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Best Practices for Family Child Care Facilities: Supporting Our Youngest Learners

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Introduction

Safe and healthy child care settings play a critical role in creating optimal early learning experiences for young children. Despite the attention frequently paid to child care centers, child care programs provided in home-based settings, called family child care, are an important piece of the child care landscape.

The National Survey of Early Care and Education estimates that 1 million family child care providers care for 3 million children ages 5 and under.¹ Family child care offers flexibility and convenience for parents with accessible neighborhood locations, a trusted and consistent caregiver, small groups of children, and are a resource for parents who face barriers to accessing child care. Present in every community, family child care can meet the needs of parents with limited access to child care, including parents who work nontraditional hours outside of 9 a.m.–5 p.m., live in rural communities, have infants and toddlers, or have limited English proficiency. For some children, a small learning setting is the optimal environment for their healthy development and provides continuity in child care from infancy to school age. For communities, family child care is an economic and social asset that supports a diverse workforce.² For example, research shows that family child care providers are more likely to speak the language of a dual-language child than center-based child care programs.³

For the purposes of this document, the term “family child care” is defined as home-based child care providers that appear on a national or state list as defined by the 2021 National Survey of Early Care and Education—providers that are licensed, regulated, registered, and license-exempt.⁴ Licensed family child care is in decline, with small family child care programs with one adult providing care showing a decrease of 13% from 2008–2011 and 24% from 2011–2014.⁵ This decline is attributed to myriad issues, including low pay, long hours, lack of benefits, isolating work conditions, and an aging workforce.⁶ The volume of responsibilities necessary to operate a successful family child care program, including all business aspects of a program’s operation, can pull a single provider in many directions. Strategies to stabilize family child care programs are critical to ensuring parental choice and optimal early learning settings for children. Support for the physical infrastructure of small family child care programs can increase programs’ revenues and ensure family access continues in community.

At present, limited data exist on the physical condition of child care facilities. The Department of Health and Human Services' Office of Inspector General conducted an assessment of child care facilities—both centers and homes—across 10 states, finding that 96% of facilities receiving child care subsidies had at least one potentially hazardous condition. Specifically, broken swings and dangerous equipment accessible to children in the outdoor play area; steel pipes sticking out of the ground; broken or missing fence; nonfunctioning smoke detector.⁷ While some states have conducted assessments of the condition of their child care facilities, these studies are often limited to centers and family child care homes are not evaluated.

Family child care providers are located in a range of settings—from large and small homes to apartments and condos—and in structures that vary in quality across rural, suburban, and urban community types. Reviewing housing data may shed some light on the quality of and condition of family child care homes. According to the American Housing Survey, the median year in which occupied housing was built is 1978, with 38% of housing built before 1970. Nearly one-third, or 32%, of housing built before 2000 had some type of deficiency, including signs of pests, holes in the floors or walls, and exposed wiring, and one-in-five had some type of external building condition, such as roof damage or cracked foundation.⁸

This guide is a companion piece to BPC's 2021 report, [*Moving Towards Quality: Model Improvement Standards for Existing Center-Based Child Care Facilities*](#). Within this guide, best practices are identified for family child care programs to achieve healthy, safe, and engaging physical environments. The intention is to provide states and local policymakers guidance so they can in turn allocate resources to ensure such best practices are achievable for family child care providers. States and municipalities supporting the implementation of these best practices will help ensure young children are in safe, developmentally-appropriate settings.



Environmental Health: The Child Care Home Is Free from Environmental Toxins

Young children’s exposure to environmental toxins and chemicals can have detrimental effects to their immediate health and future development. Due to their small size, young children breathe more air and consume more water than adults, making them far more vulnerable to exposure and the effects of toxins than adults. For family child care programs, states should provide support in meeting the following best practices to keep young children, families, and providers safe and healthy:

- 1. The family child care home has been tested and has documentation verifying the absence of lead in water and paint.**

