

SELECTING AN APPROPRIATE SANITIZER OR DISINFECTANT

One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing or disinfecting surfaces that could possibly pose a risk to children or staff. Routine cleaning with detergent and water is the most common method for removing some germs from surfaces in the child care setting. However, most items and surfaces in a child care setting require sanitizing or disinfecting after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease.

What is the difference between sanitizing and disinfecting?

Sometimes these terms are used as if they mean the same thing, but they are not the same.

Sanitizer is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

Disinfectant is a product that destroys or inactivates germs (but not spores) on an inanimate object. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper change tables, counter tops, door & cabinet handles, and toilets and other bathroom surfaces. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in reducing or inactivating germs. Many bleach and hydrogen peroxide products are EPA-registered and can be used to sanitize or disinfect. Please see the "How to Find EPA Registration Information" section below to learn more specific information on the products.

Always follow the manufactures' instructions when using EPA-registered products described as sanitizers or disinfectants. This includes pre-cleaning, how long the product needs to remain wet on the surface or item, whether or not the product should be diluted or used as is, and if rinsing is needed. Also check to see if that product can be used on a food contact surface or is safe for use on items that may go into a child's mouth. Please note that the label instructions on most sanitizers and disinfectants indicate that the surface must be pre-cleaned before applying the sanitizer or disinfectant.

Are there alternatives to chlorine bleach?

A product that is not chlorine bleach can be used in child care settings IF:

- it is registered with the EPA;
- it is also described as a sanitizer or as a disinfectant;
- it is used according to the manufacturer's instructions.

Check the label to see how long you need to leave the sanitizer or disinfectant in contact with the surface you are treating, whether you need to rinse it off before contact by children, for any precautions when handling, and whether it can be used on a surface that may come in contact with child's mouth.

Stepping Stones to Caring for Our Children, Third Edition

Appendix J

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Some child care settings are using products with hydrogen peroxide as the active ingredient instead of chlorine bleach. Check to see if the product has an EPA registration number and follow the manufacturer's instructions for use and safe handling. (Please see the "How to Find EPA Registration Information" section below for more information.) Remember that EPA-registered products will also have available a Material Safety Data Sheet (MSDS) that will provide instructions for the safe use of the product and guidance for first aid response to an accidental exposure to the chemical.

In addition, some manufacturers of sanitizer and disinfectant products have developed "green cleaning products" that have EPA registration. As new environmentally-friendly cleaning products appear in the market, check to see if they are EPA-registered.

Household Bleach & Water

Many household bleach products are now EPA-registered. When purchasing EPA-registered chlorine bleach, make sure that the bleach concentration is for household use, and not for industrial applications. Household chlorine bleach is typically sold in retail stores as an 8.25% sodium hypochlorite solution.

EPA-registered bleach products are described as sanitizers and disinfectants. Check the label to see if the product has an EPA registration number and follow the manufacturer's safety and use instructions. (Please see the "How to Find EPA Registration Information" section below for more information.) Pay particular attention to the mixing "recipe" and the required contact time (i.e., the time the solution must remain on a surface to be effective) for each use. Remember, the recipe and contact time are most likely different for sanitizing and disinfecting.

If you are not using an EPA-registered product for sanitizing and disinfecting, please be sure you are following state or local recommendations and/or manufacturer's instructions for creating safe dilutions necessary to sanitize and/or disinfect surfaces in your early care and education environment. Using too little (a weak concentration) bleach may make the mixture ineffective; however, using too much (a strong concentration) bleach may create a potential health hazard.

To safely prepare bleach solutions:

- Dilute bleach with cool water and do not use more than the recommended amount of bleach.
- Select a bottle made of opaque material.
- Make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
- Wear gloves and eye protection when diluting bleach.
- Use a funnel.
- Add bleach to the water rather than the water to bleach to reduce furnes.
- Make sure the room is well ventilated.
- Never mix or store ammonia with bleach or products that contain bleach.



To safely use bleach solutions:

- Apply the bleach dilution after cleaning the surface with soap or detergent and rinsing with water if visible soil is present.
- If using a spray bottle, adjust the setting to produce a heavy spray instead of a fine mist.
- Allow for the contact time specified on the label of the bleach product.
- Apply when children are not present in the area.
- Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after the required contact time before allowing children back into the area
- Store all chemicals securely, out of reach of children and in a way that they will not tip and spill.

