

## **NEW AND SIGNIFICANT CHANGES IN *Caring for Our Children (CFOC)* STANDARDS SINCE THE 2ND EDITION**

Most of the 3rd Edition *CFOC* Standards have had some changes. Below are those standards and appendices that are new in the 3rd Edition or have had significant updates/changes to the content since the 2nd Edition.

### **CHAPTER 1 STAFFING**

#### **Standard 1.1.1.2: Ratios for Large Family Child Care.**

Lowered ratios for infants and toddlers to be more in line with small family child care.

#### **Standard 1.1.2.1: Minimum Age to Enter Child Care –**

**NEW.** Recommends healthy full-term infants can be safely enrolled in child care settings beginning at three months of age. *Reader's Note:* This standard reflects a desirable goal when sufficient resources are available; it is understood that for some families, waiting until three months of age to enter their infant in child care may not be possible.

**Standard 1.2.0.2: Background Screening.** Changed terminology from background checks to background screening.

#### **Standard 1.4.3.1: First Aid and CPR Training for Staff.**

Updated to be in compliance with the American Health Association's 2010 recommendations on CPR.

**Standard 1.6.0.3: Early Childhood Mental Health Consultants – NEW.** Recommends consultants engage with a minimum of quarterly visits, and outlines experience, knowledge base, and role of the mental health consultant.

**Standard 1.6.0.4: Early Childhood Education Consultants – NEW.** Recommends consultants engage with a minimum of semi-annual visits, and outlines the experience, knowledge base, and role of an education consultant.

### **CHAPTER 2 PROGRAM ACTIVITIES**

**Standard 2.1.1.3: Coordinated Child Care Health Program Model – NEW.** Provides guidelines for coordinating care, including eight interactive components.

**Standard 2.1.1.4: Monitoring Children's Development/Obtaining Consent for Screening – NEW.** Defines the role of caregivers/teachers in monitoring a child's development, and includes policies on developmental screening, and sharing observation with parents/guardians.

**Standard 2.1.1.6: Transitioning within Programs and Indoor and Outdoor Learning/Play Environments – NEW.** Recommends ensuring positive transitions for children when entering a new program and beginning new routines or activities within existing program.

**Standard 2.2.0.2: Limiting Infant/Toddler Time in Crib, High Chair, Car Seat, etc. – NEW.** Guidelines to specific limit of time children should be confined in equipment.

**Standard 2.2.0.3: Limiting Screen Time - Media, Computer Time – NEW.** Provides specific limits outlined by age group and recommends what screen time is allowed be free of advertising. Also includes two exceptions.

#### **Standard 2.2.0.4: Supervision Near Bodies of Water.**

Adds concept that supervising adult is within an arm's length, providing, "touch supervision."

**Standard 2.2.0.6: Discipline Measures.** Enhanced with information on positive behavior management and very limited use of time-out.

**Standard 2.2.0.7: Handling Physical Aggression, Biting, and Hitting.** Enhanced with more guidance on biting.

**Standard 2.2.0.8: Preventing Expulsions, Suspensions, and Other Limitations in Services – NEW.** Includes recommends procedures and policies for handling challenging behaviors to minimize expulsions.

**Standard 2.2.0.10: Using Physical Restraint.** Updates language on what a care plan should cover for the rare exception of a child with a special behavioral or mental health issue that may exhibit a behavior that endangers his/her safety and others.

#### **Standard 2.4.1.2: Staff Modeling of Healthy and Safe Behavior and Health and Safety Education Activities.**

Enhanced with examples in the area of nutrition and physical activity.

### **CHAPTER 3 HEALTH PROMOTION AND PROTECTION**

**Standard 3.1.2.1: Routine Health Supervision and Growth Monitoring.** Updated to include tracking BMI.

**Standard 3.1.3.1: Active Opportunities for Physical Activity – NEW.** Includes number, type, and frequency of physical activity by age group.

**Standard 3.1.3.3: Protection from Air Pollution while Children are Outside – NEW.** Recommends frequency of checking air quality index.

**Standard 3.1.3.4: Caregivers'/Teachers' Encouragement of Physical Activity – NEW.** Recommends staff promotion of children's active play throughout the day.

**Standard 3.1.4.1: Safe Sleep Practices and SIDS/Suffocation Risk Reduction.** Updated with new information on inappropriate infant sleeping equipment, pacifier use and swaddling.

**Standard 3.1.4.2: Swaddling – NEW.** Recommends that swaddling is not needed in child care settings.

**Standard 3.1.4.3: Pacifier Use – NEW.** Follows current American Academy of Pediatrics' recommendations and recommends written policy on use.

