

STATE BOARD OF EDUCATION
Consent Item
September 23, 2016

SUBJECT: Approval of Amendment to Rule 6M-4.620, Health and Safety Checklists and Inspections

PROPOSED BOARD ACTION

For Approval

AUTHORITY FOR STATE BOARD ACTION

Section 1001.213(2), Florida Statutes

EXECUTIVE SUMMARY

The Office of Early Learning (OEL) administers federal and state child care funds and partners with 30 local early learning coalitions to deliver comprehensive early learning services statewide. The office oversees three programs—the School Readiness Program, the Voluntary Prekindergarten (VPK) Education Program, and Child Care Resource and Referral services. OEL is required to submit its proposed rules to the State Board of Education for approval.

The rule establishes health and safety standards and training requirements for providers and personnel participating in the School Readiness Program through provider-specific Health and Safety Checklist(s) and their corresponding Health and Safety Handbook(s). Pursuant to s. 1002.82(2)(i), the Department of Children and Families Office of Child Care Regulation and each of the five (5) Local Licensing Agencies will monitor School Readiness Program providers for compliance with these standards. Each of the handbooks outlines the process and procedures for these inspections, as well as procedures for early learning coalitions to manage progressive enforcement of compliance pursuant to the Statewide Provider Contract for the School Readiness Program.

Supporting Documentation Included: Proposed Rule 6M-4.620, F.A.C. Forms OEL-SR-6201 Health and Safety Checklist for Licensed, License-exempt and School Age Center-based Programs (October 2016); OEL-SR-6202 Health and Safety Handbook for Licensed, License-exempt and School Age Center-based Programs (October 2016); OEL-SR-6203 Health and Safety Checklist for Public and Non-public School Programs (October 2016); OEL-SR-6204 Health and Safety Handbook for Public and Non-public School Programs (October 2016); OEL-SR-6205 Health and Safety Checklist for Family Child Care Homes and Informal Providers (October 2016); OEL-SR-6206 Health and Safety Handbook for Family Child Care Homes and Informal Providers (October 2016); OEL-SR-6207 In-Service Training Record – School Readiness Program (October 2016); OEL-SR-6208 Child Abuse and Neglect Reporting Requirements (October 2016); and Outside Forms Incorporated by Reference (under separate cover)

Facilitator: Rodney J. MacKinnon, Executive Director, Office of Early Learning

Substantial rewording of Rule 6M-4.620 follows. See Florida Administrative Code for present text.

6M-4.620 Health and Safety Checklists and Inspections.

(1) Inspections.

(a) All school readiness providers must address basic health and safety of their program(s) and facilities, and shall allow the Department of Children and Families or local licensing agency, whichever is applicable, the ability to inspect all program premises, including access to facilities, personnel and records, to monitor and verify compliance with school readiness health, safety, and training standards, pursuant to sections 402.311(2) and 1002.82(2)(i), F.S.

(b) Prior to participation in the school readiness program, and annually thereafter, each school readiness program facility shall be inspected for compliance with the requirements of section 1002.88, F.S., and minimum standards contained within the provider-type specific health and safety checklist and corresponding handbook adopted under this rule. Annual inspections shall be unannounced and shall take place within the contract year at a time as scheduled by the department or local licensing agency (as applicable). The process for such inspections can be found in each of the corresponding handbooks for the provider-type specific checklists adopted under this rule.

(c) Within seven (7) days of receipt, each school readiness provider that is a registered family day care home or is not subject to licensure or registration by the Department of Children and Families must post the results of their most recent health and safety checklist inspection, as verified by the Department or local licensing agency (as applicable), in a conspicuous location easily accessible to parents. Providers must also submit a copy of the results of the health and safety checklist inspection to their local early learning coalition. The results of the health and safety checklist inspection may be submitted to the coalition electronically.

(2) Checklist(s) and Handbook(s).

(a) Licensed child care providers, faith-based child care providers (religious-exempt), and all other child care facilities who are contracted pursuant to Rule 6M-4.610 to provide school readiness services must comply with the standards outlined in Form OEL-SR-6201 (October 2016) entitled “School Readiness Program Health and Safety Checklist for Licensed, License-Exempt, and School-Age Center-based Programs” and the corresponding Form OEL-SR-6202 (October 2016) entitled “School Readiness Program Health and Safety Standards Handbook for Licensed, License-Exempt, and School-Age Center-based Programs,” each incorporated by reference.

(b) Public and non-public schools who are contracted pursuant to Rule 6M-4.610 to provide school readiness services must comply with the standards outlined in Form OEL-SR-6203 (October 2016) entitled “School Readiness Program Health and Safety Checklist for Public and Non-public School Programs” and the corresponding Form OEL-SR-6204 (October 2016) entitled “School Readiness Program Health and Safety Standards Handbook For Public and Non-public School Programs,” each incorporated by reference.

(c) Informal child care providers, Large Family Child Care Homes, and Family Day Care Homes, whether licensed or registered, who are contracted pursuant to Rule 6M-4.610 to provide school readiness services must comply with the standards outlined in Form OEL-SR-6205 (October 2016) entitled “School Readiness Program Health and Safety Checklist for Family Child Care Homes and Informal Providers” and the corresponding Form OEL-SR-6206 (October 2016) entitled “School Readiness Program Health and Safety Standards Handbook for Family Child Care Homes and Informal Providers,” each incorporated by reference.

(d) Form OEL-SR-6207 (October 2016), entitled “In-Service Training Record,” and Form OEL-SR-6208 (October 2016), entitled “Child Abuse and Neglect Reporting Requirements,” are each incorporated by reference.

(e) Each form listed in the above paragraphs is available on the Office of Early Learning website at www.floridaearlylearning.com or by contacting the Office of Early Learning, Department of Education, 250 Marriott Drive, Tallahassee, Florida. The incorporated forms are also available at: [FAR link placeholder].

(3) Enforcement. Any issue of noncompliance with the standards outlined in the provider-type specific health and safety checklist(s) or corresponding handbook(s), as identified by the Department of Children and Families or local licensing agency (as applicable), will be forwarded to the appropriate early learning coalition for corrective action, probation, or termination in accordance with enforcement procedures outlined in the corresponding provider-type specific handbook and the Statewide Provider Contract for the School Readiness Program adopted pursuant to Rule 6M-4.610.

(4) Compliance.

(a) All school readiness program providers must be in compliance with the active credential requirements outlined for group size no later than 24 months from the date of enactment of this rule.

(b) All school readiness program providers must be in compliance with preservice training requirements of this rule no later than March 31, 2017.

(c) All school readiness program providers must be in compliance with all other requirements of this rule no later than June 30, 2017.

(5) The following documents and forms are also incorporated by reference as part of this rule:

(a) Title 16 CFR, Parts 1219 and 1220 (January 2016 Edition) [FAR link].

(b) School Entry Health Exam, Florida Department of Health Form DH 3040-CHP (July 2013) [FAR link].

(c) Florida Certification of Immunization, Florida Department of Health Form DH 680 (July 2010), Part A-1, B, or C [FAR link].

(d) Religious Exemption from Immunization, Florida Department of Health Form DH 681 (July 2008) [FAR link].

(e) Immunization Guidelines – Florida Schools, Childcare Facilities and Family Daycare Homes, Florida Department of Health Form DH 150-615 (March 2013) [FAR link].

(f) Center for Disease Control guidelines for handwashing (May 2015) [FAR link].

(g) USDA Child and Adult Care Food Program Guidelines (April 2016) [FAR link].

(h) USDA MyPlate Guidelines (January 2016) [FAR link].

(i) Child Abuse & Neglect Reporting Requirements, form CF-FSP 5337 (October 2012) [FAR link].

(j) Background Screening & Personnel File Requirements, form CF-FSP 5131 (July 2012) [FAR link].

(k) In-Service Training Record – Child Care Facility, form CF-FSP 5268 (July 2012) [FAR link].

(l) In-Service Training Record – Family Day Care Home, form CF-FSP 5268A (March 2009) [FAR link].

(m) Each form listed above is available on the Office of Early Learning website at www.floridaearlylearning.com or by contacting the Office of Early Learning, Department of Education, 250 Marriott Drive, Tallahassee, Florida. The incorporated forms are also available at the link following the associated form name.

Rulemaking Authority 1001.213(2), 1002.82(2)(i),(t)-(w), FS. Law Implemented 1002.82(2)(i),(t)-(w) and 1002.88(1)(c), FS. History–New 7-1-14. Amended _____.



SCHOOL READINESS PROGRAM
Health and Safety Checklist
*Licensed, License-exempt and School-age
Center-based Programs*

Checklist/Handbook Section

Specific School Readiness Program Standard	
Class Violation Level	Description of the Health and Safety Standard Violation

1. Capacity	
2	The program facility is authorized to serve [] children. A total of [] children were counted at the center and/or were on a field trip.
2	The program facility that held a valid license on October 1, 1992, did not have 20 square feet of usable floor space per child for the number of children observed in care. The facility had a capacity of [] based on 20 square feet per child, and [] children were observed in care.
2	The program facility did not have 35 square feet of usable floor space per child for the number of children observed in care. The facility had a capacity of [] based on 35 square feet and [] children were observed in care.
2	The program facility's outdoor play space calculated at 45 square feet per child allows [] children to use the space at one time and [] children were observed using the space.
3	A room set up exclusively for use during sedentary activities for a school-age program did not have 20 square feet of usable floor space per child observed using the space.
3	The program failed to post the room capacity in each room of the facility.

2. Minimum Age Requirements	
3	In the operator's absence the staff person in charge did not meet the minimum age requirement of 21 years.
2	A person under the age of 16 years was employed at the program and not directly supervised.

3. Ratios	
2	A ratio of [] staff for [] children is required. There were [] staff for [] children observed.

4. Group Size	
2	A group size of no more than [] children is required for [age group]. A group size of [] children was observed.
3	At least one of the two teachers required to maintain staff to child ratio for a group size of [] for [age group] did not possess an active credential as recognized by the department.

5. Supervision	
2	Supervision of children in the [] group was inadequate in that [].
1	One or more children were not adequately supervised in that [], which posed an imminent threat to a child, and could or did result in death or serious harm to the health, safety or well-being of a child.
2	Children in the outdoor play area were not adequately supervised in that [].
2	Staff were not within sight and hearing of all the children during nap time.
2	There were insufficient personnel readily accessible to meet ratio requirements during nap time.
2	Children were not individually fed and supervised during meal times.
2	An infant was observed being fed with a propped bottle.
2	Children were left in high chairs or other confining devices outside of feeding times.
1	A child was left behind in a vehicle at the facility, on a field trip, or an activity away from the facility.
1	A child was released to an unauthorized individual (not identified by the custodial parent or legal guardian).
1	The operator, employee or substitute was supervising children while using or under the influence of narcotics, alcohol or other drugs that impaired the individual's ability to provide safe care.
2	In addition to the staff required to meet staff-to-child ratios, one additional adult was not present during a field trip.
1	The program provided a water activity using a swimming pool that exceeds three feet in depth or a beach or lake area and did not have a person with a certified lifeguard certification or equivalent present.
2	The individual(s) responsible for children on a field trip did not have a telephone or other means of instant communication available.
2	Children did not receive supervision while toileting or bathing.
2	Children were left unattended while being diapered or when changing clothes.
2	During evening hours of care, staff did not stay awake at all times.
2	A staff member who had not completed all pre-service training requirements was allowed unsupervised contact or care of children.
1	An unscreened individual was left alone to supervise children in care.

6. Driver's License, Physician Certification & First Aid/CPR Training (if applicable)	
2	<p>The program's driver did not have [].</p> <ol style="list-style-type: none"> 1. A valid Florida driver's license 2. An annual physical examination which grants medical approval to drive 3. Valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures

3	The driver's personnel record did not include []. <ol style="list-style-type: none"> 1. A valid Florida driver's license 2. An annual physical examination which grants medical approval to drive 3. Valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures
---	--

7. Vehicle Insurance and Inspection (If Applicable)	
2	A vehicle(s) used to transport children did not have the required insurance coverage.
3	The program did not have documentation of current insurance coverage for the vehicle(s) used to transport children in care.
2	A vehicle(s) used to transport children did not have an annual inspection by a mechanic to ensure it was in proper working order.
3	The program did not have documentation of an annual vehicle inspection for a vehicle used to transport children in care.

8. Seat Belts/Child Restraints (If Applicable)	
1	The vehicle had seat belts and/or safety restraints for [] children and [] children were transported at one time.
1	The number of children transported exceeded the vehicle manufacturer's designated seating capacity.
1	The program's use of seat belts was not age appropriate for children being transported who required safety restraints.

9. Transportation (If Applicable)	
2	The required staff-to-child ratios were not maintained when transporting children.
2	The program did not maintain a log for all children being transported in a vehicle.
3	The program's transportation log was not retained for a minimum of fifteen (15) months.
3	The program's transportation log did not include []. <ol style="list-style-type: none"> 1. Each child's name 2. Date 3. Time of departure 4. Time of arrival 5. Signature of driver 6. Signature of second staff member
2	Upon arrival at the destination, it was determined that the driver of the vehicle failed to mark each child off the log as children departed the vehicle.
2	Upon arrival at the destination, the driver of the vehicle and second adult failed to conduct a physical inspection and visual sweep of the vehicle to ensure that no child was left in the vehicle.
2	The driver of the vehicle failed to drop the child off at the appropriate location.
1	The driver of the vehicle failed to drop the child off at the appropriate location posing an imminent threat to a child and which could or does result in death or serious harm to the health, safety or well-being of a child.

3	Contact information for all children being transported was not maintained in vehicles.
2	Emergency care plans, supplies, and/or medications were not available in the vehicle for the children being transported with chronic medical conditions.

10. Planned Activities

3	The program didn't have a written plan of scheduled activities.
3	The program's written plan of scheduled activities was not followed.
3	The program's written plan of scheduled activities was not posted in an easily seen location accessible to parents and available to the inspection authority for review.
3	The program's written plan of scheduled activities did not include alternate activities in case of inclement weather.
3	The program's written plan of scheduled activities did not promote the emotional, social, intellectual and physical growth of the children in care.
3	The program used electronic media time with children younger than 2 years of age.
3	The program used electronic media that was not for educational purposes or for physical activity for children 2 years of age and older.
3	The program used electronic media time with children older than 2 years of age and older for more than 2 hours a day.
3	The program's written plan of scheduled activities did not include quiet and active play, both indoors and outdoors.
3	The school-age program did not offer schedule time in an appropriate environment for academic support or homework assistance.
3	For infants in care, the program did not provide opportunities for outdoor time each day (weather permitting).
3	The program's written plan of scheduled activities did not include meals, snacks, or nap times, as appropriate, for the ages and the times the children are in care.

11. Field Trip Permission

3	The custodial parents or legal guardian were not provided advanced notice of a planned field trip.
3	The program failed to post, in a conspicuous location, the date, time and location of a planned field trip at least two working days prior to the trip.
3	The program did not secure written permission either in the form of a general permission or an individual permission slip from the custodial parent or legal guardian prior to each field trip.
3	Documentation of custodial parent or legal guardian's permission for field trips was not on file for the child(ren).
3	The program failed to retain documentation of parental field trip permission for a minimum of fifteen (15) months from the date of each field trip.
3	The program operator/staff did not have emergency contact information for the children on a field trip, or any other activity away from the facility.

12. Child Discipline	
3	The custodial parent or legal guardian was not provided written notification of the program's disciplinary policy.
3	The custodial parent or legal guardian was not provided written notification of the program's expulsion policy.
2	A staff member did not comply with the program's written discipline policy.
1	A method of discipline was used at the program that was severe, humiliating or frightening to children in that [].
2	A form of discipline used by staff was associated with food, rest and/or toileting.
2	The program's discipline practices included the use of spanking or other form of physical punishment.
3	The program used denial of active play as a form of discipline.

Physical Environment

13. Facility Environment	
3	Areas of the program facility were found to be in need of cleaning.
3	An area(s) of the program facility was observed to not be in good repair.
3	A health deficiency having a low potential for harm to the children in care was observed.
2	An area of the program facility was observed to be a serious health hazard to children in care.
3	A safety deficiency having a low potential for harm to the children in care was observed.
2	An area of the program facility was observed to be a serious safety hazard to children in care.
3	There was evidence of or the presence of rodent or vermin observed in the program facility.
2	During the program's operating hours, an activity occurred in a portion of the building which endangered the health and/or safety of children in care.
3	The program did not have current vaccination records for the pet observed. Vaccinations are available for this type of animal.
2	A fire hazard, [], was observed in the program facility.
3	The program did not have documentation that custodial parents or guardian are given written notification of animals on the premises.
3	Animals or birds were observed in the food storage, preparation, or service area.
3	Animals or birds kept as classroom pets were not caged.
3	Animal or bird cages were not clean.

14. Toxic Substances, Hazardous Materials and Weapons	
2	A potentially harmful item, [], was not labeled as required.
3	The program's storage of harmful items including cleaning supplies, flammable products, and poisonous, toxic and hazardous materials allowed access by children in care.
2	The program's storage of harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials were accessible to children in care.

2	Knives and/or sharp tools were accessible to children in care.
1	A firearm or weapon was on the premises.
1	Narcotics, alcohol, or impairing drugs were present on the premises.
3	There was evidence that smoking occurred while children were in care in the program facility, outdoor area, during a field trip or in a vehicle used to transport children.
2	Smoking was observed in the program facility, outdoor area, during a field trip or in a vehicle used to transport children, while children were in care.
3	The program failed to provide notification to custodial parents and/or legal guardians that smoking is prohibited on the premises of the program facility.

15. Lighting, Temperature and Ventilation

3	All rooms of the program facility did not have sufficient lighting equivalent to 20 foot candles at three feet from the floor.
3	All reading, painting and other close work areas did not have lighting equivalent to 50 foot candles on the work surface.
3	During nap time, lighting was insufficient to visually observe and supervise children.
3	The program facility failed to maintain a temperature between 65 degrees and 82 degrees Fahrenheit at all times.
3	Cleaning (other than general clean-up activities) of a room took place while children were present in the room.
3	Pest control took place in rooms occupied by children.

16. Indoor Floor Space

3	The program did not provide open indoor play space for infants outside of cribs and playpens.
3	The program failed to maintain square footage per child during a non-routine special event in a common or multi-purpose area in accordance with the local fire authority.
3	For centers that only provide evening care, the program had no designated indoor space that promotes the development of gross motor skills.

17. Outdoor Play Area/Fencing

3	The program facility's outdoor play area contained litter, nails, glass or other hazards that posed a low potential for harm to children.
2	The program facility's outdoor play area contained litter, nails, glass or other hazards that posed a threat to the health, safety or well-being of the children.
3	The program facility did not provide shade on the playground.
1	The program facility's outdoor play area was not fenced to prevent children's access to a water hazard.
2	The program facility's outdoor play area was not enclosed with fencing or walls a minimum of 4 feet in height.
2	The program facility's fencing walls or gate area had gaps that could allow children to exit the outdoor play area.
3	The base of the fence in the outdoor play area was not at ground level and could allow inside or outside access by children or animals.

3	The fence in the outdoor play area had a build-up at the base, causing the fence to be less than the minimum 4 feet in height and could allow children to exit the play area.
2	A program with a current urban child care designation did not maintain an additional minimum of 45 square feet of usable indoor floor space for at least 25 percent of the program's capacity as a substitution for the required outdoor play area.

18. Bedding and Linens

3	A cot, bed, crib, mattress, playpen or floor mat was not available for all children to be used when napping or sleeping.
2	The sleep bedding available was not safe and poses a threat to the health, safety or well-being of a child in care.
3	The bedding available for children in care was not cleaned and/or sanitized or disinfected after each use.
2	The bedding available was not sanitary and poses a threat to the health, safety or well-being of a child in care.
3	The floor mats available for children were not at least one inch thick.
3	The floor mats available for children in care were not covered with an impermeable surface.
3	The bedding available was not appropriate for the child's size.
3	Linens were not laundered at least once weekly or more often if soiled or dirty.
3	Linens used by more than one child were not laundered between usage.
3	Linens, pillows or blankets were not provided for sleeping children.
3	Linens were not stored in a sanitary manner.

19. Nap/Sleep Space Requirements

3	The program facility had no designated area where each child can sit quietly or lie down to rest or nap.
3	A minimum distance of 18" was not maintained around each napping/sleeping space.
3	A child's napping or sleeping space was against more than two solid barriers.
2	The nap/sleep space was under furniture or against furniture that created a hazard.
2	The nap/sleep space interfered with exit areas.

20. Crib Requirements

3	The program made use of double or multi-deck cribs, cots or beds for children up to one year of age.
3	The program did not have an adequate number of cribs, portacribs or playpens with sides for the number of children up to one year old in care.
2	The program used cribs that did not meet current federal guidelines for construction regulations as outlined in Title 16, Parts 1219 & 1220 Code of Federal Regulations.
2	A napping or sleeping infant who is not capable of rolling over was not positioned on his/her back and on a firm surface, and the provider did not have written authorization from a physician in the child's record.

3	The program did not maintain documentation in the child's record that an alternative sleep position is authorized by a physician.
---	---

21. Restrooms and Bath Facilities	
3	A toilet and/or bath facility was not easily accessible and at a height usable by the children.
3	A platform used by children was not, safely constructed with an impermeable surface that can be easily cleaned and sanitized or disinfected.
3	The program facility did not have the number of toilets and/or sinks required for its designated capacity.
3	The program provided care for diapered infants only and did not have at least one toilet and two wash basins for every thirty infants.
3	Cleaning and sanitizing potty chairs did not take place after each use.
2	Cleaning and sanitizing potty chairs did not take place after each use posing a threat to the health, safety or well-being of the children.
3	Children did not receive assistance with toileting or bathing in accordance with their age and required needs.
3	A toilet facility opened directly into an area where food was prepared.
3	The program facility serving children had neither a portable nor a permanent bath facility available for bathing children.
3	The bath facility was not cleaned and/or sanitized or disinfected after each use.
3	The sink and/or toilet was not maintained in good operating condition, clean and/or sanitized or disinfected.
2	The program did not maintain the sink, toilet and/or bath facilities used by the children in good operating condition, clean and sanitized or disinfected, posing a threat to the health, safety or well-being of the children.
3	Running water was not available and within reach of children using the toileting facility.
3	The toileting facility did not have: [], and within the reach of children. <ul style="list-style-type: none"> 1. paper towels or hand drying machines 2. soap 3. trash receptacle 4. toilet paper

22. Operable Phone	
2	The program did not have an operable telephone accessible and available to all staff during hours of operation.

23. Fire Drills & Emergency Preparedness	
3	The program facility did not have documented proof of an annual fire inspection by the local fire authority.
2	The program facility did not have a current and approved annual fire safety inspection by the local fire authority.
3	The program facility did not have a fire extinguisher with a minimum rating of 2A10BC available in the food preparation area.
3	The program facility did not have a fire extinguisher with a minimum rating of 2A10BC within 75 feet of rooms occupied by children.

3	The program did not have documentation of a fire extinguisher being properly maintained to include being serviced and retagged timely, and/or with a current certificate.
2	During the program's contract year, fire drills utilizing the approved alarm system were not conducted monthly at various dates and times when children were in care [].
2	Fire drills conducted during the contract year did not include the following [].
3	The written record of the fire drills was incomplete and did not include the following: [].
3	The program did not maintain fire drill records for the months of operation for a minimum of fifteen (15) months from the date of the fire drill.
3	The program's emergency evacuation plan did not include a diagram of safe routes and was not posted in each room.
2	All adults and children failed to evacuate the program facility when the approved fire alarm system was activated.
2	The operator/staff failed to possess a current attendance record during a fire drill, emergency preparedness drill or an actual emergency.
2	The program did not have a written emergency preparedness plan.
3	The program's emergency preparedness plan was incomplete in that it did not [].
2	Emergency preparedness drills were not conducted when children were in care.
3	The written record of emergency preparedness drills was incomplete and did not include the following [].
3	The program did not maintain emergency preparedness drill records for the months of operation for a minimum of fifteen (15) months from the date of the emergency preparedness drill.
3	The written record of the fire and emergency preparedness drills conducted was not available at the time of inspection.
3	The operator failed to notify their local coalition and inspection authority within 24 hours following a fire or natural disaster as to their operational status.
3	Exit areas were not clear in accordance with fire safety regulations.
2	Exit areas were blocked off and inaccessible in an emergency.

24. Food Preparation Area

3	The food preparation area was being used for purposes other than food preparation.
3	Preparation of food occurred in an area that is not a designated food preparation area.
3	The food preparation area was not ventilated by either mechanical or natural means to provide fresh air and control unpleasant odors.
3	The food contact surfaces were not smooth or nonabsorbent to include unsealed cracks and seams.
3	Food equipment was not maintained and stored in a sanitary manner and out of the reach of children.
3	The lighting in the food preparation area was not shielded.
3	The food preparation area floors, floor coverings, or walls were absorbent and not easy to clean.

3	The food preparation area ceiling is not easily cleanable or replaceable in the event of water and other damage, mildew, or mold.
3	The food preparation area does not have a hand washing station or the hand washing station did not include the following: [].
3	Garbage containing food waste was not disposed of in a leak proof, nonabsorbent container with a tight fitting lid.
3	The garbage container used for the disposal of food waste was not emptied, cleaned and sanitized or disinfected daily.
3	Staff and/or volunteers working in the food preparation area did not wear proper head covering.
2	Staff and/or volunteers working in the food preparation area did not use disposable gloves, utensils or similar items to prevent bare hand contact with ready-to-eat foods.
2	Children were present in the food preparation area when meals and snacks were being prepared.
3	Food was stored in an inappropriate area.
3	Food containers were not stored above the floor on clean surfaces to protect from splash and other contamination.
3	Stored food was not consumed or discarded on or before the expiration date listed by the manufacturer.
3	Recalled food was not removed and/or discarded.
2	Poisonous/toxic or cleaning products were not stored separately from food.
3	Open packages of perishable or leftover foods were not [].
3	Open packages of dried goods were not [].
3	The facility's refrigerator and/or freezer do not [].
3	Frozen food [].

25. Health and Sanitation	
3	Screens were not affixed or maintained on all opened doors and windows in the program facility.
3	A staff member did not wash their hands properly/thoroughly in that [].
2	A staff member did not wash their hands [].
2	A staff member did not assist children with hand washing [].
3	Hand sanitizer was used in place of hand washing with soap and running water when soap and water were available.
2	Staff with open wounds and/or injury that inhibits hand washing, was observed preparing food.
3	Staff did not ensure that children sleeping overnight at the program brushed their teeth and washed their face and hands before bedtime.
3	Children shared use of toothbrushes, towels and/or wash cloths.
3	Children's toothbrushes were stored touching each other.
3	Non-disposable food equipment, tableware, and utensils utilized for food preparation and consumption were not properly washed and sanitized on-site.
3	A dishwasher used for ware washing and sanitization was not functioning properly in that [].
3	Safe drinking water was not available to all children.
3	Single service items were not discarded after each use.

26. Diapering	
3	Diapering occurred in a room that did not have a hand washing station or did not have a hand washing station in an adjoining area.
3	The hand washing station in the diapering area did not include []. 1. disposable towels or properly installed hand drying machine 2. soap 3. trash receptacle 4. running water
3	The hand washing sink was used for something other than hand washing in that [].
3	The diapering area was not physically separated from the food preparation, service or feeding area.
3	The diaper changing surface was not cleaned and sanitized or disinfected after each use.
3	Diaper changing occurred on a surface that was not impermeable.
3	Items unrelated to diaper changing were stored in the diaper changing area or placed on the diaper changing table/surface.
3	There was not a supply of clean diapers, clothing and/or linens.
3	Soiled or wet diapers, clothing, or linens were not changed immediately.
3	Soiled disposable diapers were not disposed of in a plastic-lined, securely covered container.
3	Soiled cloth diapers were not emptied into the toilet and placed in a securely covered container
2	The container used for the disposal of soiled diapers or the storage of used cloth diapers was accessible to children.
3	The container used for the disposal of soiled diapers or the storage of used cloth diapers was not emptied, cleaned and sanitized or disinfected daily.

27. Indoor Equipment	
3	Toys, equipment and/or furnishings available to the children in care were not age appropriate in that [].
3	The quantity of toys, equipment and/or furnishings suitable to each child's age and development was inadequate for the number of children in care.
3	Toys, equipment and/or furnishings were not safe in that [].
2	Toys, equipment and/or furnishings were not safe in that [] and pose a threat to the health, safety or well-being of the children in care.
3	Toys, equipment and/or furnishings were not maintained in a sanitary condition and not cleaned and sanitized or disinfected following exposure to bodily fluids.
3	The program had insufficient age-appropriate seating for the number of children eating meals at one time.

28. Outdoor Equipment	
3	Equipment available to children in the outdoor play area was not appropriate for the age and developmental level of the children in care in that [].
3	The frame of the [] was not securely anchored in the ground or stationary by design.

2	The play equipment was not maintained in a safe or sanitary condition for the children to use in that [].
2	A resilient surface was not provided beneath and within the fall zone for [].
3	The ground cover or other protective surface under the [] was not maintained at a minimum of six (6) inches in depth.
3	The placement of [] did not allow for adequate distance/clearance from other equipment, fences, and objects in the area.
3	The equipment used in the outdoor play area was not constructed to allow for water drainage.

Training

29. Training Requirements	
3	The program did not have documentation of staff's completion of required training on one of the accepted training transcripts in that [].
3	Program personnel did not complete training requirements prior to unsupervised contact with or care of children, or if supervised, within 90 days of beginning employment or service with the program.
3	Program personnel, returning to the industry and who were in compliance with training requirements when they left the industry, did not complete new mandated training within 90 days of employment.
3	Program personnel, who were not in compliance with training requirements when they left the industry, did not complete required training and any new mandated training before returning to the industry.
3	Program personnel did not complete the required in-service training during the state's fiscal year beginning July 1 and ending June 30.
3	Documentation of in-service training was not recorded on Form OEL-SR-6207, In-service Training Record – School Readiness Program or CF-FSP Form 5268, Child Care In-Service Training Record.
3	The facility did not have documented proof that all staff were trained and knowledgeable in the use of fire extinguishers within 30 days of employment.

Health Requirements

30. Communicable Disease Control	
3	A child, program personnel or other person in the program facility suspected of having a communicable disease was not removed from the facility or placed in isolation.
3	A child, program personnel or other person was permitted to return to the program facility without medical authorization or the signs and symptoms of the disease were still present.
2	Program personnel did not report the child's signs and symptoms of illness to the child's custodial parents or legal guardian.
3	A child identified as having head lice was permitted to return to the program before treatment occurred and was verified.
3	The program operator/personnel failed to treat areas, equipment, toys or furnishings with which a child with lice had contact.

3	The facility did not have an area for the care of an ill child which is: <ol style="list-style-type: none"> 1. isolated 2. ventilated 3. heated 4. equipped with a bed, mat, or cot 5. equipped with materials that can be cleaned and sanitized, or disinfected easily.
3	Linens in the isolation area were not changed after each use by an ill child.
3	In the isolation area, used linens and/or disposable items were not kept in a closed container until cleaned or thrown away.
2	A child placed in the isolation area was not within sight and hearing of a staff person.
2	The program failed to report a suspected communicable disease outbreak for two or more children or adults within 72 hours to the local county health department and failed to follow directions given.

31. First Aid Requirements

2	The program did not have at least one staff member with current and valid certificate of course completion for first aid training present at all times that children are in care.
2	The program did not have an adequate number of staff appropriately trained in first aid to maintain coverage both on-site and on field trips.
2	The program did not have a first aid kit accessible to staff on the premises at all times.
2	First aid kit did not accompany program staff on a field trip, on an activity away from the facility, or while transporting children.
3	The program's first aid kit was within reach of children.
3	The program's first aid kit was missing the following items: <ol style="list-style-type: none"> 1. Soap and hand sanitizer 2. Band-aids or equivalent 3. Disposable non-porous gloves 4. Cotton balls or applicators 5. Sterile gauze pads and rolls 6. Adhesive tape 7. Thermometer 8. Tweezers 9. Pre-moistened wipes 10. Scissors 11. A current resource guide on first aid and CPR procedures
3	Documentation of first aid training was not on file for staff.

32. CPR Requirements

2	The program did not have at least one staff member with current and valid infant and child cardiopulmonary resuscitation certification present during all hours of operation.
3	Documentation of child cardiopulmonary resuscitation training was not on file for staff.

2	The program had an inadequate number of staff appropriately trained in CPR to maintain coverage both on-site and on field trips.
2	The online CPR training did not include an on-site instructor-based skills assessment and is invalid for the individual.

33. Emergency Telephone Numbers

3	The program's posted emergency information did not include the following: []. <ol style="list-style-type: none"> 1. Emergency services/911 2. Ambulance phone number 3. Fire department phone number 4. Police phone number 5. Poison Control Center phone number 6. Florida Abuse Hotline 7. County Public Health Unit phone number 8. The program facility's address 9. Directions to the program facility; including major intersections and local landmarks.
3	Emergency information/telephone numbers were not posted on or near all telephones in the program facility.

34. Accident/Incident Notification and Documentation

2	Program staff failed to immediately contact emergency services and the child's custodial parents or legal guardians in the event of a serious illness, accident, injury or emergency to their child.
2	Program staff failed to follow the instructions from the child's custodial parents or legal guardians, in the case of a serious illness, accident, injury or emergency to their child.
3	Program staff failed to document an accident or incident on the day that it occurred.
3	Program staff failed to share the accident/incident form with the custodial parent/ legal guardian on the day that the incident occurred.
3	Program staff failed to provide a copy of the accident/incident form to the individual authorized to pick up child on the day the incident occurred.
3	Documentation of an accident or incident was insufficient in that it did not include the [].
3	Documentation of an accident or incident was not maintained by the program for a minimum of fifteen (15) months.

35. Medication

2	A prescription or non-prescription medication, specifically [], was dispensed without written authorization from the custodial parent or legal guardian.
3	The program was notified of allergies to medication or special restrictions and there was no written documentation in the child's file.
2	The program was notified of allergies to medication or special restrictions and the information was neither shared with staff nor posted with the stored medication.
3	A medication, [], brought to the center for administration, was not in its original container.

3	The label on the prescription medication did not have the required information in that it did not include [].
2	Written directions on the prescription label or manufacturer's label for dispensing prescription or non-prescription medication were not followed in that [].
1	Written directions on the prescription label or were not followed in that a child was given the wrong medication and which posed an imminent threat and could or did result in death or serious harm to the health, safety, or well- being.
3	The program did not obtain written authorization prior to administering emergency non-prescription medication.
2	In an emergency, a non-prescription medication, specifically [], was dispensed and the custodial parent or legal guardian was not notified on the day it occurred.
3	The program did not maintain a record for each child who received medication while in care.
3	The program's record for a child receiving medication was incomplete in that it did not include [].
3	A record of medication dispensed was not retained for at least fifteen (15) months after the last dosage was given.
3	All medication did not have child resistant caps, if applicable.
2	Medication was not stored in either a locked area or inaccessible and out of a child's reach.
3	Medication stored in the food preparation area was not stored in a manner to prevent contamination of food, food contact surfaces, or medication.
3	Medication which had expired or is no longer being administered was not discarded or returned to the custodial parent or legal guardian.

Food and Nutrition

36. Meals and Snacks	
3	Meals and/or snacks supplied by the program did not meet the daily nutritional needs of the children in care in that [].
3	Children were provided food that was not appropriate for their ages.
2	Food item(s) was served from an unapproved source in that [].
2	Food served at the facility was not free from spoilage and contamination, and was not safe for eating as evidenced by [].
2	Recalled food item(s) was served to the children in care.
2	Required food temperatures were not maintained in that [].
2	Cold food was not maintained at a temperature of 41 degrees Fahrenheit or below.
2	Food was not thoroughly cooked and/or reheated to the appropriate temperature.
2	Raw fruit or vegetables were not washed before being served or cooked.
3	The program chose not to provide meals and snacks, but failed to make arrangements with custodial parent or legal guardian to provide nutritional food for children.
3	The program did not maintain required written documentation of known food allergies and/or a specialized diet in a child's file.

2	A child was given [] after the facility was notified of a food allergy by the custodial parent or legal guardian.
3	The program did not share with staff, or post in an easily accessible location, special food restrictions for a child.
3	Milk and/or food sat out longer than 15 minutes prior to the beginning of the meal.
3	Staff, while distributing snacks/serving food, did not use napkins, disposable gloves, utensils, or similar items to prevent skin contact with food.
3	Food provided by parents/guardians was not properly stored and handled in a sanitary manner to prevent contamination or spoilage.

