



INTRODUCTION to ORIENTATION

Setting the foundation for quality care

HEALTH, SAFETY & SANITATION

The orientation curriculum was developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care in 1994 to fulfill the requirements of KRS 199.892 et seq. for new child care providers. A revision of the curriculum was completed in 2001 by the Kentucky Association of Child Care Resource and Referral Agencies (KACCRRRA¹) in conjunction with the Cabinet for Families and Children. A second revision of the orientation training was completed in July 2003, with final revisions in March 2004, to ensure alignment of the training with the new Kentucky Early Childhood Core Content.² Authored by Nena Stetson, Nicki Patton and Carol Schroeder, the second revision was completed by the University of Kentucky Interdisciplinary Human Development Institute (IHDI) in collaboration with KIDS NOW (Kentucky Invests in Developing Success) and the Cabinet for Families and Children. Additional updates were made in 2013 to reflect changes in the child care licensing regulations. The most current revisions were made in June 2021.

NOTICE: This handout includes references to Kentucky regulations relevant to health and safety in child care. However, it does not cover **ALL** relevant health and safety requirements. Please refer to a complete copy of the regulations for information regarding keeping children safe and healthy while in your program. For the most current copy of Kentucky's regulations pertaining to child care, go to the [Division of Child Care Regulations website](https://chfs.ky.gov/agencies/dccs/dcc/Pages/regulations.aspx). <https://chfs.ky.gov/agencies/dccs/dcc/Pages/regulations.aspx>. You can also obtain a copy of the regulations by contacting the Office of Inspector General, Cabinet of Health Services, Division of Child Care, 275 East Main Street; 5-E, Frankfort, KY 40621 (502) 564-2800

¹KACCRRRA's name later was changed to Kentucky Child Care Network (KCCN). The statewide Child Care Resource and Referral system currently is part of the Child Care Aware of Kentucky <https://www.childcareawareky.org/>

²KIDS NOW (2004)

Special contributions (photos) by PUSH Child Development Center, Frankfort KY.

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Setting the foundation for quality care

As a result of this training, early care and education professionals will:

- Take appropriate actions to keep children healthy and safe

Learner Outcomes:

By the end of the training session, you will be able to:

- Identify actions you can take to prevent injuries.
- Generate a list of potential safety hazards in early care and education settings and appropriate steps to remove or limit the hazards.
- Complete mandatory First Aid and Cardiopulmonary Resuscitation (CPR) training (does not qualify as “certification”)
- Describe recommended procedures and documentation for administering medication.
- Identify appropriate actions to minimize the spread of infectious diseases.
- Demonstrate or describe proper hand washing techniques.
- Distinguish between cleaning and sanitizing.



Overview



As an early care and education professional, you need to comply with state regulations and professional standards in order to:

1. Prevent injuries.
2. Prevent the spread of infectious disease.



Regulations are minimum standards that all programs must follow in order to operate legally. The three types of regulated child care programs in Kentucky are:

- 1) licensed child care centers, 2) licensed family child care homes, and 3) certified family child care homes and 4) registered child care providers (see Appendix A for definitions of each).

Professional standards represent high quality practices which are widely agreed upon by personnel in the early care and education field. While not mandated by law, it is strongly recommended that professional standards be followed.



Preventing injuries: Unintentional injuries are the leading cause of death among children one to five years of age.³ Most common injuries can be prevented by creating a safe environment and by properly supervising children.

Preventing the spread of illness: Children who attend early care and education programs experience a higher incidence of common infectious diseases than children cared for exclusively in their own homes.⁴ For example, children in early care and education programs have a significantly higher risk of developing upper and lower respiratory tract infections. Routine sanitation and personal hygiene are effective ways to reduce these infections and other infectious diseases.⁵






³ The Health Foundation of Greater Cincinnati

⁴ Holmes, Morrow & Pickering (1996)

⁵ American Academy of Pediatrics (AAP), American Public Health Association (APHA), & National Resource Center (NRC) for Health and Safety in Child Care (2002)

Safety first

Your **#1** priority is to keep children safe while they are in your care. This means that you must:

-  **1** Closely supervise children.
-  **2** Recognize, remove and/or limit potential safety hazards.
-  **3** Administer medication properly.
-  **4** Be aware of allergies.
-  **5** Prepare for emergency situations.



1 Closely supervise children

- Be alert. Know where children are at all times.
- Position yourself strategically so that you can see all of the children.
- Circulate throughout the room.
- Be close enough to intervene if necessary.
- Establish clear, simple and positive safety rules. For example:
 - *We walk inside. Running is for outside.*
 - *Our toys are for playing.*
- Remain within range of voice so that you can hear the children and they can hear you.
- Maintain child/staff ratios at all times (see Appendix A, p.41).



What the regulations say about supervision

Type I centers and Type II licensed homes (922 KAR 2:120)

Each center shall maintain a child-care program that assures each child will be:

- Provided with adequate supervision at all times by a qualified staff person who;
 - ensures the child is:
 - Within scope of vision and range of voice; or
 - For a school-age child, within scope of vision or range of voice [Sec 2 (3a)]
- If nontraditional hours of care are provided:
 - at least one (1) staff member shall be assigned responsibility for each sleeping room [Sec 2 (12b)].
 - staff shall 1) if employed by a Type I child-care center, remain awake while on duty or
 - 2) if employed by or is the operator of a Type II child-care center, remain awake until every child in care is asleep [Sec 2 (12f)].
- If a child becomes ill while at the child care center, the child shall be placed in a supervised area isolated from the rest of the children [Sec 7 (3a)].
- A child shall not be left unattended in a vehicle [Sec 12 (11b)].
- An animal that is considered undomesticated, wild, or exotic shall not be allowed at a child-care center unless the animal is:
 - A part of a planned program activity led by an animal specialist affiliated with a zoo or nature conservatory. [Sec 15 (3a)]

Certified family child care homes (922 KAR 2:100)

- If overnight care is provided, a provider or an assistant shall remain awake until every child in care is asleep [Sec 12 (11)].
- A child who does not sleep shall be permitted to play quietly and be visually supervised [Sec 12 (10)].
- A quiet, separate area that can be easily supervised shall be provided for a child too sick to remain with other children [Sec 15 (7)].
- A child shall not be left unattended in a vehicle [Sec 17 (2)].
- Each child in an outdoor play area shall be under the direct supervision of the provider or assistant [Sec 11 (14)].
- A swimming pool on the premises shall be supervised when in use and be inaccessible to children when not in use [Sec 11 (17 c-d)].
- An animal that is considered undomesticated, wild, or exotic shall not be allowed

at a child-care center unless the animal is: [Sec 16 (3)]

- A part of a planned program activity led by an animal specialist affiliated with a zoo or nature conservatory. [Sec 16 (3a)]
- A child shall be released from the family child-care home to the child's custodial parent, the person designated in writing by the parent, or in an emergency, the person designated by the parent over the telephone [Sec 12 (15)].

Revised 4/13



2 Recognize, remove and/or limit potential safety hazards⁶

Recognize common hazards and types of injuries.

Falls⁷

Children in early care and education settings are more likely to be injured by a fall than by any other type of injury.⁸ Falls are frequently associated with children's curiosity and development of motor skills, particularly climbing. Children learn to climb up before they learn to climb down. Also, children do not have well-developed depth perception and may not realize how high they have climbed.

Drowning⁹

One inch of water is all it takes for a child to drown--and it doesn't take long. Two minutes following submersion a child will lose consciousness. Irreversible brain damage occurs after 4-6 minutes. Most drowning happens when a child is left unattended for a moment or the child manages to slip away from the watchful eye of an adult.

