Choctaw Nation of Oklahoma
Child Care Assistance

Focusing on the Future

Relative Provider Handbook

Revised June 2015
# Table of Contents

Message from Program Director ..................................................................................... 1  
Staff Information .............................................................................................................. 2  
Introduction ...................................................................................................................... 3  
Definition of Relative or Non-Licensed Provider ................................................................ 3  
Equipment Provided by Choctaw Nation ................................................................. 3  
Periodic Monitoring of Non-Licensed Relative Providers ............................................ 4  
Toy Lending Program ........................................................................................................ 4  
Parent Sign-In Sheets and Claims ................................................................................... 4-5  
Caregiver/Provider Claim Process .................................................................................. 5-6  
  Monthly Claims Cover Sheet ....................................................................................... 5  
  Child Care Claims .......................................................................................................... 5  
  Compensation and Claim Process .................................................................................. 5  
  When Payments for Child Care Will Be Received ...................................................... 5  
  Caregivers Shall Not Loan Out Children ..................................................................... 5  
  Effective Date of Provider Approval ............................................................................ 6  
Parent’s Co-Payments ........................................................................................................ 6  
Termination ....................................................................................................................... 6  
Health and Safety Requirements ..................................................................................... 7  
  Minimum Standards for Tribal Child Care (Relative or Non-Licensed) ....................... 7  
Caregiver Qualifications and Training ........................................................................... 7-11  
  Adequate Staffing Ratios ............................................................................................. 7  
  Caregiver Qualifications .............................................................................................. 8-9  
  Caregiver Training ........................................................................................................ 10  
  Program Policies of Child Care Setting ........................................................................ 10-11  
Building and Premises .................................................................................................... 11-16  
  Safe Environment ......................................................................................................... 11-15  
  Nuturing and Enriching Environment ......................................................................... 15-16  
  Transportation ................................................................................................................ 16  
Infection Control ............................................................................................................... 17-20  
  Immunizations ............................................................................................................... 17  
  Sanitation ....................................................................................................................... 17  
  Hand Washing ................................................................................................................ 17  
  Food Safety .................................................................................................................... 17-18  
  Care of Ill Children ....................................................................................................... 19  
  Caregiver Health ............................................................................................................ 19  
  Cleaning up Bodily Fluids ............................................................................................. 19-20
Halito,

Welcome to the Choctaw Nation of Oklahoma Child Care Assistance Program. Our program assists eligible families with their financial obligation for child care.

The Child Care Assistance Program is funded by a federal grant through the Department of Health & Human Services and Administration for Children & Families. Certain requirements of the Child Care Program are necessary because of the federal regulations of the funding source. None of the funds used for day care assistance are tribal monies.

The purpose of the Child Care Assistance Program is to increase the availability, affordability, and quality of child care services in the 10 1/2 counties of the Choctaw Nation service area. We service Native American children under the age of 13 years of age.

The Choctaw Nation Child Care Assistance Program has deemed it necessary to develop minimum requirements for relative non-licensed child care homes. Although parents have the primary responsibility for monitoring their child’s care, the Choctaw Nation monitoring representative provides an additional level of protection through on-site inspections, technical assistance, and consultation with those who provide child care.

We hope this booklet will be helpful to you while caring for children. If we can be of service to you, please feel free to call or come by our office.

Sincerely,

Monona Dill, Director
Child Care Assistance
Staff Information

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Introduction

It is the declared purpose and policy of the Choctaw Nation Child Care Assistance Program to ensure maintenance of minimum standards for the care and protection of children away from their own homes, to encourage and assist the relative child care home in attaining maximum standards and to work for the development of sufficient and adequate services for child care. These requirements are presented as minimum requirements and safeguards to ensure the well-being of children. They have been developed from existing knowledge of child development and experience in child care.

Definition of Relative or Non-Licensed Provider

RELATIVE CHILD CARE PROVIDER-means a relative of the child who is providing child care. Care cannot be provided in the child’s home.

