

### Moving Towards Quality

Model Improvement Standards for Existing Center-Based Child Care Facilities

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### Introduction

Children in their earliest years learn at a rapid place, and the quality of the environments in which they learn, play, and grow—including child care and early learning programs—are essential to their positive and healthy development. The quality of child care settings, however, have been long

neglected, with many child care facilities barely meeting minimum health and safety standards. Despite the great demand for high-quality child care facilities, many providers lack funding or financing to improve their spaces beyond only *good enough*—an already grave issue exacerbated by a lack of guidance on facility quality. Many states look for minimum standards that keep young children safe and healthy and prevent injury, failing to look for facility characteristics that help promote healthy behaviors and development from childsized sinks to access to natural light.

Furthermore, the outset of the COVID-19 pandemic in March 2020 brought to light the importance of child care facilities and necessary measures to keep children and providers safe. The Centers for Disease Control and Prevention, or CDC, provided guidance for child care providers—including increased handwashing, enhanced sanitization practices, and new pick-up and dropoff protocols—all of which have implications for the facility's physical space.<sup>1</sup> Improvements to the physical infrastructure of child care facilities—an issue that has been long neglected—requires communication and collaboration across private and public sectors, including both state and local levels of government. This guide is intended for states to identify best practices and develop model standards for improving child care facilities. In this work, states should also document which agency or partner is responsible for which guideline to encourage communication among partners, avoid duplication of efforts, and ensure accountability.

The Bipartisan Policy Center recognizes the value of high-quality child care environments on children's development.<sup>2</sup> To help states move forward in defining high-quality child care facilities, BPC has developed model

improvement standards<sup>a</sup> for existing center-based child care facilities, which is detailed in the following pages. States can use these as a model for better understanding the quality of child care facilities and to guide future investments. States and communities can also use these best practices to create self-assessments so providers themselves can understand their own strengths and gaps in quality, as well as how to prioritize their own facility improvements.

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The model improvement standards were developed in partnership with BPC's Early Learning Facilities Working Group, whose members bring expertise in child development, child care financing, community development, architecture and design, and construction. This work is also drawing from existing design guides and reports developed by Community Development Financial Institution partners who focus on child care facilities, including Low Income Investment Fund, Local Initiatives Support Corporation, and Reinvestment Fund.

### **Child Care Center Facility Model Standards**

10	Α.	ENVIRONMENTAL HEALTH: THE CHILD CARE FACILITY IS FREE FROM ENVIRONMENTAL TOXINS
11	A1.	The child care facility has been tested and has documentation verifying the absence of lead in water and paint.
12	A2.	The child care facility has been tested and has documentation verifying the absence of asbestos.
13	A3.	The child care facility has been tested and has documentation verifying the absence or low levels of radon.
14	A4.	The child care facility has functional carbon monoxide detectors that are tested monthly, with batteries changed annually. Facilities should meet state or local laws regarding carbon monoxide detectors, and testing should be documented.
15	A5.	The child care facility is free of water damage, dampness, mold, and mold odor, or is implementing a remediation plan to address the cause of these issues.
15	A6.	The child care facility is free from accessible hazardous or toxic cleaning supplies, uses nontoxic cleaning 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.
17	в.	FIRE SAFETY: THE CHILD CARE FACILITY IS PREPARED FOR FIRE EMERGENCIES AND TAKES STEPS TO PREVENT FIRE HAZARDS.
18	B1.	The child care facility has functioning smoke detectors and fire extinguishers throughout the building, and batteries are tested monthly.
18	B2.	The child care facility conducts monthly fire drills and has documentation onsite.
18	В3.	All emergency exits and pathways are convenient, accessible, unobstructed, and clearly identified.
19	B4.	Emergency lighting is available when normal lighting systems fail and is tested monthly.
19	B5.	Evacuation plans and routes are posted throughout the facility.
19	B6.	The child care facility passed a fire inspection within the last 12 months and has documentation on file.

20	c.	EMERGENCY PREPAREDNESS: THE CHILD CARE FACILITY HAS AN EMERGENCY PREPARDENESS PLAN.
21	C1.	The child care program has a comprehensive written emergency preparedness plan.
22	C2.	The child care facility has an emergency preparedness kit with adequate supplies to address immediate needs and to sustain children and staff for an extended period of time.
22	C3.	The child care facility has a working landline telephone.
22	C4.	The child care program has conducted a hazard and threat assessment of the facility and its perimeter, and has taken steps to mitigate potential hazards in coordination with community leaders, emergency management, and public health officials.
23	D.	GENERAL FACILITY MAINTENANCE: THE FACILITY'S VENTILATION, PLUMBING, AND ELECTRICAL SYSTEMS ARE MAINTAINED AND IN GOOD WORKING ORDER.
24	D1.	An appropriate heating, ventilation, and air conditioning system is in place, is in good working order, and has a preventive maintenance plan.
24	D2.	Appropriate room temperatures and humidity levels are maintained in all rooms.
25	D3.	Facility pipes and plumbing fixtures are free from defects and in accordance with building regulatory guidance.
25	D4.	Sewage systems are inspected in accordance with state and local regulations.
25	D5.	The facility has a waste management plan for containing and removing garbage.
25	D6.	Any facility construction, remodeling, or painting is done in areas where children are not present.
26	Ε.	THE FACILITY'S BUILDING EXTERIOR IS SAFE, WELCOMING TO FAMILIES, AND IN GOOD CONDITION.
26	E1.	The building exterior—including the facility's exterior walls and roof, stairs, and sidewalks—is in good condition and is absent of health and safety hazards.
27	E2.	The exterior of the facility is free from standing or pooling water, which can become a breeding ground for insects.
27	E3.	The parking lot is in good condition and includes a

safe pathway for young children and families.

27 E4. The facility is free of poisonous plants.

28	F.	THE FACILITY'S BUILDING INTERIOR IS SAFE AND DEVELOPMENTALLY
		APPROPRIATE FOR YOUNG CHILDREN,
		WELCOMING TO FAMILIES, AND IN GOOD
		CONDITION.
28	F1.	Stairways used by children have non-slip treads
		and handrails placed at an appropriate height for
		young children.
29	F2.	The facility staff has a reception area with a clear
		view of anyone entering the building.
29	F3.	All high furnishings are securely anchored.
29	F4.	Each classroom has one or more operable windows that allow children to see directly outside.
30	F5.	Each classroom has varied lighting types.
30	F6.	Classroom spaces are configured to ensure full
		supervision of children.
30	F7.	Classrooms are large enough to provide adequate
		space for each child.
30	F8.	Classrooms have well-defined crib areas that allow
		young children to rest comfortably from the group
		while still ensuring easy supervision.
31	F9.	For classrooms with high ceilings, acoustical tiles
		and other sound dampening features are used to
		minimize noise.
31	F10.	Doors have view panels for safe entry into or exit from rooms.
31	F11.	Designated space for active indoor play is available.
32	F12.	Children's bathrooms and diaper changing areas
		are located in or near classrooms and allow for easy
		supervision of children.
32	F13.	Classrooms have sinks that are accessible for
		young children.
33	F14.	The program's office space is sufficient and inviting
		for the effective administration of the program,
		including space to meet privately with staff
		and parents.
33	F15.	The kitchen area is separate from the other areas of
33	F 16.	I he kitchen meets program needs with a sink used
00	<b>E</b> 47	specifically for food preparation and handwashing.
ろう	F1/.	Kitchen equipment and appliances are installed,
		manufacturers' instructions and are in good
		working order.
34	F18	The facility has sufficient space for program
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operations outside of child care classrooms.

