

# White Earth Reservation



**White Earth Early Childhood Education Program  
Family/Group & Center Based  
Licensing Standards**

## **White Earth Child Care/Early Childhood Licensing Advisory Committee**

In the development of the Tribal child care health and safety standards the White Earth Child Care/ Early Childhood Program (funded by the Child Care and Development Fund from the ADMINISTRATION OF CHILDREN AND FAMILIES) the Family/Group and Center Based Licensing Standards is reflective and implemented of the guidelines of Caring for Our Children National Health and Safety Performance Standards Guidelines for Early Care and Education Programs and developed in response to applicable State, Local, or Tribal Health and Safety requirements, licensing statutes and rules for child care and other applicable state and federal statutes and regulations; within the area served by the White Earth Early Childhood Education Program, Lead Agency.

To address a concern or grievance it must be received by written email or letter form attention Program Director ext. 218 935-6253 or to report an immediate health or safety concern to the Licensor ext. 218 935-6272. A committee will form its work between select committee advisors that will address the principles and best practices that will guide the formulation, revision, and enforcement for a Program's requirements of the children's health and safety cares.

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The White Earth Child Care Early Childhood Programs is a division of the Educational Department under the governance of the White Earth Reservation Business Committee which places great emphasis on the importance of cultural teachings and the Ojibwe language preservation and encourages all places of care and education of children be influenced by Anishinaabeg traditional values and the promotion of Ojibwe language in providing and promoting equitable, inclusive, and Anishinaabe-culturally infused educational opportunities for our Indigenous learners of all ages. This also includes the appropriate use of traditional medicines, music, dance, story teachings, regalia and all that emphasizes Ojibwe kinship and harmony in promoting the welfare of children and community.

Respecting all and the ethical use of social media in child care is to respect the children and their family, the workplace providers; abiding to refrain from any defamatory, offensive or derogatory comment that threatens the safety and integrity of the program and community. Confidentiality and data protection follows the governing body of the White Earth's Reservation Business Committee. Harassment violation if directed such content towards program families or providers of the licensed child care may be subject to mediation that could result in termination of services or employment and can jeopardize a Parent Aware rated license.

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The Tribal Licensing Standards for residential non-residential family child care homes and Center based facilities are subject to legal review and alignment with latest health and safety recommendations with participation of the following:

- White Earth Child Care Early Childhood Program
- Center based facilities: Mahnomen, Naytahwaush, White Earth Infant Toddler Early Learning Center and the White Earth Child Care Learning Center
- White Earth Tribal & Community College
- White Earth Home Health
- Indian Child Welfare Program
- Clearwater County
- Becker County
- Mahnomen County
- Child Care Aware -MN
- Region 2 Child Care Aware
- Minnesota Tribal Resources for Early Child Care MnTRECC
- Indian Health Services IHS

\*And may include input from any other Minnesota Tribal Nations that license child cares

**WHITE EARTH RESERVATION LICENSING REQUIREMENTS  
FOR FAMILY/GROUP & CENTER BASED CHILD CARE**

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## LICENSING OF CHILD CARE PROVIDERS

Types of Family Child Care Homes and Center Based Facilities licensed by the White Earth Reservation located on or 20 miles off the Reservation boundaries by the White Earth Reservation Business Council (referred to as “Reservation Business Council” throughout document) license operators of residential non-residential child care homes and center-based facilities under the White Earth Child Care/Early Childhood Programs (referred to as “Agency” throughout document):

**1. Family Child Care:** Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence (provider’s home) other than the child’s residence, unless care in excess of 24 hours is due to the nature of the parent(s)/guardian(s) work. Child care needs are health and safety regulated whereupon a license issued is for the number of children allowed in care. Family Child Cares are licensed as a privately owned and operated business.

**2. Group Home Child Care:** Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence (provider’s home ) other than the child’s residence, unless care in excess of 24 hours is due to the nature of the parent(s)/guardian(s) work.

**3. Center-Based Child Care:** Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)/guardian(s) work. Where the child care needs are health and safety regulated whereupon a license issued is for the number of children allowed in care (provider ratio to children in care).

**Agency:** Applicants for child care licensure through the White Earth Reservation Business Council shall obtain all required applications, instructions, required safety inspections and trainings from the White Earth Child Care Early Childhood Education Program (referred to as “Agency” throughout document) or authorized training delivery. Pre-service Child Care trainings for applicants who request new licensure must complete pre-service health and safety trainings (CPR/1<sup>st</sup> Aid, SUID/AHT, Supervising for Safety and Health & Safety 1&2) prior to being licensed or one year prior to initial licensure. Required trainings are free to start-up child care provider and licensed child care providers, substitutes, helpers and Center based staff. Registration cost is paid for the by the White Earth Child Care Early Childhood Program

**Provider Types:** All persons that provide care in a licensed residential non-residential licensed home or Center based facility to children are considered professional child care providers and are required to follow the White Earth Child Care Early Childhood Program Licensing Standards Family/Group Center Based and the regulations of the White Earth Reservation Business Council.

- Proprietor of family child care home or child care based facility listed on the license as the child care business owner operator
- Substitute child care provider
- Helper \*age of helper can be considered 13 yrs. but cannot be left alone with children
- Child Care Lead, Child Care Assistant, Child Care Center Director

**Consensual Licensing Relationship Agreement:** All persons who are licensed by the White Earth Reservation Business Council to provide child care services are deemed to be in a consensual licensing relationship with the White Earth Band of Chippewa Indians. Any claims or disputes arising through tribal licensure, including the enforcement of tribal standards with respect to tribally-licensed child care operations, shall be construed in accordance with the laws of the White Earth Band of Chippewa, and must be litigated in the White Earth Tribal Court, regardless of the inconvenience of the forum.

**License Application:** License application must be made on the form issued by the (Agency). Licensing application form can be downloaded at [www.whiteearthchildcare.com](http://www.whiteearthchildcare.com) or by request (218) 983-3285 extension 1215 for complete application process and forms.

- a. The applicant shall be the person who will be the main child care provider in the licensed residential non-residential child care, present during the hours of operations, and who shall be legally responsible for the operation of the child care.
- b. An application for licensure is complete when the applicant completes, signs and submits all forms and documentation needed for licensure of the Agency and the Agency receives necessary inspections, zoning, evaluation, medical release and investigative reports (Federal, Nationwide, Statewide, Sex Offender and Child Abuse Neglect) that requires background information of the residential non-residential child care provider and/or its members.

**Child Care Provider:** Through-out this document the above license holders shall be referred as “child care provider” of a residential non-residential child care home or Center based facility. Child care provider must be 18 years old to be a licensed child care operator.

**Parent(s)/Guardian or may be referred to as Legal Guardian:** the child’s parent or guardian (appointed by court) in which the child lives in the same household or has legal custody of the child and can make decisions on the behalf of the child.

**Mandated Reporter:** As mandated reporters, child care providers are required to report if there is reason to believe or suspect that a child is being neglected or abused sexually, mentally, physically or subjected to witnessing domestic abuse. All Child Care Providers are mandated by Minnesota State Law to file a report with child protection agency.

**Licensing Study:** The applicant shall give the Agency access to the proposed residential non-residential child care for a licensing study. Existing and newly constructed, renovated, remodeled, or altered buildings shall be inspected by a building inspector to ensure compliance with applicable Indian Health Service (IHS), tribal, state, and local building and fire codes before the building can be used for the purpose of child care.

- a. If, in the judgment of the Agency and/or Reservation Business Council representative, a potentially hazardous condition may be present, the applicant shall obtain an inspection from a fire inspector, building official or health officer to verify the absence of hazard and report to the Agency.

- b. Annually relicensing inspection are standard procedures and at least one unannounced inspection shall be completed within licensing year to ensure compliance with health and safety standards are met.
- c. Onsite inspections include guidelines of the “Caring for Our Children”, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs.
- d. General playground considerations are applied in residential non-residential child care and include guidelines of “Public Playground Safety”. <https://www.cpsc.gov/s3fs-public/325.pdf>
  - Surfaces around playground equipment must have at least 12 inches of wood chips, mulch, sand, or pea gravel, or rubber matting or shredded rubber-like material.
  - Protective surfacing extends at least 6 feet in all directions from play equipment. Swing reach protective surfacing extends to the front and back.
  - Play structures more than 30 inches high are spaced at least 9 feet apart.
  - Hardware: open "S" hooks closed, and protruding bolt ends capped.
  - Entrapment spaces: openings in guardrails or between ladder rungs measuring less than 3.5 inches or more than 9 inches.
  - Routine checks of playground equipment and surfacing for hazards or potential harm
  - Tripping hazards: exposed concrete footings, tree stumps, uneven surfaces etc
  - Elevated surfaces: equipment platforms and ramps must have guardrails
  - Adult supervision of children on playgrounds. Number of children are counted before and accounted for after play time.
  - Play areas must be clear of garbage/litter, entrapments, abandoned vehicles, animal waste and broken child play equipment.
  - Check play equipment surfaces when outdoor temperatures can cause injury.
  - Outdoor air quality announcements are to be monitored if advised of dangerous conditions
- e. An initial inspection of the residential non-residential proposed child care by the IHS District Sanitation Inspector and/or Compliance Officer to determine compliance with the regulations found in the NFPA Inspection Manual. Compliance with correction orders issued is conditions of licensure. As follows: The National Fire Protection Association’s Life Safety Code (NFPA 101), the National Electrical Code (NFPA 70), the Portable Fire Extinguisher Code (NFPA 10) and other NFPA codes as they apply. <https://www.nfpa.org/Codes-and-Standards>

**Monitoring:** The Agency shall monitor and follow the health & safety standards and required training of licensed providers in child care home or center facilities:

- Annual unannounced site inspections will occur for indoor and outdoor environments as follow-through when a correction order was issued at the time of relicensing or concerns were brought to the attention of the Agency to address health and safety related need and/or unmet training required, backgrounds not requested of a new member residing in a residential non-residential home or Center based facility.

**Licensing Agency:** The Agency shall accept and process applications for licensure and reviewed by Legal and recommend to the White Earth Reservation Business Council for approval and disapproval, suspensions and revocations.

- The Agency shall conduct the initial licensing study of the residential non-residential child care and the investigation of caregiver qualifications, and the annual re-licensing study.
- No person/persons shall be licensed for more than one child care home or Center based facility of the residential non-residential child care. Operating a licensed Tribal Child Care and holding Indian Child Welfare Foster Care license at the same time is not permitted.
- Unannounced site visits by the Agency are made when children are present during operating hours. Unannounced site visits happen twice in a service year that may include unannounced inspection at that time of child care operation.
- The applicant and any household members must complete and return a criminal background check and schedule fingerprint screening (White Earth Compliance Adjudication) to the Agency for processing. \*This procedure may take one to four weeks in consideration of state/counties resided. Agency Form: WE Background Compliance Adjudication (218) 935-2148 Located in Mahnomen

**Unannounced Site Inspection:** Unannounced site inspection are completed within license year to ensure compliance with regulations. Inspections measure program compliance with health, safety, and fire standards before issuing approval. Additional inspections may take place if needed for the child care program to achieve satisfactory compliance or if the program is closed at any time because of natural or environmental damage etc. due to fire, flooding or lack of water or septic.

**Background Screenings:** Background screenings are completed on all individuals. Each child care provider in residential non-residential home or Center-based including substitutes, cooks, clerical staff, transportation staff, bus drivers, or custodians who will be working on premise when children are present. Backgrounds must adhere to federal law. Child care homes should conduct a complete background screening before employing any helper, substitute or volunteer.

- a. Fingerprint Background screenings include Local State, County, Federal, Sex Registry and Abuse Neglect
- b. Applicant(s) and any adults residing or employed in the residential non-residential home/Center based facility are required to meet National FBI criminal history check, with fingerprint screening.
- c. Background check results shall indicate whether or not an individual or member of household is eligible or ineligible for child care licensing of residential non-residential child care.
- d. The Agency shall evaluate and recommend an application for approval or denial of licensure within 60 days after they have received all completed and signed forms, reports, evaluations, information and documentation required from the applicant all inspection, zoning and background investigative reports required.



- e. If a recommendation cannot be made by the Agency after all information, documentation and evaluations necessary have been received, the Agency must inform the applicant in writing why a recommendation cannot be made within 60 days thereafter.
- f. Negative record(s) on individual's background will be informed of the opportunity to appeal and will be given clear instructions regarding how to complete the process.
- g. Applicant must notify Agency when there is a change in household membership and/or if there is a crime committed or an arrest of individual in the residential non-residential child care.