Adapted from: California Childcare Health Program. 2013. Safe and Effective Cleaning sanitizing and Disinfecting. *Health and Safety Notes* (March).

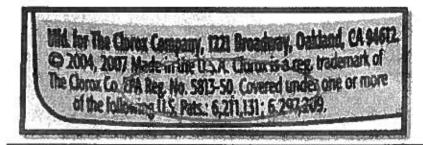
To Review:

- Determine if the surface requires sanitizing or disinfecting;
- Check the labels of all products to see if they are EPA-registered; there are alternatives to chlorine bleach;
- Many chlorine bleach products (8.25% sodium, hypochlorite) are now EPA-registered
 - If EPA-registered, you must follow the label instructions for "recipes" and contact times;
- If using non-EPA-registered products, follow state or local recommendations for "recipes" and contact times;
- Prepare and use the solutions safely;
- Use products that are safe for oral contact when used on food contact surfaces or on items that may mouthed by children.

How to Find EPA Registration Information

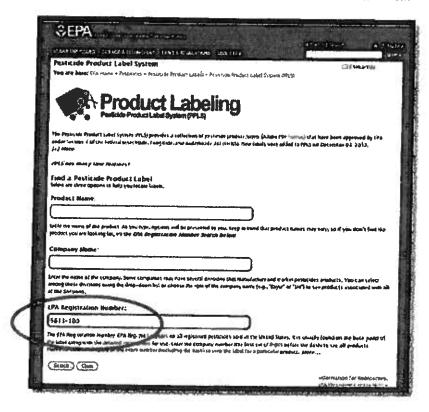
The following information is intended to serve as a visual guide to locating EPA registration numbers and product label information. Any products featured in the examples below are used for illustrative purpose only, and do not represent an endorsement by the National Resource Center for Health and Safety in Child Care and Early Education (NRC). The NRC does not endorse specific products.

1. Locate the EPA Registration number on the product label:



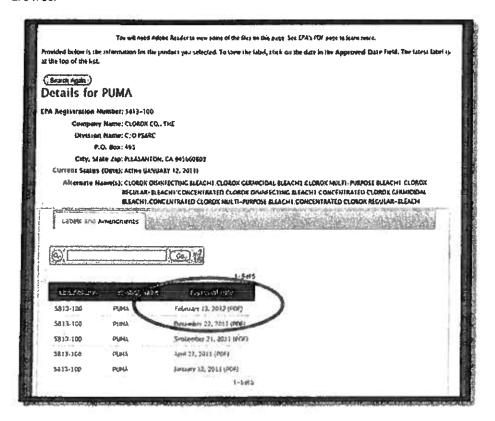


2. Go to http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1. Enter this number into the box titled "EPA Registration Number" and click the Search button:





3. You should see the details about the product, and beneath that, a portable document file (PDF) bearing the date that this product was registered by the EPA (if there is a list, the PDF at the top of the list should show the most recent approval). Click on that most recently-approved PDF. You will need a PDF file reader to access this file. There are a variety of readers available and most are free.



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4. The PDF should come up on your screen. Scroll down to the section that shows the directions for using the product as a sanitizer or disinfectant. Follow the directions listed for your intended use.

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A Final Note

Remember that any cleaning, sanitizing or disinfecting product must always be safely stored out of reach of children. Always follow the manufacturer's instruction for safe handling to protect yourselves and those in your care.

References:

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Appendix K

Routine Schedule** for Cleaning, Sanitizing, and Disinfecting

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
Food Areas						
Food preparation surfaces	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
• Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; Use of a automated dishwasher will sanitize
 Tables & highchair trays 	Clean, Sanitize	Clean, Sanilize				
 Countertops 		Clean	Clean, Sanitize		_	Use a sanitizer safe for food contact
 Food preparation appliances 		Clean	Clean, Sanidze			
Mixed use tables	Clean, Sanitize					Before serving
Refrigerator					Clean	
hild Care Areas		·				
Plastic						· · · · · · · · · · · · · · · · · · ·
mouthed toys		Clean	Clean, Sanitize			
Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boll for one minute
Hats			Clean			Clean after each use if head lice present
Door & cabinet handles			Clean, Disinfect			

[&]quot;Corrected to "Routine Schedule" from "Guide" in second parting, August 2011.