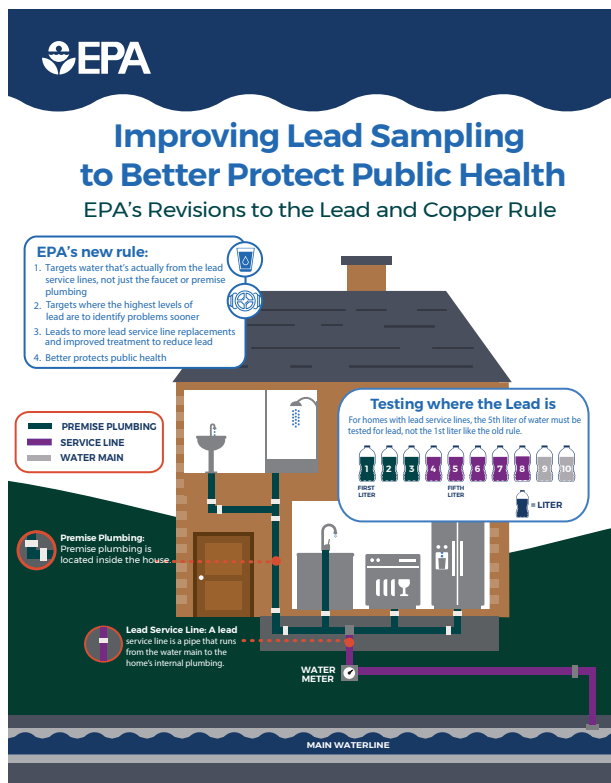
Older homes—especially those built before 1980—have a higher risk of environmental toxins, including lead exposure through lead-based paint. Banned in 1978, lead-based paint may have been painted over in older homes, yet lead can still remain in household dust and soil.⁹ Additionally, lead found in drinking water is another risk to children—especially in older homes and communities—the common source of which is use of lead pipes, faucets, and fixtures.¹⁰

2. The family child care home has been tested and has documentation verifying the absence of asbestos.

Asbestos is strong, flexible, resistant to heat and chemical corrosion, and insulates well. These features led to the use of asbestos in up to 3,000 consumer products before government agencies began to phase it out in the 1970s because of its health hazards. Asbestos has been used in insulation, roofing, siding, vinyl floor tiles, fireproofing materials, texturized paint and soundproofing materials, heating appliances—such as clothes dryers and ovens— fireproof gloves, and ironing boards.¹¹ Asbestos-containing materials can release tiny fibers into the air when disturbed, impacting both children and adults. Children are more vulnerable than adults given the smaller size of their lungs, and long-term exposure may lead to serious and fatal asbestos-related diseases, such as cancer.^{12, 13}

3. The family child care home has been tested and has documentation verifying the absence or low levels of radon.

Radon is an odorless radioactive gas that comes from the natural breakdown of uranium in soil, rocks, and groundwater. This gas moves up through the ground and can seep into homes and buildings through cracks in the foundation. Without adequate ventilation and other mitigation efforts, homes can accumulate high levels of radon, leading to poor health outcomes to those exposed. Radon exposure is estimated to be the second leading cause of lung cancer in the U.S.¹⁴ The Environmental Protection Agency recommends that remediation steps should be taken if radon levels are detected at or above 4 picocuries per liter.¹⁵ Additional information on radon standards and experts across states can be found at the *EPA Radon Zone* website.¹⁶



Source: Environmental Protection Agency

4. The family child care home has functional carbon monoxide detectors on each floor of the home that are tested monthly, with batteries changed annually. Programs should meet state or local laws regarding carbon monoxide detectors, and testing should be documented.

Carbon monoxide, or CO, is an odorless, colorless, and toxic gas. While everyone is at risk of CO poisoning, young children are particularly vulnerable. Effects may include fatigue, dizziness, nausea, confusion, chest pain, shortness of breath, and respiratory failure.¹⁷ Sources of CO can include unvented kerosene or gas space heaters, leaking chimneys and furnaces, back-drafting from furnaces, gas water heaters, wood stoves, and fireplaces, and automobile exhaust. The average levels of CO in a home without a gas stove vary from 0.5 to 5 parts per million, or ppm, and CO levels in homes with a properly adjusted gas stove may reach 15 ppm. The recommended exposure limit is 35ppm during an 8-hour period.^{18,19} The risk of CO poisoning is higher during disasters and emergencies, when the use of gasoline- or diesel-powered generators increases.²⁰ To reduce CO exposure, child care homes should maintain gas appliances and heating systems, and promptly repair leaks.²¹

5. The family child care home is free of water damage, dampness, mold, and mold odor, or is implementing a remediation plan to address the cause of these issues.

The presence of water damage, dampness, mold, or mold odor in homes can lead to poor health outcomes for both young children and adults, including asthma attacks and increased wheezing, coughing, and difficulty breathing. Mold grows when excessive moisture or water accumulates indoors, or when moisture problems remain undiscovered or unaddressed. While there is no practical way to eliminate all mold and mold spores in the indoor environment, efforts to control moisture in indoor settings can help mitigate its growth.²²

6. The family child care home is free from accessible hazardous or toxic supplies.

Exposure to toxic chemicals in young children can hinder their growth and development and lead to death. All toxic substances and chemicals should be stored in a place that is inaccessible to children—on a high shelf or in a locked cabinet. These products should only be used as recommended by the manufacturer and stored in their original containers.

