

Health and Safety Training Guidance for Family Care Home and Child Care Center/Preschool

A transition letter for regulations effective, Aug. 2, 2024 was shared. The letter stated: **Health and Safety Training – If a provider, staff member, or volunteer’s role requires additional health and safety training not yet completed such as medication administration or safe sleep (not previously taken), facilities have until Nov. 1, 2024 to ensure this is completed and put on file.**

Additional questions have been received, so further clarification to the implementation is being provided. The Foundational Health and Safety training provides a baseline of understanding for providers and staff when caring for children. The knowledge of health and safety and social and emotional needs is essential for operation of your child care facility. Remember, all providers, staff and volunteers – orientation is also required on file if not already completed.

Family Child Care Home	
What is needed by Nov. 2024?	Why am I required to have this training now?
<p>If you are a provider or a substitute (temporary or extended), all Health and Safety training as detailed in KAR 28-4-114a(b)(3)(A-J). You do not have to take the training again if you already have the training on file.</p> <ul style="list-style-type: none"> (A) Recognizing the signs of child abuse or neglect, knowledge on the prevention of child maltreatment, shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; (B) basic child development (i-iii); (C) safe sleep practices and sudden infant death syndrome; (D) recognizing when a child is ill and prevention and control of infectious diseases, including immunizations; (E) prevention of and response to emergencies due to food and allergic reactions; (F) building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic; (G) emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility; (H) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including blood and other bodily fluids or waste; (I) precautions when transporting children, if transportation is provided; and (J) medication administration training. 	<p>Regulation KAR 28-4-113(s)(1) defining training requirements for a temporary substitute was modified. KAR 28-4-113(u) now states: In the temporary absence of the primary care provider, the substitute shall be at least 16 years of age and shall meet all of the requirements specified in K.A.R. 28-4-114a and in the extended absence of the primary care provider, the substitute shall be at least 18 years of age and shall meet all of the requirements specified in K.A.R. 28-4-114a.</p> <p>Regulation KAR 28-4-114a(b)(3) was removed which provided a training clause if you were licensed before 2017. A provider only had to maintain on file.</p> <ul style="list-style-type: none"> (A) Recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; (B) basic child development, including supervision of children; (C) safe sleep practices and sudden infant death syndrome. <p>Regulation KAR 28-4-114a(d) Medication Administration training was modified and moved under health and safety. All providers, not just those who are designated to administer medication, must have the training on file.</p>

Child Care Center/Preschool

What is needed by November 2024?	Why am I required to have this training now?
<p>Each staff member and volunteer who is counted in the staff-child ratio as well as each program director, all Health and Safety training as detailed in KAR 28-4-428a(b)(3)(A-J). You do not have to take the training again if you already have the training on file.</p> <p>(A) Recognizing the signs of child abuse or neglect, knowledge on the prevention of child maltreatment, shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect;</p> <p>(B) basic child development (i-iii);</p> <p>(C) safe sleep practices and sudden infant death syndrome;</p> <p>(D) recognizing when a child is ill and prevention and control of infectious diseases, including immunizations;</p> <p>(E) prevention of and response to emergencies due to food and allergic reactions;</p> <p>(F) building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic;</p> <p>(G) emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility; (H) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including blood and other bodily fluids or waste;</p> <p>(I) precautions when transporting children, if transportation is provided; and</p> <p>(J) medication administration training.</p>	<p>Regulation KAR 28-4-428a(b)(3)(C) was modified. Safe sleep practices and sudden infant death syndrome is required for all staff not just those caring for children under 12 months of age.</p> <p>Regulation KAR 28-4-428(b)(3) was removed which provided a training clause if a staff member was employed at a facility before 2017, the staff only had to maintain on file00:</p> <p>(A) Recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect;</p> <p>(B) basic child development, including supervision of children;</p> <p>(C) safe sleep practices and sudden infant death syndrome.</p> <p>Regulation KAR 28-4-428a(d) Medication Administration training was modified and moved under health and safety. All staff, not just those who are designated to administer medication, must have the training on file.</p>

