



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

 Office of Child Care

# **2025 State and Territory CCDF Administrators Meeting (STAM)**

July 22–24, 2025

Hyatt Regency Reston  
Reston, Virginia



## Foundations for Health and Safety in Child Care

Presenters:

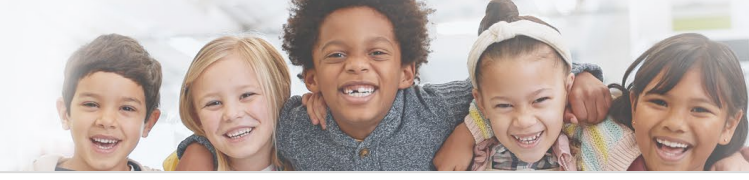
Jeanne VanOrsdal, Quality Assurance Specialist

Tracey Chestnut, Quality Assurance Specialist

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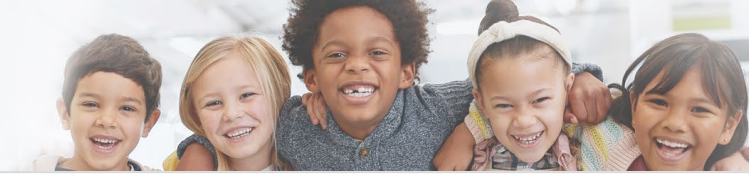
## Agenda

- Introduction and Ice Breaker
- Understanding Caring for Our Children Basics
- Exploration of New Features in Basics
- Tools for Implementation
- Group Activity and Discussion
- State Examples
- Utilizing Basics
- Questions



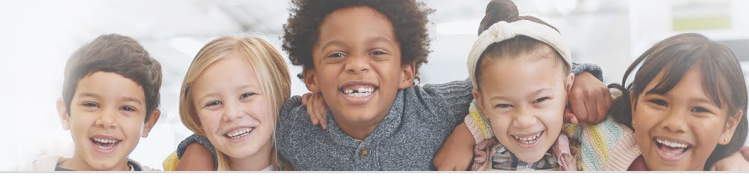
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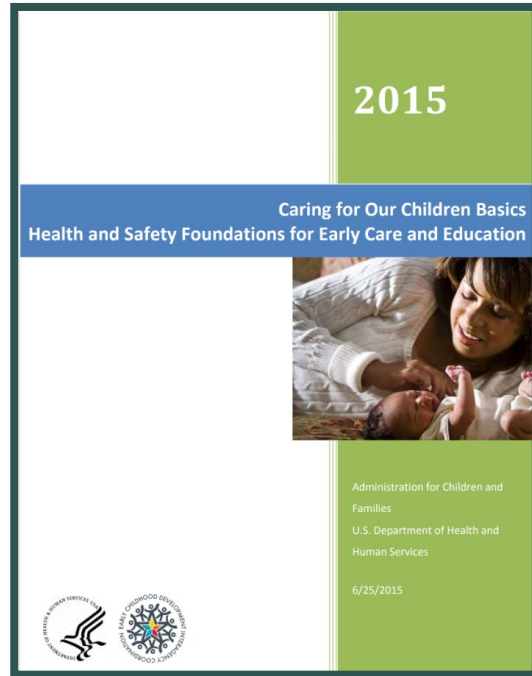


Remain  
standing  
if...

- You have heard of Caring for Our Children
- You have used Caring for Our Children in your work
- You have heard of Basics
- You have used Basics in your work