34 F19. The facility has an isolation area for children who are ill.

35	G.	PLAYGROUND QUALITY: THE FACILITY'S OUTSIDE PLAYGROUND SPACE IS SAFE, IN GOOD CONDITION, AND DEVELOPMENTALLY APPROPRIATE FOR YOUNG CHILDREN.
36	G1.	The facility has documentation from a certified playground safety inspector that the play area complies with safety guidelines.
36	G2.	The facility has a documented cleaning schedule for the outside play areas.
36	G3.	Outside play areas are clean and free from health and safety hazards.
37	G4.	Play structures and equipment are in good repair and are inspected daily for hazards.
38	G5.	Outside play areas are designed so all sections are visible to staff and can be easily supervised.
38	G6.	Outside play areas have secure fencing.
38	G7.	Elevated structures and platforms have guardrails and/or barrier rails.
38	G8.	Young children can access quality outside play areas directly from their classroom or from a nearby corridor using pathways that are unobstructed, free of hazards, do not collect excessive water, and are in good repair.
39	G9.	There is convenient access from outdoor play areas to a bathroom, handwashing sink, and drinking water.
39	G10.	There is convenient access to a telephone and first aid kit in case of emergencies.
39	G11.	Outside play areas are organized so preschool play areas are physically separated from infant and toddler play areas.
39	G12.	Outside play areas incorporate several clearly defined zones—active zone, quiet play, group activities, individual play, etc.—with safe play equipment, ample open space for imaginative play, and clear pathways.
41	G13.	Appropriate safety surfaces and mats are used to prevent injury from falls.
42	G14.	Outside play areas have sufficient shade through natural or manufactured shade elements.
42	G15.	A variety of natural features—including gardening, trees, child-safe plants, small hills or slopes, rocks, boulders, and bird feeders or houses—are incorporated into the playground area.
42	G16.	Sandboxes are in good condition and covered when



		not in use.
43	G17.	Outside play areas have sufficient drainage with no evidence of standing water or erosion.
43	G18.	Outside play areas have secure storage for riding toys, unused equipment, and other toys.
43	G19.	Outside play areas should be located away from open bodies of water.
43	G20.	Outside play areas are inclusive and accessible to young children with disabilities.
44	н.	THE FACILITY IS IN COMPLIANCE WITH THE AMERICAN DISABILITIES ACT AND IS INCLUSIVE TO ALL CHILDREN AND FAMILIES.
45	H1.	At least one bathroom for each age group meets the standards of accessibility per the ADA.
45	H2.	Drinking fountains must be designed so they are accessible to individuals with disabilities.
45	Н3.	Accessible parking spaces for providers and parents with disabilities must be made available.
45	H4.	The child care facility has continuous and unobstructed pathways—including ramps and curbs— for passage throughout the interior and exterior of the building.
45	H5.	The play areas are compliant with the ADA and are accessible and inclusive to children with disabilities.
47	APP Des	ENDIX I: CHILD CARE SAFETY AND IGN GUIDES
49	APP Cen	ENDIX II: SELF-ASSESSMENT FOR TER-BASED CHILD CARE PROVIDERS

#### 54 APPENDIX III: EARLY LEARNING FACILITIES WORKING GROUP

56 ENDNOTES



### A. Environmental Health: The Child Care Facility Is Free From Environmental Toxins.

oung children's exposure to environmental toxins and chemicals can have detrimental effects to their immediate health and future growth and development. Children's air and water intake far exceeds that of adults, making them especially vulnerable to greater exposures of toxic chemicals. They also lack the enzymes needed to remove toxins from their body.<sup>3</sup>

To ensure that child care facilities are free from environmental toxins and supported in taking steps to prevent potential exposure, states should consider

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs is a collaborative effort of the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education at the University of Colorado. These performance standards were developed by subject matter experts and stakeholders to help create quality child care and early learning environments for the nation's children. Caring for Our Children is referenced throughout this report. embedding best practices and guidance around environmental health and safety into their licensing standards—including guidance outlined by the American Academy of Pediatrics, the Environmental Protection Agency, the CDC, the National Fire Protection Association, and other governmental and nongovernmental agencies.

Based on existing guidance, states should support child care programs in meeting the following model standards.

## A1. The child care facility has been tested and has documentation verifying the absence of lead in water and paint.

There is no safe level of lead exposure in children, with lasting decreases in cognition documented in children with blood lead levels as low as 5 micrograms per deciliter. Low lead levels can result in behavior and learning problems, lower IQ scores, hyperactivity, slowed growth, hearing problems, and anemia.<sup>4</sup> In 2016, the American Academy of Pediatrics called for requirements to remove lead from contaminated housing and child care facilities and to ensure drinking sources do not exceed lead concentrations of more than 1 part per billion.<sup>5</sup>

Despite the removal of lead in gasoline and paint, the risk of exposure continues, particularly in older homes and communities. Lead can remain in household dust, soil, and water that is supplied through lead pipes. Some older toys made in the United States or imported toys may contain lead-based paint.<sup>6</sup>

#### **State Efforts**

Eleven states (California, Connecticut, Illinois, Maine, New Hampshire, New Jersey, North Carolina, Oregon, Rhode Island, Vermont, and Washington) and New York City require licensed child care facilities to test their drinking water for lead.<sup>7</sup>

*Vermont.* Pilot testing found elevated lead levels in several Vermont schools, after which the state legislature passed a law requiring every water fixture used for drinking and cooking in schools and child care centers be tested for lead. If the presence of lead is detected at 4 parts per billion or higher, use of the tap or faucet must cease and remediation efforts must take place.<sup>8</sup>

*North Carolina*. NC Child, with support from the Duke Environmental Law & Policy Clinic, launched Lead Free NC—a website to help families understand the lead risk in their area and connect them with prevention and treatment resources. Their statewide lead map helps people identify areas where there is a higher chance of getting exposed to lead.<sup>9</sup>

#### A2. The child care facility has been tested and has documentation verifying the absence of asbestos.

Asbestos was commonly used for construction between the 1950s and the 1970s. It was used as insulation and in older homes, asbestos can still be found in pipe and furnace insulation, siding, flooring, and ceilings. It was banned in 1977 due to health risks.<sup>10</sup>

Asbestos-containing materials can release tiny asbestos fibers into the air when disturbed. Children are more vulnerable to the effects of asbestos than adults because they breathe in more air given the smaller size of their lungs, and those who breathe in asbestos fibers—especially over a long duration—may develop serious and even fatal asbestos-related diseases, such as cancer.<sup>11,12</sup>

The Asbestos Hazard Emergency Response Act, or AHERA, requires public school districts and nonprofit schools to inspect their facilities for asbestoscontaining building materials and to prepare management plans to reduce or prevent asbestos hazards. While AHERA does not apply to child care, it can be used as a model for inspecting and responding to asbestos hazards in child care facilities.<sup>13</sup>

#### **State Efforts**

*Virginia.* Virginia's standards for licensed child care centers require that buildings constructed prior to 1978 be inspected for asbestos. A written statement of the inspection must be available, and if asbestos is detected, the written statement must include the facility's response.<sup>14</sup>

*Rhode Island.* The Asbestos Control Act in Rhode Island, administered through the Rhode Island Department of Health, establishes minimum standards and protocol for asbestos control and the safe abatement of asbestos hazards. This regulation defines high-priority buildings as "a child-inhabited or child-frequented structure either privately or publicly owned." Similarly, high priority areas are defined as "areas of a building which are used or occupied by a high percentage of the building population on a regular basis ... [such as] classrooms, cafeterias, [and] gymnasiums."<sup>15</sup>

## A3. The child care facility 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. Radon moves up through the ground and can seep into homes and buildings through cracks in the foundation. Without adequate ventilation and other mitigation efforts, buildings can accumulate high levels of radon, leading to poor health outcomes for the inhabitants.<sup>16</sup>

Radon is estimated to be the second leading cause of lung cancer in the United States.<sup>17</sup> Children are more vulnerable to the effects of radon because they breathe in more air than adults given the smaller size of their lungs.<sup>18</sup> While radon levels less than 4 picocuries per liter (pCi/L) can still pose a health risk, the EPA recommends that action be taken to reduce radon exposure if detected at or above 4 pCi/L.<sup>19</sup>

Remediation efforts are necessary for child care facilities with radon levels of 4pCi/L or above and can be led by a certified remediation contractor as identified by the National Radon Proficiency Program.<sup>20</sup> The facility should be tested every two years after remediation efforts. Additional information on radon standards and experts across states can be found at the *EPA Radon Zone* website.<sup>21</sup>

#### **State Efforts**

*Florida*. Florida state law requires radon testing in some state licensed child care facilities (both center-based and family child care home) and public schools, as determined by county. While the law does not require further action to be taken if elevated radon levels are detected (above 4 pCi/L), further testing and mitigation efforts are recommended.<sup>22</sup>