**Standard 3.1.5.2: Toothbrushes and Toothpaste.** Includes addition that toothbrushes should be replaced at least every three to four months.

**Standard 3.2.1.5: Procedure for Changing Children's Soiled Underwear/Pull-Ups and Clothing – NEW.** Outlines procedure consistent with and complimentary to the diaper changing procedure.

**Standard 3.2.2.5: Hand Sanitizers – NEW.** Describes appropriate use of hand sanitizers as alternative to traditional

handwashing for children twenty-four months and older and staff. *Note to Reader:* This change is also reflected in several related standards.

**Standard 3.2.3.1 - Procedures for Nasal Secretions and Use of Nasal Bulb Syringes.** Provides guidance on the use of nasal bulb syringes.

**Standard 3.2.3.2: Cough and Sneeze Etiquette – NEW.** Describes appropriate etiquette to reduce the spread of respiratory pathogens.

**Standard 3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting.** Moved chart to Appendix K and updated definitions of sanitizer and disinfectant.

**Standard 3.4.2.1: Animals that Might Have Contact with Children and Adults.** Updated with more specificity to types of animals allowed and under what conditions.

**Standard 3.4.2.2: Prohibited Animals.** Updated with more specificity on types of animals that are prohibited and why.

**Standard 3.4.2.3: Care for Animals.** Updated with more specificity on caring for animals in child care settings.

**Standard 3.4.4.3: Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma – NEW.**

**Standard 3.4.4.5: Facility Layout to Reduce Risk of Child Abuse and Neglect.** Removed recommending use of video surveillance due to privacy concerns.

**Standard 3.4.5.1: Sun Safety Including Sunscreen – NEW.** Explains procedures for protecting children from over exposure and the proper use and types of sunscreen.

**Standard 3.4.5.2: Insect Repellent - Protection from Vector Borne Diseases – NEW.** Outlines appropriate use and types of insect repellent; also instructions on protecting children and staff from ticks and proper removal of ticks.

**Standard 3.5.0.1: Care Plan for Children with Special Health Care Needs.** Describes for whom a care plan should be prepared and gives example in new Appendix O. Formerly, there was a separate standard on care plan for asthma.

**Standard 3.6.1.1: Inclusion/Exclusion/Dismissal of Children.** Provides updated information on those conditions for which children should or should not be temporarily excluded from child care.

**Standard 3.6.1.2: Staff Exclusion for Illness.** Provides updated information on those conditions for which staff should or should not be temporarily excluded from child care.

**Standard 3.6.1.3: Thermometers for Taking Human Temperatures – NEW.** Describes types of thermometers to use.

**Standard 3.6.2.10: Inclusion and Exclusion of Children from Facilities that Serve Children Who are Ill.** Provides updated information on those conditions for which children should or should not be temporarily excluded from child care.

**Standard 3.6.3.1: Medication Administration.** Reflects changes that no prescription or non-prescription medication (OTC) should be given without orders from a licensed

health care provider and written permission from a parent/guardian. Exception: Non-prescription sunscreen and insect repellent must have parental consent but do not require instructions from each child’s primary care provider.

**Standard 3.6.3.2: Labeling, Storage, and Disposal of Medications.** Recommends participating in community drug “take back” programs if available.

## CHAPTER 4 NUTRITION

**Overall:** Strengthens the encouragement of **breastfeeding** throughout the document by incorporating supportive wording throughout the infant-related standards.

**Standard 4.2.0.4: Categories of Foods.** Overhauls detail information including limiting juice serving sizes, limiting fat content of milk, and avoiding concentrated sweets and limit salty food. *Note to Reader:* these changes are also reflected in several related standards.

**Standard 4.2.0.5: Meal and Snack Pattern.** Discusses breastfed infant feeding patterns in collaboration with families.

**Standard 4.2.0.11: Ingestion of Substances that Do Not Provide Nutrition – NEW.** Discusses monitoring of children to prevent ingestion of non-nutritive substances.

**Standard 4.2.0.12: Vegetarian/Vegan Diets – NEW.** Encourages accommodation of these diets in the child care setting.

**Standard 4.3.1.2: Feeding Infants on Cue By a Consistent Caregiver/Teacher.** Changes terminology and detail from “on demand” to “on cue”.

**Standard 4.3.1.3: Preparing, Feeding, and Storing Human Milk.** Provides new guidelines on storage; use of glass or BPA-free plastic bottles; enhancement of preparing.