**Appeal Process:** Applicant may appeal the results of a criminal background check conducted under this section to challenge the accuracy or completeness of the information contained in such member's criminal background report. Appeal is reviewed by Advisory Committee final decision is made by Legal review and the Reservation Business Council

**Disqualification Factors:** An applicant or child care provider shall not be issued a license, or may have the license revoked, not renewed or suspended if the applicant, co-applicant, child care provider or any other person living in the residential non-residential child care who is convicted of a serious crime and is present during the hours children are in care, or may be working with children residential non-residential child care, if any such person:

- A. Who has a negative result on their Criminal Background Screening. The Agency requires background screening on all individuals (13 years and older) who have access to children (or) who are living in the residential non-residential child care home/Center based facility to be licensed for child care.
  - 1) Issues of concerns that could result in a negative result are, but not limited to:  
homicides, sex crimes, pornography, arson, incest, crimes against persons, crimes of compulsion, theft and burglary, obscene and threatening phone calls, child abuse/neglect, child protection/ substantial or unsubstantial reports.
- B. Drug Screening: The Tribal Council and Agency strive for a drug free environment for children. A child care provider has an obligation to be in suitable mental and physical conditions while providing child care. The Tribal Council and Agency requires a drug free environment for the children. The use, possession, sale or purchase of any illegal drug or prescription drug without a valid prescription is prohibited while providing care for children. Any substantial violation of this policy will result in immediate termination of license and/or payment from the Agency. All child care operations- residential non-residential child care home/Center based facility will be subject to testing for drugs and/or alcohol or chemical dependency assessment upon request when reasonable cause is believed that a child care provider is abusing drugs or alcohol. If a child care provider fails a drug screening test, they will be offered an opportunity for an assessment with a Chemical Dependency Counselor. The Agency will review the Chemical Dependency Counselor's recommendation and evaluate the status to determine if suitable to provide care of children. If the Agency staff feels children placed with the child care provider are at risk, they have the right to immediately remove the children in care and payment from the Agency. A confidential letter

noting a negative or positive result will be sent to the Agency Manager/Director and/or Licensor of the Agency stating results of the test. The Manager/Director and/or Licensor will notify the child care provider and parent(s)/guardian(s) of directive. All records are maintained and kept confidential.

**“Reasonable Cause” includes, but not limited to:**

- Involvement in or responsible for an accident that caused or could have caused serious injury physically or emotional distress to a child.
- Behaviors that appear to be the result of impaired judgment that may have been caused by drugs and/or alcohol.
- Credible reports received by Agency, Advisory Committee members, Tribal Council, and law enforcement.
- Has mental health illness and the behavior has or may have a negative effect on the ability of the child care provider to give care or is apparent during the hours children are in care.
- Has had parental/guardianship rights involuntarily terminated.
- Refuses to give written consent for the disclosure of criminal history records or knowingly makes a materially false statement in connection with such criminal background check, is registered or is required to be registered on a state sex offender registry or repository or the National Sex Offender Registry or has been convicted of a felony.
- Has had a conviction of, has admitted to, or there is clear and convincing evidence indicating incest, child pornography, physical abuse, sexual abuse or neglect.
- Has had a child placed in foster care (younger than 18 years old) within the past 24 months and the Agency determines the reason for placement reflects on the ability of the child care provider or potential applicant to provide care. A license may not be denied if the primary reason for the placement was due to a physical illness or injury incapacitating of the parent/guardian, a child with special needs or the temporary care of an infant being relinquished for adoption.
- Has had a child placed in residential treatment (younger than 18 years old) within 12 months for emotional disturbance or antisocial/destructive behavior and the Agency determine the reason for placement reflects on the ability of the child care provider to give care.
- No individual or its household member(s) of a licensed residential non-residential Family Child Care shall be issued a child care license who possesses a current Tribal Foster Care license.

**License Suspension or Probation:** A license shall be suspended or made probationary if the licensed child care provider, or any other person living or present in the residential non-residential child care or while working with children is awaiting trial for a crime.

**Variance Standard:** An applicant may request a variance from the specified licensing requirements. When reviewing a variance request the Agency shall assess whether alternative methods are identified by applicant to ensure the health, safety and protection of children in care. A completed variance request form must be submitted. A variance may be granted if:

1. The child care provider(s) complies with all applicable laws and regulations of Tribal and/or State to ensure safety and health of children.
2. Specific equivalent measures are identified by the child care provider to ensure the health, safety and protection of the children in care. Helper is required to meet ratios.
3. Any variance to the safety provisions in the home/Center based facility due to fire, storm or water damage is approved by a fire inspector and alternative measures are identified to ensure the safety of children in care.
4. Any variance of the provisions relating to sanitation, health, water, food and nutrition are approved by a health officer and alternative measures are identified to ensure the health and safety of the children in care.
5. Any variance of the provisions relating to stairways, window, decks and refuse/sewage disposal are approved by a health inspection officer and alternative measures are identified to ensure the health and safety of the children in care.
6. Any variance request to the “Disqualification Factors” listed will be reviewed by Agency, Advisory review member(s) and/or Tribal Council and must have clear and convincing evidence presented by the applicant.

**Variance Procedure:** Request for a variance must comply with and be handled according to the following procedures:

- A. An applicant or child care provider must submit to the Agency a written request upon designated form for variance need. The request must include all of the following information:
  - The sections of the Licensing Requirements with which the applicant or child care provider cannot comply;
  - The reasons why the applicant or child care provider needs to depart from the specified sections;
  - The period-of-time for which the applicant or child care provider(s) requests a variance; and
  - The specific equivalent alternative measures which the child care provider will provide so that the health, safety and protection of children in care are ensured if the variance is granted.
- B. An applicant or child care provider must submit to the Agency a written variance request form and the alternative measures identified to ensure the safety of children in care when requesting the following:
  - Physical environment: These include: means of escape, occupancy separations, heating and venting systems, locks and latches, interior walls and ceilings, extinguisher, smoke detection systems and electrical services
  - Pertains to sanitation and health, water, food and nutrition

- Standards relating to stairways, window, decks and sewage disposal
  - Number-of-children exceed stated licensing numbers in a residential non-residential home/Center based facility
  - receive any recommendations and/or requests from the compliance officer concerning any previous health and safety report
- C. The Agency will review the variance request, together with the previous health and safety report. The Agency will confer and receive any recommendations and/or requests from the health and safety compliance officer concerning any previous health and safety report. All variances will be submitted to Legal and the Reservation Business Council for approval.

**Business Insurance:** A family/group child care provider residential non-residential home or licensed facility shall have a certificate of business liability insurance with minimal coverage limits for per occurrence and aggregate according to policy.

- *If the family/group child care provider has liability coverage of lesser limits or no liability coverage, the child care provider shall give a written notice (disclaimer) of the level of liability coverage to parent(s)/guardian(s) of all children in care prior to admission or when there is a change in the amount of insurance coverage; and*
- *The family/group child care provider shall maintain copies of the notice, signed by the parent(s)/guardian(s) to indicate they have read and understood it, in the child care provider's records on the residence. Form: MnDHS Family Child Care Liability Insurance Notice to Parents or Guardians*

**Licensing Terms:** The child care site is licensed under the White Earth Reservation Child Care Licensing Standards, whether Family Child Care, Group or Center based residential non-residential must indicate:

- The number and age groupings of children who may receive care at any one time
- The expiration date of the license and location within the service area allowed
- The license number and status issued to child care provider
- The name, business name and address of the child care provider(s)
- The required trainings completed with dates included on license indicating: CPR 1<sup>st</sup> Aid, SUID/AHT and when required health and safety 1&2, Supervising for Safety
- Parent Aware rating when applicable

**Posting License:** The child care provider shall post the license in the residential non-residential child care home/Center based facility in a prominent place of full view for Agency and parent(s)/ guardian(s)

**Change in License Terms:** The following shall apply to changes in terms of a license or non-compliance:

- A new application form must be submitted by the child care provider and a full licensing study must be completed when the child care provider wants to move the child care operation into a different residential non-residential child care location. Location must be within Reservation boundary or 20 miles off.
- A licensing study shall be completed when there is an addition of any adult or child over the age

of 13 years who is or will be regularly present in the licensed residential non-residential child care home or Center based facility. (Criminal Background Screening will also apply)

**Number of Licenses:** No family child care provider shall be issued a child care license to operate in more than one residential non-residential child care home or Center based facility.

**Access to Home or Center Based Facility:** Child Care licensed site shall give authorized representatives of the Agency and/or Tribal Council access to the licensed residential non-residential child care home or Center based facility during the hours of operation to determine whether the child care complies with the standards. Access shall include:

- A. The residential non-residential child care Center based facility to be occupied by children in care;
- B. Any adjoining land or buildings owned or operated by the applicant or child care provider in conjunction with provision of the residential non-residential child care facility and designed for use by the children in care;
- C. Noninterference with interviews of children who are cared for and household members present in the licensed residential non-residential child care facility on a regular basis and present during hours of operation.
- D. The right to view and photocopy any relevant records and documents by Agency and/or proper authority.
- E. Family and guest visitors to children shall sign-in sign-out from Center based facility and shall not be left alone with children in care.
- F. Provider(s) shall have not leave children alone when service worker, maintenance worker, volunteer or helper are present.

**License Renewal:** The following provisions must be followed by the Agency when reviewing a license for renewal:

- A. The Agency must conduct a re-licensing study of the residential non-residential family child care or Center based facility to determine continued compliance at least once every 12 months for as long as the child care provider maintains a child care license.
- B. Annual background searches are completed with renewals.
- C. The Agency Licensor will perform during the licensed year an unannounced site inspection of safety monthly drills and documentation maintained on-site.
- D. The Agency will solicit two or more parent(s)/guardian(s) evaluations of a child care provider's care prior to renewal of a license. The evaluations and all complaints received during the period of licensure must be considered by the Agency in determining continued compliance.
- E. The Agency must insure that the child care provider(s) have the required training hours.
- F. The Agency must have updated physician report on applicant or child care provider, staff on a annual basis.
- G. The Agency requires up-to-date training requirements to be in compliance

**Return of license to the Reservation Tribal Council:** When a family child care provider or Center-based facility stops providing care, or if a license is revoked, suspended or not renewed, the child care provider or site supervisor shall return the issued license to the Agency, stop all advertising and refrain from providing care to children.

**Unlicensed Child Care Operation:** A residential non-residential group home or facility not licensed by Agency or County/State regulated operating within White Earth Reservation boundaries identified as service area licensable shall be informed of the licensing requirements and the procedure for obtaining a license.

- A. Child Care Center based facility unless the operator meets an exemption is required by State law to obtain a license to operate.
- B. When the Agency becomes aware that a facility used for children's care is not so licensed by State or Tribal regulation, verification of license status must be made by the Agency or County's licensing agency within 10 days to be notified.
- C. If no attempt has been made within 30 days to obtain a license, an attorney with jurisdiction may be pursued with legal action against operator and is subject to prosecution and injunction.

**Legal Non-Licensed Provider:** Legal non-licensed providers are identified as family, friend or neighbor caregivers and recognized for approved program payment methods. Unlicensed child care when related to the children or from one single unrelated family can provide legal non-licensed child care.

- A. Must be 18 years old
- B. Pass a background search: In-State, Federal, State Abuse Neglect
- C. Meet training health and safety requirements:

### **NEGATIVE LICENSING ACTIONS**

Negative licensing actions shall mean denial of application for licensure, revocation, non-renewal, probation, suspension or immediate suspension of an existing license.

**Complaints:** Every complaint, including anonymous ones concerning a license violation and/or improper cares of a child(ren) shall be investigated by the Agency and/or proper authorities. When there is an imminent risk to the welfare of a child(ren) or warrants additional investigation of proper authorities the licensed child care program will be put on suspension until investigation is completed. All complaints substantiated about a licensed child care provider and or home/facility are records kept by the Agency. Complaints may be kept confidential unless substantiated. Substantiated finding is information that may or may not be released when there is an investigation of child protection and/or involves law enforcement ongoing investigation. License will be terminated and upon investigation could result in prosecution. Agency investigates reports of safety risks or potential harm to children in a licensed residential non-residential child care home or Center based facility. Names, address and identifying specifics relating to the complaint shall be blocked from public view. Complaint records are kept with the Agency. Information on complaints can be requested if the complaint states a safety or health violation of unsafe environment or licensed child care operator to properly care for children.