37. Bottles, Breastmilk, Formula and Infant Food	
3	Bottles and/or sippy cups provided by the program were not washed, rinsed, and sanitized between each use.
3	Bottles and/or sippy cups brought from home were not labeled with child's first and last name.
3	Bottles and/or sippy cups brought from home were not returned to custodial parent or legal guardian daily.
3	Formula and/or food brought from home was not labeled with the child's first and last name.
3	Prepared bottles brought to the facility were not properly refrigerated and used within 48 hours.
2	Breastmilk or formula was fed to the wrong child.
3	Parents of a child who received the wrong breastmilk or formula, as well as the parents of child for whom the breastmilk or formula was intended, were not notified immediately of the incident.
3	An incident involving children being fed the wrong breastmilk or formula was not recorded on an accident/incident form.
2	Solid food and/or cereal was fed to an infant under 4 months of age without authorization from a physician.
2	Bottle warming devices were accessible to children.
2	Bottles and/or formula were heated in a microwave oven.
2	Heated bottles and/or food was not tested prior to feeding in order to prevent injury.
2	A bottle was warmed more than once.
3	Breastmilk and/or infant formula was not discarded within one hour after serving.
3	Previously opened baby food jars were accepted at the center.
3	Baby food was fed directly from the jar for more than one feeding.

Record Keeping

38. Immunization Records	
3	Child(ren) did not have a Florida Certification of Immunization (DH Form 680) or a Religious Exemption from Immunization (DH Form 681) on file within 30 days of enrollment.

3	The Florida Certificate of Immunization was not acceptable in that [] <ol style="list-style-type: none"> 1. The form was not current (expired). 2. An applicable part of the record was not complete. 3. It did not include the signature of the physician. 4. It did not include the date the form was issued by the physician.
---	---

39. Student Health and Records	
3	Child(ren) did not have a Student Health Examination (DH Form 3040) or an equivalent health statement on file within 30 days of enrollment.
3	The Student Health Examination or equivalent health statement was not acceptable in that []. <ol style="list-style-type: none"> 1. It was not current (over two years old). 2. It did not indicate results of all components included in DH Form 3040. 3. The exam was completed by a person without statutory authority to perform health exams. 4. The health statement was completed by an unauthorized professional.

40. Enrollment Information	
3	Child records or copies of records, including enrollment information, were not being maintained at the program and available for review by the inspection authority.
3	Enrollment information for a child was incomplete in that the record was missing [].
2	A Child was released to a person other than the person(s) authorized or in the manner authorized in writing by the custodial parent or legal guardian.
3	A signed statement from the custodial parents or legal guardian attesting the program had provided their written discipline policy was not on file for child(ren).
3	A signed statement from the custodial parents or legal guardian attesting the program had provided their written expulsion policy was not on file for child(ren).
3	Parents were not provided information detailing the causes, symptoms, and transmission of the influenza virus annually during the months of August through September as evidenced by their signed statement.

41. Personnel Records	
3	Personnel records or copies of records were not being maintained at the program and available for review by the inspection authority.
3	Program personnel did not have an employment application on file.
3	The personnel record for staff did not include a signed statement regarding any work in a center that had been subject to negative licensing action or the subject of disciplinary action while employed.
3	The personnel record did not include a current Child Abuse and Neglect Reporting Requirements Form, signed annually.

42. Background Screening Documents	
3	Documentation of completed Background Screening and personnel file requirements was not on file for the operator, program personnel, volunteers or substitutes.

2	Documentation of Level 2 screening clearance from DCF was either incomplete or missing for the operator, program personnel, volunteers or substitutes.
1	The personnel record for the individual indicated the person had been found guilty of an offense noted in Section 435.04, Florida Statute, which disqualifies the person from employment and the owner/operator failed to take appropriate action.
3	A five year employment history verification was not completed and on file prior to hire for the operator, program personnel, volunteers and substitutes.
3	Employment history check did not include all required information including applicant's job title, description of regular duties, confirmation of employment dates, and level of job performance.
2	Rescreening was not completed every five years after the initial screening.

43. Daily Attendance

3	There were no daily attendance records or they were unavailable for review by the inspection authority.
3	Attendance records did not include the time of each child's arrival and departure.
3	Staff failed to ensure arrival and departure times were complete and accurate.
3	The program did not maintain attendance records in accordance with the Statewide Provider Contract, nor were they available for review by the inspection authority.

Enforcement

44. Access/Child Safety

2	Program staff inappropriately interacted with children in care in that interactions were []. <ol style="list-style-type: none"> 1. Aggressive 2. Demeaning 3. Intimidating
1	The owner, operator, employee, volunteer or substitute, while caring for children, committed an act or omission that meets the definition of child abuse or neglect provided in Chapter 39, F.S.
1	As a mandated reporter, the owner, operator, employee, volunteer or substitute failed to report suspected child abuse or neglect as required in s. 39.201, F.S.
2	The program did not provide the parent or legal guardian access, in person and by telephone, to the program facility during the hours of operation.
2	The owner, operator, employee or substitute failed to grant the inspection authority access to the program facility during the hours of operation.
1	Program personnel misrepresented information, impersonated, or provided fraudulent information related to the program facility to a parent/guardian, inspection authority, or law enforcement that could or did result in the death or serious harm to the health safety or well-being of a child.
2	Program personnel misrepresented information, impersonated, or provided fraudulent information related to the program facility to a parent/guardian, inspection authority, or law enforcement.



School Readiness Program Health and Safety Standards Handbook

For Licensed, License-Exempt, and School-Age Center-based Programs

October 2016

This handbook is intended to be used in conjunction with Sections 1002.82-1002.88, Florida Statutes, and Chapter 6M-4, Florida Administrative Code.

This handbook is incorporated by reference in 6M-4.620, Florida Administrative Code.

Contents

Introduction	5
Inspections.....	7
Definitions.....	8
1 Capacity.....	10
1.1 Indoor Floor Space	11
1.2 Outdoor Space	12
1.3 Multipurpose Rooms	12
2 Minimum Age Requirements.....	13
3 Ratios	13
4 Group Size	14
5 Supervision.....	16
6 Transportation (if applicable)	17
6.1 Vehicles	18
6.2 Driver Requirements.....	19
7 Planned Activities.....	19
8 Field Trip Activity.....	20
9 Child Discipline.....	21
10 Physical Environment.....	22
10.1 Lighting.....	23
10.2 Windows and Screens	23
10.3 Temperature and Ventilation	24
10.4 Nap and Sleep Space(s)/Safe Sleep Practices	24
10.5 Exit Area	24
10.6 Bathrooms and Sinks.....	25
10.7 Outdoor Play Area.....	25
10.8 Fencing.....	26
11 Equipment and Furnishings	26
11.1 Indoor Equipment	27

11.2	Outdoor Equipment	27
12	Health and Sanitation	28
12.1	Drinking Water	28
12.2	Handwashing.....	28
12.3	Diapering.....	28
12.4	Bedding and Linens	29
13	Health-Related Requirements	30
13.1	Communicable Disease Control.....	30
13.2	Isolation Area	30
13.3	Outbreaks.....	31
13.4	First Aid and Cardiopulmonary Resuscitation.....	31
13.5	First Aid Kit Minimum Requirements.....	32
14	Fire Safety and Emergency Preparedness and Response	32
14.1	Emergency Preparedness and Response	33
14.2	Fire Safety	33
14.3	Fire Drills	34
14.4	After a Fire or Natural Disaster	34
15	Emergency Procedures and Notification	34
15.1	Accidents/Incidents.....	35
16	Medication	35
17	Food and Nutrition Services.....	36
17.1	Food Preparation Area.....	37
17.2	Food Storage	38
17.3	Food Hygiene	39
17.4	Breastmilk, Infant Formula and Food	40
17.5	Dishwashing and Sanitization	41
17.6	Food Handling	41
18	Training Requirements.....	42
18.1	Pre-service Timeframe	42
18.2	Training Courses.....	42

18.3	Break in Service	43
18.4	Documentation of Training	43
18.5	Training Exemptions.....	44
18.6	Annual In-Service Training	44
19	Record Keeping	45
19.1	General Requirements	45
19.2	Children’s Files	46
19.3	Attendance.....	48
19.4	Personnel Records	48
19.5	Background Screening.....	49
20	Access.....	50
21	Child Safety	50
22	Enforcement	50
22.1	Definitions.....	50
22.2	Disciplinary Sanctions.	51
22.3	Probationary Status	53

Introduction

School readiness is an essential component to success in later years of life. The Florida Legislature recognized this idea when they passed the School Readiness Act to help children from low-income families get the support they need to be successful in school. The School Readiness program offers financial assistance to low-income families for early childhood education and care so families can become financially self-sufficient and their young children can be successful in school in the future. While helping children prepare for school, the program provides child care so a parent can work or attend a training or education program. Services vary based on individual needs and range from extended day to extended year and school-age care in some instances.

The program takes into account a child's physical, social, emotional and intellectual development; involves parents as their child's first teacher; prepares children to be ready for school; and gives parents information about child development and other resources available. Developmental screenings are provided for children, as well as appropriate referrals to health and educational specialists. School readiness programs work in cooperation with other programs for young children such as Head Start, Early Head Start and the VPK program.

The School Readiness program is funded primarily by the federal Child Care and Development Fund Block Grant (CCDBG). The recent CCDBG Reauthorization of 2014 represents a historic re-envisioning of the Child Care Development Fund (CCDF) program. The new law made significant advancements to the protection of children in child care settings by requiring states to define minimum health and safety standards for child care providers, and establishing inspection and monitoring requirements for all providers receiving CCDF funds, including license-exempt providers.¹ As the designated CCDF lead agency for the state of Florida, the Office of Early Learning (OEL) administers the School Readiness Program at the state level. Pursuant to section 1002.82(1), Florida Statutes (F.S.), OEL is required to comply with all lead agency responsibilities pursuant to federal law.

Section 1002.82(2), F.S., outlines specific duties and responsibilities of OEL for administration of the School Readiness program, including the following:

¹ Administration for Children and Families Office of Child Care, <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>

- Establish pre-service and in-service training requirements that address, at a minimum, school readiness child development standards, health and safety requirements, and social-emotional behavior intervention models, which may include positive behavior intervention and support models.
- Establish standards for emergency preparedness plans for school readiness program providers.
- Establish group sizes.
- Establish staff-to-children ratios for school readiness program providers.

Additionally, pursuant to 1002.88(1), F.S., the office must adopt a health and safety checklist to be used for inspections and monitoring compliance with school readiness program standards related to health and safety.

The Department of Children and Families Office of Child Care Regulation (DCF) is the child care licensing authority for 62 of the 67 counties in Florida. The department regulates and sets standards for licensed child care facilities, family day care homes, large family child care homes, and mildly ill facilities in these counties. Five counties – Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota – have decided by statute or by the adoption of a local ordinance or resolution to designate a local licensing authority to regulate child care providers in their areas. Local licensing standards must be determined by the state to meet or exceed DCF’s minimum licensing standards.

To prevent duplication of interagency activities, including health and safety inspections and monitoring, OEL is directed to enter into memorandums of understanding with DCF and each of the local licensing agencies for inspections of school readiness program facilities.

In accordance with OEL’s responsibility to set minimum training and health and safety standards for the School Readiness Program, the following handbook is intended to be used by school readiness programs in conjunction with the Health and Safety Checklist for monitoring compliance with program standards. This handbook defines and clarifies School Readiness Program standards and requirements outlined in the Health and Safety Checklist for facilities and center-based programs (Form OEL-SR-6201). The health and safety, training, and inspection standards outlined within this handbook are specific to the School Readiness Program and providers contracted to provide school readiness services, regardless of whether the provider is currently receiving funds.

Nothing in this handbook exempts providers participating in the School Readiness Program from adhering to additional health and safety and/or training requirements required by the Department of Children and Families, Local Licensing Agencies, Department of Education, Department of Health, or others, as applicable.

Inspections

To ensure consistent statewide application of child care and school readiness health and safety standards established in statute and rule, the Department of Children and Families and the Local Licensing Agencies (if applicable) are designated as the inspection authorities for the School Readiness Program. In accordance with s. 402.311(2), F.S., all school readiness program providers must provide the department or local licensing agency (as applicable) access to facilities, personnel and records necessary to ensure compliance with health and safety standards.

To be eligible to deliver the School Readiness Program, a provider must have a pre-contractual inspection conducted by the department or local licensing agency (as applicable) to ensure compliance with health and safety standards and checklist(s) established pursuant to ss. 1002.82 and 1002.84, F.S. Upon initiation of a school readiness provider contract, which indicates a provider's intention to contract for school readiness services, notification will be sent to the department or local licensing agency, as appropriate, indicating the need for a pre-contractual inspection to be completed for that provider. The pre-contractual inspection will be completed by the department or local licensing agency, as appropriate, within forty-five (45) days of receipt of notification. Providers who are licensed or regulated by the department or one of the local licensing agencies, and who have been inspected by the department or local licensing agency within the four (4) months prior to initiation of a school readiness contract, do not have to complete an additional pre-contractual inspection. However, prior to execution of an initial school readiness contract a provider must not have any outstanding violations or issues of noncompliance pending from their most recent inspection.

Within ten(10) days of completion of the pre-contractual inspection, which verifies compliance with all applicable health and safety and training standards, the department or local licensing agency will submit the results of the health and safety checklist inspection to both the provider and the appropriate early learning coalition. Once the results of the health and safety checklist inspection are received by the early learning coalition indicating full compliance with school readiness program health and safety standards, and all other program requirements are met, the coalition may proceed with entering into a contract for school readiness services with the provider.

Upon issuance of a contract to provide school readiness services, providers will be subject to annual inspections for compliance with health and safety standards. Annual inspections will be unannounced and will be completed within the contract year by the department or local licensing agency, as applicable, at a time schedule by the department or local licensing agency. The department or local licensing agency, as applicable, may conduct follow-up inspections after complaints and re-inspections to ensure compliance with health and safety.

Definitions

“Age appropriate” means of the right size, child sized, or adapted so that a child can use safely, and suitable to the chronological age range and developmental characteristics of a specific age group of children or child. This means the materials/equipment should interest and challenge children in terms of their age and abilities. Any materials/equipment with a specified age range by the manufacturer must be followed when being used by children.

“Before-School and After-School site” refers to a program, regardless of location, that provides care for children who are at least 5 years old and are enrolled in and attend a kindergarten program or grades one and above during a school district’s academic calendar year. This is limited to programs that provide care only before and after the recognized hours of a district’s school day and on teacher planning days, holidays, and intercessions that occur during the school district’s official academic calendar year.

“Classroom” refers to any well-defined room in which care is provided or classes are held; a room arranged with materials and equipment and set up as a learning space with intent to implement a plan of activities for the school readiness program. The classroom provides a space where learning can take place uninterrupted by outside distractions. If floor to ceiling walls are not present, the classroom walls must be defined by stable barriers, and must adhere to the requirements for such barriers as outlined in this section.

“Continuing Education Unit (CEU)” is a standard unit of measure of coursework used for training purposes. The office will accept CEUs from education institutions accredited and recognized by the U.S. Department of Education, or nationally affiliated state professional organizations.

“Department” refers to the Florida Department of Children and Families, Office of Child Care Regulation.

“Evening child care” refers to care provided during the evening hours between 6:00 p.m. and 7:00 a.m. the following day.

“Facility” or **“Program Facility”** for purposes of this handbook refers to the entire facility where school readiness program services are provided.

“Food equipment” refers to all stoves, ranges, crock pots, microwaves, hoods, tables, counters, cabinets, refrigerators, freezers, sinks, dishwashing machines, and other items used in the preparation, reheating, and serving of food, with the exception of utensils.

“Food Preparation Area” is a designated room, such as a kitchen, or a designated space in a facility not used in normal day-to-day operations - such as indoor play, classroom, work, or nap spaces – and not included when calculating usable indoor floor space. A food preparation area is required for facilities that choose to prepare food in a manner consistent with the definition of “preparation of food” in this subsection.

“Hours of Operation” means the hours of the day or night that a school readiness program has children in care.

“Office” refers to the Florida Office of Early Learning.

“Operator” refers to the director, on-site administrator or other individual, who has the primary responsibility for the day-to-day operation, supervision and administration of a school readiness program facility.

“Potentially Hazardous Food” refers to any food item that requires time-temperature control (refrigeration or hot holding) and contains in whole or in part: milk, milk products, eggs, meat, poultry, fish, shellfish, cooked plant food (rice, beans, vegetables, and baked potatoes), tofu, other soy-protein products, mushrooms, cut melon, cut tomatoes, raw sprouts, and untreated garlic/oil mixtures.

“Preparation of food” refers to the selection, measurement and combining of ingredients in an ordered procedure to create a meal intended for consumption. This definition is not limited to cooking. Bottle preparation is included in this definition. Excludes warming of pre-prepared bottles and pre-prepared food (including food brought from home), distributing snacks, and learning activities provided by a program that may include raw and prepared food.

“Preservice Training” refers to training requirements completed prior to unsupervised contact with or care of children participating in the School Readiness Program, or within 90 days of employment at a program facility provided the staff member is not allowed unsupervised contact with or care of children prior to completion of pre-service training requirements.

“Program” refers to any entity contracted to provide School Readiness program services.

“Program Personnel” refers to any person employed by or who volunteers at the school readiness program for an average of ten (10) or more hours per month and who either works directly with children and/or is unsupervised with children in care at anytime and for any portion of the program day during the program’s hours of operation.

“Sanitize” means the process of destroying or reducing organisms to a safe level. Includes properly cleaned equipment and surfaces, such as sinks and sleep mats. Proper sanitation is accomplished with the application of a chemical sanitizer or the use of hot water or steam. All sanitizing agents must be used according to the manufacturer’s label and directions. Sanitizing agents used on food contact surfaces must be labeled by the manufacturer as safe for use on food contact surfaces or have specific instructions designed for use on food contact surfaces.

“School-age Child” refers to any child who is at least five years old by September 1st of the beginning of the school year and who is enrolled in and attending a kindergarten program or grades one through five during a school district’s calendar year.

“School-Age Program” means any facility participating in the school readiness program and serving school-aged children as defined above or any before- and after-school or out-of-school time programs

that are licensed as a child care facility defined in section 402.302(2), F.S., and serve only school-aged children as defined above.

“Sedentary Activities” are those activities where the children are seated and working in one space.

“Serious Injury” refers to any injury, accident or incident resulting in death or serious harm to a child that requires medical attention. This includes errors in administration of medication.

“Stable Walls or Barriers” refer to the boundaries that define a classroom space. Walls or barriers must be constructed in a sturdy manner and anchored together, or to floor or walls. Walls or barriers must be stable and secure and must not pose a threat to falling over. The material for the barriers or walls must be non-hazardous and may not be made of materials such as see-thru or plastic curtains, fabric or mesh materials. The stable walls or barriers must be a minimum of 32 inches in height from the floor in classrooms for children ages birth through 2, and must be a minimum of four (4) feet in height from the floor in classrooms for children ages 3 and older. All classrooms must continue to meet fire code requirements for entrance(s) and exit(s) of the classroom.

“Substitute” refers to an person employed by the program who is available to substitute for the operator or other program personnel on a temporary or emergency basis in the absence of regular staff. All substitutes in a school readiness program must meet the background screening and training requirements outlined in this handbook, in accordance with s. 1002.88(1)(e), F.S.

“Tableware” refers to utensils used for eating, drinking, and serving food including forks, knives, spoons, bowls, cups and serving dishes. Tableware may be either multi-use or single service.

“Utensils” refers to pots, pans, ladles, pitchers, cutting boards, knives, or food containers used in the preparation, storage, transportation, or serving of food.

“Volunteer” means any person who provides services to, for, or at a program facility with no promise for compensation. Volunteers who work or provide services to, for, or at a program facility for 10 or more hours per month on average must be screened in the same manner as program personnel and must also meet all training requirements as outlined in section 18 of this handbook.

1 Capacity

1. The capacity of a program facility, as calculated for each room by the designated inspection authority, must be posted in a conspicuous location within each room.
2. Capacity is determined by the most restrictive of the following factors:
 - a. Indoor floor space
 - b. Outdoor square footage
 - c. Number of toilets/wash basins

1.1 Indoor Floor Space

Child behavior is more constructive when there is sufficient space and it is organized to promote developmentally appropriate skills.² The program environment must provide dedicated, usable, and safe space for all activities during hours of operation. The space must be arranged to be conducive for simultaneous social, recreational, and educational activities and include adequate and convenient storage space for equipment, materials, and the personal possessions of children.

1. A school readiness program facility must have a minimum of 35 square feet of usable indoor floor space for each child in care.
2. Any school readiness program facility that holds a valid child care license issued by the Department dated on or before October 1, 1992, must have a minimum of 20 square feet of usable indoor floor space for each child in care. This standard applies as long as the facility remains licensed at the site occupied on October 1, 1992 and shall not be affected by any change in ownership of the site.
3. Usable indoor floor space refers to space that is at all times under the exclusive control of the program while children are in care and available for indoor play, classroom, work area, or nap area.
4. To determine overall facility capacity, usable indoor floor space is calculated by measuring at floor level from interior walls and by deleting space for stairways, toilets and bath facilities, permanent fixtures and non-movable furniture. Kitchens and designated food preparation areas, offices, laundry rooms, storage areas, hallways, and other areas not used in normal day-to-day operations are not included when calculating usable indoor floor space to determine total facility capacity.
5. Each room routinely used as a classroom must provide the minimum square footage per child.
6. For school-age programs, rooms that are set up and used only for sedentary activities must have a minimum of 20 square feet of usable floor space per child.
7. Shelves or storage for toys and other materials must be considered as usable indoor floor space if accessible to children.

² Caring for Our Children: National Health and Safety Performance Standards, Page 203, www.cfoc.nrckids.org

8. Where infants are in care, they must have open indoor floor space outside of cribs and playpens. The space used for play may be interchangeable with space used for cribs and play pens. Infants birth to 12 months should have adequate time and space to engage in activities that promote development of movement skills (tummy time, crawling, turning over, sitting, etc.). Infant seats (swings, bouncers, etc.) should be used only for short periods of time, no more than 15 to 30 minute intervals per infant and no more than two times per day that the child is in care.

1.2 Outdoor Space

Children benefit from being outside as much as possible, and it is important to provide sufficient outdoor space to accommodate them.³ Outdoor space refers to space used for outdoor play that is at all times under the exclusive control of the program while children are in care. The outdoor play area must be sufficient and safe to allow freedom of movement without collisions among active children.

1. There must be a minimum of 45 square feet of usable, safe and sanitary outdoor play area per child. At a minimum, the outside play area must be able to accommodate one-half of the program's total population.
2. Based on the outdoor square footage, the total number of children using the play area at any one time may not exceed the outdoor capacity.
3. If a program has a current urban child care designation from the department as determined by the requirements of Chapter 65C-22, an additional minimum of 45 square feet of usable indoor play space for 25 percent of the program's licensed capacity may be substituted for outdoor play area. The program must provide this additional indoor space with equipment that provides physical activities appropriate for the age of the children.

1.3 Multipurpose Rooms

1. Space that is at all times under the exclusive control of the program while children are in care and used as a common dining area or for large group assemblies/activities for the program is included in the usable floor space for purposes of determining overall facility capacity.

³ Caring for Our Children: National Health and Safety Performance Standards, Page 265, www.cfoc.nrckids.org

2. Such common area (i.e., multiple purpose rooms or dining rooms) square footage may not be counted in a manner as to expand the capacity of other individual rooms in the facility. Square footage per child and room capacity are determined on a room-by-room basis. While a common area is being used for dining or specific large group assemblies/activities (special events), the applicable 35-square-foot requirement of usable floor space and group size requirements would not apply, although supervision and ratios must still be maintained. This means that for special events, the overall room capacity and group sizes may be greater than they would be under normal use. Common area square footage may not be counted toward the facility's overall capacity unless the space is used regularly and other classroom capacity requirements are not exceeded.
3. Each room routinely used as a classroom may not be considered as a multipurpose room and must provide the minimum square footage per child.

2 Minimum Age Requirements

A staff person at least 21 years of age must be in charge of the program and must be on the premises at all times during operating hours.

No person under the age of 16 may be employed at a school readiness program facility unless they are under direct supervision and are not counted for the purposes of computing the staff-to-child ratio.

3 Ratios

The ratio is based on primary responsibility for the direct supervision of children, and applies at all times while children are in care. The minimum staff-to-child ratio for all school readiness programs must be consistent with the following:

1. For children from birth to 12 months of age, there must be one program personnel for every four children.
2. For children 1 year of age or older, but under 2 years of age, there must be one program personnel for every six children.
3. For children 2 years of age or older, but under 3 years of age, there must be one program personnel for every 11 children.
4. For children 3 years of age or older, but under 4 years of age, there must be one program personnel for every 15 children.
5. For children 4 years of age or older, but under 5 years of age, there must be one program personnel for every 20 children.
6. For children 5 years of age or older, there must be one program personnel for every 25 children.

In groups of mixed age ranges:

1. Where children under one year of age are included, one program personnel shall be responsible for no more than four children of any age group, at all times.
2. Where children one year of age but under two years of age are included, one program personnel shall be responsible for no more than six children of any age group, at all times.
3. When children 2 years of age or older are in care, the staff-to-child ratio shall be based on the age group with the largest number of children within the group.

4 Group Size

Children benefit from social interactions with peers. However, larger groups are generally associated with less positive interactions and developmental outcomes.⁴ Group size works to raise program quality due to increased individual attention and interaction for each child in care.⁵ In addition to the following maximum group sizes within each classroom, as defined in this handbook, all school readiness programs must adhere to ratio requirements and minimum square footage requirements outlined in section 1.1 of this handbook at all times while children are in care:

1. For infants from birth to 12 months of age, group size may not exceed twelve (12) children in a single classroom. For infant classrooms operating with 9 to 12 children, two of the three program personnel assigned to that classroom and necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. For infant classrooms operating with 5 to 8 children, one of the two program personnel assigned to that classroom and necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to an infant classroom operating with 4 or less children.
2. For children age 1 year to 24 months of age, group size may not exceed twelve (12) children in a single classroom. For classrooms operating with 7 to 12 children, one of the two program

⁴ Caring for Our Children: National Health and Safety Performance Standards, Pages 3-4, www.cfoc.nrckids.org

⁵ *Group Size – A Key Indicator of Quality*, Ruth A. Wilson, Ph.D. Early Childhood News, Retrieved from http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?articleID=576

personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 6 or less children.

3. For children age 2 years to 3 years of age, group size may not exceed twenty-two (22) children in a single classroom. For classrooms operating with 12 to 22 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 11 or less children.
4. For children age 3 years to 4 years of age, group size may not exceed thirty (30) children in a single classroom. For classrooms operating with 16 to 30 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 15 or less children.
5. For children age 4 years to 6 years of age, group size may not exceed forty (40) children in a single classroom. For classrooms operating with 21 to 40 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 20 or less children.
6. For school-age children age 6 years and older, group size may not exceed fifty (50) children in a single classroom. For classrooms operating with 26 to 50 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 25 or less children.
7. In groups of mixed age ranges, where children one year of age but under two years of age are included, the group size for the youngest population present within the group applies.
8. In groups of mixed age ranges, where children two years of age or older are included, the group size for the majority population present within the group applies.
9. Group size requirements do not apply during times of outdoor play, provided that ratios and the applicable square footage requirements are maintained at all times.
10. Active credential requirements do not apply during times of napping or sleeping, provided that supervision requirements during napping and sleeping are met as provided in Section 5 below.

5 Supervision

Direct supervision means actively watching and directing children’s activities within the same room or designated outdoor play area, and responding to the needs of each child. Supervision is basic to safety and the prevention of injury and maintaining a quality program.

1. Program personnel must be assigned to provide direct supervision to a specific group of children, and be present with that group of children at all times.
2. Program personnel are responsible for the direct supervision of children in care, are accountable for the children at all times, including when school-age children may be separated from their groups, and must be capable of responding to emergencies.
3. At all times, lighting within the facility must allow personnel to see and supervise all children while in care.
4. Supervision standards apply at all times away from the program facility, including during field trips, outdoor play, and when picking up or dropping off children at designated locations, such as bus stops, schools or a child’s home. Personnel must know where children are and what they are doing at all times.
5. During nap time, supervision requires that staff be in close proximity, within sight and hearing of all the children. All other staff required to meet the staff-to-child ratio shall be within the same building on the same floor, and must be readily accessible and available to be summoned to ensure the safety of the children. Nap time supervision, as described in this section, does not include supervision of children up to 24 months of age, who must be directly supervised at all times.
6. During evening child care hours, staff must remain awake at all times. While children are awake, direct supervision must be provided.
7. The program must have and communicate to staff and parents/guardians a plan for safe, supervised drop-off and pick-up points and pedestrian crosswalks in the vicinity of the facility. The plan must require that drop-off and pick-up are in a location protected from traffic.
8. Program personnel are required to supervise child drop-off and loading (if applicable) to assure that children are clear of the perimeter of all vehicles before the vehicle moves. Personnel supervising the children are required to stay with each child and remain responsible until the custody of the child has been accepted by the individual designated in advance to care for that child.
9. A program must not release a child to any unauthorized individual. All individuals authorized to pick up a child must be identified by the custodial parent or legal guardian, and the program must verify using picture identification. Identification is required on a continuous basis or until staff become familiar with the individuals picking up the children.
10. If transportation of children is provided by a program to the program facility, personnel are responsible for picking up a child from a designated location agreed upon by the provider and the parent. The provider is responsible for the supervision of the child upon the child’s arrival

at the designated point. If a child is not present at the time of pick-up, prior to leaving the designated location, program personnel must verify the whereabouts of the child.

11. During meal/snack times, children must be individually fed and supervised appropriately for their ages.
 - a. When in care, infants shall be held for bottle feedings until they are developmentally ready to sit in a high chair with good head control. Children shall not be left in high chairs or other types of feeding chairs or confining devices outside of feeding times. The use of safety straps to prevent falls is required whenever children are placed in high chairs.
 - b. There shall be no propped bottles. If a child cannot hold the bottle, then a staff person or volunteer must hold the bottle during feeding. There shall be no automatic feeding devices unless medically prescribed and documented in the child's file.
12. Children shall not be left in confining devices such as car seats as an alternative to active play or adult/child interaction, supervision, or discipline.
13. Children must receive supervision and care in accordance with their age and required needs, and be accounted for at all times while bathing or toileting.
14. No person shall be an operator, owner or employee in a program while using or under the influence of narcotics, alcohol or other drugs that impair an individual's ability to provide supervision and safe care of children.
15. In addition to the number of staff required to meet the staff-to-child ratio, for the purpose of safety, one additional adult must be present on all field trips away from the program to assist in providing direct supervision. The individual may be a parent volunteer as long as that person is under direct and constant supervision of a screened and trained staff member of the program.
16. A telephone or other means of instant communication must be available to staff responsible for children during all field trips. Cellular phones, two-way radio devices, citizen band radios, and other means of instant communication are acceptable.
17. If a program uses a swimming pool that exceeds 3 feet in depth or uses beach or lake areas for water activities, the following requirement must be met:
 - a. There must be one person with a certified lifeguard certificate or equivalent present. This person can also serve as the additional adult to meet the requirement in No. 15 above; or
 - b. A certified lifeguard must be on duty and present when any children are in the swimming area.

6 Transportation (if applicable)

Programs are not required to provide transportation to children in care. However, it is necessary for the safety of children to require that caregivers comply with minimum requirements for governing

the transportation of children in care in the absence of the parent/guardian.⁶ Please note that this section only applies to those programs who choose to provide transportation to children while in care.

6.1 Vehicles

For the purpose of this section, vehicles refer to those owned, operated or regularly used by the program to transport children, if applicable.

1. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. Documentation by the mechanic must be maintained in the vehicle.
2. The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory installed seat belts.
3. Each child, when transported, must be in an individual factory installed seat belt or federally approved child safety restraint appropriate for their age and size in accordance with s. 316.613, F.S. The child safety restraint should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats.
 - a. All children under age 6 must be in a car seat or booster seat with the appropriate seatbelt use.
 - b. All children age 6 and older must be in seat belts.

Note: In 1999, the National Highway Traffic Safety Administration (NHTSA) issued "Guideline for the Safe Transportation of Pre-School Age Children in School Buses." The NHTSA recommends using properly secured child restraint systems for pre-school aged children. For more information, go to <http://www.nhtsa.dot.gov/people/injury/buses/Guide1999/prekfinal.htm>.

4. Each vehicle must be equipped with contact information for all children being transported. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or medication must be available. The responsible adult must be trained to recognize and respond appropriately to an emergency.
5. When transporting children, staff-to-child ratios must be maintained at all times. The driver may be included in the staff-to-child ratio.

⁶ Caring for Our Children: National Health and Safety Performance Standards, Pages 287-293 cfo.nrckids.org

6. All school readiness programs must comply with the insurance requirements found in Section 316.615(4), F.S., if providing transportation for children.

6.2 Driver Requirements

When any vehicle is regularly used by a school readiness program to provide transportation of children, the driver must have the following:

1. A valid Florida driver's license;
2. An annual physical examination which grants medical approval to drive, and valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures; and
3. Driver's Log. A log must be maintained for all children being transported in the vehicle. The log must be retained for a minimum of 15 months. The log must include each child's name, date, time of departure, time of arrival, the signature of the driver, and the signature of a second staff member or person(s) authorized by the parent to verify the driver's log and that all children have left the vehicle.
 - a. Prior to transporting children, the driver's log must be recorded, signed, and dated immediately, verifying that all children were accounted for and that the log is complete.
 - b. Upon arrival at the destination, the driver of the vehicle must:
 - ✓ Mark each child off the log as the child departs the vehicle;
 - ✓ Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
 - ✓ Record, sign, and date the driver's log immediately, verifying that all children were accounted for, and that the visual sweep was conducted.
 - c. Upon arrival at the destination, a second and different staff member must:
 - ✓ Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
 - ✓ Sign, date and record the driver's log immediately, verifying that all children were accounted for, and that the log is complete.

7 Planned Activities

Facilities should have a written, comprehensive and coordinated planned program of daily activities based on the program's chosen curriculum and each child's individual development, as well as appropriate activities for groups of children at each stage of development. A written description of the planned program of daily activities allows staff and parents/guardians to have a common understanding and gives them the ability to compare the program's actual performance to the

identified curriculum.⁷ Providers are encouraged to advise parents or legal guardians of their child’s activities on a daily basis and to participate in the program’s activities.

1. Each group or class must have a written and followed plan of scheduled activities posted in an easily seen location accessible to parents. The written plan must meet the needs of the children being served and must include alternate activities in case of bad weather. The written plan also must include scheduled activities that:
 - ✓ Promote emotional, social, intellectual and physical growth;
 - ✓ Limit electronic media time (television, videos, movies, or computer games) to no more than 2 hours per day for children older than 24 months of age. Computer use should be limited to 15-minute increments, unless used for scholastic tutoring purposes;
 - ✓ Prohibit media time for children under 24 months of age or younger;
 - ✓ Include quiet and active play, both indoors and outdoors, if applicable; and
 - ✓ Include meals, snacks, and nap times, if appropriate, for the age and times children are in care.
2. A learning activity may not replace a regularly scheduled meal.
3. Infants in care must be provided opportunities for outdoor time each day that weather permits.
4. School-age programs must also offer scheduled time in an appropriate environment for academic support or homework assistance.

An appropriate daily schedule provides flexibility and contains transition periods that help children move smoothly from one activity to another. The program may allow children to choose their own activities from the daily schedule that offers both indoor and outdoor activities and a variety of social, recreational and education opportunities.

8 Field Trip Activity

1. Parents must be advised in advance of each field trip activity.
2. The date, time, and location of the field trip must be posted in an easily seen location at least two working days prior to each field trip.

⁷ Caring for Our Children: National Health and Safety Performance Standards, Page 49, www.cfoc.nrckids.org

3. Written parental permission must be obtained in the form of either a general or event-specific permission slip.
4. If special circumstances arise where notification of an event cannot be posted for two working days, event-specific permission slips must be obtained from the custodial parent or legal guardian for each child participating on the field trip.
5. Documentation of parental permission for field trips must be maintained for a minimum of 15 months.

9 Child Discipline

The word discipline means to teach and guide. Discipline is not a punishment but rather an opportunity to teach. Program personnel should guide children to develop self-control and appropriate behaviors in the context of relationships with peers and adults. Caregivers should care for children without ever resorting to physical punishment or abusive language. Discipline should be an ongoing process to help children learn to manage their own behavior in a socially acceptable manner, and shouldn't just occur in response to a problem behavior.⁸

1. Each school readiness program must have written policies and procedures regarding discipline and expulsion of children in care. A copy of the current policies must be available to the inspection authority to review.
2. Such policies must include standards that prohibit children from being subjected to discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting, and should include positive behavioral intervention models to reduce the occurrence of expulsion. Positive techniques are used within a safe, connected environment to guide the behavior of children by setting appropriate limits, teaching missing or developing skills, and encouraging children to choose positive behaviors.
3. Verification that the program has provided the parent or guardian a written copy of the disciplinary and expulsion policies used by the program must be documented in the child's file with the signature of the custodial parent or legal guardian.
4. All personnel must comply with the program's written disciplinary and expulsion policies.

⁸ Caring for Our Children: National Health and Safety Performance Standards, Page 70, www.cfoc.nrckids.org

5. Active play must not be withheld from children as a form of discipline or consequence for misbehavior.
6. Spanking or any other form of physical punishment must not be administered by any personnel. Rough or harsh handling of children is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; or covering a child's head, whether associated with discipline or not.