Appendix K



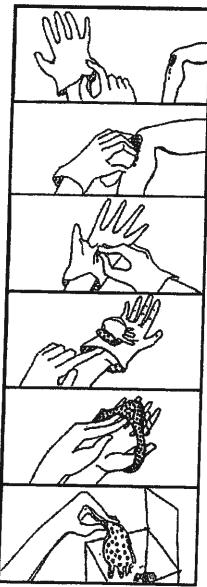
• Flages		⊊[ean		Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
Machine washable cloth toys			Clean	Launder
Dress-up clothes			Clean	Launder
Play activity centers			Clean	
Drinking Fountains		Clean, Disinfect		
Computer keyboards	Clean, Sanitize			Use sanitizing wipes, do not use spray
 Phone receivers 		Clean		
Toilet & Diapering Ar	PRS			
Changing tables	Clean, DisInfect			Clean with detergent, rinse, disinfect
• Petty chairs	Clean, Disinfect			
Handwashing sinks & faucets		Clean, Disinfect		
• Countertops		Clean, Disinfect		
- Toilets		Clean, Disinfect	12.	
Diaper pails		Clean, Disinfect		
• Flaors		Clean, Disinfect		Damp mop with a floor deaner/ disinfectant
Sleeping Areas				
Bed sheets a	1		7	Clean before use
pillow cases			Clean	by another child
• Cribs, cots, & mats			Clean	Clean before use by another child
Blankets				Clean



Appendix D

Gloving

Wash hands prior to using gloves if hands are visibly soiled,



Put on a clean pair of gloves.

Provide the appropriate care.

Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.

Ball-up the dirty glove in the palm of the other gloved hand.

With the clean hand strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.

Discard the dirty gloves immediately in a step can. Wash your hands.

Note that sensitivity to latex is a growing problem. If caregivers/teachers or children who are sensitive to latex are present in the fadility, non-latex gloves should be used.

Adapted with permission from: California Department of Education, 1995. Keeping kids healthy: Preventing and managing communicable disease in child care. Secremento, CA: California Départment of Education.

Family Child Care Provider Standards

Standard One: The family child care provider shall develop and maintain a written emergency plan that includes policies and procedures to help ensure children's safety and protection.

- F-1.1. The plan must address the family child care home's response to natural, technological or man-made disasters and other emergencies that may occur in the area. In the event of an emergency, the provider must be prepared to respond as directed by local emergency officials. The plan must address what the provider will do if there is an emergency and parents are not able to get to their children for up to 72-hours.
- F-1.2. In areas where local emergency plans are in place, such as a school district emergency plan, the provider may build on these procedures and actions in developing her own plans. However, to ensure coordination with a local entity named in their plan, the provider should develop a Letter of Agreement specifying the details for the coordination during emergencies. All plans must be in alignment with and should coordinate with local emergency management plans.
- F-1.3. The family child care provider must alert fire, police and rescue officials in their jurisdiction that they care for children in their homes and inform them of hours of operation. This will help ensure that the home is prioritized, should an emergency occur.

F-1.4. The plan must be:

- a. All hazard.
- b. Specific to the family child care home.
- c. Relevant to natural, technological and manmade disasters that may occur in the location of the family child care home.
- d. Able to be implemented during the hours of operation of the program.
- e. Coordinated with state licensing and emergency officials.
- f. Read, reviewed, exercised and signed by the owner, any assistants or substitutes, and

parent(s), at least every six months.

F-1.5. The plan must include:

- The address and major crossroads for the location of the family child care home.
- b. A sketch showing the safest way to exit each part of the home, a secondary exit, the prearranged location for meeting outside the home, the location of emergency "ready-to-go" kits, fire extinguisher(s), smoke detectors and first-aid kit(s)) and the safest area in the house for responding to emergencies that require shelter-in-place or lockdown actions.
- c. The procedures for responding to each type of emergency likely in the area.
- d. The temporary relocation site(s) near the home, in the neighborhood or area and outside the immediate area. The provider must have a plan for gaining entrance to sites which will be used for temporary relocation and must provide proof of coordination with those sites including a Letter of Agreement, address, and contact phone number for the alternate site(s).
- e. It must include contact information and multiple ways to reach the alternate site(s) (clearly specifying a transportation plan for all children and staff, including those with special needs).
- f. With guidance from the local utility company, procedures for shutting off the utilities including the locations for utility shut-off for gas, electric, and water and the phone numbers of the utility companies.