## What Is Caring for Our Children Basics, or Basics?



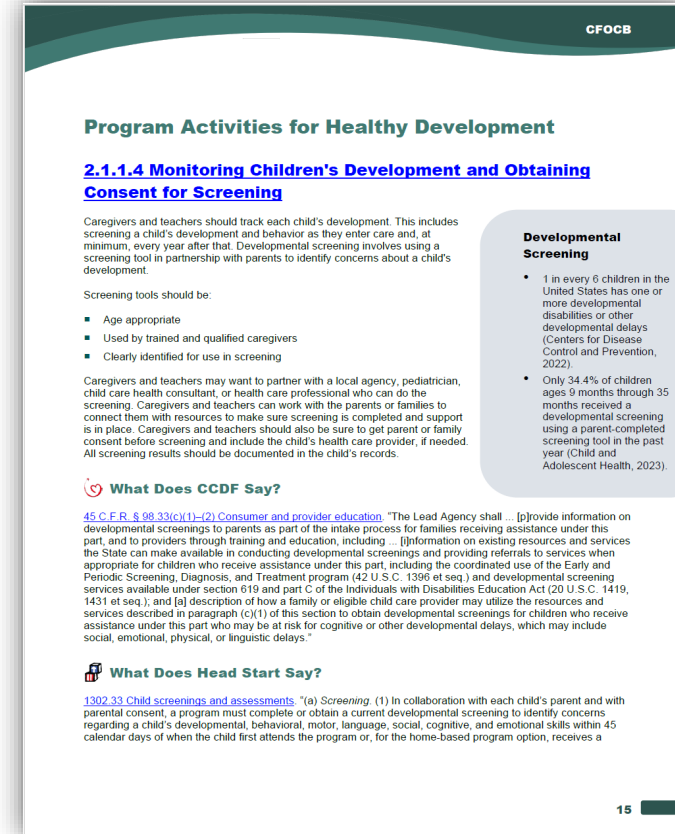
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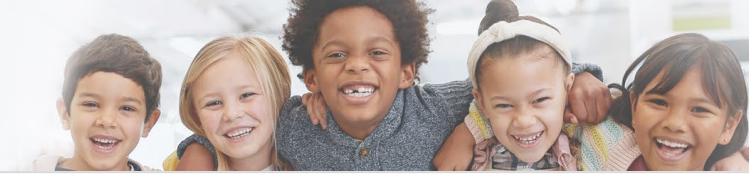
- What's new in Basics?
  - Updated standards
  - Plain language
  - What does CCDF say?
  - What does Head Start say?
- What stayed the same?
  - Purpose
- Opportunities



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## 1.4.3.1 First Aid and CPR Training for Staff

All caregivers and teachers who provide direct care to children should have up-to-date documentation showing they completed training in pediatric first aid and have current certification in pediatric CPR. The facility should maintain these records in its personnel files. (Note: The training entity determines the length of certification, e.g., American Red Cross Child CPR certification is valid for 2 years. States and territories will determine the frequency of the training requirement.)

### What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address pediatric first aid and CPR. Every caregiver or teacher who receives financial assistance through CCDF must take pediatric first aid and CPR training. Your state or territory will determine whether every caregiver in an early childhood program must also complete certification in first aid and CPR. For more information, check the [National Database of Child Care Licensing Regulations](#).

### **School-Age Caregivers and Teachers**

Check with your state or territory to be sure you take the correct first aid and CPR classes for the age of the children you serve.

### What Does Head Start Say?

[1302.47 Safety practices](#) “(b)(4) *Safety training.* (i) *Staff with regular child contact.* All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (J) First aid and cardiopulmonary resuscitation.”



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CFOCB

## What Does Head Start Say?

**1302.47 Safety practices.** "(b)(4) *Safety training.* (i) Staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care, including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in ... (H) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants."

**1302.47 Safety practices.** "(b)(6) *Hygiene practices.* All staff systematically and routinely implement hygiene practices that at a minimum ensure: ... (ii) Exposure to blood and body fluids is handled consistent with standards of the Occupational Safety and Health Administration."

### 3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting

Caregivers and teachers should routinely clean, sanitize, and disinfect surfaces to reduce the spread of germs. Programs should post cleaning schedules for caregivers, teachers, and families to reference.

Caregivers and teachers should use the following cleaning processes for the purposes indicated:

- **Clean:** Use soap/detergent and water, or all-purpose cleaners, to remove germs, dirt, oils, and sticky substances from surfaces or objects.
- **Sanitize:** Use an appropriate product, following manufacturer's directions for safe use, to reduce the number of germs after cleaning. Clean surfaces before you sanitize them if dirt is present.
- **Disinfect:** Use an appropriate product, following directions for safe use, to kill any remaining germs on surfaces or objects. Clean surfaces before you disinfect them.

Caregivers and teachers should not use cleaning, sanitizing, or disinfecting products when children are nearby and should ensure fresh air flow is maintained when using such products. During illness outbreaks, caregivers and teachers may need to sanitize or disinfect surfaces more often to reduce the spread of germs.

For more information: [Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting](#)

## What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address the prevention and control of infectious diseases.

## What Does Head Start Say?

**1302.47 Safety practices.** "(b)(4) *Safety training.* A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times."

**1302.47 Safety practices.** "(b)(6) *Facilities.* All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating, are, at a minimum: ... (i) Clean and free from pests."