10 Physical Environment

Children are much more vulnerable to exposures of contaminated environmental media materials than adults because their bodies are developing. They eat more, drink more, and breathe more in proportion to their body size; and their behavior. Both the design structure and a lack of maintenance can lead to exposure of children to physical injury, mold, dust, pests, and toxic materials.⁹

1. All program facilities must be clean, in good repair, and free from health and safety hazards and vermin at all times. During the hours that the program is in operation, no portion of the building can be used for any activity that endangers the health and safety of the children.
2. It is the responsibility of the director/owner to ensure that all areas and equipment of the facility are free from fire hazards, such as lint and dust build-up in heating and air vents, filters, exhaust fans, ceiling fans and dryer vents. This includes grease build-up in ovens, stoves and food equipment.
3. All areas and surfaces accessible to children must be free from toxic substances, bio-contaminants, and hazardous materials/equipment/tools, including power tools.
4. Potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled. These items, as well as knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked area or must be inaccessible and out of a child's reach at all times.
5. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to

⁹ Caring for Our Children: National Health and Safety Performance Standards, Pages 200-201, www.cfoc.nrckids.org

maintain a sanitary environment but that does not pose a hazard to children, such as cleaning with hazardous materials or cleaning which poses a risk of slipping or falling.

6. Pest control shall not take place while rooms are occupied by children.
7. Firearms and weapons, as defined in section 790.001, F.S., are prohibited within any building or upon any person located on the premises, excluding federal, state or local law enforcement officers.
8. Narcotics, alcohol or other impairing drugs must not be present on the premises.
9. Animals must be properly vaccinated, free from disease, and clean. Parents must be informed in writing of all animals on the premises. Notice may be provided by a conspicuously posted notice or bulletin, policy handbook, parent flier, or a statement included on the enrollment form. Current vaccinations records must be available for review by the inspection authority. No animal may freely roam the indoor/outdoor premises. Animals are prohibited in areas where food is prepared. If animals or birds are kept in classrooms, cages must be kept away from the food storage area and preparation or service area, and kept clean.
10. Pursuant to s. 386.204, F.S., smoking is prohibited within school readiness program facilities, all outdoor areas, during field trips, and in vehicles when being used to transport children. Owners/operators are to notify custodial parents and legal guardians, in writing, that smoking is prohibited on the premises of the program facility.
11. The program facility must not be used for any business or purpose unrelated to care of children that can interfere with compliance of health and safety standards or permit the unsupervised presence of individuals who do not meet the screening and training requirements when children are present, other than parents, legal guardians or authorized individuals of children in care. A program facility that utilizes any area of the facility subject to use by persons outside of the program must have exclusive control of such area when in use by the program and provide effective measures to exclude individuals, other than those listed above, who do not meet screening and training requirements from that area.

10.1 Lighting

1. All areas of the program facility must have lighting that provides adequate illumination and comfort for supervision, program activities, and for safe methods for entering and exiting each room, equivalent of 20 foot-candles of lighting.
2. For reading, homework, painting and other close work areas, a lighting equivalent of 50 foot-candles at the work surface is required.
3. During nap time, lighting must be sufficient to visually observe and supervise children.

10.2 Windows and Screens

When the windows or doors are open, for more than entering/exiting purposes, all buildings must have and maintain screens to prevent entrance of any insects or rodents. Screens are not required for open-air classrooms and picnic areas.

10.3 Temperature and Ventilation

1. An inside temperature of 65 to 82 degrees Fahrenheit must be maintained at all times.
2. Adequate ventilation must be maintained in all areas of the program facility, in particular in those areas where arts and crafts are conducted, and during any cleaning, sanitizing or disinfecting procedure, to prevent children and program personnel from inhaling potentially toxic fumes.

10.4 Nap and Sleep Space(s)/Safe Sleep Practices

For the purposes of this standard, sleeping refers to the normal night-time sleep cycle, while napping refers to a brief period of rest during daylight or early evening hours.

1. Each program must include a designated area where each child can sit quietly or lie down to rest or nap.
2. When not in use, napping space and usable indoor floor space may be used interchangeably as indoor floor space.
3. A minimum distance of 18 inches must be maintained around individual napping and sleeping spaces, except a maximum of two sides of a napping or sleeping space may be against a solid barrier, such as a wall. The solid side of a crib does not meet the requirement of a solid barrier.
4. Napping and sleeping spaces shall not be under or behind furniture or against furniture that may create a hazard.
5. Napping and sleeping spaces shall not interfere with exit areas, which must remain clear in accordance with fire safety regulations.
6. When in care, children up to one year of age must nap and sleep in an individual crib, port-a-crib, or playpen with sides. Crib sides must be secured while an infant is in the crib, and bar spacing may not exceed two and three-eighths inches. Cribs must meet the construction regulations as outlined in Title 16, Parts 1219 & 1220, Code of Federal Regulations (January 2016), which is incorporated by reference. No double or multi-deck cribs, cots or beds may be used.
7. When napping or sleeping, infants in care must be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS) unless an alternate position is authorized in writing by a physician. The documentation must be maintained in the child's record.
8. Nap bedding is not required for school-age children; however, each school-age program must include a designated area as outlined above for those children choosing to rest.

10.5 Exit Area

1. Exits should be clearly identified and visible at all times during operation of the program facility.

2. The exits should be clearly marked, identifying the path to safety in case of an emergency. The exits should not be blocked at any time.

10.6 Bathrooms and Sinks

1. Each school readiness program must provide and maintain bathroom facilities that are easily accessible and at a height usable by the children. Platforms are acceptable when safely constructed, with impervious surfaces that can be easily cleaned and sanitized or disinfected.
2. Facilities must have a sufficient number of toilets and sinks for the number of children being served. For facilities having from one to 15 children, there must be at least one toilet and one sink. There must be at least one additional toilet and sink for every 30 children thereafter.
3. If only diapered infants are cared for, then one toilet plus two sinks per 30 infants is required.
4. Potty chairs, if used, must be in addition to the toilet requirements and shall be cleaned and sanitized or disinfected after each use.
5. At least one portable or permanent bath facility must be available for bathing children. The portable or permanent bath facility shall be clean and must be sanitized or disinfected after each use.
6. Bathrooms must not open directly into an area where food is prepared. A toilet facility may open directly into an area used by children where food is served, such as into a classroom where tables/chairs have multiple uses.
7. Running water, soap, trash receptacles, toilet paper, and disposable towels or hand-drying machines that are properly installed and maintained must be available and within reach of children using the bathroom.
8. Each sink and toilet must be maintained in good operating condition, cleaned and sanitized or disinfected as needed, at least once per day.

10.7 Outdoor Play Area

1. The outdoor play area must be clean and free from litter, nails, glass and other hazards.
2. The outdoor play area must be designed to allow personnel to clearly see children while playing on all equipment.
3. During outdoor play, personnel must also be in the outdoor play area so that all children can be observed and direct supervision can be provided. The outdoor play area should be arranged so all areas are visible to the personnel and easily supervised at all times.
4. The outdoor play area must have a shaded area for children. Shading may be provided by trees, buildings or shade structures.
5. Metal equipment must be placed in the shade.
6. Infants in care must be provided opportunities for outdoor time each day that weather

permits.

7. For school readiness programs that provide only evening child care, an outdoor play area is not required. However, an open area within the indoor floor space must be designated for play that promotes the development of gross motor skills.

10.8 Fencing

1. The facility's outdoor play area must be fenced as required by local ordinances to prevent access by children to all water hazards within or adjacent to outdoor play areas, such as pools, ditches, retention ponds and fish ponds.
2. The outdoor play area must have and maintain adequate fencing or walls a minimum of 4 feet in height. Fencing, including gates, must be continuous and must not have gaps that would allow children to exit the outdoor play area. The base of the fence must remain at ground level, and be free from erosion or build-up to prevent inside or outside access by children or animals.
3. For the purposes of program facilities that provide care only to school-age children, a fence is not required if all of the following conditions are met:
 - ✓ The children using the outdoor play area are in five-year-old kindergarten and grades one or above;
 - ✓ One additional staff member above established staff-to-child ratios provides direct supervision during all outdoor activities; and
 - ✓ The outdoor play area is bordered by a road or street open to travel by the public with a posted or unposted speed limit of no more than 25 miles per hour, or where the posted or unposted speed limit is not greater than 35 miles per hour, and the playground is a minimum of 30 feet from the edge of the road.

11 Equipment and Furnishings

Equipment, materials, furnishings and play areas should be sturdy, safe and in good repair. Walls, ceilings, floors, furnishings, equipment, toys, and other surfaces should be suitable to the location and the users. They should be maintained in good repair, free from visible soil and clean. Equipment and furnishings should be placed to help prevent collisions and injuries and ensure all children are directly supervised, while meeting the objectives of the curriculum and permit freedom of movement by children. Televisions should be anchored or mounted to prevent tipping over. Chairs and other furnishings that children can easily climb should be kept away from cabinets and shelves to discourage

children from climbing to a dangerous height or reaching something hazardous.¹⁰ The program should make accommodations to the program environment and schedule so that children with special needs may participate.

11.1 Indoor Equipment

1. A school readiness program must make available enough toys, equipment and furnishings suitable to each child's age and development for each child to be involved in activities. These items must be accessible and in good working order.
2. Toys, equipment and furnishings must be safe and maintained in a sanitary condition, and must be cleaned and sanitized or disinfected immediately if exposed to bodily fluids, such as saliva.
3. Facilities must provide age-appropriate seating at meal and snack time for all children.

11.2 Outdoor Equipment

1. A school readiness program must provide and maintain enough usable equipment and offer play activities suitable to the age and development of each child.
2. All playground equipment must be securely anchored, unless portable or stationary by design, in good repair, maintained in safe condition, and placed to ensure safe use by the children.
3. All permanent or stationary playground equipment must have a minimum of six (6) inches of resilient, impact-resistant ground cover such as sand, mulch, or grass or other protective surface such as rubber padding under the equipment and within the fall zone that provides resilience, and is maintained to reduce the incidence of injuries to children in the event of falls. Equipment used for climbing must not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing equipment. All pieces of playground equipment should be placed over and surrounded by a shock-absorbing surface.
4. All equipment, fences and objects on the program's premises must be free from sharp, broken and jagged edges, and must be properly placed to prevent overcrowding or safety hazards in any one area.

¹⁰ Caring for our Children: National Health and Safety Performance Standards, Pages 239-240, cfoc.nrckids.org

5. All equipment used in the outdoor play area must be constructed and maintained to allow for water drainage, and must be maintained in a safe and sanitary condition.
6. Sandboxes must be covered at the end of each day. The covering used must prevent access to the sandbox by animals.

12 Health and Sanitation

12.1 Drinking Water

Safe drinking water must be available to children at all times. If disposable cups are used, they must be discarded after each use.

12.2 Handwashing

All program personnel including employees, volunteers, and substitutes, and all children must wash their hands with soap and running water, dry thoroughly and follow personal hygiene procedures for themselves and while assisting others. Examples of activities when hand washing is required include, but are not limited to: before and after eating, immediately following outdoor play, after toileting, following the use of any cleaners or toxic chemicals, before and after administering medication, and during food preparation and snack distribution.

1. Employees, volunteers, substitutes and children must follow the Centers for Disease Control guidelines for hand washing (May 2015), which is incorporated by reference. Copies of the Center for Disease Control guidelines may be obtained from the CDC's website at <http://www.cdc.gov/handwashing/when-how-handwashing.html>.
2. The use of hand sanitizers does not substitute for hand washing. However, in areas away from the facility where no running water is available, hand sanitizers may be used. Examples of such places are field trips, nature trails or picnic areas where running water is not readily available.
3. Employees, volunteers, and substitutes with open wounds and/or any injury that inhibits hand washing, such as casts, bandages, or braces, must not prepare food.
4. Hand washing sinks must not be used for food service preparation or food clean up.

12.3 Diapering

1. A hand-washing station that includes a sink with running water, soap, trash receptacle, and disposable towels or hand drying machines that are properly installed and maintained must be provided in the room where children in diapers are in care, or in an adjoining room which opens into the room where children in diapers are in care.
2. Hands must be washed and dried thoroughly after each diapering or toileting procedure, and all surfaces touched must be cleaned and sanitized or disinfected to prevent the spread of germs.

3. When children in diapers are in care, there must be a diaper changing area with an impermeable surface that is cleaned and sanitized or disinfected after each use.
4. The diaper changing area must be physically separated from the food preparation, food service, food storage, and feeding areas.
5. Children must be attended at all times when being diapered or when changing clothes.
6. Items unrelated to diaper changing must not be stored or placed in the diaper changing area or on the diaper changing table.
7. There must be an adequate supply of clean diapers, clothing and linens at all times. When diapers, clothing or linens that are in use become soiled or wet, they must immediately be changed and properly disposed.
 - ✓ Soiled disposable diapers must be disposed of in a plastic lined, securely covered container that is not accessible to children. The container must be emptied, cleaned and sanitized or disinfected at least daily.
 - ✓ Soiled cloth diapers must be emptied of feces in the toilet and placed in a securely covered container that is not accessible to children. The container must be emptied, cleaned and sanitized or disinfected, at least, daily.

12.4 Bedding and Linens

1. Each child in care, other than school-age children, must be provided safe and sanitary bedding to be used when napping or sleeping. Bedding must be appropriate for the child's size.
2. Sleep bedding includes beds, cots, cribs, or mattresses (excluding an air mattress or a foam mattress).
3. Nap bedding includes sleep bedding, cots, playpens, or floor mats.
 - ✓ Floor mats must be at least one inch thick, and covered with an impermeable surface cleaned and sanitized or disinfected after each use.
 - ✓ Nap bedding is not required for school-age children; however, the program or facility must provide an area for children choosing to rest, as described in section 10.4 of this handbook.
4. Linens, if used, must be laundered at least once each week and more often if soiled or dirty. If linens are used for more than one child, they must be laundered between use.
5. Linens must be provided when children are sleeping, and pillows and blankets must be available.
6. Linens must be stored in an individual enclosed container when not in use to prevent the spread of germs or lice from other linens.
7. If children are sleeping overnight in the program facility, program staff must ensure accepted bedtime routines are practiced, such as brushing teeth and washing face and hands.
 - ✓ Toothbrushes, towels, and wash cloths may not be shared.

- ✓ Toothbrushes must be stored so that they cannot touch each other.

13 Health-Related Requirements

There are three common modes of transmission for the spread of microorganisms in child care settings: contact, droplet, and airborne. Many common infections encountered in the child care setting are transmitted by direct or indirect contact.

13.1 Communicable Disease Control

1. Children in care must be observed on a daily basis for signs of communicable disease.
2. Any child, program personnel or other person in the program facility suspected of having a communicable disease, or who has a fever of 101 degrees Fahrenheit or higher in conjunction with any of the signs and symptoms listed below, must be removed from the program or placed in an isolation area until removed. Such person may not return without medical authorization, or until the signs and symptoms of the disease are no longer present.
3. A child's condition must be reported to the custodial parent or legal guardian.
4. Signs and symptoms of suspected communicable disease include:
 - ✓ Severe coughing, causing a child to become red or blue in the face or to make a whooping sound;
 - ✓ Difficult or rapid breathing;
 - ✓ Stiff neck;
 - ✓ Diarrhea (more than one abnormally loose stool within a 24-hour period);
 - ✓ Temperature of 101 degrees Fahrenheit or higher in conjunction with any other signs of illness;
 - ✓ Pink eye;
 - ✓ Exposed, open skin lesions;
 - ✓ Unusually dark urine and/or gray or white stool;
 - ✓ Yellowish skin or eyes; or
 - ✓ Any other unusual sign or symptom of illness.
5. A child identified as having head lice must not be permitted to return until the following day, and then only if treatment has occurred and been verified. Verification of treatment may include a product box, box top, empty bottle, or signed statement by a parent that treatment has occurred. The program facility must treat areas, equipment, toys, and furnishings with which the child has been in contact.

13.2 Isolation Area

1. Each school readiness program must have a designated isolation area for a child who becomes ill while in care.

2. Such space must be adequately ventilated, cooled, heated, and equipped with a bed, mat, or cot, and materials that can be cleaned and sanitized or disinfected easily.
3. Linens are to be changed after each use, and used linens must be kept in a closed container in the isolation area until cleaned.
4. Disposable items must be kept in a closed container in the isolation area until thrown away.
5. The isolated child must be within sight and hearing of a staff person at all times. The child must be carefully observed at all times for worsening conditions.

13.3 Outbreaks

1. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease in accordance with Rule 64D-3.029, F.A.C., Communicable Disease Control – Diseases or Conditions to be Reported, and must follow the health department’s direction.
2. A suspected outbreak occurs when two or more children or employees have the onset of similar signs or symptoms within a 72-hour period or when a case of a serious or reportable communicable disease is diagnosed or suspected in a child or employee. Some examples include shigella, salmonella, chicken pox, measles and hand, foot, and mouth disease. Contact your local health department for a determination of whether reporting is required.

13.4 First Aid and Cardiopulmonary Resuscitation

1. In addition to pre-service and in-service training requirements for personnel, each school readiness program must have at least one staff member with a current and valid certificate(s) of course completion for first aid training and child cardiopulmonary resuscitation (CPR) procedures.
2. One staff member satisfying these training requirements must be present at all times that children are in care, both on-site and on field trips.
3. A field trip includes all activities away from the program, excluding regular transportation to and from the program (i.e., pick-up and drop-off).
4. Certificates of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years.
5. In addition to any online course component, CPR courses must include on-site, instructor-based skill assessments by a certified CPR instructor. Documentation of completion of the online course (if applicable) and on-site assessment must be maintained at the facility and available for review by the inspection authority.
6. Documentation identifying which staff members have met the first aid and child CPR training requirement must be kept on file.
7. At least one first aid kit must be maintained on the premises at all times.

8. An additional first aid kit must accompany program staff when children are participating on field trips.
9. Each kit must be in a closed container and labeled “First Aid.” The kits must be accessible to the program staff at all times and kept out of the reach of children.
10. If the first aid kit is stored in the food preparation area, it must be stored in a manner to prevent contamination of food, food contact surfaces, or first aid supplies.

13.5 First Aid Kit Minimum Requirements

Each kit must at a minimum include:

- ✓ Soap (to be used with water) and/or hand sanitizer (for use when water may not be available),
- ✓ Band-aids or equivalent,
- ✓ Disposable non-porous gloves,
- ✓ Cotton balls or applicators,
- ✓ Sterile gauze pads and rolls,
- ✓ Adhesive tape,
- ✓ Thermometer,
- ✓ Tweezers,
- ✓ Pre-moistened wipes,
- ✓ Scissors, and
- ✓ A current resource guide on first aid and CPR procedures.

14 Fire Safety and Emergency Preparedness and Response

Regular fire safety checks by trained officials (i.e., fire department inspector or building code inspector) will ensure that a program facility continues to meet all applicable fire safety codes. Regular emergency and evacuation drills/exercises constitute an important safety practice in areas where these natural or human-generated disasters might occur. The routine practice of such drills fosters a calm, competent response to a natural or human-generated disaster when it occurs. Turnover of both staff and children, in addition to the changing developmental abilities of the children who participate in evacuation procedures in child care, necessitate frequent practice of the exercises. There must be

a plan to account for all children and adults in a facility at the time of an evacuation. Practice accounting for children and adults during evacuation drills makes it easier to do in an emergency.¹¹

14.1 Emergency Preparedness and Response

1. The operator must develop a written emergency preparedness plan that includes, at a minimum, procedures to be taken by the facility during a fire, evacuation, relocation, shelter in place, lockdown and inclement weather (for example: hurricanes, tropical storms or tornadoes), and to facilitate parent/guardian reunification onsite and offsite. The plan must include accommodations for infants and toddlers, if applicable, and must describe how the facility will meet the needs of all children, including children with special needs or with chronic medical conditions, during and following an emergency event.
2. Emergency preparedness drills must be conducted when children are in care. Each drill outlined in the emergency preparedness plan must be practiced a minimum of one time per year. A current attendance record must accompany staff during the drill or actual emergency and must be used to account for all children.
3. The operator must maintain a written record of emergency preparedness drills showing the type of drill, date conducted, number of children and staff in attendance, and time taken for all individuals to complete the drill.
4. Documentation of conducted fire and emergency preparedness drills must be available at the time of inspection.
5. The operator must prepare and post an emergency evacuation plan in each room of the facility, excluding restrooms, including a diagram of safe routes by which the personnel and children may exit in the event of fire or other emergency requiring evacuation.

14.2 Fire Safety

1. All school readiness programs must conform to state standards adopted by the State Fire Marshal, Chapter 69A-36, F.A.C., Uniform Fire Safety Standards for Nonresidential Child Care Facilities, and must be inspected annually. A copy of the current and approved annual fire inspection report by a certified fire inspector in compliance with s. 633.081, F.S., must be maintained on file at the program and available for review by the inspection authority. If the program is granted a fire inspection exemption by the local fire inspection

¹¹ Caring for Our Children: National Health and Safety Performance Standards, Pages 199, 370-371, cfoc.nrckids.org
School Readiness Program Health and Safety Standards Handbook | Page 33

- office, the exemption must also be documented and maintained on file at the program.
2. There must be at least one operable telephone that is accessible and available to all staff at all times during the hours of operation.
 3. The program facility must properly maintain fire extinguishers with a minimum rating of 2A10BC at all times. All staff must be trained in the use and operation of a fire extinguisher within 30 days of their employment date. Documentation of such training must be maintained in the personnel file. Travel distance to the nearest extinguisher must not be more than 75 feet from rooms occupied by children. A fire extinguisher must be present in areas where food is prepared.
 4. The operator must prepare and post the emergency evacuation plan in each room of the facility, including a diagram of safe routes by which the personnel and children may exit in the event of fire or other emergency requiring evacuation.

14.3 Fire Drills

1. During the program's contract year, fire drills utilizing the approved alarm system must be conducted monthly at various dates and times when children are in care.
2. A current attendance record must accompany staff out of the building during a drill or actual evacuation, and be used to account for all children. When the facility's approved alarm system is activated, all adults and children must evacuate the facility. The operator must maintain a written record of the fire drills showing the date, number of children and staff in attendance, evacuation route used, and time taken for all individuals to evacuate the premises. Each fire drill record must be maintained for a minimum of 15 months from the date of the fire drill. The fire drills conducted must include, at a minimum:
 - ✓ One fire drill using an alternate evacuation route, and
 - ✓ One drill in the presence of and at the request of the inspection authority in coordination with the operator or designee.

14.4 After a Fire or Natural Disaster

After a fire or natural disaster, the operator must notify their local coalition and inspection authority within 24 hours of operational status in order for the inspection authority to ensure health standards are being met for continued operation.

15 Emergency Procedures and Notification

1. Emergency telephone numbers must be posted on or near all telephones and must include 911, ambulance, fire, police, poison control center, Florida Abuse Hotline, and the county public health department. Additionally, the address and directions to the facility must be posted with descriptions of major intersections and local landmarks.

2. Custodial parents or legal guardians must be notified immediately in the event of any serious illness, accident, injury or emergency to their child, and their specific instructions regarding action to be taken under such circumstances must be obtained and followed.
3. If the custodial parent or legal guardian cannot be reached, the school readiness program operator or owner will contact those persons designated by the custodial parent or legal guardian to be contacted under such circumstances, and must follow any written instructions provided by the custodial parent or legal guardian upon enrollment.

15.1 Accidents/Incidents

1. All accidents and incidents that occur while a child is in the care of program staff must be documented on the same day they occur.
2. This documentation must be shared with the custodial parent or legal guardian on the date of occurrence.
3. Documentation must include the name of the affected party, date and time of the occurrence, description of the occurrence, actions taken and by whom, and appropriate signatures of program staff and the custodial parent or legal guardian.
4. The documentation must be maintained for 15 months. If the parent or legal guardian does not pick up the child on the date of occurrence of the accident or incident, the individual authorized to pick up the child must sign and be provided a copy of the accident/incident form.
5. In the event of serious injury, the incident must immediately be reported to the appropriate coalition and inspection authority.

16 Medication

School readiness programs are not required to give medication; however, if a program chooses to do so, the following must apply:

1. The school readiness program must have written authorization from the custodial parent or legal guardian to give prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and must contain the child's name; the name of the medication to be given; and date, time and amount of the correct dosage to be given.
2. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with staff and posted with the child's stored medication.
3. Prescription and non-prescription medication brought to the program by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician, child's name, name of the medication, and medication

directions. All prescription and non-prescription medication must be dispensed according to written directions on the prescription label or printed manufacturer's label.

4. In the event of an emergency, non-prescription medication that is not brought in by the parent or legal guardian can be given only if the program has written permission from the parent or legal guardian to do so.
5. Any medication given under these conditions must be documented in the child's file, and the custodial parent or legal guardian must be notified on the day of occurrence.
6. The facility must maintain a record for each child receiving medications that documents the full name of the child, the name of the medication, the date and time the medication was given, the amount and dosage, and the name of the person who gave the medication. This record must be initialed or signed by the program personnel who gave the medication. The record must be maintained for a minimum of 15 months after the last day the child received the medicine.
7. All medicine must have child resistant caps, if applicable, and must either be stored in a locked area or must be out of any child's reach. If medication is stored in the food preparation area, it must be stored in a manner to prevent contamination of food, food contact surfaces, or medication.
8. Medication that has expired or that is no longer being dispensed must be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled in the program.

17 Food and Nutrition Services

Handling of food in a safe and careful manner prevents the spread of bacteria, viruses and fungi. Outbreaks of foodborne illnesses have occurred in many settings, including child care facilities. Meals and snacks should contain at a minimum the meal and snack patterns shown for children in the Child and Adult Care Food Program guidelines (CACFP) found at www.fns.usda.gov/cacfp/meals-and-snacks. This age is characterized by rapid growth that increases the need for energy and essential nutrients to support optimal growth and development. Proper seating while eating reduces the risk of food aspiration and improves comfort in eating.¹² School readiness programs are not required to prepare and provide food to children in care. However, to ensure the health and safety of children in

¹² Caring for Our Children: National Health and Safety Performance Standards Pages 175 & 177, cfoc.nrckids.org

care, those programs choosing to provide meals and/or snacks must adhere to minimum standards for food preparation, storage, hygiene and handling set forth below.

17.1 Food Preparation Area

A food preparation area is a designated room, such as a kitchen or a designated space in a facility not used in such day-to-day operations – such as those areas available for indoor play, classroom, work, or nap spaces – and not included when calculating usable indoor floor space.

1. A food preparation area is required for facilities that choose to prepare food in a manner consistent with the definition of “preparation of food.” Specific requirements for the food preparation area include:
 - ✓ Ventilation provided either by mechanical or natural means to provide fresh air and control of unpleasant odors, such as a fan, vent or open window with a screen.
 - ✓ Smooth, nonabsorbent food contact surfaces with no unsealed cracks or seams. Food-contact surfaces are surfaces of equipment, countertops, utensils, etc., that food comes into contact with during food preparation.
 - ✓ Food equipment maintained and stored in a sanitary manner and out of the reach of children.
 - ✓ Shielded lighting.
 - ✓ Nonabsorbent and easily-cleaned flooring and floor covering.
 - ✓ Easily cleanable or replacable ceiling in the event of water and other damage, mildew, or mold.
 - ✓ A separate hand washing station with hot running water. A hand washing station must include a sink with running water and drainage, soap, trash can, and disposable towels or hand-drying machines that are properly installed and maintained. Hand washing stations must include posted signs visible to employees and children, demonstrating proper hand washing technique.
 - ✓ Leak-proof, nonabsorbent containers, covered with a tight-fitting lid, for all food waste stored inside the facility. The container must be emptied, cleaned and sanitized or disinfected daily.
 - ✓ A food preparation area clean and free of dust, dirt, food particles, pests and grease deposits.
2. Employees, volunteers and substitutes, while working in the food preparation area, must wear proper head covering, such as a hair net or hat. To prevent contact with ready-to-eat foods, staff must use disposable gloves, utensils, or similar items in the food preparation area.
3. For safety, children must not be present in the food preparation area when meals and snacks are prepared unless while being supervised or participating in a cooking activity.

17.2 Food Storage

Storage of food off the floor in a safe and sanitary manner helps prevent food contamination from cleaning chemicals or spills of other foods, and keeps insects and rodents from entering the products. Safe handling and storage of all food is a basic principle to prevent and reduce food-borne illnesses. Keeping cold food below 41 degrees Fahrenheit and hot food above 135 degrees Fahrenheit prevents bacteria growth. Food intended for human consumption can become contaminated if left at room temperature.¹³

Facilities choosing to prepare food must have a designated space for food storage within the designated food preparation area or in a room not calculated as part of indoor floor space, and in an area not used for diapering. Off-site food storage is permissible only if the site of storage is a school readiness program facility under the same ownership that includes a food preparation area that meets inspection standards.

1. Food containers, such as cans, plastic containers, boxes, and bags, must be stored above the floor on clean surfaces protected from splash and other contamination.
2. Food must be consumed or discarded on or before the expiration dates listed by the manufacturer.
3. Poisonous/toxic chemicals or cleaning products must be stored separately from food.
4. Opened packages of perishable or leftover food items must be properly covered or sealed in containers or bags, labeled with the date, and properly stored and discarded within seven calendar days.
5. Opened packages of dried goods must be properly covered/sealed, properly stored, and discarded according to the manufacturer's recommended date or if the quality of the goods has been compromised.
6. Refrigerators/freezers:
 - ✓ An accurate thermometer used to verify adequate cold storage temperature must be inside each refrigeration unit. Refrigerators must be maintained at 41 degrees Fahrenheit or below, and freezers must be maintained at 0 degrees Fahrenheit.
 - ✓ Food may be frozen prior to the expiration date, but when thawed, it must be labeled with the date it was removed from the freezer and discarded within seven calendar days.

¹³ Caring for Our Children: National Health and Safety Performance Standards, Page 190, www.cfoc.nrckids.org

17.3 Food Hygiene

Children are at a high risk for contracting food-borne illness, as their bodies are in the process of growing, developing, and building adequate immune systems to fight illness. While some food-borne illnesses originate at farms or food manufacturing plants, the majority are the result of poor food handling practices.

1. If a school readiness program chooses to provide food to children in care, it must provide nutritious meals and snacks of a quantity and quality to help meet the daily nutritional needs of the children. Planned weekly meal and snack menus must be available for review by the inspection authority.
2. Operators who participate in the USDA Child and Adult Care Food Program (CACFP) must provide nutritious meals and snacks in accordance with the Department of Health and the USDA requirements, which may be obtained from the USDA website at <http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>.
3. The USDA MyPlate must be used to determine nutrition, including what food groups to serve at each meal or snack and the serving size of the selected foods for children ages two and older. Copies of the USDA MyPlate may be obtained from the USDA website at <http://www.choosemyplate.gov>.
4. If a facility chooses to provide food to children directly or by contract with an outside source, the food must be free from spoilage and contamination and safe for human consumption, and must be stored and handled in a sanitary manner at all times. The facility must have adequate equipment available to maintain food safety.
 - ✓ Meat, poultry, fish, dairy products, and processed foods must have been inspected under the United States Department of Agriculture requirements.
 - ✓ No raw milk or unpasteurized juice may be served without the written consent of the parent or legal guardian.
 - ✓ No home-canned food may be served.
 - ✓ No homegrown eggs may be served.
 - ✓ No recalled food products may be served.
 - ✓ All raw fruits and vegetables must be washed thoroughly before being served or cooked.
 - ✓ To prevent food from becoming potentially hazardous, hot foods must be maintained at a temperature of 135 degrees Fahrenheit or above, and cold foods must be maintained at a temperature of 41 degrees Fahrenheit or below. The facility must supply adequate equipment to maintain temperature requirements.
5. If a facility chooses to provide or make available food to children in care from an outside source, or as the result of a learning activity provided by a child care program, such as a garden, it is the responsibility of the provider to ensure all food intended for consumption by a child in care is free from spoilage and contamination and safe for human consumption.

6. Programs that choose not to serve or prepare meals and/or snacks may provide drinks and ready-to-eat snacks that are pre-packaged and do not require refrigeration.
7. If a school readiness program chooses not to provide meals and snacks, arrangements must be made with the custodial parent or legal guardian to provide nutritional food for the child. In the event that a child's parent fails to provide nutritious meals/snacks, the program must provide supplemental food items to complete the child's meal.
8. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with staff and must be posted in an easily seen location.

17.4 Breastmilk, Infant Formula and Food

1. Breastmilk and formula must be handled in a sanitary manner at all times and according to manufacturer's instructions and instructions by parent.
2. The program must ensure all formulas and food brought from home are labeled with the child's first and last name. The program is responsible for the label and must complete a the label upon receipt of formula and food if not completed by the parent.
3. Prepared bottles must be placed immediately in the refrigerator and used within 48 hours.
4. Breastmilk or infant formula provided for a specific infant by a parent or guardian must not be fed to other children.
5. In the event that the wrong breastmilk or infant formula is provided to an infant in care, the provider must immediately inform the child's parent or legal guardian of the incident as well as the parent or legal guardian of the infant that the formula/breast milk was intended.
6. Due to extreme risk of choking, solid foods, including cereal, may not be given in bottles or with infant feeders to children with normal eating abilities unless authorized by a physician. Solid foods must not be fed to an infant younger than 4 months of age unless directed by a physician. Solid foods must be of a safe consistency and must be developmentally appropriate for the age and developmental ability of the infant.
7. Bottle warming. For optimum digestion, breastmilk and infant formula is to be served at body temperature.
8. Bottle warming devices and crock pots, including cords must be kept inaccessible to children at all times; must be maintained at the devices' lowest available temperature setting; and must be secured in such a manner as to prevent them from tipping over, splashing, or spilling. Any bottle warming device that has a water reservoir must be emptied, washed, and refilled each day.

9. Bottled breast milk, infant bottles, and formula must not be heated in a microwave oven.
10. Heated bottles or food must be tested before feeding to ensure heat is evenly distributed and to prevent injury to children.
11. A bottle may be warmed only once; a warmed bottle may not be returned to the refrigerator or re-warmed. Facility staff must document each bottle warmed in preparation to feed an infant in such a manner to prevent multiple warmings. All breastmilk and infant formula remaining in bottles after feeding must be discarded within one hour after serving an infant.
12. Previously opened baby food jars may not be accepted in the center. If food is fed directly from the jar by the caregiver, the jar must be used for only one feeding and the remainder discarded

17.5 Dishwashing and Sanitization

For facilities that prepare food, non-disposable food equipment, tableware, and utensils utilized for food preparation and food consumption must be properly cleaned by pre-rinsing or scraping, washing, rinsing, sanitizing, and air drying. If the readiness program facility lacks adequate dishwashing and sanitation described in this section for dishes, equipment, and utensils, only disposable single-use items may be used. All single service items must be discarded after each use. Food equipment, tableware and utensils used to prepare food must be washed and sanitized on-site, except when a caterer is used and the caterer is responsible for dishwashing as evidenced by a written agreement. Dishwashing and sanitization must be accomplished by one of the following:

1. A dishwasher with a sanitizing cycle.
2. An installed two-compartment sink used in conjunction with hot water and sanitizing dish soap. Sinks must be sanitized before and after each use.
3. Hot water sanitization. If hot water is used for sanitizing, equipment/dishes/utensils must be immersed for a period of at least one minute in hot water at a temperature of 170 degrees Fahrenheit or above.

17.6 Food Handling

1. Milk and food must not sit out for longer than 15 minutes prior to the beginning of the meal to avoid contamination and spoilage.
2. Employees, volunteers and substitutes, while distributing snacks or serving food, must use disposable gloves, utensils or similar items to prevent skin contact with food.
3. Food provided by parents must be stored and handled in a sanitary manner at all times. If food is supposed to be kept cold, the food must be stored in a refrigerator until eaten, or parents must include ice packs to keep food cold.
4. Bottles and sippy cups provided by the facility must be washed and sanitized between each use. Bottles and sippy cups brought from home must be returned to the custodial

parent or legal guardian daily.

5. Bottles and sippy cups brought from home must be individually labeled with the child's first and last name. Bottles and sippy cups provided by the facility which are washed, rinsed, and sanitized after each use do not have to be labeled.

18 Training Requirements

18.1 Pre-service Timeframe

All pre-service training requirements listed below must be completed by all program personnel, volunteers and substitutes, each as defined in this handbook, within 90 days of initial employment with any provider participating in the school readiness program. This timeframe does not start over if personnel change employment to another school readiness provider within this 90 days. Personnel who have not completed all pre-service training requirements may not be allowed any unsupervised contact with or care of children in a school readiness program.

18.2 Training Courses

All program personnel, volunteers and substitutes must successfully complete one of the following sets of pre-service training coursework:

1. Completion of the department-approved online or in-person child care training courses listed below, as evidenced by successful completion of competency based examinations offered by the department or its designated representative with a weighted score of 70 or better. Information on training course access and availability can be found on the department's website at <http://www.myflfamilies.com/service-programs/child-care/training>.
 - a. Each of the following:
 - ✓ Health, Safety and Nutrition;
 - ✓ Identifying and Reporting Child Abuse and Neglect;
 - ✓ Child Growth and Development; and
 - ✓ Behavioral Observation and Screening.
 - b. One of the following:
 - ✓ Infant and Toddler Appropriate Practices;
 - ✓ Preschool Appropriate Practices;
 - ✓ School-Age Appropriate Practices; or
 - ✓ Special Needs Appropriate Practices.
2. Completion of the below listed Early Learning Florida –University of Florida (ELFL) courses, as evidenced by successful completion of competency based examinations offered by ELFL with a weighted score of 70 or better. Information on course access and availability can be found at <https://www.earlylearningflorida.com/learningPlatform/user/login.lc>.