Burns

Children of all ages face the risk of burns from several different sources. Scald burns caused by hot liquids or steam are the most common cause of burns to younger children. A child exposed to hot water at 140 degrees F. for 3 seconds will sustain a third-degree burn, an injury that requires hospitalization and skin

⁶ Safechild.net (no date).

⁷ Safekids.org (no date).

⁸ The California Child Care Health Program (1998).

⁹ Safekids.org (no date).

Prevent Injuries

grafts.¹⁰

Because of their curiosity and fascination with fire, toddlers and older children are more likely to receive flame burns caused by direct contact with fire. Children receive contact burns when they touch extremely hot objects, electrical burns when they come into contact with electrical current, and chemical burns when their skin comes in contact with strong chemicals.

Choking, suffocation and strangulation¹¹

These injuries occur when children are unable to breathe normally because something is blocking their airways. Choking occurs when food or objects block a child's internal airways. Suffocation takes place when materials block or cover a child's external airways. Strangulation occurs when items become wrapped around a child's neck and interfere with breathing. Six minutes without oxygen can cause brain damage in children.¹²

Poisoning

Children face a high risk of poisoning because of their curiosity and tendency to put everything in their mouths. While most poison is ingested (taken in through the mouth), poison also can be absorbed through contact with a child's skin or eyes, and by breathing poisonous fumes.¹³

Vehicle-related injuries

Children can be injured by a vehicle when they are 1) passengers in a vehicle that has an accident or stops suddenly;¹⁴ 2) pedestrians and are hit by a car;¹⁵ 3) riding their bikes; 4) left in a hot car.¹⁶ The risk of vehicle-related injuries increases when taking children on a field trip.

Know when and where injuries or hazards may occur.

Not every injury can be prevented. However, you can dramatically reduce the potential for injury by knowing when and where injuries or hazards are likely to occur. For

¹⁰ Safekids.org (no date).

¹¹ Safekids.org (no date).

¹² The California Child Care Health Program (1998).

¹³ The California Child Care Health Program (1998).

¹⁴ Safekids.org (no date).

¹⁵ Safekids.org (no date).

¹⁶ Safekids.org (no date).

Prevent Injuries

example, 5-gallon buckets and bathtubs can both lead to drowning; windows, skateboards and diaper changing tables can all lead to falls.

Know each child's abilities and characteristics.

At each stage of a child's development, certain types of injuries are more likely to occur. Knowing and understanding how children develop will help you to predict and prevent most injuries.

Injuries may occur because:

Infants (0 – 12 months)

- roll over
- sit up and crawl
- reach for objects and pull things
- want to test and touch things
- grab onto things to pull self up
- explore objects by putting them into their mouths



Toddlers (13 - 35 months)

- walk and run
- like to go fast but are top-heavy and unsteady and have trouble stopping
- learn to climb up before they climb down
- learn to open doors, gates, and windows
- enjoy water play and watching the toilet flush
- lack enough upper body muscle strength to pull themselves out of a bucket, toilet, etc.
- put small things into containers and small openings
- are curious and explore everything, but do not understand the concept of danger
- lack depth perception and may not realize how high they are
- eat while they are laughing or walking or running



Prevent Injuries

Preschoolers (3 - 5 years)

- expand their physical abilities and are able to jump, balance, hop, skip, run, and climb
- like to figure out how things work and fit together
- are curious and like to experiment with cause and effect
- like to garden and help cook
- do not understand the difference between pretend and reality and imitate superheroes from TV, cartoons, and movies
- learn to swim
- eat while they are laughing or walking or running



School Age Children (6 - 12 years)

- master more complex physical skills, such as roller skating, jumping rope, gymnastics, and skateboarding
- become involved in sports
- enjoy science experiments
- become more independent and explore their neighborhood (bringing them into contact with more dangers)
- prepare food for themselves



Remove or limit safety hazards.

Once identified, many safety hazards can be completely eliminated. For example, poisons and medicines can be locked; knives can be stored out of children's reach; safety gates can be placed at the top of stairs. Some hazards cannot be removed, but children's access to the safety hazard can be restricted or limited. For example, you cannot remove an electrical outlet, but you can use an outlet cover to limit child's access to the outlet.



What the regulations say about playground surfaces

Type I centers and Type II licensed homes (922 KAR 2:120)

A protective surface shall be provided for outdoor play equipment used to: climb; swing, and slide; and have a fall zone equal to the height of the equipment [Sec 4 (21)].

- “Protective surface” means loose surfacing material not installed over concrete which includes the following [Sec 1 (12)]:
 - Wood mulch
 - Double shredded bark mulch
 - Uniform wood chips
 - Fine sand
 - Coarse sand
 - Pea gravel, except for areas used by children under three (3) years of age
 - Certified shock absorbing resilient material; or
 - Other material approved by the cabinet or designee.
- Guidelines for the depth of the protective surface are available in the Public Playground Safety Handbook, found at <http://www.cpsc.gov/CPSCPUB/PUBS/playpubs.html> .
- This U.S. Product Safety Commission website also has additional information regarding playground safety.

See Supplemental Handout: Playground Supervision and Playground Safety.

Certified family childcare homes (922 KAR 2:100)

- An outdoor play area shall be free of danger or risk [Sec 10 (13)].
 - Outdoor stationery play equipment shall be securely anchored, safe, and developmentally appropriate [Sec 10 (15)].
 - Visit the [U.S. Product Safety Commission Public Playground Safety Handbook](#) for additional information regarding playground safety.

Registered Child Care Provider (922 KAR 2:180)

- Areas accessible to children in care shall be free of hazards, and the following items shall be inaccessible to a child in care:

See Supplemental Handout: Home Playground Safety Checklist.

Revised 10/13

Prevent infant sleep-related accidents/death

Each year, thousands of infants die in their sleep. The three most common causes of sleep related death are: Sudden Infant Death Syndrome (SIDS), suffocation, and strangulation.

- SIDS is the leading cause of death in infants from one to twelve months of age. It is an unexplained death associated with sleep. The number one way to prevent SIDS is to place infants on their backs to sleep.
- Suffocation occurs when an infant's mouth and nose are blocked, and the infant is unable to breathe. This most often occurs when soft items are placed on or near a sleeping infant.
- Strangulation occurs when an infant's airway is blocked due to clothing, bedding, or other items becoming tangled around the infant's neck.
- Infants should not be allowed to sleep in car seats under any circumstances, even at parent request.



A study by the American Academy of Pediatrics estimates that 20 percent of SIDS deaths occur in childcare settings, many of them in home-based childcare. The National Institutes of Health report that most SIDS deaths occur when babies are between 2 months and 4 months of age.

See Appendix B, page 42, for additional information on how to prevent sleep-related accidents.



3 Administer medication properly

Medication can be poisonous, even deadly, if given improperly or to the wrong child.

Documentation

Appropriate documentation can minimize medication mistakes. Written documentation also provides legal protection for the early care and education program. Two types of written documentation are required when administering medication.

1. **Written permission** must be given by the child's parent/guardian DAILY. This written permission should include the following:

- Name of child
- Name of medication
- Dose to be given
- Route (how to give the medication – orally, topically, etc.)
- Time (when medication should be given and the time the last dose was given prior to the child arriving at the program)
- Parent signature

Programs should also have the following information prior to administering any medication:

- Purpose of medication
- Side effects to watch for
- Any special instructions
- Any known medication allergies of the child
- Name and phone number of prescribing doctor

NOTE: Kentucky regulations require that programs obtain written daily permission. The regulations do NOT mandate the use of a specific form or what information must be obtained. The above list is highly recommended, not a requirement.