- 7. The family child care home uses nontoxic products when appropriate, and implements an integrated pest management system. The telephone number for the poison control center is posted and readily accessible in case of emergencies.**

Cleaning, sanitizing, and disinfecting should not be done in close proximity to children, and adequate ventilation should be maintained during any procedures to prevent children and child care providers from inhaling potentially toxic fumes. Facilities should also use an integrated pest management system, which is a safe and non-chemical approach to pest management.²³

Cleaning and Disinfecting During Infectious Disease Outbreaks and Pandemics, including COVID-19

Enhanced cleaning and sanitation practices in child care homes are imperative to mitigating the risk of virus transmission during the COVID-19 pandemic. The CDC provided guidance to providers on how to intensify their cleaning and disinfecting efforts, instructing providers to:

- Develop a schedule for cleaning and disinfecting.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, including toys and games, doorknobs, light switches, classroom sink handles, countertops, toilet-training toilets, cubbies, and playground structures.
- Use disposable wipes registered by the Environmental Protection Agency to clean commonly used surfaces, such as keyboards, desks, and remote controls.
- Clean visibly dirty surfaces with detergent or soap and water prior to disinfecting.
- Ensure safe use of cleaning products, meaning they are not used around children and there is adequate ventilation that prevents children and adults from inhaling toxic fumes.²⁴



Emergency Preparedness: The Family Child Care Home Has an Emergency Preparedness Plan

Emergency preparedness is essential to keeping young children and providers safe during crises. Child care programs should develop comprehensive plans and appropriate staff training; store a surplus of medical supplies, food, and water; and establish an effective protocol for communication. States and localities should facilitate partnerships between family child care programs, first responder agencies, and community leaders to understand potential risks, align their emergency preparedness plans, and ensure all family child care homes in a community are recognized by first responder agencies prior to an emergency. States and localities should provide resources to facilitate such community relationships and assist family child care providers in creating and maintaining emergency preparedness plans.

1. The child care home has a comprehensive written emergency preparedness plan.

The child care program has a comprehensive written emergency preparedness plan that:

- Meets state and local requirements for emergency preparedness.
- Addresses protocols for crisis management for a range of situations, including illness or injuries; public health emergencies; natural disasters or extreme weather; hazardous chemical spills; utilities or maintenance emergencies; fires; and potentially violent situations. Protocols for sheltering in place; lockdown; relocation; evacuation; transportation;

obtaining emergency medical care; and responding to a violent situation should be included.

- Addresses staff training on emergency and disaster planning and response.
- Delineates staff roles and responsibilities during an emergency.
- Details a protocol for communicating with parents during an emergency.
- Details a protocol for coordinating with community leaders, emergency management, and public health officials during an emergency.
- Describes short- and long-term plans for disaster recovery.

2. The child care home has an emergency preparedness kit with adequate supplies to address immediate needs and to sustain children and staff for an extended period of time.

A supply of nonperishable food and water should be kept on hand in case of emergencies. For regions of the country prone to hurricanes, tornados, or other severe weather events, an extra supply may be needed. Consideration should be given to children with allergies, dietary restrictions, and other special health care needs.²⁵

Pandemic Preparedness Plans

An important part of every emergency preparedness plan is a pandemic response plan. Since family child care homes have close contact between children and between providers and children, a comprehensive pandemic response plan can help mitigate the spread and impact of a pandemic illness on the children in care. A pandemic response plan should cover:

- Steps to reduce the impact of a pandemic within open child care facilities, like enforcing enhanced sanitation processes and reviewing state and community guidelines for reporting illnesses.
- Planning and coordination efforts, such as assigning individuals to identify and share reliable information and resources to staff, parents, and the community.
- Plans for alternative program operations or ways for families to continue to support their child's learning and development if the program must close.
- Streamlined communication efforts with staff and families to keep them abreast of the latest updates and changes.

For more information, visit the CDC's [influenza pandemic planning checklist](#), the CDC's [guidance for child care programs that have stayed open](#) through COVID-19, and Child Care Aware's [pandemic response recommendations](#).

3. The child care home has a working landline telephone or access to alternative power sources to enable phone communication.

In an emergency that limits wireless cell phone use, access to a landline phone associated with a fixed address can help locate the caller more easily. Alternatively, a generator or hand crank charger can fully charge a wireless phone for when cell phone service is reestablished. Contact information for parents, including primary and alternative phone numbers, should be updated every six months as a part of the child care home's emergency preparedness kit.²⁶

4. The child care program has conducted a hazard and threat assessment of the home and its perimeter, the community, and the state, and in coordination with community leaders, emergency management, and public health officials, has taken steps to mitigate potential hazards.

Risk assessments include threats of severe weather, flooding, excessive heat, hurricanes, thunderstorms, tornadoes, earthquakes, landslides, volcanoes, infectious outbreaks, and foodborne illnesses. Providers should focus on threats common in their region to determine what structural upgrades could reduce damage and injury if they occur. This assessment should be conducted in coordination with community partners—such as a local emergency manager, parents, state departments of health, first responders, local school districts, utility companies, and local businesses. Local first responders, such as police and fire departments, should be notified during the development of an emergency preparedness plan of the location and size of the family child care home in case of an emergency.²⁷



Fire Safety: The Family Child Care Home is Prepared for Fire Emergencies and Takes Steps to Prevent Fire Hazards.