The below listed ELFL courses will be offered online and at no cost to providers and will be available no later than January 13, 2017. (*Note: Providers must be in compliance with pre-service training requirements on or before March 31, 2017*).

- a. Each of the following:
 - ✓ Health and Sanitation;
 - ✓ Safety of the Environment;
 - ✓ Transporting Children (if applicable);
 - ✓ Safe Sleep Practices;
 - ✓ Child Safety and Prevention;
 - ✓ Planning for Emergencies;
 - ✓ Developmentally Appropriate Practices; and
 - ✓ Preventing Child Abuse.
 - b. One of the following:
 - ✓ Supporting the Social-Emotional Development of Infants/Toddlers;
 - ✓ Supporting the Social-Emotional Development of Preschool/School-age Children; or
 - ✓ Supporting the Social-Emotional Development of Mixed-age Group Care.
3. Personnel employed by a public school district may show verification of completion of a course covering the identification and prevention of child abuse and neglect, which has been approved and administered by the school district, to meet the course requirement(s) above on the same subject matter.

18.3 Break in Service

1. In the event an individual leaves a school readiness program in compliance with the training requirements described in this section, and returns to the program either at the same or a different program facility, he or she must be granted 90 days to comply with any new mandated training requirements established during the gap in employment in the school readiness program.
2. In the event an individual leaves the school readiness program not in compliance with the training requirements described in this section, and returns to the program either at the same or a different program facility, prior to re-employment he or she must comply with the training requirements described in this section, in addition to any new mandated training requirements that may have been established during the gap in employment in the school readiness program.

18.4 Documentation of Training

Documentation of successful completion of all pre-service training requirements must be included in every personnel record maintained at the school readiness program. Successful

completion of training requirements may be verified and documented through any of the following methods:

1. A copy of the department’s training transcript(s).
2. A copy of Early Learning Florida’s training transcript(s).

18.5 Training Exemptions

The office shall exempt personnel with a Bachelor’s degree or higher in Early Childhood Education or related field from the following course requirements specific to each training option:

1. Department courses – Developmentally Appropriate Practices, and Behavioral Observation and Screening course requirements.
2. ELFL courses – Developmentally Appropriate Practices and Social-Emotional Development course requirements.

There are no educational exemptions from the “Identifying and Reporting Child Abuse and Neglect,” “Preventing Child Abuse” or any of the Health, Safety and Nutrition related course requirements for any of the three training options.

18.6 Annual In-Service Training

1. Upon successful completion of pre-service training requirements, all program personnel, volunteers and substitutes must complete a minimum of ten (10) clock-hours or one (1) CEU of in-service training annually during the state’s fiscal year beginning July 1 and ending June 30.
2. The annual ten (10) clock-hours or one (1) CEU of in-service training concentrating on children ages birth through 12 must be completed in one or more of the following areas (college-level courses will be accepted):
 - ✓ Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, use of safe sleep practices, administration of medicine, emergency preparedness, handling of hazardous materials;
 - ✓ Infant and/or Child CPR;
 - ✓ First Aid (may only be taken to meet the in-service requirement once every two years);
 - ✓ Nutrition, including age-appropriate feeding;
 - ✓ Child development – typical and atypical;
 - ✓ Child transportation and safety;
 - ✓ Social and emotional behavioral and mental health;
 - ✓ Family and community engagement;
 - ✓ Design and use of child-oriented space;
 - ✓ Community, health and social service resources;
 - ✓ Child abuse and neglect;

- ✓ Child care for multilingual children;
 - ✓ Caring for children with exceptionalities;
 - ✓ Access to physical activity, including safety in outdoor play;
 - ✓ Early and/or Emergent Literacy;
 - ✓ Guidance and discipline, including positive behavior supports and interventions;
 - ✓ Leadership development/program management and staff supervision;
 - ✓ Age-appropriate lesson planning;
 - ✓ Homework assistance for school-age care;
 - ✓ Food safety training; or
 - ✓ Developing special interest centers/spaces and environments.
3. CPR courses must include an on-site instructor-based skills assessment that must be documented by the certified CPR instructor.
 4. In-service training hours used to meet the 10-hour requirement may be earned in a variety of ways, such as participation at national, state, or local conferences relating to children; training offered by employers; specialized workshops; college coursework; or completion of an online course provided by the DCF Training Coordinating Agency.
 5. Documentation of the in-service training requirement must be recorded on Form OEL-SR-6207, In-Service Training Record – School Readiness Program, and must be included in the program facility’s personnel records. Form OEL-SR-6207 may be obtained from the Office’s website at www.floridaearlylearning.com or from the following link: [FAR placeholder]. A new in-service training record is required each fiscal year. The in-service training records for the previous two fiscal years must also be maintained at the program facility for review by the inspection authority.
 6. Documentation of the in-service training requirement on the department’s CF-FSP Form 5268, Child Care In-Service Training Record (July 2012), incorporated by reference in Rule 65C-22.003, F.A.C, will be accepted for school readiness program providers who are also child care providers regulated by the department or local licensing agency, as applicable. A copy of CF-FSP Form 5268 may be obtained on the department’s website at <http://www.myflfamilies.com/service-programs/child-care/forms-and-applications>.
 7. Personnel not in compliance with the annual in-service training requirement described in this section must complete the remaining in-service training requirement within 30 days of the noncompliance finding by the inspection authority. These hours cannot be used to meet the current year’s in-service training requirements.

19 Record Keeping

19.1 General Requirements

1. Each of the records described in this section (if applicable) and those required to

document compliance with Section 1002.82, F.S. and rules adopted thereunder must be maintained at the program location and must be available during the hours of operation for review by the inspection authority.

2. A copy of all background screening clearance documents for the director, owner, and personnel must be provided to the inspection authority to be included in the official inspection file. Copies of required records are acceptable for documentation. Original documents are the property of the party providing the information.
 - ✓ Driver's log (if applicable). Must be retained for the previous 15 months.
 - ✓ Documentation of parental permission for field trips. Must be retained for a minimum of 15 months.
 - ✓ Attendance records. Must be retained in accordance with requirements of the Statewide Provider Contract.
 - ✓ Facility's written disciplinary and expulsion policies.
 - ✓ Written record of fire drills. Must be maintained for a minimum of 15 months.
 - ✓ Emergency evacuation plan and preparedness plan drills. Documentation must be maintained for 15 months from the date of each drill outlined in the plan.
 - ✓ Documentation of staff members who have met the first aid and child cardiopulmonary resuscitation (CPR) training requirement.
 - ✓ Posted emergency telephone numbers, the facility address and directions to the facility.
 - ✓ Documentation of accidents/incidents. Must be maintained for 15 months.
 - ✓ Record for each child receiving medication. Must be maintained for a minimum of 15 months after the last day the child received the dosage.
 - ✓ Sample meal plan for special diet (if applicable). A copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained for as long as the child is in care.
 - ✓ Written documentation of known food or medicine allergies (if applicable). Must be maintained for as long as the child is in care.

19.2 Children's Files

1. Health Records. The program must obtain from the parent or legal guardian for each child in care a current, complete and properly executed Student Health Examination form DH 3040 (July 2013), which is incorporated by reference, *or* a signed statement by authorized professionals that indicates the results of the components of the Student Health Examination form are included in the health examination. DH Form 3040 may be obtained from the local county health department.
 - ✓ The Student Health Examination must be completed by a health professional who is licensed in Florida or in the state where the student resided at the time of the health examination and who is authorized to perform a general health examination under

such licensure.

- ✓ The Student Health Examination or the signed statement is valid for two years from the date the physical was performed. An up-to-date version must be on file for as long as the child is enrolled at the facility.
2. Immunization Records. The program is responsible for obtaining from the custodial parent or legal guardian for each child in care, a current, complete and properly executed Florida Certification of Immunization form Part A-1, B, or C, DH 680 (July 2010), or the Religious Exemption from Immunization form, DH 681 (July 2008), which are incorporated by reference. DH Form 680 and DH Form 681 may be obtained from the local county health department.
 - ✓ Immunizations received out-of-state are acceptable; however immunizations must be documented on the Florida Certification of Immunization form and must be signed by a physician practicing in the State of Florida.
 - ✓ Specific immunization requirements are included and detailed in the most current edition of the Immunization Guidelines-Florida Schools, Child Care Facilities and Family Day Care Homes (March 2013), which is incorporated by reference.
 3. If the custodial parents or legal guardians fail to provide the documentation required in paragraph (1) or (2) above within 30 days of enrollment, the program shall not allow the child to remain enrolled in the program. If the custodial parents or legal guardians need assistance concerning these requirements, the program shall refer them to the Department of Health or to the child's physician.
 4. School-aged children attending public or non-public schools are not required to have student health examination and immunization records on file at the program facility since these records are on file at the school where the child is enrolled.
 5. Medical records in this section are the property of the custodial parent or legal guardian and must be returned to them when the child withdraws from the program. The medical records are transferable if the child attends another program.
 6. Enrollment Information. The program operator must obtain enrollment information from the child's custodial parent or legal guardian prior to accepting a child in care.
 7. Enrollment information must be kept current and on file and must include the following elements:
 - ✓ Child's full name, date of birth, sex, date of enrollment, physical address, and days of week in care;
 - ✓ Family information including name and contact information for custodial parent(s) or legal guardian;
 - ✓ Medical information, including permission and identification of medical personnel to contact in order to obtain emergency medical care if warranted and any allergies, special medical or dietary needs, or other areas of concern;
 - ✓ Emergency contact information for those adults authorized to remove the child from

- the facility in case of illness, accident, or emergency or if for some reason the custodial parent or legal guardian cannot be reached; and
 - ✓ Other helpful information about the child.
8. The child must not be released to any person other than the person(s) authorized or in the manner authorized in writing by the custodial parent or legal guardians.
 9. There must be signed statements from the custodial parents or legal guardian that the school readiness program has provided them with the following information:
 - ✓ The program's written disciplinary and expulsion policies and procedures.
 - ✓ Annually, during the months of August and September, the program must provide parents with information detailing the causes, symptoms, and transmission of the influenza virus.

19.3 Attendance

1. Daily attendance of children must be taken and recorded, documenting the time when each child enters and departs the program. Attendance devices used for the purposes of tracking attendance may be used.
2. The custodial parent, guardian, or designee must document the time when their child(ren) enter and depart the facility or program.
3. Program personnel are responsible for ensuring that attendance records are complete and accurate.
4. Attendance records must be maintained in accordance with requirements of the Statewide Provider Contract.
5. Children are released only to authorized persons designated by the parent(s) or guardians in writing.

19.4 Personnel Records

Records must be maintained and kept current on all school readiness program personnel. These must include:

1. A signed employment application with a statement indicating whether he or she has ever worked in a facility that has had a license or school readiness program contract denied, revoked, or suspended in any state or jurisdiction, or has been the subject of a disciplinary action or been fined while employed in a child care facility.
2. Documentation of position and date of employment.
3. A signed Form OEL-SR-6208, Child Abuse & Neglect Reporting Requirements, incorporated by reference. Form OEL-SR-6208 must be signed annually by all program personnel.
 - ✓ A signed CF-FSP Form 5337 (October 2012), Child Abuse & Neglect Reporting Requirements, which is incorporated by reference, will be accepted in lieu of Form OEL-SR-6208 for providers also regulated by the Department.

4. Copies of required training information as described in section 18 of this handbook, including documentation for first aid and child CPR training and certification, if applicable.
5. For the Driver only (if applicable) - a copy of the driver's license and the physician certification or another form containing the same elements of the physician certification, granting medical approval to operate a vehicle. In addition, valid certificate(s) of course completion for first aid training and child cardiopulmonary resuscitation (CPR) procedures must also be maintained in the driver's personnel file.

19.5 Background Screening

Initial Screening. Screening information must be documented on Form CF-FSP 5131, Background Screening and Personnel File Requirements (July 2012), which is incorporated by reference.

1. Level 2 background screening, as defined in section 435.04, F.S. is required for all personnel employed by a provider participating in the School Readiness Program pursuant to s. 1002.88(1)(e), F.S., and volunteers as defined in this handbook, and includes a national and statewide criminal records search.
2. An employment history check must include the previous five years, which must include the applicant's job title and a description of his/her regular duties, confirmation of employment dates, and level of job performance. Failed attempts to obtain the employment history must be documented in the personnel file and include date, time, and the reason the information was not obtained.
3. A copy of all background screening clearance documents for the operator and program personnel, including volunteers and substitutes must be maintained in the personnel file.

Re-Screening. A screening conducted under this rule is valid for five years, at which time a re-screen must be conducted in the same manner as the initial screening.

1. The five-year re-screen is required for all program personnel, volunteers and substitutes.
2. The five-year re-screen must include, at a minimum, national and statewide criminal records checks through the Florida Department of Law Enforcement (FDLE).
3. Documentation of clearance from the five year re-screening for the operator and all program personnel must be maintained in the personnel file.
4. Personnel must be re-screened following a break in employment in the child care industry that exceeds 90 days.
5. If personnel take a leave of absence, such as maternity leave, extended sick leave, migrant child care programs, etc., re-screening is not required unless the five-year re-screen has come due during the leave of absence.

All screening and rescreening must be processed using the Background Screening Clearinghouse. [Link for DCF BGS page -

<http://www.dcf.state.fl.us/programs/backgroundscreening/> and AHCA pg <https://apps.ahca.myflorida.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal%2f>]

20 Access

A school readiness program must provide the custodial parent and/or legal guardian access, in person and by telephone, to the program during normal hours of operation and/or or during the time the child is in care.

21 Child Safety

1. Program personnel must not exercise inappropriate interactions with children that are aggressive, demeaning, or intimidating.
2. All school readiness program providers and personnel, including substitutes and volunteers, must annually sign a statement of compliance with all child abuse and neglect reporting requirements provided in Section 39.201, F.S.
 - ✓ For purposes of this requirement providers and personnel must sign Form OEL-SR-6208.
 - ✓ For providers that are licensed and/or regulated by the department, Form CF-FSP-5337 will be accepted.
 - ✓ Signed forms must be maintained in personnel files and available for review by the inspection authority.
3. Providers who fail to perform the duties of a mandatory reporter pursuant to Section 39.201, F.S. will be referred to their local coalition for corrective action, pursuant to the Statewide Provider Contract.

22 Enforcement

This section adheres to the enforcement terms for a school readiness contract pursuant to the Statewide Provider Contract for the School Readiness Program, Form OEL-SR-20, incorporated by reference in Rule 6M-4.610, F.A.C.

22.1 Definitions.

For purposes of this section:

- ✓ **“Day”** means a weekday, excluding weekends and holidays.
- ✓ **“Corrective Action Notice”** refers to the written notice from a coalition to a school readiness provider of their failure to comply with the provisions governing the School Readiness Program or the requirements of the Statewide Provider Contract, identifying

the specific requirement(s) which the provider failed to meet and how the provider failed to meet each requirement. In addition, the notice must provide a detailed description of the required corrective action and set a deadline for completion of the corrective action.

- ✓ **“Probation”** is a status indicating the school readiness contract is in jeopardy of being terminated or not renewed due to violations of school readiness program standards.
- ✓ **“Standards”** refer to health and safety and training requirements for the operation of a school readiness program facility provided in statute or in rule.
- ✓ **“Violation”** means a finding of noncompliance by the department or local licensing agency of a school readiness program health and safety or training standard.
- ✓ **“Class I Violation”** is an incident of noncompliance with a Class I standard as described on Form OEL-SR-6201 (August 2016) School Readiness Program Health and Safety Checklist. A copy of Form OEL-SR-6201 may be obtained from the office’s website at www.floridaearlylearning.com or from the following link [FAR placeholder]. Class I violations are the most serious in nature, pose an imminent threat to a child including abuse or neglect and which could or does result in death or serious harm to the health, safety or well-being of a child.
- ✓ **“Class II Violation”** is an incident of noncompliance with an individual Class II standard as described on Form OEL-SR-6201. Class II violations are less serious in nature than Class I violations, and could be anticipated to pose a threat to the health, safety or well-being of a child, although the threat is not imminent.
- ✓ **“Class III Violation”** is an incident of noncompliance with an individual Class III standard as described on Form OEL-SR-6201. Class III violations are less serious in nature than either Class I or Class II violations, and pose a low potential for harm to children.
- ✓ **“Technical Support Violations”** are the first or second occurrence of noncompliance of an individual Class III standard or the first occurrence of noncompliance of an individual Class II standard.

22.2 Disciplinary Actions.

1. The applicable inspection authority will follow up with the program (on-site if necessary) to ensure all issues of noncompliance relating to the health, safety and well-being of children in care are brought into compliance within the following timeframes:
 - (a) Class I Violations should be corrected at time of inspection, or within the timeframe recommended by the inspection authority.
 - (b) Class II Violations should be corrected within 7 days of inspection, or within the timeframe recommended by the inspection authority.
 - (c) Class III Violations should be corrected within 14 days of inspection, or within the timeframe recommended by the inspection authority.
2. Additionally, all issues of noncompliance will be referred to the early learning coalition for corrective action pursuant to the Statewide Provider Contract.

3. Enforcement of disciplinary actions in accordance with the Statewide Provider Contract will be applied progressively for each standard violation. In addition, school readiness program providers will be offered technical assistance in conjunction with any disciplinary action. The coalition shall take into consideration the actions taken by the facility to correct the violation when determining the appropriate disciplinary action, as provided for in the Statewide Provider Contract.
4. Each standard violation has an assigned classification based on the nature or severity of the violation(s) as identified within Form OEL-SR-6201.
5. A violation of a Class II standard that results in death or serious harm to a child shall escalate to a Class I violation.
6. Disciplinary actions for violations that occur within a two year period shall be progressively enforced as follows:
 - (a) Class I Violations.
 - i. For the first and second violation of a Class I standard, the coalition shall issue corrective action notice and place the provider's contract on probation status for a period not to exceed six months, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
 - ii. For the third and subsequent violation of a Class I standard, the coalition shall issue a corrective action notice, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
 - (b) Class II Violations.
 - i. For the first violation of a Class II standard, the coalition shall provide technical assistance. This violation will be classified as "Technical Support."
 - ii. For the second violation of the same Class II standard, the coalition shall issue a corrective action notice identifying specific corrective action items to bring the provider into compliance with standards.
 - iii. For the third and fourth violation of the same Class II standard, the coalition shall issue a corrective action notice and place the provider's contract on probation status for a period not to exceed six months.
 - iv. For the fifth and subsequent violation of the same Class II standard, the coalition shall issue a corrective action notice, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
 - v. If a provider receives three or more of the same or different class II violations within the contract year, the coalition may place the provider on a corrective action plan if the coalition concludes corrective action will resolve the failure to comply.

vi. If the coalition concludes that corrective action will not resolve the failure to comply, the coalition may terminate the provider's contract.

(c) Class III Violations.

- i. For the first and second violation of a Class III standard, technical assistance shall be provided. These violations will be classified as "Technical Support."
- ii. For the third violation of the same Class III standard, the coalition shall issue a corrective action notice identifying specific corrective action items to bring the provider into compliance with standards.
- iii. For the fourth and fifth violation of the same Class III standard, the coalition shall issue a corrective action notice and place the provider's contract on probation status for a period not to exceed six months.
- iv. For the sixth and subsequent violation of the same Class III standard, the coalition shall issue a corrective action notice, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
- v. If a provider receives five or more of the same or different class III violations within the contract year, the coalition may place the provider on a corrective action plan if the coalition concludes corrective action will resolve the failure to comply.
- vi. If the coalition concludes that corrective action will not resolve the failure to comply, the coalition may terminate the provider's contract.

22.3 Probationary Status

1. If a coalition concludes that a school readiness provider has received a corrective action notice for the same violation two or more times or has had multiple corrective action plans within the contract year, or if the corrective action plan is not completed within the prescribed timelines, the provider shall be placed on probation for a period up to six (6) months.
2. Probation may require the provider to comply with specific conditions intended to ensure that the provider comes into and maintains compliance with school readiness program standards. Examples of such conditions are: a deadline to remedy an existing violation, a specified period during which compliance with program standards must be strictly maintained; training or staff development; monitoring or technical assistance; and specified conditions under which the program must operate during the probationary period.
3. The coalition must notify the provider in writing of the terms and duration of the probation, including required timelines.
4. The terms of the probation must correlate to the basis of the corrective action.
5. If the provider has not satisfactorily completed the terms of its probation by the end of the contract term, the provider will still be held accountable for the terms of the

probation of the previous contract if the provider remains eligible to deliver the School Readiness Program and executes a new contract with the coalition.

22.4 Termination

1. The coalition has the right to terminate a provider's contract for cause at any time, pursuant to the School Readiness Provider Contract. The following are grounds for termination for cause:
 - (a) Action, or lack of action, which immediately threatens the health, safety or welfare of children; or
 - (b) Failure to comply with the terms of the provider's contract, including failure to implement corrective action or comply with the terms of probation.



SCHOOL READINESS PROGRAM
Health and Safety Checklist
Public and Non-public School Programs

Checklist/Handbook Section

Specific School Readiness Program Standard

Class Violation Level	Description of the Health and Safety Standard Violation
-----------------------	---

1. Capacity

2	The program facility is authorized to serve [] children. A total of [] children were counted at the center and/or were on a field trip.
2	The program facility that held a valid license on or before October 1, 1992, did not have 20 square feet of usable floor space per child for the number of children observed in care. The facility had a capacity of [] based on 20 square feet per child, and [] children were observed in care.
2	The program facility did not have 35 square feet of usable floor space per child for the number of children observed in care. The facility had a capacity of [] based on 35 square feet and [] children were observed in care.
2	The program facility's outdoor play space calculated at 45 square feet per child allows [] children to use the space at one time and [] children were observed using the space.
3	A room set up exclusively for use during sedentary activities for a school-age program did not have 20 square feet of usable floor space per child observed using the space.
3	The program failed to post the room capacity in each room of the facility.

2. Minimum Age Requirements

3	In the operator's absence the staff person in charge did not meet the minimum age requirement of 21 years.
2	A person under the age of 16 years was employed at the program and not directly supervised.

3. Ratios

2	A ratio of [] staff for [] children is required. There were [] staff for [] children observed.
---	--

4. Group Size

2	A group size of no more than [] children is required for [age group]. A group size of [] children was observed.
3	At least one of the two teachers required to maintain staff to child ratio for a group size of [] for [age group] did not possess an active credential as recognized by the department.

5. Supervision	
2	Supervision of children in the [] group was inadequate in that [].
1	One or more children were not adequately supervised in that [], which posed an imminent threat to a child, and could or did result in death or serious harm to the health, safety or well-being of a child.
2	Children in the outdoor play area were not adequately supervised in that [].
2	Staff were not within sight and hearing of all the children during nap time.
2	There were insufficient personnel readily accessible to meet ratio requirements during nap time.
2	Children were not individually fed and supervised during meal times.
2	An infant was observed being fed with a propped bottle.
2	Children were left in high chairs or other confining devices outside of feeding times.
1	A child was left behind in a vehicle at the facility, on a field trip, or an activity away from the facility.
1	A child was released to an unauthorized individual (not identified by the custodial parent or legal guardian).
1	The operator, employee or substitute was supervising children while using or under the influence of narcotics, alcohol or other drugs that impaired the individual's ability to provide safe child care.
2	In addition to the staff required to meet staff-to-child ratios, one additional adult was not present during a field trip.
1	The program provided a water activity using a swimming pool that exceeds three feet in depth or a beach or lake area and did not have a person with a certified lifeguard certification or equivalent present.
2	The individual(s) responsible for children on a field trip did not have a telephone or other means of instant communication available.
2	Children did not receive supervision while toileting or bathing.
2	Children were left unattended while being diapered or when changing clothes.
2	A staff member who had not completed all pre-service training requirements was allowed unsupervised contact or care of children.
1	An unscreened individual was left alone to supervise children in care.

6. Driver's License, Physician Certification & First Aid/CPR Training (if applicable)	
2	The non-public school program's driver did not have []. <ol style="list-style-type: none"> 1. A valid Florida driver's license 2. An annual physical examination which grants medical approval to drive 3. Valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures
3	The non-public school program driver's personnel record did not include []. <ol style="list-style-type: none"> 1. A valid Florida driver's license 2. An annual physical examination which grants medical approval to drive 3. Valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures

7. Vehicle Insurance and Inspection (If Applicable)	
2	A vehicle(s) used by the non-public school program to transport children did not have the required insurance coverage.
3	The non-public school program did not have documentation of current insurance coverage for the vehicle used to transport children in care.
2	A vehicle(s) used by the non-public school program to transport children did not have an annual inspection by a mechanic to ensure it was in proper working order.
3	The non-public school program did not have documentation of an annual vehicle inspection for a vehicle used to transport children in care.

8. Seat Belts/Child Restraints (If Applicable)	
1	The vehicle utilized by the non-public school program had seat belts and/or safety restraints for [] children and [] children were transported at one time.
1	The number of children transported exceeded the manufacturer's designated seating capacity for the vehicle of a non-public school program.
1	The non-public school program's use of seat belts was not age appropriate for children being transported who required safety restraints.

9. Transportation (If Applicable)	
3	The public school program did not have documented proof of an annual transportation inspection by the school district authority, verifying that the driver and all buses and vehicles utilized by the public school program meet the transportation safety requirements of ss. 316.615 and 1006.22, F.S. and Chapter 6A-3, F.A.C.
2	The public school program did not have a current and approved transportation safety inspection by the local school district authority, verifying that the driver and all buses and vehicles utilized by the public school program meet the transportation safety requirements of ss. 316.615 and 1006.22, F.S. and Chapter 6A-3, F.A.C.
2	The required staff-to-child ratios were not maintained when transporting children at a non-public school program.
2	The non-public school program did not maintain a log for all children being transported in a vehicle.
3	The non-public school program's transportation log was not retained for a minimum of fifteen (15) months.
3	The non-public school program's transportation log did not include []. <ol style="list-style-type: none"> 1. Each child's name 2. Date 3. Time of departure 4. Time of arrival 5. Signature of driver 6. Signature of second staff member

2	Upon arrival at the destination, it was determined that the driver of the vehicle for a non-public school program failed to mark each child off the log as children departed the vehicle.
2	Upon arrival at the destination, the driver of the vehicle and second adult for a non-public school program failed to conduct a physical inspection and visual sweep of the vehicle to ensure that no child was left in the vehicle.
2	The driver of the vehicle for the non-public school program failed to drop the child off at the appropriate location.
1	The driver of the vehicle for the non-public school program failed to drop the child off at the appropriate location posing an imminent threat to a child and which could or does result in death or serious harm to the health, safety or well-being of a child.
3	Contact information for all children being transported by the non-public school program was not maintained in vehicles.
2	Emergency care plans, supplies, and/or medications were not available in the non-public school program vehicle for the children being transported with chronic medical conditions.

10. Planned Activities	
3	The program didn't have a written plan of scheduled activities.
3	The program's written plan of scheduled activities was not followed.
3	The program's written plan of scheduled activities was not accessible to parents and available to the inspection authority for review, upon request.
3	The program's written plan of scheduled activities did not include alternate activities in case of inclement weather.
3	The program's written plan of scheduled activities did not promote the emotional, social, intellectual and physical growth of the children in care.
3	The program used electronic media time with children younger than 2 years of age.
3	The program used electronic media that was not for educational purposes or for physical activity for children 2 years of age and older.
3	The program used electronic media time with children older than 2 years of age and older for more than 2 hours a day.
3	The program's written plan of scheduled activities did not include quiet and active play, both indoors and outdoors.
3	The school-age program did not offer schedule time in an appropriate environment for academic support or homework assistance.
3	For infants in care, the program did not provide opportunities for outdoor time each day (weather permitting).
3	The program's written plan of scheduled activities did not include meals, snacks, or nap times, as appropriate, for the ages and the times the children are in care.

11. Field Trip Permission	
3	The custodial parents or legal guardian were not provided advanced notice of a planned field trip.
3	The program failed to post, in a conspicuous location, the date, time and location of a planned field trip at least two working days prior to the trip.

3	The program did not secure written permission either in the form of a general permission or an individual permission slip from the custodial parent or legal guardian prior to each field trip.
3	Documentation of custodial parent or legal guardian's permission for field trips was not on file for the child(ren).
3	The program failed to retain documentation of parental field trip permission for a minimum of fifteen (15) months from the date of each field trip.
3	The program operator/staff did not have emergency contact information for the children on a field trip, or any other activity away from the facility.

12. Child Discipline

3	The custodial parent or legal guardian was not provided written notification of the program's disciplinary policy.
3	The custodial parent or legal guardian was not provided written notification of the program's expulsion policy.
2	A staff member did not comply with the program's written discipline policy.
1	A method of discipline was used at the program that was severe, humiliating or frightening to children in that [].
2	A form of discipline used by staff was associated with food, rest and/or toileting.
2	The program's discipline practices included the use of spanking or other form of physical punishment.
3	The program used the denial of active play as a form of discipline.

Physical Environment

13. Facility Environment

3	Areas of the program facility were found to be in need of cleaning.
3	An area(s) of the program facility was observed to not be in good repair.
3	A health deficiency having a low potential for harm to the children in care was observed.
2	An area of the program facility was observed to be a serious health hazard to children in care.
3	A safety deficiency having a low potential for harm to the children in care was observed.
2	An area of the program facility was observed to be a serious safety hazard to children in care.
3	There was evidence or the presence of rodent or vermin observed in the program facility.
2	During the program's operating hours, an activity occurred in a portion of the building which endangered the health and/or safety of children in care.
3	The program did not have current vaccination records for the pet observed. Vaccinations are available for this type of animal.
2	A fire hazard, [], was observed in the program facility.
3	The program did not have documentation that custodial parents or guardian are given written notification of animals on the premises.
3	Animals or birds were observed in the food storage, preparation, or service area.
3	Animals or birds kept as classroom pets were not caged.

3	Animal or bird cages were not clean.
---	--------------------------------------

14. Toxic Substances, Hazardous Materials and Weapons	
2	A potentially harmful item, [], was not labeled as required.
3	The program's storage of harmful items including cleaning supplies, flammable products, and poisonous, toxic and hazardous materials allowed access by children in care.
2	The program's storage of harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials were accessible to children in care.
2	Knives and/or sharp tools were accessible to children in care.
1	A firearm or weapon was on the premises.
1	Narcotics, alcohol, or impairing drugs were present on the premises.
3	There was evidence that smoking occurred while children were in care in the program facility, outdoor area, during a field trip or in a vehicle used to transport children.
2	Smoking was observed in the program facility, outdoor area, during a field trip or in a vehicle used to transport children, while children were in care.
3	The program failed to provide notification to custodial parents and/or legal guardians that smoking is prohibited on the premises of the program facility.

15. Lighting, Temperature and Ventilation	
3	All rooms of the program facility did not have sufficient lighting equivalent to 20 foot candles at three feet from the floor.
3	All reading, painting and other close work areas did not have lighting equivalent to 50 foot candles on the work surface.
3	During nap time, lighting was insufficient to visually observe and supervise children.
3	The program facility failed to maintain a temperature between 65 degrees and 82 degrees Fahrenheit at all times.
3	Cleaning (other than general clean-up activities) of a room took place while children were present in the room.
3	Pest control took place in rooms occupied by children.

16. Indoor Floor Space	
3	The program did not provide open indoor play space for infants outside of cribs and playpens.
3	The program failed to maintain square footage per child during a non-routine special event in a common or multi-purpose area in accordance with the local fire authority.

17. Outdoor Play Area/Fencing	
3	The program facility's outdoor play area contained litter, nails, glass or other hazards that posed a low potential for harm to children.
2	The program facility's outdoor play area contained litter, nails, glass or other hazards that posed a threat to the health, safety or well-being of the children.
3	The program facility did not provide shade on the playground.

1	The program facility's outdoor play area was not fenced to prevent children's access to a water hazard.
2	The program facility's outdoor play area was not enclosed with fencing or walls a minimum of 4 feet in height.
2	The program facility's fencing walls or gate area had gaps that could allow children to exit the outdoor play area.
3	The base of the fence in the outdoor play area was not at ground level and could allow inside or outside access by children or animals.
3	The fence in the outdoor play area had a build-up at the base, causing the fence to be less than the minimum 4 feet in height and could allow children to exit the play area.

18. Bedding and Linens

3	A cot, bed, crib, mattress, playpen or floor mat was not available for all children, other than school-age children, to be used when napping or sleeping.
2	The sleep bedding available was not safe and poses a threat to the health, safety or well-being of a child in care.
3	The bedding available for children in care was not cleaned and/or sanitized or disinfected after each use.
2	The bedding available was not sanitary and poses a threat to the health, safety or well-being of a child in care.
3	The floor mats available for children were not at least one inch thick.
3	The floor mats available for children in care were not covered with an impermeable surface.
3	The bedding available was not appropriate for the child's size.
3	Linens were not laundered at least once weekly or more often if soiled or dirty.
3	Linens used by more than one child were not laundered between usage.
3	Linens, pillows or blankets were not provided for sleeping children.
3	Linens were not stored in a sanitary manner.

19. Nap/Sleep Space Requirements

3	The program facility had no designated area where each child can sit quietly or lie down to rest or nap.
3	A minimum distance of 18" was not maintained around each napping/sleeping space.
3	A child's napping or sleeping space was against more than two solid barriers.
2	The nap/sleep space was under furniture or against furniture that created a hazard.
2	The nap/sleep space interfered with exit areas.

20. Crib Requirements (when infants are in care)

3	The program made use of double or multi-deck cribs, cots or beds for children up to one year of age.
3	The program did not have an adequate number of cribs, portacribs or playpens with sides for the number of children up to one year old in care.

2	The program used cribs that did not meet current federal guidelines for construction regulations as outlined in Title 16, Parts 1219 & 1220 Code of Federal Regulations.
2	A napping or sleeping infant who is not capable of rolling over was not positioned on his/her back and on a firm surface and the provider did not have written authorization from a physician in the child's record.
3	The program did not maintain documentation in the child's record that an alternative sleep position is authorized by a physician.

21. Restrooms and Bath Facilities

3	A toilet and/or bath facility was not easily accessible and at a height usable by the children.
3	A platform used by children was not, safely constructed with an impermeable surface that can be easily cleaned and sanitized or disinfected.
3	The program facility did not have the number of toilets and/or sinks required for its designated capacity.
3	The program provided care for diapered infants only and did not have at least one toilet and two wash basins for every thirty infants.
3	Cleaning and sanitizing potty chairs did not take place after each use.
2	Cleaning and sanitizing potty chairs did not take place after each use posing a threat to the health, safety or well-being of the children.
3	Children did not receive assistance with toileting or bathing in accordance with their age and required needs.
3	A toilet facility opened directly into an area where food was prepared.
3	The program facility serving children had neither a portable nor a permanent bath facility available for bathing children.
3	The bath facility was not cleaned and/or sanitized or disinfected after each use.
3	The sink and/or toilet was not maintained in good operating condition, clean and/or sanitized or disinfected.
2	The program did not maintain the sink, toilet and/or bath facilities used by the children in good operating condition, clean and sanitized or disinfected, posing a threat to the health, safety or well-being of the children.
3	Running water was not available and within reach of children using the toileting facility.
3	The toileting facility did not have: [], and within the reach of children. <ol style="list-style-type: none"> 1. paper towels or hand drying machines 2. soap 3. trash receptacle 4. toilet paper

22. Operable Phone

2	The program did not have an operable telephone accessible and available to all staff during hours of operation.
---	---

23. Fire Drills & Emergency Preparedness

3	The program facility did not have documented proof of an annual fire inspection by the local fire authority.
---	--

2	The program facility did not have a current and approved annual fire safety inspection by the local fire authority.
3	The program facility did not have a fire extinguisher with a minimum rating of 2A10BC within 75 feet of rooms occupied by children.
3	The program did not have documentation of a fire extinguisher being properly maintained to include being serviced and retagged timely, and/or with a current certificate.
2	During the program's contract year, fire drills utilizing the approved alarm system were not conducted monthly at various dates and times when children were in care [].
2	Fire drills conducted during the contract year did not include the following [].
3	The written record of the fire drills was incomplete and did not include the following: [].
3	The program did not maintain fire drill records for the months of operation for a minimum of fifteen (15) months from the date of the fire drill.
3	The program's emergency evacuation plan did not include a diagram of safe routes and was not posted in each room.
2	All adults and children failed to evacuate the program facility when the approved fire alarm system was activated.
2	The operator/staff failed to possess a current attendance record during a fire drill, emergency preparedness drill or an actual emergency.
2	The program did not have a written emergency preparedness plan.
3	The program's emergency preparedness plan was incomplete in that it did not [].
2	Emergency preparedness drills were not conducted when children were in care.
3	The written record of the emergency preparedness drills was incomplete and did not include the following [].
3	The program did not maintain emergency preparedness drill records for the months of operation for a minimum of fifteen (15) months from the date of the emergency preparedness drill.
3	The written record of the fire and emergency preparedness drills conducted was not available at the time of inspection.
3	The operator failed to notify their local coalition and inspection authority within 24 hours following a fire or natural disaster as to their operational status.
3	Exit areas were not clear in accordance with fire safety regulations.
2	Exit areas were blocked off and inaccessible in an emergency.

