

Food Safety Regulations and Operations for Childcare Programs



February 16, 2018

Food Safety Regulations and Operations for Childcare Programs

Summary Report

The Center of Excellence for Food Safety Research in Child Nutrition Programs

Paola Paez

Research Associate Professor

Center of Excellence for Food Safety Research in Child Nutrition Programs

Michelle Alcorn

Graduate Research Assistant

Center of Excellence for Food Safety Research in Child Nutrition Programs

Table of Contents

List of Tables	i
List of Figures	i
Executive Summary	i
Acknowledgements.....	i
Background	2
Objectives	6
Definition of Terms.....	6
Methods.....	8
Phase 1: Childcare Food Safety Regulations Questionnaire.....	8
Phase 2: Review of Websites	11
Results and Discussion	13
General Information.....	13
Operational Characteristics	14
Food Safety Regulations	15
Food Safety Concerns	17
Food Safety Education and Training Needs	18
Food Safety Resource Needs	20
Preferred Resource and Training Formats	20
Handwashing Requirements	21
CACFP Websites: Food Safety Information.....	22
Conclusions and Recommendations	24

Conclusions	24
Recommendations	26
Limitations	26
References	28
Appendices	30
Appendix A: Pilot Test Evaluation Form	31
Appendix B: Childcare Food Safety Regulations Questionnaire	34
Appendix C: Contact Script	38
Appendix D: Detailed Questionnaire Information: Participant Questionnaire Responses	40
Appendix E: Childcare Website Tracking Form	133
Appendix F: Childcare Website Database	139

List of Tables

Table 1. Reported Food Safety Concerns for Childcare Centers and In-home Operations (n=19).....	18
Table 2. Reported Food Safety Education and Training Needs for Childcare Centers and In- home Operations (n=21)	19
Table 3. Reported Food Safety Resources Needs for Childcare Centers and In-home Operations (n=19).....	20
Table 4. Reported Food Safety Preferred Resources and Training Formats for Childcare Centers and In-home Operations (n=25).....	21

List of Figures

Figure 1. States where CNP Professionals Completed the Questionnaire.....	13
Figure 2. States with Food Safety Information for Childcare Facilities	23
Figure 3. States with Food Safety Regulations for Childcare Facilities	24

Executive Summary

Providing care for children outside of the home is an important component of the cognitive and social-emotional development of children. The quality of care that young children receive influences their cognitive and social-emotional development and is influenced by the quality of both parental care and that provided by childcare providers. Regulations for childcare facilities vary greatly in terms of licensing, services provided, times of operation, and type of care offered. Each state establishes regulations for the type of childcare facility: childcare centers or in-home operations. Each state establishes its own food safety regulations, and they can differ according to the type of childcare operation. Determining differences between regulations for childcare centers and in-home operations is important to establish food safety education and training needs specific to each setting.

The purpose of this project was to identify food safety regulations and operational characteristics of both center and in-home childcare operations. A two-phase project was conducted. For Phase 1, a questionnaire was used to collect data from state Child Nutrition Program (CNP) directors or personnel responsible for administering the Child and Adult Care Food Program (CACFP). Phase 2 consisted of a review of CACFP websites to identify food safety information available.

Representatives from 29 states completed the questionnaire, for a 58% response rate, but not all states completed each question of the questionnaire. Diverse state agencies and personnel were involved in the regulation and licensing of childcare facilities. Most of the states (19 of 25) reported having different opening requirements for childcare centers and in-home childcare operations. Different food safety regulations for centers and in-home operations were also

reported by most states (21 of 26). Similar food safety concerns and needs for education and training were reported for centers and in-home operations. Preferred training formats included online training, brochures, printed tip sheets, flyers, and handouts.

Results from this study are intended to inform the future development of food safety education and training materials for childcare facilities. Results in this report summarize information gathered from state CACFP websites and questionnaires from CACFP specialists and other state employees that work with childcare facilities.

Acknowledgements

The Center of Excellence for Food Safety Research in Child Nutrition Programs, with federal funds from the U.S. Department of Agriculture, conducted this study. The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.

The researchers acknowledge the contributions of the United States Department of Agriculture's Food and Nutrition Service and United States Department of Agriculture's Food and Nutrition Service Office of Food Safety during the recruitment process. This work would have not been possible without the participation of the state agencies that agreed to complete the questionnaire. Tracee Watkins, graduate assistant for the Center, participated in the initial phase of the project and development of the questionnaire. Kerri Cole, Dr. Kevin Roberts, Dr. Kevin Sauer, and Dr. Carol Shanklin, from the Center, reviewed the final report.

Background

In January 2015, the importance of providing high quality childcare to help working families and recognized childcare as a national economic priority was addressed (The White House, 2015). As more families incorporate to the workforce, the need for high quality childcare increases. According to Laughlin (2013), 12.5 million (61%) of the 20.4 million children under 5 years of age participate in some type of childcare program each week. On average, children spend 33 hours per week in a childcare facility.

Childcare facilities vary greatly from state to state in terms of regulations, services provided, hours of operation, and type of care offered. Regulations are defined by each state; number and rigor of regulations vary by state and by type of childcare setting. Childcare centers are often regulated, while in-home childcare operations have fewer and less stringent regulations (Hotz & Xiao, 2011). In 2014, the National Agency for Regulatory Administration (NARA) released a report about licensing in childcare facilities. Information such as licensing, training and other operational requirements were presented and described (Melusky, Slavinsky, Strauser, & Le, 2014).

Licensing is the process by which the minimal requirements to protect the health and safety of the children in out-of-the-home care are established. These requirements also enhance the learning and development of children participating in the program; operating below the minimal requirements is considered illegal. States are responsible for setting the minimal requirements and policies to support the enforcement of licensing regulations (Melusky et al., 2014).

According to the NARA report, childcare centers are licensed for one or two years, all states except Idaho have licensing requirements for this group; twelve states have licensing exemptions for childcare centers operated by religious organizations (Melusky et al., 2014). In-home childcare operations are licensed in 36 states; similar to childcare centers, these operations are licensed for one or two years. Three states (ID, LA, and NJ) do not have licensing requirements for in-home childcare operations. Four states (AZ, OH, SD, and VA) do not have licensing requirements for in-home childcare operations with one adult taking care of the children but require licenses for in-home childcare operations with two or more adults providing care for children within a residence. Seven states (AR, ME, MA, NC, and VT, WA, and WI) do not have licensing requirements for in-home childcare operations with two or more providers but require licenses for in-home childcare operations with one adult providing care for children within a residence.

Childcare is an important component of the Child and Adult Care Food Program (CACFP). The CACFP is one program of the Child Nutrition Program (CNP) administered by the United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS). This program assists childcare centers and in-home operations (also known as family daycare or group day care homes) by providing nutritious foods that contribute to the healthy growth and development of young children (Child Nutrition and WIC Act, 2004). The program is administered mostly by each state's educational agency; in a few states the program is administered by an alternate agency, such as Agriculture and Family Services (USDA FNS, 2017a). More than 4.2 million children and 130,000 adults receive nutritious meals and snacks each day as part of the CACFP (USDA FNS, 2017b).

One aspect of quality for childcare settings is the safety of food provided to children (Enke, Briley, Curtis, Greninger, & Staskel, 2007). Childcare facilities typically offer breakfast, lunch, dinner, and two snacks to children and employees (Enke et al., 2007) in various service types including family-style, pre-plated in kitchen, and lunch box service types which increase the need for proper food safety procedures in childcare facilities (Reynolds & Rajagopal, 2017).

Food safety is of special concern to the childcare industry because children 5 years or younger are at a high risk for contracting foodborne illness (Buzby, 2001). From 2000 to 2015, foodborne illnesses in childcare facilities accounted for a total of 28 outbreaks, 673 illnesses, and 60 hospitalizations; no deaths were reported (Foodborne Outbreak Online Database (FOOD Tool), 2017). Diarrhea is one of the most common symptoms of foodborne illness. In the United States, diarrhea is responsible for 1-4% of deaths among children under the age of 5 (World Health Organization, 2016). As reported by the National Institute of Child Health and Human Development Early Child Care Research Network (2010), children in childcare facilities experienced a higher incidence of gastrointestinal infections during the first two years of life than children who are cared for in their homes.

Food preparation and service personnel in childcare facilities play an important role in the health of children by providing nutritious and safe food. In a study exploring perceived food safety barriers and motivators, Reynolds and Rajagopal (2017) stated that the majority (75.2%) of childcare facilities have written food safety policies and almost all directors (90.3%) offered food safety training. However, employees reported several important barriers, which prevented them from properly practicing food safety. These barriers included the employees perceiving that they had too much work to accomplish, the pace of the work and work environment, being too busy, not having enough time, being afraid of their co-workers' reaction, and having the

attitude that food safety practices are not needed (Reynolds & Rajagopal, 2017). Employees working in small facilities (0-100 children) placed higher importance on the barrier related to being afraid of their co-workers' reaction than employees working in large facilities (>200 children). Also, employees working in facilities participating in the CACFP placed higher importance on the barriers related to having too much work to do and being too busy than employees working in facilities with no program affiliation (Reynolds & Rajagopal, 2017).

Food safety regulations provide rules or directives to ensure food safety and reduce the risk of foodborne outbreaks. Childcare operational regulations vary from state to state; limited information is available on food safety regulations for childcare facilities. Thus, the purpose of this study was to identify and categorize food safety regulations for in-home childcare operations and childcare centers. Results from this study are intended to inform future research with CACFP operations and the future development of education and training materials.

Objectives

The goal of this study was to identify food safety regulations and operational characteristics for childcare providers in childcare centers and in-home operations participating in the CACFP. Specific objectives were to:

1. Determine food safety regulations for childcare centers and in-home childcare operations.
2. Identify food safety information available on CACFP websites.
3. Establish recommendations for developing educational materials for childcare centers and in-home childcare operations.

Definition of Terms

CACFP: The Child and Adult Care Food Program. A USDA program created to deliver assistance to institutions providing care for children and adults through nutritious foods which contribute to wellness of children, older adults, and disabled persons (USDA, FNS, 2017).

Childcare Setting: A place where childcare services are provided other than the child's place of residence; also called a childcare facility. Childcare setting/facility refer to both childcare centers and in-home childcare operations (Melusky et al., 2014).

Childcare Center: A nonresidential facility that provides childcare services for children (Melusky et al., 2014).

Food Safety Regulations: A state's official food safety requirements or state/local food code requirements.

In-home Childcare Operation: A childcare setting located in the residence of the provider. For the purpose of this study, the term refers to both family and group home operations. The definition for family and group home operations vary among states. Family home operations refers to a childcare setting located in a residence with one provider while, group home operations refers to a childcare setting located in a residence with more than one provider (Melusky et al., 2014).

Inspection: The process by which the licensing agency measures compliance with regulations in a childcare setting.

Licensing Agency: The government entity responsible for the regulation and permitting of childcare facilities (could be the State agency).

License: Permission from a regulatory agency to operate a childcare facility by meeting specific requirements. Some states use the terms certification or registration in place of license (Melusky et al., 2014).

Provider: An individual or organization that operates a childcare facility.

Sponsor: An organization that works with a state agency to assist childcare facilities with the administrative and financial responsibilities of the CACFP. A sponsor is required to monitor all in-home operations to ensure providers comply with the program requirements (USDA, FNS, 2017).

State Agency: The department of state government which has the responsibility for the administration of the CACFP (7 C.F.R. § 210.2, 1988). The State agency could be the licensing agency.

Website Information Accessibility: Ability to access the information on the website.

Website Navigation: The process of moving from one website section to another.

Methods

Baseline information was needed to determine the food safety educational needs of childcare facilities. This study used a two-phase approach. In Phase 1, state Child Nutrition Program (CNP) Directors, or personnel working with the CACFP, completed a questionnaire to identify current needs of childcare facilities regarding food safety regulations and food safety education and resource needs. Phase 2 consisted of a review of CNP websites to determine the availability and accessibility of food safety information for use by childcare providers.

Phase 1: Childcare Food Safety Regulations Questionnaire

Sample

CNP directors or CACFP directors from state agencies in all 50 states were included in the sample as initial contacts for this study. Agencies providing oversight of childcare facilities included each state's Department of Education, Department of Human Services, Department of Public Health, and Department of Agriculture.

Data Collection Tools

The initial questionnaire was developed based on the specific objectives of the study and information included in *The 50-State Child Care Licensing Study* (Melusky, Slavinsky, Strauser, & Le, 2014). An interview with CACFP specialists from the Child Nutrition and Wellness Division of the Kansas Department of Education was conducted to obtain feedback on the content and format of the questionnaire. After revisions, the questionnaire was pilot tested by eight members of the Institute of Child Nutrition Childcare Food Safety Advisory Council. Advisory committee members were asked to complete an evaluation form and provided feedback on the content and format (Appendix A). Additional changes were made based on this feedback.

The final version of the questionnaire had four sections: contact information, general information, food safety, and handwashing (Appendix B). The section for contact information included items for the researcher to complete, such as contact name, contact position, and interviewer's name. General information was collected for both childcare centers and in-home operations, including the number of childcare sites, average number of children enrolled in childcare programs in the state, staff/child ratio requirements, number of childcare centers participating in the CACFP, requirements for opening childcare facilities, demographic characteristics of childcare providers, and childcare facility sponsors.

In the food safety section, information collected for childcare centers and in-home operations included: food safety regulations for various types of childcare facilities; inspection information; food safety education, training, and resource needs for childcare providers; preferred methods and formats for food safety training and resources; and general concerns related to food safety in childcare facilities. The questionnaire's final section requested information about handwashing requirements for staff and children.

Data Collection

Baseline information for CACFP directors or program managers was collected from the CACFP contacts webpage on the USDA Food and Nutrition Service's website (<https://www.fns.usda.gov/cacfp/cacfp-contacts>). The initial communication with directors was established by email, if available, or telephone. A script was used during the initial telephone call or email correspondence to assure essential information was obtained and to schedule a time to provide more information about the project and to discuss the questionnaire (Appendix C). If the initial communication attempt was by email, a copy of the questionnaire was attached to the message.

If no response was received, a reminder was sent via email or a follow-up telephone call was made five to six weeks after the initial communication attempt. If needed, a second reminder (by email or telephone) was made between five and six weeks after the first reminder. If the initial contact referred the researcher to another person, the process was repeated. New contact information was obtained from the USDA FNS CACFP specialist through USDA FNS Office of Food Safety for those states that provided no answer after a second attempt. Office of Food Safety staff requested collaboration from state agency personnel who provided information for new contacts. The same procedure was followed when making initial communication attempts with newly identified state agency staff members. No additional attempts to communicate were made if there was no response to the third attempt to contact the state agency staff member.

Participants were given the option to first complete the questionnaire and then schedule an interview to clarify any responses if needed, or to schedule the interview with researchers to complete the questionnaire together or provide clarification on the questionnaire. If the request was made, phone interviews were scheduled with those states (CO, CT, IA, IL, IN, KS, KY, MN, MT, OR, SC, and WY). Participants from California, Maryland, and Nevada asked for clarification on the questionnaire through email correspondence. Participants who self-completed the questionnaire were instructed to return it via email. Secondary sources were reviewed when recommended by the CACFP or other state agency contact. Documents such as program handbooks, policies, standards, and requirements were used to complete various sections of the questionnaire for Colorado, Florida, Georgia, Maryland, Nevada, New Jersey, North Dakota, Wisconsin, and Wyoming.

Data Analysis

After all data were collected, a review of the information was conducted and categorized by questions. Using Microsoft Word, separated documents for answers for each of the questions were created to facilitate the analysis (Appendix D). Frequencies were calculated as appropriate. Once the data were categorized and frequencies were calculated, patterns such as similarities and difference between states or between childcare center and in-home operations, were identified.

Phase 2: Review of Websites

A systematic review of each of the CACFP websites for all 50 states was conducted to review availability of regulations and information related to food safety. The review identified the type of food safety information and regulations available and the ease of navigation within the website to obtain such information.

Data Collection Tools

A data tracking form was developed to record information about each website (Appendix E). The log included the following fields: state, CACFP website link, availability of food safety information and regulations, type of information and regulations available, if information and regulations were specifically related to childcare facilities, ease of navigation within the website, ease of accessing food safety information, and notes or comments pertaining to the website review. Specifically, the questions addressed during the website reviews were:

1. Is food safety information available on the website?
2. Are food safety regulations available on the website?
3. What food safety information is available on the website?
4. What food safety regulations are available on the website?
5. Is the food safety information specific to childcare facilities?

6. Are the food safety regulations specific to childcare facilities?
7. What is the level of ease of navigating the website to find childcare facilities?
8. What is the level of ease to access food safety related topics?

Data Collection

The review began with the CACFP contacts webpage on the USDA FNS website. Each state had a link or contact information listed. Following the link provided, data was recorded on the website data-tracking log. If a link was not provided or the provided link did not work, a google search of the contact information was conducted prior to visiting the site. Once on the CACFP website, the link was entered on the form and all columns were completed, generating a database with information collected (Appendix F). For those websites where information was available, the type of information was included in the database. Depending on the information available and the ease of the navigation, each website was reviewed for an average of 45 minutes. Ease of navigation and ease of access to food safety information were rated separately, and each were categorized as easy, moderate, or difficult. Easy navigation/access referred to connecting to the information within two clicks. Moderate navigation/access referred to connecting to the information within three to five clicks. Finally, difficult navigation/access referred to connecting to the information through the search bar. When available, type of food safety regulations and information were recorded in the form.

Data Analysis

The information collected after reviewing each of the CACFP websites was recorded in a Microsoft Word document using the form developed for this purpose (Appendix E). The information was grouped and frequencies were calculated, patterns such as similarities and difference between the type of regulations and information available between states' websites were identified.

Results and Discussion

General Information

CACFP offices from all 50 states were contacted to complete the questionnaire. Agency personnel from a total of 29 states completed the questionnaire (Figure 1), for a 58% response rate. In most states (n=17), multiple contacts were needed to complete the questionnaire. Employees from various state agencies were involved in the regulation and licensing of childcare facilities, including iterations of the following: Department of Education, Department of Health and Social Services, Department of Public Health and Environment, Department of Services for Children, Youth, and their Families, Department of Health, Department of Early Care and Learning, Department of Family and Social Services Administration, Department of Health Services, Department of Child and Family Services, Department of Agriculture, Department of Health, Department of Public Instruction, Department of Social Services, and Department of Family Services.

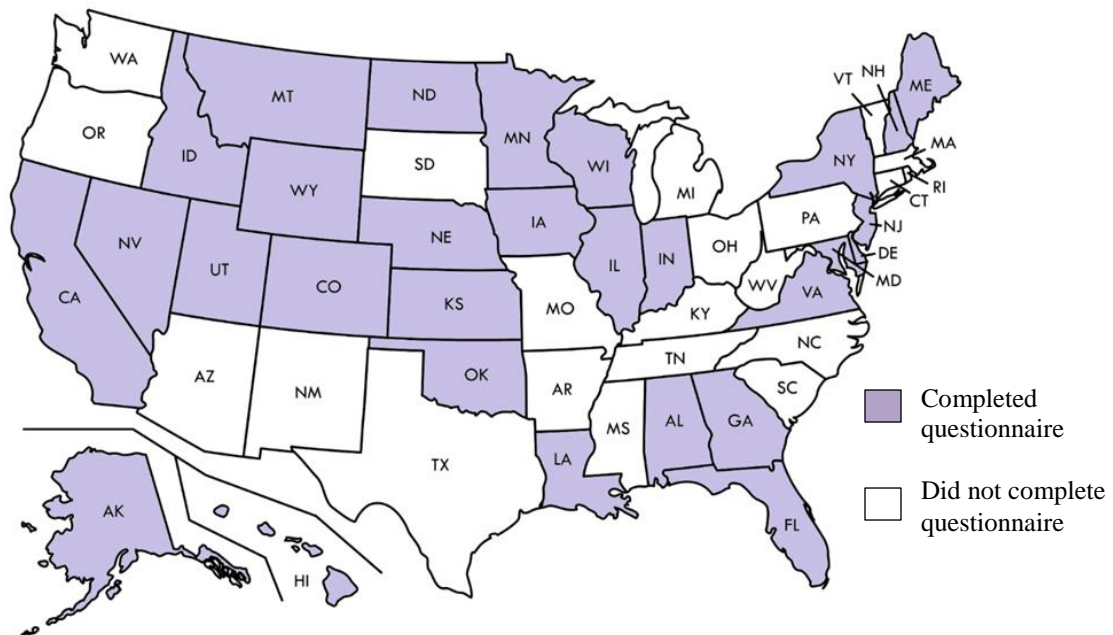


Figure 1. States where CNP Professionals Completed the Questionnaire

Operational Characteristics

The number of childcare facilities differed for each state, ranging from 206 (ND) to 19,476 (CA). The number of in-home childcare operations ranged from 167 (NH) to 20,379 (NY). The required child/staff ratio differed between childcare centers and in-home childcare operations in 11 states (DE, FL, IN, MD, MN, NE, NV, NH, ND, VA, and WI). Melusky et al. (2014) reported that all states that require licensure for childcare centers also have staff/child ratio requirements. Each state included in this study has staff/child ratio requirements for in-home childcare operations. The staff/child ratios are determined by the ages of the children.

Participants were also asked about the requirements for opening a childcare facility. Of the 25 states that responded to this question, 19 reported that the requirements for opening a childcare center differed from those of an in-home operation; these requirements relate to the type of childcare center, staff, physical facilities, children's programs, health, and transportation.

Most of the states (23 of 29) did not track childcare providers' demographic characteristics. States that have providers' demographic information reported no differences between centers and in-home operations. Education levels varied and average ages range between 30 and 45 years. Several languages are spoken including English, Spanish, German, French, Japanese, Somali, and Hmong. English and Spanish are the most frequently spoken languages. Georgia reported having some Spanish-speaking only facilities and other immigrants operating the facilities.

Of the 29 states that completed the questionnaire, 26 provided information related to sponsors for both childcare centers and in-home operations. Alaska reported not having childcare sponsors for either centers or in-home operations. For 15 of the 26 states (CA, CO, FL, HI, ID, KS, LA, MN, MO, NV, NJ, ND, UT, WI, WY), types of sponsors for childcare centers and in-home operations varied. For-profit, non-profit, military and private organizations, churches,

governmental agencies, school food authorities, food banks, and Boys and Girls Clubs are the most common type of sponsors.

Food Safety Regulations

Food safety regulations vary throughout all responding states. For example, of the 26 states that completed the question related to food safety requirements, five of the states (AL, AK, CA, ID, and NV) reported having no difference in regulations for childcare centers and in-home operations. Alaska, California, and Idaho childcare facilities adhere to local licensing and safety standards. Nevada childcare facilities follow Food Establishment Rules and Regulations. Alabama childcare facilities adhere to local licensing and safety standards, health permit regulations, fire codes, and food permit regulations. The remaining 21 states reported having different regulations for childcare centers and in-home operations. The difference reported most often was the requirement for childcare centers to follow public state and local food safety regulations, while in-home operations are not required to follow these regulations. In-home operations are subject to licensing standards alone—or they have no regulations at all—in most of the responding states.

In Colorado, New Jersey, New York, and North Dakota, childcare centers follow the individual state's Retail Food Establishment Rules and Regulations. In-home operations are not required to follow health and sanitation regulations. In Utah, all childcare center staff involved in foodservice must have a food handler's permit, while at in-home operations, food handlers may or may not be required to obtain a food handler's permit depending on the county. Indiana childcare centers follow Retail Food Establishment Rules, while in-home childcare operations are required to implement fewer food safety requirements. Childcare centers in Minnesota, Montana, Nebraska, and Wyoming are classified as food establishments and therefore must

follow State Food Code. In contrast, in-home childcare operations follow state licensing food safety requirements.

Delaware has specific regulations for childcare centers, such as requiring a food permit if food is transported off-site and requiring a separate handwashing sink in the kitchen. For in-home operations that employ a childcare assistant, a separate handwashing sink in the kitchen is also required. In-home operations that do not employ an assistant are not required to have a separate hand sink. In Florida, food inspections are required to receive a license for all facility types, but childcare centers have more specific standards than in-home operations regarding food preparation areas, which mirror retail establishment requirements such as easy to clean non-food contact surfaces, cleaning and sanitation of garbage containers, use of gloves, hair restraints, and clean attire.

Hawaii's State Food Safety Code requires childcare centers and in-home operations that participate in CACFP to display a placard that indicates whether the establishment passed its health inspection. Sponsors inspect in-home operations that participate in CACFP. In Iowa, childcare centers follow procedures consistent with the National Health and Safety Performance Standards while in-home operations do not. In Kansas, childcare centers follow public state and local food safety regulations, while in-home operations follow licensing standards. In Louisiana, childcare centers must follow the Department of Health and Hospitals and State Fire Marshall's Office rules and requirements, and in-home operations do not. In Oklahoma, childcare centers are inspected by the Oklahoma Health Department. In-home childcare operations follow licensing standards however health inspections are not required.

In Georgia, in-home operations are distinguished as group in-home operations (more than one provider) and family in-home operations (one provider). Georgia childcare centers and

group in-home operations have more specific food safety standards than family in-home operations; a separate food preparation and storage area that children do not use is required, as are specific dishwashing equipment. In Maryland, childcare centers have more specific standards than in-home operations regarding food preparation and storage areas. In Virginia, in-home operations list more specific food safety requirements than childcare centers, such as temperature monitoring and temperature control. Wisconsin requires childcare centers to follow similar standards to the Food Code, while in-home childcare operations have limited basic standards.

Information about inspections of childcare facilities was obtained from 27 states. Childcare centers and in-home operations are inspected differently in 15 states (HI, IN, IA, KS, LA, ME, MN, MO, NE, NV, NY, ND, OK, UT, and VA). The agency and frequency are the primary differences in these inspections: childcare centers are inspected annually or bi-annually by the local agency responsible for conducting standard health inspections, whereas in-home operations are inspected once, twice, or three times a year depending on the state. In some states, in-home operations are inspected by the agency responsible for conducting standard health inspections, while in other states the sponsor organization conducts the inspections. Most of these inspections happen mainly during the opening process, however.

Food Safety Concerns

Nineteen states completed the question related to food safety concerns. Food safety concerns for childcare centers and in-home operations are presented in Table 1. Most of the concerns are the same for childcare centers and in-home operations. Health inspection violations, food handling practices, cooking from scratch, supervisor management, and farm to childcare were specific concerns for childcare centers. Language barrier was the only concern specific to

in-home operations. Other concerns related to food safety were unlicensed childcare facilities, ways to motivate employees to follow food safety practices, and cultural practices.