Fire safety and prevention efforts are critical to keeping young children safe, in all child care settings. Data from the National Fire Protection Agency found that over one-quarter—or 27%—of all fires between 2014 and 2018 took place in homes. These fires account for 77% of civilian fire-related deaths, 6% of whom were children under age 5.²⁸ Further, while cooking and kitchen fires were the leading cause of home fires, more fatalities occurred when the fire originated in the living room or bedroom areas of the home. Other primary causes of home fires were heating equipment and electrical wiring. One-third of fire-related deaths took place while individuals were sleeping, which has great safety implications for family child care homes serving children and families during non-traditional work hours. Over half of home fires, or 54%, had an operating fire alarm, and 26% did not have a smoke alarm present.²⁹

Young children who cannot evacuate during a fire emergency are especially vulnerable, which makes fire prevention in family child care homes extremely important. While states and localities have their own standards for ensuring fire safety, many have adopted the National Fire Protection Association’s Life Safety Code, or NFPA 101, which provides a comprehensive set of codes that address occupant safety in fires and similar emergencies.³⁰

Caring for Our Children also recommends that programs comply with state-approved or nationally recognized fire prevention codes, such as the NFPA 101.³¹

States and localities should work together to align fire safety standards with NFPA 101 and *Caring for Our Children* and delineate responsibility among agencies to support all family child care homes in meeting the best practices, detailed below.

1. The family child care home has functioning smoke detectors and fire extinguishers throughout the home, and batteries are tested monthly.

Family child care homes must comply with state and local building and fire codes, which require smoke detectors and fire extinguishers meet the following standards:

- The home either has a functioning interconnected smoke detection system that is both connected to the building's electrical system with a battery back-up or has a smoke detection system made up of battery-operated smoke detectors that communicate wirelessly. The home has installed smoke alarms with strobe lights for children who are deaf or hard of hearing.³²
- The home has functioning smoke detectors on all floors of the home; in front of doorways; in all corridors and recreation areas; and in all sleeping rooms.
- The home tests all smoke detectors monthly and replaces batteries annually. The home has documentation of testing for the past three years.³³
- The home replaces smoke detectors after 10 years from their date of manufacture.³⁴
- The home includes portable fire extinguishers as part of its fire response plan. Properly maintained fire extinguishers are installed near exits and kitchen areas.

2. The family child care home conducts monthly fire drills and has documentation onsite.

To prepare young children and staff for fire and other disaster emergencies, programs should conduct emergency evacuation drills, which includes the evacuation of all individuals in the home. The provider shall document the monthly evacuation drills and maintain records for at least three years. Monthly fire drills should be conducted at different times, such as nap time, meal time, play time, etc. to help both children and staff learn fire escape routes from different areas of the home.³⁵

3. The family child care home should have a minimum of two exits that are convenient, accessible, and unobstructed.

The home should have two exits, one of which can be a sliding glass patio door with approved guardrails and handrails. The exits should be convenient and accessible, and free from obstructions that would prevent their use, including the accumulation of snow or ice. Exits should remain unlocked, and use of deadbolts, chains, and night latches should not be used during child care hours. Those operating a family child care homes located in apartment or condo buildings should review fire safety and egress requirements set by local building departments for high rise or multi-unit buildings. Sleeping rooms should have at least one exterior emergency escape opening, such as a window or door to the outside. Emergency escape openings should be operational from the inside of the room without the use of keys or tools.

4. The family child care home has passed a fire inspection within the last 12 months and has documentation on file.

Fire inspections for child care facilities should be conducted annually by the state fire marshal's office or a local fire authority. The inspection reports should be displayed in a central area of the facility alongside other inspection reports.³⁶

5. The family child care home is free from preventable fire hazards, including portable heating devices that produce an open flame, damaged electrical cords, overloaded circuits, and unattended cooking areas.

Providers should use and maintain household appliances—such as clothes dryers, dishwashers, and microwaves—according to manufacturers' instruction to prevent overheating. Cooking is the number one cause of home fires, and it is imperative that providers do not leave the kitchen area unattended while cooking. Providers should also equip kitchen stoves with child proof knobs. Further, providers should cover radiators to protect children from burns.³⁷



General Maintenance: The Home's Ventilation, Plumbing, and Electrical Systems are Maintained and in Working Order

Maintaining the home's ventilation, plumbing, and electrical systems helps ensure a safe and healthy space for children and parents. Such maintenance and improvement work—which improves air quality and guarantees proper functioning of heating, ventilation, sewage, and waste management systems—keeps the home sanitary, healthy, and safe, especially for young children. States should articulate the following best practices and provide the support needed to child care providers to ensure safe, well-functioning early learning spaces.