24. Health and Sanitation

3	Screens were not affixed or maintained on all opened doors and windows in the program facility.
3	A staff member did not wash their hands properly/thoroughly in that [].
2	A staff member did not wash their hands [].
2	A staff member did not assist children with hand washing [].
3	Hand sanitizer was used in place of hand washing with soap and running water when soap and water were available.
2	Staff with open wounds and/or injury that inhibits hand washing, was observed preparing food.
3	Safe drinking water was not available to all children.

25. Diapering (if applicable)	
3	Diapering occurred in a room that did not have a hand washing station or did not have a hand washing station in an adjoining area.
3	The hand washing station in the diapering area did not include []. 1. disposable towels or properly installed hand drying machine 2. soap 3. trash receptacle 4. running water
3	The hand washing sink was used for something other than hand washing in that [].
3	The diapering area was not physically separated from the food preparation, service or feeding area.
3	The diaper changing surface was not cleaned and sanitized or disinfected after each use.
3	Diaper changing occurred on a surface that was not impermeable.
3	Items unrelated to diaper changing were stored in the diaper changing area or placed on the diaper changing table/surface.
3	There was not a supply of clean diapers, clothing and/or linens.
3	Soiled or wet diapers, clothing, or linens were not changed immediately.
3	Soiled disposable diapers were not disposed of in a plastic-lined, securely covered container.
3	Soiled cloth diapers were not emptied into the toilet and placed in a securely covered container
2	The container used for the disposal of soiled diapers or the storage of used cloth diapers was accessible to children.
3	The container used for the disposal of soiled diapers or the storage of used cloth diapers was not emptied, cleaned and sanitized or disinfected daily.

26. Indoor Equipment	
3	Toys, equipment and/or furnishings available to the children in care were not age appropriate in that [].
3	The quantity of toys, equipment and/or furnishings suitable to each child's age and development was inadequate for the number of children in care.
3	Toys, equipment and/or furnishings were not safe in that [].
2	Toys, equipment and/or furnishings were not safe in that [] and pose a threat to the health, safety or well-being of the children in care.
3	Toys, equipment and/or furnishings were not maintained in a sanitary condition and not cleaned and sanitized or disinfected following exposure to bodily fluids.
3	The program had insufficient age-appropriate seating for the number of children eating meals at one time.

27. Outdoor Equipment	
3	Equipment available to children in the outdoor play area was not appropriate for the age and developmental level of the children in care in that [].
3	The frame of the [] was not securely anchored in the ground or stationary by design.

2	The play equipment was not maintained in a safe or sanitary condition for the children to use in that [].
2	A resilient surface was not provided beneath and within the fall zone for [].
3	The ground cover or other protective surface under the [] was not maintained at a minimum of six (6) inches in depth.
3	The placement of [] did not allow for adequate distance/clearance from other equipment, fences, and objects in the area.
3	The equipment used in the outdoor play area was not constructed to allow for water drainage.

Training

28. Training Requirements	
3	The program did not have documentation of staff's completion of required training on the training transcript in that [].
3	Program personnel did not complete training requirements prior to unsupervised contact with or care of children, or if supervised, within 90 days of beginning employment or service with the program.
3	Program personnel, returning to the industry and who were in compliance with training requirements when they left the industry, did not complete new mandated training within 90 days of employment.
3	Program personnel, who were not in compliance with training requirements when they left the industry, did not complete required training and any new mandated training before returning to the industry.
3	Program personnel who work 10 hours or more per month did not complete the required in-service training during the state's fiscal year beginning July 1 and ending June 30.
3	Documentation of in-service training was not recorded on Form OEL-SR-6206, School Readiness Program In-service Training Record or CF-FSP Form 5268, Child Care In-Service Training Record.
3	The facility did not have documented proof that all staff were trained and knowledgeable in the use of fire extinguishers within 30 days of employment.

Health Requirements

29. Communicable Disease Control	
3	A child, program personnel or other person in the program facility suspected of having a communicable disease was not removed from the facility or placed in isolation.
3	A child, program personnel or other person was permitted to return to the program facility without medical authorization or the signs and symptoms of the disease were still present.
2	Program personnel did not report the child's signs and symptoms of illness to the child's custodial parents or legal guardian.
3	A child identified as having head lice was permitted to return to the program before treatment occurred and was verified.
3	The program operator/personnel failed to treat areas, equipment, toys or furnishings with which a child with lice had contact.

3	The facility did not have an area for the care of an ill child which is: <ol style="list-style-type: none"> 1. isolated 2. ventilated 3. heated 4. equipped with a bed, mat, or cot 5. equipped with materials that can be cleaned and sanitized, or disinfected easily.
3	Linens in the isolation area were not changed after each use by an ill child.
3	In the isolation area, used linens and/or disposable items were not kept in a closed container until cleaned or thrown away.
2	A child placed in the isolation area was not within sight and hearing of a staff person.
2	The program failed to report a suspected communicable disease outbreak for two or more children or adults within 72 hours to the local county health department and failed to follow directions given.

30. First Aid Requirements

2	The program did not have at least one staff member with current and valid certificate of course completion for first aid training present at all times that children are in care.
2	The program did not have an adequate number of staff appropriately trained in first aid to maintain coverage both on-site and on field trips.
2	The program did not have a first aid kit accessible to staff on the premises at all times.
2	First aid kit did not accompany program staff on a field trip, on an activity away from the facility, or while transporting children.
3	The program's first aid kit was within reach of children.
3	The program's first aid kit was missing the following items: <ol style="list-style-type: none"> 1. Soap and hand sanitizer 2. Band-aids or equivalent 3. Disposable non-porous gloves 4. Cotton balls or applicators 5. Sterile gauze pads and rolls 6. Adhesive tape 7. Thermometer 8. Tweezers 9. Pre-moistened wipes 10. Scissors 11. A current resource guide on first aid and CPR procedures
3	Documentation of first aid training was not on file for staff.

31. CPR Requirements

2	The program did not have at least one staff member with current and valid infant and child cardiopulmonary resuscitation certification present during all hours of operation.
3	Documentation of child cardiopulmonary resuscitation training was not on file for staff.

2	The program had an inadequate number of staff appropriately trained in CPR to maintain coverage both on-site and on field trips.
2	The online CPR training did not include an on-site instructor-based skills assessment and is invalid for the individual.

32. Emergency Telephone Numbers

3	The program's posted emergency information did not include the following: []. <ol style="list-style-type: none"> 1. Emergency services/911 2. Ambulance phone number 3. Fire department phone number 4. Police phone number 5. Poison Control Center phone number 6. Florida Abuse Hotline 7. County Public Health Unit phone number 8. The program facility's address 9. Directions to the program facility; including major intersections and local landmarks.
3	Emergency information/telephone numbers were not posted on or near all telephones in the program facility.

33. Accident/Incident Notification and Documentation

2	Program staff failed to immediately contact emergency services and the child's custodial parents or legal guardians in the event of a serious illness, accident, injury or emergency to their child.
2	Program staff failed to follow the instructions from the child's custodial parents or legal guardians, in the case of a serious illness, accident, injury or emergency to their child.
3	Program staff failed to document an accident or incident on the day that it occurred.
3	Program staff failed to share the accident/incident form with the custodial parent/ legal guardian on the day that the incident occurred.
3	Program staff failed to provide a copy of the accident/incident form to the individual authorized to pick up child on the day the incident occurred.
3	Documentation of an accident or incident was insufficient in that it did not include the [].
3	Documentation of an accident or incident was not maintained by the program for a minimum of fifteen (15) months.

34. Medication

2	A prescription or non-prescription medication, specifically [], was dispensed without written authorization from the custodial parent or legal guardian.
3	The program was notified of allergies to medication or special restrictions and there was no written documentation in the child's file.
2	The program was notified of allergies to medication or special restrictions and the information was neither shared with staff nor posted with the stored medication.
3	A medication, [], brought to the center for administration, was not in its original container.

3	The label on the prescription medication did not have the required information in that it did not include [].
2	Written directions on the prescription label or manufacturer's label for dispensing prescription or non-prescription medication were not followed in that [].
1	Written directions on the prescription label or were not followed in that a child was given the wrong medication and which posed an imminent threat and could or did result in death or serious harm to the health, safety, or well-being.
3	The program did not obtain written authorization prior to administering emergency non-prescription medication.
2	In an emergency, a non-prescription medication, specifically [], was dispensed and the custodial parent or legal guardian was not notified on the day it occurred.
3	The program did not maintain a record for each child who received medication while in care.
3	The program's record for a child receiving medication was incomplete in that it did not include [].
3	A record of medication dispensed was not retained for at least fifteen (15) months after the last dosage was given.
3	All medication did not have child resistant caps, if applicable.
2	Medication was not stored in either a locked area or inaccessible and out of a child's reach.
3	Medication stored in the food preparation area was not stored in a manner to prevent contamination of food, food contact surfaces, or medication.
3	Medication which had expired or is no longer being administered was not discarded or returned to the custodial parent or legal guardian.

Food and Nutrition Services

35. Food Hygiene and Handling	
3	The public or non-public school program did not have a copy of the most recent approved food safety and sanitation inspection from DOH on file at the facility for review by the inspection authority.
2	The public or non-public school program did not have an approved food safety and sanitation inspection from DOH within the previous year.
3	The program did not maintain required written documentation of known food allergies and/or a specialized diet in a child's file.
2	A child was given [] after the facility was notified of a food allergy by the custodial parent or legal guardian.
3	The program did not share with staff or post in an easily accessible location, special food restrictions for a child.
3	Milk and/or food sat out longer than 15 minutes prior to the beginning of the meal.
3	Staff, while distributing snacks/serving food, did not use napkins, disposable gloves, utensils, or similar items to prevent skin contact with food.
3	Food provided by parents/guardians was not properly stored and handled in a sanitary manner to prevent contamination or spoilage.

36. Bottles, Breastmilk, Formula and Infant Food (If applicable)	
3	Bottles and/or sippy cups provided by the program were not washed, rinsed, and sanitized between each use.
3	Bottles and/or sippy cups brought from home were not labeled with child's first and last name.
3	Bottles and/or sippy cups brought from home were not returned to custodial parent or legal guardian daily.
3	Formula and/or food brought from home was not labeled with the child's first and last name.
3	Prepared bottles brought to the facility were not properly refrigerated and used within 48 hours.
2	Breastmilk or formula was fed to the wrong child.
3	Parents of a child who received the wrong breastmilk or formula as well as the parents of child for whom the breastmilk or formula was intended were not notified immediately of the incident.
3	An incident involving children being fed the wrong breastmilk or formula was not recorded on an accident/incident form.
2	Solid food and/or cereal was fed to an infant under 4 months of age without authorization from a physician.
2	Bottle warming devices were accessible to children.
2	Bottles and/or formula were heated in a microwave oven.
2	Heated bottles and/or food was not tested prior to feeding in order to prevent injury.
2	A bottle was warmed more than once.
3	Breastmilk and/or infant formula was not discarded within one hour after serving.
3	Previously opened baby food jars were accepted at the center.
3	Baby food was fed directly from the jar for more than one feeding.

Record Keeping

37. Enrollment Information	
3	Child records or copies of records were not being maintained at the program and available for review by the inspection authority.
3	Enrollment information for a child was incomplete in that the record was missing [].
2	A Child was released to a person other than the person(s) authorized or in the manner authorized in writing by the custodial parent or legal guardian.
3	A signed statement from the custodial parents or legal guardian attesting the program had provided their written discipline policy was not on file for child(ren).
3	A signed statement from the custodial parents or legal guardian attesting the program had provided their written expulsion policy was not on file for child(ren).
3	Parents were not provided information detailing the causes, symptoms, and transmission of the influenza virus annually during the months of August through September as evidenced by their signed statement.

38. Personnel Records	
3	Personnel records or copies of records were not being maintained at the program and available for review by the inspection authority.
3	Program personnel did not have an employment application on file.
3	The personnel record for staff did not include a signed statement regarding any work in a center that had been subject to negative licensing action or the subject of disciplinary action while employed.
3	The personnel record did not include a current Child Abuse and Neglect Reporting Requirements form signed annually.

39. Background Screening Documents	
3	A complete CF-FSP Form 5131, Background Screening and Personnel File Requirements, was not on file for the operator, program personnel, volunteers or substitutes.
2	Documentation of Level 2 screening clearance from DCF was either incomplete or missing for the operator, program personnel, volunteers or substitutes.
1	The personnel record for the individual indicated the person had been found guilty of an offense noted in Section 435.04, Florida Statute, which disqualifies the person from employment and the owner/operator failed to take appropriate action.
3	Verification of a five year employment history was not completed and on file prior to hire for the operator, program personnel, volunteers and substitutes.
3	Employment history check did not include all required information including applicants, job title, description of regular duties, confirmation of employment dates, and level of job performance.
2	Rescreening was not completed every five years after the initial screening.

40. Daily Attendance	
3	There were no daily attendance records or they were unavailable for review by the inspection authority.
3	Attendance records did not include the time of each child's arrival and departure.
3	Staff failed to ensure arrival and departure times were complete and accurate.
3	The program did not maintain attendance records in accordance with the Statewide Provider Contract, nor were they available for review by the inspection authority.

Enforcement

41. Access/Child Safety	
2	Program staff inappropriately interacted with children in care in that interactions were []. <ol style="list-style-type: none"> 1. Aggressive 2. Demeaning 3. Intimidating
1	The owner, operator, employee, volunteer or substitute, while caring for children, committed an act or omission that meets the definition of child abuse or neglect provided in Chapter 39, Florida Statutes.

1	As a mandated reporter, the owner, operator, employee, volunteer or substitute failed to report suspected child abuse or neglect as required in s. 39.201, F.S.
2	The program did not provide the parent or legal guardian access, in person and by telephone, to the program facility during the hours of operation.
2	The owner, operator, employee or substitute failed to grant the inspection authority access to the program facility during the hours of operation.
1	Program personnel misrepresented information, impersonated, or provided fraudulent information related to the program facility to a parent/guardian, inspection authority, or law enforcement that could or did result in the death or serious harm to the health safety or well-being of a child.
2	Program personnel misrepresented information, impersonated, or provided fraudulent information related to the program facility to a parent/guardian, inspection authority, or law enforcement.



School Readiness Program Health and Safety Standards Handbook

For Public and Non-public School Programs

October 2016

This handbook is intended to be used in conjunction with Sections 1002.82-1002.88, Florida Statutes, and Chapter 6M-4, Florida Administrative Code.

This handbook is incorporated by reference in 6M-4.620, Florida Administrative Code.

Contents

- Introduction 5
- Inspections..... 7
- Definitions..... 8
- 1 Capacity..... 10
 - 1.1 Indoor Floor Space 10
 - 1.2 Outdoor Space 11
 - 1.3 Multipurpose Rooms 11
- 2 Minimum Age Requirements 12
- 3 Ratios 12
- 4 Group Size 13
- 5 Supervision..... 15
- 6 Transportation (if applicable) 16
 - 6.1 Vehicles 17
 - 6.2 Driver Requirements..... 18
- 7 Planned Activities..... 19
- 8 Field Trip Activity..... 20
- 9 Child Discipline..... 20
- 10 Physical Environment..... 21
 - 10.1 Lighting..... 23
 - 10.2 Windows and Screens 23
 - 10.3 Temperature and Ventilation 23
 - 10.4 Nap and Sleep Space(s)/Safe Sleep Practices 23
 - 10.5 Exit Area 24
 - 10.6 Bathrooms and Sinks..... 24
 - 10.7 Outdoor Play Area..... 25
 - 10.8 Fencing..... 25
- 11 Equipment and Furnishings 25
 - 11.1 Indoor Equipment 26

11.2	Outdoor Equipment	26
12	Health and Sanitation	27
12.1	Drinking Water	27
12.2	Handwashing.....	27
12.3	Diapering (if applicable)	27
12.4	Bedding and Linens	28
13	Health-Related Requirements	29
13.1	Communicable Disease Control	29
13.2	Isolation Area	29
13.3	Outbreaks.....	30
13.4	First Aid and Cardiopulmonary Resuscitation.....	30
13.5	First Aid Kit Minimum Requirements.....	31
14	Fire Safety and Emergency Preparedness and Response	31
14.1	Emergency Preparedness and Response	32
14.2	Fire Safety	32
14.3	Fire Drills	33
14.4	After a Fire or Natural Disaster	33
15	Emergency Procedures and Notification	33
15.1	Accidents/Incidents.....	34
16	Medication	34
17	Food and Nutrition Services.....	35
17.1	Food Hygiene	36
17.2	Breastmilk, Infant Formula and Food (if applicable).....	36
17.3	Food Handling	37
18	Training Requirements.....	38
18.1	Preservice Timeframe	38
18.2	Training Courses.....	38
18.3	Break in Service	39
18.4	Documentation of Training	39
18.5	Training Exemptions.....	40

18.6	Annual In-Service Training	40
19	Record Keeping	42
19.1	General Requirements	42
19.2	Children’s Files	42
19.3	Attendance.....	43
19.4	Personnel Records	43
19.5	Background Screening.....	44
20	Access.....	45
21	Child Safety	45
22	Enforcement	46
22.1	Definitions.....	46
22.2	Disciplinary Actions	47
22.3	Probationary Status	48
22.4	Termination.....	49

Introduction

School readiness is an essential component to success in later years of life. The Florida Legislature recognized this idea when they passed the School Readiness Act to help children from low-income families get the support they need to be successful in school. The School Readiness program offers financial assistance to low-income families for early childhood education and care so families can become financially self-sufficient and their young children can be successful in school in the future. While helping children prepare for school, the program provides child care so a parent can work or attend a training or education program. Services vary based on individual needs and range from extended day to extended year and school-age care in some instances.

The program takes into account a child's physical, social, emotional and intellectual development; involves parents as their child's first teacher; prepares children to be ready for school; and gives parents information about child development and other resources available. Developmental screenings are provided for children, as well as appropriate referrals to health and educational specialists. School readiness programs work in cooperation with other programs for young children such as Head Start, Early Head Start and the VPK program.

The School Readiness program is funded primarily by the federal Child Care and Development Block Grant (CCDBG). The recent CCDBG Reauthorization of 2014 represents a historic re-envisioning of the Child Care Development Fund (CCDF) program. The new law made significant advancements to the protection of children in child care settings by requiring states to define minimum health and safety standards for child care providers, and establishing inspection and monitoring requirements for all providers receiving CCDF funds, including license-exempt providers.¹ As the designated CCDF lead agency for the state of Florida, the Office of Early Learning (OEL) administers the School Readiness Program at the state level. Pursuant to section 1002.82(1), Florida Statutes (F.S.), OEL is required to comply with all lead agency responsibilities pursuant to federal law.

Section 1002.82(2), F.S., outlines specific duties and responsibilities of OEL for administration of the School Readiness program, including the following:

¹ Administration for Children and Families Office of Child Care, <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>

- Establish pre-service and in-service training requirements that address, at a minimum, school readiness child development standards, health and safety requirements, and social-emotional behavior intervention models, which may include positive behavior intervention and support models.
- Establish standards for emergency preparedness plans for school readiness program providers.
- Establish group sizes.
- Establish staff-to-children ratios for school readiness program providers.

Additionally, pursuant to 1002.88(1), F.S., the office must adopt a health and safety checklist to be used for inspections and monitoring compliance with school readiness program standards related to health and safety.

The Department of Children and Families Office of Child Care Regulation (DCF) is the child care licensing authority for 62 of the 67 counties in Florida. The department regulates and sets standards for licensed child care facilities, family day care homes, large family child care homes, and mildly ill facilities in these counties. Five counties – Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota – have decided by statute or by the adoption of a local ordinance or resolution to designate a local licensing authority to regulate child care providers in their areas. Local licensing standards must be determined by the state to meet or exceed DCF’s minimum licensing standards.

To prevent duplication of interagency activities, including health and safety inspections and monitoring, OEL is directed to enter into memorandums of understanding with DCF and each of the local licensing agencies for inspections of school readiness program facilities.

In accordance with OEL’s responsibility to set minimum training and health and safety standards for the School Readiness Program, the following handbook is intended to be used by school readiness programs in conjunction with the Health and Safety Checklist for monitoring compliance with program standards. This handbook defines and clarifies School Readiness Program standards and requirements outlined in the Health and Safety Checklist for Public and Non-public School programs (Form OEL-SR-6203). The health and safety, training, and inspection standards outlined within this handbook are specific to the School Readiness Program and providers contracted to provide school readiness services, regardless of whether the provider is currently receiving funds.

Nothing in this handbook exempts providers participating in the School Readiness Program from adhering to additional health and safety and/or training requirements required by the Department of Children and Families, Local Licensing Agencies, Department of Education, Department of Health, or others, as applicable.

Inspections

To ensure consistent statewide application of child care and school readiness health and safety standards established in statute and rule, the Department of Children and Families and the Local Licensing Agencies (if applicable) are designated as the inspection authorities for the School Readiness Program. In accordance with s. 402.311(2), F.S., all school readiness program providers must provide the department or local licensing agency (as applicable) access to facilities, personnel and records necessary to ensure compliance with health and safety standards.

To be eligible to deliver the School Readiness Program, a provider must have a pre-contractual inspection conducted by the department or local licensing agency (as applicable) to ensure compliance with health and safety standards and checklist(s) established pursuant to ss. 1002.82 and 1002.84, F.S. Upon initiation of a school readiness provider contract, which indicates a provider's intention to contract for school readiness services, notification will be sent to the department or local licensing agency, as appropriate, indicating the need for a pre-contractual inspection to be completed for that provider. The pre-contractual inspection will be completed by the department or local licensing agency, as appropriate, within forty-five (45) of receipt of notification. Providers who are licensed or regulated by the department or one of the local licensing agencies, and who have been inspected by the department or local licensing agency within the four (4) months prior to initiation of a school readiness contract, do not have to complete an additional pre-contractual inspection. However, prior to execution of an initial school readiness contract a provider must not have any outstanding violations or issues of noncompliance pending from their most recent inspection.

Within ten (10) days of completion of the pre-contractual inspection which verifies compliance with all applicable health and safety and training standards, the department or local licensing agency will submit the results of the health and safety checklist inspection to both the provider and the appropriate early learning coalition. Once the results of the health and safety checklist inspection are received by the early learning coalition indicating full compliance with school readiness program health and safety standards, and all other program requirements are met, the coalition may proceed with entering into a contract for School Readiness services with the provider.

Upon issuance of a contract to provide school readiness services, providers will be subject to annual inspections for compliance with health and safety standards. Annual inspections will be unannounced and will be completed within the contract year by the department or local licensing agency, as applicable, at a time scheduled by the department or local licensing agency. The department or local licensing agency, as applicable, may conduct follow-up inspections after complaints and re-inspections to ensure compliance with health and safety.

Definitions

“Age appropriate” means of the right size, child sized, or adapted so that a child can use safely, and suitable to the chronological age range and developmental characteristics of a specific age group of children or child. This means the materials/equipment should interest and challenge children in terms of their age and abilities. Any materials/equipment with a specified age range by the manufacturer must be followed when being used by children.

“Before-School and After-School site” refers to a program, regardless of location, that provides care for children who are at least 5 years old and are enrolled in and attend a kindergarten program or grades one and above during a school district’s or non-public school’s official academic calendar year. This is limited to programs that provide care only before and after the recognized hours of a district’s or non-public school’s school day and on teacher planning days, holidays, and intercessions that occur during the school district’s or non-public school’s official academic calendar year.

“Classroom” refers to any well-defined room in which care is provided or classes are held; a room arranged with materials and equipment and set up as a learning space with intent to implement a plan of activities for the school readiness program. The classroom provides a space where learning can take place uninterrupted by outside distractions. If floor to ceiling walls are not present, the classroom walls must be defined by stable barriers, and must adhere to the requirements for such barriers as outlined in this section.

“Continuing Education Unit (CEU)” is a standard unit of measure of coursework used for training purposes. The office will accept CEUs from education institutions accredited and recognized by the U.S. Department of Education, or nationally affiliated state professional organizations.

“Department” refers to the Florida Department of Children and Families, Office of Child Care Regulation.

“Facility” or **“Program Facility”** for purposes of this handbook refers to the area(s) of the public or non-public school facility where school readiness program services are provided.

“Hours of Operation” means the hours of the day or night that a school readiness program has children in care.

“Office” refers to the Florida Office of Early Learning.

“Operator” refers to the director, on-site administrator or other individual, who has the primary responsibility for the day-to-day operation, supervision and administration of a school readiness program.

“Preservice Training” refers to training requirements completed prior to unsupervised contact with or care of children participating in the School Readiness Program, or within 90 days of employment at a program facility provided the staff member is not allowed unsupervised contact with or care of children prior to completion of pre-service training requirements.

“Program” for purposes of this handbook refers to any public or non-public school entity contracted to provide School Readiness program services.

“Program Personnel” refers to any person employed by or who volunteers at the school readiness program for an average of ten (10) or more hours per month and who either works directly with children and/or is unsupervised with children in care at anytime and for any portion of the program day during the program’s hours of operation.

“Sanitize” means the process of destroying or reducing organisms to a safe level. Includes properly cleaned surfaces, such as sleep mats. Proper sanitation is accomplished with the application of a chemical sanitizer or the use of hot water or steam. All sanitizing agents must be used according to the manufacturer’s label and directions.

“School-age Child” refers to any child who is at least five years old by September 1st of the beginning of the school year and who is enrolled in and attending a kindergarten program or grades one through five during a school district’s or non-public school’s calendar year.

“School-Age Program” means any facility participating in the school readiness program and serving school-aged children as defined above, or any before- and after-school or out-of-school time program that is licensed as a child care facility defined in section 402.302(2), F.S., that serves only school-aged children as defined above.

“Sedentary Activities” are those activities where the children are seated and working in one space.

“Serious Injury” refers to any injury, accident or incident resulting in death or serious harm to a child that requires medical attention. This includes errors in administration of medication.

“Stable Walls or Barriers” refers to the boundaries that define a classroom space. Walls or barriers must be constructed in a sturdy manner and anchored together, or to floor or walls. Walls or barriers must be stable and secure and must not pose a threat to falling over. The material for the barriers or walls must be non-hazardous and may not be made of materials such as see-thru or plastic curtains, fabric or mess materials. The stable walls or barriers must be a minimum of 32 inches in height from the floor in classrooms for children ages birth through 2, and must be a minimum of four (4) feet in height from the floor in classrooms for children ages 3 and older. All classrooms must continue to meet fire code requirements for entrance(s) and exit(s) of the classroom.

“Substitute” refers to an person employed by the program who is available to substitute for the operator or other program personnel on a temporary or emergency basis in the absence of regular staff. All substitutes in a school readiness program must meet the background screening and training requirements outlined in this handbook, in accordance with s. 1002.88(1)(e), F.S.

“Volunteer” means any person who provides services to, for, or at a program facility with no promise for compensation. Volunteers who work or provide services to, for, or at a program facility for 10 or more hours per month on average must be screened in the same manner as program personnel and must also meet all training requirements as outlined in section 18 of this handbook.

1 Capacity

1. The capacity of a program facility, as calculated for each room by the designated inspection authority, must be posted in a conspicuous location within each room of the facility.
2. Capacity is determined by the most restrictive of the following factors:
 - a. Indoor floor space
 - b. Outdoor square footage
 - c. Number of toilets/wash basins

1.1 Indoor Floor Space

Child behavior is more constructive when there is sufficient space and it is organized to promote developmentally appropriate skills.² The program environment must provide dedicated, usable, and safe space for all activities during hours of operation. The space should be arranged to be conducive for simultaneous social, recreational, and educational activities and should include adequate and convenient storage space for equipment, materials, and the personal possessions of children.

1. A school readiness program facility must have a minimum of 35 square feet of usable indoor floor space for each child in care.
2. Any school readiness program facility that holds a valid child care license issued by the Department dated on or before October 1, 1992, must have a minimum of 20 square feet of usable indoor floor space for each child in care. This standard applies as long as the facility remains licensed at the site occupied on October 1, 1992 and shall not be affected by any change in ownership of the site.
3. Usable indoor floor space refers to space that is at all times under the exclusive control of the program while children are in care and available for indoor play, classroom, work area, or nap area.
4. To determine program capacity, usable indoor floor space is calculated by measuring at floor level from interior walls and by deleting space for stairways, toilets and bath facilities, permanent fixtures and non-movable furniture. Kitchens and designated food preparation areas, offices, laundry rooms, storage areas, hallways, and other areas not

² Caring for Our Children: National Health and Safety Performance Standards, Page 203, www.cfoc.nrckids.org

used in normal day-to-day operations are not included when calculating usable indoor floor space to determine program capacity.

5. Each room routinely used as a classroom must provide the minimum square footage per child.
6. For school age programs, rooms that are set up and used only for sedentary activities must have a minimum of 20 square feet of usable floor space per child.
7. Shelves or storage for toys and other materials must be considered as usable indoor floor space if accessible to children.
8. Where infants are in care, they must have open indoor floor space outside of cribs and playpens. The space used for play may be interchangeable with space used for cribs and play pens. Infants birth to 12 months should have adequate time and space to engage in activities that promote development of movement skills (tummy time, crawling, turning over, sitting, etc.). Infant seats (swings, bouncers, etc.) should be used only for short periods of time, no more than 15 to 30 minute intervals per infant and no more than two times per day that the child is in care.

1.2 Outdoor Space

Children benefit from being outside as much as possible, and it is important to provide sufficient outdoor space to accommodate them.³ Outdoor space refers to space used for outdoor play that is at all times under the exclusive control of the program while children are in care. The outdoor play area must be sufficient and safe to allow freedom of movement without collisions among active children.

1. There must be a minimum of 45 square feet of usable, safe and sanitary outdoor play area per child. At a minimum, the outside play area must be able to accommodate one-half of the program's total population.
2. Based on the outdoor square footage, the total number of children using the play area at any one time may not exceed the outdoor capacity.

1.3 Multipurpose Rooms

1. Space that is at all times under the exclusive control of the program while children are in

³ Caring for Our Children: National Health and Safety Performance Standards, Page 265, www.cfoc.nrckids.org

care and is used as a common dining area or for large group assemblies/activities for the program is included in the usable floor space for purposes of determining program capacity.

2. Such common area (i.e., multiple purpose rooms or dining rooms) square footage may not be counted in a manner as to expand the capacity of other individual rooms in the program facility. Square footage per child and room capacity are determined on a room-by-room basis. While a common area is being used for dining or specific large group assemblies/activities (special events), the applicable 35-square-foot requirement of usable floor space and group size requirements would not apply, although supervision and ratios must still be maintained. This means that for special events, the overall room capacity and group size may be greater than they would be under normal use. Common area square footage may not be counted toward the facility's overall capacity unless the space is used regularly and other classroom capacity requirements are not exceeded.
3. Each room routinely used as a classroom may not be considered as a multipurpose room and must provide the minimum square footage per child.

2 Minimum Age Requirements

A staff person at least 21 years of age must be in charge of the program and must be on the premises at all times during operating hours.

No person under the age of 16 may be employed at a school readiness program facility unless they are under direct supervision and are not counted for the purposes of computing the staff-to-child ratio.

3 Ratios

The ratio is based on primary responsibility for the direct supervision of children, and applies at all times while children are in care. The minimum staff-to-child ratio for all school readiness programs must be consistent with the following:

1. For children from birth to 12 months of age, there must be one program personnel for every four children.
2. For children 1 year of age or older, but under 2 years of age, there must be one program personnel for every six children.
3. For children 2 years of age or older, but under 3 years of age, there must be one program personnel for every 11 children.
4. For children 3 years of age or older, but under 4 years of age, there must be one program personnel for every 15 children.

5. For children 4 years of age or older, but under 5 years of age, there must be one program personnel for every 20 children.
6. For children 5 years of age or older, there must be one program personnel for every 25 children.

In groups of mixed age ranges:

7. Where children under one year of age are included, one program personnel shall be responsible for no more than four children of any age group, at all times.
8. Where children one year of age but under two years of age are included, one program personnel shall be responsible for no more than six children of any age group, at all times.
9. When children 2 years of age or older are in care, the staff-to-child ratio shall be based on the age group with the largest number of children within the group.

4 Group Size

Children benefit from social interactions with peers. However, larger groups are generally associated with less positive interactions and developmental outcomes.⁴ Group size works to raise program quality due to increased individual attention and interaction for each child in care.⁵ In addition to the following maximum group sizes within each classroom, as defined in this handbook, all school readiness programs must adhere to ratio requirements and minimum square footage requirements outlined in section 1.1 of this handbook at all times while children are in care:

1. For infants from birth to 12 months of age, group size may not exceed twelve (12) children in a single classroom. For infant classrooms operating with 9 to 12 children, two of the three program personnel assigned to that classroom and necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. For infant classrooms operating with 5 to 8 children, one of the two program personnel assigned to that classroom and necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s.

⁴ Caring for Our Children: National Health and Safety Performance Standards, Pages 3-4, www.cfoc.nrkids.org

⁵ *Group Size – A Key Indicator of Quality*, Ruth A. Wilson, Ph.D. Early Childhood News, Retrieved from http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?articleID=576

- 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to an infant classroom operating with 4 or less children.
2. For children age 1 year to 24 months of age, group size may not exceed twelve (12) children in a single classroom. For classrooms operating with 7 to 12 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 6 or less children.
 3. For children age 2 years to 3 years of age, group size may not exceed twenty-two (22) children in a single classroom. For classrooms operating with 12 to 22 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 11 or less children.
 4. For children age 3 years to 4 years of age, group size may not exceed thirty (30) children in a single classroom. For classrooms operating with 16 to 30 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 15 or less children.
 5. For children age 4 years to 6 years of age, group size may not exceed forty (40) children in a single classroom. For classrooms operating with 21 to 40 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 20 or less children.
 6. For school-age children age 6 years and older, group size may not exceed fifty (50) children in a single classroom. For classrooms operating with 26 to 50 children, one of the two program personnel necessary to meet ratio requirements for this age group must possess at a minimum an active credential pursuant to s. 402.305(3), F.S., as recognized by the Department. An active credential is not required for the staff member assigned to a classroom operating with 25 or less children.
 7. In groups of mixed age ranges, where children one year of age but under two years of age are included, the group size for the youngest population present within the group applies.
 8. In groups of mixed age ranges, where children two years of age or older are included, the group size for the majority population present within the group applies.
 9. Group size requirements do not apply during times of outdoor play, provided that ratios and the applicable square footage requirements are maintained at all times.

10. Active credential requirements do not apply during times of napping or sleeping, provided that supervision requirements during napping and sleeping are met as provided in Section 5 below.

5 Supervision

Direct supervision means actively watching and directing children’s activities within the same room or designated outdoor play area, and responding to the needs of each child. Supervision is basic to safety and the prevention of injury and maintaining a quality program.

1. Program personnel must be assigned to provide direct supervision to a specific group of children, and be present with that group of children at all times.
2. Program personnel are responsible for the direct supervision of children in care, are accountable for the children at all times, including when school-age children may be separated from their groups, and must be capable of responding to emergencies.
3. At all times, lighting within the facility must allow personnel to see and supervise all children while in care.
4. Supervision standards apply at all times away from the program facility, including during field trips, outdoor play, and when picking up or dropping off children at designated locations, such as bus stops, schools, or a child’s home. Personnel must know where children are and what they are doing at all times.
5. During nap time, supervision requires that staff be in close proximity, within sight and hearing of all the children. All other staff required to meet the staff-to-child ratio shall be within the same building on the same floor, and must be readily accessible and available to be summoned to ensure the safety of the children. Nap time supervision, as described in this section, does not include supervision of children up to 24 months of age, who must be directly supervised at all times.
6. The program must have and communicate to staff and parents/guardians a plan for safe, supervised drop-off and pick-up points and pedestrian crosswalks in the vicinity of the facility. The plan must require that drop-off and pick-up are in a location protected from traffic.
7. Program personnel are required to supervise child drop-off and loading (if applicable) to assure that children are clear of the perimeter of all vehicles before the vehicle moves. Personnel supervising the children are required to stay with each child and remain responsible until the custody of the child has been accepted by the individual designated in advance to care for that child.
8. A program must not release a child to any unauthorized individual. All individuals authorized to pick up a child must be identified by the custodial parent or legal guardian, and the program must verify using picture identification. Identification is required on a continuous basis or until staff become familiar with the individuals picking up the children.