Table 1. Food Safety Concerns for Childcare Centers and In-home Operations (n=19)

Centers	Frequency	In-Home	Frequency
Knowledge level of food handlers	5	Knowledge level of food handlers	4
Cleaning and sanitizing	4	Handwashing	
Cooking/reheating		Food handling	3
Handwashing		Allergy/food intolerance	2
Temperatures		Cleaning and sanitizing	
Food storage	3	Cooking/reheating	
Service temperatures		Temperatures	
Food handling		Cross-contamination	
Allergy/food intolerance	2	Feeding infants	
Temperature monitoring		Food storage	
Feeding infants		Inappropriate food items by age	
Health inspection violations		Limited resources	
Unlicensed centers	2	Temperature monitoring	
Supervisor management		Animals in home	1
Inappropriate food items by age		Enforcement	
Foodborne illness	1	Foodborne illness	
Enforcement		Label	
Funding		Language barriers	
Cross-contamination		Supervisor management	
Labeling		Service temperatures	
Cooking from scratch			
Farm to childcare			

Food Safety Education and Training Needs

Table 2 summarizes identified food safety education and training needs. Most of the food safety education and training needs are similar for childcare centers and in-home operations.

Needs specific to childcare centers are foodservice, HACCP, glove use, and farm to childcare.

Needs specific to in-home childcare operations are cooling methods and food temperatures.

According to Melusky, et al. (2014), training requirements are different for childcare center and in-home operations, but the authors did not identify any specific information about food safety training or education.

Table 2. Food Safety Education/Training Needs for Childcare Centers and In-home Operations (n=21)

Centers	Frequency	In-home	Frequency
Basic food handling	12	Basic food handling	13
Handwashing	9	Handwashing	8
Temperature monitoring	8	Sanitizing	6
Menu planning	5	Menu planning	5
Sanitizing		Temperature monitoring	
Food labeling/dating	4	Food storage	4
Foodservice			
Fresh fruits and vegetables (purchasing, handling, and preparing)		Fresh fruits and vegetables (purchasing, handling, and preparing)	3
Allergy/food intolerance		Allergy/food intolerance	
Food storage		Food temperatures	
Thermometer use			
Food expiration times before/after cooking		Food expiration times before/after cooking	2
Preventing cross-contamination	2	Cooling methods	
HACCP		Preventing cross-contamination	
Purchasing		Thermometer use	
Glove use		Purchasing	
Farm to childcare	1	Food labeling/dating	1
Poison and pest control		Poison and pest control	

Food Safety Resource Needs

Of the 29 states that completed the questionnaire, 19 states provided information about food safety resource needs (Table 3). Most of the resource needs are the same for both childcare centers and in-home operations and refer to training/educational resources. Food safety educational/training needs such as basic food handling, handwashing, temperature monitoring, menu planning, and sanitizing were reported.

Some of the needs refer to equipment or supplies such as cutting boards, thermometers, and test strips. Resource needs specific to childcare centers are funding to provide training for providers, standardized tools, and durable materials.

Table 3. Food Safety Resources Needs for Childcare Centers and In-home Operations (n=19)

Centers	Frequency	In-Home	Frequency
Guidance manuals	4	Guidance manuals	4
Posters	3	Posters	3
Thermometers			
Standardized tools		“How to” sheets	2
“How to” sheets	2	Thermometers	
Brochures	1	Brochures	1
Signage		Cutting boards	
Quick-reference fact sheets		Handbooks	
Handbooks		Quick-reference fact sheets	
Cutting boards		Signage	
Sufficient space		Sufficient space	
Test strips		Test strips	
Durable materials			
Funding for providers’ training			

Preferred Resource and Training Formats

Preferred resources and training formats, which were the same for childcare centers and in-home operations, are presented in Table 4. Highly preferred formats include online trainings, brochures, printed tip sheets, flyers, and handouts.

Table 4. Food Safety Preferred Resources and Training Formats for Childcare Centers and In-home Operations (n=25)

Centers	Frequency	In-Home	Frequency
Online trainings	23	Online trainings	21
Brochures		Brochures	
Tip sheets	13	Tip sheets/flyers/handouts	13
Flyers		Face-to-face on-site	9
Handouts		In-person workshops	7
Face-to-face on-site	8	Posters/place mats	6
In-person workshops		Computer-based	3
Posters/place mats	7	Group trainings	
Webinars	6	Webinars	
Self-study	5	Self-study	
Live/recorded web-based modules	3	Live/recorded web-based modules-videos	
Videos		Classroom	1
Classroom and computer-based	2	Expert speakers	
Group trainings	1	Learning labs	
Expert speakers		Sponsor trainings	
Learning labs		YouTube or webcasts	
Sponsor trainings			
YouTube or webcasts			

Handwashing Requirements

Results varied between childcare centers and in-home operations. Handwashing requirements for children in both childcare centers and in-home operations most frequently included handwashing before and/or after eating food, after toileting, and after diapering. Other reported requirements for washing children's hands include washing upon arrival, before and

after giving medication, when hands are contaminated with bodily fluids, and after playing with sensory tables, play dough, or in a sandbox.

Most states had more handwashing requirements for staff in childcare centers than in-home operations. Examples included handwashing before and/or after preparing, serving, and eating food, after toileting, after toileting children, and after diapering. Other reported requirements for staff handwashing include handwashing upon arrival, before and after giving medication, after taking out garbage, when bodily fluids contaminate hands, and after using chemicals or cleaners.

CACFP Websites: Food Safety Information

CACFP websites were reviewed for all 50 states. Thirty states have food safety information on their websites, and 19 of those states have food safety information, specific to childcare facilities (Figure 2). The type of food safety information available varied among states. Examples included handbooks, manuals and/or guides (AZ, CO, KS, KY, ME, and WA), links to food safety information (CT, FL, MN, MO, NC, and VA), and training resources (IN, MT, NV, and OR). None of the websites specified if information was intended for childcare centers, in-home operations, or both. In most states, in-home childcare operators get their information and training from sponsors.

A total of 24 states have food safety regulations on their websites. Of those, 16 states have food safety regulations specific to childcare facilities (Figure 3). The regulations for most of the states did not differentiate between childcare centers and in-home operations. The type of resources related to regulations varied among states. Identified examples included: inspection

forms and checklists (CA and NE), manuals and handbooks (DE, FL, KY, and MO), trainings (AZ, ID, and IN), links (KS and VA), and requirements (IN, ME, MN, MT, OR, and NJ).

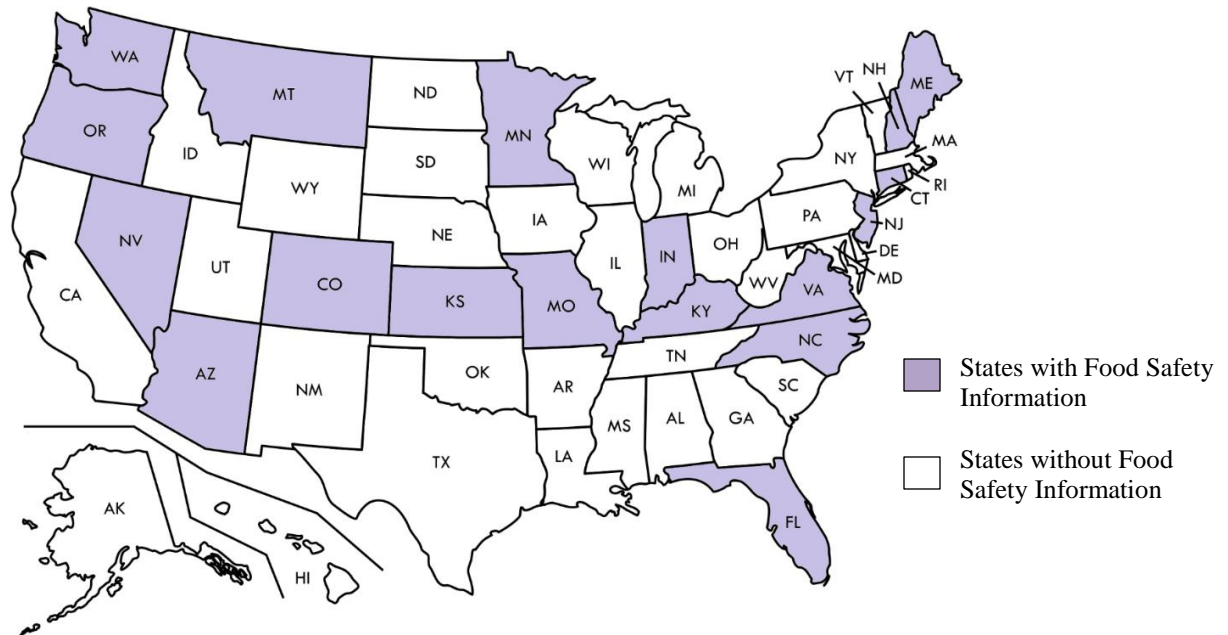


Figure 2. States with Food Safety Information for Childcare Facilities

The ease of navigating the state websites for all 50 states were assessed and rated as easy, moderate, or difficult. A majority of the websites (n=28) were rated as easy to navigate (AK, AR, CT, FL, GA, HI, IA, IN, KS, MA, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, PA, RI, SC, and TN). Eleven states' websites were rated as moderate to navigate (AZ, CA, CO, DE, ID, IL, OH, SD, VT, WA, and WV). Websites for the following states were rated as difficult to navigate: Alabama, Kentucky, Louisiana, Maryland, Mississippi, Oregon, Texas, Utah, Wisconsin, and Wyoming.

Only 32 state websites included food safety information. Access to food safety information on these websites was assessed and rated as easy, moderate, or difficult. Food safety information was easy to access on 13 state websites (AK, CA, CT, FL, GA, IA, IN, KS, MI, MN,

MO, MT, and NJ). The following websites were assessed as moderate to access food safety information: Arizona, Colorado, Illinois, Maine, Nevada, South Dakota, Washington and West Virginia. Websites for 11 states were rated as difficult to navigate (DE, ID, KY, MS, NC, NE, NH, OR, TX, VA, and WI).

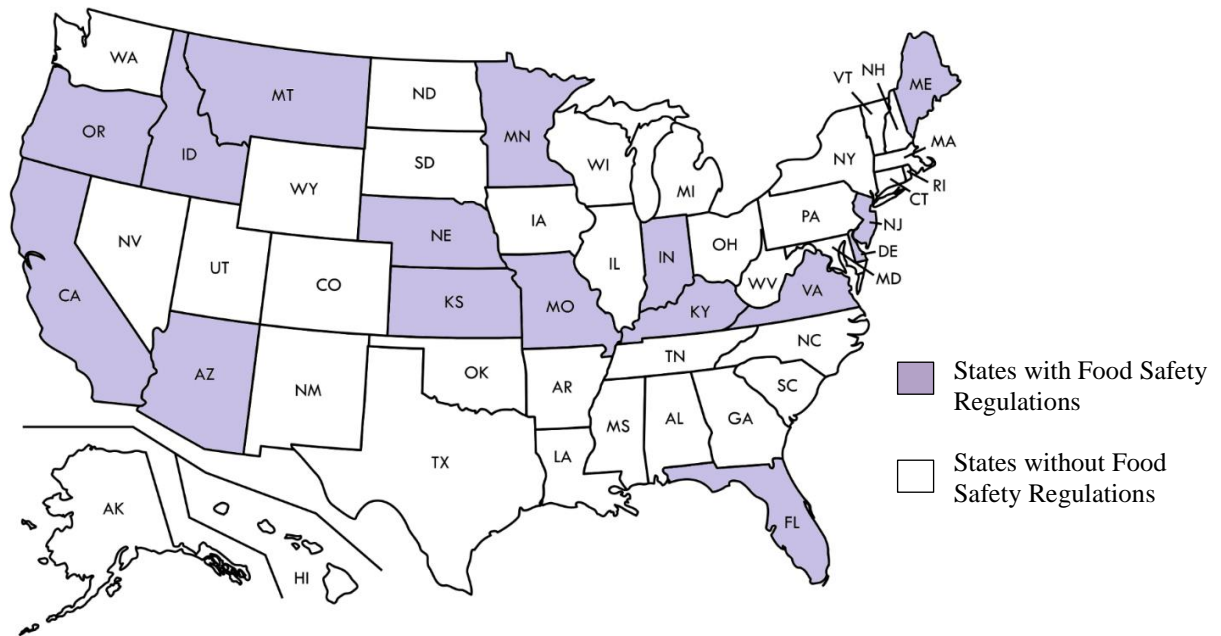


Figure 3. States with Food Safety Regulations for Childcare Facilities

Conclusions and Recommendations

Conclusions

The use of childcare facilities in the U.S. has increased between 3-4% from 1995 to 2012 (US Department of Education: Institute of Education Sciences, 2016). The clientele for most childcare facilities is younger than five years of age and considered a high-risk population. Food safety is paramount in ensuring the health of children participating in childcare, regardless of the type of delivery. Results from this study revealed that employees from different state agencies

participate in the regulation and supervision of childcare centers and in-home operations. Most of the states participating in this study reported having different opening requirements for childcare center and in-home operations, such as staff/child ratios, facilities, programs, children's health, and transportation.

Most of the participating states had different food safety regulations for childcare centers and in-home operations. In most cases, childcare centers followed state and local food safety regulations, while in-home operations were subject only to licensing standards, usually conducted by sponsor organizations.

Most reported food safety concerns were the same for childcare centers and in-home operations. Concerns were related to the food handler's level of food safety knowledge and general food safety information such as temperature control, cross contamination, cleaning and sanitizing, and food allergies. Reported food safety education and training needs were similar to reported food safety concerns and were similar for childcare centers and in-home operations.

Most of the CACFP websites do not have food safety information or regulations specific to childcare facilities. In most cases, information and regulations were specific to school nutrition programs. While the majority of the websites were easy to navigate overall, the majority of the websites were deemed as moderate or difficult with regards to assessing food safety information.

Results from this study provide information that can be used when identifying potential training topics and formats and when developing education and training resources. Differences in food safety regulations between childcare centers and in-home operations should be considered when developing training materials.

Recommendations

The Center proposes the following categorical recommendations:

Research Opportunity

1. Identify food safety needs and assess food safety risks by conducting observations of actual food safety practices in childcare facilities.
2. Examine specific barriers and motivations to performing food safety practices in childcare facilities.
3. Identify food safety needs of childcare facilities when participating in the farm to childcare program.
4. Determine food safety training needs and assess the best training methods and materials to be used by sponsors when training childcare center staff and in-home operation providers.

Education/Application Opportunity

1. Test and provide training materials available in multiple formats and languages that address food safety risks identified through research.
2. Develop educational materials customize for each group, specific for childcare center staff and in-home operation providers.

Research Community Opportunity

1. Provide food safety information and regulations on CACFP websites to allow access for information across all childcare facilities. Websites should be easy to navigate to improve the visitor's experience.

Limitations

A limitation of this study is that data were only collected for childcare facilities participating in the CACFP. Several organizations are involved with childcare regulations

depending on the state which made data collection challenging. Information about childcare facilities not participating in this program might yield different results. Data from websites were collected from the CACFP websites. Analyses of other websites, such as those from the organizations responsible for health inspections, could be useful in identifying food safety regulations and information available to childcare providers.

The data obtained in this study are self-reported. Self-reported data increases the number of limitations due to issues like selective memory of the respondents. Information may be under reported. Further research should explore direct observations that do not rely on self-reported data.

References

- 7 C.F.R. § 210.2 (1988).
- Buzby, J. (2001). Children and microbial foodborne illness. *Food Review*, 24, 32-37.
- Center for Disease Control and Prevention. (2016). Foodborne outbreak online database (FOOD Tool). Retrieved from: <https://wwwn.cdc.gov/foodborneoutbreaks/>
- Child Nutrition and WIC Reauthorization Act, S. 2507, 108th U.S. Congress, Pub. L. 108-265 (2004).
- Enke, A., Briley, M., Curtis, S., Greninger, S., & Staskel, D. (2007). Quality management procedures influence the food safety practices at childcare centers. *Early Childhood Education Journal*, 35, 75-81. doi: 10.1007/s10643-006-0141-8
- Hotz, J., & Xiao, M. (2011). The impact of regulations on the supply and quality of care in child care markets. *American Economic Review*, 101, 1775-1805.
- Laughlin, L. (2013). *Who's minding the kids? Child care arrangements: Spring 2011*. Current Population Reports, U.S. Census Bureau. Retrieved from: <http://www.census.gov/prod/2013pubs/p70-135.pdf>
- Melusky, Slavinsky, Strauser, & Le, 2014. (2014). *The 50-State child care licensing study*. Retrieved from: http://www.naralicensing.org/assets/docs/ChildCareLicensingStudies/2011-2013_child%20care%20licensing%20study.pdf
- Reynolds, J., & Rajagopal, L. (2017). Childcare food handling employees' perceived barriers and motivators to follow food safety practices. *Early Childhood Education Journal*. doi:10.1007/s10643-017-0885-3
- The National Institute of Child Health and Human Development Early Child Care Research Network. (2001). Child care and common communicable illnesses. *Archives of Pediatric Adolescence Medicine*, 155, 481-488.
- USDA FNS. (2017a). Child and Adult Care Food Program: Why CACFP is important? Retrieved from: <https://www.fns.usda.gov/cacfp/why-cacfp-important>
- USDA FNS. (2017b). Child and Adult Care Food Program: Average daily attendance. Retrieved from: <https://www.fns.usda.gov/sites/default/files/pd/12ccfypart.pdf>
- US Department of Education Institute of Education Sciences. (2016). Primary early care and education arrangements and achievement at kindergarten entry. Retrieved from: <https://nces.ed.gov/pubs2016/2016070.pdf>
- The White House, Office of the Press Secretary. (2015, January 20). *FACT SHEET: Helping all working families with young children afford child care*. Retrieved from:

<http://www.whitehouse.gov/the-press-office/2015/01/21/fact-sheet-helping-all-working-families-young-children-afford-child-care>.

World Health Organization. (2016). MCEE-WHO methods and data sources for child causes of death 2000-2015. Retrieved from:
http://www.who.int/healthinfo/global_burden_disease/ChildCOD_method_2000_2015.pdf

Appendices

Appendix A:
Pilot Test Evaluation Form

Pilot Test Evaluation Form

Within the following questions, please provide any insight you have concerning the content or clarity of the questions asked.

1. Are the questions organized in a logical order?

_____ Yes

_____ No If no, please indicate question number.

2. Was any part of this questionnaire not applicable to child care operations?

_____ Yes, which part

_____ No

3. Are the questions not fully scripted and therefore difficult to read?

_____ Yes

_____ No If no, please indicate question number and what needs to be changed.

Question number	Change

4. Where the questions understandable?

_____ Yes

_____ No If no, please indicate question number and what needs to be changed.

Question number	Change

5. Were the questions clear to you?

_____ Yes

_____ No If no, please indicate question number and what needs to be changed.

Question number	Change

6. What suggestions do you have to make this questionnaire better?

After completing form please email it to paolap@ksu.edu or mail it to:

**Paola Paez
152 Justin Hall
1324 Lover Lane
Manhattan, KS 66503**

Thank you for your time and input!

Appendix B:
Childcare Food Safety Regulations Questionnaire

Child Care Regulation Questionnaire

State: _____ Interviewer: _____
 Contact Name: _____ Contact Phone: _____
 Contact Position: _____

General Information		Centers		In Home	
1. Number of childcare sites					
2. Total or average number of children enrolled in childcare programs in your state					
3. Staff/Child ratio					
4. Number of childcare centers participating in the Child and Adult Care Food Program					
5. Are there different requirements for childcare providers that participate in the Child and Adult Care Food Program? If the answer is yes, what type of requirements?		Yes	No	Yes	No
6. What are the opening requirements for childcare facilities?					
Centers			In Home		
7. Demographic characteristics of providers?					
Centers			In Home		
8. Who are the childcare facility sponsors?					
Centers			In Home		

Food Safety	
9. What type of food safety regulations apply for childcare operations*? State/Local, Food Code. How are these regulations different for centers and in-home child cares?	
Centers	In Home

10. Are childcare food service operations inspected? How often? By whom?	
Centers	In Home
11. What are the food safety education needs for child cares?	
Centers	In Home
12. What are the food safety training needs for child cares?	
Centers	In Home
13. What are the food safety resource needs for child cares?	
Centers	In Home
14. What are the preferred methods for food safety training?	
Centers	In Home
15. What are the preferred formats for food safety resources?	
Centers	In Home
16. What are your concerns related to food safety in childcares?	
Centers	In Home

Handwashing		
17. Does the state have any requirements for washing children's hands? Select those that apply		
Before and/or after eating food		
After playing		
After toileting		
After diapering		
After handling animals		
Other		
18. Does the state have any staff requirements for hand washing? Select those that apply		
Requirement about locations and/or amount of hand washing facilities for staff		
Required after diapering children		
Before and/or after preparing, serving, and eating food		
After toileting		
After toileting children		
After handling, feeding, and cleaning up after animals		
After attending ill children		
Other		

*Operations was used as a generic term in the questionnaire

Appendix C:

Contact Script

Contact Script

Good morning/afternoon, my name is _____ and I work for the Center of Excellence for Food Safety Research in Child Nutrition Programs. **(If calling)**

The Center is conducting a study to assess food safety regulations and operational characteristics for childcare providers in in-home childcare and childcare centers in all of the states. This information will serve as a baseline for future research projects focused on improving food safety in childcare centers and for developing training materials for child care operators. Attached you will find the survey that we will be using to collect the information.

I am interested in scheduling a time to speak with you about the survey. When would be a good time to call?

The person you contact might tell you that you need to contact someone else.

Appendix D:

Detailed Questionnaire Information: Participant Questionnaire Responses

Table D.1. Question 1: Number of Childcare Sites

State	Centers	In Home
Alabama	No answer provided	
Alaska	530 licensed child care facilities (center, group home, and home) as of July 21, 2016, in 38 communities.	
California	19,476	13,773
Colorado	3200	• Centers-1318 • Day Care Home- 1410 • Day Care Home 3- 281 • Experienced family care- 359 • Day Treatment- 51 • Group center care- 59 • Infant/Toddler- 280 • Neighborhood Youth Organizations- 15 • Preschool- 738 • Psychiatric Residential Treatment Facility- 6 • RCCF Shelter Care- 2 • Resident Camp- 120 • Residential Child Care Facility- 55 • School age child care- 981 • Secured Residential Treatment Center- 3
Delaware	463	727
Florida	7352	3969
Georgia	2913	2225
Hawaii	255	299
Idaho	715	619
Illinois	2463	7064
Indiana	632 Licensed Centers, 673 Registered Ministries	2685 Licensed Homes
Iowa	1500	3300
Kansas	No answer provided	
Louisiana	No answer provided	
Maine	841	1119
Maryland	2724	6659
Minnesota	No answer provided	
Montana	150	500
Nebraska	951	2195
Nevada	326 State & Washoe County Licensing	254 State & Washoe County Licensing
New Hampshire	703	167
New Jersey	No answer provided	
New York	7029	20379
North Dakota	206	1129
Oklahoma	1545	1938
Utah	298	771
Virginia	3607	2112
Wisconsin	No answer provided	
Wyoming	425	302

Table D. 2. Question 2: Total or average number of children enrolled in childcare programs in your state

State	Centers	In Home
Alabama	No answer provided	
Alaska	Capacity is 17,717 for all licensed facilities. Exact number fluctuates.	
California	142,741	
Colorado	http://datacenter.kidscount.org/data#CO	
Delaware	No answer provided	
Florida	767932 (max capacity)	38405 (max capacity)
Georgia	337,000	
Hawaii	No answer provided	
Idaho	50000	4350
Illinois	135000	25000
Indiana	Capacity 121136, CCDF participant 20391	Capacity 34329, CCDF participant 12316
Iowa	No answer provided	
Kansas	No answer provided	
Louisiana	No answer provided	
Maine	capacity 33828	capacity 11328
Maryland	168395	50819
Minnesota	No answer provided	
Montana	10000	5000
Nebraska	87755 capacity	22800 capacity
Nevada	39,198 (includes 8,459 license capacity in Washoe County that does not collect enrollment data)	1821 (includes 885 license capacity in Washoe County that does not collect enrollment data)
New Hampshire	No answer provided	
New Jersey	952611	2742
New York	247095	79267
North Dakota	167797	13211
Oklahoma	Capacity of approximately 125,000 for all programs licensed in Oklahoma	
Utah	91	12
Virginia	345657	16197
Wisconsin	No answer provided	
Wyoming	17976	2926

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
Alabama	No answer provided	
Alaska	<p>State of Alaska Licensed Centers Ratio Requirement:</p> <p><i>Through 18 months</i></p> <ul style="list-style-type: none"> • Number of children- 5 • Term for child's age group- infants • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 10:2 <p><i>19 months to 36 months</i></p> <ul style="list-style-type: none"> • Number of children- 6 • Term for child's age group- toddlers • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 12:2 <p><i>3 and 4 years</i></p> <ul style="list-style-type: none"> • Number of children- 10 • Term for child's age group- preschoolers • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 20:2 <p><i>5 and 6 years</i></p> <ul style="list-style-type: none"> • Number of children- 14 • Term for child's age group- kindergartners • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 28:2 <p><i>7 through 12 years</i></p> <ul style="list-style-type: none"> • Number of children- 18 • Term for child's age group- school age • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 36:2 	<p>State of Alaska Licensed Group Homes:</p> <p>(b) For child care group homes, (1) except as provided under (3) of this subsection, a child care group home shall have at least two caregivers, one of which must be the administrator, and may provide care for not more than a total of 12 children younger than 13 years of age, including the caregiver's children; (2) of the total children in care, not more than five of the total may be younger than 30 months of age, and not more than four of the total may be non-ambulatory;</p> <p>Source: 7 AAC 57.505(b)(1)-(2)</p> <p>State of Alaska Licensed Homes ratio Requirement:</p> <p>(a) For child care homes, (1) the home shall have at least one caregiver, who may also be the administrator, and may provide care for not more than a total of eight children younger than 13 years of age, including the caregiver's children younger than 13 years of age; and (2) of the total children in care, not more than three of the total may be younger than 30 months of age, and not more than two of the total may be non-ambulatory. Source: 7 AAC 57.505(a)(1)-(2)</p> <p>Municipality of Anchorage Licensed Home</p> <p>A. Except as provided in subsection H., a child care home shall have:</p> <ol style="list-style-type: none"> 1. A minimum of one caregiver; 2. No more than six children under 13 years of age at any one time if licensed under an initial license; 3. No more than eight children under 13 years of age at any one time if licensed on an annual, biennial, or