#### A4. The child care facility has functional carbon monoxide detectors that are tested monthly, with batteries changed annually. Facilities 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. The effects of CO in children can vary by child and can include fatigue, dizziness, nausea, confusion, chest pain, shortness of breath, and respiratory failure.<sup>23</sup> 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 (ppm) and CO levels in homes with a properly adjusted gas stove may reach 15 ppm.<sup>24</sup> The CDC's National Institute for Occupational Safety and Health recommends a CO exposure limit of 35 ppm during an 8-hour period, based on cardiovascular effects.<sup>25</sup> The American Academy of Pediatrics recognizes that the risk of CO poisoning is higher during disasters and emergencies, when the use of gasoline- or diesel-powered generators increases. While everyone is at risk of CO poisoning, young children are particularly vulnerable.<sup>26</sup>

Steps to reduce CO exposure include properly adjusting and maintaining gas appliances, ensuring central heating systems are inspected and cleaned by trained professionals, and promptly repairing leaks. A battery-powered CO detector should be used during times of emergencies when the risk of CO increases.<sup>27</sup> *Caring For Our Children* recommends that child care programs meet state or local laws regarding CO detectors and that detectors should be tested monthly with batteries changed yearly.<sup>28</sup> The National Fire Protection Association recommends that CO detectors be installed in a central location outside sleeping areas and where required by applicable laws and standards.<sup>29</sup>

#### **State Efforts**

*Rhode Island, West Virginia*, and *Texas* all require carbon monoxide detectors in child and day care facilities. California, Connecticut, Illinois, Maine, and Maryland require carbon monoxide detectors in school buildings.<sup>30</sup>

#### A5. The child care facility 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 indoor environments 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. Mold can grow on wood, paper, carpet, and food.

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.<sup>31</sup> The California Department of Public Health recommends addressing water damage, dampness, visible mold, and mold odor by identifying and correcting the water source that may allow microbial growth and contributes to problems, undergoing rapid drying or removal of damp materials, and cleaning and removing the mold.<sup>32</sup>

#### **State Efforts**

A 2015 report conducted by the Environmental Law Institute found that nearly half of all states address mold or dampness directly in their child care licensing standards, although regulations vary by state. For example, Nebraska's regulations require child care facility surfaces to be free of mold, and North Carolina requires walls and ceilings to be free of visible fungal growth. Washington State extends their requirements to home-based child care providers.<sup>33</sup>

#### A6. The child care facility is free from accessible hazardous or toxic cleaning supplies, uses nontoxic cleaning 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.

Exposure to toxic chemicals in young children can hinder their growth and development. All toxic substances 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 manufacture and stored in their original containers. In case of emergencies, the telephone number for the poison control center should be posted and readily accessible. 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 (see *Model Standard D1* for more information on ventilation systems). Facilities should also use an integrated pest management system, which is a safe and non-chemical approach to pest management.<sup>34</sup>

#### **Cleaning and Disinfecting During COVID-19**

Enhanced cleaning and sanitation practices in child care facilities 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 potties, 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.<sup>35</sup>



**B.** Fire Safety: The Child Care Facility Is Prepared For Fire Emergencies And Takes Steps To Prevent Fire Hazards.

> ire safety and prevention efforts are critical to keeping young children safe in all types of settings, including child care facilities. In 2018, 157 children ages four and under died of a fire-related injury and accounted for nearly half of all fire-related deaths of children under age 14.<sup>36</sup> Additional data show that between 2009 and 2011, 18.2% of all fires in schools were in child care or preschool facilities, and 70% of fires in these settings were caused by cooking incidents. Other causes included heating and electrical malfunctions.<sup>37</sup>

Young children who cannot evacuate during a fire emergency are especially vulnerable, which makes fire prevention in child care facilities 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.<sup>38</sup> *Caring for Our Children* also recommends that programs comply with state-approved or nationally recognized fire prevention codes, such as the NFPA 101.<sup>39</sup>

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 child care facilities in meeting the best practices, detailed below.

## **B1.** The child care facility has functioning smoke detectors and fire extinguishers throughout the building, and batteries are tested monthly.

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

- The facility either has a functioning and 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 facility has installed smoke alarms with strobe lights for children who are deaf or hard of hearing.<sup>40</sup>
- The facility has functioning smoke detectors on all floors of the facility; in front of doorways; in all corridors, lounges, and recreation areas; and in all sleeping rooms.
- The facility tests all smoke detectors monthly and replaces batteries annually. The facility has documentation of testing for the past three years.<sup>41</sup>
- The facility replaces smoke detectors after 10 years from their date of manufacture.<sup>42</sup>
- The facility includes fire extinguishers as part of its fire response plan. Properly maintained fire extinguishers are installed near exits and kitchen areas.

### **B2.** The child care facility 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 include the evacuation of all individuals in the building. 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, and play time—to help both children and staff learn fire escape routes from different areas of the facility.<sup>43</sup>

### **B3.** All emergency exits and pathways are convenient, accessible, unobstructed, and clearly identified.

Each room in the child care facility should have direct access to either the outside or to a corridor or hallway that leads directly to the outside that are accessible and unobstructed at all times. The exits should always be clearly identified, visible, and marked during operation so the path to safety is unmistakable. Child care providers, administrators, and other staff should be aware of all available exit routes within the child care facility. Further, programs should plan for special accommodations for children and adults who require special assistance during an evacuation.<sup>44</sup>

### **B4.** Emergency lighting is available when normal lighting systems fail and is tested monthly.

Emergency lighting shall be available in case of electrical power outages or lighting failures. This may include battery-operated emergency lights or emergency lights that insert into electrical wall outlets for charging. Batteryoperated flashlights should be used for portable emergency lighting. Emergency lighting should be installed in interior spaces, including stairs, corridors, and classrooms. All emergency lights should be inspected for maintenance monthly and tested annually to ensure all systems are working properly.

In some jurisdictions, fixed mounted emergency lighting may be required and child care programs should check with their local fire marshal for fire safety code requirements.<sup>45,46</sup>

### **B5.** Evacuation plans and routes are posted throughout the facility.

Child care facilities should have information, diagrams, and/or maps visible on classroom and corridor walls, which detail exits, doors, and stairways. The map should highlight primary and secondary evacuation routes; locations of primary and secondary assembly areas; and locations of fire alarms, fire extinguishers, and smoke detectors.<sup>47</sup>

### **B6.** The child care facility 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.<sup>48</sup>



C. Emergency Preparedness: The Child Care Facility Has An Emergency Prepardeness Plan.

> mergency 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 child care programs and community leaders to understand potential risks and align their emergency preparedness plans.

#### **Pandemic Preparedness Plans**

An important part of every emergency preparedness plan is a pandemic response plan. Since child care facilities are largely settings with 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, such as 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 with 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 center 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** <u>influenza pandemic planning</u> <u>checklist</u>, the CDC's <u>guidance for child care programs that have stayed</u> <u>open</u> through COVID-19, and Child Care Aware's <u>pandemic response</u> <u>recommendations</u>.

### **C1.** The child care program has a comprehensive written emergency preparedness plan.

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

- 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.

## **C2.** The child care facility 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.<sup>49</sup>

### **C3.** The child care facility has a working landline telephone.

In addition to wireless cell phones, child care facilities should have access to at least one landline device in case of emergencies. Calling for emergency services from a landline device associated with a fixed address can help locate the caller more easily.<sup>50</sup>

# **C4.** The child care program has conducted a hazard and threat assessment of the facility and its perimeter, and has taken steps to mitigate potential hazards in coordination with community leaders, emergency management, and public health officials.

Child care programs should conduct risk assessments to help identify and mitigate potential hazards. These 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 of the country to determine what structural upgrades need to be made to 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.<sup>51</sup>



D. General Facility Maintenance: The Facility's Ventilation, Plumbing, And Electrical Systems Are Maintained And In Good Working Order.

> aintaining the facility's ventilation, plumbing, and electrical systems helps ensure a safe and quality space for children, providers, 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 facility 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 a safe, well-functioning facility.