2. Type I and Type II licensed programs must keep a **medication administration log** (written record) of when, how much and who administered the medicine.

3. “Five rights” of medication administration

In a 1999 Healthy Child Care America newsletter article, Dr. Poole notes the following:¹⁷

“As many as 40-60% of children in a given child care setting may be on an antibiotic or over-the-counter medication during the winter months. That means someone other than a health professional could be delivering 20-30 doses of antibiotics and over-the-counter medications in the room every day. There is a tremendous chance for missing a dose, giving too many doses, giving the wrong amount, or giving the medication at the wrong time. Medicine bottles shuttled back and forth between home and the child care facility are frequently forgotten as well, resulting in more missed doses.”

When administering medication, early care and education professionals should use the “five rights¹⁸,” asking themselves:

1. Do I have the **right child**? Administering medication safely begins with ensuring you have the right child. Early childhood programs frequently have more than one child with the same first name. Even if you know the child’s name, double-check. Rather than asking “Are you John?” ask the child to state his/her name.
2. Do I have the **right medicine**? Make sure you are giving the right medication. Many medication names are familiar and a child may be taking more than one medicine at a time. Compare the medication to the medication permission slip and then check the medication name 3 times before administering to the child. Check medication:
 - When picking up the medication bottle
 - While preparing the correct dose
 - Before administering to child
3. Am I giving the **right dose**? Giving the right dose is critical. Dosage should never be guessed at or increased because the child seems sicker. Dosage mistakes often occur when an inappropriate measuring device is used. Do not make the following mistakes:¹⁹
 - Do not use standard tableware tablespoons and teaspoons because they are NOT accurate. Use the syringe, oral dropper, dosing spoon or medication cup that came with the medication.
 - Avoid making conversions. If the label calls for one tablespoon and you only have a measuring cup, do not use it. Obtain the appropriate

¹⁷ American Academy of Pediatrics (1999)

¹⁸ BANANAS Child Care Information & Referral (1999)

¹⁹ American Academy of Pediatrics (2002)

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measuring device.

- Do not confuse the abbreviations for tablespoon (TBSP or T) and teaspoon (tsp or t).
4. Am I using the **right route**? Make sure you use the right method (route) for administering medication (i.e., mouth, skin, ear). Pay close attention to the directions. Should you shake the bottle? Do you have to wait between drops? Should it be taken with food?
 5. Am I giving medicine at the **right time**? To work properly, medication needs to be given consistently and at the right times. Before giving medication, check the medication log to determine when the last dose was given. Medication should be given within 30 minutes before or after the prescribed time.

Medication Safety

- Administer medication in well-lighted room.
- Wash hands before preparing and administering medication.
- Ensure child gets entire dose of medicine. If only a partial dose is taken, call the parent and ask him/her to contact the doctor for instructions. Ask parent to sign a report of what happened when the child is picked up.
- Observe if any side effects occur. Take proper action.
- Medication shall not be given to a child if the medications expiration date has passed.

Storage

Medications can also be a safety risk if not stored properly. All medication, including refrigerated medication, must be:

- Stored in a separate, locked place out of child's reach unless it is a first aid supply, diaper cream, sunscreen, toothpaste or epinephrine auto-injector (Epi-pen). First aid supplies, diaper cream, sunscreen, toothpaste and epinephrine auto-injectors (Epi-pen) must be inaccessible to a child.
- Kept in original bottle.
- Properly labeled.



What the regulations say about medication

Type I centers and Type II licensed homes (922 KAR 2:120)

- (4) Prescription and nonprescription medication shall be administered to a child in care:
 - (a)1. With a written request of the child's parent or the child's prescribing health professional; and according to the directions or instructions on the medication's label; or for epinephrine in accordance with KRS 199.8951 and 311.646.
- The child care facility shall keep a written record of the administration of medication, including: time of each dosage, date, amount, name of staff person giving the medication, name of child and name of the medication. [Sec 7 (5)].
- Medication, including refrigerated medication, shall be: stored in a separate, locked place, out of the reach of a child unless the medication is: a first aid supply; diaper cream, sunscreen or toothpaste inaccessible to a child; an epinephrine auto-injector (Epi-pen) shall be inaccessible to a child. A child care-center shall have at least one person on site who has received training on the administration of an Epi-pen if the center maintains an Epi-pen. A childcare center shall seek emergency medical care for a child if an auto-injector is administered to the child. A child care center shall report to the child's parent and the Cabinet in accordance with 922 KAR 2:090 [Sec 13 (1) (b)] if an auto-injector is administered to a child, or emergency or rescue medication for a child in care , such as medication to respond to diabetic or asthmatic condition, as prescribed by the child's physician. Emergency or rescue medication shall be inaccessible to a child in care; kept in the original bottle and properly labeled.
- Medication shall not be given to a child if the medication's expiration date has passed [Sec 7 (4-7)].

Certified family child care homes (922 KAR 2:100)

- Prescription and nonprescription medication shall be administered to a child in care with a daily written request of the child's parent [Sec 15 (2)].
- Medication, including medicine that requires refrigeration, shall be stored in a locked container or area with a lock [Sec 15 (1)].
- Prescription and nonprescription medications shall be labeled and administered

according to directions or instructions on the label [Sec 15 (3)].

Registered Child Care Provider (922 KAR 2:180)

- Medications shall be inaccessible to a child in care. [Sec 3, (4) f]

Revised 4/18



4 Be aware of allergies

- All staff should be notified of allergies that are reported by parents.
- Allergies and intolerances should be documented by a physician. An allergy is an immune response; an intolerance is a metabolic response (e.g., a lactase deficiency for lactose intolerant children).
- If parent/guardian has given written permission, a child's allergy may be posted. If no written permission is given, post on inside of cabinet door or post and cover with a clean sheet of paper.
- Be alert to unexpected encounters with allergic substances.
- Be sure to get written instructions from the child's doctor for how to respond to a child's allergic reactions, including any medication needed or emergency treatment (including training in the use of epinephrine, e.g., an EpiPen[®], for a child with a history of allergic reactions).
- If the child care center maintains an EpiPen[®], a child care center must have at least one person on site who has received training on the administration of an EpiPen[®].
- If an EpiPen[®] or other emergency medication (i.e. inhaler, diabetic medication) has been administered, the Child Care Center must seek emergency medical care and contact the child's parent and the Cabinet.

For [more information about food allergies and allergic reactions.](https://www.foodallergy.org)

<https://www.foodallergy.org>



5 Prepare for emergency situations

Even when you remove and limit safety hazards, emergency situations may still occur. Plan and prepare for the most likely hazardous situations.

1. In all emergency situations, KEEP CALM. If you panic, the children are likely to panic, too.
2. Prepare for injuries and other emergency situations.
 - Maintain current certification in infant/child CPR and first aid²⁰.
 - Keep appropriate first aid supplies on hand and store out of children's reach (see page 19 for list of required first aid supplies).
 - Keep emergency phone numbers posted near the phone for the police, fire station, emergency medical personnel, rescue squad and poison control center.
 - Maintain current emergency contact information for each child.
 - Know your community's emergency response plan for disasters.
3. If a child is injured:
 - Follow the steps and procedures learned in your CPR and First Aid courses. Treat the injured child and/or send someone to call 911 or your local emergency number.
 - Notify your supervisor and make sure the child's parents are notified.
 - Document the injury. Include what happened, when it happened, where it happened, who was involved, and what was done to treat the injury.
 - Type I and Type II licensed programs **MUST** report any accident or injury that requires medical attention or that results in a child's death within 24-hours to the Cabinet for Health and Family Services at (502) 564-2800.²¹ Certified family child care providers must report medical emergencies to the child's parent or guardian.²²
4. Know and practice your program's emergency procedures.
5. During an emergency evacuation:²³
 - Act quickly.
 - Sound an alarm to notify everyone in building. Remember that a child with a hearing impairment may not hear the alarm.