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
	<p><i>Municipality of Anchorage Licensed Center</i></p> <p>B. Except as provided in subsections E. and F., a child care center shall maintain, during all hours of operation, the following child-to-caregiver ratios and the following group size as required by section 16.55.340:</p> <p><i>6 weeks through 11 months, or older if not walking independently</i></p> <ul style="list-style-type: none"> • Number of children- 4 • Term for child's age group- infants • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 8:2 <p><i>12 months to 18 months</i></p> <ul style="list-style-type: none"> • Number of children- 5 • Term for child's age group- toddlers • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 10:2 <p><i>19 months to 35 months</i></p> <ul style="list-style-type: none"> • Number of children- 6 • Term for child's age group- toddlers • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 12:2 <p><i>36 months through 5 years (if not in school)</i></p> <ul style="list-style-type: none"> • Number of children- 10 • Term for child's age group- preschoolers • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 20:2 <p><i>5 through 12 years</i></p> <ul style="list-style-type: none"> • Number of children- 10 	<p>provisional license for eight or fewer children;</p> <p>4. Children 11 years of age and younger who live in the home count in the child-to-caregiver ratio when present. The home shall submit a plan demonstrating ratios shall be met when children living in the home are present because of unusual circumstances, including but not limited to illness and school closures;</p> <p>5. No more than three children under the age of 30 months; and</p> <p>6. No more than two children shall be non-ambulatory. Source: AMC 16.55.330 (A)(1)-(6)</p>

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
	<ul style="list-style-type: none"> • Term for child's age group-school age • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 20:2 <p><i>13 through 17 years</i></p> <ul style="list-style-type: none"> • Number of children- 20 • Term for child's age group-school age • Number of caregivers- 1 • Maximum group size, ratio of children to caregivers- 40:2 <p>C. In a center, in groups where age ranges are mixed, the child-to-caregiver ratio for the youngest child shall apply. Source: AMC 16.55.330(B)-(C)</p>	
California	No answer provided	
Colorado	No answer provided	
Delaware	<p>Infant</p> <ul style="list-style-type: none"> • Under 12 months • Staff/Child Ratio 1:4 • Maximum Group Size 8 <p>Young toddler</p> <ul style="list-style-type: none"> • 12 through 23 months • Staff/Child Ratio 1:6 • Maximum Group Size 12 <p>Older toddler</p> <ul style="list-style-type: none"> • 24 through 35 months • Staff/Child Ratio 1:8 • Maximum Group Size 16 <p>Young preschool child</p> <ul style="list-style-type: none"> • 36 through 47 months • Staff/Child Ratio 1:10 • Maximum Group Size 20 <p>Older preschool child</p> <ul style="list-style-type: none"> • 48 months or older and not yet attending kindergarten or higher • Staff/Child Ratio 1:12 • Maximum Group Size 24 <p>School-age child</p>	<p>149. A Level I Family Child Care Home shall be licensed to provide child care as follows:</p> <p>A. Total of five (5) children preschool-age or younger; and no additional school-age children that do not live in the Family Child Care Home;</p> <p>i. No more than two (2) of the five (5) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and</p> <p>ii. No more than three (3) of the five (5) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or</p> <p>B. Total of four (4) children preschool-age or younger; and two (2) additional school-age children that do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;</p> <p>i. No more than two (2) of the four (4) children preschool-age or younger as</p>

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
	<ul style="list-style-type: none"> • Attending kindergarten or higher • Staff/Child Ratio 1:15¹ • Maximum Group Size 30 <p>¹ A licensee may apply for a variance from the minimum staff/child ratio to a staff/child ratio of 1:20 when a currently certified State of Delaware teacher is teaching school-age children in the teacher's area of certification. The licensee must have and follow a plan to comply with the staff/child ratio of 1:15 when a certified teacher as described above is not present (such as during planned or unplanned absences, before and after care, etc.). A copy of the teacher's current certification and the licensee's plan for teacher absence must be submitted to OCCL with the Variance Request form. No variance from the maximize group size of 30 will be granted.</p>	<p>mentioned above are under the age of twelve (12) months; and</p> <p>ii. No more than three (3) of the four (4) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or</p> <p>C. Total of six (6) school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger.</p> <p>D. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level, see examples in the Appendix, Level I Family Child Care Home Ratios.</p> <p>A Level II Family Child Care Home shall be licensed to provide child care as follows:</p> <p>A. Total of six (6) children preschool-age or younger; and three (3) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;</p> <p>i. No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and</p> <p>ii. No more than three (3) of the six (6) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or</p> <p>B. Total of six (6) children preschool-age or younger; and two (2) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the</p>

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
		<p>summer;</p> <p>i. No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and</p> <p>ii. No more than four (4) of the six (6) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or</p> <p>C. Total of five (5) children preschool-age or younger; and no additional school-age children who do not live in the Family Child Care Home;</p> <p>i. No more than three (3) of the five (5) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and</p> <p>ii. No more than four (4) of the five (5) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or</p> <p>D. Total of four (4) children under the age of twenty-four (24) months; and two (2) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;</p> <p>i. No more than three (3) of the four (4) children preschool-age or younger as mentioned above are under the age of twelve (12) months; or</p> <p>E. Total of nine (9) school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger.</p> <p>F. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level, see</p>

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
		<p>examples in the Appendix, Level II Family Child Care Home Ratios.</p> <p>Large Family Staff-to-Child Ratios</p> <p>186. The Licensee shall ensure that both a Large Family Child Care Provider and a Large Family Child Care Assistant (or both a Caregiver and Assistant Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) are present at the Large Family Child Care Home when seven (7) or more children preschool age or younger are in attendance, or when five (5) or more children under the age of twelve (12) months are in attendance.</p> <p>187. The Licensee shall ensure that a staff member who meets the qualifications of the Large Family Child Care Provider (or Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) is present at the Large Family Child Care Home at least seventy-five percent (75%) of the hours of operation.</p> <p>A. Two (2) Large Family Child Care Assistants (or two Associate Caregivers for Large Family Child Care Homes licensed before the effective date of these Rules) may be present at the Large Family Child Care Home when seven (7) or more children preschool age or younger are in attendance, or when five (5) or more children under the age of twelve (12) months are in attendance but for no more than twenty-five percent (25%) of the hours of operation.</p> <p>198. A Type One (1) Large Family Child Care Home shall be licensed to provide child care as follows:</p> <p>A. Total of twelve (12) children preschool-age or younger, and two (2) additional school-age children that do</p>

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
		<p>not live in the Large Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;</p> <p>i. No more than two (2) of the twelve (12) children as mentioned above are under the age of twelve (12) months; and</p> <p>ii. No more than four (4) of the twelve (12) children as mentioned above are under the age of twenty-four (24) months.</p> <p>199. A Type Two (2) Large Family Child Care Home (Infant/Toddler Home) shall be licensed to provide child care as follows:</p> <p>A. Total of twelve (12) children who are primarily infants and/or toddlers. Child care in an Infant/Toddler Home may also be provided for preschool-age children in accordance with the Delacare: Rules for Large Family Child Care Homes.</p> <p>i. If six (6) or more children under the age of twenty-four (24) months are present, a third staff member qualified as least a Large Family Child Care Assistant (or Associate Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) shall be required to be present.</p> <p>ii. Care for school-age children who do not live in the Large Family Child Care Home and additional children of any age due to a change of shift shall not be permitted in a Type Two (2) Large Family Child Care Home (Infant/Toddler Home).</p>
Florida	<p>Infant- 1:4</p> <p>1 years- 1:6</p> <p>2 years- 1:11</p> <p>3 years- 1:15</p> <p>4 years- 1:20</p> <p>5+ years- 1:25</p>	<p>Max 4 children age birth-12months</p> <p>Max 6 children, no more than 3 age birth-12 months</p> <p>Max 6 preschool children, if older than 12 months</p> <p>Max of 10 children, no more than 5</p>

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
	<p>In groups of mixed age ranges, where infants are included, the ratio is 1:4</p> <p>In groups of mixed age ranges, where one year old children are included, the ratio is 1:6</p> <p>In groups of mixed age ranges, where all children are two years and older, the ratio is based on the majority age represented in the group.</p>	<p>preschool; no more than 2 under 12 months</p> <p>Large home: Max 8 children birth-12 months Max 12 children, no more than 4 under 24 months</p>
Georgia	No answer provided	
Hawaii	No answer provided	
Idaho	Varies by age	Varies by age
Illinois	No answer provided	
Indiana	<p><i><1 years</i></p> <ul style="list-style-type: none"> • Staff/child ratio- 1:4 • Maximum group size- 8 <p><i>1-2 years</i></p> <ul style="list-style-type: none"> • Staff/child ratio- 1:5 • Maximum group size- 10 <p><i>3 years</i></p> <ul style="list-style-type: none"> • Staff/child ratio- 1:10 • Maximum group size- 20 <p><i>4 years</i></p> <ul style="list-style-type: none"> • Staff/child ratio- 1:12 • Maximum group size- 24 <p><i>5+ years</i></p> <ul style="list-style-type: none"> • Staff/child ratio- 1:15 • Maximum group size- 30 	<p>Homes: 470 IAC 3-1.1-36.5 Child to staff ratio Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 36.5.</p> <p>(a) The maximum capacity in a Class I child care home shall be twelve (12) children at any one (1) time plus three (3) children during the school year who are enrolled in at least Grade 1. The addition of three (3) school age children may not occur during a break in the school year that exceeds four (4) weeks.</p> <p>(b) Children shall not be left unattended and shall be supervised at all times.</p> <p>(c) Only direct child care providers shall be counted in determining the child to staff ratio.</p> <p>(d) The ratio shall include all unrelated children present in the home.</p> <p>(e) The following child to staff ratios apply: Type of Home Child: Staff Ratio Infant/Toddler Mixed (Birth–24 months) 6:1* *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1.</p> <p>Mixed Age Groups (Birth–6 years) 10:1* *No more than three (3) of the ten (10) children may be under sixteen</p>

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
		(16) months of age and must be walking. 3 years and older (3–10 years) 12:1 (Division of Family Resources; 470 IAC 3-1.1-36.5; filed Jul 3, 1996, 5:00 p.m.: 19 IR 3066; errata filed Aug 7, 1996, 11:10 a.m.: 19 IR 3472; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235)
Iowa	Infants and Toddlers: 1:6 3 year old: 1:8 4 year old: 1:12 5 years and school age 1:15	
Kansas	No answer provided	
Louisiana	No answer provided	
Maine	<p>26. STAFF CHILD REQUIREMENTS, Small Childcare Facility</p> <p><i>All children 6 weeks to 2 years old</i></p> <ul style="list-style-type: none"> • 1 staff minimum to child ratio- 1:4 • 2 staff minimum to child ratio- 2:8 • 3 staff minimum to child ratio- 3:12 <p><i>All children 24 months and older</i></p> <ul style="list-style-type: none"> • 1 staff minimum to child ratio- 1 staff for 8 children under 5 years; plus 2 children over five years • 2 staff minimum to child ratio- 2:12 • 3 staff minimum to child ratio- 3:12 <p><i>All children over 5 years old (school age)</i></p> <ul style="list-style-type: none"> • 1 staff minimum to child ratio- 1:12 • 2 staff minimum to child ratio- 2:12 • 3 staff minimum to child ratio- 3:12 <p><i>Mixed ages</i></p> <ul style="list-style-type: none"> • 1 staff minimum to child ratio- 1 staff for 3 children 	<p>Family Child Care</p> <p>10.1 Staff-child ratios</p> <p>10.1.1 One provider, working alone, may care for:</p> <p>10.1.1.1 4 infants and toddlers, or</p> <p>10.1.1.2 3 infants and toddlers plus 3 preschool children, plus 2 school-age children.</p> <p>10.1.1.3 8 preschool children plus 2 school-age children, or</p> <p>10.1.1.4 12 school-age children.</p> <p>10.1.2 Additional staff must be present in order to increase enrollment, according to the following staff-child ratios:</p> <p>PROVIDER WORKING WITH ADDITIONAL STAFF:</p> <p><i>Infants and toddlers (6 weeks-30 months)</i></p> <ul style="list-style-type: none"> • One additional staff person- 8 • Two additional staff persons- 12 <p><i>Preschool through school age (2 ½-12 years)</i></p> <ul style="list-style-type: none"> • One additional staff person- 12 • Two additional staff persons- 12 <p><i>School age (5-12 years)</i></p> <ul style="list-style-type: none"> • One additional staff person- 12

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
	<p>under two years plus 3 children two to five years plus 2 children over five years. Maximum is 6 plus 2 school age children total.</p> <ul style="list-style-type: none"> 2 staff minimum to child ratio- 2 staff for 6 children under 2 years plus 6 children over two years old. Maximum is 12 children total. 3 staff minimum to child ratio- 3 staff for 12 children including no more than 9 children under two years of age. Maximum is 12 children total. <p>Child Care Facilities:</p> <p>28.1 The maximum number of children to be assigned to one adult.</p> <p>For all facilities licensed for thirteen (13) or more children, the maximum number of children to be assigned to one adult, exclusive of service staff (clerical, cooking and maintenance) must be as follows:</p> <p>28.2.1. Child Care Centers must maintain the following minimum adult to child ratios:</p> <p><i>6 weeks - 1 year</i></p> <ul style="list-style-type: none"> Staff to child ratio- 1:4 Maximum group size- 8 <p><i>1 year – 2 ½ years</i></p> <ul style="list-style-type: none"> Staff to child ratio- 1:4, 1:5 Maximum group size- 12 or 10 <p><i>2 ½ years – 3 ½ years</i></p> <ul style="list-style-type: none"> Staff to child ratio- 1:7 Maximum group size- 21 <p><i>3 years – Not yet school age 5 years</i></p> <ul style="list-style-type: none"> Staff to child ratio- 1:8, 1:10 	<ul style="list-style-type: none"> Two additional staff persons- 12 <p><i>Infants through school-age (6 weeks – 12 years)</i></p> <ul style="list-style-type: none"> One additional staff person- 12 total; no more than 6 infant/toddlers Two additional staff persons- 12 total; no more than 9 infant/toddlers

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
	<ul style="list-style-type: none"> Maximum group size- 24 or 20 <i>School age 5 years – 15 years</i> <ul style="list-style-type: none"> Staff to child ratio- 1:13 Maximum group size- n/a 28.2.2 Combination of ages. When there is a combination of ages within a group, the group size and the number of required staff shall be determined based on the age of the youngest child.	
Maryland	Under 2 – 1:3 2 years olds – 1:6 3-4 years olds – 1:10 5 and older – 1:15	1:8
Minnesota	Infants- 1:4 Toddlers- 1:7 Preschool- 1:10 Infants wks- 16month Toddlers 16-33 months Preschool 34 months- kindergarten entry	Max 10 children Max 2 infant Max 3 infants and toddlers Max 6 children preschooler and younger Max 10 school age and younger per adult; Age groups different for home- Infant 6wks-1st birthday; Toddlers- 1st-2nd birthday; Preschool 2nd birthday- 3months before kindergarten
Montana	No answer provided	
Nebraska	6 weeks-18 months- 1:4 18 months to 3 years- 1:6 3 years- 1:10 4 & 5 years- 1:12 School age- 1:15	1 staff can serve four but not more than 8 children. May care for 2 additional school age children if no more than two are under 18 months
Nevada	Under 9 months- 1:4 9 months-18 months- 1:6 18 months- 3 years- 1:8 2 years- 1:10 2 years and older- 1:6/2:20/3:35	1:6
New Hampshire	6wks – 12 month 1:4 13-24 months 1:5 25-35 months 1:6 36-47 months 1:8 48-59 months 1:12 60 months+ 1:15	<ul style="list-style-type: none"> Family based can have 6 children not in a full day school program and up to 3 additional if they are school age. No more than 4 children under 3 and no more than those 4 can be under 2. Family groups can have 12 + 5 school age and the same restrictions for children under 3.

Table D.3. Question 3: Staff/Child ratio

State	Centers	In Home
New Jersey	No answer provided	
New York	No answer provided	
North Dakota	0 thru 17 months- 1:4 18 thru 35 months 1:5 3 years- 1:7 4 years- 1:10 5 years- 1:12 6 to 12 years- 1:20	Licensed family child care providers can care for up to 7 children, plus 2 additional school-age children. Licensed group child care providers can care for children totaling 1.34 points. 0 thru 17 months- .25 points 18 thru 35 months- .20 points 3 years- .14 points 4 years- .10 points 5 years- .08 points 6 to 12 years- .05 points
Oklahoma	No answer provided	
Utah	Infants- 1:4 Under 2- 1:4 2 years- 1:7 3 years- 1:12 4 years- 1:15 5 years- 1:20	Infants- 1:4 Under 2- 1:4 2 years- 1:7 3 years- 1:12 4 years- 1:15 5 years- 1:20
Virginia	Staff Child Ratio- Licensed Child Day Centers: • For children from birth to the age of 16 months: one staff member for every four children; • For children 16 months old to two years: one staff member for every five children; • For two-year-old children: one staff member for every eight children effective June 1, 2006; • For children from three years to the age of eligibility to attend public school, five years by September 30: one staff member for every 10 children effective June 1, 2006; • For children from age of eligibility to attend public school through eight years, one staff member for every 18 children; and • For children from nine years through 12 years, one staff member for every 20 children • The ratio for balanced mixed-age	Staff Child Ratio- Licensed Family Day Homes: The maximum number of children that a provider may care for is 12, excluding the provider's own children and resident children. A caregiver's own children and resident children under eight years of age count in point maximums. The provider shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed: • Children from birth through 15 months of age count as four points each; • Children from 16 months through 23 months of age count as three points each; • Children from two through four years of age count as two points each; • Children from five years through nine years of age count as one point each; and

Table D.3. Question 3: Staff/Child ratio		
State	Centers	In Home
	groupings of children shall be one staff member for every 14 children	• Children who are 10 years of age and older count as zero points.
Wisconsin	Depends on ages of children	Certified 3 under age 7 and 3 over age 7; and licensed homes – up to 8 children
Wyoming	No answer provided	

Table D.4. Question 4: Number of childcare centers participating in CACFP

State	Centers	In Home
Alabama	1043	761
Alaska	The Child Care Program Office can provide a rough estimate that 97 licensed child care facilities are participating in the Child and Adult Care Food program.	
California	19,476	
Colorado	<ul style="list-style-type: none"> • 1187 Family Day Care Homes o We have 8 Family Day Care Homes Sponsors that are administratively responsible for overseeing homes. • 462 licensed child care centers • 29 outside school hours, they are licensed by Colorado Department of Human Services (CDHS) • 94 Head Start sites • 285 afterschool at-risk sites o These sites are either legally exempt or are not required to have a license through CDHS. 	
Delaware	No answer provided	
Florida	4744	2131
Georgia	2270	1772
Hawaii		240
Idaho	232	245
Illinois	1500	
Indiana	1150	2306
Iowa	DOE has information	
Kansas	741	3,168
Louisiana	1199	9102
Maine	142	904
Maryland	582	2994
Minnesota	DOE has information	
Montana	150	
Nebraska	UNK by licensing	UNK by licensing
Nevada	77	116
New Hampshire	183	90
New Jersey	1427	525
New York	4753	9300
North Dakota	114 Sponsors 252 sites	953
Oklahoma	No answer provided	
Utah	263	2196
Virginia	Specific data on how many centers and homes participate in the USDA CACFP program is not available at this time. However, based on information obtained from the Child And Adult Care Food Program Average Daily Attendance report, the average daily attendance was 68,506 in Virginia during FY15.	
Wisconsin	No answer provided	
Wyoming	152	254

Table D.5. Question 5: Are there different requirement for childcare providers that participate in CACFP?

State	Centers	In Home	If yes, what type of requirements?
Alabama	No	Yes	We accept the minimum requirements from DHR
Alaska	No	No	<p>There are no additional and/or different child care licensing requirements for providers participating in the Child and Adult Food Program for Child Care Licensing Regulations (State of Alaska and Municipality of Anchorage).</p> <p>Licensed centers, group homes, and homes participating in the Child and Adult Care Food Program who receive a food service permit must be in compliance with the Department of Environmental Conservation regulations 18 AAC 51, in addition to the Child and Adult Care Food Program regulations. Child Care Regulation Questionnaire State of Alaska Page 4 of 9</p> <p>Source: Environmental Conservation; Alaska Food Code https://dec.alaska.gov/Commish/regulations/index.htm</p>
California	Yes	Yes	Yes, agencies have to follow specific CACFP program regulations at 7 <i>CFR</i> 226.
Colorado	Yes	Yes	Center based or home based providers, if they participate with CACFP they are required to follow all CACFP regulatory requirements. Within CACFP, they are different requirements for center based care compared to family day care homes. In general they all have to follow the same meal patterns for each meal type, maintain certain records, and follow childcare licensing regulations.
Delaware	Yes	Yes	Programs participating in CACFP must follow CACFP guidelines which require more than licensing regulations in regard to whole grain products, fat content, etc.
Florida	Yes		CCFP: A public agency or a private non-profit with tax-exempt status or private for-profit with at least 25% low-income children.; specific meal pattern requirements
Georgia	No	No	
Hawaii	Yes	Yes	Implementation of USDA Procurement policies, USDA Budget and Fiscal policies, CACFP Administrative reviews, Monitoring requirements by Sponsors, Meeting the CACFP meal pattern and age appropriate portion sizes.
Idaho	Yes	No	In Idaho centers are required to complete menu production records, this is not considered an additional requirement for CACFP but not all states

Table D.5. Question 5: Are there different requirement for childcare providers that participate in CACFP?

State	Centers	In Home	If yes, what type of requirements?
			require production records. Overall, Idaho follows USDA requirements and does not have additional requirements placed on the providers either in centers or homes.
Illinois	No answer provided		
Indiana	No	No	Indiana Child Care Licensing and CACFP staff have worked together to make requirements as similar as possible.
Iowa	No	No	State of Iowa regulations for registered and licensed programs require programs to meet CACFP guidelines regardless of whether they are formally participating in the CACFP program
Kansas	Yes	Yes	CACFP providers not only have to meet child care licensing requirements but also CACFP requirements (meal pattern, purchasing, reporting requirements)
Louisiana			In-home day cares are not required to be licensed to participate in CACFP; they only have to pass a basic fire/safety inspection conducted by the State Fire Marshal's Office. Day Care Centers are required to be Type II or Type III licensed facilities in order to participate in CACFP.
Maine	No	No	
Maryland	No	No	
Minnesota	No	Yes	Centers must meet CACFP regardless if in program; home depends on food program
Montana	Yes	Yes	
Nebraska	No	No	
Nevada	No	No	
New Hampshire	Yes	No	All food safety is regulated through CACFP or the health department. Rules for child care apply related to not using the same sink as hand washing and not preparing food on diaper changing surfaces. The monitoring process for CACFP participants is 3 times annually, one announced visit and 2 unannounced visits with an observation of the meal service during one of the unannounced site visits.
New Jersey			Refer to requirements in 7CFR Part 226 - http://www.fns.usda.gov/sites/default/files/CFR226.pdf
New York	Yes	Yes	Most providers are required to have a license/registration to operate their day care in order to participate in CACFP. There are some that are license exempt for example, centers run by schools in the school, or day care providers that are caring for

Table D.5. Question 5: Are there different requirement for childcare providers that participate in CACFP?

State	Centers	In Home	If yes, what type of requirements?
			subsidized children.
North Dakota	No answer provided		
Oklahoma	No	No	
Utah	No	No	There are 771 licensed day care homes in Utah. There are 2,196 day care homes currently participating on the CACFP which include both licensed and relative care providers who are not licensed.
Virginia	No	No	
Wisconsin	No	No	http://dcf.wisconsin.gov/childcare/licensed/About.htm This site describes the types of child care regulation in Wisconsin through the Wisconsin Department of Children and Families
Wyoming	Yes	Yes	Programs that do not participate in the food program are required to have a menu available for review and inspection.

Table D.6. Question 6: What are the opening requirements for childcare facilities?

State	Centers	In Home
Alabama	Potential Sponsors are required to attend a two day training	Potential Sponsors are required to attend a two day training
Alaska	<p>State of Alaska: Licensed centers, group homes, and homes must submit an application to be reviewed by the licensing oversight agency. Once the application is complete, an on-site visit is scheduled to determine regulation compliance and issuance of license.</p> <p>Licensed centers, group homes, and homes are governed under the same child care licensing regulations; however, centers, group homes, and homes may have regulations requirements that differ due to capacity of children in order to ensure health and safety.</p> <p>Municipality of Anchorage: Licensed centers and homes must submit an application to be reviewed by the licensing oversight agency. Once the application is complete, an on-site visit is scheduled to determine regulation compliance and issuance of license.</p> <p>Licensed centers and homes are governed under the same child care licensing regulations; however, centers and homes may have regulations requirements that differ due to capacity of children in order to ensure health and safety.</p>	
California	No data available regarding opening a childcare facility. Agencies interested in the CACFP contact the CA Department of Education and answer a variety of prescreening questions before submitting necessary paperwork to their assigned program specialist.	No data available regarding opening a childcare facility. Agencies interested in the CACFP contact the Day Care Home Sponsor nearest them. A list of agencies are available on the CDE website at: http://www.cde.ca.gov/ds/sh/sn/cacfp/sponsormap.asp
Colorado	CDHS is the licensing agency and they require an approving health inspection prior to issuing a license	CDHS is the licensing agency but the health department has no regulatory authority for homes.
Delaware	<p>Opening requirements for centers:</p> <ul style="list-style-type: none"> • Completed application; • OCCL plan review narrative; • Blueprints/diagrams; • Sample two-week menu (unless center is not providing meals or snacks); • Business plan (include financial statements); • Release of employment history & service letter for applicant/owner; • Deed or lease for center location; • HIPAA signed by applicant/owner; • attend orientation; • References for applicant/owner; • Service letter(s) for applicant/owner; • Adult abuse registry check for applicant/owner; 	<p>Opening requirements for Family and Large Family Child Care Homes:</p> <ul style="list-style-type: none"> • Attendance and an information session and orientation; • Completed application; • Health appraisals for provider, household members, and substitute; • Background check for provider, adult household members, and substitute; • Electrical inspection from approved agency; • Fire Marshal inspection/approval; • Infant and child CPR certification; • References, • High school diploma, • Training documentation to verify qualifications; • Landlord approval • Office of Drinking Water certificate,

Table D.6. Question 6: What are the opening requirements for childcare facilities?