#### Air Quality During COVID-19

The COVID-19 pandemic has highlighted the importance of air quality, especially in child care settings. Because the virus can be transmitted by respiratory droplets in the air, the CDC recommends that facilities take necessary measures to improve ventilation to help remove the droplets from the air. Facilities 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.

## D1. An appropriate heating, ventilation, and air conditioning system is in place, is 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 facility's heating, ventilation, and air conditioning, or HVAC system, should be in good working order. The program should have a preventive maintenance plan, which includes routine inspections from a qualified heating and air conditioning contractor and should have documentation of inspections and certification of safety on file.<sup>52</sup> The CDC's National Institute for Occupational Safety and Health provides information on developing an HVAC preventive maintenance plan.<sup>53</sup>

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.<sup>54</sup>

Ventilation systems should also be used to control odors from toxic fumes when cleaning, sanitizing, and disinfecting facilities.<sup>55</sup> 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.<sup>56</sup>

### **D2.** Appropriate room temperatures and humidity levels are maintained in all rooms.

All rooms in a facility should be kept at appropriate and comfortable temperatures for children and providers. 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.<sup>57</sup> 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.<sup>58</sup>

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 facility can use humidifiers or dehumidifiers if not incorporated in the HVAC system and should be properly maintained per the manufacturer's instructions.<sup>59</sup>

#### D3. Facility 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.<sup>60</sup>

### **D4.** 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 it is approved by the local health department, is in good working condition, and is not contaminating drinking water or ground water.<sup>61</sup>

### **D5.** The facility has a waste management plan for containing and removing garbage.

To ensure proper sanitation and prevent infestations by rodents, insects, and other pests, the facility 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. Garbage areas should be free of litter and waste that is not contained and inaccessible to young children.<sup>62</sup> Garbage that includes soiled diapers should be separate from other waste.<sup>63</sup> The program should have dedicated staff to remove garbage daily from classrooms and other spaces occupied by children and staff. Garbage should be removed from the premises at least twice weekly or more frequently based on local guidance.<sup>64</sup>

#### Waste Management Plans During COVID-19

During COVID-19, child care facilities should develop a garbage plan, to establish 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.

### **D6.** Any facility 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.<sup>65</sup>

E. The Facility's Building Exterior Is Safe, Welcoming To Families, And In Good Condition.

> he child care facility'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 the space outside the building is safe, comfortable, and welcoming, states and localities should help providers meet the following standards.

E1. The building exterior—including the facility's exterior walls and roof, stairs, and sidewalks—is in good condition and is absent of health and safety hazards.

The exterior facility walls, roof, and foundation are structurally airtight, sound, protected from weather and natural disasters, and meet local building codes and fire safety regulations. It is important the facility is maintained to protect against health and safety hazards for children and providers. Programs should ensure the facility's exterior finish is intact, windows are operable and 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.<sup>66</sup>

## E2. The exterior of the facility is free from standing or pooling water, which 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 the exterior of the facility is absent from standing or pooling water and to eliminate potential insect breeding sites.<sup>67</sup>

### **E3.** The parking lot is in good condition and includes a safe pathway for young children and families.

A facility's parking lot should be in good condition and well-lit with safe pathways for young children. The lot should be a paved surface that includes a section for full-day parking for providers and a section for short-term parking for parents. The parking lot should be organized so parent parking is close to the facility's entrance so children and parents do not have to cross traffic to get from the car to the front door.<sup>68</sup> Programs should implement and enforce an anti-idling policy, prohibiting parents from idling their cars as they drop off or pick up their children.<sup>69</sup>

Parking lots and pathways to the facility should be a paved flat, smooth surface that is unobstructed and accessible to children and families with disabilities. The pathway should be well-drained to prevent the accumulation of water and ice, which can lead to injury and deterioration of the surface.<sup>70</sup>

The facility should also have dedicated spaces for delivery and service vehicles, garbage removal, emergency vehicles, and vans or busses.<sup>71</sup>

#### **E4.** The facility is free of poisonous plants.

Poisonous or potentially harmful plants should be prohibited in any part of a child care facility. Providers should remove any plant that may be harmful to children along with any unknown plant. Providers can also contact the local poison control center to help identify potentially hazardous plants.<sup>72</sup> Information on poisonous or potentially harmful plants and other toxins are found at the National Capital Poison Control website.<sup>73</sup> F. The Facility's Building Interior Is Safe And Developmentally Appropriate For Young Children, Welcoming To Families, And In Good Condition.

> hildren's interactions with the settings in which they are cared for contribute to their learning and development, which highlights the importance of the quality and design of child care facilities' interior spaces. In addition to creating spaces that mitigate risk and injury to both children and providers, child care facilities should be designed in a way that is intentional and promotes children's physical, cognitive, and socioemotional development. To create developmentally appropriate, welcoming, and safe spaces, states should support child care facilities in meeting the following standards.

#### F1. Stairways used by children have non-slip treads and handrails placed at an appropriate height for young children.

Stairways in child care facilities 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.<sup>74</sup> Providers should take steps to ensure stairs are constructed and adapted in accordance with the National Fire Protection Agency 101 Life Safety Code.<sup>75</sup>

### F2. The facility staff has a reception area with a clear view of anyone entering the building.

The facility should have a reception area with a direct view of the outside entry area and the inside entry doors to monitor all individuals—including staff, parents, and young children—entering the facility. This ensures both the facility's security and that individuals are greeted upon arrival.<sup>76</sup> To further ensure security, access to spaces occupied by children should be controlled by a locked door or keypad.

#### F3. All high furnishings are securely anchored.

Equipment and furnishings, including high shelving and cubbies, should be securely anchored to prevent tipping over.<sup>77</sup>

#### **COVID-19 and Self-Contained Classrooms**

Self-contained classrooms, or classrooms with furnishings, equipment, and appliances located directly within the enclosed space—including toilet and diaper-changing areas and child-sized bathroom and activity sinks—are helpful in reducing viral transmission during the COVID-19 pandemic. These classrooms limit the number of times children and providers must leave the classroom throughout the day. They should include sufficient space for individually storing children's belongings and bedding materials, a teacher resource station, and a meal preparation area that includes an adult-sized sink and dishwasher for sanitation purposes. The classroom size should also accommodate sufficient space for children to remain six feet apart during naptime.

### F4. Each classroom has one or more operable windows that allow children to see directly outside.

Windows provide young children with natural light and allow them to orient themselves to the outside word 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.<sup>78</sup> All windows should be constructed or adapted to meet safety guidelines that prevent children from falling out.<sup>79</sup>

While some municipalities allow finished basements to be used as child care classrooms for older children, it is necessary that there are windows to bring in natural light and that the space meets building and fire safety codes and environmental standards.<sup>80</sup>

### F5. Each classroom has varied lighting types.

While optimizing natural light is important to children's development, classrooms should have varied lighting types which can impact the overall character of interior space. Variations in lighting can be achieved by altering the direction of lights and using different light fixtures and bulb types.<sup>81</sup> It is imperative that facilities use shielded, shatterproof bulbs to mitigate the risk of injury to young children.<sup>82</sup>



### **F6.** Classroom spaces are configured to ensure full supervision of children.

Classroom spaces should be configured and designed to accommodate different learning activities, placing furniture, cubbies, and shelves in a way that does not create blind spots or hinder full supervision. Certain classroom layouts—such as L-shaped classrooms and spaces with columns—can limit supervision of the space and require other means of supervision, including additional staff or convex security mirrors.<sup>83</sup>

### F7. Classrooms are large enough to provide adequate space for each child.

Classrooms should provide sufficient square footage for the number of children in the space. Research has found that increased square footage of useable space—space that is free and clear—can reduce stress levels in young children.<sup>84</sup> While the minimum required square footage per child varies by state, the preferred size as identified in *Caring For Our Children* is 50-square-feet per child.<sup>85</sup>

## **F8.** Classrooms have well-defined crib areas that allow young children to rest comfortably from the group while still ensuring easy supervision.

Child care programs should have individual cribs, cots, or sleeping mats in a well-designed crib area for each child who spends four or more hours in the facility 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. Within the crib areas, cribs should be placed at least three feet apart; 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.<sup>86</sup> Providers should place the cribs in a space with an unobstructed view to ensure full supervision while children are resting.