**Standard 4.3.1.4: Feeding Human Milk to Another Mother’s Child.** Adds information about previous treatment related to potential HIV transmission, along with hepatitis B and C transmission issues.

**Standard 4.3.1.5: Preparing, Feeding, and Storing Infant Formula.** Adds more on safe handling and specifics on powdered formula.

**Standard 4.3.1.6: Use of Soy-Based Formula and Soy Milk – NEW.** Discusses allowing soy products with parent/guardian request. Encourages families and caregivers/teachers in securing community resources for soy-based formula.

**Standard 4.3.1.8: Techniques of Bottle Feeding.** Adds type of nipple to use and good example where breastfeeding is interlaced (i.e., bottle feeding should mimic approaches to breastfeeding).

**Standard 4.3.1.9: Warming Bottles and Infant Foods.** Recommends BPA free plastics.

**Standard 4.3.1.11: Introduction of Age-Appropriate Solid Foods for Infants.** Clarifies that solid foods should be

introduced no sooner than four months and preferably at six months.

**Standard 4.3.2.2: Serving Size for Toddlers and Pre-schoolers.** Increases emphasis on age-appropriate portion size and eating from developmentally appropriate tableware and cups.

**Standard 4.5.0.3: Activities that are Incompatible with Eating.** Adds that watching TV and playing on a computer are incompatible with eating.

**Standard 4.5.0.4: Socialization During Meals.** Promotes using teachable moments on limiting portion size for those who need that.

**Standard 4.5.0.8: Experience with Familiar and New Foods.** Increases emphasis on introduction of a variety of “healthful” foods; food acceptance may take eight to fifteen times of offering food.

**Standard 4.6.0.1: Selection and Preparation of Food Brought from Home.** Adds that sweetened treats are highly discouraged. If provided, portion size should be small. Caregivers/teachers encouraged to inform families of healthy alternatives.

**Standard 4.7.0.1: Nutrition Learning Experiences for Children.** Strongly emphasizes teaching appropriate portion sizes.

**Standard 4.7.0.2: Nutrition Education for Parents/Guardians.** Emphasizes using teachable moments throughout year and importance of good nutrition and appropriate physical activity to prevent obesity.

**Standard 4.9.0.8: Supply of Food and Water for Disasters.** Increases allotment of food and water to seventy-two hour supply.

## CHAPTER 5 FACILITIES

**Overall:** Standardizes height of fences to four to six feet (minimum four feet). Specifies use of nontoxic products if available and use of least toxic product for the job.

**Standard 5.1.1.5: Environmental Audit of Site Location.** Emphasizes comprehensive audit for environmental contaminants along with safety issues.

**Standard 5.1.1.9: Unrelated Business in a Child Care Area.** Adds elimination of residue in the air or on surfaces or materials/equipment that may be from activities performed in a child care area when children are not there.

**Standard 5.1.2.1: Space Required by Child.** Changes minimum space per child from thirty-five to forty-two square feet of useable floor space per child. Fifty square feet is preferred.

**Standard 5.2.1.12: Fireplaces, Fireplace Inserts, and Wood/Corn Pellet Stoves.** Adds that wood/corn pellet stoves should be inaccessible to children and should be certified that they along with fireplaces and fireplace inserts, meet air emission standards.

**Standard 5.2.8.1: Integrated Pest Management.** Expands guidance on adopting an integrated pest management program encouraging pest prevention and monitoring and then use of products that pose the least exposure hazard first.

**Standard 5.2.9.5: Carbon Monoxide Detectors – NEW.** Recommends installing in child care programs.

**Standard 5.2.9.8: Use of Play Dough and Other Manipulative Art or Sensory Materials – NEW.** Describes appropriate procedures when using manipulative art or sensory materials.

**Standard 5.2.9.9: Plastic Containers and Toys – NEW.** Recommends avoiding plastic materials used in child care that contain PVC, BPA, or phthalates.

**Standard 5.2.9.12: Treatment of CCA Pressure-Treated Wood – NEW.** Becomes a standalone standard on type of treatment for materials that have CCA treated surfaces; previously only covered for playground equipment.

**Standard 5.2.9.15: Construction and Remodeling During Hours of Operation.** Adds recommendation to use low volatile organic compound (VOC) paints.

**Standard 5.3.1.2: Product Recall Monitoring – NEW.** Recommends staff seek information regularly on recalls for juvenile products.