**Procedures:** Failure to comply with the terms of licensing is grounds for a negative licensing action. When grounds are sufficient of licensing actions, the Agency will notify the applicant or child care provider by certified mail or personal service. The notice will be addressed to the name and location shown on the application or license and contain a statement of, and the reasons for, the proposed action. The notice will inform the applicant or child care provider of the right to appeal the decision with written response addressing terms of action of stated time limit.

#### **LICENSING JUSTIFICATION and APPEAL PROCEDURE**

**Denial:** A license may be denied if found applicant declared statements to be untrue or the refusal of requested application requirements

*Appeal Process:* If the Agency and/or Tribal Council deny an application for licensure, the applicant will be informed of the right to appeal the decision within 20 days of receipt of notice of denial.

**Revocation:** A license may be revoked, cancelled for crimes of law(s) broken by license holder

*Appeal Process:* If the Agency and/or Tribal Council revoke a license, the child care provider must be informed of the right to appeal the decision within 20 days of receipt of notice of revocation.

**Non-Renewal:** A non-renewed license may not resume child care activities or operate after an interruption of license term

*Appeal Process:* If the Agency and/or Tribal Council denies renewal of a license, the child care provider must be informed of the right to appeal the decision within 20 days of receipt of notice of non-renewal.

**Probation:** A license may be examined and subjected to probation to which evaluation occurs

*Appeal Process:* If the Agency and/or Tribal Council propose to make a license probationary, the child care provider will be informed of the right to appeal the decision within 10 days of receipt of notice of probation.

**Suspension:** A license may be suspended: such as a temporary withholding while review or investigation is completed

*Appeal Process:* If the Agency and/or Tribal Council suspend a license, the child care provider will be informed of the right to appeal the decision within 10 days of receipt of notice of suspension.

**Immediate Suspension:** A license will immediately be put on hold and determined if children were at an imminent risk of harm and the child care provider will cease from providing services.

*Appeal Process:* If the Agency and/or Reservation Business Council find that the health, safety or rights of the children in care are in immediate danger, the Agency and/or Reservation Business Council shall immediately suspend the license and child care ceases. The child care provider shall be informed by personal service and informed of the right to appeal the decision within 5 days. The appeal does not stay the decision of the Agency to immediately suspend or revoked the license and child care shall cease.

**Correction Orders:** A license correction order issued from a source of instruction or licensing agency that requires cited correction to be made in time designated

*Appeal Process:* If the Agency and/or Reservation Business Council find that the licensed residential non-residential child care, or child care provider, does not comply with these licensing requirements, the Agency will issue a correction order. If the license holder has not corrected the violation within the time set for specified correction(s), the Agency and/or Reservation Business Council shall revoke the license.

**Appeal Process:** The appellant -licensed or in licensing process of application for residential non-residential family/group or Center-based child care, child care provider or applicant, responds to negative licensing action; must be presented within 14 days in written form to explain that the decision should be reversed and must show that the Agency and/or Reservation Business Council made a legal error that affected the decision made within time limit of action taken. Appeal must be sent in written form to following:

White Earth Child Care Early Childhood Program

PO Box 418 Attn: CC License Appeal

White Earth, Mn 56591

**Final Decision:** A notice of final decision is made by certified mail or personal service to a licensed child care provider or new applicant of necessary review process stating reason(s) of final decision.

Where upon a licensed child care site the issued license is reclaimed and child care services are no longer provided.

## **AGENCY RECORDS**

**Agency Records:** The Agency shall maintain the following records for each type child care provider residential non-residential facility; Family Child Care/Group or Center based. All records are keeps confidential only released when requested by proper authorities

- A copy of the completed licensing application forms signed by the applicant and Agency representative.
- The physical health reports on adult applicant(s), child care provider(s) or substitute providing care in the licensed residential non-residential child care home/facility on a regular basis.
- Licensing Relationship Agreement signed by applicant and second child care provider listed when applicable
- Recommendation references returned with comment(s). 3 requests for Family/Group care provider.
- Any written reports from the health inspection officer, IHS, Agency Licensing representative or business official.
- Request to Agency for assistance related to health and safety inspections.
- The Agency's initial and any renewal licensing studies includes: background searches, Physician report, environmental inspection and up-to-date training requirements.
- Required training records and/or higher learning credentials in early childhood received in license term for provider type.
- The annual re-licensing evaluation by the Agency of the child care . Any comments of the child care provider about the evaluation by the Agency shall be noted in the Agency record.



- Documentation of any variance requests, case notes, copy of child care's policy procedure and tuition/contract for licensed child care type (residential non-residential site)
- Any reports made to Agency representative(s) documented in case notes
- Arrest, conviction or criminal history records from the Minnesota Bureau of Criminal Apprehension, County Attorney, Sheriff, local police department, national criminal history record repositories or other public and private social service agencies, and juvenile, municipal and district courts on any person working in the non-residential or living in residential child care or working with children.
- Is registered, or is required to be registered, on a state sex offender registry or repository or the National Sex Offender Registry

**Data Privacy:** The Agency and/or Reservation Business Council and/or health officer shall have access to child care provider records on children in care to determine compliance.

- The child care provider shall not disclose any records on children in care present or past to any persons other than the parent(s)/guardian(s) of the child, medical or public safety persons if information is necessary to protect the health and safety of the child.
- Though Agency may collect data time to time for writing or administering grants through the White Earth Reservation. Data collected and used in such purposes will not reference names or personal information on a child and/or their family.

## **CAREGIVER QUALIFICATIONS**

**Age:** An applicant for Family or Group Child Care or Center Based Child Care shall be an adult (18 years old) at time of licensure.

**Health:** An adult caregiver shall be physically & mentally able to care for children and must report any changes in health to the Agency.

- Any such child care provider and Center staff shall not use alcohol, prescription medication (legal or non-legal drugs) that would impair judgment of care or may interfere with ability to safely care for children. This includes Directors, Managing staff, child care providers, helpers and/or volunteers during hours of child care operation.
- All personnel shall follow the drug free workplace applies to any tribal government employee and/or individual conducting business for the tribal government during working hours

## **LICENSED CAPACITY**

**Capacity Limits:** Child care providers residential non-residential shall comply with "Child/Adult Ratios; Age Distribution Restrictions", which limits the total number of children and the number of preschoolers, toddlers and infants who may be in care at any one time and provides for the number of adults who are required to be present.

- Child care provider(s) shall be licensed for the total number of children, 12 years of age and younger, who will be present in the licensed residential non-residential child care facility at any one time. The licensed capacity must include all children of any child care provider when the children are present in the facility.
- Within the licensed capacity, the age distribution restrictions specify the maximum number of children under first grade, infants and toddlers who may be in care at any one time.
- Child ratios shall meet the required child care ages the license serves.

**Infant Care:** An infant child that is at least six weeks of age in care with one child care provider present, there shall be no more than 2 infant children (12 months or younger) present.

**Substitute Child Care Provider(s):** The use of a substitute child care provider must be limited to a cumulative total of not more than 30 days in any 12-month period and whereas a licensed child care provider of a residential non-residential is the primary child care provider. Prior arrangements must be made for a substitute to provide care during emergencies whereas the substitute is familiar with health and safety standards and emergency preparedness.

- Substitutes must be adults 18 yrs. or older and physically able to care for children.
- Substitutes must complete criminal background screening before caring for children.
- Substitutes must have completed a physical health screening
- The Agency and parent(s)/guardian(s) must be made aware of when a substitute child care provider(s) is present when licensed child care provider is absent.
- Substitute child care provider(s) must meet licensing qualifications of training requirements of Child Development, CPR & 1st Aid training and SUIDS/AHT.
- Substitute child care providers must have met the training requirements when providing child care that exceeds 30 days

**Helper or Volunteer:** A helper or volunteer age 13-18 years or older may be present during the hours of child care operation. A volunteer usually requires listening to children, reading to, offering comfort and monitoring children to ensure they remain safe in activities. Volunteers should participate in on-the-job training, including a structured orientation to the developmental needs of young children.

- A volunteer is someone who contributes their time, skills and experience to a child care program and/or may gain work experience to broaden own skills. Volunteers are considered unpaid services.
- A helper may be used when there are 12 children and no more than 2 infant or toddler is present.
- A helper must have CPR/1st Aid, Safe Sleep, SUIDS/AHT –Sudden Unexpected Infant Death Syndrome, Abusive Head Trauma training and criminal background screening before caring for children.
- Helper(s) or volunteers are not to be left alone with children. Licensed child care provider or qualified substitute child care providers must be present in facility when there is a helper assisting. \*A volunteer, helper or substitute must also pass a criminal background check.

## **CENTER BASED STAFF QUALIFICATIONS**

**GENERAL:** All Center Based staff and substitute child care providers who have direct contact with or access to children and are not under the direct supervision of a staff person must meet qualifications:

- Must be at least 18 years old.
- Must have a physical and be physically able to care for children and must not present a risk of transmission of reportable, communicable disease.
- Must be willing to attend required trainings.
- Must give authorization to release information from the Bureau of Criminal Apprehension (Fingerprint screening) and local authority.
- Be kind, mature, and responsible and have a genuine liking for children.

\*Volunteers and summer youth workers may be between the ages of 13 and 18 if they are under direct supervision and meet required health and safety trainings, fingerprint screening.

**Site Supervisor:** shall meet the above general requirements and the additional following qualifications

- Have a minimum degree of a 2-year program in Child Development or Early Education at a Minnesota Community College or Technical College, hold a license from the Minnesota Department of Education for Pre-Kindergarten Associate, or possess a Child Development Associate credential.
- Have a minimum of 2,080 hours of experience in the child care field.
- Have a minimum of 1,040 hours of supervisory experience.
- Be trained and certified by an approved trainer in Infant Adult Cardiopulmonary Resuscitation, First Aid, (CPR & 1st Aid) and the treatment of obstructed airways.
- Be trained in Sudden Unexpected Infant Death and Abusive Head Trauma (SUID/AHT), Supervising for Safety and Health & Safety 1 and 2
- Be the Parent Aware rated applicant, who is responsible for the star rating process through required trainings and curriculum implementation.

**Lead Teacher:** shall meet the above general requirements and the additional following qualifications

- Have a minimum degree of a 2-year program in Child Development or Early Education at a Minnesota Community College or Technical College, hold a license from the Minnesota Department of Education for Pre-Kindergarten Associate, or possess a Child Development Associate credential.
- Have a minimum of 2,080 hours of experience in the child care field.
- Have a minimum of 1,040 hours of supervisory experience.
- Be trained and certified by an approved trainer in Infant Adult Cardiopulmonary Resuscitation, First Aid, (CPR & 1st Aid) and the treatment of obstructed airways.
- Be trained in Sudden Unexpected Infant Death and Abusive Head Trauma (SUID/AHT), Supervising for Safety and Health & Safety 1 and 2

**Assistant Teacher:** shall meet the above general requirements and the additional following qualifications

- Have a minimum of a 1-year diploma in a Child Development Assistant Program.
- Have a minimum of 520 hours of experience in the child care field.
- Be trained and certified by an approved trainer in Infant Adult Cardiopulmonary Resuscitation, First Aid, (CPR & 1st Aid) and the treatment of obstructed airways.
- Be trained in Sudden Unexpected Infant Death and Abusive Head Trauma (SUID/AHT), Supervising for Safety and Health & Safety 1 and 2

**Skilled Worker:** shall meet the above general requirements and the additional following qualifications

- Be trained and certified by an approved trainer in Infant Adult Cardiopulmonary Resuscitation, First Aid, (CPR/1st Aid) and the treatment of obstructed airways.
- Sudden Unexpected Infant Death and Abusive Head Trauma SUID/AHT training
- Child Development and Special Needs training
- Trained in specified care of child with special needs and emotional

**DISQUALIFICATION FACTORS:** All Child care businesses licensed or potential hires of the White Earth Reservation must adhere to federal, state law and Tribal regulations. Background screening of State, tribal, and federal criminal history records, including fingerprint checks. Child abuse and neglect registries. Sex offender registries and any other state agencies.

Any person with direct contact with or access to children in care must disclose arrest(s), conviction on applicant background. A license holder and/or staff person must not be an individual who has a conviction of, has admitted to, has been charged with and is awaiting trial for substantiated evidence indicating that the person has committed:

- a felony; consisting of an act of physical abuse or sexual abuse, murder or manslaughter, rape, kidnapping, arson, physical assault, or battery.
- abuses prescription drugs, uses controlled substances, or abuses alcohol to the extent that the use impairs or may impair the person's ability to provide child care or is apparent during the hours children are in care.
- violent misdemeanor committed as an adult against a child, including child abuse, child endangerment or neglect, or sexual assault or a misdemeanor involving child pornography.
- or refuses a background check or makes false statements in connection with the background search.

