should test and remediate lead hazards in paint, dust, water, and soil. Providers should stay up to date on current product recalls by visiting the Consumer Product Safety Commission: www.cpsc.gov. For more comprehensive standards pertaining to lead see the Health and Safety section.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http://www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html. U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right. Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. U.S. Environmental Protection Agency. (2021). Protect your family from sources of lead. https://www.epa.gov/lead/protect-your-family-sources-lead Summary

	Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation (2,3). Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat and form lead dust on the surface of the blinds (1). The U.S. Consumer Product Safety Commission (CPSC) recommends that consumers with children six years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or with alternative window coverings. See Comments for resources. Lead is a neurotoxin. Even at low levels of exposure, lead can cause reduction in a child's IQ and attention span, and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Lead poisoning has no "cure." These effects cannot be reversed once the damage is done, affecting a child's ability to learn, succeed in school, and function later in life. Other symptoms of low levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span (2,3). Glossary None Explanation of change New section of lead standards
4.113 All homes built before 1978, should be inspected and tested for lead-based paint hazards by a certified lead inspector or certified risk assessor: If lead is identified in either the interior or exterior paint of the home, the provider should consult their state or local childhood lead poisoning prevention program, public health agency, and/or a certified risk assessor to determine the best steps for lead hazard control work.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_ document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/ mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http:// www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html.

Surfaces found to have lead-based paint hazards should not be used and should be made inaccessible to children and staff until remediated. Providers should hire a certified lead abatement contractor to do lead hazard control work. Providers should ensure that lead dust clearance testing is conducted to ensure proper cleanup was done after lead hazard control work. Providers should implement an occupant protection plan during lead remediation work.	U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/ renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right.Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. U.S. Environmental Protection Agency. (2021). Protect your family from sources of lead. https://www.epa.gov/lead/protect-your-family-sources-lead U.S. Environmental Protection Agency. (2021). Renovation, Repair and Painting Program: Operators of Child Care Facilities, https://www.epa.gov/lead/renovation-repair-and-painting-program-operators-child-care-facilities Summary Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation (2,3). Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat and form lead dust on the surface of the blinds (1). The U.S. Consumer Product Safety Commission (CPSC) recommends that consumers with children six years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or with alternative window coverings. See Comments for resources. Lead is a neurotoxin. Even at low levels of exposure, lead can cause reduction in a child's IQ and attention span, and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Lead poisoning has no "cure." These effects cannot be reversed once the damage is done, affecting a child's ability to learn, succeed in school, and function later in life. Other symptoms of low levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span (2,3). Glossary None Explanation of change New section of lead standards
4.114 Providers should conduct annual inspections of paint and perform routine maintenance to ensure that paint remains intact in	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_ document_030712.pdf.

homes built before 1978. If any repair or renovation work (not lead hazard control work) is needed in homes built before 1978, providers should use an EPA-certified lead-safe contractor (also known as a renovation, repair, and painting, or "RRP", contractor).	American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http://www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html. U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right. Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. U.S. Environmental Protection Agency. (2021). Protect your family from sources of lead. https://www.epa.gov/lead/protect-your-family-sources-lead U.S. Environmental Protection Agency. (2021). Renovation, Repair and Painting Program: Operators of Child Care Facilities, https://www.epa.gov/lead/renovation-repair-and-painting-program-operators-child-care-facilities Summary Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation (2,3). Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat and form lead dust on the surface of the blinds (1). The U.S. Consumer Product Safety Commission (CPSC) recommends that consumers with children six years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or with alternative window coverings. See Comments for resources. Lead is a neurotoxin. Even at low levels of exposure, lead can cause reduction in a child's IQ and attention span, and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Lead poisoning has no "cure." These effects cannot be reversed once the damage is done, affecting a child's ability to learn,

	succeed in school, and function later in life. Other symptoms of low levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span (2,3). Glossary None Explanation of change New section of lead standards
4.115 Providers should flush water at the tap before each use. Contact your local water utility to gather more information on suggested flushing times. Providers should use only cold water for drinking and cooking, especially when making baby formula, as cold water is less likely to leach lead from pipes or fixtures.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_ document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/ mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http:// www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html. U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/ renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right. Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. U.S. Environmental Protection Agency. (2021). Protect your family from sources of lead. https://www.epa.gov/lead/protect-your-family-sources-lead U.S. Environmental Protection Agency. (2021). 3Ts for reducing lead in drinking water. https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-

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4.116 Providers should test their water for lead and if needed, use water filtration devices that have been certified to remove lead at the outlet. Visit www.epa.gov/water-research/consumer-tool-identifying-pou-drinking-water-filters-certifiedreduce-lead for more information.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead

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4.117 Providers should learn about the source (public or private) of their water and find out if	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_

they have a lead service line and/or lead containing pipes, fixtures or solder. If their home was built after 1986 it most likely will not have a lead service line but it could still contain lead from solder or fixtures. If the provider's water comes from a community water system, they should call the water utility to see if they have records about lead service lines in your area. The water utility may also be able to inspect the provider's home if records are unavailable. If the utility cannot help, or if the provider's water comes from a private water supply, they should consider hiring a licensed plumber to investigate.	document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http://www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html. U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right.Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. U.S. Environmental Protection Agency. (2021). Protect your family from sources of lead. https://www.epa.gov/lead/protect-your-family-sources-lead U.S. Environmental Protection Agency. (2021). 3Ts for reducing lead in drinking water. https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water Summary Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation (2,3). Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat and form lead dust on the surface of the blinds (1). The U.S. Consumer Product Safety Commission (CPSC) recommends that consumers with children six years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or with alternative window coverings. See Comments for resources. Lead is a neurotoxin. Even at low levels of exposure, lead can cause reduction in a child's IQ and attention span, and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Lead poisoning has no "cure.â€ These

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4.118 Providers and children should frequently wash hands, especially after coming inside and before eating.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_ document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/ mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http:// www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html. U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/ renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right. Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. Summary Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation (2,3). Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Some imported vinyl mini-blinds contain lead

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4.119 Providers should supply a commercial walk off mat at the entrance of their child care facility or remove shoes when coming inside.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_ document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/ mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http:// www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html. U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/ renovation.htm.

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4.120 Providers should vacuum often using a high-efficiency particulate air (HEPA) filter. Clean floors daily, and window frames, and window sills weekly - using a damp mop, sponge or paper towel with warm water and an all-purpose, fragrance-free cleaner.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_ document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease

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4.121 Providers should test any bare soil in or around their child care facility for lead by an Environmental Protection Agency-	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_ document_030712.pdf.

recognized National Lead Laboratory Accreditation Laboratory (NLLAP) or cover any bare soil with mulch, plantings, or grass.	American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http://www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html. U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right. Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. Summary Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation (2,3). Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat and form lead dust on the surface of the blinds (1). The U.S. Consumer Product Safety Commission (CPSC) recommends that consumers with children six years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or with alternative window coverings. See Comments for resources. Lead is a neurotoxin. Even at low levels of exposure, lead can cause reduction in a child's IQ and attention span, and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Lead poisoning has no "cure." These effects cannot be reversed once the damage is done, affecting a child's ability to learn, succeed in school, and function later in life. Other symptoms of low levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span (2,3). Glossary None

	Explanation of change New section of lead standards
4.122 Providers should check the U.S. Consumer Product Safety Commission's Website (http://www.cpsc.gov) for warnings of potential lead exposure to children and recalls of play equipment, toys (especially antique and imported), jewelry used for play, imported vinyl mini-blinds and food contact products. If they are found to have lead, the items should be removed from the home. Only a certified lab can accurately test toys and products for lead contamination. Use of "test it yourself" kits or lead wipes (often purchased online or from large home improvement stores) are not recommended to detect lead-containing toys or products.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. Centers for Disease Control and Prevention (CDC). (2021). Lead in consumer products: Lead in toys. https://www.cdc.gov/nceh/lead/tips/toys.htm U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http://www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html. U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right. Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. Summary Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation (2,3). Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat and form lead dust on the surface of the blinds (1). The U.S. Consumer Product Safety Commission (CPSC) recommends that consumers with children six years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or

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4.123 Providers should not give children in their care imported candy, herbal remedies or folk medicines.	References Advisory Committee on Childhood Lead Poisoning Prevention. (2012). Low level lead exposure harms children: A renewed call for primary prevention. Center of Disease Control and Prevention. http://www.cdc.gov/nceh/lead/acclpp/final_ document_030712.pdf. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2020). National Resource Center for Health and Safety in Child Care and Early Education. https://nrckids.org/CFOC/Database/5.2.9.13 5.2.9.13: Testing for and Remediating Lead Hazards Centers for Disease Control and Prevention (CDC). (2012). Announcement: Response to the advisory committee on childhood lead poisoning prevention report, low level lead exposure harms children: A renewed call for primary prevention. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. http://www.cdc.gov/ mmwr/preview/mmwrhtml/mm6120a6.htm?s_cid=mm6120a6_e. Centers for Disease Control and Prevention (CDC). (2021). Lead in Food, Cosmetics, and Medicines. https://www.cdc.gov/nceh/lead/prevention/sources/foods-cosmetics-medicines.htm? CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fnceh%2Flead%2Ftips%2Ffolkmedicine.htm U.S. Consumer Product Safety Commission (CPSC). (1996). CPSC finds lead poisoning hazard for young children in imported vinyl miniblinds. http:// www.cpsc.gov/CPSCPUB/PREREL/PRHTML96/96150.html.

	U.S. Environmental Protection Agency. (2010). Lead in paint, dust, and soil: Renovation, repair and painting. http://www.epa.gov/lead/pubs/ renovation.htm. U.S. Environmental Protection Agency. (2010). The lead-safe certified guide to renovate right. Environmental Protection Agency. http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf. Summary Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation (2,3). Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat and form lead dust on the surface of the blinds (1). The U.S. Consumer Product Safety Commission (CPSC) recommends that consumers with children six years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or with alternative window coverings. See Comments for resources. Lead is a neurotoxin. Even at low levels of exposure, lead can cause reduction in a child's IQ and attention span, and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Lead poisoning has no "cure." These effects cannot be reversed once the damage is done, affecting a child's ability to learn, succeed in school, and function later in life. Other symptoms of low levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span (2,3). Glossary None Explanation of change New section of lead standards