Relative-means persons in any of the following relationships whether by marriage, blood, or adoption: great grandparent, grandparent, great aunt, aunt, great uncle, uncle, or sibling who is over the age of 18 years and does not reside in the home with the child.

Non-Licensed Provider or Relative Provider-means a relative of the child as stated above, who provides care in his/her home for a maximum of five or fewer children, including children of the provider under the age of ten who live in, the home. Because the State of Oklahoma Department of Human Services has not licensed this person for child care, they must be registered and monitored under the rules and guidelines set forth by the Choctaw Nation Child Care Assistance Program.

Equipment Provided by Choctaw Nation

The Choctaw Nation Child Care Assistance Program will provide the following items if needed and if funds are available:

A. First Aid kit
B. Portable fire extinguisher
C. Smoke alarms as needed (batteries included)
D. Carbon monoxide detectors ad needed (batteries included)
E. Electrical outlet covers
F. Cabinet door latches
G. Refrigerator/freezer thermometer
Periodic Monitoring for Non-Licensed Relative Providers

- The Monitoring Coordinator will conduct four (4) periodic site visits (two of which will be unannounced) per year or every three months for all approved Non-licensed Relative Providers unless there are non-compliances that would require a follow-up visit.
- During a site visit, the Monitoring Coordinator will ensure the maintenance of minimum licensing requirements and encourage providers in attaining maximum standards.
- During a site visit, the Monitoring Coordinator will provide any additional equipment or information the Relative Provider needs to maintain minimum requirements.

Toy Lending Program

- Participation in the Toy Lending Program is required for Relative Providers which provides educational toys and books on a loan basis.
- The Relative Provider should read and sign the Toy Lending Agreement before beginning the Toy Lending Program
- Toys will be delivered at a periodic site visit.
- While choosing age-appropriate toys for the children, the Monitoring Coordinator will complete the toy check-out form with an inventory list of items that will be left with the provider.
- The Monitoring Coordinator will deliver an assortment of age-appropriate educational toys and books for the children in the providers’ care, and pick them up on the next scheduled quarterly site visit.
- The Monitoring Coordinator will use the inventory check-out list to ensure all toys and books are returned, and a new inventory list can be completed if new items are requested.
- Toys that are picked up from Relative Providers need to be cleaned properly and disinfected by the Monitoring Coordinator and stored until their next use.

Parent Sign-In Sheets and Claims

Parents/guardians are required to sign their child(ren) in and out on a daily basis in ink, pencil signatures will not be accepted. Parents must fill in the date, time in, time out, child(ren)’s name and parents signature each day that the child(ren) attends a day care. Full signatures are required (initials and ditto marks are not allowed). Please be aware that this office will not issue payment to the provider for those days that parents fail to sign the child in and out.
Parents will be required to pay your provider for those days.

At the end of the month, but not prior to the last day of child care for the month, the parent must sign a claim form at your day care. These forms should be filled out correctly by the provider before parents sign them. Claim forms signed by someone other than the parent constitutes fraud. Sign in sheets are monitored by our Monitoring Coordinator.

If your home is found to be in non-compliance of the sign-in sheet policy, the first occurrence will be documented. If your home is found to be in non-compliance the second time, you will be terminated from the Program.

**Caregiver/Provider Claim Process**

Claims will be mailed to the providers about 1 week prior to the end of each month to commence the payment process for day care services. Providers must submit the following forms to the Child Care Assistance office for payment for services:

- **Monthly Day Care Claims Cover Sheet**: The cover sheet is a summary of the month’s claims for the care of eligible children. This form must be completed, signed and submitted by the Provider.

- **Child Care Claims**: A claim for each eligible and approved child, along with the month’s sign in sheet for that child, must be completed by the provider and signed by the parent/guardian, no earlier than the last day child care was provided.

- **Compensation and Claim Process**: Effective May 1, 2015, claims must be submitted for payment within 5 days of the end of the month in which the service was completed. Claims submitted later than 30 days from end of service date will be considered “late”; and at the discretion of the Choctaw Nation Child Care Assistance Program, may or may not be paid based on available program funding and general accounting procedures.