**ORIENTATION:** Orientation and required trainings must be provided through proper sources and satisfactorily completed.

Center-based Site Supervisor or Coordinator must ensure that new hires are familiar with the following and given instruction and documented of received information.

- The center’s philosophy, child care programming, procedures for maintaining health and safety of all children and staff, and handling emergencies and accidents;
- Emergency Preparedness plan and evacuation procedures are reviewed where emergency prepared kits are located and shown routes for evacuation procedure.
- Review Program Policy Procedure handbook and Family handbook
- Review “No Private Phone” use while actively supervising children
- Familiarize with children’s needs, preferences and any health concern
- Familiarization of procedures for recording in family files, application process, waitlist procedure and
- Diaper changing routine and handwashing procedures
- Duties of cleaning, sanitizing and disinfecting classroom  
<https://www.cdc.gov/disasters/bleach.html>

### **Specific job responsibilities**

- Center based staff person must be present at all times who has successfully completed the certification in CPR and 1st Aid and received training in the treatment of obstructed airway
  - Center based new hire within 90 days of the start of work must receive CPR/1<sup>st</sup> Aid training and all Center based staff recertified at least every two years
- Family child care home/facility requires main care provider and their substitute(s) to have successfully completed CPR/1st Aid certification before caring for children and requires recertification every two years.
  - Instruction must be provided by certified trainer, registered nurse or licensed practical nurse trained in cardiopulmonary resuscitation and first aid training or provided by online source; American Red Cross or American Heart Association and requires hands-on testing completed for certification.
- All provider types receive training on the prevention of and response to emergencies due to food and allergic reactions. Preservice or orientation training must be completed within 3 months of hire.
- All provider types and Program supervising staff who work with children are required to have the Sudden Unexpected Infant Death and Abusive Head Trauma SUID/AHT annual training.

### **TRAINING AND CAREER DEVELOPMENT**

It is the policy of the Reservation Business Council (RBC) to encourage all employees to further develop their skills and education. Child care staff persons must annually complete a minimum of 32 hours of In-service Training. Participation must be approved by employee’s immediate supervisor. When possible, local resources should be utilized for training. Necessary trainings that apply to Parent Aware ratings are delivered by Agency staff or registration arrangement is paid for by the White Earth Child Care Early Childhood Program. For more information on acquiring a Parent Aware rating can call the White Earth Child Care Early Childhood Program 218 983-3285 ext. 1225 <https://parentaware.org/programs/>

**Child Age:**

“Infant” means a child who is at least 6 weeks of age, but less than 12 months of age.

“Toddler” means a child who is at least 12 months of age, but less than 36 months of age.

Class - 12 months to less than 36 months

“Preschooler” means a child who is at least 36 months of age, but less than 5 years of age.

“School age” means a child 5 years to 12 years of age \*Per license of maximum age served

**CENTER BASED CHILD ADULT RATIOS; AGE DISTRIBUTION**

TYPE OF LICENSE	CLASS OF LICENSE	ADULT CARE GIVER	SCHOOL AGE N/A	PRE SCHOOL	INFANTS: 6 weeks to 12 months	TODDLERS: 12+ to 36 months	TOTAL CAPACITY
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INFANT TODDLER CENTER BASED	Class type of license	3 Adult Caregivers *according to age distribution and room size	N/A	N/A	Max: 2 infants per single adult caregiver  Max infants to group size 4	Combination:  Age distribution of Infants (no younger than 6 weeks) and toddlers (12+ to 18 months)	Max 6  7 to 8
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**INFANT AND TODDLER LICENSED CENTER BASED**

CENTER BASED CC		1		5 preschool ages		3 toddler 18+ months		8
CENTER BASED CC		2		8 Preschool		2 toddler 18+ months		10
CENTER BASED CC		2		6				12

CENTER BASED CC		3		10		10		20
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**COMBINED AGE GROUPS LICENSED CENTER BASED**

## REPORTING TO AGENCY

**Abuse; Neglect Reporting:** All child care provider(s), substitute provider(s), helper(s), volunteers and any adult(s) are mandated reporters who shall report any suspected of physical abuse, sexual abuse or neglect of a child to the local law enforcement and/or local County Social Services and/or Indian Child Welfare. Contacting Licensor will record report that was made for purposes of record keeping and to whom report was made.

**Report:** An oral report shall be made immediately by phone to authorities when a child is in harm's way. A call to authorities or child welfare must be followed up with written report within 72 hours, exclusive of weekends and holidays. A written detailed report to the appropriate department or welfare agency responsible for assessing or investigating the report shall also keep a copy of the written report for records. The report shall be of sufficient content to identify the child, any person believed to be responsible for the abuse or neglect of the child and if the person is known relationship to the child, the nature and extent of the abuse and/or neglect and the name and address for contacting of the reporter for any further details. All Mandated Reporters are kept confidential.

- ☐ Indian Child Welfare: (218) 983-4647 or 1 800 950-3285
- ☐ Mahnomen County Child Protection: (218) 935-2568
- ☐ Becker County Child Protection: (218) 847-5628
- ☐ Clearwater County Child Protection (218) 694-6512
- ☐ White Earth Child Care Early Childhood Program Licensor (218) 983-3285 x1215

**Other Reporting:** The child care provider (residential or non-residential child care home or Center based facility) shall inform the Agency of any changes and is not limited to the following when involving child safety;

- Within 10 days of any change in the regular membership within the home or Center based facility or employed substitute or helper in the licensed residential non-residential child care home or facility who will regularly be providing care;
- Regular members are defined as any person who stays more than 15 days in the residential non-residential child care each month.
- Immediately of any suspected case of physical or sexual abuse or neglect;
- Immediately after the occurrence of a fire that requires the service of a fire department, so the Agency may determine continued substantial compliance; and
- Immediately after the occurrence of any serious injury or death of a child accompanying grounds or appurtenance thereto; a serious injury is one that is treated by a physician.
- Established procedures in the occurrence of a lost child shall be established for each child care site. Agency shall be notified immediately upon following lost child procedures
- Any health condition (physical and/or mental health) that would prevent child care provider in performing safe and active supervision of children.
- Arrest or investigation of any type of child care provider: Family child care, Center-based staff, substitute, helper or volunteer in a residential non-residential home or facility.



## CHILD CARE TRAINING AND PRE-SERVICE TRAINING

**Agency Training Role:** The Agency shall ensure:

- Health and safety performance standards of the “Caring for Our Children” National Health and Safety Performance Standards Guidelines for Early Care and Educational Programs are applied guidelines for all types of licensed child care residential non-residential Family or Center based of the White Earth Child Care Early Childhood Program. <https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>
- Agency will provide quality trainings for free or pay registration cost for Center staff, Family child care provider(s), helper(s)/volunteer(s) and Agency staff to attend.
- That all types of child care provider complies with the pre-service and ongoing trainings specific to licensing and state requirements applicable to health, safety, supervision and quality in child cares.
- That child development, health and safety training is available on weekends, evenings or at times convenient to majority of providers who operates a licensed residential non-residential child care and resides on or near the White Earth Reservation; and
- That training information is distributed to each type of child care provider who operates a licensed residential non-residential child care on or near the White Earth Reservation.
- Requirements of health and safety training hours must be accumulated within the licensed operating year. Licenses are issued for one year and need to be in-compliance of training hours at time of renewal.

**Pre-service Child Care Trainings:** All provider types who request new licensure must register for the pre-service trainings and complete training that supports child development and safety to be licensed or within one year prior to initial licensure. Quality trainings are paid for by the White Earth Child Care Early Childhood Program. Combined 30 hours of training in the following:

- All provider types must attend Pre-service training hours of combined courses of child-related first aid and cardiopulmonary resuscitation (CPR) provided by or approved by the American Red Cross, American Heart Association or HeartSaver<sup>®</sup> provided by a certified instructor in CPR and first aid. Online training shall be completed with hands-on testing for certification completion.
- Agency will provide quality pre-service trainings for free or pay for registration cost for staff, all types of provider(s) and helper(s) to attend.
- All Provider types must complete sudden unexpected infant death (SUID) and abusive head trauma (AHT) training provided by a certified instructor.
- All Provider types must complete health promotion and protection training that includes the following: Health and Safety 1&2, Supervising for Safety, Emergency Preparedness, Safe Sleep, notification of reportable diseases, hand hygiene, cleaning, sanitizing, disinfecting child cares and reporting child abuse and neglect.
- All Provider types must complete child development training that includes topics on how infant/toddlers, pre-school and school-age children grow and develop, understanding behaviors and needs of children with disabilities and social emotional behaviors.
- All Provider types must register with the Mn. Center for Professional Development Registry

- All Providers who operate a family child care business must develop parent/legal guardian policy/procedure document and business contracts that are on file.
- All Provider types must attend training that provides positive approaches to support diversity and culture.

**Ongoing Training:** Providers must complete twenty-four hours of accepted training per year in subject areas specified in “Ongoing Training Subjects”. \*Re-certification of CPR/1st Aid requires refresher courses biennial –occurring every 2 years. Requires annual SUID certification with AHT also repeated every year. Documentation required for on-site training delivered with alternate video option every-other year. Agency will provide quality trainings for free or pay for registration cost for staff, provider(s) and helper(s) to attend.

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

- Substitute child care providers, leads, teaching staff, site supervisors, coordinators, helpers/volunteers or anyone with direct contact for caring for children shall receive training on prevention of shaken baby syndrome and abusive head trauma; recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with a crying, fussing, or distraught child; and the development and vulnerabilities of the brain in infancy and early childhood.

**Ongoing Training Subjects:** Ongoing training subjects shall be selected from the following approved list. Other training subjects may qualify but need to be pre-approved by Agency to credit toward the requirements of an educational plan and mandatory health and safety requirements. Agency will provide quality trainings for free or to pay for registration cost for all child care provider types: Family child cares, Center based staff -Site Supervisors, Leads, child care provider(s) volunteer(s) and helper(s) to attend the following.

- S.U.I.D and A.H.T Sudden Unexpected Infant Death and Abusive Head Trauma (annual renewal)
- CPR/1st Aid (re-certification every 2 years)
- Safe Sleep (recommendations of National Institute of Child Health and Human Development)
- Childhood Development (approved college degree/credits, CEU may be recognized)
- Curriculum (approved for rated programs) \*WE Child Care Early Childhood Program uses Creative Curriculum
- Minnesota Core Competency
- Child Abuse and Neglect
- Communicable Disease Prevention and Control
- Parent/Guardian and Child Care Provider Relationships
- Cultural Awareness and Sensitivity
- Ojibwe language
- Communication Skills
- Community Services and Resources for Children
- Child Brain Development Conferences
- Methods of Guiding Behavior or Discipline
- Fire Safety and Child Injury Prevention
- Social Emotional

- Behavioral Guidance
- Literacy, Math, Science, Technology
- Observation and Assessment
- Care of Child(ren) with Special Need(s)
- Infant and Toddler Care
- Physical Activity and Obesity Prevention
- Nutrition and Food Safety
- Professional Development in Business/Financial Management
- Car Seat/Passenger Safety Training
- Emergency Preparedness Planning and Disaster Plan Training

**Substitute and Helper Training:** Those who are employed in the licensed residential non-residential child care must participate in pre-service training hours of health and safety and early childhood development training renewed for each service year to provide care. Agency will provide quality trainings for free or pay for registration cost for all provider types also to include substitute(s) and helper(s) to attend trainings.

*Substitute child care provider(s) and/or helper(s) who do not meet required training hours or completed a background study in a licensed residential non-residential child care home or facility, the main license holder of child care home or facility will be issued a Correction Order and/or face negative licensing actions.*

## **BEHAVIOR GUIDANCE**

**Preventing Expulsions, Suspensions, and Other Limitations in Services:** Written policy for the prevention and response to challenging behaviors that include specific guidance and training a comprehensive discipline policy that includes;

- Developmentally appropriate and culturally responsive procedures that provide specific guidance
- Providers, substitutes and site supervisor, Lead and Assistant teachers have access to preservice and in-service training on such practices and procedures.
- Practices and procedures should be clearly communicated to all staff, families, and community partners, and implemented consistently and without bias or discrimination.
- Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development.
- Policies that eliminate or severely limit expulsion, suspension, or other exclusionary discipline (including limiting services); these exclusionary measures should be used only in extraordinary circumstances where there are serious safety concerns that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.
- Social-emotional and behavioral health promotion practices, as well as discipline and intervention
- Referral process for additional behavioral supports of therapeutic services and guidance assistance from specialists, such as early childhood mental health consultants, behavioral specialists, counselors, and/or special educators.