The COVID-19 pandemic has highlighted the importance of air quality. Because the virus can be transmitted by respiratory droplets in the air, the CDC recommends that child care homes take necessary measures to improve ventilation to help remove the droplets from the air. Programs should implement a preventative maintenance schedule for its ventilation systems, which should include regularly replacing air filters to maintain improved air quality. Programs can also open windows and doors to increase air circulation, if this can be done safely.

1. An appropriate heating, ventilation, and air conditioning system is in place, in good working order, and has a preventive maintenance plan.

Improving air quality is important in all settings, especially in those where young children learn, play, and grow. The home's heating, ventilation, and air conditioning, or HVAC system should be in good working order, and the program should have a preventive maintenance plan, which includes routine inspections from a qualified heating and air conditioning contractor. The program should have documentation of inspections and certification of safety on file.³⁸ The CDC's National Institute for Occupational Safety and Health provides information on developing an HVAC preventive maintenance plan.³⁹

To improve air flow in indoor spaces, programs should have the air filters in their HVAC systems replaced regularly. Clogged filters impede air circulation, which can lead to a malfunction of the HVAC system and allergies or asthma in young children. Filters should be changed according to the manufacturer's instructions or at least every three months.⁴⁰

Ventilation systems should also be used to control odors from toxic fumes when cleaning, sanitizing, and disinfecting facilities.⁴¹ Further, any heating units, including hot water heating pipes and baseboard heaters with a surface temperature hotter than 120 degrees Fahrenheit, should be securely covered and inaccessible to children.⁴²

2. Appropriate room temperatures and humidity levels are maintained in all rooms used for child care.

All rooms used for child care in the family child care home should be kept at appropriate and comfortable temperatures for children. The American Society of Heating, Refrigerating, and Air Conditioning recommends that a draft-free temperature of 68 to 75 degrees Fahrenheit should be maintained during the winter months, and 75 to 82 degrees Fahrenheit should be maintained during the summer months, both at 30% to 50% relative humidity.⁴³ Thermometers without mercury or glass that are safe for child care should be placed on interior walls in every indoor classroom at children's height.⁴⁴

High levels of humidity can lead to mold growth, mildew, and other agents that can cause irritation and trigger asthma episodes in children with asthma. To maintain appropriate levels of humidity, the home can use humidifiers or dehumidifiers if they are not incorporated in the HVAC system. Humidifiers or dehumidifiers should be properly maintained per the manufacturer's instructions.⁴⁵

3. The child care home’s pipes and plumbing fixtures are free from defects and in accordance with building regulatory guidance.

To prevent injuries and unsanitary conditions, pipes and plumbing fixtures—including both gas and water pipes and connections to water, sewer, or gas lines—are free from defects, leaks, and obstructions, and meet state and local regulatory guidance.⁴⁶

4. Sewage systems are inspected in accordance with state and local regulations.

Facilities should be connected to a public sewer system when available. If this is not an option, an on-site sewage system or other method can be used provided if it is approved by the local health department, is in good working condition, and is not contaminating drinking water or ground water.⁴⁷

5. The program has a waste management plan for containing and removing garbage.

To ensure proper sanitation and prevent infestations by rodents, insects, and other pests, the program should have a waste management plan for containing and removing garbage. Garbage should be kept in durable, covered containers, as recommended by regulatory health guidance, and removed from the premises at least twice weekly, unless local guidance recommends removing more frequently.⁴⁸ Garbage areas should be free of litter and waste that is not contained and inaccessible to young children.⁴⁹ Garbage that includes soiled diapers should be separate from other waste.⁵⁰ The program should have dedicated staff to remove garbage daily from classrooms and other spaces occupied by children and staff.

6. Any construction, remodeling, or painting is done in areas where children are not present.

Any construction, remodeling, or painting must be conducted in areas isolated from children and done in a manner that prevents hazards to children’s health and safety. Areas that are painted or otherwise require the use of toxins should be properly ventilated and must be fully dry and odor-free before the space can be occupied by any children.⁵¹

Waste Management Plans During COVID-19

Child care facilities should develop a garbage plan, to include where garbage bins are stored in the classroom, who is permitted to empty classroom and bathroom garbage bins, and how often this is done in the safest possible manner for children and staff.



A Family Child Care Program is Safe, Welcoming to Families and in Good Condition

A family child care program's exterior should be safe, inviting to children and families, and well maintained—reflecting the same level of quality as the facility's interior. The entirety of a child care facility should be designed in such a way that promotes children's development and minimizes risk in all areas—whether someone is walking into the building or spending time outside. To ensure safety and comfort for all when they are outside the building, programs should meet the following standards.