## F9. For classrooms with high ceilings, acoustical tiles and other sound dampening features are used to minimize noise.

Excessive noise levels can have negative effects on children's hearing, memory, attention, communication, and academic achievement. Although noise sources may be located outside the facility, the program can make efforts to minimize noise to better shape children's development. Acoustical tile ceilings, soft window treatments, area rugs secured with a non-slip mat, and wall-mounted cork boards can help reduce noise levels in classrooms. Additionally, if partitions in classrooms are used, child care facilities should implement these tools to limit the noise between the group environments. To reduce noise, floor-to-ceiling partitions between classrooms are preferred over shelves, cabinets, or half-walls. Providers can contact the Acoustical Society of America<sup>87</sup> or a child care consultant for additional sound abatement needs.<sup>88</sup>

### **F10.** Doors have view panels for safe entry into or exit from rooms.

View panels—or windows located in doors or walls—support child care providers in supervising areas 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.<sup>89</sup> Child care providers should have convenient access to materials that can cover the view panels in case of emergency lockdowns.<sup>90</sup>

#### F11. Designated space for active indoor play is available.

Child care facilities should have a designated indoor gross motor area that is suitable for climbing, jumping, crawling, and balance equipment with safety mats or protective flooring to prevent injuries. The indoor play area should provide at least 75 square feet per child shock-absorbing surfaces—similar to outdoor play areas. Indoor play spaces should have convenient storage for all of the indoor gross motor equipment. The active indoor play area should be properly ventilated with fresh air, via open windows when possible. There should also be separate play areas for children of different age groups.<sup>91</sup>

## F12. Children's bathrooms and diaper changing areas are located in or near classrooms and allow for easy supervision of children.

Children's bathrooms and diaper changing areas should be located in or near classrooms so both are easily accessible and positioned for easy supervision. Bathrooms should be accessible and convenient for young children who are still learning to control their bathroom behaviors. Bathrooms should include child-sized toilets and sinks, with barriers to prevent infants and toddlers from entering the space unattended.<sup>92</sup> Bathrooms and diaper changing areas should be separate from the food preparation areas.<sup>93</sup>

## F13. Classrooms have sinks that are accessible for young children.



Sinks in view of a caregiver should be accessible without barriers in each classroom. 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 touchless access disposable single-use towels. Accessibility to such sinks promotes routine handwashing which can help prevent the transmission of infectious diseases.<sup>94</sup>

#### **COVID-19 and Handwashing**

Facilities that do not have access to plumbing in classrooms can purchase portable sinks for handwashing. While this is only a temporary solution for enforcing advanced hygienic practices, it can help providers meet immediate handwashing needs during the pandemic. While the use of hand sanitizer has become more common during COVID-19, child care programs should prioritize handwashing with sinks and only use hand sanitizer when necessary. Ingesting even a small amount of hand sanitizer can cause alcohol poisoning in children. Since March 2020, there has been an increase in reports of unintentional exposures in children, many of whom were under five years of age.<sup>95</sup>

#### F14. The program's office space is sufficient and inviting for the effective administration of the program, including space to meet privately with staff and parents.

Office space should be available to support the efficient and effective operation of a child care center and should store supplies, equipment, documentation, and children's records. This space should be available to program and administrative staff, inaccessible to children, and welcoming to parents so they feel as though they can easily request private meetings with staff.<sup>96</sup> In addition, the program's office space can be used for teacher preparation, planning, and staff breaks, as well as a meeting space for providers to meet with parents and outside professionals.

### F15. The kitchen area is separate from the other areas of the facility.

The food preparation area should be separate from other areas of the facility including child play, eating, laundry, toilet, and diaper changing areas. This space should not be used as a passageway while food is being prepared and should be separated by a door or room divider. Access to this space should be limited to child care providers and staff.<sup>97</sup>

### **F16.** The kitchen meets program needs with a sink used specifically for food preparation and handwashing.

The kitchen should be sufficient to prepare food for all children in the facility. It should include an adult-sized sink used for cleaning, a food preparation counter, a secure refrigerator, a sink used specifically for cooking, and a dishwasher to sanitize dishware and cookware.<sup>98</sup>

#### F17. Kitchen equipment and appliances are installed, operated, and maintained according to manufacturers' instructions and are in good working order.

Kitchen equipment and appliances—stoves and ovens, refrigerators, microwaves, and dishwashers—should be installed, operated, and maintained according to manufacturers' instructions; in good working order; and in compliance with local public health guidelines. Refrigerators and freezers used to store food should maintain appropriate temperatures to minimize bacterial growth and ensure food safety. Working kitchen thermometers with markings in no more than two-degree increments should be visible on all equipment and appliances that stores hot and cold foods.<sup>99</sup>

#### Food Preparation During COVID-19

To mitigate the risk of exposure to COVID-19, child care programs should serve meals in classrooms rather than in communal spaces, such as a cafeteria or group dining room. Providers should refrain from serving meals family-style and instead individually plate meals so multiple children are not using the same serving utensils. Further, sinks and counterspace used for food preparation should not be used for other purposes.<sup>100</sup>

### **F18.** The facility has sufficient space for program operations outside of child care classrooms.

In order for the program to operate efficiently and effectively, the facility should have sufficient space for program operations apart from child care classrooms. This includes separate space for the following: commercial-type kitchen, storage space for strollers and car seats, maintenance area and janitor closet, secure storage for cleaning products, laundry room and laundering supplies, and adult restrooms with handwashing sinks.<sup>101</sup> The facility should also have sufficient and secure storage for files, paperwork, and children's records; first aid supplies; seasonable items; and medicine and hazardous materials.

### F19. The facility has an isolation area for children who are ill.

The program should take measures to reduce the mixing of shared space, supplies, toys, and equipment if a child is exhibiting symptoms of illness. Measures include an isolation area, such as a cot in the corner of a classroom away from other children, with access to fresh air and separate handwashing sinks and bathrooms.<sup>102</sup> The program should be prepared to clean and disinfect surfaces in the isolation areas according to CDC guidance after the sick child has gone home.<sup>103</sup>

#### **COVID-19 and Classroom Storage**

Storage for children's materials in child care settings will look different during the pandemic. Bedding, blankets, and cots should be stored in individually labeled bins, cubbies, or bags to reduce the risk of virus transmission. Children's personal items should be stored separately in individually labeled bins. Programs can also limit the number and type of belongings families bring into the facility, including toys and car seats. Additional materials needed in self-contained classrooms, such as teacher supplies, food, masks, and thermometers, should be stored in spaces that are accessible to providers. G. Playground Quality: The Facility's Outside Playground Space Is Safe, In Good Condition, And Developmentally Appropriate For Young Children.

> utside playground areas are an extension of the child care classroom in which children can engage in developmentally appropriate activities, test their physical skills and abilities, socialize with other children, and participate in imaginative play. In these outdoor settings, children are often given permission to be more active—to run, climb, and jump—which is often discouraged inside. The time children spend outside can also help them connect with nature. States should support child care providers in meeting the following standards, which focus on both the condition and design of playgrounds to ensure children's health, safety, and development.

#### **COVID-19 and Outdoor Classrooms**

With the ongoing pandemic, it is imperative that child care providers take measures that can mitigate viral transmission to children, teachers, and families. As illnesses are more easily transmitted in indoor spaces, these measures can include maximizing outdoor early learning experiences that both encourage children's physical activity and reduce stress levels— all while promoting social distancing.<sup>104</sup>

States and localities should support providers by developing guidance on creating outdoor child care and early learning classrooms, which can focus on utilizing space to promote children's development across all domains.<sup>105</sup> It is important to consider, however, that outdoor classrooms may not be well-suited for all regions of the country or community types, specifically areas with poor air quality, extreme climates, prevalence of natural disasters, and urban communities that lack sufficient outdoor space.

## **G1.** The facility has documentation from a certified playground safety inspector that the play area complies with safety guidelines.