²⁰ Note: Certified family child care providers must be certified in infant/child CPR and first aid. In Type I and II licensed programs, at least one person on duty is required to be certified in infant/child CPR and first aid

²¹ 922 KAR 2:110, Sec. 5, (3), Sec 6

²² 922 KAR 2:100, Sec. 2, (7.4)

²³ Trister-Dodge, Gosselin-Koralek, & Pizzolongo (1989)

Prevent Injuries

- Evacuate.
- Calmly direct children to the nearest exit (previously identified and practiced in drills). Since children may become frightened and hide during an emergency, check any spaces where a child could hide (e.g., inside closets, behind doors, under furniture, etc.).
- Take your daily sign-in sheet and emergency contact information. In an actual emergency, you will need to contact parents/guardians and may not be able to go back into the building.
- Know where to meet outside your facility.
- Take a head count. Use the daily sign-in sheet to make sure everyone is safely out of the building.

Exits and evacuation: Special considerations

All children must be able to exit the building quickly in case of an emergency. Evaluate all of your exit routes. Ensure that they are wide enough to accommodate wheeled cribs used for infant evacuation and children in wheel chairs. All exits and steps should have ramps and handrails. If your facility has multiple levels, infants, children in wheel chairs, and children who have difficulty walking (including toddlers) should be on the ground level.

AAP, APHA, & NRC (2002)



What the regulations say about first aid supplies

Type I centers and Type II licensed homes (922 KAR 2:120)

First aid supplies shall [Sec 7 (1)]:

- Be available to provide prompt and proper first aid treatment;
- Be stored out of reach of a child;
- Be periodically inventoried to ensure the supplies have not expired;
- If reusable be sanitized and maintained in a sanitary manner;
- Include: liquid soap, adhesive bandages, sterile gauze, medical tape, scissors, thermometer, flashlight, cold pack, first aid book, disposable gloves, and a cardiopulmonary resuscitation mouthpiece protector.

Certified family child care homes (922 KAR 2:100)

The provider shall [Sec 15 (4-5)]:

- Maintain first aid supplies that is easily accessible for use in an emergency and inaccessible to the children in care.
- Wash superficial wounds with soap and water before bandaging.

Prevent Injuries

- A fully equipped first aid kit contains the following non-expired items: adhesive bandages, sterile gauze, medical tape, scissors, thermometer, disposable gloves, and CPR mouthpiece.

Registered Child Care Provider (922 KAR 2:180)

The provider shall [Sec 3 (12)]:

- Maintain first aid supplies for use in an emergency that include: liquid soap, Band aids, sterile gauze and adhesive tape.



What the regulations say about emergency procedures

Type I centers and Type II licensed homes (922 KAR 2:090 & 2:120)

The following records shall be maintained at the child care facility for five (5) years:

- A written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care [922 KAR 2:090 (Sec 5)]
- A fire drill shall be conducted during the hours of operation, at least monthly and documented.
- An earthquake drill, shelter-in-place or lockdown drill, and tornado drill shall be conducted during the hours of operation at least quarterly and documented. [922 KAR 2:120 Sec 3 (12 & 13)]

Certified family child care homes (922 KAR 2:100)

The following records shall be maintained at the certified family child care home for five (5) years. [Sec 18 (6)]

The home shall have [Sec 11 (8)]:

- A written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care. [Sec 18 (7)]:
- At least one working land-line telephone on each level used for child care with a residential or
- commercial line (unless the Cabinet has been notified that the telephone is temporarily out of service)

Prevent Injuries

- A list of emergency numbers posted by each telephone, including numbers for the police; fire station; emergency medical care and rescue squad; and poison control center.

A fire and tornado drill shall be conducted during hours of operation [Sec 11 (19)]:

- At least monthly; and
- Documented.

An earthquake drill shall be conducted during hours of operation [Sec 11 (20)]:

- At least quarterly; and
- Documented.

Registered Child Care Provider (922 KAR 2:180)

Required to maintain a written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care that includes:

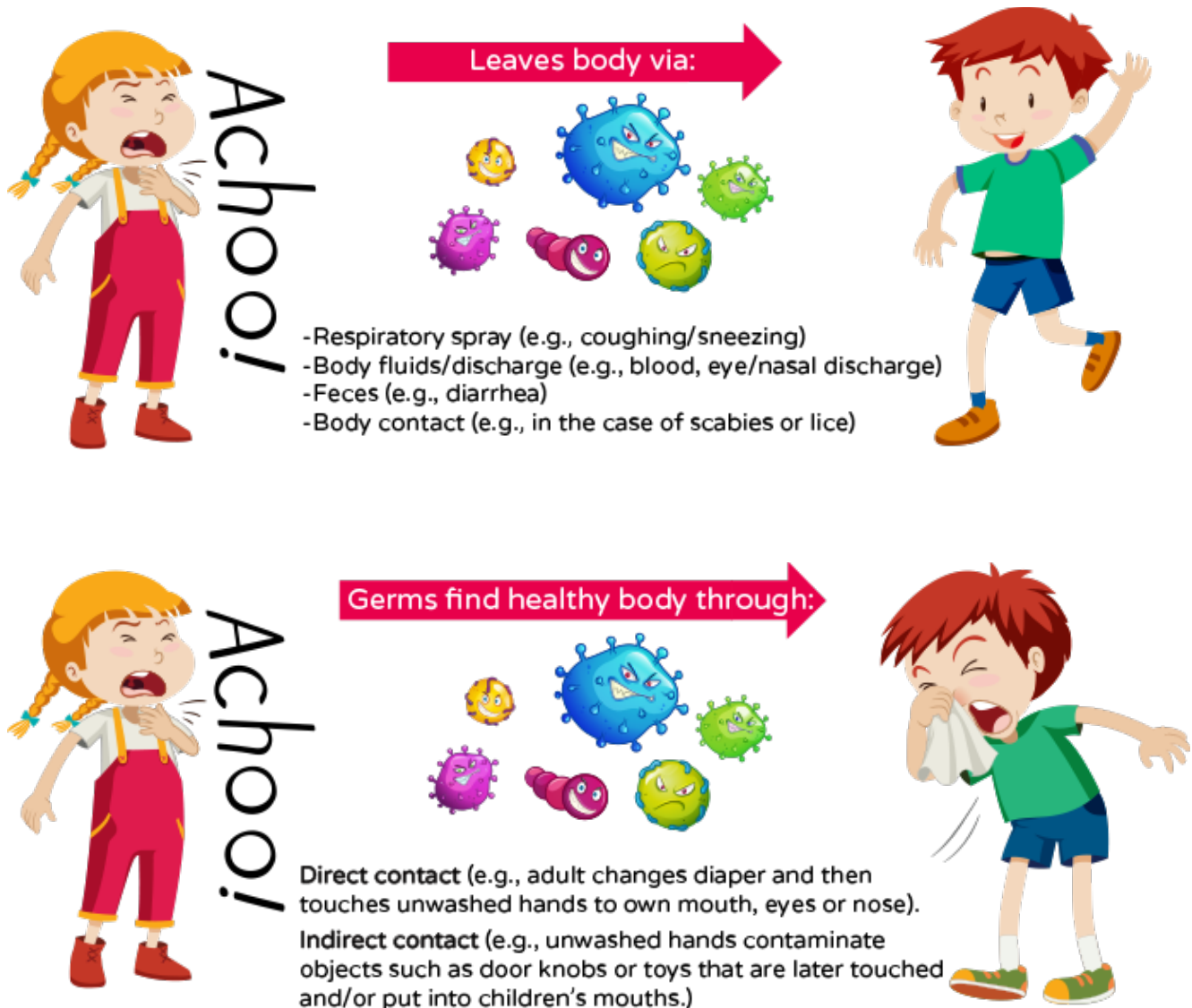
- A designated relocation site;
- Evacuation routes;
- Measures for notifying parents of the relocation site and ensuring a child's return to the child's parent; and
- Actions to address the needs of an individual child to include a child with a special need.

