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 (KACCRRA)\(^1\) 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 November 2013.

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 Regulated Child Care website at [http://www.chfs.ky.gov/os/oig/drcc.htm](http://www.chfs.ky.gov/os/oig/drcc.htm). 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.

For more information contact:

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\(^1\) KACCRRA’s name later was changed to Kentucky Child Care Network (KCCN). The statewide Child Care Resource and Referral system currently is part of the Kentucky Partnership for Early Child Care Services ([http://www.kentuckypartnership.org/ccr](http://www.kentuckypartnership.org/ccr)).

\(^2\) KIDS NOW (2002)

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

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Overview

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.
- 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. 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. 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.

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3 The Health Foundation of Greater Cincinnati (2003)
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)
Prevent Injuries

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.39).
Prevent Injuries

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 (3)]

- If nontraditional hours of care are provided:
  - at least one (1) staff member shall provide adequate supervision for each sleeping room [Sec 2 (11b)].
  - 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 sleeping [Sec 2 (11f)].

- If a child becomes ill during the day, 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 lead by an animal specialist affiliated with a zoo or nature conservatory. [Sec 13 (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 lead 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
Prevent Injuries

2. Recognize, remove and/or limit potential safety hazards

Recognize common hazards and types of injuries.

Falls
Children in early care and education settings are more likely to be injured by a fall than by any other type of injury. 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.

Drowning
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 grafts. 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.

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6 Safechild.net (no date).
7 Safekids.org (no date).
8 The California Child Care Health Program (1998).
9 Safekids.org (no date).
10 Safekids.org (no date).
Prevent Injuries

**Choking, suffocation and strangulation**¹¹
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 example, 5-gallon buckets and bathtubs can both lead to drowning; windows, skateboards and diaper changing tables can all lead to falls.

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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

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** (birth -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 the child’s access to the outlet.
Prevent Injuries

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.


- This U.S. Product Safety Commission website also has additional information regarding playground safety.


Certified family child care 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)].

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:

Prevent Injuries

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.

A study by the American Academy of Pediatrics estimates that 20 percent of SIDS deaths occur in child care settings, many of them in home-based child care. 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 40, for additional information on how to prevent sleep-related accidents.
Prevent Injuries

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.
Prevent Injuries

“Five rights” of medication administration

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

“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 rights,” 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:
   - 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.

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17 American Academy of Pediatrics (1999)
18 BANANAS Child Care Information & Referral (1999)
Prevent Injuries

- Avoid making conversions. If the label calls for one tablespoon and you only have a measuring cup, do not use it. Obtain the appropriate 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.
- 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.

**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.
- Kept in original bottle.
- Properly labeled.
Prevent Injuries

What the regulations say about medication

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

- Prescription and nonprescription medication shall be administered to a child in care with a daily written request of the child’s parent; and according to the directions or instructions on the medication’s label.

- 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 and name of the medication. [Sec 7 (5)].

- Medication, including refrigerated medication, shall be: 1) stored in a separate, locked place, out of the reach of a child; 2) kept in original bottle, and 3) properly labeled [Sec 7 (6)].

- Medication shall not be given to a child if the expiration date on the bottle has passed [Sec 7 (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]
Prevent Injuries

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 and training 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).

For more information about food allergies and allergic reactions, go to:
http://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 a 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.

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.
Prevent Injuries

- 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.
   - 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.

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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

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 are current;
- 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 (CPR) 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.
- Wash superficial wounds with soap and water before bandaging.
- First aid supplies shall include a fully equipped first aid kit containing the following non-expired items: liquid soap, adhesive bandages, sterile gauze, medical tape, scissors, thermometer, flashlight, cold pack, first aid book, 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.
Prevent Spread of Disease

What the regulations say about emergency procedures

Type I centers and Type II licensed homes (922 KAR 2:110)
The following records shall be maintained at the child care facility for five (5) years [Sec 3 (1 g-j)]:
- 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 written record of practiced fire drills conducted monthly, with date, time, and children who participated; and
- A written plan and diagram outlining the course of action in the event of natural or manmade disaster, posted in a prominent place.

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)
- 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.
Prevent Spread of Disease

Infectious disease

Infectious disease: An illness caused by germs^24 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.

Leaves body via:
- Respiratory spray (e.g., coughing/sneezing)
- Body fluids/discharge (e.g., blood, eye/nasal discharge)
- Feces (e.g., diarrhea)
- Body contact (e.g., in the case of scabies or lice)

Germs find healthy body through:
- Direct contact (e.g., adult changes diaper and then touches unwashed hands to own mouth, eyes, or nose).
- Indirect contact (e.g., unwashed hands contaminate objects such as door knobs or toys that are later touched and/or put into children’s mouths.)