**Standard 5.3.1.4: Surfaces of Equipment, Furniture, Toys, and Play Materials.** Adds recommendation to choose materials with the least probability of containing materials that off-gas toxic elements.

**Standard 5.3.1.5: Placement of Equipment and Furnishings.** Adds that televisions must be anchored or mounted to prevent tipping over.

**Standard 5.3.1.10: Restrictive Infant Equipment Requirements – NEW.** Revises guidelines to specific limit of time children should be confined in equipment (max fifteen minutes, twice a day). Jumpers (attached to a door frame or ceiling) and infant walkers prohibited. Former 2nd Ed. *Baby walker* standard merged into this standard.

**Standard 5.3.1.11: Exercise Equipment – NEW.** Prohibits children from having access to adult exercise equipment.

**Standard 5.4.5.1: Sleeping Equipment and Supplies.** Adds that screens are not recommended to separate sleeping children. The ends of cribs do not suffice as screens. Also references new CPSC standards for toddler beds.

**Standard 5.4.5.2: Cribs.** Recommends programs follow current CPSC crib standards. Cribs with drop sides not permitted. Addition of information on evacuation cribs.

**Standard 5.4.5.3: Stackable Cribs – NEW.** Advises against use of stackable.

**Standard 5.5.0.6: Inaccessibility to Matches, Candles, and Lighters.** Adds candles as items to be inaccessible to children.

**Standard 5.6.0.1: First Aid and Emergency Supplies.** Adds items such as a flashlight, whistle, etc.; deletes syrup of ipecac.

**Standard 5.6.0.4: Microfiber Cloths, Rags, Disposable Towels, and Mops Used for Cleaning.** Adds microfiber cloths and mops as preferable for cleaning.

## CHAPTER 6 PLAY AREAS/PLAYGROUNDS AND TRANSPORTATION

**Overall: New Chapter.** Moved selected standards from *Caring for Our Children, 2nd Ed.* Chapters 2 and 5. All play-ground requirements updated to conform to latest CPSC and ASTM requirements.

**Standard 6.1.0.8: Enclosures for Outdoor Play Areas.** Advises appropriate testing and treatment of fences and play structures for Chromated Copper Arsenate (CCA).

**Standard 6.2.4.3: Sensory Table Materials – NEW.** Requires using nontoxic materials and age-appropriate materials that do not cause choking. Children under eighteen months should not use sensory tables.

**Standard 6.2.4.4: Trampolines – NEW.** Prohibits trampolines in child care programs both onsite and during field trips.

**Standard 6.2.4.5: Ball Pits – NEW.** Prohibits children from playing in ball pits.

**Standard 6.3.1.6: Pool Drain Covers.** Updated in accordance with *Virginia Grame Baker Pool and Spa Safety Act*.

**Standard 6.4.2.1: Riding Toys with Wheels and Wheeled Equipment.** Updated to include requirements of riding toys and wheeled equipment including scooters and all riders should wear helmets.

**Standard 6.4.2.2: Helmets.** Updated on age requirements, use when riding any riding toy, bike, and meet CPSC standards.

**Standard 6.5.2.2: Child Passenger Safety.** Updated on current requirements for car safety seats, booster seats, seat belts, or harnesses.

**Standard 6.5.3.1: Passenger Vans – NEW.** Recommends to avoid use of fifteen-passenger vans and use vehicles meeting definition of a school bus.

## CHAPTER 7 INFECTIOUS DISEASES

**Overall:** Updated standards on immunizations to the current Centers for Disease Control and Prevention's *Recommended immunization schedules for persons aged 0 through 18 years - United States, 2011*. **Users should always check for the current version at [www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/).** Standards on immunizations moved from Chapter 3 to Chapter 7. *Note: Infectious Diseases was formerly Chapter 6 in the 2nd Ed.*

**Standard 7.2.0.3: Immunization of Caregivers/Teachers.** Adds immunizations - Td/Tdap, HPV (ages eleven to twenty-six), seasonal influenza for all staff (no age restriction).

**Standard 7.3.3.1: Influenza Immunizations for Children and Caregivers/Teachers – NEW.** Recommends written documentation that a child six months of age and older has current annual vaccination against influenza unless there

is a medical contraindication or philosophical or religious objection.

**Standard 7.3.3.2: Influenza Control – NEW.** Encourages parents/guardians to keep children with symptoms of acute respiratory tract illness with fever at home until their fever has subsided for at least twenty-four hours without use of fever reducing medication. Same for caregivers/teachers.