**1302.47 Safety practices.** "(b)(7) *Equipment and materials.* Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other

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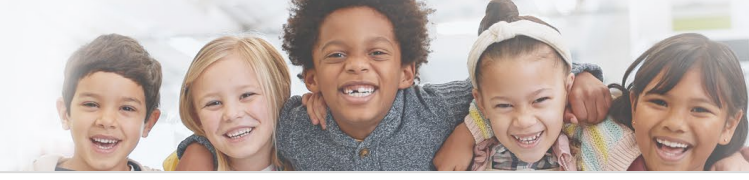



# Tools for Basics—Lead Agency Alignment Tool

## Chapter 3: Health Protection and Promotion

Chapter 3 contains standards that promote and protect children's health in child care settings. It includes guidelines for physical activity, safe sleep practices, oral hygiene, diaper changing, hand hygiene, and preventing exposure to blood and body fluids. The chapter also covers routine cleaning, substance use policies, emergency medical procedures, child abuse prevention, sun safety, strangulation hazards, care plans for special health needs, infectious disease control, and medication administration and training.

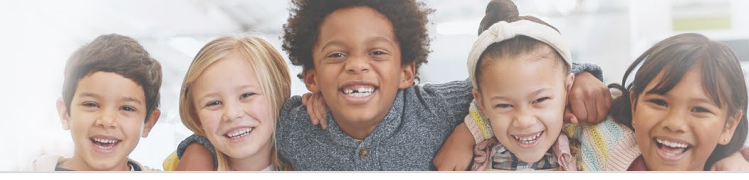
Caring for our Children Basics Standards	Indicators	State or Territory Rules/Regulation/Guidance
<b>3.1.3.1 Active Opportunities for Physical Activity</b>  Physical activity is an important part of every child's day. Caregivers and teachers should promote physical activity by offering opportunities for child-led and caregiver- or teacher-led activities. Activities should be appropriate to the children's age and development and include time for infants and toddlers to practice their motor skills every day. For young infants, caregivers and teachers should interact with an infant for short periods (3–5 minutes) while the infant is positioned on their tummy (tummy time) and increase the length of the interaction as the infant shows they enjoy the activity.  Infants should not be seated for more than 15 minutes at a time, except during meals. Caregivers and teachers should use infant equipment, such as swings, stationary activity centers, infant seats (e.g., bouncers), and molded seats only for short periods, if at all. Caregivers and teachers should always encourage a least- restrictive environment. Children should be engaged in moderate to vigorous healthy, active outdoor play every day. When weather and air quality do not permit outdoor play, indoor physical activity is still recommended. Gross motor play also provides <u>children</u> the chance to bond with each other and their caregivers or teachers.	<input type="checkbox"/> Caregivers and teachers promote daily physical activity that includes both child-led and teacher-led movement.	
	<input type="checkbox"/> Caregivers provide large motor skill activities every day that are developmentally appropriate for each child's age.	
	<input type="checkbox"/> Caregivers and teachers engage with infants during tummy time for short periods, gradually increasing the duration as infants show enjoyment.	
	<input type="checkbox"/> Caregivers and teachers limit infant seating to no more than 15 minutes at a time,	