9. If transportation of children is provided by a program to the program facility, personnel are responsible for picking up a child from a designated location agreed upon by the provider and the parent. The provider is responsible for the supervision of the child upon the child's arrival at the designated point. If a child is not present at the time of pick-up, prior to leaving the designated location, program personnel must verify the whereabouts of the child.
10. During meal/snack times, children must be individually fed and supervised appropriately for their ages.
 - a. When in care, infants must be held for bottle feedings until they are developmentally ready to sit in a high chair with good head control. Children must not be left in high chairs or other types of feeding chairs or confining devices outside of feeding times. The use of safety straps to prevent falls is required whenever children are placed in high chairs.
 - b. There must be no propped bottles. If a child cannot hold the bottle, then a staff person or volunteer must hold the bottle during feeding. There must be no automatic feeding devices unless medically prescribed and documented in the child's file.
11. Children must not be left in confining devices such as car seats as an alternative to active play or adult/child interaction, supervision, or discipline.
12. Children must receive supervision and care in accordance with their age and required needs, and be accounted for at all times while bathing or toileting.
13. No person is permitted be an operator, owner, employee, or volunteer in a program while using or under the influence of narcotics, alcohol or other drugs that impair an individual's ability to provide supervision and safe care of children.
14. In addition to the number of staff required to meet the staff-to-child ratio, for the purpose of safety, one additional adult must be present on all field trips away from the program to assist in providing direct supervision. The individual may be a parent volunteer as long as that person is under direct and constant supervision of a screened and trained staff member of the program.
15. A telephone or other means of instant communication must be available to staff responsible for children during all field trips. Cellular phones, two-way radio devices, citizen band radios, and other means of instant communication are acceptable.
16. If a program uses a swimming pool that exceeds 3 feet in depth or uses beach or lake areas for water activities, the following requirement must be met:
 - a. There must be one person with a certified lifeguard certificate or equivalent present. This person can also serve as the additional adult to meet the requirement in No. 14 above; or
 - b. A certified lifeguard must be on duty and present when any children are in the swimming area.

6 Transportation (if applicable)

Programs are not required to provide transportation to children in care. However, it is necessary for the safety of children to require that caregivers comply with minimum requirements for governing

the transportation of children in care in the absence of the parent/guardian.⁶ Please note that this section only applies to those programs who choose to provide transportation to children while in care.

For purposes of school readiness programs operated within a public school, the program must maintain a letter of certification or other documentation from the school district verifying that all school buses or other district-approved vehicles utilized by the school readiness program for transportation of children in care meet minimum requirements for health and safety, maintenance and inspections pursuant to sections 316.615 and 1006.22, F.S., Chapter 6A-3 – Transportation, F.A.C., and any local ordinances or procedures adopted by the district school board regarding transportation of children to or from the facility. Documentation must be maintained at the program facility and available for review by the inspection authority.

For purposes of school readiness programs operated within a non-public school who provide transportation of children in care, the following standards apply:

6.1 Vehicles

For the purpose of this section, vehicles refer to those owned, operated or regularly used by the program to transport children, if applicable.

1. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. Documentation by the mechanic must be maintained in the vehicle.
2. The maximum number of individuals transported in a vehicle may not exceed the manufacturer’s designated seating capacity or the number of factory installed seat belts.
3. Each child, when transported, must be in an individual factory installed seat belt or federally approved child safety restraint appropriate for their age and size in accordance with s, 316.613, F.S. The child safety restraint should be installed and used in accordance with the manufacturer’s instructions and should be secured in back seats.
 - a. All children under age 6 must be in a car seat or booster seat with the appropriate seatbelt use.
 - b. All children age 6 and older must be in seat belts.

⁶ Caring for Our Children: National Health and Safety Performance Standards, Pages 287-293 cfoc.nrckids.org

Note: In 1999, the National Highway Traffic Safety Administration (NHTSA) issued “Guideline for the Safe Transportation of Pre-School Age Children in School Buses.” The NHTSA recommends using properly secured child restraint systems for pre-school aged children. For more information, go to <http://www.nhtsa.dot.gov/people/injury/buses/Guide1999/prekfinal.htm>.

4. Each vehicle must be equipped with contact information for all children being transported. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or medication must be available. The responsible adult must be trained to recognize and respond appropriately to an emergency.
5. When transporting children, staff-to-child ratios must be maintained at all times. The driver may be included in the staff-to-child ratio.
6. All school readiness programs must comply with the insurance requirements found in Section 316.615(4), F.S., if providing transportation for children.

6.2 Driver Requirements

When any vehicle is regularly used by a school readiness program to provide transportation of children, the driver must have the following:

1. A valid Florida driver’s license;
2. An annual physical examination which grants medical approval to drive, and valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures; and
3. Driver’s Log. A log must be maintained for all children being transported in the vehicle. The log must be retained for a minimum of 15 months. The log must include each child’s name, date, time of departure, time of arrival, the signature of the driver, and the signature of a second staff member or person(s) authorized by the parent to verify the driver’s log and that all children have left the vehicle.
 - a. Prior to transporting children, the driver’s log must be recorded, signed, and dated immediately, verifying that all children were accounted for and that the log is complete.
 - b. Upon arrival at the destination, the driver of the vehicle must:
 - ✓ Mark each child off the log as the child departs the vehicle;
 - ✓ Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
 - ✓ Record, sign, and date the driver’s log immediately, verifying that all children were accounted for, and that the visual sweep was conducted.
 - c. Upon arrival at the destination, a second and different staff member must:
 - ✓ Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and

- ✓ Sign, date and record the driver's log immediately, verifying that all children were accounted for, and that the log is complete.

7 Planned Activities

Facilities should have a written, comprehensive and coordinated planned program of daily activities based on the facility's chosen curriculum and each child's individual development, as well as appropriate activities for groups of children at each stage of development. A written description of the planned program of daily activities allows staff and parents/guardians to have a common understanding and gives them the ability to compare the program's actual performance to the identified curriculum.⁷ Providers are encouraged to advise parents or legal guardians of their child's activities on a daily basis and to participate in the program's activities.

1. Each group or class must have a written and followed plan of scheduled activities accessible to parents and available to the inspection authority for review, upon request. The written plan must meet the needs of the children being served and must include alternate activities in case of bad weather. The written plan also must include scheduled activities that:
 - ✓ Promote emotional, social, intellectual and physical growth;
 - ✓ Limit electronic media time (television, videos, movies, or computer games) to no more than 2 hours per day for children older than 24 months of age. Computer use should be limited to no more than 15-minute increments, unless used for scholastic tutoring purposes;
 - ✓ Prohibit media time for children under 24 months of age or younger;
 - ✓ Include quiet and active play, both indoors and outdoors, if applicable; and
 - ✓ Include meals, snacks, and nap times, if appropriate for the age and times children are in care.
2. A learning activity may not replace a regularly scheduled meal.
3. Infants in care must be provided opportunities for outdoor time each day that weather permits.
4. School-age programs must also offer scheduled time in an appropriate environment for academic support or homework assistance.

⁷ Caring for Our Children: National Health and Safety Performance Standards, Page 49, www.cfoc.nrckids.org

An appropriate daily schedule provides flexibility and contains transition periods that help children move smoothly from one activity to another. The program may allow children to choose their own activities from the daily schedule that offers both indoor and outdoor activities and a variety of social, recreational and education opportunities.

8 Field Trip Activity

1. Parents must be advised in advance of each field trip activity.
2. The date, time, and location of the field trip must be posted in an easily seen location at least two working days prior to each field trip.
3. Written parental permission must be obtained in the form of either a general or event-specific permission slip.
4. If special circumstances arise where notification of an event cannot be posted for two working days, event-specific permission slips must be obtained from the custodial parent or legal guardian for each child participating on the field trip.
5. Documentation of parental permission for field trips must be maintained for a minimum of 15 months.

9 Child Discipline

The word discipline means to teach and guide. Discipline is not a punishment but rather an opportunity to teach. Program personnel should guide children to develop self-control and appropriate behaviors in the context of relationships with peers and adults. Caregivers should care for children without ever resorting to physical punishment or abusive language. Discipline should be an ongoing process to help children learn to manage their own behavior in a socially acceptable manner, and shouldn't just occur in response to a problem behavior.⁸

1. Each school readiness program must have written policies and procedures regarding discipline and expulsion of children in care. A copy of the current policies must be available to the inspection authority to review.

⁸ Caring for Our Children: National Health and Safety Performance Standards, Page 70, www.cfoc.nrckids.org

2. Such policies must include standards that prohibit children from being subjected to discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting, and should include positive behavioral intervention models to reduce the occurrence of expulsion. Positive techniques are used within a safe, connected environment to guide the behavior of children by setting appropriate limits, teaching missing or developing skills, and encouraging children to choose positive behaviors.
3. Verification that the program has provided the parent or guardian a written copy of the disciplinary and expulsion policies used by the program must be documented in the child's file with the signature of the custodial parent or legal guardian.
4. All program personnel must comply with the program's written disciplinary and expulsion policies.
5. Active play must not be withheld from children as a form of discipline or consequence for misbehavior.
6. Spanking or any other form of physical punishment must not be administered by any program personnel. Rough or harsh handling of children is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; or covering a child's head, whether associated with discipline or not.

10 Physical Environment

Children are much more vulnerable to exposures of contaminated environmental media materials than adults because their bodies are developing. They eat more, drink more, and breathe more in proportion to their body size; and their behavior. Both the design structure and a lack of maintenance can lead to exposure of children to physical injury, mold, dust, pests, and toxic materials.⁹

1. All program facilities must be clean, in good repair, and free from health and safety hazards and vermin at all times. During the hours that the program is in operation, no portion of the building can be used for any activity that endangers the health and safety of the children.

⁹ Caring for Our Children: National Health and Safety Performance Standards, Pages 200-201, www.cfoc.nrckids.org

2. All areas and equipment of the facility must be free from fire hazards, such as lint and dust build-up in heating and air vents, filters, exhaust fans, ceiling fans and dryer vents. This includes grease build-up in ovens, stoves and food equipment.
3. All areas and surfaces accessible to children must be free from toxic substances, bio-contaminants, and hazardous materials/equipment/tools, including power tools.
4. Potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled. These items, as well as knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked area or must be inaccessible and out of a child's reach at all times.
5. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as cleaning with hazardous materials or cleaning which poses a risk of slipping or falling.
6. Pest control shall not take place while rooms are occupied by children.
7. Firearms and weapons, as defined in section 790.001, F.S., are prohibited within any building or upon any person located on the premises, excluding federal, state or local law enforcement officers.
8. Narcotics, alcohol or other impairing drugs must not be present on the premises.
9. Animals must be properly vaccinated, free from disease, and clean. Parents must be informed in writing of all animals on the premises. Notice may be provided by a conspicuously posted notice or bulletin, policy handbook, parent flier, or a statement included on the enrollment form. Current vaccinations records must be available for review by the inspection authority. No animal may freely roam the indoor/outdoor premises. Animals are prohibited in areas where food is prepared. If animals or birds are kept in classrooms, cages must be kept away from the food storage area and preparation or service area, and kept clean.
10. Pursuant to s. 386.204, F.S., smoking is prohibited within school readiness program facilities, all outdoor areas, during field trips, and in vehicles when being used to transport children. Owners/operators are to notify custodial parents and legal guardians, in writing, that smoking is prohibited on the premises of the program facility.
11. The program facility must not be used for any business or purpose unrelated to care of children that can interfere with compliance of health and safety standards or permit the unsupervised presence of individuals who do not meet the screening and training requirements when children are present, other than parents, legal guardians or other authorized individuals of children in care. A program facility that utilizes any area of the facility subject to use by persons outside of the program must have exclusive control of such area when in use by the program and provide effective measures to exclude individuals, other than those listed above, who do not meet screening and training requirements from that area.

10.1 Lighting

1. All areas of the program facility must have lighting that provides adequate illumination and comfort for supervision, program activities, and for safe methods for entering and exiting each room, equivalent of 20 foot-candles of lighting.
2. For reading, homework, painting and other close work areas, a lighting equivalent of 50 foot-candles at the work surface is required.
3. During nap time, lighting must be sufficient to visually observe and supervise children.

10.2 Windows and Screens

When the windows or doors are open, for more than entering/exiting purposes, all buildings must have and maintain screens to prevent entrance of any insects or rodents. Screens are not required for open-air classrooms and picnic areas.

10.3 Temperature and Ventilation

1. An inside temperature of 65 to 82 degrees Fahrenheit must be maintained at all times.
2. Adequate ventilation must be maintained in all areas of the program facility, in particular in those areas where arts and crafts are conducted, and during any cleaning, sanitizing or disinfecting procedure, to prevent children and program personnel from inhaling potentially toxic fumes.

10.4 Nap and Sleep Space(s)/Safe Sleep Practices

For the purposes of this standard, sleeping refers to the normal night-time sleep cycle, while napping refers to a brief period of rest during daylight or early evening hours.

1. Each program must include a designated area where each child can sit quietly or lie down to rest or nap.
2. When not in use, napping space and usable indoor floor space may be used interchangeably as indoor floor space.
3. A minimum distance of 18 inches must be maintained around individual napping and sleeping spaces, except a maximum of two sides of a napping or sleeping space may be against a solid barrier, such as a wall. The solid side of a crib does not meet the requirement of a solid barrier.
4. Napping and sleeping spaces shall not be under or behind furniture or against furniture that may create a hazard.
5. Napping and sleeping spaces shall not interfere with exit areas, which must remain clear in accordance with fire safety regulations.
6. When in care, children up to one year of age must nap and sleep in an individual crib, port-a-crib, or playpen with sides. Crib sides must be secured while an infant is in the crib, and bar spacing may not exceed two and three-eighths inches. Cribs must meet the construction regulations as outlined in Title 16, Parts 1219 & 1220, Code of Federal

Regulations (January 2016), which is incorporated by reference. No double or multi-deck cribs, cots or beds may be used.

7. When napping or sleeping, infants in care must be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS) unless an alternate position is authorized in writing by a physician. The documentation must be maintained in the child's record.
8. Nap bedding is not required for school-age children; however, each school-age program must include a designated area as outlined above for those children choosing to rest.

10.5 Exit Area

1. Exits should be clearly identified and visible at all times during operation of the program facility.
2. The exits should be clearly marked, identifying the path to safety in case of an emergency. The exits should not be blocked at any time.

10.6 Bathrooms and Sinks

1. Each school readiness program must provide and maintain bathroom facilities that are easily accessible and at a height usable by the children. Platforms are acceptable when safely constructed, with impervious surfaces that can be easily cleaned and sanitized or disinfected.
2. Facilities must have a sufficient number of toilets and sinks for the number of children being served. For facilities having from one to 15 children, there must be at least one toilet and one sink. There must be at least one additional toilet and sink for every 30 children thereafter.
3. If only diapered infants are cared for, then one toilet plus two sinks per 30 infants is required.
4. Potty chairs, if used, must be in addition to the toilet requirements and shall be cleaned and sanitized or disinfected after each use.
5. At least one portable or permanent bath facility must be available for bathing children. The portable or permanent bath facility shall be clean and must be sanitized or disinfected after each use.
6. Bathrooms must not open directly into an area where food is prepared. A toilet facility may open directly into an area used by children where food is served, such as into a classroom where tables/chairs have multiple uses.
7. Running water, soap, trash receptacles, toilet paper, and disposable towels or hand-drying machines that are properly installed and maintained must be available and within reach of children using the bathroom.
8. Each sink and toilet must be maintained in good operating condition, cleaned and sanitized or disinfected as needed, at least once per day.

10.7 Outdoor Play Area

1. The outdoor play area must be clean and free from litter, nails, glass and other hazards.
2. The outdoor play area must be designed to allow personnel to clearly see children while playing on all equipment.
3. During outdoor play, personnel must also be in the outdoor play area so that all children can be observed and direct supervision can be provided. The outdoor play area should be arranged so all areas are visible to the personnel and easily supervised at all times.
4. The outdoor play area must have a shaded area for children. Shading may be provided by trees, buildings or shade structures.
5. Metal equipment must be placed in the shade.
6. Infants in care must be provided opportunities for outdoor time each day that weather permits.

10.8 Fencing

1. The facility's outdoor play area must be fenced to prevent access by children to highways, roadways, and all water hazards within or adjacent to outdoor play areas, such as pools, ditches, retention ponds and fish ponds.
2. The outdoor play area must have and maintain adequate fencing or walls a minimum of 4 feet in height. Fencing, including gates, must be continuous and must not have gaps that would allow children to exit the outdoor play area. The base of the fence must remain at ground level, and be free from erosion or build-up to prevent inside or outside access by children or animals.
3. For the purposes of program facilities that provide care only to school-age children, a fence is not required if all of the following conditions are met:
 - ✓ The children using the outdoor play area are in five-year-old kindergarten and grades one or above;
 - ✓ One additional staff member above established staff-to-child ratios provides direct supervision during all outdoor activities; and
 - ✓ The outdoor play area is bordered by a road or street open to travel by the public with a posted or unposted speed limit of no more than 25 miles per hour, or where the posted or unposted speed limit is not greater than 35 miles per hour, and the playground is a minimum of 30 feet from the edge of the road.

11 Equipment and Furnishings

Equipment, materials, furnishings and play areas should be sturdy, safe and in good repair. Walls, ceilings, floors, furnishings, equipment, toys, and other surfaces should be suitable to the location and the users. They should be maintained in good repair, free from visible soil and clean. Equipment and furnishings should be placed to help prevent collisions and injuries and ensure all children are directly

supervised, while meeting the objectives of the curriculum and permit freedom of movement by children. Televisions should be anchored or mounted to prevent tipping over. Chairs and other furnishings that children can easily climb should be kept away from cabinets and shelves to discourage children from climbing to a dangerous height or reaching something hazardous.¹⁰ The program should make accommodations to the program environment and schedule so that children with special needs may participate.

11.1 Indoor Equipment

1. A school readiness program must make available enough toys, equipment and furnishings suitable to each child's age and development for each child to be involved in activities. These items must be accessible and in good working order.
2. Toys, equipment and furnishings must be safe and maintained in a sanitary condition, and must be cleaned and sanitized or disinfected immediately if exposed to bodily fluids, such as saliva.
3. Facilities must provide age-appropriate seating at meal and snack time for all children.

11.2 Outdoor Equipment

1. A school readiness program must provide and maintain enough usable equipment and offer play activities suitable to the age and development of each child.
2. All playground equipment must be securely anchored, unless portable or stationary by design, in good repair, maintained in safe condition, and placed to ensure safe use by the children.
3. All permanent or stationary playground equipment must have a minimum of six (6) inches of resilient, impact-resistant ground cover such as sand, mulch, or grass or other protective surface such as rubber padding under the equipment and within the fall zone that provides resilience, and is maintained to reduce the incidence of injuries to children in the event of falls. Equipment used for climbing must not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing equipment. All pieces of playground equipment should be placed over and surrounded by a shock-absorbing surface.

¹⁰ Caring for our Children: National Health and Safety Performance Standards, Pages 239-240, cfoc.nrckids.org

4. All equipment, fences and objects on the program’s premises must be free from sharp, broken and jagged edges, and must be properly placed to prevent overcrowding or safety hazards in any one area.
5. All equipment used in the outdoor play area must be constructed and maintained to allow for water drainage, and must be maintained in a safe and sanitary condition.
6. Sandboxes must be covered at the end of each day. The covering used must prevent access to the sandbox by animals.

12 Health and Sanitation

12.1 Drinking Water

Safe drinking water must be available to children at all times. If disposable cups are used, they must be discarded after each use.

12.2 Handwashing

All program personnel including employees, volunteers, and substitutes, and all children must wash their hands with soap and running water, dry thoroughly and follow personal hygiene procedures for themselves and while assisting others. Examples of activities when hand washing is required include, but are not limited to: before and after eating, immediately following outdoor play, after toileting, following the use of any cleaners or toxic chemicals, before and after administering medication, and during food preparation and snack distribution.

1. Employees, volunteers, substitutes and children must follow the Centers for Disease Control guidelines for hand washing (May 2015), which is incorporated by reference. Copies of the Center for Disease Control guidelines may be obtained from the CDC’s website at <http://www.cdc.gov/handwashing/when-how-handwashing.html>.
2. The use of hand sanitizers does not substitute for hand washing. However, in areas away from the facility where no running water is available, hand sanitizers may be used. Examples of such places are field trips, nature trails or picnic areas where running water is not readily available.
3. Employees, volunteers, and substitutes with open wounds and/or any injury that inhibits hand washing, such as casts, bandages, or braces, must not prepare food.
4. Hand washing sinks must not be used for food service preparation or food clean up.

12.3 Diapering (if applicable)

1. A hand-washing station that includes a sink with running water, soap, trash receptacle, and disposable towels or hand drying machines that are properly installed and maintained must be provided in the room where children in diapers are in care, or in an adjoining room which opens into the room where children in diapers are in care.

2. Hands must be washed and dried thoroughly after each diapering or toileting procedure, and all surfaces touched must be cleaned and sanitized or disinfected to prevent the spread of germs.
3. When children in diapers are in care, there must be a diaper changing area with an impermeable surface that is cleaned and sanitized or disinfected after each use.
4. The diaper changing area must be physically separated from the food preparation, food service, food storage, and feeding areas.
5. Children must be attended at all times when being diapered or when changing clothes.
6. Items unrelated to diaper changing must not be stored or placed in the diaper changing area or on the diaper changing table.
7. There must be an adequate supply of clean diapers, clothing and linens at all times. When diapers, clothing or linens that are in use become soiled or wet, they must immediately be changed and properly disposed.
 - ✓ Soiled disposable diapers must be disposed of in a plastic lined, securely covered container that is not accessible to children. The container must be emptied, cleaned and sanitized or disinfected at least daily.
 - ✓ Soiled cloth diapers must be emptied of feces in the toilet and placed in a securely covered container that is not accessible to children. The container must be emptied, cleaned and sanitized or disinfected, at least, daily.

12.4 Bedding and Linens

1. Each child in care, other than school-age children, must be provided safe and sanitary bedding to be used when napping or sleeping. Bedding must be appropriate for the child's size.
2. Sleep bedding includes beds, cots, cribs, or mattresses (excluding an air mattress or a foam mattress).
3. Nap bedding includes sleep bedding, cots, playpens, or floor mats.
 - ✓ Floor mats must be at least one inch thick, and covered with an impermeable surface cleaned and sanitized or disinfected after each use.
 - ✓ Nap bedding is not required for school-age children; however, the program or facility must provide an area for children choosing to rest, as described in section 10.4 of this handbook.
4. Linens, if used, must be laundered at least once each week and more often if soiled or dirty. If linens are used for more than one child, they must be laundered between use.
5. Linens must be provided when children are sleeping, and pillows and blankets must be available.
6. Linens must be stored in an individual enclosed container when not in use to prevent the spread of germs or lice from other linens.

13 Health-Related Requirements

There are three common modes of transmission for the spread of microorganisms in child care settings: contact, droplet, and airborne. Many common infections encountered in the child care setting are transmitted by direct or indirect contact.

13.1 Communicable Disease Control

1. Children in care must be observed on a daily basis for signs of communicable disease.
2. Any child, program personnel or other person in the program facility suspected of having a communicable disease, or who has a fever of 101 degrees Fahrenheit or higher in conjunction with any of the signs and symptoms listed below, must be removed from the program or placed in an isolation area until removed. Such person may not return without medical authorization, or until the signs and symptoms of the disease are no longer present.
3. A child's condition must be reported to the custodial parent or legal guardian.
4. Signs and symptoms of suspected communicable disease include:
 - ✓ Severe coughing, causing a child to become red or blue in the face or to make a whooping sound;
 - ✓ Difficult or rapid breathing;
 - ✓ Stiff neck;
 - ✓ Diarrhea (more than one abnormally loose stool within a 24-hour period);
 - ✓ Temperature of 101 degrees Fahrenheit or higher in conjunction with any other signs of illness;
 - ✓ Pink eye;
 - ✓ Exposed, open skin lesions;
 - ✓ Unusually dark urine and/or gray or white stool;
 - ✓ Yellowish skin or eyes; or
 - ✓ Any other unusual sign or symptom of illness.
5. A child identified as having head lice must not be permitted to return until the following day, and then only if treatment has occurred and been verified. Verification of treatment may include a product box, box top, empty bottle, or signed statement by a parent that treatment has occurred. The program facility must treat areas, equipment, toys, and furnishings with which the child has been in contact.

13.2 Isolation Area

1. Each school readiness program must have a designated isolation area for a child who becomes ill while in care.
2. Such space must be adequately ventilated, cooled, heated, and equipped with a bed, mat, or cot, and materials that can be cleaned and sanitized or disinfected easily.

3. Linens are to be changed after each use, and used linens must be kept in a closed container in the isolation area until cleaned.
4. Disposable items must be kept in a closed container in the isolation area until thrown away.
5. The isolated child must be within sight and hearing of a staff person at all times. The child must be carefully observed at all times for worsening conditions.

13.3 Outbreaks

1. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease in accordance with Rule 64D-3.029, F.A.C., Communicable Disease Control – Diseases or Conditions to be Reported, and must follow the health department’s direction.
2. A suspected outbreak occurs when two or more children or employees have the onset of similar signs or symptoms within a 72-hour period or when a case of a serious or reportable communicable disease is diagnosed or suspected in a child or employee. Some examples include shigella, salmonella, chicken pox, measles and hand, foot, and mouth disease. Contact your local health department for a determination of whether reporting is required.

13.4 First Aid and Cardiopulmonary Resuscitation

1. In addition to pre-service and in-service training requirements for personnel, each school readiness program must have at least one staff member with a current and valid certificate(s) of course completion for first aid training and child cardiopulmonary resuscitation (CPR) procedures.
2. One staff member satisfying these training requirements must be present at all times that children are in care, both on-site and on field trips.
3. A field trip includes all activities away from the program, excluding regular transportation to and from the program (i.e., pick-up and drop-off).
4. Certificates of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years.
5. In addition to any online course component, CPR courses must include on-site, instructor-based skill assessments by a certified CPR instructor. Documentation of completion of the online course (if applicable) and on-site assessment must be maintained at the facility and available for review by the inspection authority.
6. Documentation identifying which staff members have met the first aid and child CPR training requirement must be kept on file.
7. At least one first aid kit must be maintained on the premises at all times.
8. An additional first aid kit must accompany program staff when children are participating on field trips.

9. Each kit must be in a closed container and labeled “First Aid.” The kits must be accessible to the program staff at all times and kept out of the reach of children.
10. If the first aid kit is stored in the food preparation area, it must be stored in a manner to prevent contamination of food, food contact surfaces, or first aid supplies.

13.5 First Aid Kit Minimum Requirements

Each kit must at a minimum include:

- ✓ Soap (to be used with water) and/or hand sanitizer (for use when water may not be available),
- ✓ Band-aids or equivalent,
- ✓ Disposable non-porous gloves,
- ✓ Cotton balls or applicators,
- ✓ Sterile gauze pads and rolls,
- ✓ Adhesive tape,
- ✓ Thermometer,
- ✓ Tweezers,
- ✓ Pre-moistened wipes,
- ✓ Scissors, and
- ✓ A current resource guide on first aid and CPR procedures.

14 Fire Safety and Emergency Preparedness and Response

Regular fire safety checks by trained officials (i.e., fire department inspector or building code inspector) will ensure that a program facility continues to meet all applicable fire safety codes. Regular emergency and evacuation drills/exercises constitute an important safety practice in areas where these natural or human-generated disasters might occur. The routine practice of such drills fosters a calm, competent response to a natural or human-generated disaster when it occurs. Turnover of both staff and children, in addition to the changing developmental abilities of the children who participate in evacuation procedures in child care, necessitate frequent practice of the exercises. There must be

a plan to account for all children and adults in a facility at the time of an evacuation. Practice accounting for children and adults during evacuation drills makes it easier to do in an emergency.¹¹

14.1 Emergency Preparedness and Response

1. The operator must develop a written emergency preparedness plan that includes, at a minimum, procedures to be taken by the facility during a fire, evacuation, relocation, shelter in place, lockdown and inclement weather (for example: hurricanes, tropical storms or tornadoes), and to facilitate parent/guardian reunification onsite and offsite. The plan must include accommodations for infants and toddlers, if applicable, and must describe how the facility will meet the needs of all children, including children with special needs or with chronic medical conditions, during and following an emergency event.
2. Emergency preparedness drills must be conducted when children are in care. Each drill outlined in the emergency preparedness plan must be practiced a minimum of one time per year. A current attendance record must accompany staff during the drill or actual emergency and must be used to account for all children.
3. The operator must maintain a written record of emergency preparedness drills showing the type of drill, date conducted, number of children and staff in attendance, and time taken for all individuals to complete the drill.
4. Documentation of conducted fire and emergency preparedness drills must be available at the time of inspection.
5. The operator must prepare and post an emergency evacuation plan in each room of the facility, excluding restrooms, including a diagram of safe routes by which the personnel and children may exit in the event of fire or other emergency requiring evacuation.

14.2 Fire Safety

1. All school readiness programs must conform to state standards adopted by the State Fire Marshal, Chapter 69A-58, F.A.C., Uniform Fire Safety Standards for Educational Facilities, and must be inspected annually. A copy of the current and approved annual fire inspection report by a certified fire inspector in compliance with s. 633.081, F.S., must be maintained on file at the program and available for review by the inspection authority. If the program is granted a fire inspection exemption by the local fire inspection office, the

¹¹ Caring for Our Children: National Health and Safety Performance Standards, Pages 199, 370-371, cfoc.nrckids.org
School Readiness Program Health and Safety Standards Handbook | Page 32

- exemption must also be documented and maintained on file at the program.
2. There must be at least one operable telephone that is accessible and available to all staff at all times during the hours of operation.
 3. The program facility must properly maintain fire extinguishers with a minimum rating of 2A10BC at all times. All staff must be trained in the use and operation of a fire extinguisher within 30 days of their employment date. Documentation of such training must be maintained in the personnel file. Travel distance to the nearest extinguisher must not be more than 75 feet from rooms occupied by children.
 4. The operator must prepare and post the emergency evacuation plan in each room of the facility, including a diagram of safe routes by which the personnel and children may exit in the event of fire or other emergency requiring evacuation.

14.3 Fire Drills

1. During the program's contract year, fire drills utilizing the approved alarm system must be conducted monthly at various dates and times when children are in care.
2. A current attendance record must accompany staff out of the building during a drill or actual evacuation, and be used to account for all children. When the facility's approved alarm system is activated, all adults and children must evacuate the facility. The operator must maintain a written record of the fire drills showing the date, number of children and staff in attendance, evacuation route used, and time taken for all individuals to evacuate the premises. Each fire drill record must be maintained for a minimum of 15 months from the date of the fire drill. The fire drills conducted must include, at a minimum:
 - ✓ One fire drill using an alternate evacuation route, and
 - ✓ One drill in the presence of and at the request of the inspection authority in coordination with the operator or designee.

14.4 After a Fire or Natural Disaster

1. After a fire or natural disaster, the operator must notify their local coalition and inspection authority within 24 hours of operational status in order for the inspection authority to ensure health standards are being met for continued operation.

15 Emergency Procedures and Notification

1. Emergency telephone numbers must be posted on or near all telephones and must include 911, ambulance, fire, police, poison control center, Florida Abuse Hotline, and the county public health department. Additionally, the address and directions to the facility must be posted with descriptions of major intersections and local landmarks.

2. Custodial parents or legal guardians must be notified immediately in the event of any serious illness, accident, injury or emergency to their child, and their specific instructions regarding action to be taken under such circumstances must be obtained and followed.
3. If the custodial parent or legal guardian cannot be reached, the school readiness program operator or owner will contact those persons designated by the custodial parent or legal guardian to be contacted under such circumstances, and must follow any written instructions provided by the custodial parent or legal guardian upon enrollment.

15.1 Accidents/Incidents

1. All accidents and incidents that occur while a child is in the care of program staff must be documented on the same day they occur.
2. This documentation must be shared with the custodial parent or legal guardian on the date of occurrence.
3. Documentation must include the name of the affected party, date and time of the occurrence, description of the occurrence, actions taken and by whom, and appropriate signatures of program staff and the custodial parent or legal guardian.
4. The documentation must be maintained for 15 months. If the parent or legal guardian does not pick up the child on the date of occurrence of the accident or incident, the individual authorized to pick up the child must sign and be provided a copy of the accident/incident form.
5. In the event of serious injury, the incident must immediately be reported to the appropriate coalition and inspection authority.

16 Medication

School readiness programs are not required to give medication; however, if a program chooses to do so, the following must apply:

1. The school readiness program must have written authorization from the custodial parent or legal guardian to give prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and must contain the child's name; the name of the medication to be given; and date, time and amount of the correct dosage to be given.
2. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with staff and posted with the child's stored medication.
3. Prescription and non-prescription medication brought to the program by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician, child's name, name of the medication, and medication

directions. All prescription and non-prescription medication must be dispensed according to written directions on the prescription label or printed manufacturer's label.

4. In the event of an emergency, non-prescription medication that is not brought in by the parent or legal guardian can be given only if the program has written permission from the parent or legal guardian to do so.
5. Any medication given under these conditions must be documented in the child's file, and the custodial parent or legal guardian must be notified on the day of occurrence.
6. The facility must maintain a record for each child receiving medications that documents the full name of the child, the name of the medication, the date and time the medication was given, the amount and dosage, and the name of the person who gave the medication. This record must be initialed or signed by the program personnel who gave the medication. The record must be maintained for a minimum of 15 months after the last day the child received the medicine.
7. All medicine must have child resistant caps, if applicable, and must either be stored in a locked area or must be out of any child's reach. If medication is stored in the food preparation area, it must be stored in a manner to prevent contamination of food, food contact surfaces, or medication.
8. Medication that has expired or that is no longer being dispensed must be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled in the program.

17 Food and Nutrition Services

Handling of food in a safe and careful manner prevents the spread of bacteria, viruses and fungi. Outbreaks of foodborne illnesses have occurred in many settings, including child care facilities. Meals and snacks should contain at a minimum the meal and snack patterns shown for children in the Child and Adult Care Food Program guidelines (CACFP) found at www.fns.usda.gov/cacfp/meals-and-snacks. This age is characterized by rapid growth that increases the need for energy and essential nutrients to support optimal growth and development. Proper seating while eating reduces the risk of food aspiration and improves comfort in eating.¹² School readiness programs are not required to prepare and provide food to children in care. However, to ensure the health and safety of children in

¹² Caring for Our Children: National Health and Safety Performance Standards Pages 175 & 177, cfc.nrckids.org

care, those programs choosing to provide meals and/or snacks must adhere to minimum standards for food preparation, storage, hygiene and handling set forth below.

1. All school readiness programs operating within a public or non-public school must conform to state standards for sanitation and food service protection adopted by the Department of Health pursuant to sections 381.006 and 381.0072, F.S., and located in Chapter 64E-11 – Food Hygiene and those adopted by the State Board of Education pursuant to Rule 6A-2.0040, F.A.C.
2. A copy of the program facility’s current and approved food safety and sanitation inspection report from the Department of Health must be maintained on file at the program and available for review by the inspection authority.

17.1 Food Hygiene

Children are at a high risk for contracting food-borne illness, as their bodies are in the process of growing, developing, and building adequate immune systems to fight illness. While some food-borne illnesses originate at farms or food manufacturing plants, the majority are the result of poor food handling practices.

1. If a facility chooses to provide or make available food to children in care it is the responsibility of the provider to ensure all food intended for consumption is free from spoilage and contamination and safe for human consumption.
2. Programs that choose not to serve or prepare meals and/or snacks may provide drinks and ready-to-eat snacks that are pre-packaged and do not require refrigeration.
3. If a school readiness program chooses not to provide meals and snacks, arrangements must be made with the custodial parent or legal guardian to provide nutritional food for the child. In the event that a child’s parent fails to provide nutritious meals/snacks, the program must provide supplemental food items to complete the child’s meal.
4. If a special diet is required for a child by a physician, a copy of the physician’s order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child’s file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child’s file for as long as the child is in care. Special food restrictions must be shared with staff and must be posted in an easily seen location.

17.2 Breastmilk, Infant Formula and Food (if applicable)

When infants and/or toddlers are in care, the following standards apply:

1. Breastmilk and formula must be handled in a sanitary manner at all times and according to manufacturer’s instructions and instructions by parent.
2. The program must ensure all formulas and food brought from home are labeled with the child’s first and last name. The program is responsible for the label and must complete a the label upon receipt of formula and food if not completed by the parent.
3. Prepared bottles must be placed immediately in the refrigerator and used within 48

hours.

4. Breastmilk or infant formula provided for a specific infant by a parent or guardian must not be fed to other children.
5. In the event that the wrong breastmilk or infant formula is provided to an infant in care, the provider must immediately inform the child's parent or legal guardian of the incident as well as the parent or legal guardian of the infant that the formula/breast milk was intended.
6. Due to extreme risk of choking, solid foods, including cereal, may not be given in bottles or with infant feeders to children with normal eating abilities unless authorized by a physician. Solid foods must not be fed to an infant younger than 4 months of age unless directed by a physician. Solid foods must be of a safe consistency and must be developmentally appropriate for the age and developmental ability of the infant.
7. Bottle warming. For optimum digestion, breastmilk and infant formula is to be served at body temperature.
8. Bottle warming devices and crock pots, including cords must be kept inaccessible to children at all times; must be maintained at the devices' lowest available temperature setting; and must be secured in such a manner as to prevent them from tipping over, splashing, or spilling. Any bottle warming device that has a water reservoir must be emptied, washed, and refilled each day.
9. Bottled breast milk, infant bottles, and formula must not be heated in a microwave oven.
10. Heated bottles or food must be tested before feeding to ensure heat is evenly distributed and to prevent injury to children.
11. A bottle may be warmed only once; a warmed bottle may not be returned to the refrigerator or re-warmed. Facility staff must document each bottle warmed in preparation to feed an infant in such a manner to prevent multiple warmings. All breastmilk and infant formula remaining in bottles after feeding must be discarded within one hour after serving an infant.
12. Previously opened baby food jars may not be accepted in the center. If food is fed directly from the jar by the caregiver, the jar must be used for only one feeding and the remainder discarded.