- 1. The building exterior—including the program's exterior walls and roof, stairs, and sidewalks—is in good condition and is absent of health and safety hazards.**

The exterior of the family child care program's walls, roof, and foundation are structurally sound, protected from weather and natural disasters, and meet local building codes and fire safety regulations. Programs should ensure the home's siding is intact, windows and trim are in good condition, asphalt surrounding the building is in good repair, the stairs are in good condition with stable handrails, and gutters are securely attached and in good working order.⁵²

2. The exterior of the program is free from standing or pooling water that—in such conditions—can become a breeding ground for insects.

Standing or pooling water that is collected in items, such as children's toys, flower pots, and rain gutters, can become breeding sites for mosquitoes and other insects, which can then become a health issue for young children. Programs should ensure that the exterior of the home is absent from standing or pooling water and to eliminate potential insect breeding sites.⁵³



The Family Child Care Home's Interior is Safe and Developmentally Appropriate for Young Children, Welcoming to Families, and in Good Condition

Children's interactions with the settings in which they are cared for contribute to their learning and development, highlighting the importance of the quality and design of a child care facility's interior spaces. In addition to creating family child care homes that mitigate risk and injury to children and providers, family child care should be designed in a way that is intentional and promotes children's physical, cognitive, and socio-emotional development. To create developmentally-appropriate, welcoming, and safe spaces, child care facilities should meet the following standards.

1. Stairways used by children have non-slip treads and handrails placed at an appropriate height for young children.

Stairways can be a hazard to young children if safety measures are not implemented. Stairways used by young children should have non-slip treads. Handrails should be securely attached to the walls on each side of the stairway and at a height accessible to children. The stairway should also have effective guards and gates at both the top and bottom to prevent injury to infants and toddlers.⁵⁴ Providers should take steps to ensure stairs are

constructed and adapted in accordance with the National Fire Protection Agency 101 Life Safety Code.⁵⁵

2. The home's entry should have a clear view of anyone entering the home.

The home should have a direct view of the entry area to monitor all individuals—including staff, parents, and young children—entering the program. This ensures both security and that individuals are greeted upon arrival.⁵⁶

3. All high furnishings are securely anchored.

Equipment and furnishings, including high shelving and cubbies, should be securely anchored to prevent tipping over and ensure children's safety.⁵⁷

4. Space designated for learning should have windows that allow children to see directly outside.

Windows provide young children with natural light and allow them to orient themselves to the outside world while observing changes in the weather, seasons, and different times of day. Windows that are installed at children's eye level can also provide them with a variety of perceptual experiences through their senses of sight, sound, and smell.⁵⁸ All windows should be constructed or adapted to meet safety guidelines that prevent children from falling out.⁵⁹

5. Space designated for sleep are well-defined, allowing children to rest comfortably while still ensuring easy supervision.

Family child care homes should have individual cribs, cots, or sleeping mats in a well-designed area for each child who spends four or more hours in the home every day. While sheets, sleep garments, or blankets should be available in the crib areas, pillows, blankets, and sleep positioners should not be used with infants. Multiple cribs should be placed at least 3 feet apart, or—if the room cannot accommodate this—children should be placed head-to-toe in alternating cribs to minimize the spread of droplet transmission and interactions during rest period.⁶⁰ Providers should place the cribs in a space with an unobstructed view to ensure full supervision while children are resting.

6. Doors have view panels for safe entry into or exit from rooms.

View panels—or windows located in doors or walls—support family child care providers in supervising an area with children. They also allow children and providers see inside or outside a space, allowing for safer entry into or exit from an area. By being able to see the activities on the other side of a door or wall, view panels may help children understand what to expect and feel more comfortable upon entering a new space. It

is imperative that view panels—if made of glass—have safety guards to prevent a child from being injured.⁶¹

7. Bathrooms are easily accessible to children.

Bathrooms should be accessible and convenient for young children who are still learning to control their bathroom behaviors. The bathrooms should include toilets and sinks that can be reached by young children, with barriers to prevent infants and toddlers from entering the space unattended.⁶²

8. Space configuration should allow for consistent supervision of children.

Food preparation, diaper changing, storage, and other non-primary use areas should be located in or near the spaces used primarily for learning and play so they both are easily accessible and positioned for visual and auditory supervision. The bathrooms and diaper changing areas should be separate from the food preparation areas.⁶³

9. Sinks are accessible for young children.

Sinks that are in view of a provider should be accessible to children without barriers. Sinks should either be at the child's height or accompanied by a stable, slip-proof step platform. These sinks should be further equipped with clean, running water; a touchless faucet that can run for at least 30 seconds without the need to reactivate it; non-antibacterial, unscented liquid soap; and disposable single-use towels. Accessibility to such sinks promotes routine handwashing which can help prevent the transmission of infectious diseases.⁶⁴



Access to Outdoor Play Areas are Safe, Clean, and Appropriate for Young Children’s Development.