- g. The procedure for and person(s) responsible for securing essential documents (attendance records, emergency contact forms, etc.) and special health care supplies to be carried off site on immediate notice (including an alternate if the primary individual is not on site or is unable to fulfill the responsibility).
- h. The methods for internal and external communication during an emergency including multiple ways to contact parents and assistants, as well as multiple ways for parents to contact the family child care provider.
- i. Specific provisions for accommodating all children, family members and assistants with special needs during emergency actions (including evacuations, sheltering-in-place and lockdowns).

F-1.6. The plan must identify:

- a. The person or persons responsible for each part of the plan (e.g., the family child care provider, family members, assistants or substitutes).
- b. The procedures for accounting for all children, adults and family members during an emergency including the procedures to be followed if a child or adult is missing or cannot be accounted for.
- c. The procedures for ensuring adequate supervision of children during an emergency situation, including while at an emergency relocation site.
- d. The route, plan and methods (vehicles and equipment) for transporting children to a relocation site away from the family child care home, if necessary.
- e. The procedures for reviewing and updating the plan annually or when weather or other conditions suggest the use of the plan may be required.
- f. The procedures for child reunification or release with a signature form to appropriate family member or guardian (from the program site or evacuation site).

- g. The procedures for exercising emergency plans.
- h. The date of the last revision of the plan.
- The plan shall be available for immediate review by assistants, parents and the licensing department during business hours.
- F-1.8. The family child care provider is the responsible party and must ensure the plan is followed in the event of an emergency.

Standard Two: Each family child care provider shall maintain the information needed to protect children's health and safety during emergencies.

- F-2.1. The family child care provider shall collect and maintain updated information on each child's health, allergies and medications and permission to administer medications and medical treatments during an emergency, if required. Copies of all medical forms should be kept in the emergency "ready-to-go" kit.
- F-2.2. The family child care provider shall maintain emergency release forms and permission to transport forms for each child, including permission to obtain emergency medical care for the child and to evacuate the child offsite to a safe location. In the event of an evacuation, the provider or an assistant must take a copy of the medical permission forms for all children and assistants.
- The family child care provider shall maintain an emergency or "ready-to-go" file which includes copies of sign-in/sign-out forms, medication administration forms, and incident/injury forms. The provider or an assistant must be assigned to take the emergency file. Additionally, there must be an assigned back-up for this person, should they be off-site or unable to fulfill this responsibility.

- F-2.4. The family child care provider shall maintain a list of agencies and organizations to contact for help during an emergency. The phone numbers, as well as the provider's name, address and phone number must be posted near each landline phone. Emergency numbers include:
 - a. 9-1-1.
 - b. Medical care.
 - c. Police/Sheriff.
 - d. Fire.
 - e. Rescue.
 - f. Local and state emergency management.
 - g. Utility companies.
 - h. Television and radio stations.
 - i. Licensing.
 - j. Child protective services.
 - k. Poison Control.
 - 1. Local American Red Cross Chapter.
- F-2.5. The family child care provider shall maintain a daily sign-in and sign-out sheet that includes:
 - a. The first and last names of children and assistants.
 - b. The times of arrival and departure for children and assistants.
 - c. The names of visitors along with times of arrival and departure.

In the event of an emergency, the provider or an assistant must be responsible for taking this list to the preidentified evacuation site or safe area in the facility.

Standard Three: The family child care provider shall develop and implement plans and procedures, and backup plans and procedures, for communicating with families before, during and after emergencies and for reuniting children with their families.

F-3.1. The family child care provider shall maintain current emergency contact information for each child, substitute, and volunteer, including contact information for an out-of-area/state emergency contact person, if available. The

- contact information should include multiple telephone numbers and email addresses, as well as other emergency contacts. At a minimum, this list should be updated every six months. Store at least one current copy of the list on-site and one off-site.
- F-3.2. The family child care provider must have a plan for communicating with parents, substitutes, and volunteers when an emergency has occurred.
- F-3.3. Parents must be kept informed of the family child care provider's emergency preparedness plan and the plans for reuniting children with their families after an evacuation or disaster.

 The plan should be updated and available for review at least once a year, and parent(s) should be required to initial that they have received and reviewed a copy of the plan.
- F-3.4. Parents must be informed of the family child care provider's plan in advance for all possible relocation/evacuation site(s) where their child might be relocated if evacuation from the facility is required.
- F-3.5. If it is necessary to take shelter-in-place or lock down or evacuate the facility, parents must be informed as soon as children's health and safety has been ensured and the parents can be reached by telephone or email.
- F-3.6. If it is necessary to evacuate the facility, a message must be posted on the front door of the facility or on the program's answering machine telling parents where the program has been relocated. If there are security concerns for some children or families, it is suggested that evacuation sites are identified as Site A or B, for example, rather than listing specific addresses.