- **When will payment be received**: We cannot guarantee an exact date for payment, however, completed claims will be handled in a timely and efficient manner and in accordance with the rules and regulations of our finance office. Should the provider have any questions about claims they have submitted for payment, they should call 800-522-6170/580-924-8280 and ask for accounts payable. Holidays and incomplete claims may delay payment.

- **Caregiver/Providers shall not “loan out” child(ren)** for someone else to care for and collect monies from CCDF Funds. This constitutes fraud, and may result in termination from this program.
- **Effective Date of Provider Approval**: The effective date of service for a non-licensed provider will be after the monitoring coordinator has made the unannounced site visit and all non-compliances have been met. Payment for child care will begin after we have received notification from the monitoring coordinator that the provider has been approved. Payments will not be paid back to the day that the provider was requested.

**Parent’s Co-Payments**

Based on the parents/guardians income, they may be required to pay a co-payment to the provider for a portion of their child care expense. While the Child Care Assistance office requires parents to make timely payments to their providers, we feel this is the responsibility of the parent and a business decision of the provider if payments are allowed to become delinquent. Therefore, our office will not assist in the collection of outstanding co-payments for the provider.

**Termination**

Failure of applicant to report others living in the home at the time of application or at any other time after becoming a caregiver/provider for the Child Care Assistance Program will result in termination.

License d Providers: When the Department of Human Services denies or revokes a facility’s/home license, the persons may not make application with the Choctaw Nation Child Care Assistance Program as a child care provider for five years following the effective date of closure.

Non-Licensed Providers: If the Department of Human Services denies or revokes a facility’s/home license, the persons may not make application with the Choctaw Nation Child Care Assistance Program as a relative provider.

The caregiver/provider shall be terminated for not supervising the child(ren). Children shall be supervised by the caregiver/provider at all times. The caregiver/provider shall not leave the child(ren) unattended for any length of time.

Parents/Guardians that are unemployed and have failed to notify the Child Care Assistance office will result in termination of day care assistance. The parents/guardians may reapply for Child Care Assistance however; the parents/guardians shall only be eligible to choose a licensed provider.
Health and Safety Requirements

Minimum Standards for Tribal Child Care (Relative or Non-Licensed Providers)

The Choctaw Nation Child Care Assistance Program follows the Minimum Tribal Child Care Standards for relative and non-licensed child care homes according to the CCDF publication “Minimum Standards for Tribal Child Care: A Health and Safety Guide”. Monitoring of all relative providers is conducted through four (4) site visits per year (two of which will be unannounced) by our Monitoring Coordinator to ensure these standards are maintained.

Caregiver Qualifications and Training

Adequate Staffing Ratios

The total number of children on the program and in the care of a relative provider shall be limited to five (5) children, under the age of thirteen (13) years. However, this limit of five children shall include the caregiver’s own children under the age of ten (10) years of age who live in the provider’s home.

The total number of children in a relative’s home is limited to five that includes:

- Children younger than ten years of age who live in the home and are present in the home while children are in care.
- Foster children, 12 years of age and younger who live in the home while children are in care.
- Any other children that do not live in the home but are being cared for by the relative provider.
- Caregivers should directly supervise infants, toddlers, and preschool children by sight and hearing at all times, even when children are in sleeping areas.
- Caregivers should know the whereabouts of the children at all times and should not leave children in the care of other family members or other individuals.

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<thead>
<tr>
<th>Under 2 Years</th>
<th>2 Years and Older</th>
<th>Total</th>
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<tr>
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*maximum number of children under 2 years of age is three
Caregiver Qualifications

- **General**: The caregiver/provider shall be a responsible, mature, healthy adult, at least eighteen (18) years of age, who is capable of understanding and complying with minimum requirements and of meeting the needs of children in care.

- **Relatives**: Means persons in the following relationships, whether by marriage, blood, or adoption: great-grandparent, grandparent, great-aunt, aunt, great-uncle, uncle, or sibling who is over the age of 18 and does not reside in the home with the child.