State	Centers	In Home
	<p>DE First certificate for ECE administrator or SA administrator; • DE First certificate for one staff member qualified, at least, as an ECE teacher or SA site assistant; • Verifications of fingerprinting for applicant/owner, administrator, and ECE teacher or SA site assistant; • Adult health appraisal for applicant/owner (if he/she will be physically present at the center at any time); • OCCL plan review approval; • Zoning approval/certificate of occupancy or use; • Fire marshal final approval; • Lead paint inspection (if building was built in or before 1978); • DNREC approval (if not using a public water treatment system); • Office of Drinking Water Certificate (if using well water); • Parent handbook; • Staff handbook; • CPR and First Aid certifications for one staff member present during all hours of operation; • Certificate of liability insurance; • Delaware business license (unless non-profit); • Staff files: application; date of hire; date of birth; job description; reference letters; release of employment history & service letter(s) (or two additional references if unable to get at least one service letter); employee declaration; child abuse and neglect review and reporting acknowledgement; safe sleep review (if center serves infants); alcohol/illegal drug prohibition acknowledgement, orientation; verification of fingerprinting; adult abuse registry check; and DE First certificate or educational documentation (diploma(s), transcripts, or training certificates; and • Compliance with licensing regulations.</p>	<p>if using well water, • Emergency plan; • Adult abuse registry check; and • Compliance with licensing regulations.</p>

Table D.6. Question 6: What are the opening requirements for childcare facilities?

State	Centers	In Home
Florida	<p>DCF: www.myflfamilies.com/service-programs/child-care http://occf.fl-dcf.org/ [this is link directly to a video and resources for Opening a Child Care Facility] http://ccrain.fl-dcf.com/documents/-99/2419.pdf [Another document for potential providers thinking about opening a child care facility]</p> <p>Broward: www.broward.org/HumanServices/CommunityPartnerships/ChildcareLicensingEnforcement/Pages/Default.aspx</p> <p>Hillsborough: www.hillsboroughcounty.org/childcare/arelicensing</p> <p>Palm Beach: http://palmbeach.floridahealth.gov/programs-and-services/environmental-health/child-care-licensing/index.html</p> <p>Pinellas: http://pinellas.floridahealth.gov/programs-and-services/environmental-health/pclb/</p> <p>Sarasota: www.earlylearningcoalitionsarasota.org/ccconnection.htm</p>	<p>http://ccrain.fl-dcf.com/documents/-99/2418.pdf [Document for potential providers thinking about opening a licensed family day care home]</p> <p>http://ccrain.fl-dcf.com/documents/-99/2420.pdf [Document for potential providers thinking about opening a licensed large family child care home]</p> <p>http://www.myflfamilies.com/service-programs/child-care/registered-family-day-care [Link to information about becoming a registered family day care home]</p>
Georgia	http://www.dec.state.ga.us/ChildCareServices/RulesAndRegulations.aspx	http://www.dec.state.ga.us/ChildCareServices/RulesAndRegulations.aspx
Hawaii	Need DHS License Complete CACFP Agreement/Application	Need DHS License Complete CACFP Agreement/Application
Idaho	Licensed facility, meet local health & safety requirements. Provided training to employees, maintain attendance and enrollment records and meet staffing ratios.	Licensed except homes with less than 5 children, meet local health & safety requirements. Provided training to employees, maintain attendance and enrollment records and meet staffing ratios.
Illinois	No answer provided	
Indiana	Written food program submitted and approved. Onsite sanitation/safety survey by licensing.	Paper application submitted and approved. Onsite sanitation/safety survey by licensing.
Iowa	c. When a center makes a sufficient application for an initial license, it	At this time, after application is received verifying that the home is in

Table D.6. Question 6: What are the opening requirements for childcare facilities?

State	Centers	In Home
	<p>may operate for a period of up to 120 calendar days from the date of issuance of Form 470-4690, Permission to Open Without a License, pending a final licensing decision. A center has made a sufficient application when it has submitted the following to the department: (1) An application for a license. (2) An approved fire marshal's report. (3) A floor plan indicating room descriptions and dimensions, including location of windows and doors. (4) Information sufficient to determine that the center director meets minimum personnel qualifications</p> <p>Staff must have background checks completed and a pre-visit is conducted.</p>	<p>a single-family residence, they have conducted a self-certifying lead assessment, and background checks have been completed, a person can receive registration.</p> <p>After October 1, 2016, as a result of the CCDBG Reauthorization, all REGISTERED child development homes will be required to have a pre-inspection.</p>
Kansas	No answer provided	
Louisiana	See Licensing requirements	See Licensing requirements
Maine	The requirement to open includes compliance with all elements of the relevant rules, other than those that the provider must have kids enrolled to meet (like contents of child records). But I think the attached pre-licensing checklists might give you what you're looking for as an attachment.	
Maryland	Subtitle 16, Chapters 01-19, Child Care Centers (COMAR 13A.16.01-.19)	Subtitle 15, Chapters 01-15, Family Child Care (COMAR 13A.15.01-.15)
Minnesota	<p>Spelled out in licensing application; Paperwork; policies; schedule; activities; fire marshal visit and licensing center</p> <p>Food safety inspection every year- Health inspection- city or state coverage</p> <p>Food safety equipment (SMITH? plans)</p>	<p>Spelled out in licensing application; Application different;</p> <p>No food safety inspection. They need to follow food code with exception of equipment.</p>
Montana	A sanitarian/environmental health officer inspection required before	Pertaining to food safety, inspection by a child care licensor only.

Table D.6. Question 6: What are the opening requirements for childcare facilities?

State	Centers	In Home
	license is issued and annually thereafter.	
Nebraska	Pre-license inspections by DHHS, Fire Marshal, and Health Inspectors. Must complete pre-service orientation regarding regulations.	Pre-license inspections by DHHS. Fire Marshal inspects following a license being issued. Must complete pre-service orientation regarding regulations.
Nevada	<p>State Licensing Approved background checks; compliance with standards for safety from fire and standards for health and sanitation; copies of facility statement, emergency plan, assessment plan, curriculum, facility drawing; liability insurance and auto insurance if applicable; list of vehicles if applicable; state business license; local business licenses and special permits if applicable; listing of all employees; initial inspection by Child Care Licensing; Director approval; sample menu; completion of required initial trainings.</p> <p>Washoe County Licensing Also see the Washoe County Child Care Licensing Requirements memorandum.</p>	<p>State Licensing Approved background checks; compliance with standards for safety from fire and standards for health and sanitation; copies of facility statement, emergency plan, assessment plan, curriculum, facility drawing; liability insurance and auto insurance if applicable; list of vehicles if applicable; state business license; local business licenses and special permits if applicable; listing of all employees; initial inspection by Child Care Licensing; pet vaccinations if applicable; completion of required initial trainings.</p> <p>If licensing is not required because the home has fewer than 4 children in care, then homes participate in the CACFP if they receive child care subsidies and follow 7CFR 226 alternative approval regulations.</p> <p>Washoe County Licensing Also see the Washoe County Department of Social Services Family Child Care Home Checklist</p> <p>Additional Comments: Fire inspections also lead to restrictions to the number of children allowed in the home and areas where children are not allowed.</p>
New Hampshire	Fire & Health inspections, state, FBI, National Sex Offender and DCYF abuse registry check of owners and directors, zoning, licensing inspection	

Table D.6. Question 6: What are the opening requirements for childcare facilities?

State	Centers	In Home
New Jersey	Refer to New Jersey Office of Licensing http://www.nj.gov/dcf/about/divisions/ol/	https://daycare.com/newjersey/
New York	The licensing authority determines the requirements to obtain a license to operate a day care center.	The NYS Office of Children and Family Services (OCFS) determines the requirements to obtain a registration to operate a family or group day care home.
North Dakota	http://www.nd.gov/dhs/info/pubs/docs/cfs/2016-rules-child-care-center.pdf	http://www.nd.gov/dhs/info/pubs/docs/cfs/2016-rules-family-child-care-providers.pdf http://www.nd.gov/dhs/info/pubs/docs/cfs/2016-rules-group-child-care-providers.pdf
Oklahoma	<p>o (J) documentation of all required background investigations per OAC 340:110-1-8.1.</p> <p>Documentation for license.</p> <ul style="list-style-type: none"> • (1) Child care centers. In addition to the items listed in (a) through (b)(1) of this Section for issuance of a six-month permit, items required to be on file before a license is issued to a child care center are: <ul style="list-style-type: none"> o (A) daily program schedule; o (B) updated Form 07LC002T, Staff Summary; o (C) outdoor play schedule, if applicable; o (D) Form 07LC006E, Equipment Inventory - Child Care Center; o (E) statement of completed compliance review, if applicable; • 5 o (F) director's references; o (G) one-week sample menu; o (H) documentation of fire department approval within the previous 24 months; • 2 o (I) documentation of health approval within the previous 24 months if meals are prepared and served; and statement of water test results if not on public water supply. § (i) If the test indicates the level of bacteria, nitrates, or lead is too high 	<p>Documentation for six-month permit.</p> <ul style="list-style-type: none"> • Family child care homes. The items required to be on file for issuance of a six month permit for a family child care home are: <ul style="list-style-type: none"> o (A) Form 07LC042E, Request for License – Family Child Care Home and Large Child Care Home; o (B) Form 07LC086E, Staff Information - Family Child Care Home, for primary caregiver; o (C) Form 07LC086E, Staff Information - Family Child Care Home, for assistants and substitutes, prior to their employment; o (D) Form 07LC014E, Monitoring Report - Family Child Care Home; o (E) documentation of fire department approval within the previous 12 months for a large family child care home operating in a mobile home; and o (F) documentation of all required background investigations per OAC 340:110 1 8.1 <p>Documentation for license.</p> <ul style="list-style-type: none"> • (3) Family child care homes. In addition to the items listed in (a) through (b)(2) of this Section for issuance of a six-month permit, the items required to be on file before a

Table D.6. Question 6: What are the opening requirements for childcare facilities?

State	Centers	In Home
	<p>for safe use, the caregiver may sign a statement agreeing to use bottled water for drinking, cooking, and, if applicable, bathing of children.</p> <p>§ (ii) If there is a high level of bacteria or a high level of lead, boiled or bottled water must be used for hand washing and dish washing.</p> <p>§ (iii) If programs are licensed for 25 or more children, approval from Department of Environmental Quality (DEQ) is required when not on a public water supply system; and</p> <ul style="list-style-type: none"> • 3 o (J) Form 07LC003E, Monitoring Report - Child Care Center. 	<p>license is issued to a family child care home are:</p> <ul style="list-style-type: none"> o (A) one-week sample menu; o (B) references; o (C) Form 07LC014E, Monitoring Report - Family Child Care Home; and o (D) statement of water test results if not on public water supply. <p>§ (i) If the test indicates the level of bacteria, nitrates, or lead is too high for safe use, the caregiver may sign a statement agreeing to use bottled water for drinking, cooking, and, if applicable, bathing of children.</p> <p>§ (ii) If there is a high level of bacteria or a high level of lead, boiled or bottled water must be used for hand washing and dish washing.</p>
Utah	<ul style="list-style-type: none"> • Inspections by Health Dept., City and County and Fire Marshall • Must have a childcare license and business license; renewed once a year • Have a director who, is at least 21, and must have at least an Associates Degree in Child Development or related field with 4 courses in Child Development or: CDA, CCP or NAC 	<ul style="list-style-type: none"> • Inspections by Health Dept., City and County and Fire Marshall • Licensed providers: Must have a childcare license and business license; renewed once a year
Virginia	<p>Licensed Child Day Center: Pre-Licensure Orientation Application Facility Inspection Certified Preschool: Must meet requirements in §63.2-1717 Religious Exempt: Must meet requirements in §63.2-1716</p>	<p>Licensed Family Day Home: Pre-Licensure Orientation Application Facility Inspection Voluntarily Registered Must requirements in §63.2-1704</p>
Wisconsin	<p>http://dcf.wisconsin.gov/childcare/licensed/CommManuals/dcf251.HTM</p>	<p>For licensed family day care homes: http://dcf.wisconsin.gov/childcare/licensed/CommManuals/dcf250.HTM For certified family day care homes: http://dcf.wisconsin.gov/childcare/certification/default.htm</p>
Wyoming	All facilities are required to	All facilities are required to complete

Table D.6. Question 6: What are the opening requirements for childcare facilities?

State	Centers	In Home
	complete a Health/Sanitation inspection, fire inspection, licensing inspection prior to opening.	a Health/Sanitation inspection, fire inspection, licensing inspection prior to opening.

Question 7: Demographic characteristics of providers

Table D.7. Demographic characteristics of providers?		
State	Centers	In Home
Alabama	No answer provided	
Alaska	<p>Licensed Centers (LC) Anchorage (LC=104), Barrow (LC= 1), Bethel (LC=1), Chugiak (LC=4), Cordova (LC=2), Craig (LC=1), Dillingham (LC=2), Douglas(LC=2), Eagle River (LC=9), Fairbanks (LC =21), Girdwood (LC=1), Gustavus (LC=1), Haines (LC=1), Healy (LC=1), Homer (LC=1), Juneau (LC=14), Kenai (LC=4), Ketchikan (LC=4), Kodiak (LC=3), Nome (LC=1), North Pole (LC=5), Palmer (LC=6), Petersburg (LC=3), Sitka (LC=7), Skagway (LC=2), Soldotna (LC=4), Sutton (LC=1), Valdez (LC=1), Wasilla (LC=13) Total LC=220</p> <p>Licensed Group Home (LG) and Licensed Homes (LH) Anchorage (LH=135), Barrow (LG=1), Bethel (LC=1), Brevig Mission (LG=1), Chugiak (LH=1), Cordova (LH=1), Delta Junction (LH=1), Douglas (LH=1), Eagle River (LH=8), Fairbanks (LG=23; LH=19), Girdwood (LH=1), Haines (LG=1; LH=1), Homer (LG=5; LH=2), Indian (LH=1), Juneau (LG=4; LH=18), Kenai (LG=3; LH=2), Ketchikan (LG=5; LH=2), Kodiak (LG=2; LH=14), Nome (LH=3), North Pole (LG=11; LH=1), Palmer (LG=1; :H=3), Saxman (LG=1), Seward (LG=2), Sitka (LH=2), Skagway (LG=3), Soldotna (LG=5; LH=1), Talkeetna (LG=1), Thorne Bay (LG=1), Valdez (LG=1), Wasilla (LG=6; LH=11), Wrangell (LG=2; LH=2) Total LG/LH=310</p>	
California	No answer provided	
Colorado	No answer provided	
Delaware	Mostly African American, White, non-Hispanic, women between the ages of 35 and 60.	Mostly African American, White, non-Hispanic, women between the ages of 28 and 63.
Florida	Have Spanish-speaking only facilities as well as migrant facilities.	
Georgia	No answer provided	
Hawaii	25% Free/Reduced Price population minority ethnicities	Capacity of 6, Data not tracked - more T1 home than T2
Idaho	Most centers located in larger cities in Idaho some in rural areas.	Homes are located in rural and urban areas in Idaho. Most cities have multiple daycare homes in operation where some rural towns may not have any or only 1.
Illinois	No answer provided	
Indiana	Rural, suburban, urban,	Rural, suburban, urban, Burmese, Latino
Iowa	Primarily white, English speaking. Some population of Hispanic descent, Asian, refugee/immigrant families from African countries.	
Kansas	No answer provided	

Table D.7. Demographic characteristics of providers?

State	Centers	In Home
Louisiana	No answer provided	
Maine	I'd guess it's about 90%+ Caucasian women between the ages of 21 and 50, but that is completely subjective.	
Maryland	No answer provided	
Minnesota	3 languages- Spanish, Somali, Hmong (oral languages) Video important! And translation is important -flip books, take out as much written text as possible.	
Montana	No answer provided	
Nebraska	UNK	UNK
Nevada	Not tracked	Not tracked
New Hampshire	No answer provided	
New Jersey	No answer provided	
New York	Free – 84% Reduced – 3% Paid – 14%	Tier 1 - 95% Tier 2 - 5%
North Dakota	No answer provided	
Oklahoma	No answer provided	
Utah	<ul style="list-style-type: none"> • 88.6% White or European. • 87% Non-Hispanic • 13% Hispanic/Latino (of any race). • 1.8% American Indians and Alaskan Natives. • 2.8% Asian-American. • 1.3% Pacific Islander. • 1.6% African American. • 6.9% Some other race. <p>This information is based on 2010 census data for the state of Utah.</p>	<ul style="list-style-type: none"> • 88.6% White or European. • 87% Non-Hispanic • 13% Hispanic/Latino (of any race). • 1.8% American Indians and Alaskan Natives. • 2.8% Asian-American. • 1.3% Pacific Islander. • 1.6% African American. • 6.9% Some other race. <p>This information is based on 2010 census data for the state of Utah.</p>
Virginia	No answer provided	
Wisconsin	http://dcf.wisconsin.gov/researchandstatistics/default.htm	
Wyoming	Education levels vary; the average socio-economic base is \$15,000-35,000 net, average ages range between 30-45 years. Various languages: English, Spanish, German, French Navajo, Thailand, Japanese	Education levels vary; the average socio-economic base is \$15,000-35,000 net, average ages range between 30-45. Various languages: English, Spanish, German, French Navajo, Thailand, Japanese

Table D.8. Question 8: Who are the childcare facility sponsors?

State	Centers	In Home
Alabama	For Profit, Non Profit, Private, Military, Church	For Profit, Non Profit, Private, Military, Church, Governmental agency
Alaska	State of Alaska and Municipality of Anchorage do not have child care sponsors.	
California	Nonprofit, For-profit, SFAs, Emergency Shelters, Adult Day Care Centers, and Public Agencies.	Day Care Home Sponsors manage Day Care Homes.
Colorado	71 Sponsor of Centers that oversee multiple sites such as childcare centers, head start, or afterschool at-risk.	We have 8 Family Day Care Homes Sponsors that are administratively responsible for overseeing homes.
Delaware	Delaware Parents Association Catholic Charities Children and Families First	
Florida	www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/index.html#providers FAMILY CENTRAL, INC. HIGHLAND FOOD RESOURCES, INC. CORNERSTONE FAMILY MINISTRIES CHILD CARE OF SOUTHWEST FL., INC. CHILDHOOD DEVELOPMENT SERVICES, INC COM. COORD. CARE FOR CHILD. (4C) R'CLUB CHILD CARE INC THE HOUSE NEXT DOOR	Lutheran Services Florida, Inc. Child Watch, Inc. Eglin Family Child Care MWR Child Development Home Tyndall AFB FCC Macdill 6 FSS/FSFF West Coast Cc Food Program, Inc. Hurlburt Field FCC Family Central, Inc. Com. Coord. Care For Child. (4c) MWR /Child Development Morale Welfare, And Recreation Navy Child And Youth Programs Childcare Of Southwest Florida, Inc. Childhood Dev. Services, Inc. Patrick Air Force Base Family Child Infant And Child Nutrition Inc. Interact Food Program Children's Nutrition of FL Inc. The House Next Door, Inc. Early LRN Coalition of Escambia City Family Resources, Inc. R'Club Child Care Inc.
Georgia	Private for-profit or non-profit organizations with tax exempt status issued by the IRS.	Private for-profit or non-profit organizations with tax exempt status issued by the IRS.
Hawaii	Nonprofit such as Economic Opportunity Council Private, Head Start group, For profits, military	Private, nonprofit, military
Idaho	Head Start Centers, For-profit and	Family daycare homes with 12 or less

Table D.8. Question 8: Who are the childcare facility sponsors?

State	Centers	In Home
	Nonprofit Child Care Centers, Afterschool Centers, Emergency Shelters, Church Child Care Centers, College/University Centers. Centers with 13+ children in care	children in care
Illinois	No answer provided	
Indiana	Child Care Resource & Referral agencies as well as independent.	Child Care Resource & Referral agencies as well as independent.
Iowa	No answer provided	
Kansas	Independent non-profit and for-profit centers, Churches, Schools, food Banks, Community Organizations (YMCAs, Boys and Girls Clubs, etc), Home Sponsoring Organizations	20 sponsoring organizations in Kansas. The majority of home sponsors are non-profit organizations that sponsor day care homes in the CACFP. This is the primary funding source for these organizations. Many also serve as resource and referral agencies. One sponsoring organization is located on a military base and only sponsors homes and centers. Locally controlled, private, non-profit organization – part of America’s poverty fighting network.
Louisiana	For CACFP, any organization – private, public, or sole proprietorship - may sponsor child care facilities. (different requirements may apply depending on the situation)	For CACFP, only non-profit organizations, or public/gov’t agencies may sponsor Day Care Homes.
Maine	Non-profit Community Agencies	Non-profit Community Agencies
Maryland	Organizations	Organizations
Minnesota	DOE-CACFP (large and Corporation)	
Montana	For-profit centers, nonprofit centers, Head Starts, community action agencies, schools, colleges, churches, food banks, boys & girls clubs, and others	Non-profit sponsoring organizations of day care homes
Nebraska	UNK	UNK
Nevada	Sponsor list attached	Sponsor list attached
New Hampshire	No answer provided	
New Jersey	http://www.nj.gov/njparentlink/childcare/licensing/	-
New York	Not for profit 501(c)(3) Secular, faith based	Not for profit 501(c)(3)

Table D.8. Question 8: Who are the childcare facility sponsors?

State	Centers	In Home
	For profit Educational Government Tribal	
North Dakota		SENDCAA, NDC, ABC, Heartland
Oklahoma	No answer provided	
Utah	There are 34 sponsors of multiple sites who sponsor licensed child care centers and head start centers (I did not include at risk as I believe you wanting information on childcare) These sponsors oversee anywhere from 2 different centers to 40 centers	The state of Utah has 7 sponsors of Family Day Care Homes. 6 are non-profit organizations and 1 is a public institution (University).
Virginia	No answer provided	
Wisconsin	2 Unaffiliated child care sponsors in WI	FDCH sponsors: 6 in Wisconsin
Wyoming	74 sponsors for 152 centers	Wyoming Nutrition Services- Department of Education, CACFP, could better answer the sponsor questions.

Table D.9. Question 9: What type of food safety regulations apply for childcare operations? State/Local, Food Code. How are these regulations different for centers and in-home child cares?

State	Centers	In Home
Alabama	We follow DHR Licenses, Health Permit, Fire Marshall Reports and Food Permit requirements	We follow DHR Licenses, Health Permit, Fire Marshall Reports and Food Permit requirements
Alaska	<p>The State of Alaska Child Care Licensing regulations have health and safety, sanitation, and nutrition requirements as they pertain to licensing and/or other departmental, division, municipal, Child Care Regulation Questionnaire State of Alaska Page 6 of 9 and federal regulations. Nutrition requirements under 7 AAC 57.560 require a child care facility to ensure that snacks and meals meet the child care food program requirement 7 C.R.F 226.20.</p> <p>The Municipality of Anchorage regulations have health and safety, sanitation, and nutrition requirements as they pertain to licensing and/or other departmental, division, municipal, and federal regulations. Nutrition requirements under AMC 16.55.400 require a child care facility to ensure that snacks and meals meet the child care food program requirements. Licensed centers, group homes, and homes participating in the Child and Adult Care Food Program who receive a food service permit must be in compliance with the Department of Environmental Conservation regulations of 18 AAC 51 in addition to the regulations for the Child and Adult Care Food Program.</p> <p>An entity that is exempt under 18 AAC 31.012 or 18 AAC 31.014 from the requirements of 18 AAC 31 shall maintain sanitary facilities for the proper care, storage, refrigeration, and preparation of food. (State of Alaska)</p> <p>Note: both the State of Alaska and Municipality of Anchorage regulations require all child care facilities to meet the child care food program requirements.</p>	
California	<p>Licensed child care agencies follow local licensing health and safety standards.</p> <p>CACFP center sponsors with unlicensed sites are required to identify and comply with local health and safety standards:</p> <p>-Per Title 42, U.S. Code (42 USC), Section 1766(a)(5)(C), of the Richard B. Russell National School Lunch Act (NSLA) (42 USC, Part 1751): "... (C) if the institution provides care to school children outside of school hours and Federal, State, or local licensing or approval is not required for the institution, meet State or local health and safety standards."</p>	Licensed Day Care Homes follow local licensing health and safety standards.