17.3 Food Handling

1. Milk and food must not sit out for longer than 15 minutes prior to the beginning of the meal to avoid contamination and spoilage.
2. Employees, volunteers and substitutes, while distributing snacks or serving food, must use disposable gloves, utensils or similar items to prevent skin contact with food.
3. Food provided by parents must be stored and handled in a sanitary manner at all times. If food is supposed to be kept cold, the food must be stored in a refrigerator until eaten, or parents must include ice packs to keep food cold.

4. When infants and/or toddlers are in care, bottles and sippy cups provided by the facility must be washed and sanitized between each use. Bottles and sippy cups brought from home must be returned to the custodial parent or legal guardian daily.
5. Bottles and sippy cups brought from home must be individually labeled with the child's first and last name. Bottles and sippy cups provided by the facility which are washed, rinsed, and sanitized after each use do not have to be labeled.

18 Training Requirements

18.1 Preservice Timeframe

All pre-service training requirements listed below must be completed by all program personnel, volunteers and substitutes, each as defined in the handbook, within 90 days of initial employment with any provider participating in the school readiness program. This timeframe does not start over if personnel change employment to another school readiness provider within this 90 days. Personnel who have not completed all pre-service training requirements may not be allowed any unsupervised contact with or care of children in a school readiness program.

18.2 Training Courses

All program personnel, volunteers and substitutes must successfully complete one of the following sets of pre-service training coursework:

1. Completion of the department-approved online or in-person child care training courses listed below, as evidenced by successful completion of competency based examinations offered by the department or its designated representative with a weighted score of 70 or better. Information on training course access and availability can be found on the department's website at <http://www.myflfamilies.com/service-programs/child-care/training>.
 - a. Each of the following:
 - ✓ Health, Safety and Nutrition;
 - ✓ Identifying and Reporting Child Abuse and Neglect;
 - ✓ Child Growth and Development; and
 - ✓ Behavioral Observation and Screening.
 - b. One of the following:
 - ✓ Infant and Toddler Appropriate Practices;
 - ✓ Preschool Appropriate Practices;
 - ✓ School-Age Appropriate Practices; or
 - ✓ Special Needs Appropriate Practices.
2. Completion of the below listed Early Learning Florida –University of Florida (ELFL) courses, as evidenced by successful completion of competency based examinations offered by

ELFL with a weighted score of 70 or better. Information on course access and availability can be found at <https://www.earlylearningflorida.com/learningPlatform/user/login.lc>. The below listed ELFL courses will be offered online and at no cost to providers and will be available no later than January 6, 2017. (*Note: Providers must be in compliance with pre-service training requirements on or before March 31, 2017*).

- a. Each of the following:
 - ✓ Health and Sanitation;
 - ✓ Safety of the Environment;
 - ✓ Transporting Children (if applicable);
 - ✓ Safe Sleep Practices;
 - ✓ Child Safety and Prevention;
 - ✓ Planning for Emergencies;
 - ✓ Developmentally Appropriate Practices; and
 - ✓ Preventing Child Abuse.
- b. One of the following:
 - ✓ Supporting the Social-Emotional Development of Infants/Toddlers;
 - ✓ Supporting the Social-Emotional Development of Preschool/School-age Children; or
 - ✓ Supporting the Social-Emotional Development of Mixed-age Group Care.
3. Personnel employed by a public school district may show verification of completion of a course covering the identification and prevention of child abuse and neglect, which has been approved and administered by the school district, to meet the course requirement(s) above on the same subject matter.

18.3 Break in Service

1. In the event an individual leaves a school readiness program in compliance with the training requirements described in this section, and returns to the program either at the same or a different program facility, he or she must be granted 90 days to comply with any new mandated training requirements established during the gap in employment in the school readiness program.
2. In the event an individual leaves the school readiness program not in compliance with the training requirements described in this section, and returns to the program either at the same or a different program facility, prior to re-employment he or she must comply with the training requirements described in this section, in addition to any new mandated training requirements that may have been established during the gap in employment in the school readiness program.

18.4 Documentation of Training

Documentation of successful completion of all pre-service training requirements must be

included in every personnel record maintained at the school readiness program. Successful completion of training requirements may be verified and documented through any of the following methods:

1. A copy of department’s training transcript(s).
2. A copy of Early Learning Florida’s training transcript(s).

18.5 Training Exemptions

The office shall exempt personnel with a Bachelor’s degree or higher in Early Childhood Education or related field from the following course requirements specific to each training option:

1. Department courses – Developmentally Appropriate Practices and Behavioral Observation and Screening course requirements.
2. ELFL courses – Developmentally Appropriate Practices and Social-Emotional Development course requirements.

There are no educational exemptions from the “Identifying and Reporting Child Abuse and Neglect,” “Preventing Child Abuse” or any of the Health, Safety and Nutrition related course requirements for any of the three training options.

18.6 Annual In-Service Training

1. Upon successful completion of pre-service training requirements, all program personnel, volunteers and substitutes must complete a minimum of ten (10) clock-hours or one (1) CEU of in-service training annually during the state’s fiscal year beginning July 1 and ending June 30.
2. The annual ten (10) clock-hours or one (1) CEU of in-service training concentrating on children ages birth through 12 must be completed in one or more of the following areas (college-level courses will be accepted):
 - ✓ Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, use of safe sleep practices, administration of medicine, emergency preparedness, handling of hazardous materials;
 - ✓ Infant and/or Child CPR;
 - ✓ First Aid (may only be taken to meet the in-service requirement once every two years);
 - ✓ Nutrition, including age-appropriate feeding;
 - ✓ Child development – typical and atypical;
 - ✓ Child transportation and safety;
 - ✓ Social and emotional behavioral and mental health;
 - ✓ Family and community engagement;
 - ✓ Design and use of child-oriented space;
 - ✓ Community, health and social service resources;

- ✓ Child abuse and neglect;
 - ✓ Child care for multilingual children;
 - ✓ Caring for children with exceptionalities;
 - ✓ Access to physical activity, including safety in outdoor play;
 - ✓ Early and/or Emergent Literacy;
 - ✓ Guidance and discipline, including positive behavior supports and interventions;
 - ✓ Leadership development/program management and staff supervision;
 - ✓ Age-appropriate lesson planning;
 - ✓ Homework assistance for school-age care;
 - ✓ Food safety training; or
 - ✓ Developing special interest centers/spaces and environments.
3. CPR courses must include an on-site instructor-based skills assessment that must be documented by the certified CPR instructor.
 4. In-service training hours used to meet the 10-hour requirement may be earned in a variety of ways, such as participation at national, state, or local conferences relating to children; training offered by employers; specialized workshops; college coursework; or completion of an online course provided by the DCF Training Coordinating Agency.
 5. Documentation of the in-service training requirement must be recorded on Form OEL-SR-6207, In-Service Training Record – School Readiness Program, and must be included in the program facility’s personnel records. Form OEL-SR-6207 may be obtained from the Office’s website at www.floridaearlylearning.com or from the following link: [FAR placeholder]. A new in-service training record is required each fiscal year. The in-service training records for the previous two fiscal years must also be maintained at the program facility for review by the inspection authority.
 6. Documentation of the in-service training requirement on the department’s CF-FSP Form 5268, Child Care In-Service Training Record (July 2012), incorporated by reference in Rule 65C-22.003, F.A.C., will be accepted for school readiness program providers who are also child care providers regulated by the department or local licensing agency, as applicable. A copy of CF-FSP Form 5268 may be obtained on the department’s website at <http://www.myflfamilies.com/service-programs/child-care/forms-and-applications>.
 7. Personnel not in compliance with the annual in-service training requirement described in this section must complete the remaining in-service training requirement within 30 days of the noncompliance finding by the inspection authority. These hours cannot be used to meet the current year’s in-service training requirements.

19 Record Keeping

19.1 General Requirements

1. Each of the records described in this section (if applicable) and those required to document compliance with Section 1002.82, F.S. and rules adopted thereunder must be maintained at the program location and must be available during the hours of operation for review by the inspection authority.
2. A copy of all background screening clearance documents for the operator, owner, and personnel must be provided to the inspection authority to be included in the official inspection file. Copies of required records are acceptable for documentation. Original documents are the property of the party providing the information.
 - ✓ Driver's log (if applicable). Must be retained for the previous 15 months.
 - ✓ Documentation of parental permission for field trips. Must be retained for a minimum of 15 months.
 - ✓ Attendance records. Must be retained in accordance with requirements of the Statewide Provider Contract.
 - ✓ Facility's written disciplinary and expulsion policies.
 - ✓ Written record of fire drills. Must be maintained for a minimum of 15 months.
 - ✓ Emergency evacuation plan and preparedness plan drills. Documentation must be maintained for 15 months from the date of each drill outlined in the plan.
 - ✓ Documentation of staff members who have met the first aid and child cardiopulmonary resuscitation (CPR) training requirement.
 - ✓ Posted emergency telephone numbers, the facility address and directions to the facility.
 - ✓ Documentation of accidents/incidents. Must be maintained for 15 months.
 - ✓ Record for each child receiving medication. Must be maintained for a minimum of 15 months after the last day the child received the dosage.
 - ✓ Sample meal plan for special diet (if applicable). A copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained for as long as the child is in care.
 - ✓ Written documentation of known food or medicine allergies (if applicable). Must be maintained for as long as the child is in care.

19.2 Children's Files

1. Enrollment Information. The program operator must obtain enrollment information from the child's custodial parent or legal guardian prior to accepting a child in care.
2. Enrollment information must be kept current and on file and must include the following elements:
 - ✓ Child's full name, date of birth, sex, date of enrollment, physical address, and days of

- week in care;
 - ✓ Family information including name and contact information for custodial parent(s) or legal guardian;
 - ✓ Medical information, including permission and identification of medical personnel to contact in order to obtain emergency medical care if warranted and any allergies, special medical or dietary needs, or other areas of concern;
 - ✓ Emergency contact information for those adults authorized to remove the child from the facility in case of illness, accident, or emergency or if for some reason the custodial parent or legal guardian cannot be reached; and
 - ✓ Other helpful information about the child.
3. The child must not be released to any person other than the person(s) authorized or in the manner authorized in writing by the custodial parent or legal guardians.
 4. There must be signed statements from the custodial parents or legal guardian that the program has provided them with the following information:
 - ✓ The program's written disciplinary and expulsion policies and procedures.
 - ✓ Annually, during the months of August and September, the program must provide parents with information detailing the causes, symptoms, and transmission of the influenza virus.

19.3 Attendance

1. Daily attendance of children must be taken and recorded, documenting the time when each child enters and departs the program. Attendance devices used for the purposes of tracking attendance may be used.
2. The custodial parent, guardian or designee must document the time when their child(ren) enter and depart the facility or program.
3. Program personnel are responsible for ensuring that attendance records are complete and accurate.
4. Attendance records must be maintained in accordance with requirements of the Statewide Provider Contract.
5. Children are released only to authorized persons designated by the parent(s) or guardians in writing.

19.4 Personnel Records

Records must be maintained and kept current on all school readiness program personnel. These must include:

1. A signed employment application with a statement indicating whether he or she has ever worked in a facility that has had a license or school readiness program contract denied, revoked, or suspended in any state or jurisdiction, or has been the subject of a disciplinary action or been fined while employed in a child care facility.

2. Documentation of position and date of employment.
3. A signed Form OEL-SR-6208, Child Abuse & Neglect Reporting Requirements, incorporated by reference. Form OEL-SR-6208 must be signed annually by all program personnel.
 - ✓ A signed CF-FSP Form 5337 (October 2012), Child Abuse & Neglect Reporting Requirements form, which is incorporated by reference, will be accepted in lieu of Form OEL-SR-6208 for school readiness program providers regulated by the Department.
4. Copies of required training information as described in section 18 of this handbook, including documentation for first aid and child CPR training and certification, if applicable.
5. For the Driver only (if applicable) - a copy of the driver's license and the physician certification or another form containing the same elements of the physician certification, granting medical approval to operate a vehicle. In addition, valid certificate(s) of course completion for first aid training and child cardiopulmonary resuscitation (CPR) procedures must also be maintained in the driver's personnel file.

19.5 Background Screening

Initial Screening. Screening information must be documented on Form CF-FSP 5131, Background Screening and Personnel File Requirements (July 2012), which is incorporated by reference.

1. Level 2 background screening, as defined in section 435.04, F.S., is required for all personnel employed by a provider participating in the School Readiness Program pursuant to section 1002.88(1)(e), F.S., and volunteers as defined in this handbooks, and includes a national and statewide criminal records search.
2. An employment history check must include the previous five years, which must include the applicant's job title and a description of his/her regular duties, confirmation of employment dates, and level of job performance. Failed attempts to obtain the employment history must be documented in the personnel file and include date, time, and the reason the information was not obtained.
3. A copy of all background screening clearance documents for the operator and program personnel, including volunteers and substitutes, must be maintained in the personnel file.

Re-Screening. A screening conducted under this rule is valid for five years, at which time a re-screen must be conducted in the same manner as the initial screening.

1. The five-year re-screen is required for all program personnel, volunteers and substitutes.
2. The five-year re-screen must include, at a minimum, national and statewide criminal records checks through the Florida Department of Law Enforcement (FDLE).
3. Documentation of clearance from the five year re-screening for the operator and all program personnel must be maintained in the personnel file.

4. Personnel must be re-screened following a break in employment in the child care industry that exceeds 90 days.
5. If personnel take a leave of absence, such as maternity leave, extended sick leave, migrant child care programs, etc., re-screening is not required unless the five-year re-screen has come due during the leave of absence.

All screening and rescreening must be processed using the Background Screening Clearinghouse. [Link for DCF BGS page - <http://www.dcf.state.fl.us/programs/backgroundscreening/> and AHCA pg <https://apps.ahca.myflorida.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal%2f>]

20 Access

A school readiness program must provide the custodial parent and/or legal guardian access, in person and by telephone, to the program during normal hours of operation and/or during the time the child is in care.

21 Child Safety

1. Program personnel must not exercise inappropriate interactions with children that are aggressive, demeaning, or intimidating.
2. All school readiness program providers and personnel, including substitutes and volunteers, must annually sign a statement of compliance with all child abuse and neglect reporting requirements provided in Section 39.201, F.S.
 - ✓ For purposes of this requirement providers and personnel must sign Form OEL-SR-6208.
 - ✓ For providers that are licensed and/or regulated by the department, Form CF-FSP-5337 will be accepted.
 - ✓ Signed forms must be maintained in personnel files and available for review by the inspection authority.
3. Providers who fail to perform the duties of a mandatory reporter pursuant to Section 39.201, F.S. will be referred to their local coalition for corrective action, pursuant to the Statewide Provider Contract.

22 Enforcement

This section adheres to the enforcement terms for a school readiness contract pursuant to the Statewide Provider Contract for the School Readiness Program, Form OEL-SR-20, incorporated by reference in Rule 6M-4.610, F.A.C.

22.1 Definitions.

For purposes of this section:

- ✓ **“Day”** means a weekday, excluding weekends and holidays.
- ✓ **“Corrective Action Notice”** refers to the written notice from a coalition to a school readiness provider of their failure to comply with the provisions governing the School Readiness Program or the requirements of the Statewide Provider Contract, identifying the specific requirement(s) which the provider failed to meet and how the provider failed to meet each requirements. In addition, the notice must provide a detailed description of the required corrective action and set a deadline for completion of the corrective action.
- ✓ **“Probation”** is a status indicating the school readiness contract is in jeopardy of being terminated or not renewed due to violations of school readiness program standards.
- ✓ **“Standards”** refer to health and safety and training requirements for the operation of a school readiness program facility provided in statute or in rule.
- ✓ **“Violation”** means a finding of noncompliance by the department or local licensing agency of a school readiness program health and safety or training standard.
- ✓ **“Class I Violation”** is an incident of noncompliance with a Class I standard as described on Form OEL-SR-6203 (August 2016) School Readiness Program Health and Safety Checklist. A copy of Form OEL-SR-6203 may be obtained from the office’s website at www.floridaearlylearning.com or from the following link [FAR placeholder. Class I violations are the most serious in nature, pose an imminent threat to a child including abuse or neglect and which could or does result in death or serious harm to the health, safety or well-being of a child.
- ✓ **“Class II Violation”** is an incident of noncompliance with an individual Class II standard as described on Form OEL-SR-6203. Class II violations are less serious in nature than Class I violations, and could be anticipated to pose a threat to the health, safety or well-being of a child, although the threat is not imminent.
- ✓ **“Class III Violation”** is an incident of noncompliance with an individual Class III standard as described on Form OEL-SR-6203. Class III violations are less serious in nature than either Class I or Class II violations, and pose a low potential for harm to children.
- ✓ **“Technical Support Violations”** are the first or second occurrence of noncompliance of an individual Class III standard or the first occurrence of noncompliance of an individual Class II standard.

22.2 Disciplinary Actions.

1. The applicable inspection authority will follow up with the program (on-site if necessary) to ensure all issues of noncompliance relating to the health, safety and well-being of children in care are brought into compliance within the following timeframes:
 - (a) Class I Violations should be corrected at time of inspection, or within the timeframe recommended by the inspection authority.
 - (b) Class II Violations should be corrected within 7 days of inspection, or within the timeframe recommended by the inspection authority.
 - (c) Class III Violations should be corrected within 14 days of inspection, or within the timeframe recommended by the inspection authority.
2. Additionally, all issues of noncompliance will be referred to the early learning coalition for corrective action pursuant to the Statewide Provider Contract.
3. Enforcement of disciplinary actions in accordance with the Statewide Provider Contract will be applied progressively for each standard violation. In addition, school readiness program providers will be offered technical assistance in conjunction with any disciplinary action. The coalition shall take into consideration the actions taken by the facility to correct the violation when determining the appropriate disciplinary action, as provided for in the Statewide Provider Contract.
4. Each standard violation has an assigned classification based on the nature or severity of the violation(s) as identified within the School Readiness Program Health and Safety Checklist, Form OEL-SR-6203.
5. A violation of a Class II standard that results in death or serious harm to a child shall escalate to a Class I violation.
6. Disciplinary actions for violations that occur within a two year period shall be progressively enforced as follows:
 - (a) Class I Violations.
 - i. For the first and second violation of a Class I standard, the coalition shall issue corrective action notice and place the provider's contract on probation status for a period not to exceed six months, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
 - ii. For the third and subsequent violation of a Class I standard, the coalition shall issue a corrective action notice, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
 - (b) Class II Violations.
 - i. For the first violation of a Class II standard, the coalition shall provide technical assistance. This violation will be classified as "Technical Support."

- ii. For the second violation of the same Class II standard, the coalition shall issue a corrective action notice identifying specific corrective action items to bring the provider into compliance with standards.
 - iii. For the third and fourth violation of the same Class II standard, the coalition shall issue a corrective action notice and place the provider's contract on probation status for a period not to exceed six months.
 - iv. For the fifth and subsequent violation of the same Class II standard, the coalition shall issue a corrective action notice, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
 - v. If a provider receives three or more of the same or different class II violations within the contract year, the coalition may place the provider on a corrective action plan if the coalition concludes corrective action will resolve the failure to comply.
 - vi. If the coalition concludes that corrective action will not resolve the failure to comply, the coalition may terminate the provider's contract.
- (c) Class III Violations.
- i. For the first and second violation of a Class III standard, technical assistance shall be provided. These violations will be classified as "Technical Support."
 - ii. For the third violation of the same Class III standard, the coalition shall issue a corrective action notice identifying specific corrective action items to bring the provider into compliance with standards.
 - iii. For the fourth and fifth violation of the same Class III standard, the coalition shall issue a corrective action notice and place the provider's contract on probation status for a period not to exceed six months.
 - iv. For the sixth and subsequent violation of the same Class III standard, the coalition shall issue a corrective action notice, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
 - v. If a provider receives five or more of the same or different class III violations within the contract year, the coalition may place the provider on a corrective action plan if the coalition concludes corrective action will resolve the failure to comply.
 - vi. If the coalition concludes that corrective action will not resolve the failure to comply, the coalition may terminate the provider's contract.

22.3 Probationary Status

1. If a coalition concludes that a school readiness provider has received a corrective action notice for the same violation two or more times or has had multiple corrective action plans within the contract year or if the corrective action plan is not completed within the

prescribed timelines, the provider shall be placed on probation for a period up to six (6) months.

2. Probation may require the provider to comply with specific conditions intended to ensure that the provider comes into and maintains compliance with school readiness program standards. Examples of such conditions are: a deadline to remedy an existing violation, a specified period during which compliance with program standards must be strictly maintained; training or staff development; monitoring or technical assistance; and specified conditions under which the program must operate during the probationary period.
3. The coalition must notify the provider in writing of the terms and duration of the probation, including required timelines.
4. The terms of the probation must correlate to the basis of the corrective action.
5. If the provider has not satisfactorily completed the terms of its probation by the end of the contract term, the provider will still be held accountable for the terms of the probation of the previous contract if the provider remains eligible to deliver the School Readiness Program and executes a new contract with the coalition.

22.4 Termination

1. The coalition has the right to terminate a provider's contract for cause at any time, pursuant to the School Readiness Provider Contract. The following are grounds for termination for cause:
 - (a) Action, or lack of action, which immediately threatens the health, safety or welfare of children; or
 - (b) Failure to comply with the terms of the provider's contract, including failure to implement corrective action or comply with the terms of probation.



SCHOOL READINESS PROGRAM
Health and Safety Checklist
*Licensed/Registered Family Child Care Homes
and Informal Providers*

Checklist/Handbook Section

Specific School Readiness Program Standard

Class Violation Level	Description of the Health and Safety Standard Violation
-----------------------	---

Staffing Requirements

1. Operator

2	The operator worked outside of the home during the operating hours of the home.
1	The operator was no longer a resident of the home.

2. Substitutes and Employees

3	The operator had no written plan to provide at least one substitute to be available on a temporary/emergency basis.
3	The operator's written plan for a substitute included an individual who was not at least 18 years old.
2	The substitute left in charge of the children in care was younger than 18 years of age.
3	The operator's substitute plan did not include the name, address and telephone number of the designated substitute.
3	The operator failed to report changes to the written substitute plan within five (5) working days.
3	The operator failed to report changes regarding new employee within five (5) working days.

3. Background Screening Requirements

2	Required background screening was missing for []. 1. an adult or child care home members 2. a substitute 3. a juvenile family member or resident of the home, 12 and older (an FDLE check)
1	The record for an individual indicated the person had been found guilty of an offense noted in section 435.04, Florida Statutes, which disqualifies the person from employment.
3	A five year employment history verification was not completed and on file for personnel prior to hire.
3	Employment history check did not include all required information including applicant's job title, description of regular duties, confirmation of employment dates, and level of job performance.

2	Background screening was not completed every five years after the initial screening.
3	The operator, employee, or substitute did not have a current Child Abuse and Neglect Reporting Requirements Form, signed annually.

4. Staff Training	
2	The person providing care to children did not have a valid and current certification in first aid.
2	The person providing care to children did not have a valid and current certification in infant and/or child CPR.
2	The CPR training did not include an on-site instructor-based skills assessment and is invalid for the individual.
2	The operator, employee, or designated substitute did not have pre-service training requirements completed within 60 days of employment or prior to unsupervised contact with or care of children.
3	The 10 hours of annual in-service training had not been completed by the operator, employee or substitute for the current corresponding DCF licensure or registration year.
3	Documentation of in-service training for the operator was not recorded on Form OEL-SR-6207, In-Service Training Record – School Readiness Program, or on CF-FSP Form 5268, Child Care In-Service Training Record for providers licensed and/or regulated by DCF.

5. Supervision	
1	An unscreened individual was left alone to supervise children in care.
1	The operator or substitute was supervising children while using or under the influence of narcotics, alcohol or other drugs that impair the individual's ability to provide safe child care.
1	A child was left in a vehicle, at the home, or behind on a field trip or activity away from the program.
1	Child(ren) were not being adequately supervised in that [], which posed an imminent threat to a child, and could or did result in death or serious harm to the health, safety or well-being of the child(ren).
2	Children were not being adequately supervised in that [].
2	A child was observed napping or sleeping in a bedroom with the bedroom door closed.
2	A child in the designated isolation area due to illness was not within sight and hearing of the operator.
2	A child was not adequately supervised while being diapered or having clothes changed.
2	In addition to the staff required to meet staff to child ratios, an additional adult was not present during a field trip or an activity away from the program.

Health and Safety Requirements

6. Animal Vaccinations	
3	The operator did not have documentation of current vaccination records for the pet observed. Vaccinations are available for this type of animal.

2	The pet was not vaccinated, although vaccinations are available for this type of animal.
3	The operator did not have documentation that custodial parents or guardian are given written notification of animals on the premises.

7. Toxic Substances, Hazardous Materials and Hazardous

2	Toxic Substances and/or Hazardous materials including cleaning supplies, flammable products, and poisonous items were accessible to children in care.
2	A Toxic substance or hazardous material, [], was not labeled.
2	Potentially harmful items such as BB guns, pellet guns, knives and/or sharp tools were not in a locked area or were accessible to children in care.

8. Smoking on Premises

3	The custodial parents or legal guardians of children in care were not informed in writing, by the operator that someone living in the home smoked.
2	Smoking was observed in the home, the outdoor play area, during a field trip or in a vehicle transporting children in care.
3	There was evidence that smoking occurred in the home, outdoor play area, during a field trip or in a vehicle used to transport children in care.

9. Firearms and Weapons

1	Firearms and/or weapons were not stored in a locked container, locked area, or with a secure trigger lock and in a secure location inaccessible to children.
1	Firearms and/or weapons were observed on a person located on the premises other than law enforcement officers.

10. Indoor Play Areas

3	Indoor play areas in the home were not clean and free from litter, nails, glass, and other hazards that pose a low potential for harm to children.
2	A hazard was observed in the indoor play area that poses a threat to the health, safety or well-being of the children.

11. Outdoor Time, Fencing and Play Area Requirements

3	Outdoor play areas were not free from litter, nails, glass, and other hazards that pose a low potential for harm to children.
2	A hazard was observed in the outdoor play area that poses a threat to the health, safety or well-being of the children.
3	Weather permitting, infants were not provided opportunities for outdoor time.
2	Fencing a minimum of 4 feet in height was not provided when required.
2	Children in the outdoor play area had access to a public road/street, laned public road/street or road/street with a speed limit 25 miles per hour or greater or bordered a water hazard.
2	The outdoor play area that required fencing was not safe and adequate in that [].
3	The base of the fence in the outdoor play area was not at ground level and could allow inside or outside access by children or animals.

3	The fence in the outdoor play area had a buildup at the base, causing the fence to be less than the minimum 4 feet in height and could allow children to exit the play area.
3	The program's play activities were not suitable to the (child)ren's age and development.
3	The frame of the [] was not securely anchored in the ground or stationary by design.
2	The play equipment was not safe and sanitary for the children to use in that [].
2	A resilient surface was not provided beneath and within the fall zone for [].
3	The ground cover or other protective surface under the [] was not maintained.
3	The placement of [] did not allow for adequate distance/clearance from other equipment, fences and objects or other children in the area.
2	Sharp, broken and/or jagged edges were observed on the [] that pose a threat to the health, safety or well-being of the children in the play area.
3	The equipment used in the outdoor play area was not constructed to allow for water drainage.

12. Swimming Pools	
2	The fence or barrier separating the home from the swimming pool did not meet the minimum requirement of four (4) feet in height, in the absence of an operable pool alarm.
2	The swimming pool fence or barrier was unlocked or had gaps or openings that could pose a threat to the health, safety or well-being of a child.
2	In the absence of a fence or barrier, the swimming pool alarm was found to be inoperable.
2	A spa or hot tub did not have a fence or barrier with the minimum requirement of four (4) feet in height or was not covered with a safety cover that meets the requirements of Section 515.25(1), F.S., while children were in care.
2	The ladder or steps accessing the above ground swimming pool were not removed while children were in care.
1	Children in care had access to a water hazard or swimming pool, which posed an imminent threat to a child and which could or does result in death or serious harm to the health, safety or wellbeing of the child, in that ().
2	Children in care had access to a water hazard or swimming pool, in that ().
1	Children were taken from the home for a swimming activity and a person with a certified lifeguard certification or equivalent was not present.
3	The home's swimming pool was not maintained by the use of chlorine or other suitable chemicals.
1	The home's swimming pool exceeded 3 feet in depth and no person who had completed a basic water safety course was present during swimming activities.

13. Appropriate, Safe and Sanitary Bedding	
3	The home had no designated area where each child can sit quietly or lie down to rest or nap.
2	The bedding available was not safe and poses a threat to the health, safety or well-being of a child in care.
3	The bedding available for children in care was not sanitary.

3	Playpens, floor mats, air mattresses and/or foam mattresses were used for children sleeping in the normal night time cycle.
3	Floor mats available for children in care were not at least one inch thick.
3	Floor mats available for children in care were not covered with an impermeable surface.
3	An air mattress or foam mattress was used for children when napping.
3	A cot, bed, crib, mattress, playpen or floor mat was not available for all children who napped.
3	Individual linens were not provided for each child using beds that were used by the family.
3	The operator failed to ensure that children in overnight care completed bedtime routines such as brushing teeth and washing face and hands.
3	Children in care were observed to share personal items such as toothbrushes, towels and wash cloths.
2	Cribs were used which did not meet current federal guidelines for construction regulations as outlined in Title 16, 1219 & 1220 Code of Federal Regulations.
2	A napping or sleeping infant that is not capable of rolling over on their own was observed not positioned on their back and on a firm surface and the provider did not have written authorization from a physician in the child's record.
3	A minimum distance of 18 inches was not maintained around each individual napping space.
3	A kitchen, bathroom, utility room, or garage area was used as napping space.
2	A napping space was used which was under furniture, against furniture that may create a hazard, or blocking exit routes.

14. Drinking Water and Single Service Disposables

2	Safe drinking water was not available to children at all times.
3	Single service paper or plastic plates, utensils, and/or cups were reused.
3	Plates, utensils, cups, bottles or sippy cups provided by the home that are not disposable were not washed, rinsed and sanitized between uses.
3	Bottles and/or sippy cups were not labeled with the child's first and last name.
3	Bottles and sippy cups brought from home were not returned to the custodial parent or guardian daily.

15. Vermin/Pest Control

3	There was evidence of rodents or vermin in the home.
2	Pest control took place in rooms occupied by children.

16. Toys, Furnishings, Equipment and Plumbing

3	All parts of the home, including furnishings, equipment and plumbing were not kept []. <ol style="list-style-type: none"> 1. clean and sanitary 2. free from hazards 3. in an orderly condition 4. in good repair
3	Toys, equipment and/or furnishings available to the children in care were not age appropriate in that [].

3	The quantity of toys, equipment and/or furnishings suitable to each child's age and development was inadequate for the number of children in care.
3	Toys, equipment and/or furnishings were not safe in that [].
2	Toys, equipment and/or furnishings were not safe and pose a threat to the health, safety or well-being of the children in care.
3	Toys, equipment and/or furnishings were not maintained in a sanitary condition and not cleaned and sanitized or disinfected immediately following exposure to bodily fluids.

17. Smoke Detector, Fire Extinguisher, Telephone, Lighting, Temperature and Ventilation

2	Fire hazard(s), [], were observed in the home.
2	The home did not have an operable smoke detector.
2	The home did not have an operable fire extinguisher and/or fire extinguisher with a current certificate.
2	The home did not have a dedicated operable telephone accessible and available during hours of operation.
3	Lighting in the home was not sufficient in that [].
3	The operator's home did not have proper ventilation.
3	Temperature in the home was not maintained between 65 and 82 degrees Fahrenheit.

18. Nutritious Meals and Snacks Provided

3	Meals and snacks supplied by the operator were not of a quantity and/or quality to meet the daily nutritional needs of the children.
3	Documentation for a special diet ordered by the child's physician did not include: [] <ul style="list-style-type: none"> 1. a copy of the physician's order 2. a copy of the diet 3. a sample meal plan
3	The special diet ordered by the child's physician and was not maintained in the child's file or as long as the child was in care.
3	The program was notified by the custodial parent or guardian of a food allergy and the child's file did not contain written documentation.
2	A child was given [] after the operator was notified by the custodial parent or guardian of the child's food allergy.
3	Weekly meal and snack menus were not planned, written and available for review.

19. Hygiene and Sanitation

2	The operator/employee/substitute did not wash their hands with soap and running water and thoroughly dry after assisting a child with toileting or diapering or following personal hygiene procedures.
3	A child was observed to not wash their hands with soap and running water following personal hygiene procedures.
3	The operator, employee, substitute or children did not wash their hands immediately following outdoor play.

3	A toilet and/or bath facility used by children was not easily accessible and at an appropriate height for use by the children.
3	The platform or stool used by children was not safely constructed with an impervious surface that can be easily cleaned and sanitized or disinfected.
3	Running water, soap, trash receptacle, toilet paper or individual/disposable towels were not available or within reach of the children using the toileting facility.
3	Soiled items were not immediately placed in a plastic lined and securely covered container.
2	Soiled items were accessible to children.
3	The container used for storage of soiled items was not emptied, cleaned and sanitized or disinfected daily.
2	Children's wet or soiled clothing or crib sheets were not promptly changed.
3	Potty chairs were not cleaned and sanitized or disinfected after each use.
2	A potty chair was not cleaned and sanitized or disinfected after each use that poses a threat to the health, safety or well-being of the children in care.

20. Individually Labeled Towels and Wash Cloths

3	Each child does not have an individually labeled towel and wash cloth for use.
3	Disposable towels were not discarded after each use.

21. Diapering Area Clean and Sanitized

3	The surface of the diaper changing area was not impermeable.
3	The diaper changing surface was not cleaned and sanitized or disinfected after each use.
3	The diaper changing area was not separated from the food preparation, service or feeding area.
3	Items unrelated to diaper changing were stored in the diaper changing area or placed on the diaper changing table.

22. First Aid Kit

2	The home did not have a first aid kit available on the premises at all times.
3	The operator did not maintain a first aid kit on an activity away from home.
3	The first aid kit was not accessible to the operator, employee or substitute.
3	The first aid kit was within reach of children.
3	The home's first aid kit did not include: []. <ol style="list-style-type: none"> 1. Soap 2. Band-Aids or equivalent 3. Disposable non-porous gloves 4. Cotton balls or applicators 5. Sterile gauze pads and rolls 6. Adhesive tape 7. Thermometer 8. Tweezers 9. Pre-moistened wipes 10. Scissors 11. A current First Aid & CPR resource guide

23. Emergency Information	
3	The home's posted emergency information did not include the following: []. <ol style="list-style-type: none"> 1. 911 2. Ambulance phone number 3. Fire Department phone number 4. Police phone number 5. Poison Control Center phone number 6. Florida Abuse Hotline 7. County Public Health Unit phone number 8. The home's address 9. Directions to the home, including major intersections and local landmarks.
3	Emergency information/telephone numbers were not posted on or near all telephones in the home.
2	The operator failed to immediately call 911 or other emergency numbers to meet the needs of a child in an emergency.

24. Emergency Procedures and Notification	
2	The operator, employee or substitute failed to immediately notify the custodial parents or legal guardian of a serious illness, accident, injury or emergency involving their child.
2	The operator, employee or substitute failed to follow the instructions provided by the custodial parent or legal guardian regarding action to be taken in the event of a serious illness, accident, injury, or emergency involving their child.
3	The operator, employee or substitute failed to contact persons designated by the custodial parent or legal guardian to be contacted in the event that the custodial parent or legal guardian could not be reached.
3	The operator, employee or substitute failed to document an accident, incident or an observed health related sign or symptom on the day it occurred.
3	Documentation of an accident/ incident or an observed health related sign or symptom was insufficient in that it did not include the []: <ol style="list-style-type: none"> 1. Name of the affected party 2. Date and time of occurrence 3. Description of occurrence 4. Actions taken 5. Signature of operator 6. Signature of custodial parent or legal guardian 7. Signature of the individual authorized to pick up child.
3	The operator failed to maintain records of an accident, incident, or an observed health related sign or symptom for a minimum of fifteen (15) months.
3	The operator, employee or substitute failed to provide a copy of the accident or incident form to the individual authorized to pick up the child on the date of occurrence.

25. Fire Drills/Emergency Preparedness	
2	During the contract year, the operator failed to conduct monthly fire drills at various dates and times when children are in care.