^24 The term “germ” refers to microorganisms such as bacterium, virus, fungus or parasites.
Prevent Spread of Disease

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.
Prevent Spread of Disease

1 Ensure up-to-date immunizations

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 2:110)
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 pursuant to 902 KAR 2:060 shall be on file within thirty (30) days of enrollment [Sec 3 (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 (1a)], 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.

Revised 10/13

25 Obtain a copy of the current immunization schedule at the Center for Disease Control and Prevention National Immunization Program website at http://www.cdc.gov/vaccines/.
Prevent Spread of Disease

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

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 your program’s exclusion criteria?
3. Do additional measures need to be taken such as monitoring the child closely during the day, taking extra care when washing hands, etc.?

AAP, APHA, & NRC (2002)
Prevent Spread of Disease

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.

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\(^{27}\) 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

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:

- 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 during the day:
- The child shall be placed in a supervised area isolated from the rest of the children.
- The parent or person exercising custodial control 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.
Prevent Spread of Disease

**Children with chronic health conditions**\(^{28}\)

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.\(^{29}\)

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**CHILD CARE HEALTH CONSULTATION (CCHC)**

The Child Care Health Consultation (formerly Healthy Start in Child Care) program was developed as part of the KIDS NOW Initiative to serve licensed and certified child care programs throughout Kentucky. The program consists of a network of child care health consultants who work with providers, children, and families on issues related to health, safety, and nutrition.

Consultants provide a variety of services at no cost to the provider, including telephone/on-site consultation, training sessions by a credentialed trainer, and learning sessions for children. To contact a Child Care Health Consultant in your region, call your local health department (see Appendix C, p. 41).

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\(^{28}\) Diner (1993)

\(^{29}\) Division for Early Childhood (DEC) & National Association for the Education of Young Children (NAEYC) (2000)
Prevent Spread of Disease

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.  

How?
Effective hand washing requires:
- Warm water
- Lots of lather from liquid soap
- Vigorous friction
- Thorough rinsing

Hand washing steps
1. Place hands under warm water.
2. Rub hands together with liquid soap for 20 seconds.
3. Clean under fingernails.
4. Rinse hands completely under warm water.
5. Dry hands completely with paper towels.
6. Turn off faucet with paper towel.
7. Throw towel in trash.

30 AAP, APHA, & NRC (2002)
Prevent Spread of Disease

**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.
  - Wiping a nose or mouth (own or child's).
  - Handling any body fluids (vomit, blood, mucus).
  - Sneezing or coughing.
  - Handling pets and other animals.
  - 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.

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\(^{31}\) AAP, APHA, & NRC (2002)
Prevent Spread of Disease

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)
- Child shall wash hands with liquid soap and running water a) upon arrival at the center, or within thirty (30) minutes of arrival for school-age children b) before eating or handling food, c) after toileting or diaper change, d) after handling animals, e) after wiping or blowing nose, f) after touching items soiled with body fluids or wastes, and g) after indoor or outdoor play time [Sec 3, (4 b)].
- An employee shall wash hands with liquid soap and running water a) upon arrival at the center, b) after toileting or assisting a child in toileting, c) before and after diapering each child, d) after wiping or blowing a child’s or own nose, e) after handling animals, f) after caring for a sick child, g) before and after feeding a child or eating, h) before dispensing medication, and i) if possible, before administering first aid [Sec 3 (5 c)].
- To ensure appropriate hand washing, regulations require the following [Sec 10 (3 b – 3g)]:
  - Each lavatory shall have hot and cold running water, under pressure, that allows washing of hands under warm water.
  - Water temperature at a lavatory used for hand-washing shall be a minimum temperature of 90 degrees Fahrenheit and a maximum of 120 degrees Fahrenheit.
  - Liquid soap and equipped with hand-drying blower or single use disposable hand drying material such as paper towels shall be provided at each lavatory.
  - An easily cleanable, waste receptacle shall be available in each toilet, diapering and hand-washing area.

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 [Sec 12 (5)].

A child shall wash hands with liquid soap and warm running water before and after eating, after toileting or diaper change, after wiping or blowing nose, after touching items soiled with body fluids or waste, after outdoor and indoor play time [Sec 12 (4)].
The proper methods of diapering and hand-washing shall be posted at each diaper changing area [Sec 13 (8)].
Prevent Spread of Disease

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 procedures

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.