- F-3.7. If any injuries or incidents occur during emergency drills or preparedness activities or during evacuations or lockdowns, the provider shall provide a written incident/injury report to the parents which includes:
 - a. Date and time of injury/incident.
 - b. Name of child.
 - c. Type and circumstance of injury/incident.
 - d. Staff present and staff response.
 - e. Date and time when parents were notified.
 - f. Any future action to prevent recurrence of the injury/incident.
 - g. Action steps to address problems, steps taken, documented changes to the plan.
 - h. Provider and parent signatures.

Standard Four: Each family child care provider shall be prepared to evacuate children from the family child care home, take shelter-in-place, or lock down the family child care home.

- F-4.1. The family child care provider must have a plan for evacuating all children and adults from the home, including a physical way (e.g., vehicles) to evacuate all children and adults from the home to a safe site or an alternate location.
 - a. In each room used for care post a floor plan which includes the primary and secondary routes of evacuation and the location of the fire extinguishers, smoke detectors, emergency "ready to go" kits, first-aid kit(s), interior safe room and exterior assembly area.
 - b. The family child care provider must have a way of warning assistants and family members of an impending emergency (i.e., a bell or whistle) which includes the exterior parts of the home used for care.
 - c. The family child care provider must have a plan for gaining entrance to evacuation sites (such as friend's or neighbor's home) which may be used as a temporary site. The family child care provider must have a Letter of Agreement with the owner or resident of the site(s), and a clear written plan for gaining entrance to the site(s).



- F-4.2. At the instruction of local authorities, or when necessary, the family child care provider must be prepared to shelter-in-place and keep children inside the facility, for example, in the event of a weather-related situation or chemical spill.
 - a. The family child care provider must be prepared to seal windows, doors and vents and turn off heating and air conditioning systems.
 - b. The family child care provider must have a way to communicate with assistants and family members when shelter-in-place is required and when it is safe to move about inside the home or to leave the home such as an all-clear, hand-operated bell.
- F-4.3. At the instruction of local emergency officials, or when otherwise necessary, the family child care provider must be prepared to lock down the family child care home.
 - a. The family child care provider must have a program-wide method of communicating warnings and alerts to assistants, substitutes and family members when lockdown is required and when it is safe to move about in, leave and/ or reopen the family child care home.
 - b. In compliance with local fire codes, the family child care provider must have a system for immediately locking all doors and windows, when lockdown is required.

- F-4.4. The family child care provider shall implement a monthly practice evacuation and relocation drill, two shelter-in-place and two lockdown drills per year. If possible, practice evacuating to a facility near the home as well as to a safe distance from the home. For guidance on safe evacuation, consult local fire and emergency officials.
 - a. At least one-fourth of the drills must simulate the types of emergencies most likely to occur in the area (for example, tornados, hurricanes, earthquakes, wildfires, etc.). The family child care provider must keep a record of the dates of the practice drills for 12 months or until the next licensing inspection including:
 - The type of drill simulated.
 - The date and time of the drill.
 - iii. The number of children, assistants and family members participating.
 - iv. The name of the person supervising the
 - v. The total time required for evacuation, taking shelter or locking down.
 - vi. Problems encountered during the drill.
 - vii. Action steps to address problems identified, steps taken, and documented changes to the plan.
 - b. If the family child care provider offers evening or weekend care, some simulated drills must be held during these hours.
 - c. To the extent possible, include local fire, rescue or emergency officials when conducting a drill.
 - d. The family child care provider shall vary the days of the week and times of the day when drills are held; at least two drills per year must occur during rest or nap time.
 - e. All children, assistants, visitors, and family members must evacuate the family child care home during simulated evacuation drills.

Standard Five: The family child care provider shall have and maintain the equipment, supplies and materials needed to care for children during emergencies, evacuate children and adults, and communicate with parents, assistants and community agencies during an emergency.