**Standard 7.3.3.3: Influenza Prevention Education – NEW.** Recommends refresher training for all staff and children on hand hygiene, cough and sneeze control, and influenza vaccine at beginning of influenza season.

**Standard 7.3.4.1: Mumps – NEW.** Recommends that children and staff with mumps should be excluded for five days following onset of parotid gland swelling.

**Standard 7.3.8.1: Attendance of Children with Respiratory Syncytial Virus (RSV) Respiratory Tract Infection – NEW.** Recommends that children may return to child care once symptoms have resolved and temperature has returned to normal.

**Standard 7.3.10.1: Measures for Detection and Control of Tuberculosis.** Updated that TB status of adolescents and caregivers/teachers present with children should be assessed with a tuberculin skin test (TST) or interferon-gamma release assay (IGRA) blood test before caregiving activities are initiated. Tests on those with negative results do not have to be repeated on a regular basis unless individual is at risk of acquiring new infection or state/local health department requires.

**Standard 7.5.1.1: Conjunctivitis – NEW.** Recommends that children with conjunctivitis should not be excluded unless meet certain criteria.

**Standard 7.5.2.1: Enterovirus Infections – NEW.** Recommends children with enterovirus infections should not be excluded unless meet certain criteria.

**Standard 7.5.3.1: Human Papillomaviruses (HPV) (WARTS) – NEW.** Recommends children with warts should not be excluded unless meet certain criteria.

**Standard 7.5.4.1: Impetigo – NEW.** Explains process for inclusion/exclusion of children or staff with impetigo.

**Standard 7.5.5.1: Lymphadenitis – NEW.** Outlines process for inclusion/exclusion of children or staff with lymphadenitis.

**Standard 7.5.6.1: Immunization for Measles – NEW.** Recommends all children have age appropriate immunizations, and those not immunized or not age appropriately immunized should be excluded immediately if there are documented cases.

**Standard 7.5.7.1: Molluscum Contagiosum – NEW.** Recommends not excluding children with molluscum contagiosum.

**Standard 7.5.10.1: Staphylococcus Aureus Skin Infections Including MRSA – NEW.** Recommends not excluding children and staff unless meet certain criteria. Lesions should be covered.

**Standard 7.5.12.1: Thrush (Candidiasis) – NEW.** Recommends not excluding children.

**STANDARD 7.7.3.1: Roseola – NEW.** Recommends not excluding children unless meet certain criteria.

## CHAPTER 8 CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND DISABILITIES

**Overall:** Improved consistency of language, referring to children with special health care needs. Note: Targeted information on *Children with Special Health Care Needs* was formerly Chapter 7 in the 2nd Ed.

## CHAPTER 9 ADMINISTRATION

**Overall:** Encompasses policy and record changes reflecting major changes in process and procedures throughout document. Note: *Administration* was formerly Chapter 8 in the *CFOC*, 2nd Ed.

**Standard 9.2.3.1: Policies and Practices that Promote Physical Activity – NEW.** Outlines what policies should include: benefits, duration, setting, and clothing.

**Standard 9.2.3.9: Written Policy on Use of Medications.** Updated to include prohibition of administering OTC cough and cold, policies on prescriptions and OTC medications.

**Standard 9.2.3.11: Food and Nutrition Service Policies and Plans.** Adds to list of policies needed: Menu and meal planning, emergency preparedness for nutrition services, food brought from home, age-appropriate portion sizes, age-appropriate eating utensils and tableware, promotion of breastfeeding, and provision of community resources to support mothers.

**Standard 9.2.3.14: Oral Health Policy – NEW.** Outlines elements to be included in an oral health policy such as contact information for each child’s dentist/dental home; provides resource list for children without a dentist/dental home; explains implementation of daily tooth brushing, restriction of sippy cup, etc.

**Standard 9.2.4.1: Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents.** Expanded to cover mental health emergencies, emergencies involving parents/guardians/guests, and if/when threatening individual accesses the program.

**Standard 9.2.4.3: Disaster Planning, Training and Communication.** Outlines comprehensive approach on the details to be covered in an emergency/disaster plan, training requirements, and communication procedures with parents/guardians.

**Standard 9.2.4.4: Written Plan for Seasonal and Pandemic Influenza – NEW.** Recommends contents of a plan in the areas of planning and coordination, infection control policy and procedures, communications planning, and child learning and program operations.

**Standard 9.2.4.5: Emergency and Evacuation Drills/Exercises Policy.** Expands on types of events to have drills and exercises.

**Standard 9.2.4.7: Sign-In/Sign-Out System – NEW.** Recommends system to track who has entered and exited the facility as a means of security and of notification in case of situation requiring evacuation.