Colorado	Centers are required to follow the Colorado Retail Food Establishment Rules and Regulations with some exceptions.	Home child care facilities do not follow health and sanitation regulations.
Delaware	Centers require a food permit if transporting food off-site. Centers must have a separate hand-washing sink in the kitchen.	Large Family Child Care Homes require a separate handwashing sink in the kitchen, however Family Child Care Homes do not.
Florida	DCF: http://ccrain.fl-dcf.org/documents/2/470.pdf pages 15, 33-35, 37, 50-53, 63 See county-specific information above (#6)	DCF: http://ccrain.fl-dcf.org/documents/2/469.pdf page 12
Georgia	Details included in the state's childcare rules. http://www.decal.ga.gov/ChildCareServices/RulesAndRegulations.aspx	Details included in the state's childcare rules. http://www.decal.ga.gov/ChildCareServices/RulesAndRegulations.aspx
Hawaii	Placard at each center	Placard at homes not participating in CACFP. CACFP participating homes inspected by Sponsor monitor 3 times a year.
Idaho	Idaho Food Code- State licensing will allow health and safety inspections every 2 years but some local licensing agencies require health and safety inspections annually.	Idaho Food Code- State licensing will allow health and safety inspections every 2 years but some local licensing agencies require health and safety inspections annually.
Illinois	No answer provided	
Indiana	Licensed Centers must follow 410 IAC 7-24, rules for Retail Food Establishments which requires them to have a certified "food service Manager" onsite for all food prep and service. Registered Ministries (as well as any 503c or non-profit) are exempt from 410 IAC 7-24, but must have a person onsite for meals and snacks who has been trained in food service sanitation. OECOSL offers a free training that meets the requirement, and has approved "food service Handler" trainings offered online as an equivalent. 470 IAC 3-4.5-5 Food service sanitation Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 5.	470 IAC 3-1.1-47 Sanitation Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 47. (a) The licensee shall provide and maintain screens for windows and exterior doors when windows and doors are kept open for ventilation. (b) The licensee shall ensure that the child care home has hot and cold running water and at least one (1) toilet and sink accessible to children on each floor of the home where services are provided. Water from a source other than a regular municipal water supply shall be tested annually for compliance with water quality requirements. (c) Direct child care providers shall

	<p>(a) Food Service. The kitchen and any other food preparation area shall be maintained in a clean and sanitary condition; separate from areas used for any other purpose, and shall be so located that it is not used as a throughway to other rooms or areas. The kitchen shall not be used for children's activities or naps, a dining or recreational area for adults, or as an office. (b) Food Safety. All foods provided by the facility, for children enrolled in the day care ministry, shall be from a food establishment, inspected and approved by a governmental agency. Food items shall be received at the facility in the original, unopened, undamaged packaging and shall be properly protected from damage and potential contamination. Food shall be free from spoilage, filth, or other contamination and shall be safe for human consumption. The temperature of all potentially hazardous food shall be 45° F. or below or 140° F. or above at all times. Frozen food shall be kept frozen and should be stored at a temperature of 0° F. or below. (c) Refrigerator and Freezers. Enough conveniently located refrigeration facilities shall be provided to assure the maintenance of potentially hazardous food at required temperatures during storage. Refrigerators and freezers shall be in good condition, clean, and shall maintain the proper temperatures. Each compartment of the refrigerator and freezer shall be provided with an accurate thermometer, in good position for daily monitoring. (d) Ranges. Enough conveniently located ranges shall be provided to assure the maintenance of hot, potentially hazardous food at the required temperatures during storage. Ranges</p>	<p>wash and sanitize all food preparation areas, serving areas, and utensils daily. (d) Caregiver shall keep garbage in containers with tight-fitting lids and remove it from the premises at least once a week. Waste paper need not be kept in a closed container. (Division of Family Resources; 470 IAC 3-1.1-47; filed Nov 14, 1991, 1:00 p.m.: 15 IR 503; filed Jul 3, 1996, 5:00 p.m.: 19 IR 3071; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235)</p>
--	--	--

	<p>shall be in good condition, clean, and in proper and safe operating condition. (e) Dishwashing. Any multi-use utensils, tableware, or kitchenware shall be washed and sanitized between each use.</p> <p>Dishwashing and sanitizing shall be conducted mechanically in a commercial dishwasher or manually in a three (3) compartment sink, one (1) of these may be a portable sink or container, deep enough to permit total immersion of the articles used by the facility. Drain boards or movable dish tables of adequate size shall be provided. The manual dishwashing procedure shall consist of thoroughly washing multi-use utensils and equipment in a detergent solution in the first compartment of the sink, and rinsing free of such solutions in the second compartment of the sink. A sink used for dishwashing shall not be used for hand washing. All eating and drinking utensils and, where required, the food-contact surfaces of all other equipment and utensils shall be sanitized in the third compartment by one (1) of the following methods: (1) immersion for at least one-half (1/2) minute in clean, hot water maintained at a temperature of at least 170° F.; or (2) immersion for at least one (1) minute in clean water which is at a temperature of at least 75° F. and which contains an approved sanitizing agent at an effective concentration. Cleaned and sanitized equipment and utensils shall always be air dried, never towel dried. An alternative to dishwashing is the use of sturdy, all disposable, single-service articles and utensils. Reuse of single-service articles and utensils is prohibited. All permanent ware infant feeding bottles and reusable nipples provided by the facility shall</p>	
--	---	--

	<p>be washed and sanitized by the facility after each use as follows: Prewash in hot detergent water in a non-hand washing sink; scrub bottles and nipples inside and out with bottle and nipple brush; squeeze water through nipple hole during washing; and rinse well with clean, hot water. Boil in clear water – bottles for five (5) minutes; nipples and caps, collars, and tongs for three (3) minutes; and air dry. Store each item separately in clean, covered, labeled containers. (f) Storage. Containers and packages of food cleaned and sanitized utensils, equipment, and single service articles shall be stored at least six (6) inches above the floor in a clean, dry location in such a way that protects them from contamination, cleaning compounds, and toxic or hazardous materials. This does not apply to cased food packaged in waterproof containers. (g) Hygiene. A sink used exclusively for hand washing shall be located in the kitchen and supplied with soap and disposable towels from a dispenser. Persons who prepare, handle, and serve food shall thoroughly wash their hands with soap and water and use disposable towels for drying. Hand washing shall be done before starting work and as often as necessary to keep them clean. Persons who prepare and handle food shall wear clean, washable garments (aprons or smocks) and effective hair restraints. All food preparation and eating surfaces shall be sanitized before and after use.</p>	
Iowa	<p>Pets are not permitted in kitchen or food prep areas 441—109.15(237A) Food services. Centers participating in the USDA Child and Adult Care Food Program (CACFP) may have requirements that differ from those outlined in this</p>	<p>(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times</p> <p>All medications shall be stored properly and, when refrigeration is</p>

	<p>rule in obtaining CACFP reimbursement and shall consult with a state CACFP consultant.</p> <p>109.15(1) Nutritionally balanced meals or snacks. The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program (CACFP) guidelines and shall ensure that staff provide supervision at the table during snacks and meals Children remaining at the center two hours or longer shall be offered food at intervals of not less than two hours or more than three hours apart unless the child is asleep.</p> <p>109.15(2) Menu planning. The center shall follow the minimum CACFP menu patterns for meals and snacks and serving sizes for children aged infant to 13 years. Menus shall be planned at least one week in advance, made available to parents, and kept on file at the center. Substitutions in the menu, including substitutions made for infants, shall be noted and kept on file. Foods with a high incident rate of causing choking in young children shall be avoided or modified. Provisions of this sub-rule notwithstanding, exceptions shall be allowed for special diets because of medical reasons in accordance with the child's needs and written instructions of a licensed physician or health care provider.</p> <p>109.15(3) Feeding of children under two years of age. a. All children under 12 months of age shall be fed on demand, unless the parent provides other written instructions. Meals and snacks provided by the center shall follow the CACFP infant menu patterns. Foods shall be appropriate for the infant's nutritional requirements and eating abilities. Menu patterns may be modified according to written instructions</p>	<p>required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications</p> <p>110.5(7) Meals. Regular meals and midmorning and midafternoon snacks shall be provided which are well-balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food</p>
--	--	--

	<p>from the parent, physician or health care provider. Special formulas prescribed by a physician or health care provider shall be given to a child who has a feeding problem. b. All children under six months of age shall be held or placed in a sitting-up position sufficient to prevent aspiration during feeding. No bottles shall be propped for children of any age. A child shall not be placed in a crib with a bottle or left sleeping with a bottle. Spoon feeding shall be adapted to the developmental capabilities of the child. c. Single-service, ready-to-feed formulas, concentrated or powdered formula following the manufacturer's instructions or breast milk shall be used for children 12 months of age and younger unless otherwise ordered by a parent or physician. d. Whole milk for children under age two who are not on formula or breast milk unless otherwise directed by a physician. e. Cleaned and sanitized bottles and nipples shall be used for bottles prepared on site. Prepared bottles shall be kept under refrigeration when not in use.</p> <p>109.15(4) Food brought from home. a. The center shall establish policies regarding food brought from home for children under five years of age who are not enrolled in school. A copy of the written policy shall be given to the parent at admission. Food brought from home for children under five years of age who are not enrolled in school shall be monitored and supplemented if necessary to ensure CACFP guidelines are maintained. b. The center may not restrict a parent from providing meals brought from home for school-age children or apply nutritional standards to the meals. c. Perishable foods brought from home shall be maintained to avoid</p>	
--	--	--

	<p>contamination or spoilage. d. Snacks that may not meet CACFP nutrition guidelines may be provided by parents for special occasions such as birthdays or holidays. 109.15(5) Food preparation, storage, and sanitation. Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the National Health and Safety Performance Standards and provide:</p> <p>a. Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria. b. Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent the transmission of disease, infestation of insects and rodents, and the spoilage of food. Staff preparing food who have injuries on their hands shall wear protective gloves. Staff serving food shall have clean hands or wear protective gloves and use clean serving utensils. c. Sanitary methods for dish-washing techniques sufficient to prevent the transmission of disease. d. Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents. 109.15(6) Water supply. The center shall ensure that suitable water and sanitary drinking facilities are available and accessible to children. Centers that serve infants and toddlers shall provide individual cups for drinking in addition to drinking fountains that may be available in the center. a. Private water supplies shall be of satisfactory bacteriological quality as shown by an annual laboratory analysis. Water for the analysis shall be drawn between May 1 and June 30 of each year. When the center provides care for children under two years of age, a nitrate analysis shall</p>	
--	--	--

	also be obtained. b. When public or private water supplies are determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or water treated through a process approved by the health department or designee shall be provided	
Kansas	No answers provided	
Louisiana	CACFP defers to Licensing, Department of Health and Hospitals, and the State Fire Marshal's Office.	CACFP has no specific food safety requirements beyond what the State Fire Marshal's Office requires upon inspection. CACFP sponsors are encouraged to include food safety instructions/materials in their annual trainings with the in-home providers.
Maine	No answer provided	
Maryland	Code of Maryland Regulations COMAR 13A.16.12 Nutrition .01 Food Service. A. Food and Beverages. (1) Food and beverages that are furnished by an operator for meals or snacks, or both, shall comply with the guidelines of the Child and Adult Care Food Program of the U.S. Department of Agriculture, as indicated on a chart supplied by the office. (2) For children in care, the operator shall furnish: (a) All beverages, including beverages for meals and snacks; and (b) Milk with all meals. (3) A beverage furnished by the operator may not contain an added sweetener or caffeine, except for: (a) Infant formula; or (b) A beverage prescribed for a child by a health care provider. (4) If a child is: (a) Younger than 2 years old, milk furnished to the child shall be supplied or approved by the child's parent; or (b) 2 years old or older, milk furnished to the child by the operator shall be 1% fat milk or nonfat milk, unless otherwise ordered by a health care provider or requested by the parent. (5) The operator may arrange with a child's	Code of Maryland Regulations COMAR 13A.15.12 Nutrition .01 Nutrition and Food Served. A. Food and beverages that are furnished by a provider for meals or snacks, or both, shall comply with the guidelines of the Child and Adult Care Food Program of the U.S. Department of Agriculture, as indicated on a chart supplied by the office. B. For children in care, the provider shall furnish: (1) All beverages, including beverages for meals and snacks; and (2) Milk with all meals. C. A beverage furnished by the provider may not contain an added sweetener or caffeine, except for: (1) Infant formula; or (2) A beverage prescribed for a child by a health care provider. D. If the child is: (1) Younger than 2 years old, milk furnished to the child shall be supplied or approved by the child's parent; or (2) 2 years old or older, milk furnished to the child by the provider shall be 1% fat milk or nonfat milk, unless otherwise ordered by a health care provider or requested by the child's parent. E. The provider may arrange with the child's parent to furnish milk of a type that is different from the milk ordinarily

	<p>parent to furnish milk of a type that is different from the milk ordinarily furnished by the operator. (6) The operator shall keep a supply of nutritious food on hand in order to provide food to a child whose parent has not supplied: (a) Food for meals or snacks; or (b) Sufficient food to meet the standards of the Child and Adult Care Food Program of the U.S. Department of Agriculture. B. Hours of Operation. If a center operates: (1) 4 or more consecutive hours a day, the operator shall furnish either: (a) All meals and snacks; or (b) Snacks; or (2) Less than 4 consecutive hours a day, the operator shall either: (a) Furnish food and beverages for meals or snacks, or both; or (b) Make arrangements with the parent of a child to provide food and beverages for meals or snacks, or both. C. Except during approved hours of overnight care, an operator shall serve meals and snacks at intervals of not more than 3 hours according to the following schedule: If a child is at a center for: The child shall receive at least: Less than 4 consecutive hours 1 snack 4 to 7 consecutive hours 1 meal and 1 snack 7 to 11 consecutive hours 1 meal and 2 snacks or 2 meals and 1 snack 11 to 14 consecutive hours 2 meals and 2 snacks or 3 meals and 1 snack D. If an operator chooses not to provide meals, the operator shall make arrangements with the parent of each child to provide food for meals. E. Menus. An operator shall: (1) Post in a conspicuous place a weekly planned menu of foods and beverages furnished by the center for meals and snacks; and (2) Keep a dated record of food actually served in the center, and to each child on a modified diet, on file for at least 4</p>	<p>furnished by the provider. F. Except during approved hours of overnight care, a provider shall serve meals and snacks at intervals of not more than 3 hours according to the following schedule: If a child is at providers home for: The child shall receive at least: Less than 4 consecutive hours 1 snack 4 to 7 consecutive hours 1 meal and 1 snack 7 to 11 consecutive hours 1 meal and 2 snacks or 2 meals and 1 snack 11 to 14 consecutive hours 2 meals and 2 snacks or 3 meals and 1 snack G. If a provider chooses not to provide meals, the provider shall make arrangements with the parent of each child to provide food for meals. .02 Food Storage and Cleanliness. The provider or substitute shall: A. Transport, store, prepare, display, and serve food in a safe, sanitary, and healthful manner; B. Refrigerate perishable foods such as meat, milk, and dairy products at or below 40°F; and C. As soon as a child has finished eating, discard any remaining food that has come into contact with: (1) The child's mouth; or (2) A utensil used by the child for eating.</p>
--	---	--

	<p>weeks, correcting the planned menu if necessary. .02 Modified Diet. If an operator agrees to accept a child who requires a modified diet for: A. Medical reasons, the operator shall obtain from the child's parent a written prescription for the diet signed and dated by the child's licensed health practitioner within the previous 6 months; or B. Cultural or religious reasons, the operator shall obtain written, dated instructions for the diet signed by the child's parent. .03 Food Sources. A. An operator shall furnish food at the center only if it is wholesome and free from spoilage, filth, or other contamination and obtained from sources that comply with all laws relating to food, food processing, food handling, and food labeling. B. If an operator contracts to have food furnished from an outside source, such as a catering service, the operator shall ensure that the food: (1) Has been prepared and processed in a licensed food service facility or in a licensed food processing plant; or (2) Consists of a snack or party food which is not potentially hazardous and does not present a significant risk of transmitting food-borne disease. C. An operator may not provide to the children home-canned goods or any other hermetically sealed food prepared in a place other than a licensed food processing establishment. D. An operator: (1) Shall provide only fluid milk and fluid milk products that are: (a) Pasteurized Grade A; (b) Except as provided by §D(3) of this regulation, served from the original container; and (c) Not more than 4 days older than the expiration date marked on the original container; (2) Except as provided at Regulation .06D of this chapter, may use dry milk, dry milk products, or</p>	
--	--	--

	<p>reconstituted dry milk only for cooking purposes; and (3) For meals and snacks, may serve milk family-style from a pitcher or similar container into which the milk has been poured from the original container.</p> <p>.04 Food Storage and Preparation.</p> <p>A. An operator shall: (1) Protect all food from contamination while it is being stored, transported, or displayed; and (2) Prepare and serve food, including infant formula, in a safe, sanitary, and healthful manner.</p> <p>B. There shall be sufficient storage areas for all food brought from home and all food held in reserve for service by the operator. C. Food shall be stored: (1) In an area that is dry, cool, well-ventilated, well-lighted, and equipped with easily cleanable shelving; and (2) At least 6 inches off the floor to facilitate cleaning. D. In a small center, food may be stored: (1) Separately from family food; or (2) With family food if the operator chooses to have the entire family food storage area inspected. E. If food is transferred for storage from its original container, the operator shall provide a secondary storage container that is: (1) Easily cleanable; (2) Nontoxic; (3) Nonabsorbent; (4) Tightly closed; and (5) Clearly labeled as to its contents. F. The operator: (1) May not store food below overhead waste lines; (2) Shall maintain cooked, potentially hazardous hot food at or above a temperature of 140° F; (3) Shall refrigerate potentially hazardous food at or below a temperature of 40° F; (4) Shall keep frozen food at or below 0° F; and (5) Shall restrict the movement of pets and other animals so that food and food contact surfaces are not contaminated. G. Single service items such as paper</p>	
--	--	--

	<p>and plastic cups, containers, lids, plates, knives, forks, spoons, and placemats shall be: (1) Used only once; and (2) Stored, handled, and dispensed to protect them from contamination. H. During an activity in which the children prepare food, the activity shall be planned and carried out in a manner consistent with the safety and health practices required in this subtitle. I. The operator shall discard: (1) All spoiled fruits, vegetables, or other food; (2) Refrozen food; (3) Potentially hazardous frozen food that has been thawed and not immediately cooked and served; (4) Swelled, rusty, or leaky canned foods; (5) Foods exposed to fire, smoke, or water damage; (6) After a child finishes eating, any remaining food that has come into contact with: (a) The child's mouth; or (b) An eating utensil that has been used by the child; and (7) After being left out for consumption by children during a meal or snack, any milk remaining in an opened original container, a pitcher or similar container, or a drinking vessel. J. The operator shall send home or discard at the end of each day all opened containers of food brought from home for a child. .05 Food Preparation Area and Equipment. A. Appliances and equipment in the food preparation area shall be: (1) Cleaned and sanitized; (2) In good repair; (3) Capable of normal operation; and (4) Not conducive to the harboring of insects and rodents. B. Food contact surfaces shall be nontoxic, smooth, in good repair, and free of breaks, open seams, cracks, pits, and similar imperfections. C. Refrigeration shall be: (1) Of sufficient capacity to store all food and beverages that require</p>	
--	---	--

	<p>refrigeration; (2) Operated at or below 40° F; and (3) Equipped with an indicating thermometer graduated at 2° F intervals. D. All frozen food units shall be operated at 0° F or less, and shall be provided with an indicating thermometer. E. Centers operating more than 4 consecutive hours shall provide refrigeration. F. Except in a small center or when only snacks are provided by the operator, a separate handwashing sink which is equipped with soap and paper towels shall be provided in or adjacent to each food preparation area. Food preparation and utensil washing sinks may not be used for handwashing. G. A cooking exhaust hood shall be provided when routine cleaning does not eliminate condensation or greasy film.</p> <p>H. Utensils and equipment used for the preparation and service of food and beverages shall be cleaned, sanitized, air dried, and stored in a manner approved by the office. .06 Infant Feeding.</p> <p>A. The operator shall ensure that the written feeding schedule for an infant or toddler, as required by COMAR 13A.16.03.02D(1), is: (1) Followed; and (2) Updated as necessary or at least every 3 months while the child is in care. B. Infant Self-Feeding. (1) An infant shall be held for each bottle feeding except when the infant or toddler is developmentally able and insistent upon self-feeding. (2) When an infant or toddler holds the bottle, the infant or toddler may do so only: (a) When seated; and (b) If the bottle is made of unbreakable material. C. Except as specified by §D of this regulation, an operator may serve an infant or toddler only developmentally appropriate: (1) Commercially prebottled formula;</p>	
--	---	--

	<p>(2) Breast milk, formula, juice, or water which has been prebottled for the child and provided by the child's parent;</p> <p>(3) Commercially processed baby food that is opened and used the same day; (4) Commercial infant formula, in concentrate, powder, or ready-to-feed form, if the:</p> <p>(a) Child's parent has provided prior written authorization for the use of the formula; and (b) Formula is prepared directly from a factory-sealed container and in accordance with the manufacturer's instructions; and (5) Other foods supplied by the operator or the parent that are consumed the same day. D. Only whole, pasteurized milk will be served to an infant or toddler who is not receiving formula or breast milk, except that skim milk, reconstituted nonfat dry milk, or 1—2 percent milk may be served upon the written prior approval of the child's parent and health care provider. E. An operator shall ensure that:</p> <p>(1) All infant foods and bottles are labeled with the infant's name, dated, and refrigerated at 40° F or below if potentially hazardous; (2) All nipples on bottles are protected; (3) Breast milk or formula which has been bottled for the child is: (a) Placed immediately in a refrigerator when brought to the center; (b) Warmed to the desired temperature immediately before feeding; and (c) Served to the child at a temperature that is safe and conducive to the child's comfortable feeding; (4) Foods that present a high risk of choking for infants and toddlers are not served to them; and (5) Reusable bottles and nipples are:</p> <p>(a) Reused only after they have been washed, rinsed, and sanitized; or (b) If supplied by the child's parent, rinsed after use and returned</p>	
--	--	--

Minnesota	Dept. of Health (Food Pools & Lodging)	
Montana	Centers are subject to public state and local food safety regulations enforced by child care licensors and sanitarians or environmental health officers.	Homes are not subject to public regulations or sanitarian inspections. Homes are subject to child care licensing standards containing basic food safety standards limited to day care homes.
Nebraska	Centers required to meet State Food Code. Have inspections by health inspector, including review of food safety/food prep areas.	Regulations require foods must be stored, prepared, protected, served and disposed of in a safe and sanitary manner. Includes: food storage, equipment be cleanable and in good repair, equipment sanitizing methods for dishes/utensils
Nevada	<p>Both child care and health department regulations include food safety regulations.</p> <p>State Food Establishment Regulations</p> <p>See NRS 446.941</p> <p>Comments: Requires child care facilities to only serve commercially prepared foods if they have non-permitted kitchens (non-commercial).</p> <p>State Child Care</p> <p>NAC432A.385.1 (g-n)</p> <p>Discard any food that is left in a dish after a meal;</p> <p>(g) Ensure that bottles and containers of food are not kept in water longer than 5 minutes, and stir, shake and test a bottle or container of food before using the bottle or container to feed an infant;</p> <p>(h) Not hold an infant while preparing food;</p> <p>(i) On a daily basis, empty, clean and sanitize any pot used to warm a bottle or food;</p> <p>(j) Store each bottle of formula and container of food in accordance with the instructions from the manufacturer of the formula or food;</p> <p>(k) Label each bottle of formula and container of food with the name of the child to whom it belongs and the date the formula or food was</p>	<p>Both child care and health department regulations include food safety regulations.</p> <p>State Food Establishment Regulations</p> <p>See NRS 446.941</p> <p>Comments: Requires child care facilities to only serve commercially prepared foods if they have non-permitted kitchens (non-commercial).</p> <p>State Child Care</p> <p>NAC432A.385.1 (g-n)</p> <p>Discard any food that is left in a dish after a meal;</p> <p>(g) Ensure that bottles and containers of food are not kept in water longer than 5 minutes, and stir, shake and test a bottle or container of food before using the bottle or container to feed an infant;</p> <p>(h) Not hold an infant while preparing food;</p> <p>(i) On a daily basis, empty, clean and sanitize any pot used to warm a bottle or food;</p> <p>(j) Store each bottle of formula and container of food in accordance with the instructions from the manufacturer of the formula or food;</p> <p>(k) Label each bottle of formula and container of food with the name of the child to whom it belongs and the date the formula or food was prepared by the facility or was</p>

	<p>prepared by the facility or was prepared or purchased by the parent;</p> <p>(l) Immediately refrigerate and label each container of breast milk provided by a parent;</p> <p>(m) Return each bottle to the appropriate parent each day;</p> <p>(n) Return any unused, open container of food to the appropriate parent each day if the child was not fed directly from the container of food</p> <p>NAC432A.385.3</p> <p>The staff of a facility may feed a child commercially prepared baby food directly from the jar in which it was packaged or from a separate dish. If the staff feeds the child from the jar, the staff shall discard the jar after it is used.</p> <p>Local Health Departments</p> <ul style="list-style-type: none"> • Southern Nevada Health District also has regulations related to food safety in child care facilities, including regulations related to commercial kitchens. See SNHD Child Care Regulations and the Guide for Non-Commercial Kitchens. In some facilities, nursery teachers are not allowed to prepare food for infants. • Food and Safety regulations passed June 15, 2015 by the Washoe County Board of Health Governing Food Establishments are used for permitted kitchens at child care facilities. Only centers that serve milk and open containers of food are required to be permitted by EHS. EHS inspects & investigates all child care facilities with more than 12 children regarding food products, disposal facilities, utensils, equipment and all portions of buildings located on the premises. 	<p>prepared or purchased by the parent;</p> <p>(l) Immediately refrigerate and label each container of breast milk provided by a parent;</p> <p>(m) Return each bottle to the appropriate parent each day;</p> <p>(n) Return any unused, open container of food to the appropriate parent each day if the child was not fed directly from the container of food</p> <p>NAC432A.385.3</p> <p>The staff of a facility may feed a child commercially prepared baby food directly from the jar in which it was packaged or from a separate dish. If the staff feeds the child from the jar, the staff shall discard the jar after it is used.</p> <p>Local Health Departments</p> <ul style="list-style-type: none"> • Southern Nevada Health District also has regulations related to food safety in child care facilities. • Day care homes are exempt in Washoe County from the food safety regulations requiring permitted kitchens. They follow child care regulations.
New Hampshire	No answer provided	
New Jersey	http://www.nj.gov/dcf/about/divisions/ol/	

New York	There are no written county or local food safety regulations, other than the State sanitary code (provided in separate correspondence).	There are no written county or local food safety regulations.
North Dakota	State or local apply, depending on which have the higher standards. Both follow the food code. Health department inspects centers for pre-opening and annually.	None if they are not on the food program. If on the food program, then they need to follow the requirements from the food program.; no health department involvement, no inspection
Oklahoma	<ul style="list-style-type: none"> • Oklahoma Child Care Services pays for personnel from Oklahoma Health Department to conduct Bi-annual inspections for programs licensed as child care centers. Licensing personnel are expected to follow up on violations. If violations of health requirements place children at risk or remain uncorrected, licensing staff may request an additional inspection. Requirements • General. • (1) Food service. The program is required to meet the requirements per this Section when the program provides food service, including limited food service unless the requirements specifically state otherwise. • (2) Limited food service. Limited food service is when the program serves only non-potentially hazardous foods for immediate consumption and uses only single-service food-contact items per (k) of this Section. However, milk and milk products may be served to children and used in occasional cooking activities with children. o (A) Limited food service also includes when parents provide the meals, snacks, or both, provided the program: § (i) only provides or supplements food according to the limited food service requirements, including on field trips; and § (ii) sends reusable food-contact items home daily. o (B) When the program only provides limited food service: § (i) the program is exempt 	<ul style="list-style-type: none"> • Oklahoma Child Care Services does not require health inspections in family child care homes. If violations of health requirements place children at risk or remain uncorrected, licensing staff may request an additional inspection. Requirements 340:110-3-94. Food and nutrition (h) Food storage. Food is covered and protected from contamination and spoilage while being obtained, stored, prepared, or served. • (1) All equipment and surfaces are maintained in a clean and sanitary condition. • (2) Refrigerated foods are maintained at 41 degrees Fahrenheit or below. Stored frozen foods are maintained frozen. A thermometer is located in the refrigerator. • (3) Chemicals and toxins are not stored in the food storage area. • (4) Dishes washed by hand are sanitized and air-dried. (i) Dishes, cups, and eating utensils. Each child is provided with clean individual dishes, cups, and eating utensils. Disposable items are used only one time.