**Methods:** Providers, Center base staff includes substitute care provider(s) operating in licensed residential non-residential child care home or facility shall give each child guidance to help all children acquire positive self-concept, self-control and teaches acceptable behavior.

- The provider, Center base staff shall discuss methods of behavior guidance with parent(s)/guardian(s) at the time of admission. *Any method of corporal punishment is prohibited and is child abuse.*
- Behavior guidance used by the provider, Center base staff and substitute(s) must be constructive, positive, and suited to the age of the child. The parent(s)/guardian(s) shall consider the context when guiding the behavior of a child.
- Provider, Center base staff and substitutes must use methods of intervention, positive guidance, and redirection appropriate with the child's age and developmental needs.

**Corporal Punishment is Prohibited in Residential Non-Residential Family Child Care Homes and Center based facilities:** The following shall apply to all persons regardless of position held in a child care when guiding behavior in children:

- No child shall be subject to corporal punishment or emotional abuse. "Corporal punishment" means the non-accidental infliction of physical pain on a child. Corporal punishment includes, but is not limited to -rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting and spanking. "Emotional abuse" means the infliction of verbal or psychological abuse on a child. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, derogatory remarks about the child(ren) or the child's family which threatens, humiliate or frightens the child(ren).
- Food, light, warmth, clothing, and medical care shall not be withheld from the child.
- Discipline and punishment shall not be delegated to another child.
- The separation of a child from a group to guide behavior must be appropriate to the age of the child and circumstances requiring the separation to prevent harm to self or others.
- An infant shall not be separated from the group for disciplinary reasons.
- A child shall not be separated from a group for no longer than necessary to calm the child with supervision.
- A child separated from the group must be placed in an area or separate room that is well-lit, free from hazards, ventilated and with provider supervision.
- No child shall be placed in a locked room to separate.

**Toilet Training:** If toilet training is undertaken, the child care provider and parent/guardian shall cooperatively develop a plan for the timing and method of training.

- Parent or guardian shall provide the child's additional clothing and under garments.
- No child shall be punished for toileting accidents.
- A child shall be offered opportunity for toileting.

## **ADMISSIONS; PROVIDER RECORDS; REPORTING**

**Cooperating with Parent(s)/Guardian(s):** Admissions to child care, the provider, Center base staff shall discuss with parent(s)/guardian(s) the child's rearing, sleeping, feeding and behavior guidance practices essential for the well-being of the child.

**Provider Policy Procedures:** The licensed child care provider, Center base site supervisor of residential non-residential child care shall have the following written information available for discussion with parent(s)/guardian(s), Agency and/or Tribal Council: **File forms include**

- The ages and numbers of children in care in the residence; residential non-residential child care home or facility
- The hours and days of operation
- Curriculum used for early learning opportunities in daily routines
- Meals and snacks to be served;
- Labeling requirements for breast milk and foods brought from the child's home;
- Sleeping/rest or quiet time arrangements;
- Policies for the care and response procedures of ill child, disease notification procedures, immunizations non-immunized and medical permission policies;
- Immunization records grace period for children experiencing homelessness, or in foster care.
- Emergency preparedness, fire and storm plans and the monthly drill log indicating practices are held; these drill logs are to be posted for view.
- Seat belt and transportation plans and field trip and transportation permission requirements
- Payment method and schedule of payment due
- Plans for substitute child care provider for emergencies, vacations or holidays in a residential non-residential child care home or facility. Substitute care providers are required to complete all health and safety trainings.
- The presence of pets in the residential non-residential child care home or facility must be vaccinated and not pose a threat to child(ren)

**Records for Each Child:** The child care provider(s) of licensed residential non-residential child care shall obtain the information from parent(s)/guardian(s) prior to admission of a child. The child care provider(s) shall keep this information up-to date and on file for each child.

A. The signed and completed Parent(s)/Guardian(s) Handbook and Provider Contract must be on file and contain the following information:

- Full name and birthdate of the child
- Full name of parent(s) or legal guardian(s)
- Home address, work-address and telephone/cell numbers where parent(s)/ guardian(s) may be reached
- Name, address and telephone number of physician, dentist and a hospital to be used for emergencies when parent(s)/guardian(s) cannot be reached
- Name, address and telephone number of persons to be notified in case of emergencies when parent(s)/guardian(s) cannot be reached.

- Names of all persons authorized to remove the child from the residence. Only adults 18 or older may be authorized to remove the child.
- Enrollment dates.
- Attendance records: sign-in sign-out log of date and time child is present
- Financial arrangements for scheduled payment through self-pay, payroll deduction or award letter of subsidized/scholarship and co-pay obligation.
- Liability insurance notification or annual notification of no liability insurance  
\*form on file: DHS Liability Insurance Notice to Parent or Guardian

B. Special instruction from the parent or guardian shall be obtained in writing and followed about toilet training, eating, sleeping or napping, allergies, medications, and any health concerns.

C. Immunization records on file must be kept current for child's age. Grace period for children experiencing homelessness or children in foster care. 30 day grace period per Minnesota's Department of Health recommendation. The child care provider shall request updates and keep on file the dates of immunizations received as needed by a child in regular attendance in the home or center facility. Recommended Immunization schedules from the Center for Disease Control and Prevention <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

D. Non-immunization because of medical, religious, or philosophical exemptions from routine childhood immunizations Parent(s)/Legal Guardian(s) must provide documentation of a scheduled appointment or arrangement to receive immunizations or provide signed and notarized "Exemption to Immunization" law form. Parent(s)/Legal Guardian(s) of an enrolling or enrolled child infant who has not been immunized because of the child's age should be informed if there is in care who have not had routine immunizations because of exemption.

E. Signed consent must be obtained in advance from the parent(s)/legal guardian(s), so the child care provider of the residential non-residential child care home or facility can obtain emergency medical care or treatment given to the child. The consent may be used if the parent(s)/guardian(s) cannot be reached or is delayed in arriving.

F. Written permission to transport children must be obtained from parent(s)/guardian(s) if the child care provider transports a child. \*Child care provider(s) must have completed certified car seat safety training before they can transport children. Must also have current vehicle insurance and license.

G. A child care provider shall release a child from care only to a parent/guardian or a person (18 years old) previously authorized by the parent or guardian for pick up.

H Parent or guardian have signed contract documents issued by child care provider or Center based facility.

**Child with Special Need(s):** A child who has been diagnosed with a learning, behavioral, emotional, or physical disability and that requires additional specialized services or care accommodations provided to the child while attending the licensed child care home or Center based facility.

- A child requiring specific therapy or behavioral guidance parent(s)/guardian(s) shall provide to the child's a physician and/or therapist written instruction plan for any special care(s) of daily routines and accommodations.
- Resources provided should ensure that adequate care information and trainings are available for care provider(s) staff to meet needs.

**Attendance:** Attendance records for children in residential non-residential childcare home or Center based facility are to be signed in and out with times and date. Records are to be kept 3 year including present year of attendance.

- Parents/Guardians are to accompany their child into his/her childcare and a care provider acknowledges the child is present.
- Parent/Guardian shall remove an infant from car seat or stroller upon entering their childcare.
- Parent/Guardian is responsible to sign in and out their child with time's noted
- Parents/Guardians are responsible for their child's belongings to be placed in the child's storage cubby.
- Parent/Guardian shall notify their child's provider (via phone call, text or email) when child is absent or change in drop off or pick up time(s).

**Non-Discrimination:** All child care providers, staff personal, substitute, helper or any one with access to the children shall not discriminate in relation to admissions and/or care needs on the basis of the child or their family's ability, race, creed, color, national origin, religion or sex.

- Providers, Center base staff shall receive ongoing trainings which includes ethical conduct and cultural sensitivity.

**Immunization of Child Care Provider:** Immunizations and wellness checks for adult child care providers who work with children and who meet the age requirements or if a risk factor is present.

- Physician's Report shall be kept in provider's personal confidential file.
- Providers should be current with all immunizations routinely recommended for adults by the Indian Health Service (IHS) and the CDC's Advisory Committee on Immunization Practices (ACIP) as shown in the "Recommended Immunization Schedule for Adults Aged 19 Years or Older" as follows: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

**Vaccines recommended:** All adults who meet the age requirements and who lack evidence of immunity (that is, lack documentation of vaccination or have no evidence of prior infection); and recommended if a specific risk factor is present.

- If a Center base staff member is not immunized for a medical or religious reason the documented reason shall be kept in confidential personnel file on site for site supervisor
- If a vaccine-preventable disease to which adults are susceptible occurs in the Center base facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department

should be consulted to determine whether the unimmunized adult should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed.

**Use of Tobacco:** Unless used for ceremonial or religious purposes, smoking or carrying a lighted smoking instrument (cigarette, e-cigarette, vaping product, illegal marijuana and any illegal drug is prohibited on child care premises (both indoor and outdoor environments) including vehicles used for child transportation.

- This includes the use of all substances, legally obtained or otherwise, which could impair judgement of caregiving by provider
- In family child care settings, tobacco, alcohol, marijuana, and all medications should be inaccessible to children. “No Smoking” policy in home, facility and vehicle during the hours of child care.

### **PARENT/GUARDIAN VISITATION**

Parent(s)/guardian(s) of enrolled child(ren) may visit the licensed residential non-residential child care facility any time during the hours of operation. \*Unless a court order prevents the biological parent or guardian from seeing the child.

- Non-custodial parent or where paternity has been established and is not prevented because of court order wishes to see his/her child.
- There is joint custody of the child and child is not residing with parent who wishes to see his/her child.
- Non-custodial parent can not remove child without authorized consent from custodial parent.
- Parent/guardian shall use the facility’s sign-in and sign-out sheet upon visitation.
- Visitors not allowed to enter premises with any weapons. Child care shall post notice of “No Firearms or Weapons Allowed” and “No Smoking (including e-cigarettes, illegal drugs) on Premises”
- Emergency procedures shall be established in an event of a non-custodial parent who is court ordered from seeing the child and attempts to see the child unannounced.

### **ACTIVITIES AND EQUIPMENT**

**Curriculum:** An accepted curriculum shall be designed to meet the needs of children's intellectual, physical, social and emotional developmental needs.

- Learning activities shall involve all ages served and to learn at their own rate
- Teaching shall be supported through positive encouragement and interaction of provider.
- Curriculum should be presented for all learning styles and needs through multiple approaches.
- The child’s learning environment shall support curriculum with literacy and learning props
- Curriculum shall involve indoor and outdoor learning activities.

**General Activities:** Child care activities must provide for the physical, cognitive, social/emotional development of all ages of children with an interactive supportive provider(s), or staff members. The environment must allow for physical movement that engages large and small muscle movement. All



equipment used by children for learning, physical play, sleeping or eating from must be approved standards and checked for recalls. [www.cpsc.gov](http://www.cpsc.gov)

- Children shall have opportunities to engage in moderate to vigorous activities indoors and outdoors and should actively encourage developmentally appropriate active play for all children, inclusive of infants and toddlers.
- Toddlers (12 months to 3 years) should be allowed 60–90 minutes of physical activity per 8-hour day and preschoolers (3 to 6 years) 90–120 minutes of physical activity per 8-hour day.
- Limit screen time (television, digital video display [DVD], video games, phones, and computers). All requirements should meet the American Academy of Pediatrics Council on Communications and Media recommendations for screen time and digital media use.

**Activities must:**

- be scheduled indoors and outdoors when weather permits; provides shade area from sun exposure
- be appropriate to the developmental stage and age of the child;
- be inclusive of all capabilities
- include active and quiet activities that are age appropriate and consists of provider-directed and child-initiated
- accessible learning materials that are age appropriate and culturally sensitive
- adult caregiver positive and supportive interaction

**Equipment:** Equipment must be adequate quantities for the number and ages of children in care and carry out the activities specified in this part.

- Equipment may be new or commercial as long as it is appropriate for the ages of children and activities for which its use is intended, safe and in good repair and follows the Code of Federal Standards. <https://www.revisor.mn.gov/rules/9503.0060/>
- Safety checks of all infant and child equipment requires daily inspection and routine checks for product recalls.
- Cushioned surface materials recommended in fall zone areas.

**Infant Activities:** Infant care shall include daily routines that implement safety and responding with comfort cares of a nurturing provider(s), or staff.