Playground safety inspectors, certified by the National Recreation and Park Association,<sup>106</sup> are aware of guidelines, standards, and best practices and should inspect outdoor playground equipment to ensure they are safe for young children. Programs should have their playgrounds inspected by a certified inspector annually or as changes are made to the play area. Certified inspectors should also inspect plans for new installations.<sup>107</sup>

### **G2.** The facility has a documented cleaning schedule for the outside play areas.

Programs should have a documented schedule that delegates cleaning responsibilities to specific staff members on a regular basis. This includes following CDC guidance, which requires normal routine cleaning of playgrounds. While it is not recommended to spray disinfectant on outdoor playgrounds because it is not an efficient use of cleaning supplies and has not been proven to reduce the risk of COVID-19, it is recommended to routinely clean frequently touched surfaces made of plastic or metal, such as grab bars and railings. Wood surfaces—including play structures, benches, and tables along with groundcovers do not need to be cleaned or disinfected. Playground toys that are frequently touched, such as balls and jump ropes, should be cleaned, sanitized, and disinfected daily.<sup>108</sup>

### **G3.** Outside play areas are clean and free from health and safety hazards.

The outdoor play area is clean and free from health and safety hazards, including the following:

- Debris
- Dilapidated or broken structures and equipment
- Building supplies and equipment, including unprotected utility equipment
- Glass and sharp rocks

- Stumps, roots, or other tripping hazards
- Branches
- Animal excrement, tobacco waste, and garbage
- Toxic plants, anthills, beehives, and wasp nests
- Unprotected ditches, wells, and holes
- Grease traps, cisterns, and cesspools<sup>109</sup>

### **G4.** Play structures and equipment are in good repair and are inspected daily for hazards.

Regular inspections are critical for keeping children safe and preventing both the deterioration of equipment and the accumulation of hazards within the play area. Providers should inspect outdoor play areas daily for the following:

- Missing or broken parts
- Protrusions of nuts and bolts
- Rust and chipping or peeling paint
- Sharp edges, splinters, and rough surfaces
- Stability of handholds
- Visible cracks
- Stability of non-anchored large play equipment, such as playhouses
- · Wear and deterioration of play equipment

Loose-fill surfacing, which can provide impact absorption under and around play equipment, should also be inspected frequently to ensure the material is of sufficient depth and has not shifted as children play. The material should also be inspected for foreign objects, animal excrement, and debris. Such loosefilling surfacing are inappropriate for infant and toddler play spaces as they could potentially ingest hazardous materials.

Providers should also conduct a monthly safety check of all equipment that requires maintenance to notice wear and tear and document maintenance needs and the implemented corrections. While inspections should be done on a regular basis, providers should observe playground equipment while children are at play so any safety risks can be quickly addressed. If the play area is deemed unsafe, then alternate gross motor activities should be offered.<sup>110</sup>

### **G5.** Outside play areas are designed so all sections are visible to staff and can be easily supervised.

To help prevent injury or harm to children, the outdoor play area should be arranged so all areas are visible to the staff and all children can be easily supervised. A provider supervising children should be able to call upon other providers using a phone, intercom system, or other means without leaving children unattended.<sup>111</sup>

#### **G6.** Outside play areas have secure fencing.

A secure fence in good working condition should surround the playground areas to keep young children safe. The fence should be without any potential hazards and should not prevent providers from observing the children. If the play area is adjacent to a parking lot or street, there should be parking bollards positioned at appropriate widths to keep the area safe from moving vehicles. The playground area should have at least two exists, with at least one being away from the facility. The fence should be equipped with self-closing or positive self-latching closure mechanisms that children cannot access or are unable to open. The fence should be at least four feet high and designed to discourage children from climbing it.<sup>112</sup>

### **G7.** Elevated structures and platforms have guardrails and/or barrier rails.

Any elevated structures, equipment, or platforms should have a guardrail, protective barrier, or fence to prevent young children from falling. These should be in good working condition without any potential hazards and should be designed to discourage children from climbing on or around them.<sup>113</sup>

# **G8.** Young children can access quality outside play areas directly from their classroom or from a nearby corridor using pathways that are unobstructed, free of hazards, do not collect excessive water, and are in good repair.

Outside play areas provide children with a space to play, move, explore, and be active. The space should be in good condition and free of hazards. Research shows that providing more square feet per child may decrease the number of injuries on the playground. While providers must follow state licensing guidelines, playground space should comprise a minimum of 75 square feet per child using the playground at one time for minimum quality. For better quality outdoor playgrounds, however, it is recommended to allot 100 to 200 square feet per child.<sup>114</sup>

The play areas should directly adjoin the indoor facility through a pathway that is unobstructed and free of hazards, does not collective excessive water, and is in good repair.<sup>115</sup>

### **G9.** There is convenient access from outdoor play areas to a bathroom, handwashing sink, and drinking water.

Playground areas should have convenient access with an unobstructed pathway to a bathroom, handwashing sink, and drinking water. If this is not feasible within an existing facility, a portable sink can be used to rinse off dirty hands.

### **G10.** There is convenient access to a telephone and first aid kit in case of emergencies.

Playground injuries are not uncommon among children.<sup>116</sup> In case of emergency, providers should have convenient access to both a telephone and first aid kit when children are on a playground.

## G11. Outside play areas are organized so preschool play areas are physically separated from infant and toddler play areas.

Equipment and structures in playground areas should support activities that meet the distinct developmental needs of infants, toddlers, and preschool children. For this reason, playgrounds should have separate play areas dedicated to each age group, in which developmentally appropriate equipment and structures are available to help young children meet specific milestones.<sup>117</sup>

#### G12. Outside play areas incorporate several clearly defined zones—active zone, quiet play, group activities, individual play, etc.—with safe play equipment, ample open space for imaginative play, and clear pathways.

Outdoor playground areas should be designed to allow children across age groups to engage in different types of play. The play area should have distinct zones for active play, quiet play, group activities, dramatic play, individual play, and more. As providers consider the layout of their playground area, they should ensure activities that are adjacent to one another are compatible, keeping in mind noise levels in more active play zones.<sup>118</sup> Further, play equipment should be arranged so children can play on one without interfering with other equipment or pathways. (See Box 1.)

#### Box 1

The Local Initiatives Support Corporation—in a resource guide for creating playgrounds for child care facilities—maps specific milestones with recommended playground equipment and activities to support children's development. While recognizing that each child learns at their individual pace, the layout and spatial organization of a playground can support children in their development.<sup>119</sup>

Age	Developmental Milestones	Recommended Equipment
Infants (0–15 Months)	<ul> <li>Develop on individual timetables</li> <li>Push and pull up</li> <li>Sit without support</li> <li>Crawl</li> <li>Cruise or walk using objects or adults for support</li> <li>Begin to stand and walk alone</li> </ul>	<ul> <li>Soft surfaces</li> <li>Shade</li> <li>Tactile materials</li> <li>Water and sand</li> <li>Objects to crawl through</li> <li>Places to sit with adults</li> <li>Wind chimes and other sensory materials</li> <li>Safe plants to smell and touch</li> <li>Toys to push and pull</li> <li>Sturdy equipment to pull up on</li> </ul>
Toddlers (15–33 Months)	<ul> <li>Become increasingly mobile</li> <li>Push and pull toys while walking</li> <li>Learn to climb stairs</li> <li>Begin to use riding toys (with feet on ground)</li> <li>Run short distances</li> <li>Squat and balance on feet while playing</li> <li>Kick and throw balls</li> <li>Jump in place</li> </ul>	<ul> <li>Climbing structures</li> <li>Slides</li> <li>Water and sand play equipment</li> <li>Places to crawl through, over, under</li> <li>Riding toys</li> <li>Sensory materials to engage sight, sound, touch, taste</li> <li>Structures (like playhouses) for make-believe</li> <li>Shady places to sit</li> <li>Loose parts for imaginative and creative play</li> <li>Places to run, throw balls, play</li> </ul>
Young Preschool (2.9–4 Years)	<ul> <li>Highest activity level of any age in the human life span</li> <li>Increasingly more adventuresome</li> <li>Run back and forth</li> <li>Throw and catch balls</li> <li>Pedal a tricycle</li> <li>Somersault</li> <li>Climb stairs</li> <li>Push and pull larger toys like a wagon</li> <li>Enjoy showing off climbing prowess</li> <li>Hop and jump increasingly well</li> </ul>	<ul> <li>Structures for climbing and sliding</li> <li>Riding toys and paths to ride on</li> <li>Balance beams</li> <li>Playhouses</li> <li>Water and sand play equipment</li> <li>Loose parts for pretending, creating, building</li> <li>Talk tubes</li> <li>Telescopes</li> <li>Places to run, jump, play ball</li> <li>Materials to enhance all senses (wind chimes for sound, flowers for smell)</li> <li>Shade to sit, eat, read, relax</li> <li>Places to paint, draw and create</li> </ul>
Older Preschool (4–5 Years)	<ul> <li>Physically competent</li> <li>Climb well, enjoy trying to go higher and higher</li> <li>Enjoy challenges</li> <li>Roll balls</li> <li>Skip on alternating feet</li> <li>Able to begin riding two-wheel bike</li> </ul>	<ul> <li>Climbing and sliding structures that provide challenge for increasing skills</li> <li>Bikes and paths to ride on and explore</li> <li>Water and sand play equipment</li> <li>Art studios</li> <li>Structures for imaginative play</li> <li>Loose parts to enhance play</li> <li>Natural features to experience seasons</li> <li>Places to run, play ball, play games</li> </ul>