## Tools for Basics—Provider Checklist

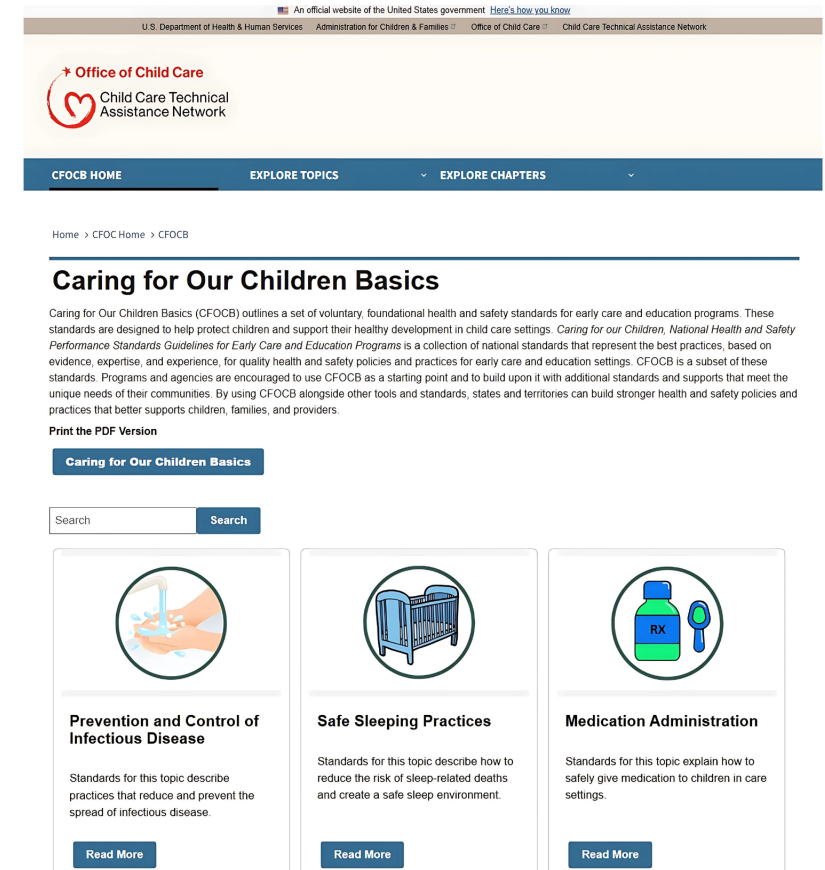
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## Tools for Basics—New Basics Website

- Searchable by CCDF topic area, standard number, and keyword
- Consistent URL format



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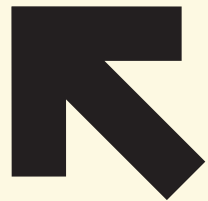
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## Small Group Activity





**How California used federal technical assistance to help support the exploration of Health and Safety Standards that aligned with *Caring for Our Children Basics***