	<p>from the requirements regarding: § (I) health inspections per Oklahoma Administrative Code (OAC) 340:110-3-276(c) and (d); § (II) food service training per OAC 340:110-3-284.3(c); and § (III) a separate hand washing sink per OAC 340:110-3-300(n); § (ii) some requirements in this Section do not apply, such as the requirements regarding: § (I) potentially hazardous foods. However, when milk is served, the milk requirements per (b) of this Section apply. In addition when conducting a cooking activity with children, the potentially hazardous food requirements apply depending on the ingredients used; § (II) a minimum quantity of food-contact items; § (III) a refrigerator, unless foods require refrigeration including parent provided foods. When applicable, program policy informs parents refrigeration is not provided by the program; § (IV) a microwave, unless foods are microwaved including parent provided foods; and § (V) cooking devices, unless used for occasional cooking activities with children. (b) Food supplies. • (1) Food sources. The food source requirements listed in (A) through (C) of this paragraph are met. o (A) Food is from health department approved sources, such as commercially produced products, or raw fruits and vegetables from farmers' markets and gardens, including personal and the program's gardens. o (B) Only commercially pre-packaged, non-potentially hazardous food items and raw fruits and vegetables may be brought from individual homes for a group. o (C) Food is in sound condition, free from spoilage and contamination, and is safe for human consumption. • (2) Home-canned and hermetically</p>	
--	--	--

	<p>sealed food. Individually home-canned food and food in hermetically sealed containers not prepared in a food processing establishment is not used by the program.</p> <ul style="list-style-type: none"> • (3) Milk products. Milk products meet the requirements listed in (A) through (D) of this paragraph. <ul style="list-style-type: none"> o (A) Only Grade A pasteurized fluid milk and fluid milk products for drinking are used. o (B) Pasteurized dry milk and evaporated milk are used for cooking purposes only. o (C) Milk may be transferred from the original container to serving pitchers. o (D) Milk removed from the original container is not returned to the original container or stored for later use. • (4) Meat, poultry, and fish. Meat, poultry, and fish are obtained from approved sources and have been inspected by the appropriate governmental authorities. • (5) Ice. Ice used for any purpose is made from water that comes from an approved source and is manufactured, stored, transported, and handled in a sanitary manner. <p>(c) Potentially hazardous foods.</p> <ul style="list-style-type: none"> • (1) Cooking. Potentially hazardous foods requiring cooking are cooked so all parts of the food are heated to a temperature of at least 165 degrees Fahrenheit (F) for 15 seconds, except as specified in (2) through (4) of this subsection. • (2) Ground Beef. Ground beef is cooked thoroughly to at least 155 degrees F and until the juice is clear and the meat is no longer pink. • (3) Poultry, stuffed meats, and stuffings. Poultry, poultry stuffings, stuffed meats and stuffings that contain meat are cooked so all parts of the food are heated to at least 165 degrees F with no interruption in the cooking process. • (4) Pork. Pork and any food containing pork are 	
--	--	--

	<p>cooked so that all parts of the food are heated to at least 155 degrees F.</p> <ul style="list-style-type: none"> • (5) Egg products. Only clean, whole-shell, non-cracked eggs that meet AA, A, or B grade standards and are held at 41 degrees F or below during storage, are used. <ul style="list-style-type: none"> o (A) Raw, unpasteurized eggs are not used in uncooked food, such as ice cream and eggnog. o (B) Shelled raw eggs are not held more than four hours. • (6) Reheating foods. Potentially hazardous foods that have been cooked and then refrigerated are reheated rapidly throughout to 165 degrees F or higher before being served. <p>(d) Protecting food.</p> <ul style="list-style-type: none"> • (1) General. Foods are covered and protected from contamination including cross-contamination between raw and cooked foods, toxic substances, or contamination by insects or rodents while being stored, prepared, displayed, dispensed, packaged, or transported. • (2) Bare-hand contact. Personnel: <ul style="list-style-type: none"> o (A) minimize touching food with bare hands while preparing food; and o (B) do not touch unpackaged, ready-to-eat food with bare hands. A barrier, such as gloves, utensils, or wax paper is used to prepare and serve these foods. • (3) Temperature. Perishable foods, including fruits and vegetables, are stored at temperatures that protect against spoilage. <ul style="list-style-type: none"> o (A) Potentially hazardous foods are maintained at safe temperatures of 41 degrees F or below or 135 degrees F or above, except during necessary periods of preparation and service. o (B) Frozen foods are maintained at 0 degrees F or below, except when being thawed: <ul style="list-style-type: none"> § (i) in a refrigerator at 41 degrees F or below; § (ii) under running, safe drinking water at 70 degrees F or below; § 	
--	---	--

	<p>(iii) using the defrost setting on a microwave, provided the food is immediately transferred to conventional cooking equipment with no interruption in the cooking process; or § (iv) as part of the cooking process. • (4) Ice chest. Ice chests may be used on field trips. When an ice chest is used to refrigerate perishable foods or milk:</p> <ul style="list-style-type: none"> o (A) a thermometer is located in the ice chest; o (B) the food or milk is served within four hours and is not re-served or re-refrigerated; o (C) packaged food is not stored in contact with the water or undrained ice; o (D) self-wrapped sandwiches are not stored in direct contact with the ice; and o (E) ice used for refrigeration is not used for any other purpose. <p>• (5) Damaged and unlabeled cans. Food from damaged or unlabeled cans is not used. • (6) Poisonous and toxic materials. Only materials required to maintain sanitary food service area conditions are used or stored in the food service areas. Materials stored in a food service area are clearly identified and stored in a segregated area away from the food, such as under a sink or in a closed cabinet in the storage area. (e) Preparing food. • (1) Cross-contamination prevention. Food is prepared on clean, sanitized, food-contact surfaces and with clean, sanitized, food-contact items. Each new preparation operation begins with clean, sanitized, food-contact surfaces and items, when changing between preparations of:</p> <ul style="list-style-type: none"> o (A) raw beef, pork, poultry, or seafood; and o (B) raw to ready-to-eat foods, including raw fruits and vegetables. <p>• (2) Fruits and vegetables. Raw fruits and vegetables are thoroughly washed with safe drinking water before being cooked or served. (f) Re-serving food. • (1) Portions.</p>	
--	---	--

	<p>Individual and family-style portions of food once served are not served again. • (2) Wrapped food. Wrapped food that remains properly maintained and has not been unwrapped may be served again. (g) Transporting food. • (1) Temperature. During transportation, potentially hazardous food is kept at 41 degrees F or below or 140 degrees F or above. • (2) Storage. During transportation, food is in covered containers, completely wrapped, or packaged to protect from contamination. (h) Catering food. • (1) Food source. When catering services are used, food is obtained from a food service establishment licensed by the health department. • (2) Approval. Procedures and equipment for transporting meals are approved by the health department. (i) Food-contact items and surfaces. • (1) Condition. Food-contact surfaces and items, such as kitchenware, utensils, tableware, service items, and storage items that come into contact with food are designed and constructed of safe, non-toxic materials and are smooth, non-absorbent, easily cleanable, durable, and in good repair. • (2) Quantity. An adequate quantity of food-contact items is available to ensure complete food service for at least one meal for the licensed capacity. However, when the program does not serve meals or snacks to the entire licensed capacity, the program is only required to have an adequate quantity for the number of children eating. (j) Equipment. • (1) Installation. Equipment is installed to facilitate cleaning of the equipment and adjacent areas. • (2) Refrigerators. Refrigerators maintain the food at 41 degrees F or</p>	
--	--	--

	<p>below. Ice chests are not a replacement for this requirement. •</p> <p>(3) Thermometers. The thermometer requirements listed in (A) and (B) of this paragraph are met. (A) Thermometers are located in a designated location, chosen by the program, in each refrigerator and freezer used for children's food so personnel can easily ensure accurate temperatures. (B) A temperature measuring device is available to check the food temperatures when cooking. • (4) Microwaves. The microwave requirements listed in (A) and (B) of this paragraph are met. (A) Personnel are instructed on how to assess safe temperatures when microwaves are used to warm children's food. (B) A warning is posted per OAC 340:110-3-281.1(f).</p> <p>(k) Cleaning and sanitizing. • (1) Refrigerators. Refrigerators do not have accumulations of soils, food particles, and other debris. • (2) Cooking devices. Cooking devices do not have accumulations of soils, food particles, encrusted grease deposits, or other debris. • (3) Food-contact items and surfaces. Food-contact items and surfaces are washed, rinsed, and sanitized after each use by using one of the following methods. (A) Automatic dishwashers, commercial or domestic, may be used provided the heat or chemical sanitizing cycles are properly installed and the machine is operated in a manner that allows completion of a sanitizing cycle without opening the machine. Adequacy of the sanitizing cycle is determined by the generally accepted test methods. (B) Manual dishwashing may be done provided the requirements listed in (i) and (ii) of this subparagraph are met. § (i) Three-compartment are used for washing, rinsing, and sanitizing with</p>	
--	---	--

	<p>a: § (I) three-compartment sink; or § (II) one or two-compartment sink with added containers. § (ii) Items are washed, rinsed, sanitized, and dried in this sequence. § (I) Sinks and containers are cleaned prior to use. § (II) In the first compartment, items are thoroughly washed with a food grade detergent in a solution that is kept clean. § (III) In the second compartment, items are rinsed with clean water until they are free of detergent and abrasives. § (IV) In the third compartment, items are sanitized by immersion in a sanitizing solution that is kept clean, unless the equipment design prevents immersion. The solution is required to contain a food grade sanitizer, such as bleach per OAC 340 Appendix NN – Cleaners, Sanitizers, and Disinfectants. § (V) Items are air-dried in a self-draining position before being stored.</p> <p>o (C) Single-service food-contact items, such as plastic utensils and paper plates may be used when the program provides limited food service or does not have adequate and effective facilities for cleaning and sanitizing food-contact items provided the single-service food-contact items are: § (i) stored in closed cartons or containers that protect from contamination; § (ii) used for preparation and service; and § (iii) used only once. (D) Stationary food-contact surfaces, such as counters and appliances are cleaned and sanitized in place. (I) Storage area. • (1) Location. Food and food-contact items are stored above the floor in a clean, dry location. • (2) Quantity. Adequate space is provided for food and food-contact item storage. (m) Food service personnel. • (1) Health. Food service personnel are prohibited when required per OAC 340:110-3-</p>	
--	--	--

	<p>283(e). • (2) Hygiene. Personnel: o (A) wear clean outer garments, maintain a high degree of personal cleanliness, and conform to hygienic practices while on duty; o (B) wash their hands per OAC 340:110-3-294(a); o (C) do not wash their hands in the food preparation or dishwashing sinks; and o (D) keep their fingernails clean and trimmed. (n) Food service - 1-year-olds and younger. Additional food service requirements are met per OAC 340:110-3-298(f).</p>	
Utah	<p>All center staff who are involved in food service must have a current food handler's permit.</p>	<p>Depending on the county the homes resides in licensed family day care homes must have a current foods handler's permit.</p>
Virginia	<ul style="list-style-type: none"> Centers shall follow the most recent, age-appropriate nutritional requirements of a recognized authority such as the Child and Adult Care Food Program of the United States Department of Agriculture (USDA). Food shall be prepared, stored, and transported in a clean and sanitary manner. Children three years of age or younger may not be offered foods that are considered to be potential choking hazards. Contaminated or spoiled food shall not be served to children. 	<ul style="list-style-type: none"> Family day homes shall follow the most recent, age-appropriate nutritional requirements of a recognized authority such as the Child and Adult Care Food Program of the United States Department of Agriculture (USDA). Food shall be prepared, stored, served, and transported in a clean and sanitary manner. To assist in preventing choking, food that is hard, round, small, thick and sticky, or smooth and slippery such as whole hot dogs sliced into rounds, nuts, seeds, raisins, uncut grapes, uncut raw carrots, peanuts, chunks of peanut butter, hard candy, and popcorn shall not be served to children under four years of age, unless the food is prepared before being served in a manner that will reduce the risk of choking, i.e., hot dogs cut lengthwise, grapes cut in small pieces, and carrots cooked or cut lengthwise. Temperatures shall be maintained at or below 40°F in refrigerator compartments and at or below 0°F in the freezer compartments. Refrigerated bottles of prepared formula and breast milk shall be

		discarded after 48 hours if not used. • Bottles shall not be heated in a microwave oven.
Wisconsin	<p>WI Department of Children and Family regulate the child care centers. http://dcf.wisconsin.gov/childcare/licensed/CommManuals/DCF251.HTM</p> <p>http://dcf.wisconsin.gov/childcare/licensed/Index.HTM http://dcf.wisconsin.gov/childcare/licensed/Rules.HTM</p>	<p>Food safety and state and local food code is addressed in the child care education classes, a requirement of becoming regulated. Licensed family home centers http://dcf.wisconsin.gov/childcare/licensed/CommManuals/DCF250.HTM</p> <p>Certified family home centers http://dcf.wisconsin.gov/childcare/certification/default.htm</p>
Wyoming	<p>The licensing rules are the same for both facilities. Department of Agriculture, Health and Sanitation rules differ slightly from homes to Centers. Licensing has combined food safety and nutrition rules combined in each Chapter of the rules: Chapter, 6,7, and 8. https://sites.google.com/a/wyo.gov/early-childcare-and-licensing/child-care-1/home/dfs-in-your-community/child-care-resources/childcare-licensing-rules Chapter 9, Health and Sanitation Rules: https://docs.google.com/a/wyo.gov/viewer?a=v&pid=sites&srcid=d3lvLmdvdnxlYXJseS1jaGlsZGNhcmUtYW5kLWxpY2Vuc2luZ3xneDoxYjc3ZTU3MjM1ZDgxNTIz The major difference is the operation of commercial kitchens versus a home kitchen, food storage, restroom requirements.</p>	

Table D.10. Question 10: Are childcare food service operations inspected? How often? By whom?

State	Centers	In Home
Alabama	They are inspected by DHR, and CNP Auditors	They are inspected by DHR, and CNP Auditors
Alaska	<p>The regional child care licensing oversight agency does not conduct additional food service operations/safety inspections. If a provider is participating in a food service program and has a food service permit the licensing specialist will verify that it is valid.</p> <p>The regional child care licensing oversight agency will address potential food service concerns, if observed while on-site at a licensed center, group home, or home, to the Division of Environment Health Food Safety & Sanitation Program and/or the Child and Adult Food Care Program.</p> <p>The State of Alaska Division of Environmental Health Food Safety & Sanitation Program conducts inspections. Additionally, the Alaska Department of Education and Early Development that houses the Child and Adult Care Food Program conducts site monitors per their website. For additional information of frequency refer to each division's regulations and/or websites for further information.</p> <p>Source: Child and Adult Care Food Program https://education.alaska.gov/tls/cnp/CACFP2.html Food Safety & Sanitation Program http://dec.alaska.gov/eh/fss/index.htm Department of Environmental Conservation Regulations https://dec.alaska.gov/Commish/regulations/index.htm</p>	
California	The agency's local health department inspects childcare food service operations, and the agency is then required to submit this to the CDE annually.	The agency's local health department inspects childcare food service operations, and the agency is then required to submit this to the state annually.
Colorado	Yes, by state or local health departments. They are required to be inspected once every 2 years but many agencies follow a risk based inspection methodology and inspections occur twice per year, once per year, or once every 2 years, based on risk.	
Delaware	The Office of Child Care Licensing conducts an annual inspection, unless a complaint is received. If a complaint is received the Office of Child Care Licensing will inspect the center within 10 days of receiving the complaint.	The Office of Child Care Licensing conducts an annual inspection, unless a complaint is received. If a complaint is received the Office of Child Care Licensing will inspect the center within 10 days of receiving the complaint.
Florida	CCFP: General inspections by	CCFP: General inspections by day care

Table D.10. Question 10: Are childcare food service operations inspected? How often? By whom?

State	Centers	In Home
	program staff once/year plus any additional necessary follow-ups, technical assistance visits. Sponsored sites are monitored by sponsor staff. *Licensing authority inspects the food service operation at the frequency of three times per year plus any necessary re-inspections and/or complaint investigations.	home sponsor staff. *Licensing authority inspects the food service operation at the frequency of two times per year plus any necessary re-inspections and/or complaint investigations.
Georgia	Local license authority: if licensed, twice per year. CACFP participants: in agreement with the state agency, once every two or three years; with a sponsor, three times per year.	Local license authority: if licensed, twice per year. CACFP participants: with a sponsor, three times per year.
Hawaii	Department of Health Annually	The CACFP Sponsoring Agency Three times a year during monitoring visits Dept. of Health will start inspections of non-participating CACFP homes
Idaho	Depends if licensed by city or state – See answer above. Health Department inspects centers and homes. Indian reservations inspect their own facilities.	
Illinois	No answer provided	
Indiana	Centers are inspected at least once annually by licensing consultants. The inspection is unannounced. Ministries are inspected twice annually by licensing consultants. Both inspections are unannounced.	Homes are inspected at least once annually by licensing consultants. The inspection is unannounced.
Iowa	CACFP if participating Annual inspections by DHS staff	
Kansas	No answer provided	
Louisiana	CACFP observes food service at participating sponsors no less than once every three years. See Licensing requirements for information on their inspections.	In-Home Day Care Providers are monitored by Sponsors no less than three times a year. Meal service is observed during these visits. See Licensing requirements for information on their inspections.
Maine	CACFP Administrative Reviews are conducted once every 2 or 3 years; part of the review process	Day care home CACFP sponsors conduct visits 3 times each year and at least 1 of those visits involves viewing a

Table D.10. Question 10: Are childcare food service operations inspected? How often? By whom?

State	Centers	In Home
	<p>is a walk-through of the kitchen during food prep time. Child care licensing requirements are attached under the name of for child care centers</p> <p>The site is inspected by both us and the state fire marshal's office before a license or certificate is issued. Requirements like the example you give is probably coming from them, since it's not in our rule. We both inspect all areas of the site (home or center) that will be occupied by kids, but our focus in on child care rules and theirs is on the life safety code, so they have more attentiveness to heat sources, fire exits, extinguishers/sprinklers, and firewalls/doors than we do. Our inspections focus on the cleanliness of the cooking area, safe storage of food, and fridge/freezer temps. I can send the relevant sections if that helps.</p>	meal service. Child care licensing inspects kitchens as well.
Maryland	<p>Yes – at least once a year by child care licensing specialists</p> <p>Local health officers may inspect based on jurisdictional requirements for food services – frequency and by whom would depend on jurisdiction.</p>	Yes – at least once a year by child care licensing specialists
Minnesota	Dept. of Health	
Montana	Yes, on-site inspections by sanitarians or environmental health officers annually.	Beginning in 2016, child care licensing will review basic food safety standards on-site for homes annually.
Nebraska	Law requires DHHS inspect facilities at least 1 or 2 each year depending on capacity. Health inspections occur every two years.	DHHS inspects at least 1 each year. Health inspectors will visit if DHHS has a concern and makes a referral.
Nevada	Clark County: annually by Southern Nevada Health District, Environmental Health Specialists	Clark County: annually by Southern Nevada Health District Environmental Health Specialists

Table D.10. Question 10: Are childcare food service operations inspected? How often? By whom?

State	Centers	In Home
	<p>15 Other Counties: annually by Nevada State Child Care Licensing inspectors</p> <p>Washoe County: annually by Washoe County District Health Department, Environmental Health Specialists and twice a year by Child Care Licensing.</p>	<p>15 Other Counties: annually by Nevada State Child Care Licensing inspectors</p> <p>Washoe County: District Attorney determined homes are exempt from inspections by the Health Department. Child Care Licensing looks for basic health and safety issues in the kitchen twice a year.</p>
New Hampshire	No answer provided	
New Jersey	http://www.fns.usda.gov/sites/default/files/CFR226.pdf	http://www.fns.usda.gov/sites/default/files/CFR226.pdf
New York	<p>In order to obtain or renew a license to operate a day care center, the licensing authority requires an inspection by a sanitarian from the county health department.</p> <p>A CACFP nutritionist reviews the food service operations every three years.</p>	<p>NYS Office of Children and Family Services (OCFS) inspects licensed/registered day care providers initially and upon renewal of licensing/registration. OCFS must also inspect 50% of all day care providers annually.</p> <p>Sponsoring Organizations must conduct a minimum of three provider home visits annually.</p>
North Dakota	Centers and group programs that are in an out of home facility are inspected by EHPs (Environmental Health Practitioners at public health departments) once a year.	<p>No, if not on the food program.</p> <p>If on the food program, then they have to follow those requirements and guidelines. They also have visits from representatives from the food program (not sure of the number of visits per year). I am not sure if this would be considered to be an “inspection”.</p>
Oklahoma	Initially by Oklahoma Health Department and bi-annually there-after. Licensing specialist conduct 3 full monitoring visits of child care programs and 2 full monitoring visits to part-year programs. Part of a full-monitoring visit includes food service and preparation areas.	Licensing specialist conduct 3 full monitoring visits of full year child care homes and 2 full monitoring visits to part-year homes. Part of a full-monitoring visit includes food service and preparation areas.
Utah	At least annually by local health departments.	At least annually by local health departments.
Virginia	Initial and annual approval from local health department or	The provider shall ensure compliance with the standards for licensed family

Table D.10. Question 10: Are childcare food service operations inspected? How often? By whom?

State	Centers	In Home
	approval of a plan of correction, for meeting requirements for food service if applicable is required.	day homes and the terms of the current license issued by the department and with relevant federal, state or local laws, and other relevant regulations.
Wisconsin	Through child care licensing every 2 years.	Through child care licensing every 2 years.
Wyoming	Child Care licensers inspect each facility a minimum of 3 times per year and additional visits for monitoring compliance, investigating, etc. Sanitation inspectors inspect a minimum of 1 time every two years with a self-assessment after the first inspection. Sanitation will conduct inspections at the request of a licenser or due to a violation report. Sanitation inspectors have the ability to inspect more often as needed. CACFP- inspect 3 times per year for food program compliance. (I believe)	

Table D.11. Question 11. What are the food safety education needs for childcares?

State	Centers	In Home
Alabama	No answer provided	
Alaska	<p>The State of Alaska Child Care Program Office and Municipality of Anchorage does not provide training on food safety, but can provide direction to resources for educational purposes on food safety.</p> <p>Any educational training for food safety for child cares would occur with the providers training staff/caregivers on age appropriate developmental needs of children and health and safety as it pertains to food safety and understanding the nutrition requirements per regulation.</p> <p>The State of Alaska Division of Environmental Health Food Safety and Sanitation Program provides food safety training. These food safety trainings are provided in different languages. To view all the trainings for the Division of Environmental Health Food Safety and Sanitation Program please visit http://dec.alaska.gov/eh/fss/Training.html .</p> <p>The State of Alaska Child and Adult Food Care Program provides resources, training, and materials for a child care facility that is either participating in the program or providing snacks and meals. To view all the training, resources, and materials for please visit https://education.alaska.gov/tls/cnp/CACFP3.html .</p>	
California	Storing food in sanitary locations and monitoring proper food temperatures for safe consumption.	Storing food in sanitary locations and monitoring proper food temperatures for safe consumption.
Colorado	Basic food handling Date marking for centers that serve children under the age of 5 Access to resources	
Delaware	No answers provided	
Florida	General food safety best practices (Fight BAC principles).	General food safety best practices (Fight BAC principles).
Georgia	Food handling/hand washing Food service and appropriate temperatures	Food handling/hand washing Food service and appropriate temperatures
Hawaii	HACCP Serve it Safe Handwashing Glove use	Serve it Safe Handwashing
Idaho	HACCP training in person or video/online course	Serving Safe foods is best training for homes- in person and back up with online course.
Illinois	No answers provided	
Indiana	Centers: Food Manager Certified on premises, recent 5 years. Ministries: division approved training in sanitation approved for 5 years or Certified Food Handler	None required for licensing.

Table D.11. Question 11. What are the food safety education needs for childcares?

State	Centers	In Home
	recent 2 years	
Iowa	No answers provided	
Kansas	Frequent staff turnover among kitchen staff. Need for easily accessible training to do at initial orientation.	Reminded about storage (not leaving food on counter to defrost)
Louisiana	No answer provided	
Maine	The length of time that food can be safely stored before and after cooking. Temperatures that must be maintained if food is being transported from a central kitchen. The length of time that food can be kept at room temperature before refrigeration.	The length of time that food can be safely stored before and after cooking. Temperatures that must be maintained if food is being transported from a central kitchen. The length of time that food can be kept at room temperature before refrigeration.
Maryland	Education is covered through approved training	Education is covered through approved training
Minnesota	Handwashing; Norovirus FTChildcare; Fresh fruit & veggies (farmers, farmers market ind); farm to child care initiatives Temperature control	Handwashing; Norovirus
Montana	For some large centers, no food manager position. Allergy & food intolerance Purchasing, handling and preparation of fresh fruits & vegetables.	Allergy & food intolerance. Purchasing, handling and preparation of fresh fruits & vegetables.
Nebraska	Food Code training. Proper menu planning	Menu planning. General food safety training
Nevada	Comment: Due to the State Food Establishment statutes, child care centers are restricted with regards to what and how they can prepare and serve meals. Often they are told that only entrees that say “fully cooked” on the package are allowed. In general most purchased items have to be pre-made/pre-cut. It would be helpful to have education and training available that is based on Caring for Our Children: National Health and Safety Performance Standards. State Educational resources to support	Comment: Occasionally providers are told that they cannot served meals prepared from scratch. It would be helpful to have education and training available that is based on Caring for Our Children: National Health and Safety Performance Standards. State Educational resources to support current Nevada Administrative Code (NAC) regulations, AB152 requirements, and requirements set forth in the Child Care and Development Block Grant Act (CCDBG) related to trainings for the

Table D.11. Question 11. What are the food safety education needs for childcares?