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

Diaper changing steps

1. Check to see if all your supplies are ready.
2. Wash hands and put gloves on (latex free).
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.
7. Use disposable wipes to clean your hands, then child’s hands.
8. Diaper and dress the child.
9. Wash the child’s hands with liquid soap and warm water for 20 seconds.
10. Return the child to a supervised area.
11. Clean and sanitize diaper changing surface AND any toys or objects touched during the diaper change.
12. Wash your hands.

AAP, APHA, & NRC (2002)
Harms, Cryer, & Clifford, (1990)
AAP, APHA, & NRC (2002). Kentucky’s Child Care Health Consultants (formerly Healthy Start) also promote these steps.
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).
If no gloves are used, this step would be skipped.
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).
Prevent Spread of Disease

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)

- Each toilet shall [Sec 10 (2, 4)]:
  - Be cleaned and sanitized daily;
  - Be kept in good repair;
  - Be in a lighted room; and
  - Have ventilation to outside air.
  - A supply of toilet paper shall be available.

- A separate toilet facility shall be provided for each gender; or a plan shall be implemented to use the same toilet facility at separate times [Sec 10 (2)].

- A facility shall have a minimum of one (1) toilet and one (1) wash basin for each twenty (20) children. In a boy's bathroom, urinals may be substituted for up to one-half (1/2) of the number of toilets required. A toilet facility shall be cleaned and sanitized daily [Sec 10 (1)].

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

- The home shall have bathrooms, including toilets, sinks, and potty chairs that are: 1) 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)].
Prevent Spread of Disease

What the regulations say about diapering & toileting procedures

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

- Toilet training shall be coordinated with a parent or person exercising custodial control of the child [Sec 10 (5)].
- The proper methods of diapering and hand-washing shall be posted at each diaper changing area [Sec 10 (9)].
- An adequate quantity of freshly laundered or disposable diapers and clean clothing shall be available [Sec 10 (6)].
- Diapers or clothing shall be [Sec 10 (8 a-c)]:
  - Changed promptly when wet or soiled;
  - Stored in a covered container temporarily; and
  - Washed or disposed of at least once a day.
- When a child is diapered:
  - The child shall be placed on a clean, padded, easily washable surface that is not torn or damaged, and not be left unattended [Sec 10 (10 a, b)];
  - Unless allergic, individual disposable washcloths shall be used to thoroughly clean the affected area [Sec 10 (11)];
  - Staff shall disinfect the surface after each child is diapered [Sec 10 (12)];
  - If staff wear disposable gloves, gloves shall be changed and disposed of after each child is diapered; and [Sec 10 (13)],
- If a training chair is used; the chair shall be used over a surface that resistant to moisture; out of the reach of other toilets or toilet training chairs; emptied promptly and sanitized after each use [Sec 10 (7)].

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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Prevent Spread of Disease

Clean and sanitize surfaces and objects

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 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. To learn more visit eLearning website at www.laborcabinetetrain.ky.gov

38 AAP, APHA, & NRC (2002)
Prevent Spread of Disease

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.\(^{40}\)

\(^{40}\)AAP, APHA, & NRC (2002)
## Prevent Spread of Disease

### When?

<table>
<thead>
<tr>
<th>Area</th>
<th>Clean</th>
<th>Sanitize</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classrooms and Food Areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertops, tabletops, floors, doors and cabinet handles</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled.</td>
</tr>
<tr>
<td>Food preparation and service surfaces</td>
<td>X</td>
<td>X</td>
<td>Before and after contact with food activity; between preparation of raw and cooked foods.</td>
</tr>
<tr>
<td>Carpets and large area rugs</td>
<td>X</td>
<td></td>
<td>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 3 months in other areas and when soiled.</td>
</tr>
<tr>
<td>Small rugs</td>
<td>X</td>
<td></td>
<td>Shake outdoors or vacuum daily. Launder weekly.</td>
</tr>
<tr>
<td>Utensils, surfaces and toys that go into the mouth or have been in contact with saliva or other body fluids</td>
<td>X</td>
<td>X</td>
<td>After each child’s use, or use disposable, one-time utensils or toys.</td>
</tr>
<tr>
<td>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. (None of these items should be shared among children).</td>
<td>X</td>
<td></td>
<td>Weekly and when visibly soiled.</td>
</tr>
<tr>
<td>Blankets, sleeping bags, cubbies</td>
<td>X</td>
<td></td>
<td>Monthly and when soiled.</td>
</tr>
<tr>
<td>Hats</td>
<td>X</td>
<td></td>
<td>After each child’s use or use disposable hats that only one child wears.</td>
</tr>
<tr>
<td>Cribs and crib mattresses</td>
<td>X</td>
<td></td>
<td>Weekly, before use by a different child, and whenever soiled or wet.</td>
</tr>
<tr>
<td>Phone receivers</td>
<td>X</td>
<td>X</td>
<td>Weekly.</td>
</tr>
<tr>
<td>Toilet and Diapering Areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand washing sinks, faucets, surrounding counters, soap dispensers, door knobs</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled.</td>
</tr>
<tr>
<td>Toilet seats, toilet handles, potty chairs (use of potty chairs is discouraged because of high risk of contamination), door knobs or cubicle handles, floors</td>
<td>X</td>
<td>X</td>
<td>Daily or immediately if visibly soiled.</td>
</tr>
<tr>
<td>Toilet bowls</td>
<td>X</td>
<td>X</td>
<td>Daily.</td>
</tr>
<tr>
<td>Diapering changing area</td>
<td></td>
<td></td>
<td>After each diapering change</td>
</tr>
<tr>
<td>General Facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mops and cleaning rags</td>
<td>X</td>
<td>X</td>
<td>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.</td>
</tr>
<tr>
<td>Waste and diaper containers</td>
<td>X</td>
<td></td>
<td>Daily.</td>
</tr>
<tr>
<td>Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool, or blood</td>
<td>X</td>
<td>X</td>
<td>Immediately.</td>
</tr>
</tbody>
</table>