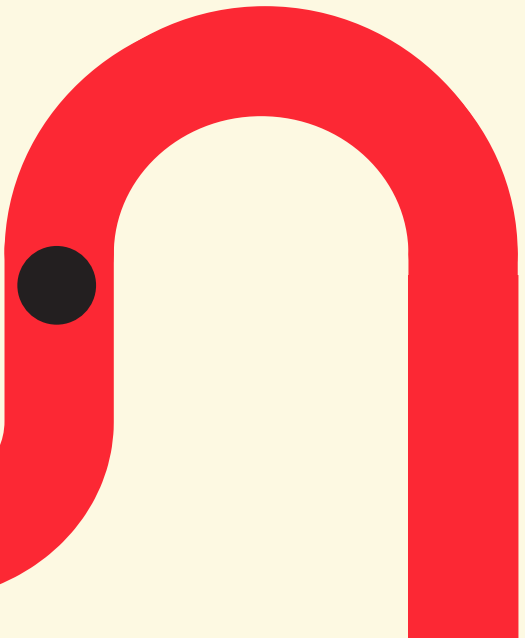
***2025 STAM July 22-24, 2025***

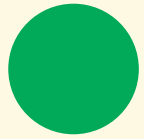




# Technical Assistance Format

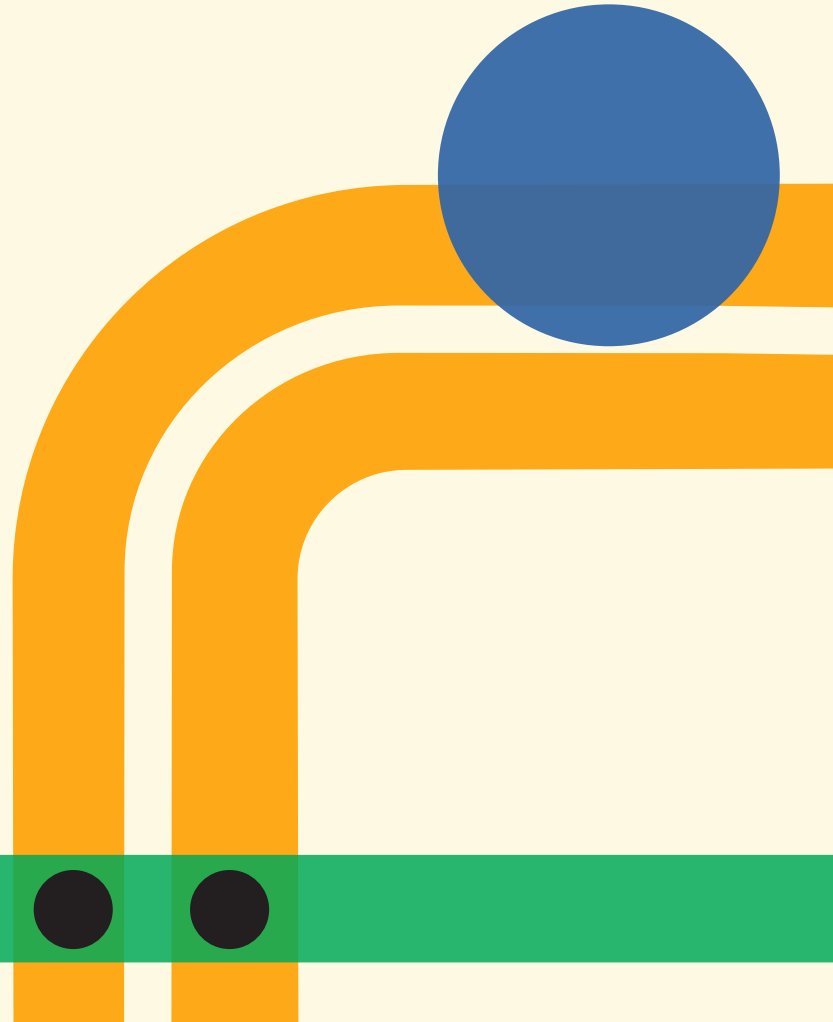
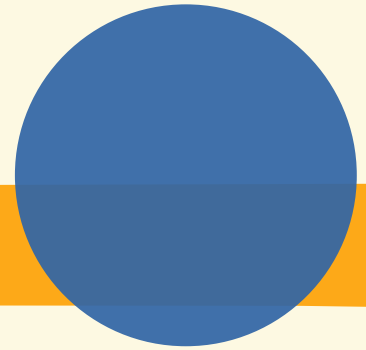
- January 2022 through July 2022
- 10 meetings held virtually on Zoom
- California Department of Social Services (CDSS) workgroup
- Team from Office of Child Care Training and Technical Assistance Network (CCTAN)
- Team from National Center on Early Childhood Quality Assurance (NCECQA)
- Focus on the exploring health and safety standard for license-exempt providers
- Caring for our Children Basic as a guide





## Meeting 1– Planning calls

- Needed clear information about what the Health and safety requirements were for license-exempt providers.
- Included partners from Community Care Licensing Division for their perspective.
- License-exempt providers as part of career ladder continuum.
- TA team provided agendas, meeting notes, meeting reminders, and led discussions on continuous quality improvement throughout the process.





## **Meeting 2 – Review of 45 Code of Federal Regulations**

- Health and Safety Standards
- Trainings (preservice/orientation and ongoing)
- Monitoring of providers



## **Meeting 3 – Alignment and other things to consider**

Explored and analyzed alignment of *Caring for our Children Basics* with the content in the California Health and Safety training modules for licensed providers.

- What are these providers already doing currently?
- Will there be any fiscal impacts on the providers in implementing a new standard?
- How will the standards be monitored?
- Are the standards practical?



## Meeting 4 – Use of Indicators

- Provided a plan to identify critical elements of the license-exempt standards for the workgroup's consideration.
- Used indicators from the content in California's Health and Safety trainings curriculum for licensed providers and ***Caring for our Children Basics*** for each health and safety topic.
- Using the Likert scale from 1 (least critical) to 5 (most critical), each workgroup member was asked to choose from least to most critical for each of the indicators.





## Meetings 5 – 10

- TA team emailed the workgroup with the Likert scale in a poll format for 1-3 of the different H&S topics prior to the next meeting.
- TA team summarized the findings into a discussion topic document for each topic that was reviewed in each of the meetings.
- The discussion document showed the combined results of the Likert scale, including:
  - the CFOCB indicator,
  - the mean score, and
  - recommendations
- Mean score of 4 and above would be considered most critical and a mean score between 2.5 and 4 would need more discussion within the workgroup.