State	Centers	In Home
	<p>current Nevada Administrative Code (NAC) regulations, AB152 requirements, and requirements set forth in the Child Care and Development Block Grant Act (CCDBG) related to trainings for the prevention of and response to emergencies due to food and allergic reactions.</p> <p>Washoe County The area health inspector for the childcare facility will do on-site education and answer questions regarding food safety education.</p> <p>The Washoe County Environmental Health Services website has resources for information including fillable record sheets that can be found at www.washoecounty.us/health. The Food Safety Subprogram intends to offer free workshops that will cover HACCP (Hazard Analysis Critical Control Point requirements) for those childcare centers that may need a HACCP plan. The workshops were mentioned in postcards and emails to all permitted food facilities received a couple months ago including childcare centers with permits for their food operations. Currently, there is no center that requires a HACCP plan. If a center is conducting food teaching activities then a food safety plan is requested as best practice (GMP Good Management Practices/processes).</p> <p>Centers are required to take 2 hours of nutrition/gross motor training a year and food permit education.</p>	<p>prevention of and response to emergencies due to food and allergic reactions.</p> <p>Washoe County Providers are required to take 2 hours of nutrition/gross motor skill training a year.</p> <p>Providers are exempt per the Health Department's District Attorney.</p>
New Hampshire	No answer provided	
New Jersey	No answer provided	

Table D.11. Question 11. What are the food safety education needs for childcares?

State	Centers	In Home
New York	proper sanitizing techniques – many centers do not have/do not have proper functioning dishwashers and do not know that they need to sanitized dishes, not just clean them cooking to proper temperatures; do not have thermometers to check temps proper handwashing techniques, staff and children dating foods & leftovers, understanding use-by dates	General and relevant information on food safety and sanitation
North Dakota	<ul style="list-style-type: none"> • Proper sanitation of food contact surfaces – such as tables, counter tops, including high chairs and the top of other surfaces such as shelving if used in classrooms for food service. • Preventing choking – knowing how to cut up food appropriately and what is appropriate to serve to young children. Such as raw carrot vs cooked carrots for infants and toddlers. • Supervision during eating • How to use food service gloves correctly • Disinfecting the bathroom sink before children wash their hands before they eat to prevent cross contamination • When a classroom only has one sink that is used for handwashing after diapering and for making bottles, the importance of disinfecting the sink between uses as well as obtaining water from the kitchen for making bottles to prevent cross contamination • How to make a bottle correctly 	<ul style="list-style-type: none"> • Proper sanitation of food contact surfaces – such as tables, counter tops, including high chairs. • Proper products to use as sanitizers for food contact surfaces. • Preventing choking – knowing how to cut up food appropriately and what is appropriate to serve to young children. Such as raw carrot vs cooked carrots for infants and toddlers. • Supervision during eating • Disinfecting the bathroom sink before children wash their hands before they eat to prevent cross contamination • How to make a bottle correctly
Oklahoma	Requirements (c) Food service personnel. The program may employ individuals or use volunteers or other personnel who meet these position	

Table D.11. Question 11. What are the food safety education needs for childcares?

State	Centers	In Home
	<p>specific requirements.</p> <ul style="list-style-type: none"> • (1) Position specific responsibilities. Food service personnel: <ul style="list-style-type: none"> o (A) prepare and serve food; and o (B) meet the food service requirements per OAC 340:110-3-299. • (2) Position specific professional development. Prior to or within three months of assuming primary responsibilities for food preparation, food service personnel obtain food service training from an approved source listed on the Oklahoma Professional Development Registry (OPDR) website. However, this is not required when only limited food service is provided per OAC 340:110-3-299(a). Food services training sources include the Oklahoma State and County Health Departments https://www.cccpd.org/en/training-info/food-service-training/ 	
Utah	Creating healthy menus, food purchasing best practices, creating and following standardized recipes,	Creating healthy menus, food purchasing best practices
Virginia	The focus is currently on providing information and education on caring for children with food allergies.	The focus is currently on providing information and education on caring for children with food allergies.
Wisconsin	4 hours each year for kitchen personnel	Within the requirement of on-going provider training each year.
Wyoming	It has been suggested that Centers receive more materials to post throughout the facility to educate staff.	Materials that are home food safety focused would be helpful for home providers.

Table D.12. Question 12: What are the food safety training needs for childcares?

State	Centers	In Home
Alabama	No answer provided	
Alaska	The State of Alaska Child Care Program Office and Municipality of	

Table D.12. Question 12: What are the food safety training needs for childcares?

State	Centers	In Home
	<p>Anchorage does not provide training on food safety, but can provide direction to resources for educational purposes on food safety.</p> <p>Any educational training for food safety for child cares would occur with the providers training staff/caregivers on age appropriate developmental needs of children and health and safety as it pertains to food safety and understanding the nutrition requirements per regulation.</p> <p>The Division of Environmental Health Food Safety and Sanitation Program provides food safety training. These food safety trainings are provided in different languages. To view all the trainings for the Division of Environmental Health Food Safety and Sanitation Program please visit http://dec.alaska.gov/eh/fss/Training.html .</p> <p>The State of Alaska Child and Adult Food Care Program provides resources, training, and materials for a child care facility that provides snacks and meals. To view all the training, resources, and materials for please visit https://education.alaska.gov/tls/cnp/CACFP3.html .</p>	
California	Basic Safe Food Handling: cooking, cleaning, cooling food properly, refrigerator storage, handling leftovers safely, etc.	Basic Safe Food Handling: cooking, cleaning, cooling food properly, refrigerator storage, handling leftovers safely, etc.
Colorado	Basic food handling Date marking for centers that serve children under the age of 5	
Delaware	No answer provided	
Florida	Multiple formats – online, in-person, Spanish, see #13.	Multiple formats – online, in-person, Spanish, see #13.
Georgia	Food handling/hand washing Food service and appropriate temperatures	Food handling/hand washing Food service and appropriate temperatures
Hawaii	Cross Contamination Handwashing Time/Temperature Using Thermometers Sanitizing Poison Control/MSDS	Cross Contamination Handwashing Time/Temperature Using Thermometers Sanitizing Poison Control/MSDS
Idaho	Training before starting operation and annually refresher thereafter. Currently use USDA and Institute resources	
Illinois	No answer provided	
Indiana	<p>Same as above, non-food service staff need some level of training to give them understanding of concerns, but not as much detail as the person in charge.</p> <p>Integrated pest management is poorly understood by child cares yet a frequently talked about problem.</p>	However, providers need education on food storage, length of time, food temps, thawing foods, as well as safe sanitation practice and integrated pest management.

Table D.12. Question 12: What are the food safety training needs for childcares?

State	Centers	In Home
Iowa	No answer provided	
Kansas	No answer provided	
Louisiana	CACFP Requirement – Each sponsor must have a representative attend a KSDE approved food safety training once every 3 years OR when the primary individual responsible for preparing food has changed - KSDE 3-hr Food Safety Basics Class - Serv Safe - Institute of Child Nutrition’s Serving Safe Food in Child Care	CACFP Requirement – Each home sponsor must have a representative attend a KSDE approved food safety training once every 3 years OR when the primary individual responsible for preparing food has changed. We do not have a requirement that individual homes completed food safety training.
Maine	No answer provided	
Maryland	Training needs are covered through approved training and required training depending on jurisdictional requirements for food service	Training needs are covered through approved training offerings
Minnesota	Handwashing (For both) Temperatures (For both) 40 hours of general training, no food safety	16 hours of general training, no food safety
Montana	Same answer as question before Staff training	Same answer as question before Staff training
Nebraska	Food Code training. Proper menu planning	Menu planning. General food safety training
Nevada	Comment: Due to the State Food Establishment statutes, child care centers are restricted with regards to what and how they can prepare and serve meals. It would be helpful to have education and training available that is based on Caring for Our Children: National Health and Safety Performance Standards. Child care centers need information and training as to how nutritious meals can be prepared and served when they do not have a commercial kitchen. State Trainings that meet initial and	Comment: It would be helpful to have education and training available that is based on Caring for Our Children: National Health and Safety Performance Standards. Basic principles of food safety and how to follow these in a home setting are most beneficial. State Trainings that meet initial and on-going training requirements and that support current Nevada Administrative Code (NAC) regulations, AB152 requirements, and

Table D.12. Question 12: What are the food safety training needs for childcares?

State	Centers	In Home
	<p>on-going training requirements and that support current Nevada Administrative Code (NAC) regulations, AB152 requirements, and requirements set forth in the Child Care and Development Block Grant Act (CCDBG) related to trainings for the prevention of and response to emergencies due to food and allergic reactions.</p> <p>Washoe County Any food establishments in Washoe County, including childcare kitchens, with the exception of Risk Level 1 establishments and temporary food establishments are required to have at least one CFPM (Certified Food Protection Manager. In order to obtain certification of a food protection manger in Washoe County, a person must pass a food safety certification examination and be issued a certificate from one of the following accredited certification organizations, or by a program developed by one of these organizations, recognized by the Conference for Food Protection (CFP):</p> <ol style="list-style-type: none"> 1. Learn2Serve® Food Protection Manager Certification Program 2. National Registry of Food Safety Professionals 3. National Restaurant Association (ServSafe®) 4. Prometric Inc. <p>* Washoe County has a list of local providers that instruct and proctor the CFPM course and testing here locally.</p> <p>** Most childcare kitchens are assigned a risk level 1 establishment and does not</p>	<p>requirements set forth in the Child Care and Development Block Grant Act (CCDBG) related to trainings for the prevention of and response to emergencies due to food and allergic reactions.</p> <p>Washoe County Day care homes are exempt from regulations requiring food safety training.</p>

Table D.12. Question 12: What are the food safety training needs for childcares?

State	Centers	In Home
	require a CFPM. Many childcare centers have opted to take the course voluntarily.	
New Hampshire	No answer provided	
New Jersey	No answer provided	
New York	Many resources are currently available from sources such as Partnership for Food Safety Education (Fight Bac!), etc.; the problem is getting the resources out to centers and having them use them tools, i.e., thermometers	General and relevant information on food safety and sanitation
North Dakota	Training on the educational needs listed above	Training on the educational needs listed above
Oklahoma	No answer provided	
Utah	Creating healthy menus, food purchasing best practices, creating and following standardized recipes,	Creating healthy menus, food purchasing best practices,
Virginia	Specific food safety training needs vary among providers.	Specific food safety training needs vary among providers.
Wisconsin	No answer provided	
Wyoming	Nutrition guidelines Food safety and Handling Proper labeling Training onsite for Centers	Nutrition guidelines Food safety and Handling Proper labeling Face to face trainings

Question 13: What are the food safety resource needs for childcares?

Table D.13. Question 13: What are the food safety resource needs for childcares?		
State	Centers	In Home
Alabama	No answer provided	
Alaska	<p>Any educational training for food safety for child cares would occur with the providers training staff/caregivers on age appropriate developmental needs of children and health and safety as it pertains to food safety and understanding the nutrition requirements per regulation.</p> <p>The Division of Environmental Health Food Safety and Sanitation Program provides food safety training. These food safety trainings are provided in different languages. To view all the trainings for the Division of Environmental Health Food Safety and Sanitation Program please visit http://dec.alaska.gov/eh/fss/Training.html .</p> <p>The State of Alaska Child and Adult Food Care Program provides resources, training, and materials for a child care facility that provides snacks and meals. To view all the training, resources, and materials for please visit https://education.alaska.gov/tls/cnp/CACFP3.html .</p>	
California	Proper resources to practice safe food handling such as adequate cutting boards to avoid cross-contamination and sufficient refrigerator space.	
Colorado	Funding to provide trainings for providers.	
Delaware	No answer provided	
Florida	Quick-reference fact sheets, Fight BAC principles, how to use/calibrate a thermometer, temperature danger zone, and personal hygiene.	Quick-reference fact sheets, Fight BAC principles, how to use/calibrate a thermometer, temperature danger zone, and personal hygiene.
Georgia	Meal preparation, food handling, handwashing	Meal preparation, food handling, handwashing
Hawaii	Guidance Manuals Appropriate Signage Thermometers Test Strips How to sheets	Guidance Manuals Appropriate Signage Thermometers Test Strips How to sheets
Idaho	Handbook resources, brochures, posters	Handbook resources, brochures, posters
Illinois	No answer provided	
Indiana	It would be great to have some tools for the food service person to use to educate the rest of the staff in child care. This could be reinforcing to all in the child care! But standardized tools would be a must.	Simpler is better
Iowa	Timeframes on open foods	
Kansas	No answer provided	
Louisiana	Frequent staff turnover among kitchen staff. Need for easily	Quick easy training for home sponsors to conduct one-on-one with home

Table D.13. Question 13: What are the food safety resource needs for childcares?

State	Centers	In Home
	accessible training.	providers, online training
Maine	Food safety manuals that could be distributed to all would be helpful.	Food safety manuals that could be distributed to all would be helpful.
Maryland	No answer provided	
Minnesota	Format Materials durable, they can put them on the kitchen counter and wipe them off. Make it look attractive, colors. Pictures lots of pictures and graphics. They have to be customized to centers or in home child cares.	
Montana	Online resources.	Online resources.
Nebraska	No answer provided	
Nevada	State resources that support and offer guidance on current Nevada Administrative Code (NAC) regulations, AB152 requirements, and requirements set forth in the Child Care and Development Block Grant Act (CCDBG) related to trainings for the prevention of and response to emergencies due to food and allergic reactions.	State resources that support and offer guidance on current Nevada Administrative Code (NAC) regulations, AB152 requirements, and requirements set forth in the Child Care and Development Block Grant Act (CCDBG) related to trainings for the prevention of and response to emergencies due to food and allergic reactions.
New Hampshire	No answer provided	
New Jersey	No answer provided	
New York	Many resources are currently available from sources such as Partnership for Food Safety Education (Fight Bac!), etc.; the problem is getting the resources out to centers and having them use them tools, i.e., thermometers	General and relevant information on food safety and sanitation
North Dakota	<ul style="list-style-type: none"> • Posters depicting bottle preparation • Posters depicting the proper steps of sanitation 	<ul style="list-style-type: none"> • Posters depicting bottle preparation • Posters depicting the proper steps of sanitation
Oklahoma	No answer provided	
Utah	Food preparation, family style, handwashing	Food preparation, family style, handwashing
Virginia	Specific food safety training needs vary among providers.	Specific food safety training needs vary among providers.

Table D.13. Question 13: What are the food safety resource needs for childcares?

State	Centers	In Home
Wisconsin	No answer provided	
Wyoming	Training, materials for staff, sample menus.	Training, materials for sharing with families, sample menus.

Table D.14. Question14: What are the preferred formats for food safety resources?

State	Centers	In Home
Alabama	Webinars	
Alaska	<p>A common response for preferred methods for any training is that the trainings are made available online.</p> <p>The State of Alaska Division of Environmental Health Food and Sanitation Program provides training online at http://dec.alaska.gov/eh/fss/Training.html .</p> <p>The State of Alaska Child and Adult Food Care Program provides training resources online https://education.alaska.gov/tls/cnp/CACFP3.html .</p>	
California	Online trainings and webinars, such as Cal-Pro-NET courses and pre-approval webinars for new CACFP agencies. In addition, CDE partners with the Institute of Child Nutrition (ICN).	Online trainings and webinars, such as Cal-Pro-NET courses and pre-approval webinars for new CACFP agencies provided by Day Care Home Sponsors.
Colorado	Classroom, online, webinars	
Delaware	No answer provided	
Florida	Multiple choices offered – online, in-person, live/recorded web-based modules, and self-study.	Multiple choices offered – online, in-person, live/recorded web-based modules, and self-study.
Georgia	Face to face onsite in the childcare centers or learning labs.	Face to face onsite in the childcare centers or learning labs.
Hawaii	Face to Face - Group Expert Speaker Webinar Tip Sheets	Face to Face - Group Webinar Flyers Tip Sheets
Idaho	In person then online self-study	In person as part of a group. Training in home the provider is distracted.
Illinois	No answer provided	
Indiana	Live onsite or online	Live onsite or online
Iowa	Webinar	
Kansas	<p>According to a 2014 Training Needs Assessment – Sponsor indicate the following:</p> <ul style="list-style-type: none"> - Face-to-Face Training (84% are willing to attend) - Webinar Training (83% are willing to participate) - Online Interactive Self-Study Training (68% are willing to participate) <p>Having training count towards KDHE training hours as well as</p>	Face-to-Face Training and Online Interactive Self-Study Training that would count towards KDHE (5th and 6th grade reading levels)

Table D.14. Question14: What are the preferred formats for food safety resources?

State	Centers	In Home
	KSDE Food Safety Training requirements is important to child care staff.	
Louisiana	No answer provided	
Maine	Webinars, on-line web resources, written materials.	Webinars, on-line web resources, written materials.
Maryland	In person workshop On-line	In person workshop On-line
Minnesota	Look for contacts in cities and the state that can help with training.	
Montana	Online in 2 hr-courses	Online in 2 hr-courses
Nebraska	Distance learning/web based	Distance learning/web based
Nevada	On-line trainings; classroom trainings ** Washoe County: Most childcare kitchens are assigned a risk level 1 establishment and does not require a CFPM. Many childcare centers have opted to take the course voluntarily or training a year.	On-line trainings; classroom trainings. Day care home providers need modules that are fairly simple, short, and easy to access.
New Hampshire	No answer provided	
New Jersey		www.nj.gov/health/ http://www.state.nj.us/health/lh/community/index.shtml#1
New York	Face-to-face with hands-on or participatory activities online/web based self-studies	In-home and group training
North Dakota	<ul style="list-style-type: none"> • On-line • Face to face 	<ul style="list-style-type: none"> • On-line • Face to face
Oklahoma	Formal training hours must be for a minimum of 2 contact hours. 1. In person with an approved trainer 2. Online from an approved source	1. In person with an approved trainer 2. Online from an approved source
Utah	Local health departments are making more of the food handler classes available online. This allows for trainings to be done at any time and at the convenience of the trainee.	Local health departments are making more of the food handler classes available online. This allows for trainings to be done at any time and at the convenience of the trainee.

Table D.14. Question14: What are the preferred formats for food safety resources?

State	Centers	In Home
Virginia	Preferred methods for food safety training would vary and would be based on the unique needs of providers.	Preferred methods for food safety training would vary and would be based on the unique needs of providers.
Wisconsin	Classes on line Classes at area technical colleges	On-line classes Workshops at conferences
Wyoming	Online and face to face training,	Online and face to face training,

Table D.15. Questions 15: What are the preferred formats for food safety resources?

State	Centers	In Home
Alabama	Workshops, Webinars, Sponsor Training of Employees	Workshops, Webinars, Sponsor Training of Employees
Alaska	A common response for preferred formats for any training is that the trainings are made available online. The State of Alaska Division of Environmental Health Food and Sanitation Program provides training online at http://dec.alaska.gov/eh/fss/Training.html The State of Alaska Child and Adult Food Care Program provides training resources online at https://education.alaska.gov/tls/cnp/CACFP3.html .	
California	Online brochures and resources provided by USDA (i.e., Keeping Kids Safe, Safety and Sanitation Tips Document, etc.), Management Bulletins sent to agencies by CDE, and in person trainings provided by CDE.	
Colorado	Written in an easy way to understand.	
Delaware	No answer provided	
Florida	Multiple choices offered – online, in-person, live/recorded web-based modules, and self-study.	Multiple choices offered – online, in-person, live/recorded web-based modules, and self-study.
Georgia	Handouts, posters, place mats, refrigerator magnets, etc.	Handouts, posters, place mats, refrigerator magnets, etc.
Hawaii	USDA Website ICN Website Flyers On-Line Printed Material	USDA Website ICN Website Flyers On-Line Printed Material
Idaho	Hard Copy and Electronic resource options	Hard Copy and Electronic resource options
Illinois	No answer provided	
Indiana	I think it helps for food service staff to have training in their environment. When I have done trainings I have gone into their kitchens and found them ripe with opportunity to illustrate the topics of the presentation!	<i>Same as for centers I think onsite training is such an opportunity!</i>
Iowa	Handouts/Brochures	
Kansas	Magnets, Posters, Clings for Bathroom Mirrors	Pamphlets, Magnets, – no room for posters since it's a home environment
Louisiana	No answer provided	
Maine	No answer provided	
Maryland	No answer provided	
Minnesota	Video, in person is the best format. Online training can be challenging in some areas. Some areas have child care associations that can work and help with training (they arrange training for their members)	

Table D.15. Questions 15: What are the preferred formats for food safety resources?

State	Centers	In Home
Montana	Computer, specifically for food services in child care	Computer, specifically for food services in day care homes
Nebraska	Printed materials	Printed materials
Nevada	Digital media; flyers and pamphlets	Digital media; flyers and pamphlets
New Hampshire	No answer provided	
New Jersey	No answer provided	
New York	laminated posters or flyers simple & practical one page flyers/posters	PowerPoint presentations, posters, refrigerator magnets, 1 page low literacy materials
North Dakota	Posters for posting in classroom for reference	Posters/handouts
Oklahoma	<ul style="list-style-type: none"> • Paper documents • Disc • Online 	<ul style="list-style-type: none"> • Paper documents • Disc • Online
Utah	Online trainings and in person trainings.	In general in person trainings.
Virginia	Preferred formats for food safety training would vary and would be based on the unique needs of providers.	Preferred formats for food safety training would vary and would be based on the unique needs of providers.
Wisconsin	Written, visual picture, you tube video or web cast	Written, visual picture, you tube video or web cast
Wyoming	Hard copies, printable materials.	Some of our providers do not have computers or internet access. Face to face training would assist. Spanish version of training is needed.

Table D.16. Question 16: What are your concerns related to food safety in childcares?

State	Centers	In Home
Alabama	No answer provided	
Alaska	<p>Concerns related to food safety in child cares would align with any general concern that a department, division, and/or individual would have. The following are examples of food safety concerns:</p> <ol style="list-style-type: none"> 1. Foodborne illnesses 2. Knowledge of the person handling and preparing food served to children 3. Exempt child care facilities providing and/or handling food 4. Proper food storage 5. Proper food cooking temperatures 6. Proper hand washing techniques 7. Proper cleaning and sanitizing 8. Inappropriate foods for certain age groups 	
California	As there have been recent issues with CA local health departments unable to conduct health inspections at new CACFP site locations, the CDE is concerned this pattern will affect agencies coming onto the program.	No known concerns.
Colorado	We need more funding in our program to provide additional training to providers. We are not the licensing entity and receive no portion of fees collected by child care providers.	
Delaware	No answer provided	
Florida	No answer provided	
Georgia	Food handling/hand washing Food service and appropriate temperatures	Food handling/hand washing Food service and appropriate temperatures
Hawaii	Knowledge base of personnel Agency enforcement-consequences?	Knowledge base of personnel Agency enforcement- consequences?
Idaho	Maintaining food at proper temperatures and food handling	Maintaining food at proper temperatures and food handling. Keeping serving and preparation areas clean and sanitized.
Illinois	No answer provided	
Indiana	Naïve staff who don't understand that food practices in child cares is not the same as what you can safely do at home.	So many providers have little knowledge about safe food handling for groups. Homes providers may not have the resources (or seek resources) that may be more readily available to larger child cares.
Iowa		Sanitation, pets, handwashing
Kansas	Handwashing of staff, leaving	Leaving food on counter for defrosting as

Table D.16. Question 16: What are your concerns related to food safety in childcares?

State	Centers	In Home
	food out in temperature danger zone, no temperatures being checked, don't know if they need to reheat food that has been transported to their site from a vendor or central kitchen.	well as not putting leftovers in fridge to cool properly, cross contamination, lack of handwashing, no temperatures being checked, animals in home
Louisiana	No answer provided	
Maine	No answer provided	
Maryland	No answer provided	
Minnesota	Unlicensed child cares some people don't even know they exist. TCS Food, a lot of people don't know that. Farm to child cares Help Child care programs feel confident, help people understand the basics Overboard in terms of safety Food from scratch because of the food safety	
Montana	For some large centers, no food manager position Allergy and food intolerances, Feeding infants,	Allergy and food intolerance, Feeding infants, Lack of training
Nebraska	Proper sanitizing, safe food storage	General food safety,
Nevada	Ensuring that facilities meet all standards set forth in Child Care Licensing's NAC regulations as well as standards set forth by Southern Nevada Health District and Washoe County Health Department.	Ensuring that facilities meet all standards set forth in Child Care Licensing's NAC regulations as well as standards set forth by Southern Nevada Health District and Washoe County Health Department.
New Hampshire	No answer provided	
New Jersey	No answer provided	
New York	Sanitizing dishes, utensils, etc. cooking/holding/storing foods to proper temps. how to motivate centers to use, implement food safety practices, be aware of the importance of handling food safely for young children	Cultural practices, language barriers, limited English proficiency, literacy levels, limited internet availability.

Table D.16. Question 16: What are your concerns related to food safety in childcares?

State	Centers	In Home
	<p>food uncovered during transport from kitchen to classroom</p> <p>food sitting out for long periods of time. Teachers don't prioritize getting children to the table in a timely manner</p>	
North Dakota	<ul style="list-style-type: none"> • Supervision • Cutting up food appropriately for infants and toddlers • Proper bottle preparation • Proper sanitation • Handwashing • Disinfecting sinks 	<ul style="list-style-type: none"> • Supervision • Cutting up food appropriately for infants and toddlers • Proper bottle preparation • Proper sanitation • Handwashing • Disinfecting sinks
Oklahoma	No answer provided	
Utah	Cross contamination during meal service, food storage	Cross contamination during meal service, food storage
Virginia	The focus is currently on ensuring that providers are trained and educated on emerging requirements surrounding the care of children with food allergies.	The focus is currently on ensuring that providers are trained and educated on emerging requirements surrounding the care of children with food allergies.
Wisconsin	Trying to get the 4 hours of training for kitchen personnel completed and with new course information	<p>Trying to get the 4 hours of training for kitchen personnel completed and with new course information</p> <p>Keeping all child care licensors current with food safety information.</p>
Wyoming	Proper food handling, food storage, labeling of food. It would be beneficial for all staff complete food safety training rather than the cooking staff.	Proper food handling, food storage, labeling of food.

Table D.17. Question 17. Does the state have any requirements for washing children's hands?

State	Before and/or after eating food		After playing		After toileting		After diapering		After handling animals	
	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home
Alabama	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.
Alaska	Y	Y	Y- after moist play	Y- after moist play	Y	Y	Y	Y	Y	Y
California	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Colorado	Y		Y		Y		Y		Y	
Delaware	Y	Y	Y	Y	Y	Y	y	Y	Y	y
Florida	Y	Y	Y	Y	Y	Y	N	N	N	N
Georgia	Y		Y		Y		Y		Y	
Hawaii	Y	Y	N/A	N/A	Y	Y	Y	Y	N/A	N/A
Idaho	Y	Y			Y	Y	Y	Y		
Illinois	No answer provided									
Indiana	LC	Before only			LC	Y	LC	Y	LC & RM	Y
Iowa	Y				Y		Y		Y	
Kansas	No answer provided									
Louisiana	No answer provided									
Maine	Y	Y					Y	Y		
Maryland	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Minnesota	No answer									
Montana	Y	Y	N	N	Y	Y	Y	Y		
Nebraska					Y	Y	Y	Y	Y	Y
Nevada	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
New Hampshire	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
New Jersey	No answer provided									

Table D.17. Question 17. Does the state have any requirements for washing children's hands?