- F-5.1. The home must have a working landline telephone and an alternative means of communication such as a cell phone, harn radio or other similar device. It is highly recommended that a nonelectrical option be identified (for example battery- or crank-operated).
- F-5.2. The family child care provider must maintain a first-aid kit and have a first-aid kit in vehicles, on field trips and wherever children are in care.
 - a. The first-aid kit must include at a minimum: scissors, tweezers, gauze pads and rolls, adhesive tape, adhesive bandages of assorted types, an antiseptic cleansing solution and pads, a thermometer, triangular bandages, single-use gloves such as surgical or examination gloves, and a first-aid instruction manual.
 - b. The first-aid kit must be in a closed container and easily accessible and identifiable to adults but not to children.
- The home must maintain a working, battery-F-5.3. or crank-operated flashlight on each floor of the home used for child care. Batteries should be checked monthly and additional batteries should be kept on hand.
- F-5.4. The home must have a working, batteryoperated weather radio with additional batteries.
- The family child care provider must maintain a 72-hour emergency supply of disposable bottles, nipples and commercial formula appropriate for the infants in care if infants are enrolled.
- F-5.6. The family child care provider must maintain a 72-hour emergency supply of drinking water and nonperishable food for the adults and children enrolled.

- F-5.7. The family child care provider must verify that all feeding products and emergency supplies are within expiration dates and must replace expired items in the emergency kit as appropriate.
- F-5.8. The family child care provider should request that parents provide at least a 72-hour supply of each child's medications for use during emergencies. The medications may be supplied as part of the daily check-in procedures. Family child care providers should maintain at least a 72-hour supply of critical medications needed for themselves and their own family members.
- F-5.9. The family child care provider must have an emergency kit to use during evacuations, shelter-in-place or lockdowns.
 - a. The safety and security of the children and adults must first be ensured.
 - The kit must be pre-assembled and transportable.
 - c. Assistants and substitutes must be aware of where the kit is located. If they are assigned to maintain or transport it, including monitoring expiration dates and replacing expired materials, they must be aware of their responsibilities.
 - d. The emergency kit must include disposable diapers, wet wipes and tissues, blankets, a radio and extra batteries, flashlights and extra batteries, a first-aid kit, a copy of the individual records for each enrolled child, pain/fever reduction medications, special equipment required for any child in care. bortled drinking water, disposable cups, concentrated formula, baby food, other nonperishable foods, a can opener, and emergency cash. The kit should also include copies of essential papers including the parent emergency contact list, extra set of program essential paperwork, alternate site information, special needs information, assistant contact information, medical permission forms, etc.

Standard Six: Each family child care provider shall prepare and train assistants, substitutes and volunteers to protect children's health and safety during an emergency. Family members over 12 should be prepared to assist during an emergency.

- F-6.1. The family child care provider or another adult who is currently certified in pediatric first aid including rescue breathing and cardiopulmonary resuscitation (CPR) shall be in the home when children are in care.
- F-6.2. Substitutes and assistants must be made aware of their roles and responsibilities during emergencies.
- F-6.3. Each assistant and substitute shall receive pre-service training on emergency procedures including a review of the program's written policies and procedures.
- F-6.4. Each assistant and substitute shall receive annual training which includes a review of the program's emergency procedures.
 - a. The family child care provider shall maintain training records documenting the training.
 - Additional training may be required to ensure the safety of children and staff with special needs.
- F-6.5. Each assistant and substitute shall be encouraged to develop their own family plan for emergencies.

Standard Seven: The family child care provider shall be prepared to protect the health and safety of children, assistants and family members with special needs and chronic medical conditions during an emergency.

- F-7.1. The family child care provider must have a plan for keeping children, assistants and family members with special needs and chronic medical conditions safe during emergencies.
 - a. This information must be updated whenever a child with special needs is enrolled or an assistant with special needs employed or an individual's needs change.

- F-7.2. The family child care providers must have a plan for making available special medications or equipment needed by individuals with special needs or medical conditions during an emergency.
- F-7.3. The family child care provider and all assistants or substitutes must receive training on how to protect the health and safety of children or family members who have special needs and medical conditions in the household during an emergency.

Standard Eight: The family child care provider shall take the actions required to protect program records and information to help ensure she can continue to provide child care after an emergency.

- F-8.1. The provider shall take the actions necessary to ensure the records, documents, and computer files needed to operate after an emergency will be available. The provider should:
 - Keep a copy of all important records and papers in a waterproof, fireproof, portable container.
 - b. Make copies of all important documents, operating manuals, inventories and other important documents and store them at an off-site location at least 50 miles from the program location.
 - c. Keep a back-up copy of the computer's operating system, boot files, and critical software at a location away from the program site.
 - d. Keep the program's inventory of equipment and supplies current and send an electronic copy or a printed copy to a remote site.
 - e. Keep a copy of computer and internet logon codes and passwords at a remote site.