# Using the Likert scale

## California Health and Safety Critical Elements: Infectious Disease

1. What are the "critical elements" to include in a standard for California License-Exempt Providers regarding "**Prevention Prevention and Control of Infectious Diseases?**"

	Least Critical			Neutral			Most Critical
Clean, Sanitize and Disinfect Surfaces	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Use Disposable Gloves for Diapering	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>

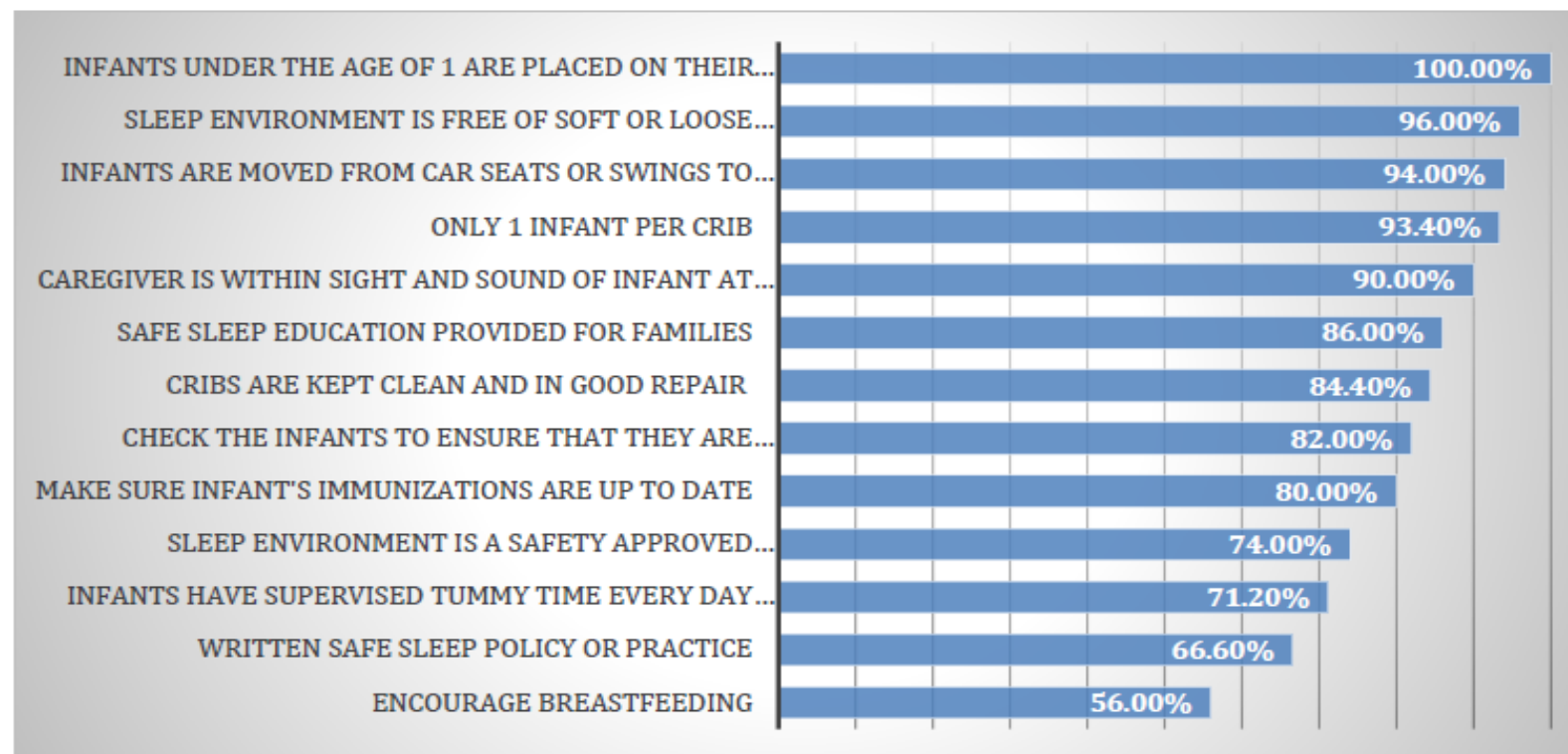


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## Poll results

### Prevention of sudden infant death syndrome and use of safe sleep practices

Responses: 9





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# Discussion document

California H/S LE Workgroup  
May 2022



NATIONAL CENTER ON  
Early Childhood Quality Assurance

## Prevention of sudden infant death syndrome and use of safe sleep practices

Responses: 9



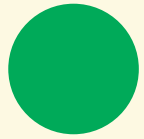
\*\*\* Using a Likert Scale 1 being "Least Critical" to 5 being "Most Critical," each indicator was assigned a mean score for the purpose of categorization.