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Prevent Spread of Disease

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.\(^{42}\)

### Web Resources

- Centers for Disease Control and Prevention (CDC): www.cdc.gov
- National Association for the Education of Young Children (NAEYC): www.naeyc.org
- National Association for Family Child Care (NAFCC): www.nafcc.org
- National Network for Child Care (NNCC): www.nncc.org
- National Resource Center for Health and Safety in Child Care and Early Education (NRC): http://nrc.uchsc.edu/
- National Afterschool Association (NAA): http://naaweb.site-ym.com/

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KIDS NOW. (2002). Early childhood professional development: Creating a framework for Kentucky. Frankfort, KY.


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:\(^\text{43}\)

<table>
<thead>
<tr>
<th>Age of Children</th>
<th>Ratio</th>
<th>Maximum Group Size*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>1 staff for 5 children</td>
<td>10</td>
</tr>
<tr>
<td>Toddler</td>
<td>1 staff for 6 children</td>
<td>12</td>
</tr>
<tr>
<td>Preschool-age 2 to 3 years</td>
<td>1 staff for 10 children</td>
<td>20</td>
</tr>
<tr>
<td>Preschool-age 3 to 4 years</td>
<td>1 staff for 12 children</td>
<td>24</td>
</tr>
<tr>
<td>Preschool-age 4 to 5 years</td>
<td>1 staff for 14 children</td>
<td>28</td>
</tr>
<tr>
<td>School-age 5 to 7 years</td>
<td>1 staff for 15 children</td>
<td>30</td>
</tr>
<tr>
<td>School-age 7 and older</td>
<td>1 staff for 25 children (for before and after school)</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>1 staff for 20 children (full day of care)</td>
<td>30</td>
</tr>
</tbody>
</table>

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

A Type I licensed child care facility\(^\text{44}\) 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 center\(^\text{45}\) 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 providers\(^\text{46}\) 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 Providers\(^\text{47}\) 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.

\(^{43}\) 922 KAR 2:120. Child care facility health and safety standards, Section 2
\(^{44}\) 922 KAR 2:090. Definitions for 922 KAR Chapter 2, Section 2 (1)
\(^{45}\) 922 KAR 2:090. Definitions for 922 KAR Chapter 2, Section 2 (2)
\(^{46}\) 922 KAR 2:100. Certification of family child care homes, Section 9 (2-5)
\(^{47}\) 922 KAR 2:180. Registered Child Care Providers, Section 6 (1-3)
Tips to prevent sleep-related accidents/death48

- 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.
- If using a blanket, put infant with its feet at the foot of the crib. Tuck a thin blanket around the crib mattress, only as far as the infant's chest.
- 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 “Back 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)
“Back to Sleep” Campaign
(800)-505-CRIB (800) 505-2742
www.nichd.nih.gov/sids

National SIDS and Infant Death Program Support Center (800)
638-7437
http://www.sidscenter.org

U.S. Consumer Product Safety Commission
Washington, D.C. 20207-0001
(800) 638-2772 (TTY 8---638-8270)
www.cpsc.gov

References

48 Source: Kentucky Cabinet for Health Services, Department for Public Health http://chs.state.ky.us/publichealth/
Appendix C

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Jefferson Co Area—Covered by the TA Center in
Fayette and CCHC Helpline 1-877-281-5277
updated 10/13

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