**Standard 9.2.4.8: Authorized Persons to Pick Up Child.** Expanded to include procedures for verifying persons who are not on the authorized list to pick up or to deny ability to pick up.

**Standard 9.2.4.10: Documentation of Drop-Off, Pick-Up and Daily Attendance of Child, and Parent/Provider Communication.** Expanded to include information on documenting whether or not a child is in attendance and communication procedures with parents/guardians.

**Standard 9.2.5.1: Transportation Policy for Centers and Large Family Homes.** Expanded to include policies such as procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading the vehicle, use of passenger vans, vehicle selection to safely transport children and others.

**Standard 9.3.0.2: Written Human Resource Management for Small Family Child Care Homes – NEW.** Addresses need for policies for caregivers/teachers in small family child care homes that address vacation leave, holidays, professional development leave, sick leave, and scheduled increases of small family child care home fees.

**Standard 9.4.1.16: Evacuation and Shelter-In-Place Drill Record.** Adds need for records of shelter-in-place drills.

## CHAPTER 10 LICENSING AND COMMUNITY ACTION

**Overall:** Changed “Recommendations” to “Standards” for the first section of each standard. Chapter had major rearrangement. Most standards stayed but in different order. Note: *Licensing and Community Action* was formerly Chapter 9 in the *CFOC* 2nd Ed.

**Standard 10.3.2.2: State Early Childhood Advisory Council:** Changed terminology from old “Commission on Child Care” to reflect updated requirements from Head Start.

**Standard 10.3.3.5: Licensing Agency Role in Communicating the Importance of Compliance with Americans with Disabilities Act – NEW.** Explains that licensing agencies should inform child care programs on compliance with the ADA.

**Standard 10.3.4.3: Support for Consultants to Provide Technical Assistance to Facilities.** Expands types of consultants by adding early childhood education consultant, dental health consultant, and physical activity consultant.

**Standard 10.4.1.1: Uniform Categories and Definitions.** Updates definitions and completely revises the definition for drop-in care.

**Standard 10.4.1.2: Quality Rating and Improvement Systems – NEW.** Recommends that states develop QRIS systems.

**Standard 10.4.2.1: Frequency of Inspections for Child Care Centers, Large Family Child Care Homes, and Small Family Child Care Homes.** Increased inspections to two a year of which one should be unannounced.

## APPENDICES

**Appendix A: Signs and Symptoms Chart – NEW.** Includes signs and symptoms of illness, whether to notify a child care health consultant, whether to notify parent/guardian, whether to exclude child and if excluded, when to readmit.

**Appendix H: Recommended Adult Immunization Schedule – NEW.**

**Appendix J: Selecting an Appropriate Sanitizer and Disinfectant.** Updated definitions on terms and expanded information.

**Appendix K: Routine Schedule for Cleaning, Sanitizing and Disinfecting.** Updated with new categories.

**Appendix N: Protective Factors Regarding Child Abuse and Neglect – NEW.** Includes early care and education program strategies to build protective factors.

**Appendix O: Care Plan for Children with Special Health Care Needs – NEW.**

**Appendix Q: Getting Started with MyPlate – NEW.** Displays new primary food icon for healthy eating.

**Appendix R: Choose MyPlate: 10 Tips to a Great Plate – NEW.** Shows food choices for a healthy lifestyle can be simple.

**Appendix S: Physical Activity: How Much Is Needed? – NEW.** A guide to age-appropriate physical activity.

**Appendix T: Helping Children in Foster Care Make Successful Transitions Into Child Care – NEW.** Includes advice for both foster parents and caregivers/teachers on how to make successful transitions for children into an early care and education program.

**Appendix U: Recommended Safe Minimum Internal Cooking Temperatures – NEW.**

**Appendix AA: Medication Administration Packet – NEW.** Includes authorization form to give medication, checklist on receiving medication, medication log, medication incident report form, and checklist for preparing to give medication.

**Appendix DD: Injury Report Form for Indoor and Outdoor Injuries – NEW.**

**Appendix HH: Use Zones for Clearance Dimensions for Single- and Multi-Axis Swings – NEW.**

**Appendix II: Bicycle Helmets: Quick-Fit Check – NEW.**

**Appendix JJ: Our Child Care Center Supports Breast-feeding – NEW.** Displays poster for programs to use to encourage breastfeeding at the program.

**Appendix KK: Authorization for Emergency Medical/Dental Care – NEW.**