- **Separate Dwelling**: The caregiver must reside in a dwelling separate from children being cared for.

- **Health**: The caregiver and all members of the household shall be in good physical and emotional health. If it reported that the caregiver has a physical, mental, or emotional condition that could impact the care of the children, a physician’s statement shall be requested.

- **Drug Testing**: The caregiver or others in the household shall agree to submit to a drug test if there is any reason to believe that drugs may be in use.

- **Criminal History**: Any person applying to become a caregiver cannot be or have a person(s) living in the home who has been convicted of or entered a plea of guilty or nolo contendere (no contest) to any crime involving conduct described below and shall be restricted from the premises of the relative child care home. The person convicted of such crime cannot live, be on the premises, or take part in any activity of the relative child care home.
  - Violence against a person
  - Child abuse or neglect
  - Possession, sale, or distribution of illegal drugs
  - Sexual misconduct
  - Gross irresponsibility or disregard for the safety of others
  - Convicted of fraud
  - Other felonies and misdemeanors will be reviewed by the Program Director and a determination made regarding that particular situation.

- **OSBI**: Caregivers shall provide documentation of criminal history investigations conducted through the Oklahoma State Bureau of Investigation for persons 18 years of age and over that reside in the home.
• **Child Abuse**: In the case of child abuse and neglect, when any person has been known to be a perpetrator in a juvenile court proceeding and/or has made an admission of guilt to a person authorized by state or federal laws/regulations to investigate child abuse or neglect, he or she shall be restricted from the premises when children are in care.

• **Child Abuse Reporting**: The caregiver shall immediately report any suspicion of child abuse or neglect to the local office of the OKDHS, and the Program. Failure to report is a misdemeanor offense and punishable by law.

• **Endangerment of Children**: A person whose health or behavior would endanger the health, safety, or well-being of children shall not be permitted to live in the home or be on the premises when children in care are present.

• **Care and Supervision**: The caregiver shall be directly responsible for the care and supervision of children.

• **Realistic Expectations**: The caregiver shall demonstrate a capacity for setting realistic expectations for behavior and performance based on the age, abilities, and special needs of the child.

• **Constructive Influence**: The caregiver’s family members and others living in the home shall accept the children and provide constructive influence. There should be an indication of a stable and harmonious home life.

• **Notification to Parents and Monitoring Coordinator**: The caregiver shall notify the parent/guardian and the Program Monitoring Coordinator:
  - Within 24 hours of any accident involving transportation or any injury requiring emergency medical attention.
  - Within 24 hours of any remodeling, changes or damage to the physical home that affects the amount of usable square footage or compliance with any requirement.
  - Notice 30 days in advance, if the caregiver moves from this residence to another unless the move is due to an emergency. The new home would need to be approved by the Monitoring Coordinator.

• **Alcohol, Drugs & Medication** - No caregiver/provider shall be under the effects of alcohol or medication which impairs functioning when children are in care

• **Tobacco Products** - During child care hours, tobacco products shall not be used in areas where children are in care. Adults cannot smoke in the outside play area.
• **Other Employment** - The caregiver/provider shall not hold another job or conduct business in the home, either full-time or part-time, during the hours the child is in care.

**Caregiver Training**

• Approved relative providers are required to receive CPR and First Aid training prior to their approval date with costs reimbursed or provided when funds allow. CPR and First Aid training should be renewed every three (3) years, with costs provided if funds are available.

• Providers are encouraged to complete six (6) clock hours of training per year through workshops, conferences, formal trainings, videos, or job-related readings.

• Monthly newsletters are mailed each month to providers from the Program office and Southeastern Oklahoma State University Resource and Referral.

• Providers are encouraged to attend the Program’s annual child care conference. Relative providers will be charged a reduced registration fee as they are not eligible to use vouchers from OKDHS as other providers.

**Program Policies of Child Care Setting**

• **Program of Care**: The caregiver shall provide a balanced program of opportunities for learning, indoor and outdoor play, rest periods, and meals.