- Holding infant during bottle feedings until the child can hold his/her own bottle. No propping of bottles.
- Respond to the infant's attempts to communicate through positive interaction.
- Provide freedom of movement to the infant during a large part of the waking day to the extent that safety and weather permits. The non-creeping child shall spend a large part of each day out of a crib, compact/portable cribs or restrictive seating. The creeping infant shall have freedom to explore outside of the crib or restrictive seating.
- Giving the infant opportunity to stimulate the senses by providing a variety of activities and objects to see, touch, feel, smell, hear and taste.

- Provide activities for the infant that develops the child's manipulative and fine motor skills, self-awareness and social responsiveness.
- Encourage talking, singing, reading books to infant on a regular basis.
- Talk to, listen and interact with the infant(s) to encourage development and secure attachment.
- Talking and responding to infant's sounds through singing -use of cultural music, book reading and provides cultural language base

**Infant Equipment:** the following minimum equipment is required for each infant:

- Appropriate infant seating. Specifications can be viewed and downloaded on [www.cpsc.gov](http://www.cpsc.gov) or [www.aap.org](http://www.aap.org) or requested of the Agency.
- Crib(s), compact/portable crib or playpen with firm waterproof mattress or pad that fits appropriately to equipment. Specifications can be viewed and downloaded on [www.cpsc.gov](http://www.cpsc.gov) or [www.aap.org](http://www.aap.org) or requested of the Agency.
- Infants are to be placed on their backs for "Safe To Sleep". Safe sleep standards can be downloaded at [www.aap.org](http://www.aap.org) or requested of the Agency <https://www.aap.org/en/patient-care/safe-sleep/>
- Safety gates and latches and hazard protection devices are in place and in good repair.
- Infant equipment and toys free of loose pieces or faulty equipment that could pose strangulation choking or suffocating hazards. Equipment shall be checked for recalls at [www.cpsc.gov](http://www.cpsc.gov)

**Infant Sleeping Space:** Requires a safe, comfortable sleeping space for an infant. A crib or portable crib with waterproof mattress or pad must be provided for each infant in care. The equipment must be of safe and sturdy construction and have a bar or rail pattern that a 2 ¾ inch diameter sphere cannot pass through. "Safe Sleep" standards are to be followed.

**Bedding:** Infants sleeping areas are to be free of any loose bedding and must not have pillows, blankets, quilts/ comforters, sheepskin, pillow-like stuffed toys or any other soft products in the crib with an infant and must place them on firm mattress fitted to equipment standards and "Safe Sleep" standards. [www.cpsc.gov](http://www.cpsc.gov)

**Cribs and Play Yards:** Cribs and play yards should be in compliance with current U.S. Consumer Product Safety Commission (CPSC) and ASTM International safety standards that include ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs,28 ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards —Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs <https://safetosleep.nichd.nih.gov/resources/caregivers/environment/look>

- Cribs must ensure that each is a safe sleep environment as defined by the American Academy of Pediatrics Safe Sleep <https://www.aap.org/en/patient-care/safe-sleep/>
- Each crib should be labeled and used for one infant's exclusive use during infant's stay
- Cribs and mattresses shall be thoroughly cleaned and sanitized and checked for recalls before assignment for use by another child
- Infants should not be placed in the cribs with items that could pose a strangulation or suffocation risk according to Safe Sleep Practices

- Cribs shall be placed away from window blinds, draperies or any object that may fall into sleeping areas.

**Cribs full size and compact/portable cribs:** Cribs full size and compact/portable cribs must meet the approved mandatory crib Code of Federal Standards in safety requirements. Specifications can be viewed and downloaded on [www.cpsc.gov/cribs](http://www.cpsc.gov/cribs) or requested of the Agency.

- Cribs full size and compact/portable cribs must not have pillows, blankets, quilts/ comforters, sheepskin, pillow-like stuffed toys or any other soft products. Guidelines are from “Safe Sleep” standards for infants or immobile child and must be placed on firm mattress fitted to crib. [www.aap.org](http://www.aap.org) or requested of the Agency. <https://www.aap.org/en/patient-care/safe-sleep/>
- Playpens, play yards, must meet the Code of Federal Standards in safety requirements. Specifications can be viewed and downloaded on [www.cpsc.gov](http://www.cpsc.gov) or requested of the Agency.
- Cradleboards may be used as a sleep surface when requested from family for infant’s use. *Appropriate training to properly maintain safety for infant while in use.*

**High chairs and any other infant/child seating:** High chairs and any other infant/child seating must meet the Code of Federal Standard in safety requirements. Specifications can be viewed and downloaded on [www.cpsc.gov](http://www.cpsc.gov) or requested of the Agency.

**Changing table and pads:** Changing tables and pads must have surfaces that can be disinfected with each use. Infants and all other ages must be monitored at all times when placed on changing table.

\*Disinfecting solution mixtures are available <https://www.cdc.gov/disasters/bleach.html> or requested of the Agency.

**Strollers and Transportation Equipment:** Strollers and transportation equipment for children must meet the Code of Federal Standard in safety requirements. Specifications can be viewed and downloaded on [www.cpsc.gov](http://www.cpsc.gov) or requested of the Agency.

**Toddler Activities:** Toddler activities shall include daily routines that implement safety with supportive provider(s), or staff the following:

- Provide the toddler with freedom of movement and exploration outside the crib or playpen in a child safe environment.
- Large and small muscle activities that develop the child’s muscle and manipulative skills.
- Develop and stimulate learning by reading stories and looking at picture books together.
- Give the toddler opportunities to stimulate the senses by providing a variety of age-appropriate activities and objects to see, touch, feel, smell, hear and taste
- Encourages language development and responding to toddler’s communication through positive interaction, labeling, singing -use of cultural music, book reading and provides cultural language base

**Toddler Equipment:** The child care provider shall provide:

- Crib, mat/cot, or toddler bed and shall be for a single child’s use.
- Bedding that fits well to sleep surface
- Safety gates and latches and hazard protection devices.

- Environment free of choking and suffocating hazards that promotes independent investigation and learning.

**Preschooler Activities:** The child care provider shall:

- Encourage conversation between the child and other children and adults.
- Provide opportunity to play near and with other children; provide time and space for individual and group play; allow quiet time to talk or rest; allow of unplanned time and individual play time.
- Foster understanding of personal and peer feelings and actions and allow for the constructive release of feelings and frustration through discussion and play.
- Give assistance in toileting and provide time to carry out self-help skills and provide opportunities to be responsible for activities in helping with routine.
- Provide opportunity for each child to make decisions about daily activities and to take credit for the consequences of decisions.
- Provide time and areas for age appropriate large muscle play.
- Provide learning, small muscle, manipulative, creative or sensory activities.
- Read stories, look at books together and talk about new words and ideas with the child.
- Encourage talking, singing, book reading.
- Talking and responding to preschooler's communication through positive interaction - use of cultural music, book reading and that provides cultural language base

**Preschooler Equipment:** The environment shall provide a safe and supportive areas in:

- Provide learning toys, books, blocks and various items that promote early learning and investigation. *Sufficient number of toys and equipment for child use.*
- Provide each preschooler with a sleeping mat or cot for individual child's use.

**School-age Activities:** To provide opportunities for individual discussion about the happenings of the day and planning for activities with a supportive provider(s), or staff.

- Provide space and opportunity for games, activities or sports using the whole body, outdoors, weather permitting
- Provide space and opportunity for individual rest and quiet time
- Allow increased freedom as the child demonstrates increased responsibility
- Provide opportunities for group experiences with other children
- Provide opportunities to develop and expand self-help skills or real-life experiences
- Provide opportunities for creative and dramatic activity, arts and crafts and field trips
- Limit electronic equipment viewing or use (TV, hand held games and devices) with children unless needed as learning aids, homework or personal assistance.

**Written Permission:** Written permission must be obtained from the parent/guardian to allow a school-age child in care to participate in activities away (field trip) from the residential non-residential child care.

**EMERGENCY PROCEDURES:** Written emergency procedures and policies related to unintentional injury, medical emergency, natural disasters -Statewide or Tribal emergency proclaimed that serve children and any with special care or health needs shall apply to all licensed child care homes or facilities

- Responding to situations when an immediate emergency medical response is required with emergency procedures shall be posted and readily accessible.
- All child care providers and staff shall be trained to manage an emergency until emergency medical care becomes available.
- Licensed sites must practice emergency evacuation routines and have ready-to-go evacuation kit for children's care for on-site or away location. \*Requires monthly check of kit's content

**POLICIES AND PROCEDURES HANDBOOK:** Child care program policies are to promote child care operational efficiencies. Procedures are the required actions necessary to implement the policy and describes the process.

- Policy and procedure handbook is to be readily accessible on-site of licensed child cares
- The family child care or Center based facility must provide training opportunity to ALL staff, helper, substitute care providers related to carry out duties in emergency procedures
- Documentation of the training retained in personnel records
- State emergency procedures for residential non-residential child care home or Center based facility emergencies or disaster situations
- Implementation of Policies and Procedures: The license holder of a family child care or Center based is responsible to monitor implementation of the program's policies and procedures.

**PHYSICAL ENVIRONMENTS:** Building and physical premises including identification and protection from hazards regarding building and physical premises safety.

- Areas designed to protect the health and safety of children Outdoor play areas fenced to prevent access to hazards; bodies of water, vehicle traffic, farm animals, out buildings etc.
- An environmental audit must be conducted before construction of a proposed new child care site; renovation or occupation of a building proposed for child care use; or after a natural disaster to properly evaluate the child care structure when health and safety could be compromised.

**Safety of Equipment, Materials, and Furnishings** Equipment, materials, furnishings, and play areas should be regularly inspected to ensure that they are sturdy, safe, in good repair, and meet the recommendations of the U.S. Consumer Product Safety Commission. Possible safety hazards, including, but not limited to, the following:

- 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 age of use
- Insufficient spacing between equipment
- Tripping hazards
- Components that can pinch, shear, or crush body tissues
- Equipment that is known to be of a hazardous type
- Sharp points or corners
- Splinters
- Protruding nails, bolts, or other parts 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 (for example, straps, strings, and the like)
- Flaking paint
- Paint that contains lead or other hazardous materials
- Tip-over hazards: rugs, furniture, and cords etc.
- Matches, candles, and lighters and plastic bags

**Indoor Space:** The licensed capacity of the home or facility must be limited by the amount of usable space available to children. A minimum of 30 square feet of usable floor space is required per child.

- Bathrooms, closets, space occupied by major appliances and other space not used by children may not be counted as usable space. Space occupied by adult furniture, may be counted as usable indoor space when used by children.
- Usable indoor space may include a basement if it has been inspected by a fire inspector, is free of hazards and meets emergency exiting standards.

**Supervision of Children:** All licensed child cares are to directly supervise children

- Center-based staff trained on building and physical premises safety procedures.
- In center-based programs, teachers and staff should directly supervise children under age 6 by sight and sound at all times.
- In family child care settings, providers should directly supervise children by sight and sound.
- When children are sleeping, caregivers may supervise by sound with frequent visual checks.
- Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed.
- Children under the age of 6 should never be inside or outside by themselves.

**Outdoor Play Space:** An outdoor play space of at least 40 square feet per child in attendance, adjacent to the residence, for regular use, or a park, playground or play space within 2,000 feet of the residence.

- On-site supervision by provider(s) at all times when play space is not adjacent to the residence.
- Enclosure is required to provide protection from any traffic movement, water and machinery hazards.
- The area must be free of litter, rubbish, toxic materials, water hazards, machinery, unlocked vehicles, human or animal wastes and sewage contaminants.

**Water Hazards:** Swimming and wading pools, beaches or other bodies of water on or adjacent to the site of the home or facility must be inaccessible to children except during period of supervised use.

- Wading pools must be kept clean. When children use a swimming pool or beach, an attendant trained in First Aid, CPR and Infant CPR shall be present.
- Ponds, pools, stock tanks, or permanently standing water should be enclosed with a fence, or otherwise safeguarded to ensure that they cannot be accessed by children.

If the facility or home has a water play area, the following requirements should be met:

- Water play areas should conform to all tribal, state, and local health regulations
- Water play areas should not include hidden or enclosed spaces
- Spray areas and water-collecting areas should have a nonslip surface, such as asphalt
- Water play areas, particularly those that have standing water, should not have sudden changes in depth of water
- Drains, streams, water spouts, and hydrants should not create strong suction effects or water-jet forces
- All toys and other equipment used in and around the water play area should be made of sturdy plastic or metal (no glass should be permitted)
- Water play areas in which standing water is maintained for more than 24 hours should be treated and inspected for glass, trash, animal excrement, and other foreign materials
- Minimum standards for supervision near water should be followed during wading and water play activities, as well as ceremonies and community events that take place near bodies of water.