Children’s healthy development includes the opportunity to explore natural settings, build gross motor skills through physical play, and develop awareness of new environments. Safe and secure outdoor space affords family child care providers the opportunity to expand their programming and offer a different physical context for growing children. Family child care providers should have to access to safe, healthy, and developmentally-appropriate playground or outdoor space attached to a family child care program or that is accessible by walking safely within the community.

1. Family child care programs have outdoor play areas with adequate space for play and exploration, or safe access to secure public playgrounds or parks.

Home-based child care programs should have access to outdoor play areas to encourage physical activity, gross motor skill development, exploration, and play. Outdoor play areas attached to family child care homes should be a minimum of 75 square feet for each child using the playground area at one time, though the square footage can be reduced if the program provides services only for infants and toddlers.⁶⁵ If possible, the space includes a covered area that can be used during inclement weather.⁶⁶ Public playgrounds accessible by short and safe walking routes should be certified by the [National Recreation and Park Association](#) through the Certified Playground Safety Inspector certification program.⁶⁷

2. Outdoor play areas should be structured so all areas are visible to staff and can be easily supervised.

Outdoor areas should be structured to allow for supervision of all children, at all times. Family child care providers should be able to know where a child is located, be able to see or hear the child, be near enough to render immediate assistance, and provide supervision appropriate to the individual age, needs, capabilities, activities, and location of the child.

3. Fences enclose attached outdoor play areas and are in good working condition.

Fences in good working condition should enclose outdoor play areas to protect children from traffic and other potentially hazardous areas. Fences should meet local building codes, and include two exists, one being remote from the child care home. Fences should latch securely and be free from protruding nails and other hazards.⁶⁸

4. Outdoor play areas are safe and free from hazardous elements, including poisonous plants, pests, cracked or uneven pavement, broken equipment, sharp objects, or peeling paint.

Providers should inspect outdoor playground areas—including equipment, walkways, loose-fill surfacing, and sandboxes—for hazards on a regular basis. Potentially dangerous equipment commonly found in yards and gardens—such as gardening or lawn tools, vehicles, exercise equipment, garbage bins, barbecue grills, and chemicals—are securely stored out of reach of young children.⁶⁹ The outdoor play area also has adequate draining with no standing water.

5. Outdoor play equipment is secure and in good working condition.

Stationary playground equipment, such as swings and slides, should be securely anchored to keep from tipping. The equipment should also be checked daily for signs of wear and missing or loose parts.

6. Outdoor play areas have appropriate protective surfacing underneath playground equipment to mitigate injuries to young children.

Play structures placed in dirt or grass can be potentially hazardous to young children. Instead, shock absorbent surfacing—such as wood chips, mulch, or sand—should be used. Surfacing should meet minimum depth requirements as delineated by ASTM International and U.S. Consumer Product Safety Commission. Loose fill surfacing should be inspected for foreign objects, animal excrement and debris.^{70 71}

7. Sandboxes are in good condition and covered when not in use.

Sand play supports children’s development across a range of domains. It can be a cooperative activity that increases sensitivity to others, increases critical thinking and planning skills, supports imaginative thinking, science, and math skills.⁷² Providers that include sandboxes within their outdoor play area should ensure they are safe and healthy for young children. They should be covered and secured with a lid when not in use and kept free from animal excrement and foreign objects. The sandbox should also allow for effective drainage to prevent water from accumulating.⁷³

8. Outdoor play areas provide a shaded area.

To minimize the impact of UV ray sun exposure and offer children and adults opportunity to cool down on days with temperatures are above 75 degrees, outdoor play spaces should offer shaded areas that are firmly secured or anchored, and free of debris.

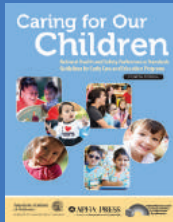
Use of Rooftop Space for Outdoor Play Areas

Some areas of the country, such as urban communities, may have limited available space for outdoor play areas. These communities, if in accordance with local laws, may use rooftops as a play area. These rooftop spaces must be designed to mitigate the risk of injury to young children and include appropriate safeguards to prevent young children from falling—such as a fence of appropriate height that is designed to prevent children from climbing; an approved fire escape route in case of emergencies; areas with different activity zones for different types of play; and both natural and manufactured features that create shaded areas.⁷⁴

Conclusion

Family child care is an important resource that supports children's health development, parent ability to work, and the economic health of local communities. Home-based child care programs are also an important part of a mixed delivery system of child care that supports parental choice. Therefore, it is important that family child care is supported to the same degree as other child care program types, such as center-based child care. Policymakers may use the recommendations listed above as guidance to target resources for family child care programs. States and municipalities supporting the implementation of these best practices will help ensure young children are in safe, developmentally-appropriate settings.

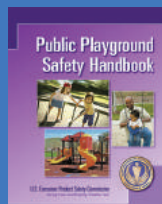
Appendix I: Child Care Safety and Design Guides



Caring For Our Children: National Health and Safety Performance Standards (2019).