• **Operation**: Program operation policies should be shared with parents.

• **Positive Guidance**: The caregiver shall provide patient, understanding, consistent and constructive guidance to children.

• **Acts Prohibited**: The caregiver shall NOT:
  
  • Subject children to punishment of a physical nature such as shaking, striking, spanking, biting, swatting, and pinching, thumping, popping, shoving, spatting or any cruel treatment.

  • Subject children to punishment of a psychological nature, such as making derogatory or sarcastic remarks about them or their families, or using harsh or profane language, making actual or implied threats of physical punishment.

  • Punish and/or threaten children in association with food, rest, or toilet training.

  • Put anything in or on a child’s mouth as punishment.
• **Transportation**: If children are transported, drivers should be licensed and appropriate child passenger restraints should be utilized.

• **Bottle Feeding**: When bottle feeding, caregivers should hold infants and not permit bottle propping or infants carrying bottles throughout the day or night.

• **Infants**: Infants should be placed on their backs, unless otherwise directed by the child’s physician, to reduce the risk of Sudden Infant Death Syndrome (SIDS).

### Building and Premises

#### Safe Environment

• **General Requirements**: It is the responsibility of the caregiver to be in compliance with local construction and equipment codes within the home.

• **Apartments**: If a provider resides in an apartment complex, child care may be provided only in a ground-level apartment.

• **Mobile Homes**: Mobile homes shall be anchored and enclosed to ground level with a wind-resistant material.

• **Maintenance**: The home shall be in a good state of repair and maintained in a clean and sanitary condition.

• **Toilet Facilities**: The home shall have an operable toilet and sink available for children’s use with hot and cold running water.

• **Lighting/Ventilation**: Rooms used by children shall be well-lighted and ventilated to prevent harmful odors and fumes.

• **Indoor Temperature**: The indoor temperature shall be maintained between 65° and 85° F.

• **Water Supply/Waste Disposal**: Water supply and sewage disposal shall meet local city ordinances and State Department of Health regulations.

• **Water Testing**: When not on a public water supply, water shall be tested to meet local health department requirements.

• **Carbon Monoxide Detectors**: One operable carbon monoxide detector is installed according to manufacturer’s instructions.

• **Smoke Detectors**: There will be at least one operable smoke detector in the home located at the top of any stairs. Any room used for play and sleep by
the child must have a smoke detector.

- **Fire Extinguishers**: A portable UL approved fire extinguisher, Class ABC or BC, with a gauge shall be provided for the cooking area. The extinguisher should be properly mounted and accessible. Disposable fire extinguishers with a gauge are acceptable. All fire extinguishers shall be serviced and tagged by a competent authority or replaced every three years and/or when the seal is broken.

- **Electrical Outlets**: Outlets should be covered with child-resistant safety plugs.

- **Heating Equipment**: Portable heaters, open-face heaters or unvented or vent free heaters shall not be used while children are in care. A guard shall be provided to protect children from hot surfaces and open flames. Fireplaces in use while children are in care shall have solid doors that are kept closed. A stove or combustion heater shall not be located so that it would prevent escape in an emergency. Heating equipment not specifically designed or installed as normal heating sources cannot be used for that purpose.

- **Electrical Services**: The use of temporary wiring or extension cords as permanent wiring is prohibited. An operable flashlight shall be available at all times.

- **Doors**: Every closet door latch shall be such that children can open the door from inside the closet. Every bathroom door lock shall be designed to permit opening of the locked door from the outside and have a readily accessible opening device.

- **Exits**: Each floor used for child care shall have at least two means of escape on opposite ends of the home, at least one of which shall be a door leading to an unobstructed path to the outside. The second means of escape may be an unobstructed, operable window large enough to allow all adults and children to escape.

- **Stairs (within home)**: Every stairway shall be maintained free of obstructions and provide safe passage. Stairways with more than 4 steps must have railing. Indoor stairways must be inaccessible when infants and toddlers are in care.

- **Hand Washing Supplies**: Soap and clean individual towels or paper towels shall be easily accessible to the caregiver and children for hand washing.