**Means of Escape:** From each room of the home or facility used by children, there must be two means of escape. One means of escape must be a stairway or doorway which leads to the immediate outside. The other must be a door or window leading directly outside. If window is a means of escape the window must be open-able without special knowledge. It must have a clear opening of not less than 5.7 square feet and have a minimum clear opening dimension of 20 inches wide and 24 inches high. The window must be within 48 inches from the floor.

**Trailer Homes:** Older than 15 years old (from the year of manufacture licensure) are not permitted to be licensed by the Agency.

**Apartments:** Must be on first floor, have two exits that meet safety regulations and be in compliance with regulations of the apartment building code(s).

**Non-Residential Facility:** Structures must be in compliance with local fire codes and meet safety regulations of construction and/or remodeling of facility.

**Heating and Venting Systems:** The following heating and venting guidelines must be met:

- Mobile heating appliances must not block escape routes in case of a fire and meet regulations found in the NEPA 101 Life Safety Code Book and the NFPA Inspection manual.
- Gas, coal, wood, kerosene or oil heaters must be vented outside in accordance with the regulations found in the NEPA 101 Life Safety Code Book and the NFPA Inspection Manual.
- Combustible items must not be located within 36 inches of the furnace or other heating sources.
- Whenever in use, fireplaces, wood-burning stoves, solid fuel appliances, steam radiators and other potentially hot surfaces, such as pipes, must be protected by guards to prevent burns. All fireplaces, wood-burning stoves, steam radiators and furnaces must be installed in accordance with the regulations found in the NEPA 101 Life Safety Code Book and the NFPA Inspection manual.
- The furnace, hot water heater and workshop areas must be inaccessible to children. Separation must be a secured door, partition or security gate.
- Ventilation of usable space must be in accordance with the regulations found in the NEPA 101 Life Safety Code Book and the NFPA Inspection manual. Outside doors and windows used for ventilation in summer months must be screened when biting insects are prevalent.

**Garage doors with openers:** Must be equipped with sensors, and locked when not in use.

**Temperature:** A minimum of 68 degrees Fahrenheit must be maintained within areas used by children indoors.

**Stairways:** All stairways must meet the following conditions:

- Stairways of three or more steps must have hand rails.
- Any/or all unenclosed stairwells must be fully enclosed with a protective guardrail. The back of the stair risers must be enclosed.
- Securely attached gates or safety barriers must be used when children between the ages of 6 months to 24 months are in care.
- Stairways and hallways must be well-lighted, in good repair and free of clutter and obstructions.

**Decks:** Decks, balconies or lofts used by children more than 30 inches above the ground or floor must be surrounded by a protective guardrail. Wooden decks must be free of splinters and coated with wood preservation, paint or constructed with manufactured approved product.

**Locks and Latches:** Door locks and latches must meet the following guidelines:

- A closet door latch must be made so that children can open the door from inside the closet;
- Every bathroom door lock must permit opening of the locked door from the outside and the opening device must be readily accessible to all providers; and
- Double cylinder (key required on both sides) locks on exit doors are prohibited.



**Sewage Disposal:** Child care home or facility must have toilet facilities and sewage disposal systems that conform to local septic system ordinances. The toilets must flush thoroughly.

- Outside toilets are permissible when local ordinances allow
- Plumbing must meet guidelines set in the uniform Plumbing Code Book and health requirements met for hand washing needs.

**Construction, Remodeling:** During construction or remodeling, children shall not have access to dangerous construction or remodeling areas within or around the residence. Air quality must be maintained to prevent air-borne contaminants reaching areas proposed for child care use.

**Interior Walls and Ceilings:** The interior walls and ceilings within the facility of non-residential/residential, as well as corridors, stairways, hallways and entries/lobbies must have flame spread rating of 200 or less.

**Extinguisher:** A portable, operationally, multi-purpose, dry chemical fire extinguisher with a minimum rating assessible in residential non-residential child care.

- Accessibility in the kitchen/cooking areas and on each level of facility home at all times.
- Providers, substitutes and helpers shall know how to use the fire extinguisher
- Fire extinguishers shall be maintained annually and documented with monthly checks

**Smoke Detection Systems:** Working smoke detectors must be properly installed and maintained on all levels and documented that it has been tested and is working properly.

**Carbon Monoxide Detection System:** A working carbon monoxide detector shall be in use when non-residential/residential child care main source of heat is gas/propane and documented that it has been tested and is working properly.

- All monthly monitored health and safety checklist are to be posted for view upon site visits and submitted at time of relicensing.
- Detectors should be tested monthly and batteries changed at least yearly
- Detectors should be replaced according to the manufacturer's instructions

**Monthly Safety Drill log:** Fire Safety, Storm and Emergency Preparedness Plan posted for view for all forms of licensed child cares. **Posted Form includes:** Fire, Storm Drill Log and Emergency Preparedness Plan practices recorded with date and Licensor observed evacuation.

**Electrical Services:** The following electrical guidelines must be met:

- All electric receptacles accessible to children must be tamperproof or shielded when not in use
- All major electrical appliances must be properly installed, grounded and in good working order
- Extension cords shall not be used as a substitute for permanent wiring; extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings, floors, under doors or floor coverings nor be subject to environmental damage or physical impact; and
- Electrical wiring must be sized to provide for the load needed and be in good repair.

## **SANITATION AND HEALTH**

**Sanitation and Cleanliness:** Residential non-residential child care must be free from accumulations of dirt, rubbish, peeling paint and hazardous material. Surfaces used for children (eating and play) must be cleaned/sanitized/disinfected daily. <https://www.cdc.gov/disasters/bleach.html>

**Pest Control:** Effective measures must be taken to protect the licensed residential non-residential child care facility against vermin and insects. Chemicals for insect and rodent control must not be applied in areas accessible to children or when children are present.

**Rubbish:** Indoor and outdoor garbage and rubbish containers must not be accessible to children in care or animals.

**Toxic Substances:** All medicines, chemicals, detergents, poisonous plants, alcoholic beverages and any other toxic substances must be under lock and key and inaccessible to children.

- Toxic substances shall be stored away from food products.
- Equipment or toys which are mouthed or may be chewed must be free of lead-based paint.
- Toys and equipment with chipped, cracked or peeling paint must be replaced. Painted surfaces (walls & windows) in residential non-residential child care must be lead free.

**Firearms:** All firearms must be unloaded and ammunition inaccessible to children and must be stored in separate locked areas in residential non-residential child care.

- Center based child care facilities shall not have any firearms, ammunition or objects manufactured for play as toy guns within the premises at any time. Facilities shall post “No Firearms or Weapons Permitted on Property”

**Hazardous Materials:** Knives, matches, plastic bags, lead based paint and any other potential hazards must be kept out of reach of children in care. The use of potentially hazardous materials and tools must be supervised and children not present in area of use.

**First Aid Kit:** The residential non-residential child care shall have a first aid kit that contains

- Bandages, sterile compress, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap and adhesive tape.
- A first aid manual
- The kit and manual must be easily accessible to providers and maintain kit as needed for emergency use and taken on field trips.

**Emergencies:** The provider(s) substitute(s) and helper(s) shall be trained in 1st Aid prepared for emergency procedures until emergency medical care is available. Ready.gov “Helping Children Cope” resource: <https://www.ready.gov/kids/parents/coping>

- Emergency procedures should be posted and readily accessible
  - Kits kept stocked and checked for expiration date of products
  - Designated caregivers follow procedures to maintain group size of children and secure location
  - An operating telephone/cell phone must be located within the residence.
-

- Emergency phone numbers must be posted for all other substitutes/helpers to view. The numbers must be those of the local fire department, police department, emergency transportation and poison control center.
- The emergency contact phone numbers of the parent(s)/guardian(s) and the child's physician and dentist must be readily available within the home or facility and taken on field trips.
- Prior arrangements must be made for a substitute to provide care during emergencies whereas the substitute is familiar with health and safety standards and emergency preparedness.
- For severe storms and tornados, the child care provider shall have a designated area/shelter within the home or facility that children shall go to for cover. Shelter emergency supplies shall have operable battery flashlight or emergency lighting, emergency 1<sup>st</sup> Aid kit, portable radio or TV, diapers, blanket, water, snacks and comfort items for children.
- The licensed home/facility or Center based shall have a written fire escape plan and a log of monthly fire, storm and emergency preparedness drills accessible to Agency checks of residence. The evacuation plan must be witness annually by Licensor for escape procedures in mock drill.

\*The following must be approved by the Agency and specify:

- emergency phone numbers posted; emergency responders -local fire and police and poison control center
- designated meeting place outdoors for roll call;
- smoke detector and fire extinguisher locations and recorded of operating and maintained correctly;
- plans and documented of monthly fire and tornado drill sessions;
- escape routes to the outside from all levels used by children (in buildings with three or more dwelling units, enclosed exit stairs must be indicated).

**Transportation of Children:** Transportation of children shall be in an approved motor vehicle other than a passenger bus or a school bus, licensed insured driver of the following provisions for child safety must be made:

- Written permission to transport or NOT transport child(ren) must be obtained from parent or guardian and kept on file. Child care provider(s) must inform parent(s)/ guardian(s) *when transporting child by motor vehicles*. This is to include all terrain vehicles and any other motorized vehicle.
- Child care provider who choose not to transport child(ren) must also inform parent(s)/guardian(s) of this decision.
- Accessible training in transporting children and child passenger seat installation, if applicable and provider chooses to transport must be in place for all child care provider(s) substitute(s), leads, authorized staff and site supervisors.
- If child(ren) are transported, a written permission slip signed by a parent or guardian shall be on file.
- Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions.

- When children are driven in a motor vehicle other than a passenger bus or school bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state, and federal laws and regulations.
- The child should be securely fastened, according to the manufacturer's instructions.
- Appropriate adult supervision of child(ren) being transported.
- The child passenger restraint system should meet the federal motor vehicle safety standards.
- Car safety seats should be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date.
- A child may be transported only if the child is fastened in a safety seat, seat belt or harness appropriate to the child's weight and the restraint is installed and used in accordance with the manufacturer's instructions.
- Any vehicle operated by the child care provider for the transportation of children must be licensed in accordance with the laws of the state and the driver shall hold a current, valid Minnesota driver's license and carry motor vehicle insurance.
- No child is permitted to remain unattended in any vehicle.
- Vehicles parked in residential non-residential child care facility must have the vehicle windows completely open (no keys inside) or vehicle locked when children are present.

**Separation of Personal Articles:** Separate single use towels, wash cloths, drinking cups, combs and other personal articles must be labeled for each child.

- Bedding: Clean, separate bedding must be provided for each child in care.

**Pets:** All pets housed within the licensed residential non-residential child care facility shall be maintained in good health and limited to dogs, cats, fish, guinea pigs, gerbils, rabbits, hamsters, rats, mice, and birds, if the birds are clear of chlamydia-psittaci. The child care provider shall ensure that:

- Parent(s)/Guardian(s) are notified prior to admission of the presence of pets in the residence;
- Children handle animals only with supervision;
- Rabies shots and tags are current for all dogs and cats;
- Pet cages are located and cleaned away from any food preparation, storage or serving areas. Play areas are free of animal excrement animal not confined to pet cages within play areas;
- Parent(s)/Guardian(s) of a child whose skin is broken by an animal bite or scratch, are notified of the injury on the day the injury occurs; and
- the health officer is immediately notified whenever a child in care is bitten by an animal, the notification shall be given before any steps are taken to destroy the animal, and the child care provider shall take reasonable steps to confine the animal away from children.

**Diapers:** Children in diapers shall be kept clean and dry. The following sanitary procedures must be used to reduce the spread of communicable disease. <https://www.cdc.gov/disasters/bleach.html>

- An adequate supply of disposable or clean cloth diapers must be available for each child and stored in a place accessible to provider easy access. If cloth diapers are used, parent/guardian must provide a change of the outer plastic pants for each fecal-soiled diaper change. Cloth

diapers, except those supplied by a commercial diaper service, and plastic pants, if supplied by parent/guardian, must be labeled with the child's name. Cloth diaper, plastic pants and soiled clothing must be placed in the plastic bag after removal and sent home with the parent/guardian daily.