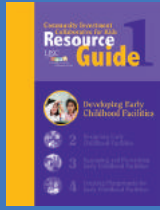
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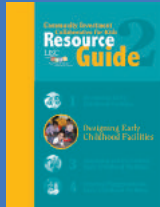
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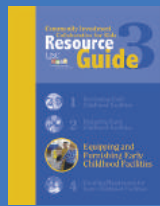
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Appendix II: Self-Assessment Checklist for Family Child Care Providers

The family child care program self-assessment can help home-based child care providers evaluate the condition of their home-based program, based on the best practices above. As providers take steps and are supported to improve their space, this assessment can help identify priority areas for both minor and major repairs and renovations.

ENVIRONMENTAL HEALTH

- The family child care home has documentation verifying the absence of lead in water and paint.
- The family child care home has been tested and has documentation verifying the absence of asbestos.
- The family child care home has been tested and has documentation verifying the absence or low levels of radon.
- The family child care home has fully functional carbon monoxide detectors.
- The family child care home is free of water damage, dampness, mold, or mold odor, or is implementing a remediation plan to address the cause of these issues.
- The family child care home is free from accessible hazardous or toxic supplies.
- The family child care home has an integrated pest management system.
- The telephone number for the poison control center is posted and readily accessible in case of emergencies.

EMERGENCY PREPAREDNESS

- The family child care home has a comprehensive written emergency preparedness plan.
- The family child care home has an emergency preparedness kit with adequate supplies to address immediate needs and to sustain children and staff for an extended period of time.
- The family child care home has a working landline telephone or access to alternative power sources to enable phone communication.
- The family child care home has conducted—or is in the process of conducting—a hazard and threat assessment of the facility and its perimeter, the community, and the state, and in coordination with community leaders, emergency management, and public health officials, has taken steps to mitigate potential hazards.

FIRE SAFETY

- The family child care home has functioning smoke detectors and fire extinguishers throughout the building. Batteries are tested monthly.
- The family child care home has documentation of monthly fire drills.
- The family child care home has at least two exits that are convenient, accessible, and unobstructed.
- The family child care home has passed a fire inspection within the last 12 months and has documentation on file.
- The family child care home is free from preventable fire hazards.

GENERAL MAINTENANCE— VENTILATION, PLUMBING, AND ELECTRICAL SYSTEMS

- The family child care home has an appropriate heating, ventilation, and air conditioning system in place, in good working order, and with a preventive maintenance plan.
- Room temperatures and humidity levels are established and maintained at appropriate levels in all rooms used for child care.
- The child care home's pipes and plumbing fixtures are free from defects and in accordance with building regulatory guidance.
- Sewage systems are inspected in accordance with state and local regulations.
- The family child care home has a waste management plan for containing and removing garbage.

HOME EXTERIOR

- The home's exterior—including exterior walls and roof, stairs, and sidewalks—is in good condition and is absent of health and safety hazards.
- The exterior of the home is free from standing or pooling water that—in such conditions—can become a breeding ground for insects.

HOME INTERIOR

- Stairways used by children have non-slip treads and handrails placed at an appropriate height for young children.
- The home's entry has a clear view of anyone entering the home.
- All high furnishings are securely anchored.
- Space used for child care has windows that allow children to see directly outside.
- Space designated for sleep are well-defined, allow children to rest, and ensure easy supervision.

- Doors have view panels for safe entry into or exit from rooms.
- Bathrooms are easily accessible to children.
- Space configuration supports consistent supervision of children.
- Sinks are accessible for young children.

OUTDOOR PLAY AREA

- The family child care home has an outdoor play area with adequate space for play, or safe access to secure public playgrounds or parks.
- The outdoor play area is visible to staff and can be easily supervised.
- Outdoor play areas attached to a family child care home have secure fencing.
- Outdoor play areas are safe and free from hazardous elements.
- Play structures and equipment are in good repair and are inspected daily for hazards.
- Appropriate safety surfaces are used to prevent injury from falls.
- Sandboxes are in good condition and covered when not in use.
- Outdoor play areas have sufficient shade through natural or manufactured shade elements.

Appendix III: Early Learning Facilities Working Group

The Bipartisan Policy Center is grateful to the Early Learning Facilities Working Group for their commitment to improving early learning facilities serving the nation's youngest learners. Members of the Working Group are listed below, though this does not constitute an endorsement of the best practices.

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Rashida Brown, National Association of Counties

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Jose Cerda, IFF

Roy Chrobocinski, Save the Children

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Lauren Kennedy, Neighborhood Villages
Cindy Larson, Local Initiatives Support Corporation
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Mike Lindstrom, Studio MLA Architects
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Kathy Tama, Local Investment in Child Care
Ericka Warmack, First Children's Finance
Joe Waters, Capita
Morgan Wilson, National Governors Association
Elanna Yalow, KinderCare Education

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