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Infectious disease

Infectious disease: An illness caused by germs²⁴ that can be transmitted from an infected person to a healthy person.

For disease to spread, three things must happen. There must be a 1) sick or infected adult/child in your program with 2) germs that leave the sick body in one of four ways and 3) make their way into a healthy body through direct contact or through indirect contact with contaminated objects and/or food.



²⁴ The term “germ” refers to microorganisms such as bacterium, virus, fungus or parasites.

STOP the spread of infectious diseases!

-  **1** Ensure up-to-date immunizations.
-  **2** Perform daily health check.
-  **3** Wash hands properly and frequently.
-  **4** Handle formula properly.
-  **5** Use proper diapering/toileting procedures.
-  **6** Clean and sanitize surfaces and objects.
-  **7** Prevent food contamination and spoilage.



1 Ensure up-to-date immunizations²⁵

Immunizations are vaccines that help children develop protection against specific infections. Routine immunization at the appropriate age is the best way to prevent vaccine-preventable diseases such as measles, whooping cough, etc.



What the regulations say about immunizations

Type I centers and Type II licensed homes (922 KAR 2:090)

The following records shall be maintained at the child care center for five (5) years: Except as provided in KRS 214.036, a current immunization certificate showing that the child is immunized shall be on file within thirty (30) days of enrollment [Sec 9 (1)].

Certified family child care homes (922 KAR 2:100)

To assure a healthy environment, the provider shall maintain a current immunization certificate for each child within thirty (30) days of enrollment [Sec 18 (1 a)], unless an attending physician or parent objects to the immunization of a child pursuant to KRS 214.036.

Registered Child Care Provider (922 KAR 2:180)

To assure a healthy environment, each child shall have a current immunization certificate, unless: there is an exception pursuant to KRS 214.036.

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²⁵ Obtain a copy of the [Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger](https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html) <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>



2 Perform a daily health check

If you can minimize the number of sick children coming to your program, you can decrease the number of germs that are available to be spread. As children arrive:

- Check for symptoms of illness.
- Exclude/isolate sick children.

*Check for symptoms of illness*²⁶

Perform a health check when a child first arrives at your home or center and observe children throughout the day.

Look, listen, feel and smell for the following possible signs of illness:

- Child complains of pain or not feeling well
- Fever
- Drainage from the nose, eyes or ears
- Severe coughing or sneezing
- Abnormal stool (white or gray bowel movement, diarrhea, etc.)
- Activity level, behavior or appearance seems different from normal
- Unusual odor
- Sores, swelling or bruises
- Vomiting
- Failure to urinate
- Breathing difficulties
- Skin rashes, discoloration of the skin, itchy skin or scalp

If the child has any of the symptoms above, then determine the following:

1. Does the child need immediate medical attention (e.g., if having an asthma attack or severe allergic reaction)?
2. Should the child be isolated from the group and sent home based on
3. your program's exclusion criteria?
4. Do additional measures need to be taken such as monitoring the child closely during the day, taking extra care when washing hands, etc.?

²⁶ AAP, APHA, & NRC (2002)

Exclude and/or isolate sick children

Keep children with the following symptoms away from your home or center until a medical professional determines the child is not infectious (i.e., never was) or is no longer infectious.

- **Vomiting** - Exclude until vomiting (two or more episodes in the previous 24 hours) stops. Make sure that the child gets plenty of fluids.
- **Persistent stomach pain** - Exclude if the pain continues for more than 2 hours or pain is associated with fever or other signs or symptoms.
- **Mouth sores with drooling** - Exclude until a medical exam indicates the child is not infectious.
- **Rash with fever or behavior change** - Exclude until a medical exam indicates these symptoms are not related to an infectious disease.
- **Eye drainage** - If thick mucus or pus drainage is present, exclude until 24 hours after treatment has begun or until a health professional determines that the eye drainage is not due to a communicable disease.
- **Fever** -
 - a. Exclude a child who seems sick and has a temperature as indicated below:²⁷
 - Axillary (in the armpit) temperature 100° F (or higher); OR
 - Oral (in the mouth) temperature 101° F (or higher).
 - b. Get immediate medical attention when:
 - Infants (under 4 months of age) have a temperature of 100° F or higher, OR
 - A child of any age has a temperature of 105° F or higher.
- **Diarrhea or unexplained blood in stools** - Exclude until diarrhea (more than one loose stool) stops or until a medical exam indicates that the condition is not due to an infectious disease.
- **Head lice** - Child does not need to be excluded immediately. Exclude child starting at the end of the day that the head lice were first noticed until after the first treatment.

Additional signs and symptoms of possible severe illness - To rule out severe illness, children should see a health care provider immediately if they are experiencing:

²⁷ According to the Kentucky Cabinet for Health and Family Services, glass thermometers should NOT be used in early care and education settings. Use a digital ear thermometer for children under four years of age. Exclude a child if his/her temperature is 101°F or higher. For children over four, digital ear thermometers or digital oral thermometers may be used. Forehead strips are not recommended since their accuracy has not been validated.

Prevent Spread of Disease

- Extreme tiredness or sluggishness.
- Uncontrolled coughing.
- Persistent crying.
- Difficulty breathing.
- Wheezing.
- Persistent or severe pain.

If a child is unable to participate in normal activities, or needs more care than can be provided by the staff, then that child should be excluded.

NOTE: These recommendations are based on health and safety standards in *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care* (3rd ed.). Your program's health policies may be more or less stringent. For additional information on excluding and/or isolating sick children, please contact the Child Care Health Consultant (formerly Healthy Start) at your local health department (see Appendix C, pp. 42-43, for a list of Child Care Health Consultants).



What the regulations say about isolating/excluding sick children

Type I centers and Type II licensed homes (922 KAR 2:120)

A child showing signs of an illness or condition that may be communicable shall not be admitted to the regular child-care program. If a child becomes ill while at the child care center:

- The child shall be placed in a supervised area isolated from the rest of the children.
- The parent shall be contacted immediately.
- Arrangements shall be made to remove the child from the child-care center as soon as practicable [Sec 7 (2, 3)].

Certified family child care homes (922 KAR 2:100)

A quiet, separate area that can be easily supervised shall be provided for a child too sick to remain with other children [Sec 15 (7)].

Registered Child Care Providers (922 KAR 2:180)

A quiet, separate area that can be easily supervised shall be provided for a child too sick to remain with other children.

Children with chronic health conditions²⁸

Chronic health conditions are different from infectious diseases because they:

- Are not contagious.
- May continue for a long time and have a long recovery period.
- May interfere with typical growth and development.

Some examples of chronic health conditions are: allergies, asthma, cancer, cystic fibrosis, diabetes, heart problems, hemophilia, rheumatoid arthritis, obesity, sickle-cell disease, and seizure disorder.

Most children with chronic health conditions do not need to be isolated or excluded from early care and education programs since the conditions are not contagious.