- **Screens**: When windows or doors are kept open, screens shall be maintained.
• **Outdoor Play Area:** There shall be an outdoor play area. This area must be hazard free, away from traffic, water and other dangers. The caregiver shall be outdoors with children and provide constant supervision.

• **Fencing:** In most instances, a fence will be required. If a fence is not deemed necessary, the caregiver shall be outdoors providing constant supervision.

• **Play Equipment:** There shall be a variety of indoor and outdoor play equipment that is clean, safe and maintained in good working condition. Equipment shall be readily accessible to children and meet the varied developmental needs and interests of children in care.

• **Trampolines:** The use of trampolines by children in care is prohibited.

• **Tables and Chairs:** Age appropriate tables and chairs, including high chairs, shall be provided for meals and snacks.

• **Place to Rest:** Each child shall have an appropriately-sized, individual place to rest, e.g., bed, cot, sofa, mat, with clean individual bedding. Waterbeds, fluffy blankets or comforters, pillows and other soft surfaces are not used for children under 12 months of age.

• **Cots:** Cribs must meet the current Federal Safety Standards.

• **Hazards - The premises shall be free of hazards, indoor and outdoor:**
  - All flammable and/or toxic substances, hazardous items, and smoking materials shall be inaccessible to children.
  - Weapons are stored unloaded in a locked container, cabinet, or closet. Ammunition is stored in a locked area separated from weapons.
  - Clear glass doors shall be plainly marked at the child’s eye level to avoid accidental impact.

• **Emergency Procedures:**
  - The caregiver/provider shall be familiar with emergency procedures.
  - There shall be a planned source of medical care: a hospital emergency room, clinic, or other medical facility or physician acceptable to parents.
  - The caregiver/provider shall have emergency transportation available with appropriate car seats.
  - First aid procedures and supplies shall be available for quick
• Fire drill information shall be given to provider upon initial site visit.

• Tornado drill information shall be given to provider upon initial site visit.

• The home shall have an operable telephone or cell phone and the following emergency number posted: physician or clinic, fire department, police department and poison control.

• **Water Safety:**
  • **Supervision** - Any play activity which involves water shall be supervised constantly.
  • **Accessibility of Ponds, Pools and Hot Tubs** - No ponds, pools or hot tubs shall be left accessible to children.

• **Fencing:** Pools shall be fenced to prevent unsupervised access and all doors and gates leading to the pool are to be locked. There shall be:
  • a sturdy fence at least four feet high that cannot be easily climbed and that is at least three feet from the pool; or
  • a fence which connects to the top of an above-ground pool and extends two feet above the pool.

• **Wading Pools:** The use of a portable wading pool is prohibited.

• **Swimming:** If children swim in a pool, the following requirements shall be met:
  • The caregiver shall be at or in the water.
  • A person with an Emergency Water Safety Certificate with CPR and First Aid shall be in attendance at all times.

• **Restrictions:**
  • Hot tubs shall not be used by children and must be equipped with a hard cover and locked.
  • Swimming and wading shall not be permitted at a lake, pond or other body of water.

• **Equipment:**
  • Should be safe, age appropriate, durable and maintained in good condition.
  • All equipment should be selected to minimize injury to a child.
  • Stored in safe and orderly fashion when not in use.
• Safe and individual sleeping arrangements.
• Frequent observation of infants and toddlers in cribs or playpens.

• **Animals and Household Pets**: Animals and household pets are permitted provided that:
  • The animal’s health and children’s safety can be reasonably assured.
  • Parents are advised of the presence of animals.
  • Ferrets and any wild or dangerous animals are to be kept in an area that is inaccessible to children.
  • Dogs and cats kept on the premises are vaccinated annually for rabies. The vaccinations must be administered by a licensed veterinarian, with records available to the Monitoring Coordinator.
  • Animals are restricted from areas where food is being prepared and/or served and from children’s sleeping surfaces. Animal litter boxes are not to be located in food preparation areas and are not to be accessible to children.
  • Outdoor play areas are cleaned of excrement daily.
  • Reptiles such as crocodiles, alligators, poisonous snakes and lizards, pythons, boa constrictors and turtles cannot be kept on the premises.