### **G13.** Appropriate safety surfaces and mats are used to prevent injury from falls.

The ground surface in the play space should vary according to nearby equipment and play structures. It is imperative that shock absorbing surfaces are placed under and around playground equipment to prevent injury from a fall. With shock-absorbing surfaces, children are less likely to be injured because the surface is yielding and lessens the impact. The U.S. Consumer Product Safety Commission recommends a safety surface of a minimum of six feet extending in every direction around the equipment, though this may depend on the type and height of equipment.<sup>120</sup> (See Box 2.)

#### Box 2

Appropriate surfacing material is necessary to help keep young children safe while in playground areas. The Local Initiatives Support Corporation delineated pros and cons for different types of surfacing material—looking at safety, compliance with the Americans with Disabilities Act, installation, and cost.<sup>121</sup>

Surfacing Materials	Pros	Cons	
Organic Loose Fill (wood chips, bark mulch, engineered wood fiber)	<ul> <li>Low cost</li> <li>Easy installation</li> <li>Good drainage</li> </ul>	<ul> <li>Will compress and need to be monitored for correct depth</li> <li>Can be flammable</li> <li>Requires some type of barrier to contain the material</li> <li>Likely to end up spread around the playground</li> <li>Not ADA approved</li> </ul>	
Sand	<ul><li>Low cost</li><li>Easy installation</li></ul>	<ul> <li>Attractive to bugs and animals</li> <li>Hard to keep contained within fall zone/ needs lots of sweeping and raking</li> <li>Slippery on surfaces outside of fall zone</li> <li>Not ADA approved</li> </ul>	
Pea Stone	Low cost	<ul> <li>Often thrown by children/can be dangerous</li> <li>Children may place small stones in ears, nose, etc.</li> <li>Requires ongoing maintenance</li> <li>Not ADA approved</li> </ul>	
Shredded Rubber	<ul> <li>ADA approved</li> <li>Lower cost than other synthetic materials</li> <li>Easy installation</li> </ul>	<ul> <li>Will compress and need to be monitored for correct depth</li> <li>Reports of black rubbing off on children's clothes, hands, etc.</li> </ul>	
Synthetic Unitary (rubber mats or tiles, pour-in-place surfaces)	<ul> <li>ADA approved</li> <li>Provides permanent surfacing solution</li> <li>Very low maintenance</li> <li>High level of safety</li> </ul>	<ul><li>High cost</li><li>More complex installation</li></ul>	

### **G14.** Outside play areas have sufficient shade through natural or manufactured shade elements.

Children need time on the outdoor playground to exert physical energy, experience different types of play, and interact with other children. Further, light exposure is needed to promote the production of vitamin D—required for bone development and a healthy immune system—and to help alleviate depression. Excessive exposure to the sun without proper protection, however, can lead to sunburn and an increased risk of skin cancer.

To mitigate this risk, playgrounds and other outdoor areas should have sufficient shaded areas, whether it be provided by buildings, trees, or shade structures. Playground equipment that can quickly become too hot in the sun, such as metal slides, should be placed in shaded areas to reduce the risk of children burning themselves.<sup>122</sup>

#### **G15.** A variety of natural features—including gardening, trees, child-safe plants, small hills or slopes, rocks, boulders, and bird feeders or houses—are incorporated into the playground area.

Connecting children with natural playscapes can help evoke unstructured and creative play and build connections to nature. These can include a variety of topography, ranging from small hills and mounds to grass, mud and water, trees, shrubs, and gardens. Natural playscapes offer children opportunities to explore and develop their own play world using their natural surroundings. These spaces are designed to change and evolve with the seasons and with the interests of the children.<sup>123</sup>

### **G16.** 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; and supports imaginative thinking, science, and math skills.<sup>124</sup> 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. Efforts to keep out wet sand are important given that wet sand can breed insects and promote mold or bacteria growth. Only sand labeled as safe should be used, and it should be replaced as needed. Programs should also make it clear that sand play should be done in sandboxes only and not in areas where sand is used as surface material for play equipment.<sup>125</sup>

### **G17.** Outside play areas have sufficient drainage with no evidence of standing water or erosion.

Outdoor play areas should have sufficient drainage with no evidence of standing water. Without a functioning drainage system, rainwater or snow can accumulate, resulting in muddy areas and erosion that can increase the risk of injury. Areas with standing water can also become a breeding ground for mosquitos and other insects.<sup>126</sup>

### **G18.** Outside play areas have secure storage for riding toys, unused equipment, and other toys.

The program should have sufficient and secure storage for toys, equipment, and other materials. Small storage units or sheds that are weatherproof and can be easily organized and maintained can be used.<sup>127</sup>

### **G19.** Outside play areas should be located away from open bodies of water.

Accidental drowning is the leading cause of accidental death among children ages one through four in the United States.<sup>128</sup> As a safety measure, outside play areas should be free from all open bodies of water, including unfenced swimming and wading pools, ditches, quarries, canals, excavations, fish ponds, and water basins. Any water areas should be enclosed by a secure fence of an appropriate height that is constructed to discourage climbing.<sup>129</sup>

### **G20.** Outside play areas are inclusive and accessible to young children with disabilities.

Child care centers should ensure the outdoor play area is inclusive and accessible to young children with a broad range of disabilities, including visual, hearing, developmental, social-emotional, and physical. Play equipment, surfaces, and the slope of pathways and ramps should be adapted to comply with the Americans with Disabilities Act and to be accessible to all children of varying levels of ability so they can all play together.<sup>130</sup> For more information, see *Model Standard H5*.



rivately-run child care centers, regardless of size or number of employees, must comply with Title III (Public Accommodations and Commercial Facilities) of the Americans with Disabilities Act, or ADA, which prohibits all privately-owned places of public accommodations from discriminating against people with disabilities in both admissions policies and facility standards. Title III sets the minimum standards for accessibility for alterations and construction of new facilities. Even programs that are not actively serving disabled children or employing disabled staff must meet accessibility standards.<sup>131</sup>

Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with Title II (State and Local Government Facilities) of the ADA.<sup>132</sup> Both Titles II and III apply to child care centers' interactions with the children, parents, guardians, and potential customers they serve.

### H1. At least one bathroom for each age group meets the standards of accessibility per the ADA.

The child care facility should have at least one child-sized and one adultsized bathroom that comply with the <u>ADA's standards of accessibility</u>. This must include a toilet seat, grab bar, and dispenser that meets ADA height guidelines, along with adequate spatial arrangements for three age groups. Additionally, toilet compartment doors must have sufficient clearance to allow for a wheelchair to maneuver within the space. Bathrooms must also be located in handicap accessible locations in the building. Similarly, at least one adult bathroom in the child care facility must comply with the ADA standards of accessibility in order to serve providers, parents, and other staff.<sup>133</sup>

### H2. Drinking fountains must be designed so they are accessible to individuals with disabilities.

Drinking fountain spouts must produce a flow of water that is accessible to individuals with disabilities.

### **H3.** Accessible parking spaces for providers and parents with disabilities must be made available.

Accessible parking spaces, which are close to walks and sidewalks, curb ramps, and entrances to the facility, must be made available. One accessible parking space must be allotted for every 25 total spaces.<sup>134</sup>

#### H4. The child care facility has continuous and unobstructed pathways—including ramps and curbs for passage throughout the interior and exterior of the building.