Additionally, the Americans with Disabilities Act prohibits discrimination against children with disabilities, including chronically ill children.²⁹



3 Wash hands properly and frequently

Why?

Once germs are in your program, hand washing is the number one way to prevent the spread of infectious disease. Studies show that unwashed or improperly washed hands are the primary carriers of infections.³⁰

How?

Effective hand washing requires:

- Warm water
- Lots of lather from liquid soap
- Vigorous friction
- Thorough rinsing

Hand washing steps

²⁸ Diner (1993)

²⁹ Division for Early Childhood (DEC) & National Association for the Education of Young Children (NAEYC) (2000)

³⁰ AAP, APHA, & NRC (2002)

Prevent Spread of Disease

1. Wet hands with warm running water.
2. Apply liquid soap to your hands.
3. Rub hands vigorously, remembering to wash backs and palms of hands, between fingers, under fingernails and around wrists.
4. Wash hands for at least 20 seconds. Sing “Happy Birthday” or “Row, Row, Row Your Boat” twice.
5. Rinse hands under warm running water.
6. Dry hands with hand-drying blower or single use disposable hand drying material/paper towels.
7. Turn the faucet off with the paper towel.
8. Discard paper towel in hands free, covered, plastic lined trash can.

Hand washing facts...

- Inadequate hand washing has contributed to many outbreaks of diarrhea among children and adults in early care and education programs.
- In settings that have implemented a hand washing training program, the incidence of diarrhea illnesses has decreased by 50%.
- One study found the incidence of colds was reduced when frequent and proper hand washing practices were incorporated into a child care center’s curriculum.

When?

- Children and adults should wash their hands upon arrival and when moving from one classroom to another ³¹
- Hands also should be washed BEFORE and AFTER:
 - Eating, handling food, and/or feeding a child.
 - Giving medication.
 - Playing in water that is used by more than one person.
- Children and adults should always wash hands AFTER:
 - Diapering (or having a diaper changed).
 - Using the toilet or helping a child use a toilet.
 - Touching an item or area of the body soiled with body fluids (vomit, blood, mucus or waste).
 - Sneezing or coughing.
 - Handling pets and other animals.

³¹ AAP, APHA, & NRC (2002)

Prevent Spread of Disease

- Use hand sanitizer or hand sanitizing wipes if liquid soap and warm running water are not available. The child shall wash their hands once liquid soap and running water are available as per 922 KAR 2:120
 - Cleaning or handling the garbage.
 - Clearing away dirty dishes and utensils.
 - Handling uncooked food, especially raw meat and poultry.
 - Playing outdoors.
 - Playing in sandboxes or with play dough.
 - Handling money.

Separate sinks for separate tasks

Sinks used for hand washing after diapering and toileting should NOT be used for food preparation or other purposes. If the same sink is used, then the faucet handles and the sink MUST be sanitized with bleach and water solution between uses.

Harms, Cryer, & Clifford (1990)



What the regulations say about hand washing

Type I centers and Type II licensed homes (922 KAR 2:120)

- Except as established in paragraph (c) of this subsection, wash his or her hands with liquid soap and warm running water 1.a) upon arrival at the center, or b) Within thirty (30) minutes of arrival for school-age children; 2) before and after eating or handling food; 3) after toileting or diaper change; 4) after handling animals; 5) After touching an item or an area of the body soiled with body fluids or wastes; and 6) after indoor or outdoor play time and (c) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available. The child shall wash the child's hands as soon as practicable once liquid soap and warm running water are available [Sec 3, (4 b& c)].
- Staff shall, except as established in paragraph (d) of this subsection, wash their hands with liquid soap and warm running water 1) upon arrival at the center, 2) after toileting or assisting a child in toileting, 3) before and after diapering each child, 4) after wiping or blowing a child's or own nose, 5) after handling animals, 6) after caring for a sick child, 7) before and after feeding a child or eating, 8)

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before dispensing medication, 9) after smoking or vaping and 10) if possible, before administering first aid: and Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available. The staff shall wash the staff's hands as soon as practicable once liquid soap and warm running water are available [Sec 3 (5 a-d)]

To ensure appropriate hand washing, regulations require the following: A sink located in or immediately adjacent to toilet rooms equipped with hot and cold running water that allows washing of hands.

- Equipped with hot water at a minimum temperature of 90 degrees Fahrenheit and a maximum of 120 degrees Fahrenheit.
- Equipped with liquid soap and
- Equipped with hand-drying blower or single use disposable hand drying material.
- Equipped with easily cleanable, waste receptacle and
- Immediately adjacent to a changing area used for infants and toddlers. [Sec 12 (3)]

Certified family child care homes (922 KAR 2:100)

The provider, assistant, substitute and each employee shall wash hands with liquid soap and running water before and after diapering a child, before and after feeding a child, after toileting or assisting a child with toileting, after handling animals, before dispensing medication, after caring for a sick child, after wiping or blowing a child's or own nose, and after smoking or vaping. Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available. The provider or assistant shall wash the provider or assistant's hands as soon as practicable once liquid soap and warm running water are available [Sec 12 (5)].

A child shall wash hands with liquid soap and warm running water before and after eating or handling food, after toileting or diaper change, after handling animals, after touching and item or area of the body soiled with body fluids or waste, or after outdoor and indoor play time. Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available. The child shall wash the child's hands as soon as practicable once liquid soap and warm running water are available [Sec 12 (4)].

The proper methods of diapering and hand-washing shall be available at each diaper changing area [Sec 13 (8)].



4 Handle infant milk/formula properly

To prevent spread of germs and illness, infant milk/formula should be individually labeled and covered when not feeding the infant and should be refrigerated promptly.

- A bottle of milk/formula should never be:
- Heated in a microwave.
- Propped for an infant.
- Left in the mouth of a sleeping infant.
- Carried around by an older infant/toddler.



5 Use proper diapering/toileting procedures³²

Diarrhea and other stomach illnesses are spread when proper diapering/toileting procedures ARE NOT used. Germs from stool get on the hands of adults, children and nearby surfaces. Germs are spread when the contaminated hands/surfaces later come in contact with toys, furnishings, door knobs, etc. Diaper changing surfaces should NOT be used for food preparation or other purposes.³³

Proper hand washing and procedures that reduce contact with soiled diapers can reduce the spread of diarrhea and other stomach illnesses.³⁴

Diaper changing steps

1. **Wash** hands with liquid soap and warm running water for 20 seconds.
2. Check to see if all your supplies are ready and put on your gloves.³⁵
3. **Lay** child on table. **Never leave child unattended.**
4. **Clean** child's bottom from front to back.
5. **Put** disposable diaper in a lined covered trash can.
6. **Remove** soiled gloves and put in a lined covered trash can.³⁶
7. Use disposable wipes to **clean** your hands, then child's hands.
8. **Diaper** and dress the child.

³² AAP, APHA, & NRC (2011)

³³ Harms, Cryer, & Clifford, (1990)

³⁴ AAP, APHA, & NRC (2011). Kentucky's Child Care Health Consultants (formerly Healthy Start) also promote these steps.

³⁵ Kentucky does not require that gloves be used, but hands must be washed before diapering a child. If used, latex-free gloves are recommended, to prevent a possible allergic reaction to the latex (which can be life-threatening).

³⁶ If no gloves are used, this step would be skipped.

9. **Wash** the child's hands with liquid soap and warm water for 20 seconds.³⁷
10. Dry child's hands with a hand-drying blower or single use disposable hand-drying material/paper towels. Turn faucet off with paper towel.
11. Return the child to a supervised area.
12. Clean with soap and water: the diaper changing surface AND any toys or objects touched during the diaper change. Rinse with water.
13. Disinfect the same area with bleach and water solution. Allow the solution to air dry two minutes before wiping up.
14. Wash your hands with liquid soap and warm running water.