New York	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
North Dakota	Y	Y			Y	Y	Y	Y	Y	Y
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Utah	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Virginia	Y	Y			Y	Y		Y		Y
Wisconsin	Y				Y		Y- Before and After		Y	
Wyoming	Y		Y		Y		Y		Y	

Table D.17. Question 17. Does the state have any requirements for washing children's hands? Continued,

State	Other	
	Centers	In Home
Alabama	Local Public Health Dept.	Local Public Health Dept.
Alaska	Before and after giving medication; Hands are contaminated with bodily fluids, including wiping nose	Before and after giving medication; Hands are contaminated with bodily fluids, including wiping nose
California		
Colorado	Y	
Delaware	Y- Using water-play and sensory tables, using shared play dough or clay, and playing in a sandbox.	Y- Using water-play and sensory tables, using shared play dough or clay, and playing in a sandbox.
Florida	N	N
Georgia	No answer provided	
Hawaii	No answer provided	
Idaho	No answer provided	
Illinois	No answer provided	
Indiana	LC: after wiping their nose RM: 5b.Handwashing by children correct (after toilet, before eating) [470 IAC 3-4.5-6(b)] Toddlers and older, may be observed and correct or incorrect hand washing identified.	

Table D.17. Question 17. Does the state have any requirements for washing children's hands? Continued,

	Hand washing must occur after wiping their own nose, after using a toilet, before and after eating and between activities	
Iowa	Y- upon arrival	
Kansas	No answer provided	
Louisiana	No answer provided	
Maine	No answer provided	
Maryland	Y- blowing nose	Y- blowing nose
Minnesota	No answer provided	
Montana	No answer provided	
Nebraska	No answer provided	
Nevada	Y- Any time that their hands come into contact with blood, mucus, vomit, feces or urine	Y- Any time that their hands come into contact with blood, mucus, vomit, feces or urine
New Hampshire	No answer provided	
New Jersey	No answer provided	
New York	No answer provided	
North Dakota	No answer provided	
Oklahoma	No answer provided	
Utah	No answer provided	
Virginia	No answer provided	
Wisconsin	No answer provided	
Wyoming	No answer provided	

Table D.18. Question 18: Does the state have any staff requirements handwashing?

State	Requirements about locations and/or amount of handwashing facilities for staff		Required after diapering children		Before and/or after preparing, serving, and eating food		After toileting		After toileting children		After handling, feeding, and cleaning up after animals		After attending to ill children	
	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home
Alabama	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.	Local Public Health Dept.
Alaska	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
California	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y
Colorado	Y		Y		Y		Y		Y		Y		Y	
Delaware	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Florida	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N
Georgia	Y		Y		Y		Y		Y		Y		Y	
Hawaii	Y	y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	Y	Y
Idaho	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Illinois	No answer provided													
Indiana	LC & RM	Y	LC & RM Before and after	Y	LC & RM	Y	LC & RM	Y	LC & RM	Y	LC & RM	Y	LC & RM	Y
Iowa			Y		Y		Y		Y		Y		Y	

Table D.18. Question 18: Does the state have any staff requirements handwashing?

State	Requirements about locations and/or amount of handwashing facilities for staff		Required after diapering children		Before and/or after preparing, serving, and eating food		After toileting		After toileting children		After handling, feeding, and cleaning up after animals		After attending to ill children	
	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home
Kansas	No answer provided													
Louisiana	No answer provided													
Maine			Y	Y	Y	Y								
Maryland	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Minnesota	No answer provided													
Montana	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y
Nebraska			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nevada			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
New Hampshire	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
New Jersey	No answer provided													
New York	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
North Dakota	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Utah	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Virginia	Y		Y	Y	Y	Y	Y	Y	Y	Y		Y		
Wisconsin	Y		Y- Before and After		Y		Y		Y		Y		Y	

Table D.18. Question 18: Does the state have any staff requirements handwashing?

State	Requirements about locations and/or amount of handwashing facilities for staff		Required after diapering children		Before and/or after preparing, serving, and eating food		After toileting		After toileting children		After handling, feeding, and cleaning up after animals		After attending to ill children	
	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home	Centers	In Home
Wyoming	Y		Y		Y		Y		Y		Y		Y	

Table D.18. Question 18: Does the state have any staff requirements handwashing?, continued

State	Other	
	Centers	In Home
Alabama	Local Public Health Dept.	Local Public Health Dept.
Alaska	Before and after giving medication; Hands are contaminated with bodily fluids, including wiping nose	Before and after giving medication; Hands are contaminated with bodily fluids, including wiping nose
California	No answer provided	
Colorado	Y	
Delaware	Y- giving medication, coming into contact with bodily fluids, and taking out the garbage.	Y- giving medication, coming into contact with bodily fluids, and taking out the garbage.
Florida	Y- use of any chemical or cleaners; before and after administering medication	Y- use of any chemical or cleaners; before and after administering medication
Georgia	No answer provided	
Hawaii	No answer provided	
Idaho	No answer provided	
Illinois	No answer provided	
Indiana	LC: ■ 470 IAC 3-4.7-98 Staff hygiene (c) Hand washing shall be done before starting work, washed as	

Table D.18. Question 18: Does the state have any staff requirements handwashing?, continued

State	Other	
	Centers	In Home
	<p>often as necessary to keep them clean, and after smoking, eating, drinking, or using the toilet.</p> <p>(e) Caregivers shall wash their hands before and after each child care duty including individual feeding, bathing, wiping noses, diapering, and assisting children using the toilet</p> <p>RM: 5a.Handwashing by adults correct (after toilet, between child care duties) [470 IAC 3-4.5-6(b)] Staff activities may be observed and correct or incorrect hand washing identified.</p> <p>Hand washing must occur after wiping their own or any child's nose, after staff uses a toilet, before distributing a snack, before and after a meal, and between assisting with children's activities.</p>	
Iowa	Y- Upon arrival	
Kansas	No answer provided	
Louisiana	No answer provided	
Maine	No answer provided	
Maryland	No answer provided	
Minnesota	No answer provided	
Montana	No answer provided	
Nebraska	No answer provided	
Nevada	<p>Y-Any time that their hands come into contact with blood, mucus, vomit, feces or urine; Before and after giving medication to a child; and After cleaning a container used to store garbage or handling garbage.</p> <p>Use of hand sanitizers and free standing water is prohibited.</p>	<p>Y-Any time that their hands come into contact with blood, mucus, vomit, feces or urine; Before and after giving medication to a child; and After cleaning a container used to store garbage or handling garbage.</p> <p>Use of hand sanitizers and free standing water is prohibited.</p>
New Hampshire	No answer provided	
New Jersey	No answer provided	
New York	No answer provided	

Table D.18. Question 18: Does the state have any staff requirements handwashing?, continued

State	Other	
	Centers	In Home
North Dakota	No answer provided	
Oklahoma	<ul style="list-style-type: none"> o (A) before eating; o (B) after toileting; o (C) after handling pets; o (D) after playing outdoors; and o (E) after wiping their noses. 	<ul style="list-style-type: none"> o (A) before eating; o (B) after toileting; o (C) after handling pets; o (D) after playing outdoors; and o (E) after wiping their noses.
Utah	No answer provided	
Virginia	No answer provided	
Wisconsin	No answer provided	
Wyoming	No answer provided	

Appendix E:
Childcare Website Tracking Form

Childcare Website Tracking Form

<http://www.fns.usda.gov/cacfp/cacfp-contacts>

State	Homepage	Is food safety info available?	Is food safety reg. available?	What information is available	What regulations are available	Is info specific to childcare	Is reg. specific to childcare	Ease of navigation (Easy, Moderate, Difficult)	Ease of access to info (Easy, Moderate, Difficult) ^b	Notes
Alabama										
Alaska										
Arizona										
Arkansas										
California										
Colorado										
Connecticut										
Delaware										
Florida										
Georgia										
Hawaii										
Idaho										

State	Homepage	Is food safety info available?	Is food safety reg. available?	What information is available	What regulations are available	Is info specific to childcare	Is reg. specific to childcare	Ease of navigation (Easy, Moderate, Difficult)	Ease of access to info (Easy, Moderate, Difficult) ^b	Notes
Illinois										
Indiana										
Iowa										
Kansas										
Kentucky										
Louisiana										
Maine										
Maryland										
Massachusetts										
Michigan										
Minnesota										
Mississippi										
Missouri										
Montana										

State	Homepage	Is food safety info available?	Is food safety reg. available?	What information is available	What regulations are available	Is info specific to childcare	Is reg. specific to childcare	Ease of navigation (Easy, Moderate, Difficult)	Ease of access to info (Easy, Moderate, Difficult) ^b	Notes
Nebraska										
Nevada										
New Hampshire										
New Jersey										
New Mexico										
New York										
North Carolina										
North Dakota										
Ohio										
Oklahoma										
Oregon										
Pennsylvania										
Rhode Island										
South Carolina										

State	Homepage	Is food safety info available?	Is food safety reg. available?	What information is available	What regulations are available	Is info specific to childcare	Is reg. specific to childcare	Ease of navigation (Easy, Moderate, Difficult) ^a	Ease of access to info (Easy, Moderate, Difficult) ^b	Notes
South Dakota										
Tennessee										
Texas										
Utah										
Vermont										
Virginia										
Washington										
West Virginia										
Wisconsin										
Wyoming										

^a Ease of Navigation

- a. Easy- connecting to the information within two clicks
- b. Moderate- connecting to the information within three to five clicks
- c. Difficult- connecting to the information through the search bar

^b Ease of Access

- a. Easy- accessing the information within two clicks
- b. Moderate- accessing the information within three to five clicks
- c. Difficult- accessing the information through the search bar

Appendix F:
Childcare Website Database

Childcare Website Database

<http://www.fns.usda.gov/cacfp/cacfp-contacts>

State	Website	Availability food safety info.	Availability food safety reg.	Type of information available	Type of regulations available	Info. specific to childcare	Regulations specific to childcare	Ease of navigation	Ease of access to info	Notes
Alabama	http://www.alsde.edu/	No	No	N/A	N/A	N/A	N/A	Difficult. Took a lot of searching to find Child Nutrition Programs and Childcares.	No info to be found.	
Alaska	https://education.alaska.gov/tls/cnp/	Yes; link on homepage	Yes; link on homepage	<ul style="list-style-type: none"> Alaska Department of Environmental Conservation Resources for School Food Service (website) Alaska Safe Food Handbook (pdf) Food Safety and Sanitation 	<ul style="list-style-type: none"> USDA Food Safety (website) Frequent HACCP Questions & Answers (pdf) HACCP-Based Standard Operating Procedures (website) 	No; all info is related to school nutrition	No; all reg. related to school nutrition	Easy. Sight was easy to navigate	Easy. Info was easy to find	Has info and resources easily found however, nothing is specific to childcare

				Program (website) <ul style="list-style-type: none"> • Municipality of Anchorage Food Safety and Sanitation Program (website) • Storage Time for Fridge, Freezer, and Shelf (pdf) 						
Arizona	http://www.azed.gov/health-nutrition/	Yes	Yes	<ul style="list-style-type: none"> • Child Care Center Compliance Manual (pdf) • CACFP Child Care Home Compliance Manual (pdf) 	<ul style="list-style-type: none"> • CACFP Trainings / Webinars / Presentations (website) 	Yes; Child Care Centers and Family Day Care Home separate	Yes; has specific info for childcare	Moderate. Took some searching to find Childcare info.	Moderate. Once found, info is readily available and easily accessed.	
Arkansas	https://dhs.arkansas.gov/dccece/snp/WelcomeSNPM.aspx	No	No	N/A	<ul style="list-style-type: none"> • Licensing information (PDF) (not related to food safety) 	N/A	N/A	Easy	N/A	No information specific to food safety

California	http://www.cde.ca.gov/l/s/nu/ed/	Yes	Yes	<ul style="list-style-type: none"> Professional standards (website) Food safety questions and answers (website) Training: food safety campaign (website) Advisory against serving raw sprouts in CNP (website) 	<ul style="list-style-type: none"> Inspections Food safety certification requirements 	No, food safety information is available for schools	Yes for centers and family separate	Moderate	Easy.	
Colorado	https://www.colorado.gov/cdphe/cacfp	Yes	No	<ul style="list-style-type: none"> Centers' and sponsors' manual Foodborne illness (website) 	N/A	Yes, foodborne illness	N/A	Moderate	Moderate	Free trainings, none related to food safety. Most of food safety information is not specific for child cares
Connecticut	http://www.sde.ct.gov/sde/site/default.asp	Yes	Yes	<ul style="list-style-type: none"> Links to other websites: Fight BAC and ICN. Shared 	<ul style="list-style-type: none"> Alternate Qualified Food Operator Statement [PDF] 	Yes	Related to CNP program in general	Easy	Easy	

				<p>tables in CACFP.</p> <ul style="list-style-type: none"> • Training activities and games (Link) 	<ul style="list-style-type: none"> • Food Service Employee Training Record for Sanitation and Food Safety [PDF] [DOC] • On-site Training Record for Sanitation and Food Safety [PDF] [DOC] • Refrigerator and Freezer Temperature Control Record [PDF] [DOC] • Foodservice managem 					
--	--	--	--	--	--	--	--	--	--	--

					ent company contract forms.					
Delaware	http://www.doe.k12.de.us/Page/2779	Yes	Yes	<ul style="list-style-type: none"> • Foodsafety.org (website) 	<ul style="list-style-type: none"> • Daily Temperature Log (word) • Child Care Centers Handbook (PDF) • Family Day Care Handbook (PDF) 	No	Yes	Moderate,	Moderate, had to type on the search box to be able to find the CACFP information, food safety had to be typed	
Florida	http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/index.html	Yes	Yes	<ul style="list-style-type: none"> • Serving Safe Food in the CCFP (PDF presentation with certificate) • Link to other websites • Providing foodservice during emergencies (PDF) 	<ul style="list-style-type: none"> • CCFP 2016 Annual Training handbook (PDF), includes inspection requirements. 	Yes	Yes	Easy	Easy	Under CACFP there are several subsection. Same information for family day cares and child care centers.
Georgia	http://dec.al.ga.gov/	No	Yes	N/A	<ul style="list-style-type: none"> • Food service inspection inquiry 	N/A	N/A	Easy	Easy	

					form (non-licensed) (PDF), this form is not specific for food safety just for requesting the inspection					
Hawaii	http://hcnp.hawaii.gov/overview/cacfp/	No	No	<ul style="list-style-type: none"> • Guidance for Management Plans and Budget Handbook (PDF) • Independent Child Care center Handbooks (PDF) 	N/A	N/A	N/A	Easy	Difficult, hard to find where the information is located.	No food safety information available
Idaho	http://www.sde.idaho.gov/cnp/cacfp/	Yes	Yes, training	<ul style="list-style-type: none"> • Food Safety (PDF) • Keep it Healthy! Food Safety Employee Guide (PDF) • 	<ul style="list-style-type: none"> • Serving Safe Food in Child Care Training (PDF) • CACFP Manual 	No, general	Yes	Moderate	Moderate, Had to type the terms on search box	

					(PDF) (no food safety inf.)					
Illinois	http://www.isbe.state.il.us/nutrition/default.htm	Yes	Yes	<ul style="list-style-type: none"> • Handbook for child care centers (PDF) • Handbook for family day care homes (PDF) • HACCP Based Food Safety Program Guidance (PDF) 	<ul style="list-style-type: none"> • Food handler training requirement • Food safety inspection requirement 	No	The training requirement yes. Food safety inspection requirement no	Moderate	Moderate	Information is organized by child care centers and family day care homes
Indiana	http://www.doe.in.gov/nutrition	Yes	Yes	<ul style="list-style-type: none"> • Food safety training (You tube, PP) • Food Safety Resources for CACFP (PDF, websites) 	<ul style="list-style-type: none"> • Indiana CACFP Policies (No Food safety inf.) • Food safety and sanitation training (PDF) 	Yes	Yes	Easy	Easy	
Iowa	https://www.educateiowa.gov/pk-12/nutrition	Lots of food safety information for schools	Food safety inspections for schools	<ul style="list-style-type: none"> • Child Care Centers and Preschools Licensing 	N/A	No	No	Easy	Easy	

	- programs/child-adult-care-food-programs	(Food safety HACCP). Farm to CACFP Training.		Standards and Procedures (PDF) (No food safety)						
Kansas	http://www.kn-eat.org/CACFP/CACFP_Menus/CACFP_Home.htm	Yes	Yes	<ul style="list-style-type: none"> • CACFP Administrative handbook has a Food safety chapter under general information (PDF) 	<ul style="list-style-type: none"> • Links to USDA legislation, regulations, and policies 	Yes	Yes	Easy	Easy	
Kentucky	http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx	Yes	No	<ul style="list-style-type: none"> • Food Safety and Sanitation tips (Crediting handbook for the CACFP) (PDF) 	<ul style="list-style-type: none"> • CACFP training packet and Handbook for child care centers (PDF) • CACFP training packet and handbook for family daycares (PDF) 	Yes	Yes, not related to food safety	Difficult, you have to do a search to navigate the site.	Difficult, you have to do a search to find the information	The information is available after you searched for it. It is not available on the main page.
Louisiana	https://cnp.doe.louisiana.gov/	No	No	N/A	N/A	N/A	N/A	Difficult	Difficult, not found	USDA FNS handbook

	a.gov/								on the Department of Education website, had to do a google search with specific words	available (1995)
Maine	http://maine.gov/dhhs/ocfs/ec/occhs/foodpgm.htm	Yes	Yes	<ul style="list-style-type: none"> • USDA Crediting Handbook for the CACFP (PDF). • Hand washing factsheet (resource, PDF) 	<ul style="list-style-type: none"> • Rules for Licensing of Child Care Facilities (word). Specific rules for the kitchen and foodservice • Rules for Certification of Family Child Care Providers (Word) 	Yes	Yes	Easy	Moderate	In family child cares rules, food safety regulation is general. Safety and sanitation recommended training.
Maryland	http://marylandpublicschools.org/programs/Pages	No	No	N/A	N/A	N/A	N/A	Difficult	Difficult, the webpage did not	

	es/School-Community - Nutrition/index.aspx								open on the Department of Education, had to do a google search with specific words and review several webpages	
Massachusetts	http://www.doe.mass.edu/cnp/nprograms/cacfp.html	No	No	N/A	N/A	N/A	N/A	Easy	Easy	
Michigan	http://www.michigan.gov/mde/0,4615,7-140-66254_256---56---,00.html	Yes	No	<ul style="list-style-type: none"> Links to other institutions like FightBAC and FoodSafety.gov 	N/A	No	N/A	Easy	Easy	Easy to navigate, had to type food safety in search box to find information
Minnesota	http://education.state.mn.us/MDE/dse/FNS/program/index.htm	Yes	Yes	<ul style="list-style-type: none"> Links to several USDA memos. Food Safety and Sanitation (Only for centers, 	<ul style="list-style-type: none"> USDA Health and Safety Inspection Requirements (PDF) 	Yes	Yes	Easy	Easy	

				temperature logs)						
Mississippi	http://www.mde.k12.ms.us/OCN/CACFP	Yes	No	<ul style="list-style-type: none"> • Template for Review and Update of the CNP Food Safety Plan (PDF) 	N/A	No, specific for schools	N/A	Difficult	Difficult	The link did not work, had to do a search to get to the CACFP page
Missouri	http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/index.php	Yes	Yes	<ul style="list-style-type: none"> • Several food safety links provided under resources to access food safety information 	<ul style="list-style-type: none"> • Manuals for child care center and family day car, no food safety regulations 	Some	Yes	Easy	Easy	
Montana		Yes	Yes	<ul style="list-style-type: none"> • Under resources, a list of resources is provided 	<ul style="list-style-type: none"> • Sanitation requirements for child care center (PDF), must meet State regulations. • Regulation books for child 	Just one of the links, the others are for schools	Yes	Easy	Easy	

					care centers and family day cares. • Food safety is one of the training requirements for family day cares					
Nebraska	https://www.education.ne.gov/NS/CACFP/index.html	Yes	Yes	• CACFP Procedures Notebook (link) (no food safety)	• Food safety checklist (PDF). • Links to other sites. • Safe food to go (website)	No	Yes	Easy	Moderate, had to do a specific search	
Nevada	http://nutrition.nv.gov/Programs/Child_and_Adult_Care_Food_Program_(CACFP)/	Yes	No	• Training (1 slide on food safety and sanitation, reference to Health Department) • Food Safety Tips for Nevada Child	NA	Some	N/A	Easy	Moderate	

				Caregivers (PDF)						
New Hampshire	http://education.nh.gov/program/nutrition/child_adult.htm	Yes	No	<ul style="list-style-type: none"> Allergies information 	<ul style="list-style-type: none"> USDA Handbook for child care centers. USDA Family day care home monitoring handbook (PDF). 	Yes, some	NA	Easy	Moderate, had to type food safety to find information	
New Jersey	http://www.state.nj.us/agriculture/divisions/fn/childadult/food.html	Yes	Yes	<ul style="list-style-type: none"> Link to resources 	<ul style="list-style-type: none"> Sanitation as one of the Annual training requirements. Manual of requirements for child care centers (PDF) (No food safety) 	Some	Yes	Easy	Easy	There is a link on the site to the Office of Licensing
New Mexico	https://cyfd.org/family-nutrition	No	No	N/A	N/A	N/A	N/A	Easy	N/A	Licensing offices are divided regionally.

New York	http://www.health.ny.gov/prevention/nutrition/cacfp/	No	No	N/A	N/A	N/A	N/A	Easy	N/A	
North Carolina	http://www.nutritionnc.com/snp/cacfp.htm	Yes	Yes, not food safety	• Link to FightBac and Food Safety in Child Cares	• Federal regulations	Some	NA	Easy	Moderate, had to search for food safety	
North Dakota	https://www.nd.gov/dpi/SchoolStaff/ChildNutritionFoodDistribution/ChildAdultCareFoodProgram/	No	No	N/A	N/A	N/A	N/A	Easy, but little information	No food safety information	Minimal information
Ohio	http://education.ohio.gov/Topics/Other-Resources/Food-and-Nutrition/Child-and-Adult-Care-Food-Program-CACFP	No	No	N/A	N/A	N/A	N/A	Difficult	Difficult	Several searches to find food safety information did not find any results
Oklahoma	https://cnp.sde.ok.gov/CACFP/CenterInfoM.as	No	No	N/A	N/A	N/A	N/A	Easy	No food safety information found	No way to search for food safety information

	px									(no search bar)
Oregon	http://www.ode.state.or.us/search/results/?id=209	Yes	Yes	<ul style="list-style-type: none"> • Training module for food safety 	<ul style="list-style-type: none"> • Oregon code for various CACFP food safety concerns 	Yes	Yes	Difficult	Difficult	There is substantial information about food safety on the website, however it is not easy to identify from the CACFP page
Pennsylvania	http://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/Pages/Child-and-Adult-Care-Food-Program.aspx#tab-1	No	No	N/A	N/A	N/A	N/A	Easy	Easy	Easy to use website with search bar, however no food safety or food safety regulation information was found
Rhode Island	http://www.ride.ri.gov/cnp/NutritionPrograms/ChildandAdultCareFoodProgram.a	No	No	N/A	N/A	N/A	N/A	Easy	Easy	Easy to use website with search bar, however no food safety or food

	spx									safety regulation information was found
South Carolina	http://www.scchildcare.org/departments/child-and-adult-care-food-program.aspx	No	No	N/A	N/A	N/A	N/A	Easy	Easy	Easy to use website No search bar, no food safety or food safety regulation information was found
South Dakota	http://doe.sd.gov/cans/cacfp.aspx	Yes	No	HACCP plans for school foodservice	N/A	No	N/A	Difficult	Difficult	Text heavy which makes it difficult to find information
Tennessee	http://www.tennessee.gov/humanresources/article/child-and-adult-care-food-program1	No	No	N/A	N/A	N/A	N/A	Easy	Easy	Easy to use website with search bar, however no food safety or food safety regulation information was found
Texas	http://www.squaremeal.org/Programs/ChildAndAdultCare	Yes	Yes	CACFP handbook, USDA Food safety information	http://www.squaremeal.org/Portals/8/files/ARM/Section	No	No	Difficult	Difficult	Very hard to navigate the website

	eFoodProgram.aspx				n%2018-Sanitation.pdfno					
Utah	http://www.schools.utah.gov/cnp/Child-and-Adult-Care-Food-Program.aspx	No	No	N/A	N/A	N/A	N/A	Difficult	Difficult	Could not connect to Utah website, got error message
Vermont	http://www.childcareresource.org/child-care-food-program	No	No	N/A	N/A	N/A	N/A	Moderate	Moderate	No searchable food safety information
Virginia	http://www.vdh.virginia.gov/livewell/programs/cacfp/#	Yes	Yes	Link to USDA page http://www.fns.usda.gov/cacfp/cacfp-handbooks	Link to USDA federal register	Yes	Yes	Difficult	Difficult	All safety and regulatory information on USDA CACFP handbook page
Washington	http://www.k12.wa.us/ChildNutrition/Programs/CACFP/default.aspx	Yes	Yes	CACFP handbook with food safety for small children information And Food safety information under a “Helpful	http://www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/FoodSafetyrules	Yes	No	Moderate	Moderate	There is substantial information about food safety on the WA site, however it is not easy to identify from the

				Links” section http://www.k12.wa.us/ChildNutrition/Programs/CACFP/Resources.aspx						CACFP page
West Virginia	http://wvde.state.wv.us/child-nutrition/	No	Yes	N/A	Policy 4320, Policies of Operation Manual, Child Nutrition Programs	N/A	N/A	Moderate	Moderate	Easy to access state page from CACFP Contacts page, but no food safety information can be easily found
Wisconsin	http://dpi.wi.gov/community-nutrition/cacfp	Yes	Yes	CACFP food safety training	Links to WI regulation	Yes	Yes	Difficult	Difficult	Must use Boolean searches to find food safety information and regulations.
Wyoming	https://edu.wyoming.gov/beyond-the-classroom/nutrition/cacfp/	No	No	N/A	N/A	N/A	N/A	Difficult	Difficult	No food safety information available