**Nurturing and Enriching Environment**

• **Responding to Needs** - The caregiver/provider shall have sufficient time to hold, cuddle, talk and sing to infants and toddlers and understand and respond to their particular needs.

• **Daily Routine** - The daily routine shall be adapted to the individual needs of each infant and toddler and shall fit as much as possible into the schedule.

• **Supervision** - The caregiver shall provide supervision to infants and toddlers to ensure their safety at all times.

• **Diaper Changing** - Diapers shall be changed promptly when wet or soiled. A clean non-porous surface or pad is recommended for diaper changes and sanitized after each use. Caregivers/providers shall wash their hands thoroughly with soap and water after each diaper change.

• **Availability and Disposal of Diapers** - There shall be sufficient quantities of clean diapers available and provision for disposal and/or storage in a closed container when soiled.
• **Toilet Training** - Toilet training shall be a relaxed, pleasant activity and progress shared with the parent.

• **Potty Chair** - Potty chairs shall be emptied and sanitized after each use.

• **Food and Nutrition** - Children in care for longer than a four-hour period shall be served a balanced meal which shall provide at least one-third of the child’s total daily nutritive requirements.
  
  • **Snack** - Snacks shall be provided both mid-morning and mid-afternoon when the interval between regular meals is four hours or longer.
  
  • **Eating Utensils** - Each child shall be provided with clean individual dishes, cups, and eating utensils.
  
  • **Provision of Food** - Caregivers shall provide the food for the child, but can require parents to provide food for children requiring a special diet.
  
  • **Water** - Water shall be offered at various times throughout the day.
  
  • **Food Storage** - All food shall be obtained, stored, processed and served in a safe, clean and sanitary manner.

**Transportation**

• **Written Permission** - The caregiver/provider shall have written permission from the parent or guardian to transport children.

• **Vehicle** - Must own and be able to operate a vehicle in case of emergency, with age appropriate car seats.

• **Verification** - The person driving the vehicle shall be at least 18 years of age and shall have a current Oklahoma Driver’s license, and be covered by liability insurance.

• **Passenger Restraints** - When transporting children, car seats or seat belts, keeping with each child’s size and age, shall be used.

• **Supervision** - The caregiver shall assume legal responsibility for the supervision of children from time of entry into the vehicle until time discharged from the vehicle. Children are not to be left unattended in the vehicle at any time.
Infection Control

Immunizations

- The caregiver’s children and all children living in the home shall have or be in the process of obtaining immunizations at the appropriate time.
- Children in care should be age-appropriately immunized unless exemptions are shown.

Sanitation

- Equipment should be kept clean, sanitary, and in operable condition.
- Surfaces contaminated by body fluids should be cleaned and disinfected immediately.
- Potty chairs and changing tables should be cleaned and disinfected after each use.
- Garbage and rubbish should be stored in closed containers and removed.
- Floors and carpets should be vacuumed and cleaned frequently.

Hand Washing

- Caregivers and children should wash their hands for at least 10 seconds with soap and water and rinse and dry with an individual clean cloth or individual paper towel.
- Caregivers should wash their hands: before and after eating, giving medication, participation in moist play, after diapering, toileting, cleaning, handling of body fluids, and handling of animals, animal waste, or animal cages.

Food Safety

- Drinking Water
  - Safe drinking water should be accessible to children while indoors and outdoors and served in individual cups.
- Food Handling
  - Food should be properly wrapped and handled.
  - Foods brought from home should be labeled and not shared with other children.
  - Warm foods should be kept warm to 140°F.
• Cold foods should be properly refrigerated at a temperature of 40°F or lower in the refrigerator and 0°F or lower in a freezer.
• Food not eaten on a child’s plate should be discarded.