- Diapers and clothing must be changed when wet or soiled. Scheduled checks recorded for infant changes.
- For disposable diapers, a covered diaper disposal container must be located in the diaper changing area and lined with a disposable plastic bag. The container must be emptied when full, and at least daily.
- Diapering must not take place in a food preparation area. The diaper changing area must be covered with a smooth, nonabsorbent surface. If the surface is not disposable and is wet or soiled, it must be washed with soap and water to remove debris and then disinfected with a solution of at least two teaspoons of chlorine bleach to one quart of water. Surfaces must be washed, rinsed and disinfected after each child's use. \* Caring for Our Children, 3rd edition, 3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting.
- Single service disposable wipes or freshly laundered cloths must be used for washing a soiled child. A child who is soiled or wet must be washed with a disposable wipe or a freshly laundered cloth before re-diapering.

**Toilet Training Chairs:** Toilet training chairs or stool seats must be washed with soap and water and disinfected daily after each child's use. <https://www.cdc.gov/disasters/bleach.html>

- Routine Cleaning, Sanitizing, and Disinfecting
- For more information, see Caring for Our Children, 3rd edition, 3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting.

**Prevention of Exposure to Blood and Body Fluids:** Personal protective equipment refers to wearable equipment that is designed to protect child care provider. These include gloves, face masks, protective eye wear and face shields. All caregivers/teachers who are at risk of occupational exposure to blood or other blood-containing body fluids should be offered hepatitis B immunizations.

- Use of gloves in situations involving possible contact with following; blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis)
- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids
- Training on occupational risk related to handling body fluids
- For more information, see Caring for Our Children, 3rd edition, 3.2.3.4: Prevention of Exposure to Blood and Body Fluids. <https://nrckids.org/CFOC/Database/3.2.3>

**Hand-washing:** A child's hands must be washed with soap and water when soiled, after the use of a toilet or toilet training and diapering, before and after eating a meal or snack. The provider, staff shall monitor and assist the child who needs help.

- In sinks and tubs accessible to children, the water temperature must not exceed 120 degrees Fahrenheit to prevent children from scalding themselves while washing.
- Caregivers shall wash their hands with soap and water after each diaper change, after assisting a child on the toilet, after washing the diapering surface and before food preparation.
- Hand washing does not take place in areas where food is prepared. Hands must be dried on a single use towel. Hand washing procedures shall be posted in diapering, and toileting areas.
- Situations That Require Hand Hygiene: scrub hands together and between fingers for at least 20 seconds
- Situations or times that children and child care provider should wash their hands should be posted in all food preparation, diapering, and toileting areas.

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

Caring for Our Children National Health and Safety Performance Standards, The Indian Health Service (IHS) and the tribal or state health department provide specific guidelines for exclusion.

- Provider, staff should notify parents or guardians when children develop new signs or symptoms of illness. Parent or guardian notification should be immediate for emergency or urgent issues.
- Provider, staff should notify parents or guardians of children who have symptoms that require exclusion, and parents or guardians should remove children from the early care and education setting as soon as possible.
- For children whose symptoms do not require exclusion, verbal or written notification to the parent or guardian at the end of the day is acceptable.
- Most conditions that require exclusion do not require a primary health care provider visit before reentering care. When a child becomes ill but does not require immediate medical help, a determination should be made regarding whether the child should be sent home. The provider, Center base Site Supervisor or Lead staff should determine whether the illness meets any of the following criteria:
  - Prevents the child from participating comfortably in activities.
  - Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
  - Poses a risk of spread of harmful diseases to others.
  - Causes a fever and behavior change or other signs and symptoms (for example, sore throat, rash, vomiting, and diarrhea). An unexplained temperature above 100 °F (37.8 °C) (armpit) in a child younger than 6 months should be medically evaluated. Any infant younger than 2 months of age with fever should get immediate medical attention.

If any of the above criteria are met, the child should be removed from direct contact with other children and monitored and supervised by a staff member known to the child until dismissed to the care of a parent or guardian, or other person designated by the parent or guardian.

If a medication must be administered during child care hours to relieve symptoms the provider, Center base staff must comply with laws, regulations, and best practice to maintain the health of the child. Child care staff must adhere to medication administration policies and procedures to safely administer.

**Medication Administration and Storage:** The administration of medicines should be limited to the following:

- Prescription or nonprescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent or guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication.
- Labeled medications (over-the-counter) brought to the child's facility by the parent or guardian must be in the original container. The label should include the child's name; dosage; relevant warnings as well as specific and legible instructions for administration and storage.
- Provider, staff or any other caregiver should never administer medication that is prescribed for one child to another child. Documentation that the medicine or agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent or guardian for disposal.
- All medications, refrigerated or unrefrigerated, should have child-resistant caps, be stored away from food at the proper temperature, and be inaccessible to children.
- Medication release for the child must be on file for medication prescribed, parent or guardian's signature and date and time length of prescription to administer.

**Care of Ill Children, Medicine Administration:** The following provisions must be followed for the care of ill children and the administration of medicine.

- A child with any of the following conditions is a sick child and must be excluded from care. A child who becomes sick while in care must be supervised at all times and the parent/guardian called immediately. The sick child will be kept separated as much as possible to limit contact with other children.

**Child is Excluded When the Determination:** A reportable illness or condition that a Medical facility determines to be contagious and a physician determines the child has not had sufficient treatment to reduce the health risk to others;

- chicken pox until the child is no longer infectious or until the lesions are crusted over;
- who has vomited two or more times since admission that day;
- who had three or more abnormal loose stools since admission that day;
- who had contagious conjunctivitis or pus draining from the eye;
- who has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of anti-microbial therapy;

- who has unexplained lethargy;
- who has ringworm or scabies that is untreated and contagious to others;
- who has a 100 degree Fahrenheit or higher temperature of undiagnosed origin before fever reducing medication is given;
- who has an undiagnosed rash or a rash attributable to a contagious illness or condition;
- who has significant respiratory distress;
- who is not able to participate in child care program activities with reasonable comfort; or
- who requires more care than the provider, staff can provide without compromising the health and safety of other children in care.

**The Administration of Medication:** Child care providers, Center base staff require training in adherence to safely administer medication to children *and when possible, a dose does not involve the hours the child attends the child care facility.*

- Preservice or orientation training on the administration of medication must be in place for all provider types.
- Written permission from the child's parent/guardian prior to administering medicine must be in on file and informed of all provider types with written instructions for their use provided by a licensed physician or dentist.
- Over the counter diapering products, sunscreen lotions and insect repellents must be administered according to the manufacturer's instructions.
- Medicine must have the child's name, current date, dosage and prescription information on the label for instruction.
- Medications will not be added to child's bottle or food.

**Routine Oral Hygiene Activities:** Providers, staff shall promote good oral hygiene through learning activities, including the habit of regular tooth brushing.

**Diaper-Changing Procedure:** The diaper-changing procedure should be posted in the changing area and followed to protect the health and safety of children, and all child care provider types.

- All provider(s), staff who will diaper should undergo training and periodic assessment of diapering practices.
- Child care provider should never leave a child unattended on a table or countertop. A safety strap or harness should not be used on the diaper changing table.
- Use a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. <https://www.cdc.gov/disasters/bleach.html>
- All cleaning and disinfecting solutions should be stored to be accessible to the child care provider but out of reach of any child.
- Proper hand washing procedures are followed.
- Poster of correct procedures for handwashing for providers and children to follow.



**Infectious Disease Outbreak Control:** During the course of an identified outbreak of any reportable illness at child care facility, a child or child care provider caring for children should be excluded if the health department official or primary child care provider suspects that the child or provider is contributing to transmission of the illness is not adequately immunized when there is an outbreak of a vaccine preventable disease, or the circulating pathogen poses an increased risk to the individual.

- The child or child care provider should be readmitted when the health department official or primary child care provider or who made the initial determination decides that the risk of transmission is no longer present.

## **WATER, FOOD AND NUTRITION**

**Food Safety and Handling Training:** All child care providers or a designated staff member(s) who are responsibilities for food handling safety and service. Child care providers designated as supervisor for food service should be a certified food protection manager or have a food protection manager course. Family child cares should secure training in food service safety appropriate for their setting.

**The U.S. Department of Agriculture Child and Adult Care Food Program Guidelines are recommended:** Nutritious and sufficient foods that meet the requirements for meals of the child care component of the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP)

- Traditional Native American foods (for example, fresh-grown fruits and vegetables, wild rice, hunted game, and fresh fish) may be served.
- Participation in the Child and Adult Care Food Program should serve nutritious and sufficient foods that meet the requirements for meals of the child care component of the U.S. Department of Agriculture Child and Adult Care Food Program

**Food Safety:** Food must be handled and stored properly to prevent contamination and spoilage.

- All food and cooking utensils must be stored to protect them from dust, vermin, pipe leakage or other contamination.
- Food requiring refrigeration must be maintained at 41° Fahrenheit or below. Food requiring heating must be maintained at no less than 135° Fahrenheit or higher until ready to serve. Frozen food must be maintained in a solid state until used.
- Appliances used in food storage and preparation must be safe and clean.
- Food reimbursement programs require food handling/storage, preparation and nutritional training to meet eligibility requirements annually.
- Hand washing procedures shall be posted in all food preparation areas.

**Drinking water:** There must be a safe water supply in all child care facilities.

- Water from privately-owned wells must be tested annually by a certified laboratory to verify safe for drinking and cooking.
- Water must also be available at frequent intervals in separate or single service drinking cup or bottles to the children during indoor and outdoor play activities.

- On hot days, infants receiving human milk in a bottle may be given additional human milk, and those receiving formula mixed with water may be given additional formula mixed with water. Infants should not be given water, especially in the first six months of life.

**Milk:** Milk is served to children in care must be pasteurized.

Milk – whole milk, or reduced fat (2%) milk for children at risk for obesity hypercholesterolemia, for children from one year of age up to two years of age; skim or 1% for children two years or older, unsweetened low-fat yogurt or low-fat cheese

**Human Milk:** Proper handling and storage of expressed human milk for infant consumption. Meals containing breastmilk or iron-fortified infant formula supplied by the institution or facility, or by the parent or guardian, are eligible for reimbursement. Meals in which a mother directly breastfeeds her child at the child care institution or facility are also eligible for reimbursement.

- Storage duration of fresh and frozen human milk for use with full term infant shall be posted for following safe preparation and storage techniques of human breast milk.
- Child care provider is informed of the proper handling and feeding of infant their mother's milk and support breastfeeding mothers and their infant.
- Human milk must be label with name of infant and expression date.

**Meals and Snacks:** Well-balance meals and snacks must be offered and served during the day and must include serving from each of the basic food groups.

- The child care provider shall follow written instructions obtained from the parent(s)/guardian(s), at the time of enrollment, on each child's special diet or food needs. Parent(s)/guardian(s) shall be consulted about special food preferences
- Flexible feeding schedules must be provided for infants and toddlers, and the infant or toddler's usual diet and feeding schedule must be followed.
- Food, lunches and bottles brought from home must be labeled with the child's name and refrigerated when necessary. Bottles must be washed by hand after each use.

**Prevention of and Response to Emergencies due to Food and Allergic Reactions:** Preservice or orientation training on the prevention of and response to emergencies due to food and allergic reactions must be in place for providers, all staff, and any other person(s) caring for children. Preservice or orientation training must be completed within 90 days of hire.

**Care of Children with Food Allergies:** Before admitting a child for care residential non-residential facility must obtain a written care plan for each child with a food allergy and should include the following:

- Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food documentation of any known allergy from the child's parent or legal guardian or the child's source of medical care.
- A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications.

- Based on the child's care plan, and before caring for the child, providers, helper, volunteers and teachers should receive training and implement measures for the following:
  - Preventing exposure to the specific food(s) to which the child is allergic
  - Recognizing the symptoms of an allergic reaction
  - Treating allergic reactions
  - If a child has a known allergy, the residential non-residential must maintain current information about the allergy in the child's record and develop an individual child care program plan

**Licensed Child Care(s) who are Not Enrolled in Child and Adult Care Food Program:** Licensed Child Cares (Family/Group or Center-based) who do not participate in a food reimbursement program must receive nutritional information for all ages served and receive safe food handling training.

- Training on the prevention of and response to emergencies due to food and allergic reactions must be in place for each child with special dietary needs.
- Training on nutritional meals and menu planning
- Training on safe food handling -proper documentation required
- The child care provider shall notify Agency when terminating a food program or non-enrolled CACFP.
- The child care provider staff shall follow written instructions obtained from the parent(s)/guardian(s), at the time of enrollment, on each child's special diet or food needs. Parent(s)/guardian(s) shall be consulted about special food preferences and medical