Following ADA guidelines, child care facilities should implement curbs and ramps where there are sloped areas to ensure pathways are accessible to children with varying levels of ability. The ramps should have landings at the top and the bottom for easy mounting and dismounting and have handrails continuous along the full length of the ramp. Providers should also arrange furniture so clear and unobstructed pathways wide enough for a wheelchair to pass through are always available. Providers may also need to install offset hinges to widen door openings. Other mechanisms to create accessible pathways include parking access aisles or elevators and lifts.<sup>135</sup>

### **H5.** The play areas are compliant with the ADA and are accessible and inclusive to children with disabilities.

All play areas should be accessible to children with varying levels of ability to create an inclusive environment that allows all children to play together. Ground level play components used by children with disabilities must be integrated into the main play area to encourage such interaction among all children. All ground level play components, equipment, and surfaces should follow standards detailed in the ADA to ensure they are inclusive and accessible to children with any number of disabilities. Where there is elevated play equipment, ramps or transfer stations should be installed. However, ramps are preferred over transfer stations because not all children who use wheelchairs or other mobility devices may be able to use transfer stations or may choose not to do so.<sup>136</sup> For more information, see *Model Standard G18*.

### Appendix I: Child Care Safety And Design Guides



Image: Second Control       1         Image: Second Control       2	Resource Guide: Creating Playgrounds for Early Childhood Facilities (2005). Local Initiatives Support Corporation/ Community Investment Collaborative for Kids.
Resource Course and Co	Resource Guide: Designing Early Learning Facilities (2006). Local Initiatives Support Corporation/ Community Investment Collaborative for Kids.
Resource unit         Control	Resource Guide: Early Childhood Facilities, (2006). Local Initiatives Support Corporation/Community Investment Collaborative for Kids.
Image: Second Control of	Resource Guide: Equipping and Furnishing Early Childhood Facilities (2006). Local Initiatives Support Corporation/Community Investment Collaborative for Kids.
The Building Blocks of Design: A Handbook for Early Childhood Development Facilities	The Building Blocks of Design: A Handbook for Early Childhood Development Facilities, (2004). IFF.

### Appendix II: Self-Assessment For Center-Based Child Care Providers

The facility self-assessment can help center-based child care providers evaluate the condition of their child care facility, based on the above model standards. As providers take steps to improve the quality of their spaces, this assessment can help identify priority areas for both minor and major repairs and renovations.

#### ENVIRONMENTAL HEALTH AND SAFETY

The facility has documentation verifying the absence of lead in water and paint.
The facility has been tested and has documentation verifying the absence of asbestos.
The facility has been tested and has documentation verifying the absence or low levels of radon.
The facility has fully functional carbon monoxide detectors.
The facility is free of water damage, dampness, mold, and mold odor or is implementing a remediation plan to address the cause of these issues.
The facility is free from accessible hazardous or toxic cleaning supplies, uses nontoxic cleaning products when appropriate, and implements an integrated pest management system.
The telephone number for the poison control center is

#### PREVENTION OF FIRE HAZARDS

The facility has functioning smoke detectors and fire
extinguishers throughout the building. Batteries are
tested monthly.

posted and readily accessible in case of emergencies.

The facility has documentation of monthly fire drills.

All emergency exits and pathways are convenient, accessible, unobstructed, and clearly identified.

Emergency lighting is available when normal lighting
systems fail and is tested monthly.
Evacuation plans and routes are posted throughout

- the facility.
- The facility has documentation of having passed a fire inspection within the last 12 months.

#### EMERGENCY PREPAREDNESS

- The child care program has a comprehensive written emergency preparedness plan.
- The facility 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 facility has a working landline telephone.
  - The child care program has conducted—or is in the process of conducting—a hazard and threat assessment of the facility and its perimeter, and has taken steps to mitigate potential hazards in coordination with community leaders, emergency management, and public health officials.

#### GENERAL FACILITY MAINTENANCE-VENTILATION, PLUMBING, AND ELECTRICAL SYSTEMS

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

- Appropriate room temperatures and humidity levels are maintained in all rooms.
- Facility 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 facility has a waste management plan for containing and removing garbage.
- Any facility construction, remodeling, or painting is done in areas where children are not present.

#### **BUILDING EXTERIOR**

The building exterior—including the facility's exterior walls and roof, stairs, and sidewalks—is in good condition and is absent of health and safety hazards.	5
The exterior of the facility is free from standing or pooling water, which can become a breeding ground for insects.	I
The parking lot is in good condition and includes a safe pathway for young children and families.	
The facility is free of poisonous plants.	
BUILDING INTERIOR	
Stairways used by children have non-slip treads and handrails placed at an appropriate height for young childre	en.
The facility has a reception area with a clear view of anyon entering the building.	e
All high furnishings are securely anchored.	
Each classroom has one or more operable windows that allow children to see directly outside.	
Each classroom has varied lighting types.	
Classroom spaces are configured to ensure full supervision of children.	n
Classrooms are large enough to provide adequate space for each child.	or
Classrooms have well-defined crib areas that allow young children to rest comfortably from the group while still ensuring easy supervision.	
For classrooms with high ceilings, acoustical tiles, and other sound dampening features are used to minimize noise.	эr
Doors have view panels for safe entry into or exit from room	ns.
Designated space for active indoor play is available.	
Children's bathrooms and diaper changing areas are locate in or near the classrooms and allow for easy supervision of children.	ed
Classrooms have sinks that are accessible for young childre	n.
The program's office space is sufficient and inviting for th effective administration of the program, including space t	e o

meet privately with staff and parents.

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	The kitchen area is separate from the other areas of the facility.
	The kitchen meets program needs with a sink used specifically for food preparation and handwashing.
	Kitchen equipment and appliances are installed, operated, and maintained according to manufacturers' instructions and are in good working order.
	The facility has sufficient space for program operations outside of child care classrooms.
	The facility has an isolation area for children who are ill.
P L	AYGROUND QUALITY
	The facility has documentation from a certified playground safety inspector that the play area complies with safety guidelines.
	The program has a documented cleaning schedule for the playground areas.
	Outside play areas are clean and free from health and safety hazards.
	Play structures and equipment are in good repair and are inspected daily for hazards.
	Outside play areas are designed so all sections are visible to staff and can be easily supervised.
	Outside play areas have secure fencing.
	Elevated structures and platforms have guardrails and/or barrier rails.
	Young children can access quality outside play areas directly from their classroom or from a nearby corridor using pathways that are unobstructed, free of hazards, do not collect excessive water, and are in good repair.
	There is convenient access from the playground area to a bathroom, handwashing sink, and drinking water.
	There is convenient access to a telephone and first aid kit in case of emergencies.
	Outside play areas are organized so preschool play areas are physically separated from infant and toddler play areas.
	Outside play areas incorporate several clearly defined

	zones—active zone, quiet play, group activities, individual play, etc.—with safe play equipment, ample open space for imaginative play, and clear pathways throughout the space.
	Appropriate safety surfaces and mats are used to prevent injury from falls.
	Outside play areas have sufficient shade through natural or manufactured shade elements.
	A variety of natural features—including gardens, trees, child-safe plants, small hills or slopes, rocks, boulders, and bird feeders or houses—are incorporated into the playground area.
	Sandboxes are in good condition and covered when not in use.
	Outside play areas have sufficient drainage with no evidence of standing water or erosion.
	Outside play areas have secure storage for riding toys, unused equipment, and other toys.
	Outside play areas should be located away from open bodies of water.
	Outside play areas are inclusive and accessible to young children with disabilities.
СС	MPLIANCE WITH THE AMERICANS

WI	TH DISABILITIES ACT
	At least one bathroom for each age group meets ADA accessibility standards.
	Drinking fountains must be designed so they are accessible to individuals with disabilities.

Accessible parking spaces for providers and parents with
disabilities must be made available.

The facility has continuous and unobstructed pathways—
including ramps and curbs—for passage throughout the
interior and exterior of the building.

The play areas are ADA compliant and accessible and inclusive to children with disabilities.

### 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 child care and 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 facility model standards.

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