• **Bottle Feeding and Breastfeeding**
  • Breast milk should be refrigerated until ready for feeding.
  • Frozen breast milk should be thawed under cold running water or in the refrigerator.
  • Bottles of breast milk should be labeled if more than one child is bottle-fed.
  • Breast milk should be warmed in a pan of hot, not boiling water for 5 minutes.
  • Microwaves should not be used to heat bottles of formula or breast milk.
  • Unused milk remaining in bottles should be discarded.
  • Prepared bottles of formula should be discarded after 24 hours if not used.
  • Once opened, containers of ready-to-feed or concentrated formula should be kept covered and refrigerated. They should be discarded after 48 hours if not used.
  • Unused, expressed breast milk should be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.

• **Choking Prevention**
  • Precautions against choking should be taken when feeding infants and toddlers.
  • Caregivers should not offer, to any children under 4 years, any food that could be swallowed whole, such as hot dog slices, whole grapes, hard candy, nuts, seeds, peanuts, marshmallows, celery or carrot sticks, or chunks of meat.

• **Feeding Schedules**
  • Caregiver should provide nutritious meals.
  • Children in care for 8 and fewer hours are offered at least one nutritious meal and two nutritious snacks or two meals and one snack.
  • Children in care for more than 8 hours are offered at least two meals and two snacks or three meals and one snack.
  • A nutritious snack is offered to all children midmorning and midafternoon.
• Children are offered food at intervals of not less than 2 hours apart and not more than 3 hours apart unless the child is asleep.

• Caregivers should feed infants on demand unless the parent provides written instruction otherwise.

• Individuals responsible for food preparation or service should be free of contagious disease.

Care of Ill Children

• **Contagious Illness** - Any child showing symptoms of contagious illness shall be separated from the other children.

• **Parent Notification** - Parents shall be notified as symptoms develop or change.

• **Decision to Provide Care** - When symptoms of illness are present, the caregiver shall determine whether or not to provide care for the child depending upon the apparent degree of illness, other children present, and facilities available to provide care for the ill child.

• **Medication** - Medication shall be provided by the parent in the original container and clearly labeled with the child’s name and directions. All medications shall be properly stored and kept in a safe place, out of children’s reach.

• **Plan for Care** - Parents should be made aware of the plan for caring for an ill child.

Caregiver Health

• **Health** - The caregiver and all members of the household shall be in good physical and emotional health. If it is observed that the caregiver or a family member has a physical, mental, or emotional condition that could impact the care of the child, a physician’s statement of physical fitness to care for young children from his/her doctor or primary health professional may be requested.

Cleaning up Body Fluids

• **Body Fluids** - Treat urine, stool, vomitus, blood, and body fluids as potentially infectious. Spills of body fluid should be cleaned up and surfaces sanitized immediately.
• **Gloves** - Wear disposable gloves while cleaning spills.

• **Small Spills** - For small amounts of urine and stool on smooth surfaces; wipe off and clean away visible soil with a detergent solution. Then rinse the surface with clean water and apply a sanitizer for the required time.

• **Larger Spills on floors, rugs, or carpets** - Wear disposable gloves while cleaning.
  
  • Wipe up as much as possible with disposable paper towels and place in a disposable bag
  
  • Immediately use a detergent, or a disinfectant detergent to clean the spill area. Rinse with clean water.
  
  • For blood and body fluids on carpeting, blot to remove fluids from the fabric as quickly as possible. Then spot clean the area with a detergent-disinfectant rather than with a bleach solution.
  
  • Additional cleaning by shampooing or steam-cleaning the contaminated surface may be necessary.
  
  • Sanitize the cleaned and rinsed surface by wetting the entire surface with a sanitizing solution of bleach in water or an industrial sanitizer.
  
  • Dry the surface.
  
  • Discard gloves.
  
  • Mops and other equipment used should be cleaned with detergent, sanitized, and dried.
  
  • Wash hands and change clothes soiled.

The artwork on the front of this book is the property of the Choctaw Nation Child Care Assistance Program. The artwork was done by Norma Howard. Norma is a recognized Choctaw artist living in Stigler, OK. This artwork may not be used in ANY way.
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