Toileting

Toilet training should be a relaxed, pleasant activity and should be coordinated with the child's parent/guardian.

Sanitary handling of potty chairs is difficult and, therefore, their use is not recommended. However, if a training chair is used, the chair must be emptied promptly and sanitized after each use. Potty chairs should not be washed in a sink used for washing hands.



What the regulations say about toileting facilities

Type I centers and Type II licensed homes (922 KAR 2:120)

- A child care center shall have a minimum of one (1) toilet and one (1) lavatory for each twenty (20) children. Urinals may be substituted for up to one-half (1/2) of the number of toilets required for a male toilet room.
- A toilet room shall be provided for each gender; or a plan shall be implemented to use the same toilet facility at separate times. Have a supply of toilet paper and be cleaned and disinfected daily.
- Each toilet shall:
 - Be kept in clean condition;

³⁷ Harms, Cryer, & Clifford (1990). NOTE: A disposable wipe may be used in unusual circumstances (e.g., a newborn infant with no head control or a heavy baby with little body control).

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- Be kept in good repair;
- Be in a lighted room; and
- Have ventilation to outside air. [Sec 12 (1-2c & 4a-d)]

Certified family child care homes (922 KAR 2:100)

- The home shall have bathrooms, including toilets, sinks, and potty chairs that are:
- sanitary and 2) in good working condition [Sec 11(21 e)].
- A sink shall be located in [the same room] or immediately adjacent to toilets, shall be equipped with hot and cold running water for hand washing with hot water at a minimum temperature of 90 degrees and a maximum of 120 degrees Fahrenheit, shall be equipped with liquid soap and single use, disposable hand drying material, and shall be immediately adjacent to a diaper changing area [Sec 13 (2)].



What the regulations say about diapering and toileting procedures

Type I centers and Type II licensed homes (922 KAR 2:120)

- Toilet training shall be coordinated with a parent.
- An adequate quantity of freshly laundered or disposable diapers and clean clothing shall be available.
- If a training chair is used; the chair shall be used over a surface that is impervious to moisture; out of the reach of other toilets or toilet training chairs; emptied promptly and disinfected after each use
- Diapers or clothing shall be:
 - Changed promptly when wet or soiled;
 - Stored in a covered container temporarily; and
 - Washed or disposed of at least once a day.
- The proper methods of diapering and hand-washing shall be posted at each diaper changing area.
- When a child is diapered:
 - The child shall not be left unattended and be placed on a surface that is: clean, padded, free of holes, rips, tears, or other damage, nonabsorbent, easily cleaned, and free of any items not used for diaper changing.
 - Unless allergic, individual disposable washcloths shall be used to thoroughly clean the affected area of the child.
 - Staff shall disinfect the diapering surface after each child is diapered;

- If staff wear disposable gloves, the gloves shall be changed and disposed of after each child is diapered; and [Sec 12 (5-13)].

Certified family child care homes (922 KAR 2:100)

- Diapers or clothing shall be:
 1. changed when soiled or wet;
 2. stored in a covered leak proof container temporarily; and
 3. washed or disposed of at least once a day. [Sec 13 (7)].
- The proper methods of diapering and hand-washing shall be posted at each diaper changing area [Sec 13 (8)].

Registered Child Care Providers (922 KAR 2:180)

Wash hands with liquid soap and running water before and after diapering a child. [Sec 13, (a)].

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6 Clean and sanitize surfaces and objects³⁸

Why?

Germs are often passed from one child to another from toys, through water play, and from contact with other surfaces. You can eliminate germs by properly cleaning and sanitizing every surface children touch.

Cleaning removes dirt, soil and debris by scrubbing and washing with a detergent solution and rinsing with water.

Sanitizing reduces the amount of germs on a surface. Surfaces must be cleaned before they are sanitized.

How?

- For bleach containing 8.25 sodium hypochlorite:
 - Use only an EPA-registered product (indicated on label along with a

³⁸ AAP, APHA, & NRC (2002)

Prevent Spread of Disease

- number)
- Follow manufacturer's instructions for diluting product for sanitizing or disinfecting
- Follow manufacturer's instructions for contact time (how long to leave the solution on the surface)
- Make bleach solution daily.
- Put solution ratio on bottle.
- Surfaces sanitized with bleach solution should be left to air dry for two minutes. Chlorine evaporates into the air and leaves no residue.

- Additional training available through Kentucky OSHA eLearning website.
<http://www.laborcabinetetrain.ky.gov/>

For spills of blood or other potentially infectious body fluids, take additional precautions:

- Wear non-porous gloves for cleaning and sanitizing.
- Avoid splashing contaminated fluids into eyes, nose or mouth.
- Put blood-contaminated clothes or materials in a plastic bag and tie securely.
- Clean floors, rugs, and carpeting that have been contaminated by body fluids as follows:
 - Blot to remove as much fluid as quickly as possible.
 - Sanitize by spot-cleaning with a detergent-disinfectant (not a bleach solution). Continue cleaning until rinse water is clear. Then sanitize.
 - Shampooing or steam-cleaning may also be necessary.
- Mops and other equipment used to clean up bodily fluids should be:
 - Cleaned with detergent and rinsed with water.
 - Rinsed with fresh sanitizing solution.
 - Wrung as dry as possible.
 - Air-dried.
- Change and bag clothes that have been soiled by body fluids and wash the hands and soiled skin of everyone involved.³⁹

³⁹ AAP, APHA, & NRC (2002)

When to Clean, Sanitize and Disinfect⁴⁰

Area	Clean	Sanitize	Disinfect	Frequency
Classrooms and Food Areas				
Countertops, tabletops, floors, doors and cabinet handles	X	X		Daily and when soiled.
Food preparation and service surfaces	X	X		Before and after contact with food activity; between preparation of raw and cooked foods.
Carpets and large area rugs	X			Vacuum daily when children are not present. Clean with a carpet cleaning method approved by the local health authority. Clean carpets only when children will not be present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every
Small rugs	X			Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces and toys that go into the mouth or have been in contact with saliva or other body fluids	X	X		After each child's use, or use disposable, one-time utensils or toys.
Toys that are not contaminated with body fluids. Dress-up clothes not worn on the head. Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, wash cloth and machine-washable cloth toys.	X			Weekly and when visibly soiled.
Blankets, sleeping bags, cubbies	X			Monthly and when soiled.
Hats	X			After each child's use or use disposable hats that only
Cribs and crib mattresses	X			Weekly, before use by a different child, and whenever soiled or wet
Phone receivers	X	X		Weekly.
Toilet and Diapering Areas				
Hand washing sinks, faucets, surrounding counters, soap dispensers, door knobs	X	X		Daily and when soiled.

⁴⁰ Adapted from *Keeping Healthy*, National Association for the Education of Young Children, 1999. Used with permission from the American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*. 3rd edition. Elk Grove Village, IL: Author.

Prevent Spread of Disease

Toilet seats, toilet handles, potty chairs (use of potty chairs is discouraged because of high risk of contamination). door knobs or cubicle handles, floors	X	X		Daily or immediately if visibly soiled.
Toilet bowls	X	X		Daily.
Diapering changing area	X		X	After each diapering change
General Facility				
Mops and cleaning rags	X	X		Before and after a day of use, wash mops and rags in detergent and water, rinse in water, immerse in sanitizing solution, and wring as dry as possible. After cleaning and sanitizing, hang mops and rags to dry
Waste and diaper containers	X			Daily.
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool, or blood	X	X		Immediately.