Indicator	Mean:	Recommendation
Move Forward		
Infants under the age of 1 are placed on their backs to sleep	Mean = 5	Move forward
Sleep environment is free of soft or loose bedding.	Mean = 4.8	Move forward

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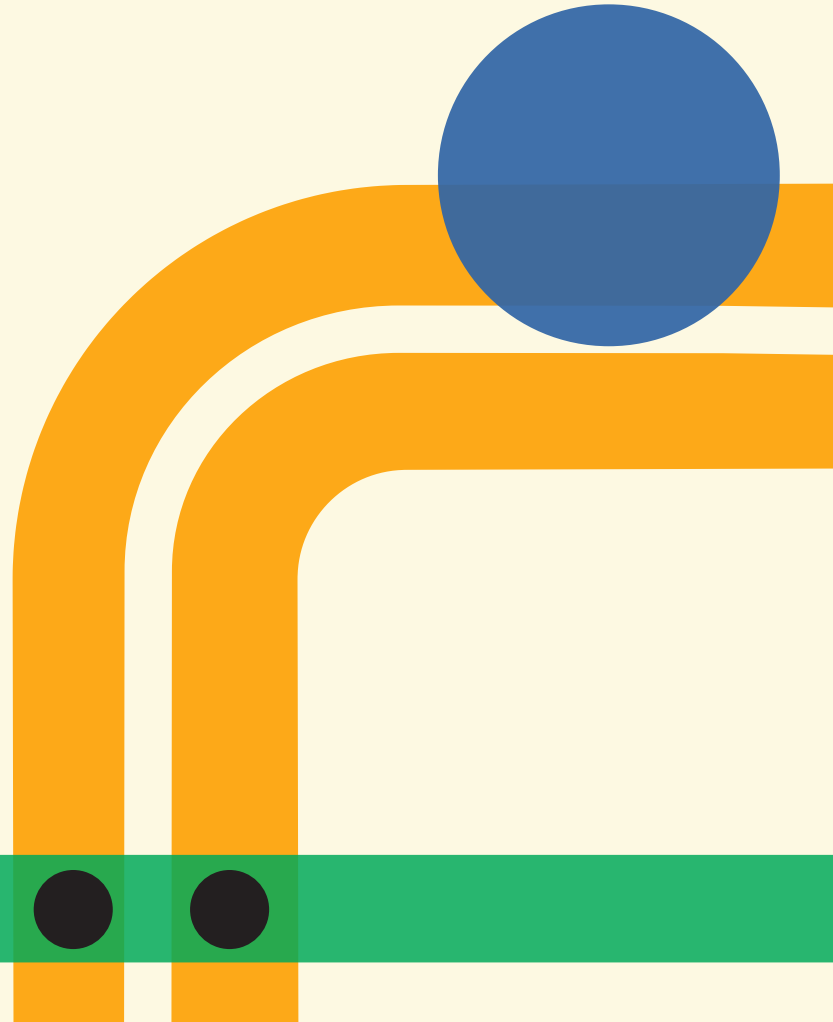
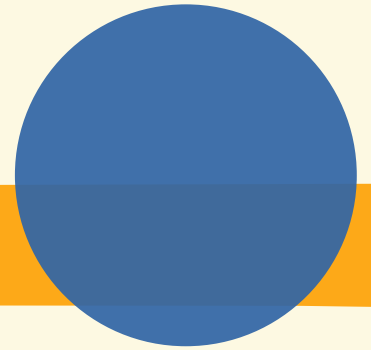
## Discussion document (2)

Cribs are kept clean and in good repair	Mean = 4.22	Move forward
Check the infants to ensure that they are comfortably clothed (not overheated or sweaty)	Mean = 4.1	Move forward
Make sure infant's immunizations are up to date	Mean = 4	Move forward
<b>Discussion Items:</b>		
Sleep environment is a safety approved environment	Mean = 3.7	Discussion:  Recommendation: Move Forward or Remove from Table
Infants have supervised tummy time every day when they are awake	Mean = 3.56	Discussion:  Recommendation: Move Forward or Remove from Table
Written safe sleep policy or practice	Mean = 3.33	Discussion:  Recommendation: Move Forward or Remove from Table



## Ongoing work

- Small internal workgroup in policy office – writing the standards for review
- Large internal workgroup – reviewing drafts of the standards and providing feedback
- Continued federal TA
- Ongoing adjustments in response to development of H&S trainings and monitoring policies.