7 Prevent Food Contamination and Spoilage

- Wash all fruits and vegetables before cooking and/or serving.
- Keep hot foods hot and cold foods cold prior to serving.
- Keep food covered before serving and protected against contamination.
- Meat salads, poultry salads, and cream-filled pastries must be kept refrigerated until served.
- Do not serve food that has been prepared at home or canned at home. Food must come from an establishment that has a current food service permit.
- Discard food that has been served.
- Unserved food should be covered promptly, refrigerated, and used within 24 hours.⁴¹

⁴¹ [922 KAR 2:120: Child care center health and safety standards.](#) Retrieved August 22 2018

Web Resources

[American Academy of Pediatrics \(AAP\) https://www.aap.org/](https://www.aap.org/)

[Centers for Disease Control and Prevention \(CDC\) https://www.cdc.gov/](https://www.cdc.gov/)

[National Association for the Education of Young Children https://www.naeyc.org/](https://www.naeyc.org/)

[National Association for Family Child Care \(NAFCC\) https://www.nafcc.org/](https://www.nafcc.org/)

National Resource Center for Health and Safety in Child Care and Early Education (NRC)
<http://nrckids.org/>

National Afterschool Association (NAA) <https://naaweb.org>

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Appendix A

Kentucky Staff/Child Ratios

In the state of Kentucky the staff to child ratios for Type I and Type II licensed child care programs are:⁴²

Age of Children	Ratio	Maximum Group Size*
Infant	1 staff for 5 children	10
Toddler 12 to 24 months	1 staff for 6 children	12
Toddler 24 to 36 months	1 staff for 10 children	20
Preschool-age 3 to 4 years	1 staff for 12 children	24
Preschool-age 4 to 5 years	1 staff for 14 children	28
School-age 5 to 7 years	1 staff for 15 children	30
School-age 7 and older	1 staff for 25 children (for before and after school)	30

*Maximum Group Size is applicable only to Type I facilities.

A Type I licensed child care facility⁴³ is a child care center licensed to regularly provide child care services to four (4) or more children in a non-residential setting; or thirteen (13) or more children in a designated space separate from the primary residence of the licensee.

A Type II licensed child care center⁴⁴ is primary residence of the licensee in which child care is regularly provided for at least seven (7), but not more than twelve (12) children, including children related to the licensee.

Certified family child care providers⁴⁵ may be authorized to care for up to six (6) unrelated children. In addition, they may care for up to four (4) related children, not to exceed a total of 10 children. Of the ten (10) children, a provider may not care for more than six (6) children under the age of six (6) years old. Related children include: the providers own children, siblings, stepchildren, grandchildren, nieces, nephews or children in legal custody of the provider. If the provider cares for more than four (4) infants, including the provider's own or related infants, the provider must have an assistant present. A provider may not care for more than six (6) children under the age of six (6) years old, related or unrelated.

Registered Child Care Providers⁴⁶

During hours of operation, a registered child care provider shall not care for more than: Three (3) children receiving CCAP per day; Six (6) children receiving CCAP per day, if those children are: a part of a sibling group; and related to the provider; or a total of eight (8) children inclusive of the provider's own children.

⁴² 922 KAR 2:120. Child care facility health and safety standards, Section 2

⁴³ 922 KAR 2:090. Definitions for 922 KAR Chapter 2, Section 2 (1)

⁴⁴ 922 KAR 2:090. Definitions for 922 KAR Chapter 2, Section 2 (2)

⁴⁵ 922 KAR 2:100. Certification of family child care homes, Section 9 (2-5)

Tips to prevent sleep-related accidents/death⁴⁶

- ✓ **Always place a baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.
- ✓ **Place baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.** Never place a baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
- ✓ **Keep soft objects, toys, and loose bedding out of the baby's sleep area.**
- ✓ **Do not allow smoking around a baby.**
- ✓ **Do not let a baby overheat during sleep.** Keep the room at a temperature that is comfortable for an adult.
- ✓ **Think about using a clean, dry pacifier when placing the infant down to sleep,** but don't force the baby to take it. If a baby is breastfed, wait until the infant is one month old before using a pacifier.
- ✓ **Ensure that the crib meets current safety standards.** Slats should be no more than 2 and 3/8 inches apart. No corner posts should be over 1/16th inch high, so clothes cannot catch. No cut-outs in head board or footboard.
- ✓ **Consider using a sleeper as an alternative to blankets.**
- ✓ **Make sure infant's head remains uncovered during sleep.**
- ✓ **Remove hanging toys from crib** once infant can pull up onto his/her hands and knees.
- ✓ **Ensure that hanging cords and blinds are tied up high and out of infant's reach.** Remove all objects in or around cribs that have strings or cords longer than 3 inches.
- ✓ **Do not use home monitors or other products that claim to reduce the risk of SIDS.** Most have not been tested for effectiveness.

For more information, contact the National Institute of Child Health and Human Development (NICHD) about their “Safe to Sleep” campaign and/or the National SIDS & Infant Death Program Support Center for a variety of SIDS/infant death related materials. For additional crib safety information, contact the Consumer Product Safety Commission (CPSC).

[National Institute of Child Health and Human Development \(NICHD\) “Safe to Sleep” Campaign](https://www1.nichd.nih.gov/sts)
<https://www1.nichd.nih.gov/sts>

(800)-505-CRIB (800) 505-2742

[U.S. Consumer Product Safety Commission](https://www.cpsc.gov/) Washington, D.C. 20207-0001 <https://www.cpsc.gov/>

(800) 638-2772 (TTY 8---638-8270)

[National SIDS and Infant Death Program Support Center](https://www.sidscenter.org/)

<https://www.sidscenter.org/>

(800) 638-7437

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⁴⁶ Source: [Kentucky Cabinet for Health Services, Department for Public Health](#)

Appendix C



Kentucky Child Care Health Consultation, for a Healthy Start in Child Care, is part of the KIDS NOW Initiative. The program provides consultation and technical assistance on health, safety and nutrition for children ages 0-5 to child care providers. Trained Child Care Health Consultants from local health departments participate in joint activities with Child Care Aware and the Kentucky All STARS program in their areas to ensure collaboration and coordination on issues impacting the quality of child care.

The Child Care Health Consultants, which include Registered Nurses and Health Educators, consult with child care providers and their families via telephone, email or on-site to promote healthy, safe and nurturing environments for optimal child development.

The Kentucky Department for Public Health launched this website and a toll-free Child Care Health Consultation Helpline, staffed by Child Care Health Consultant Technical Assistants at the Lexington-Fayette County Health Department. The Helpline (877) 281-5277 was established to assist child care providers and other child care consultants across the state and provides free technical assistance to child care centers, including answering questions and providing information about health, safety and nutrition for children.

To contact your local Child Care Health Consultant
<https://www.kentuckycchc.org/contact-us/>



What the regulations say about First Aid and Cardiopulmonary Resuscitation (CPR) Training

Revised 6/16/2021

Effective 6/16/2021 each center shall ensure that every staff member has received training on first aid and cardiopulmonary resuscitation (CPR) training. **KAR 922 2:120 Section 7 (8)**

This training is not the same as certification and **does not** meet the regulation **922 KAR 2:090 Section 11 Staff Requirements:**

(3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

- (a) Infant and child cardiopulmonary resuscitation; and
- (b) Infant and child first aid.

(4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

- (a) Adult cardiopulmonary resuscitation; and
- (b) First aid.

Receiving this training **will NOT** satisfy the above regulation and proper first aid and cardiopulmonary resuscitation (CPR) CERTIFICATION is still required per the above regulation. You will not be certified in first aid and CPR simply by completing this course.