# Thank you

- **Becky Halligan**
- **[Becky.Halligan@dss.ca.gov](mailto:Becky.Halligan@dss.ca.gov)**





FFN Annual Health & Safety Checklist

Clarity ID: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Provider ID: \_\_\_\_\_  
Care Location: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

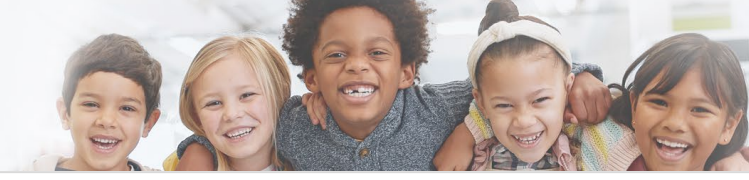
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**Provider Instructions:** For each standard below, please mark the “Standard Met” box if you or the care environment meets the standard. Mark “Standard Not Met” if you do not meet the standard. A Children’s Cabinet staff member will validate your responses and will provide guidance in how you can meet standards that are not met.

Section A • Supervision

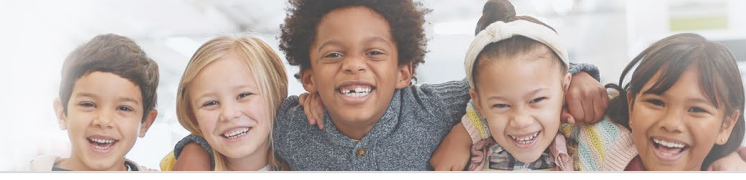
Standard <i>Child Care and Development (CCDF) Law Reference</i>	Provider Use		Standard <i>Caring for our Children Reference (CFOC)</i>	Staff Use Only		
	✓ Standard Met	✓ Standard Not Met		Validated Standard ✓	Standard Not Validated ✓	Reviewed Standard ✓
<b>Monitoring Children's Development/Obtaining Consent for Screening</b> <i>658G.b</i>			Developmental and behavioral screenings of all children are conducted at the beginning of child's enrollment, at least yearly thereafter, and as developmental concerns become apparent to staff and/or parents/guardians. <i>CFOC-2.1.1.4</i>			
<b>Methods of Supervision of Children</b> <i>658G.b</i>			Provider directly supervises infants, toddlers, and preschoolers by sight and hearing at all times (indoors and outdoors), even when the children are going to sleep, napping or sleeping, and are beginning to wake up; <i>CFOC-2.2.0.1</i>			
<b>Supervision near Bodies of Water</b> <i>658E.c.2.i.i.V.</i> <i>658H.i.2.A.-B.</i> <i>658E.c.2.H.i.</i>			Constant supervision maintained when any child is in or around water; <i>CFOC-2.2.0.4</i>			
			Constant supervision maintained during any swimming/wading activities; <i>CFOC-2.2.0.4</i>			
			Ratios are maintained (one adult to one infant/toddler) <i>CFOC-2.2.0.4</i>			
<b>Prohibited Caregiver/Teacher Behaviors</b> <i>658G.b</i>			The provider is aware that the following behaviors are prohibited and should NEVER be used: a) Use of corporal (physical) punishment (e.g., hitting, spanking); b) Isolating a child where a child cannot be supervised; c) Binding or tying to restrict movement or taping the mouth			





## Utilize Basics with ...





## Technical Assistance Is Available

- Please use this QR code or corresponding web link to request individualized technical assistance.



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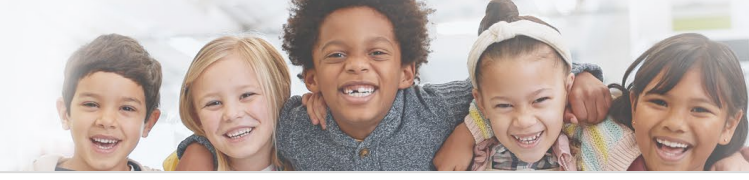
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Thank you!





## National Center on Early Childhood Quality Assurance

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