2	Fire drills conducted during the contract year did not include the following []: <ol style="list-style-type: none"> 1. One drill using alternate evacuation routes; and 2. One in the presence of the licensing authority.
3	The written record of fire drills was missing the following []: <ol style="list-style-type: none"> 1. date & time of the drill; 2. number of children in attendance; 3. evacuation route used; 4. time taken to evacuate the home.
3	The operator did not maintain and make available the record of fire drills for a minimum of fifteen (15) months from the date of the drill.
3	The operator did not have a written emergency preparedness plan.
3	The operator's emergency preparedness plan was incomplete in that it did not []: <ol style="list-style-type: none"> 1. include procedures to be taken by the facility during a fire, lockdown and inclement weather; 2. include procedures to facilitate parent/guardian reunification; 3. describe how the facility will meet the needs of all children, including children with special needs, during and following an emergency event.
2	During the home's contract year, the operator failed to conduct a minimum of one drill for each procedure outlined in the emergency preparedness plan.
3	The operator did not maintain and make available the records of emergency preparedness drills for a minimum of fifteen (15) months from the date of the drill.
2	The operator failed to possess a current attendance record during a fire drill, emergency preparedness drill or an actual emergency to account for all children.
3	The written record of the emergency preparedness drills was missing the following: [] <ol style="list-style-type: none"> 1. type of drill; 2. date of the drill; 3. number of children in attendance; and 4. time taken for all individuals to complete the drill.
3	The operator failed to notify their local coalition and inspection authority as to their operational status, within 24 hours following a fire or natural disaster.

26. Communicable Disease Control

3	The operator did not have an isolation area designated for the care of an ill child.
3	A child suspected of having a communicable disease or a fever of 101 degrees Fahrenheit or higher, in conjunction with other signs of illness was not placed in isolation or removed from the home.
3	Linens were not changed and/or disposables items thrown away after each use by an ill child.
2	The operator failed to report the ill child's signs and symptoms of illness to the child's custodial parents or legal guardian.
3	A child was permitted to return to the home without medical authorization or the signs and symptoms of the disease were still present.

3	A child identified as having head lice was permitted to return to the home before treatment occurred and was verified.
3	The operator failed to treat areas, equipment, toys or furnishings with which a child with lice had contact.
3	Operator, employee, substitute, or household member suspected of having a communicable disease or a fever of 101 degrees Fahrenheit or higher, in conjunction with any other signs of illness, did not leave the areas of the home occupied by children.
2	The operator failed to report a suspected communicable disease outbreak for two or more children or adults within 72 hours to the local county health department and failed to follow the direction given.

27. Medication	
2	A prescription or non-prescription medication, specifically [], was dispensed without written authorization from the custodial parent or legal guardian.
2	A child was given the wrong medication in that [].
3	A medication, [], was brought to the home by the custodial parent or legal guardian not in its original container.
3	The label on prescription medication did not include the required information in that []. <ul style="list-style-type: none"> 1. the prescribing physician's name was missing. 2. the child's name was missing. 3. the name of the medication was missing. 4. directions for the medication were missing.
3	All medication did not have child resistant caps, if applicable.
2	Medication was not stored in a locked area or inaccessible and out of a child's reach.
3	Medication which had expired or was no longer being administered was not returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled.

28. Documentation of Dispensed Medication	
3	The written authorization for prescription or non-prescription medication did not include the []. <ul style="list-style-type: none"> 1. date of authorization 2. signature of the custodial parent or legal guardian. 3. child's name 4. name of the medication to be dispensed 5. date of dosage to be given 6. time of dosage to be given 7. amount of dosage to be given
3	The operator was notified of allergies or special restrictions to medication and did not maintain documentation in the child's file and post a notice with stored medication.
2	Non-prescription medication not brought in by the custodial parent or legal guardian, specifically [], was dispensed for emergency purposes without written authorization.

2	A Non-prescription medication not brought in by the custodial parent or legal guardian specifically [], was dispensed for emergency purposes and the custodial parent or legal guardian was not notified on the day it occurred.
3	A Non-prescription medication not brought in by the custodial parent or legal guardian specifically [], was dispensed for emergency purposes and not documented in the child's file.
3	A child's record for medication was not maintained for a minimum of fifteen (15) months from the last day the child received the dosage.
3	The operator's written record for documenting dispensed medication did not include the []. <ol style="list-style-type: none"> 1. full name of the child receiving the medication (if on a separate document other than the authorization.) 2. name of the medication dispensed. 3. date the medication was dispensed. 4. time the medication was dispensed. 5. amount of the dosage given. 6. initials or signature of the person who dispensed the medication.

Children's Records

29. Health/Immunization Records	
3	Child(ren) did not have a Florida Certification of Immunization (DH Form 680) or a Religious Exemption from Immunization (DH Form 681), on file within 30 days of enrollment.
3	The Florida Certificate of Immunization was not acceptable in that []. <ol style="list-style-type: none"> 1. The form was not current (expired). 2. An applicable part of the record was not complete. 3. It did not include the signature of the physician. 4. It did not include the date the form was issued by the physician. 5. Other

30. Student Health and Records	
3	Child(ren) did not have a Student Health Examination/DH (Form 3040), or an equivalent health statement on file within 30 days of enrollment
3	Medical records were not returned to the custodial parent or guardian when the child was no longer in care.

31. Enrollment Information	
2	No enrollment information was on file for the child(ren).
3	The enrollment information was incomplete and/or did not include [] as required.
3	The enrollment information on file was not current.
3	Parents were not provided information detailing the causes, symptoms, and transmission of the influenza virus annually during the months of August through September.

Enforcement

32. Access to the Premises/Misrepresentation	
---	--

2	The operator, employee or substitute did not allow inspection staff access to inspect the entire premises for compliance with minimum standards.
1	The operator, employee, or substitute refused the authorized inspection staff access to all parts of the home and premises to inspect for compliance.
2	A parent/guardian/custodian was denied access to their child(ren) while in care at the home.
2	The operator, employee, or substitute knowingly misrepresented, impersonated, or provided fraudulent information related to the home to a parent/guardian, inspection authority, or law enforcement.
1	The operator, employee, or substitute knowingly misrepresented, impersonated, or provided fraudulent information related to the home to a parent/guardian, inspection authority, or law enforcement that could result in death or serious harm to the health, safety or well-being of a child.

33. Ratios/Group Size

2	<p>A school readiness program operated in a family day care home may provide care for a maximum of [].</p> <ol style="list-style-type: none"> 1. 4 children from birth to 12 months of age. 2. 3 children from birth to 12 months of age, and other children, for a maximum total of six children. 3. 6 preschool children if all are older than 12 months of age. 4. 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age. <p>There were [] children observed in care and their ages were [].</p>
2	<p>A school readiness program operated in a large family child care home may provide care for a maximum of [].</p> <ol style="list-style-type: none"> 1. 8 children from birth to 24 months or age. 2. 12 children, with no more than 4 children under 24 months of age. <p>There were [] children observed in care and their ages were [].</p>
1	The operator was over the authorized capacity and the circumstances pose an imminent threat to the children which could or does result in serious harm and death of a child.

34. Child Discipline

3	A method of discipline included in the home's discipline policy is not age appropriate and/or constructive for the children in care in that [].
3	The custodial parents or legal guardians were not provided written notification of the home's discipline policy.
3	The custodial parents or legal guardians were not provided written notification of the home's expulsion policy.
1	A method of discipline used in the home was severe, humiliating and/or frightening in that [].

2	A method of discipline used in the home included []. <ol style="list-style-type: none"> 1. a method associated with food 2. a method associated with rest 3. a method associated with toileting 4. spanking 5. a form of physical punishment 6. denial of active play
2	The [] did not comply with the written discipline policy in that [].
2	The [] did not comply with the written expulsion policy in that [].
3	A copy of the discipline policy was not available for review by the inspection authority.
3	A copy of the expulsion policy was not available for review by the inspection authority.

35. Transportation and Supervision

2	The driver of the vehicle transporting children for the home did not have a valid driver's license.
3	The operator did not maintain documentation of a valid Florida driver's license for the driver.
3	The operator did not have documentation of current insurance coverage for the vehicle used to transport children in care.
2	The operator did not have current insurance coverage on all vehicles used to transport children in care.
1	The vehicle had seat belts and /or safety restraints for [] children and [] children were transported at one time.
1	The number of children transported exceeded the vehicle manufacturer's designated seating capacity or properly installed child safety restraints.
1	The operator's use of seat belts was not age-appropriate for the child(ren) being transported who required the use of a safety restraint.
2	The operator did not have evidence that a transportation log was maintained for all children transported.
3	The transportation log was not retained for a minimum of fifteen (15) months.
3	The log for children transported did not include the following required information: []. <ol style="list-style-type: none"> 1. child's name 2. date 3. time of departure 4. time of arrival 5. signature of driver verifying all children left the vehicle
2	Upon arrival at the destination, it was determined that the driver: [] <ol style="list-style-type: none"> 1. Failed to mark each child off the log as children departed the vehicle. 2. Failed to conduct a physical inspection and visual sweep of the vehicle.
2	The driver of the vehicle failed to drop the child off at the appropriate location.
1	The driver of the vehicle failed to drop the child off at the appropriate location resulting in serious harm to the health, safety or well-being of a child.
3	The permission slips were not maintained for a minimum of fifteen (15) months.

3	The operator and/or other individual responsible for children being transported or while on a field trip did not have contact information and medical consent for all children.
3	A permission and transportation release form, signed by the custodial parent or legal guardian, for planned and/or unplanned activities occurring off the home property was not on file for the child(ren).
2	The operator and/or other individual responsible for children being transported or while on a field trip did not have a telephone or other means of communication available.

36. Child Safety/Access

1	The operator, employee or substitute, while caring for children, committed an act or omission that meets the definition of child abuse or neglect provided in Chapter 39, F.S.
1	As a mandated reporter, the operator or substitute failed to report suspected child abuse or neglect as required in s. 39.201, F.S.
2	Operator/employee/substitute used inappropriate handling or interaction, which was not associated with discipline, with children in care.
2	The operator did not provide the parent or legal guardian access in person or by telephone to the home during the hours of operation.



School Readiness Program Health and Safety Standards Handbook

For Family Child Care Home and Informal Providers

October 2016

This handbook is intended to be used in conjunction with Sections 1002.82-1002.88, Florida Statutes, and Chapter 6M-4, Florida Administrative Code.

This handbook is incorporated by reference in 6M-4.620, Florida Administrative Code.

Contents

Introduction	5
Inspections.....	7
Definitions.....	8
1 Operators	10
1.1 Family Day Care Homes/ Informal Providers.....	10
1.2 Large Family Child Care Homes.....	10
2 Substitutes/Employees	11
2.1 Substitutes.	11
2.2 Employees.....	11
3 Ratios/Group Size.....	12
3.1 Family Day Care Homes	12
3.2 Large Family Child Care Homes.....	12
4 Supervision.....	13
5 Transportation (if applicable)	14
5.1 Vehicles	14
5.2 Driver Requirements.....	15
6 Planned Activities.....	15
7 Field Trip Activity.....	16
8 Child Discipline.....	16
9 Physical Environment.....	17
9.1 Lighting.....	18
9.2 Windows and Screens.....	19
9.3 Temperature and Ventilation	19
9.4 Nap and Sleep Space(s)/Safe Sleep Practices	19
9.5 Exit Areas.....	20
9.6 Bathrooms and Sinks.....	20
9.7 Outdoor Play Area.....	20
9.8 Fencing.....	20

9.9	Swimming Areas.....	21
10	Equipment and Furnishings	21
10.1	Indoor Equipment.....	22
10.2	Outdoor Equipment.....	22
11	Health and Sanitation	23
11.1	Drinking Water.....	23
11.2	Handwashing.....	23
11.3	Diapering.....	23
11.4	Bedding and Linens.....	23
12	Health-Related Requirements	24
12.1	Communicable Disease Control.....	24
12.2	Isolation Area.....	25
12.3	Outbreaks.....	25
12.4	First Aid and Cardiopulmonary Resuscitation.....	25
12.5	First Aid Kit Minimum Requirements.....	26
13	Fire Safety and Emergency Preparedness and Response	26
13.1	Fire Safety	27
13.2	Fire Drills	27
13.3	Emergency Preparedness and Response	27
13.4	After a Fire or Natural Disaster	28
14	Emergency Procedures and Notification	28
14.1	Accidents/Incidents.....	28
15	Medication.....	29
16	Food and Nutrition.....	29
16.1	Food Hygiene	30
16.2	Breastmilk, Infant Formula and Food	30
16.3	Dishwashing and Sanitization	31
16.4	Food Handling.....	31
17	Training Requirements.....	32
17.1	Pre-service Timeframe.....	32

17.2	Training Courses.....	32
17.3	Break in Service.....	33
17.4	Documentation of Training.....	33
17.5	Training Exemptions.....	34
17.6	Annual In-Service Training.....	34
18	Record Keeping.....	35
18.1	General Requirements.....	35
18.2	Children’s Files.....	36
18.3	Personnel Records.....	38
18.4	Background Screening.....	38
19	Access.....	40
20	Child Safety.....	40
21	Enforcement.....	40
21.1	Definitions.....	40
21.2	Disciplinary Sanctions.....	41
21.3	Probationary Status.....	43

Introduction

School readiness is an essential component to success in later years of life. The Florida Legislature recognized this idea when they passed the School Readiness Act to help children from low-income families get the support they need to be successful in school. The School Readiness program offers financial assistance to low-income families for early childhood education and care so families can become financially self-sufficient and their young children can be successful in school in the future. While helping children prepare for school, the program provides child care so a parent can work or attend a training or education program. Services vary based on individual need and range from extended day to extended year and school age care in some instances.

The program takes into account a child's physical, social, emotional and intellectual development; involves parents as their child's first teacher; prepares children to be ready for school; and gives parents information about child development and other topics of interest. Developmental screenings are provided for children, as well as appropriate referrals to health and educational specialists. School readiness programs work in cooperation with other programs for young children such as Head Start, Early Head Start and the VPK program.

The School Readiness program is funded primarily by the federal Child Care and Development Fund Block Grant (CCDBG). The recent CCDBG Reauthorization of 2014 represents a historic re-envisioning of the Child Care Development Fund (CCDF) program. The new law made significant advancements to the protection of children in child care settings by requiring states to define minimum health and safety standards for child care providers, and establishing inspection and monitoring requirements for all providers receiving CCDF funds, including license-exempt providers.¹ As the designated CCDF lead agency for the state of Florida, the Office of Early Learning (OEL) administers the School Readiness Program at the state level. Pursuant to section 1002.82(1), Florida Statutes (F.S.), OEL is required to comply with all lead agency responsibilities pursuant to federal law.

Section 1002.82(2), F.S., outlines specific duties and responsibilities of OEL for administration of the School Readiness program, including the following:

¹ Administration for Children and Families Office of Child Care, <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>

- Establish pre-service and in-service training requirements that address, at a minimum, school readiness child development standards, health and safety requirements, and social-emotional behavior intervention models, which may include positive behavior intervention and support models.
- Establish standards for emergency preparedness plans for school readiness program providers.
- Establish group sizes.
- Establish staff-to-children ratios for school readiness program providers.

Additionally, pursuant to 1002.88(1), F.S., the office must adopt a health and safety checklist to be used for inspections and monitoring compliance with school readiness program standards related to health and safety.

The Department of Children and Families Office of Child Care Regulation (DCF) is the child care licensing authority for 62 of the 67 counties in Florida. The department regulates and sets standards for licensed child care facilities, family day care homes, large family child care homes, and mildly ill facilities in these counties. Five counties – Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota – have decided by statute or by the adoption of a local ordinance or resolution to designate a local licensing authority to regulate child care providers in their areas. Local licensing standards must be determined by the state to meet or exceed DCF’s minimum licensing standards.

To prevent duplication of interagency activities, including health and safety inspections and monitoring, OEL is directed to enter into memorandums of understanding with DCF and each of the local licensing agencies for inspections of school readiness program facilities.

In accordance with OEL’s responsibility to set minimum training and health and safety standards for the School Readiness Program, the following handbook is intended to be used by school readiness programs in conjunction with the Health and Safety Checklist for monitoring compliance with program standards. This handbook defines and clarifies School Readiness Program standards and requirements outlined in the Health and Safety Checklist for Licensed/Registered Family Child Care Homes and Informal Providers (Form OEL-SR-6205). The health and safety, training, and inspection standards outlined within this handbook are specific to the School Readiness Program and providers contracted to provide school readiness services, regardless of whether the provider is currently receiving funds.

Nothing in this handbook exempts providers participating in the School Readiness Program from adhering to additional health and safety and/or training requirements required by the Department of Children and Families, Local Licensing Agencies, Department of Education, Department of Health, or others, as applicable.

Inspections

To ensure consistent statewide application of child care and school readiness health and safety standards established in statute and rule, the Department of Children and Families and the Local Licensing Agencies (if applicable) are designated as the inspection authorities for the School Readiness Program. In accordance with s. 402.311(2), F.S., all school readiness program providers must provide the department or local licensing agency (as applicable) access to facilities, personnel and records necessary to ensure compliance with health and safety standards.

To be eligible to deliver the School Readiness Program, a provider must have a pre-contractual inspection conducted by the department or local licensing agency (as applicable) to ensure compliance with health and safety standards and checklist(s) established pursuant to ss. 1002.82 and 1002.84, F.S. Upon initiation of a school readiness provider contract, which indicates a provider's intention to contract for school readiness services, notification will be sent to the department or local licensing agency, as appropriate, indicating the need for a pre-contractual inspection to be completed for that provider. The pre-contractual inspection will be completed by the department or local licensing agency, as appropriate, within forty-five (45) days of receipt of notification. Providers who are licensed or regulated by the department or one of the local licensing agencies, and who have been inspected by the department or local licensing agency within the six (6) months prior to initiation of a school readiness contract, do not have to complete an additional pre-contractual inspection. However, prior to execution of an initial school readiness contract a provider must not have any outstanding violations or issues of noncompliance pending from their most recent inspection.

Within ten (10) days of completion of the pre-contractual inspection which verifies compliance with all applicable health and safety and training standards, the department or local licensing agency will submit the results of the health and safety checklist inspection to both the provider and the appropriate early learning coalition. Once the results of the health and safety checklist inspection are received by the early learning coalition indicating full compliance with school readiness program health and safety standards, and all other program requirements are met, the coalition may proceed with entering into a contract for school readiness services with the provider.

Upon issuance of a contract to provide school readiness services, providers will be subject to annual inspections for compliance with health and safety standards. Annual inspections will be unannounced and will be completed within the contract year by the department or local licensing agency (as applicable) at a time scheduled by the department or local licensing agency. The department or local licensing agency, as applicable, may conduct follow-up inspections after complaints and re-inspections to ensure compliance with health and safety.

Definitions

“Age appropriate” means of the right size, child size, or adapted so that a child can use safely, and suitable to the chronological age range and developmental characteristics of a specific age group of children or child. This means the materials/equipment should interest and challenge children in terms of their age and abilities. Any materials/equipment with a specified age range by the manufacturer must be followed when being used by children.

“Continuing Education Unit (CEU)” is a standard unit of measure of coursework used for training purposes. The office will accept CEUs from education institutions accredited and recognized by the U.S. Department of Education, or nationally affiliated state professional organizations.

“Department” refers to the Florida Department of Children and Families, Office of Child Care Regulation.

“Employee” refers to an additional staff person at least 18 years of age, who is on the premises of a home operating as a large family child care home. This includes any volunteer(s), as defined below, at the home who work for an average of ten (10) or more hours per month.

“Evening Child Care” refers to care provided during the evening hours between 6:00 p.m. and 7:00 a.m. of the following day.

“Family Day Care Home” means an occupied residence in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit.

“Food equipment” refers to all stoves, ranges, crock pots, microwaves, hoods, tables, counters, cabinets, refrigerators, freezers, sinks, dishwashing machines, and other items used in the preparation, reheating, and serving of food, with the exception of utensils.

“Home” for purposes of this handbook refers to all Family Day Care Homes, Large Family Child Care Homes, and Informal Providers, each as defined in this section.

“Hours of Operation” means the hours of the day or night that a school readiness program has children in care.

“Household Children” means children who are related by blood, marriage, or legal adoption to, or who are the legal wards of, the family day care home operator, the large family child care home operator, or an adult household member who permanently or temporarily resides in the home. Household children under 13 years of age, when on the premises of the family day care home or large family child care home, or on a field trip with children enrolled in care, must be included in the overall ratio/group size of the home.

“Informal Provider” refers to any entity, unlicensed or registered, caring for two or less unrelated school readiness children at one time and in the home of either the child or the provider. Informal

childcare typically refers to care provided by grandparents, other relatives, friends or neighbors.

“Large Family Child Care Home” refers to a school readiness program operated in home that is licensed under section 402.3131, F.S. “Large family child care home” means an occupied residence in which child care is regularly provided for children from at least two unrelated families, which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit, and which has at least one full-time employee on the premises during the hours of operation in addition to the operator of the home.

“Office” refers to the Florida Office of Early Learning.

“Operator” means the occupant of the home who is responsible for the overall operation of the home and school readiness program.

“Potentially Hazardous Food” refers to any food item that requires time-temperature control (refrigeration or hot holding) and contains in whole or in part: milk, milk products, eggs, meat, poultry, fish, shellfish, cooked plant food (rice, beans, vegetables, and baked potatoes), tofu, other soy-protein products, mushrooms, cut melon, cut tomatoes, raw sprouts, and untreated garlic/oil mixtures.

“Preparation of Food” refers to the selection, measurement and combining of ingredients in an ordered procedure to create a meal intended for consumption. This definition is not limited to cooking. Bottle preparation is included in this definition. Excludes warming of pre-prepared bottles and pre-prepared food (including food brought from home), distributing snacks, and learning activities provided by a program that may include raw and prepared food.

“Preservice Training” refers to training requirements completed prior to unsupervised contact with or care of children participating in the School Readiness Program, or within 90 days of employment at a program facility provided the staff member is not allowed unsupervised contact with or care of children prior to completion of pre-service training requirements.

“Program” or **“School Readiness Program,”** for purposes of this handbook, refers to any family day care home, large family child care home, or informal provider entity contracted to provide school readiness services.

“Program Personnel” refers to any person employed by or who volunteers at the school readiness program for an average of ten (10) or more hours per month and who either works directly with children and/or is unsupervised with children in care at anytime and for any portion of the program day during the program’s hours of operation.

“Program Premises” refers to the premises of a family day care home, large family child care home, or informal provider where a school readiness program is operated.

“Sanitize” means the process of destroying or reducing organisms to a safe level. Includes properly cleaned equipment and surfaces, such as sinks and sleep mats. Sanitation must be accomplished with the application of an chemical sanitizer or the use of hot water or steam. Sanitizing agents must be

used according to the manufacturer label. Sanitizing agents used on food contact surfaces must be labeled by the manufacturer safe for use on food contact surfaces and have specific instructions designed for use on food contact surfaces. The manufacturer’s directions must be followed.

“School-age Child” refers to any child who is at least five years old by September 1st of the beginning of the school year and who is enrolled in and attending a kindergarten program or grades one through five during a school district’s calendar year.

“Serious Injury” refers to any injury, accident or incident resulting in death or serious harm to a child that requires medical attention. This includes errors in administration of medication.

“Substitute” means a competent adult, at least 18 years of age, who is available to substitute for the operator or employee on a temporary or emergency basis. All substitutes in a school readiness program must meet the background screening and training requirements outlined in this handbook, in accordance with s. 1002.88(1)(e), F.S.

“Tableware” refers to utensils used for eating, drinking, and serving food including forks, knives, spoons, bowls, cups and serving dishes. Tableware may be either multi-use or single service.

“Utensils” refers to pots, pans, ladles, pitchers, cutting boards, knives, or food containers used in the preparation, storage, transportation, or serving of food.

“Volunteer” means any person who provides services to, for, or at a program facility with no promise for compensation. Volunteers who work or provide services to, for, or at a program facility for 10 or more hours per month on average must be screened in the same manner as program personnel and must also meet all training requirements as outlined in section 18 of this handbook.

1 Operators

1.1 Family Day Care Homes/ Informal Providers

The operator of a family day care home or an informal provider participating in the school readiness program must be at least 18 years of age, must be an occupant of the home, and on premises of the home at all times during hours of operation. In the event of rental or leased property, the operator must be the individual who occupies the residence. The operator of a family day care home or informal provider may not work outside of the home during the hours the family day care home is operating.

1.2 Large Family Child Care Homes

The operator of a large family child care home participating in the school readiness program must be at least 21 years of age, must be an occupant of the home, and on premises of the home at all times during hours of operation. In the event of rental or leased property, the operator must be the individual who occupies the residence. The operator of a large family

child care home may not work outside of the home during the hours the large family child care home is operating.

2 Substitutes/Employees

No person under the age of 18 may serve as a substitute for the operator of any home, or work as an employee in a large family child care home, whether on a temporary or emergency basis.

2.1 Substitutes.

There must be a written plan to ensure at least one other competent adult, who must be at least 18 years of age, is available as a substitute for the operator or employee (if applicable) on a temporary or emergency basis.

1. This plan must include the name, address, and telephone number of the designated substitute.
2. Proof of background screening clearance and completion of required training for the designated substitute must be maintained by the operator for review by the coalition and/or inspection authority.
3. Any changes to the substitute plan that occur must be submitted to the coalition and inspection authority within five working days of the change.

2.2 Employees.

In addition to the operator of the home, large family child care homes must have at least one full-time employee on the premises during its hours of operation.

1. Proof of background screening clearance and completion of required training for all employees must be maintained by the operator for review by the coalition and/or inspection authority.

3 Ratios/Group Size

Children benefit from social interactions with peers. However, larger groups are generally associated with less positive interactions and developmental outcomes.² Ratios and group sizes work to raise program quality due to increased individual attention and interaction for each child in care.³

School readiness programs operated within a family day care home or large family child care home must adhere to the following ratios/group sizes at all times while children are in care:⁴

3.1 Family Day Care Homes

A family day care home is allowed to provide care for **one** of the following groups of children, which includes household children under 13 years of age:

1. A maximum of four children from birth to 12 months of age.
2. A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.
3. A maximum of six preschool children if all are older than 12 months of age.
4. A maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age.

3.2 Large Family Child Care Homes

A large family child care home is allowed to provide care for **one** of the following groups of children, which includes household children under 13 years of age:

1. A maximum of 8 children from birth to 24 months of age.
2. A maximum of 12 children, with no more than 4 children under 24 months of age.

² Caring for Our Children: National Health and Safety Performance Standards, Pages 3-4, www.cfoc.nrckids.org

³ *Group Size – A Key Indicator of Quality*, Ruth A. Wilson, Ph.D. Early Childhood News, Retrieved from http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?articleID=576

⁴ Informal providers may not provide care for more than 2 unrelated children at one time.

4 Supervision

Direct supervision means actively watching and directing children’s activities within the same room or designated outdoor play area, and responding to the needs of each child. Supervision is basic to safety and the prevention of injury and maintaining a quality program.

1. The operator or employee (if applicable) of a school readiness program must provide direct supervision and be present with children in care at all times.
2. The operator must be capable of responding to emergencies at all times.
3. Supervision standards apply at all times away from the home, including during field trips, outdoor play, and when picking up or dropping off children at designated locations, such as bus stops, schools or a child’s home. The operator or employee (if applicable) of the home must know where children are and what they are doing at all times.
4. During nap time, supervision requires that the operator or employee (if applicable) be in close proximity, within sight and hearing of all the children. Nap time supervision, as described in this section, does not include supervision of children up to 24 months of age, who must be directly supervised at all times.
5. During evening child care hours, staff must remain awake at all times. While children are awake, direct supervision must be provided.
6. A program must not release a child to any unauthorized individual. All individuals authorized to pick up a child must be identified by the custodial parent or legal guardian, and the program must verify using picture identification. Identification is required on a continuous basis or until staff become familiar with the individuals picking up the children.
7. During meal/snack times, children must be individually fed and supervised appropriately for their ages.
 - a. When in care, infants must be held for bottle feedings until they are developmentally ready to sit in a high chair with good head control. Children must not be left in high chairs or other types of feeding chairs outside of feeding times. The use of safety straps to prevent falls is required whenever children are placed in high chairs.
 - b. There must be no propped bottles. If a child cannot hold the bottle, then the operator or employee must hold the bottle during feeding. No automatic feeding devices are permitted unless medically prescribed and documented in the child’s file.
8. A child who has been placed in an isolation area due to illness must be within sight and hearing of the operator or employee (if applicable).
9. Children must not be left in confining devices, such as car seats, as an alternative to active play or adult/child interaction, supervision, or discipline.
10. Children must receive supervision and care in accordance with their age and required needs, and be accounted for at all times while bathing or toileting.

11. No person shall be an operator, substitute, or employee in a school readiness program while using or under the influence narcotics, alcohol, or other drugs that impair an individual's ability to provide supervision and safe care.

5 Transportation (if applicable)

Family day care homes, large family child care homes, and informal providers are not required to provide transportation. However, it is necessary for the safety of children to require that caregivers comply with minimum requirements for governing the transportation of children in care in the absence of the parent/guardian.⁵ Please note that this section applies only to those programs who choose to provide transportation to children while in care.

5.1 Vehicles

For the purpose of this section, vehicles refer to those owned, operated or regularly used by the school readiness program to transport children, if applicable.

1. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. Documentation by the mechanic must be maintained in the vehicle.
2. The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory installed seat belts.
3. Each child, when transported, must be in an individual factory installed seat belt or federally approved child safety restraint appropriate for their age and size in accordance with s. 316.613, F.S. The child safety restraint should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats.
 - a. All children under age 6 must be in a car seat or booster seat with the appropriate seatbelt use.
 - b. All children age 6 and older must be in seat belts.

Note: *In 1999, the National Highway Traffic Safety Administration (NHTSA) issued "Guideline for the Safe Transportation of Pre-School Age Children in School Buses." The NHTSA recommends using properly secured child restraint systems for pre-school aged*

⁵ Caring for Our Children: National Health and Safety Performance Standards, Pages 287-293 cfoc.nrckids.org

children. For more information, go to <http://www.nhtsa.dot.gov/people/injury/buses/Guide1999/prekfinal.htm>.

4. Each vehicle must be equipped with contact information for all children being transported. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or medication must be available. The responsible adult must be trained to recognize and respond appropriately to an emergency.
5. All school readiness programs must comply with the insurance requirements found in Section 316.615(4), F.S., if providing transportation for children.
6. Smoking is prohibited in all vehicles while being used to transport children.

5.2 Driver Requirements

When any vehicle is regularly used by a school readiness program to provide transportation of children, the driver must have the following:

1. A valid Florida driver's license; and
2. An annual physical examination which grants medical approval to drive, and valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures.
3. Driver's Log. A log must be maintained for all children being transported in the vehicle. The log must be retained for a minimum of 15 months. The log must include each child's name, date, time of departure, time of arrival, and signature of the driver to verify that all children have left the vehicle.
 - a. Upon arrival at the destination, the driver of the vehicle must:
 - ✓ Mark each child off the log as the child departs the vehicle;
 - ✓ Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
 - ✓ Record, sign, and date the driver's log immediately, verifying that all children were accounted for, and that the visual sweep was conducted.
4. A means of instant communication must be available at all times while transporting children.

6 Planned Activities

All school readiness programs should have a written, comprehensive and coordinated plan of daily activities based on the program's chosen curriculum and each child's individual development, as well as appropriate activities for groups of children at each stage of development. Operators are encouraged to advise parents or legal guardians of their child's activities on a daily basis.

1. Each school readiness program must have a written and followed plan of scheduled activities.

- The written plan must meet the needs of the children being served and must include alternate activities in case of bad weather. The written plan also must include scheduled activities that:
- ✓ Promote emotional, social, intellectual and physical growth.
 - ✓ Limit electronic media time (television, videos, movies, or computer games) to no more than 2 hours per day for children older than 2 years of age. Computer use should be limited to no more than 15-minute increments, unless used for scholastic tutoring purposes.
 - ✓ Prohibit media time for children under 24 months of age or younger.
 - ✓ Include quiet and active play, both indoors and outdoors, if applicable.
 - ✓ Include meals, snacks, and nap times, if appropriate for the age and times children are in care.
2. A learning activity may not replace a regularly scheduled meal.
 3. Infants in care must be provided opportunities for outdoor time each day that weather permits.

An appropriate daily schedule provides flexibility and contains transition periods that help children move smoothly from one activity to another.

7 Field Trip Activity

1. Parents must be advised in advance of each field trip activity, including the date, time and location of the field trip.
2. A permission and transportation release form signed by the custodial parent or legal guardian of children in care must be on file for planned and unplanned activities. Written permission may be in the form of a general permission slip.
3. Documentation of parental permission for field trips must be maintained for a minimum of 15 months from the date of planned and unplanned activities.

8 Child Discipline

The word discipline means to teach and guide. Discipline is not a punishment but rather an opportunity to teach. Program personnel should guide children to develop self-control and appropriate behaviors in the context of relationships with peers and adults. Caregivers should care for children without ever resorting to physical punishment or abusive language. Discipline should be an ongoing process to help children learn to manage their own behavior in a socially acceptable

manner, and shouldn't just occur in response to a problem behavior.⁶

1. Each school readiness program must have written policies and procedures regarding discipline and expulsion of children in care.
2. Such policies must include standards that prohibit children from being subjected to discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting, and should include positive behavioral intervention models to reduce the occurrence of expulsion. Positive techniques are used to guide the behavior of children by setting appropriate limits and encouraging children to choose positive behaviors.
3. A copy of the program's written policies must be available for review by the parents or legal guardian, and the inspection authority.
4. All program operators, employees, and substitutes must comply with the program's written disciplinary and expulsion policies.
5. Active play must not be withheld from children as a form of discipline or consequence for misbehavior.
6. Spanking or any other form of physical punishment is prohibited. Rough or harsh handling of children is also prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; or covering a child's head, whether associated with discipline or not.

9 Physical Environment

Children are much more vulnerable to exposures of contaminated environmental media materials than adults because their bodies are developing. They eat more, drink more, and breathe more in proportion to their body size; and their behavior. Both the design structure and a lack of maintenance can lead to exposure of children to physical injury, mold, dust, pests, and toxic materials.⁷

1. All parts of the program premises, both indoors and outdoors, including furnishings, equipment and plumbing must be kept clean and sanitary, in an orderly condition, in good repair, and free from health and safety hazards and vermin at all times. During the hours that the program is in

⁶ Caring for Our Children: National Health and Safety Performance Standards, Page 70, www.cfoc.nrckids.org

⁷ Caring for Our Children: National Health and Safety Performance Standards, Pages 200-201, www.cfoc.nrckids.org

operation, no portion of the premises can be used for any activity that endangers the health and safety of the children.

2. The program premises must not be used for any business or purpose unrelated to care of children that can interfere with compliance with health and safety standards or permit the presence of unsupervised individuals, other than parents, legal guardians, or authorized individuals of children in care, who do not meet the screening and training requirements when children are in care.
3. It is the responsibility of the operator to ensure that all areas and equipment of the program premises are free from fire hazards, such as lint and dust build-up in heating and air vents, filters, exhaust fans, ceiling fans and dryer vents.
4. All areas and surfaces accessible to children must be free from toxic substances, bio-contaminants, and hazardous materials/equipment/tools, including power tools.
5. All potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled. These items, including knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked area or must be inaccessible and out of a child's reach at all times.
6. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as cleaning with hazardous materials or cleaning which poses a risk of slipping or falling.
7. Rodents and vermin must be exterminated. However, pest control must not take place while rooms are occupied by children.
8. All firearms and weapons, as defined in section 790.001, F.S., must be stored in a location inaccessible to children and in accordance with section 790.174, F.S., at all times. No firearms or weapons may be kept on a person located on the premises, excluding federal, state or local law enforcement officers.
9. Narcotics, alcohol or other impairing drugs must not be present on the premises.
10. Animals must be properly vaccinated, free from disease, and clean. Parents must be informed in writing of all animals on the premises. Current vaccinations records must be available for review by the inspection authority.
11. Pursuant to s. 386.204, F.S., while children are in care, smoking is prohibited within the school readiness program premises, in outdoor play areas, during field trips, and in vehicles when transporting children. Operators must notify custodial parents and legal guardians, in writing, if someone living in the home smokes.

9.1 Lighting

1. The program must maintain lighting that allows for safe movement and entering/exiting for children in care.

2. At all times and appropriate for the activity, lighting in the school readiness program must be sufficient enough to allow the operator to visually observe and supervise children in care.

9.2 Windows and Screens

When the windows or doors are open, for more than entering/exiting purposes, the premises must have and maintain screens to prevent entrance of any insects or rodents.

9.3 Temperature and Ventilation

1. An inside temperature of 65 to 82 degrees Fahrenheit must be maintained at all times.
2. Adequate ventilation must be maintained in all areas of the program premises where children are in care.

9.4 Nap and Sleep Space(s)/Safe Sleep Practices

For the purposes of this standard, sleeping refers to the normal night-time sleep cycle, while napping refers to a brief period of rest during daylight or early evening hours.

1. Each program must include a designated area where each child can sit quietly or lie down to rest or nap.
2. A minimum distance of 18 inches must be maintained around individual napping and sleeping spaces, except a maximum of two sides of a napping or sleeping space may be against a solid barrier, such as a wall. The solid side of a crib does not meet the requirement of a solid barrier.
3. Napping or sleeping spaces must not be in kitchens, bathrooms, utility rooms or garages.
4. If separate rooms are used for napping or sleeping, the doors to each room shall remain open to allow the operator to respond to emergencies and needs of the children.
5. Napping and sleeping spaces shall not be under or behind furniture or against furniture that may create a hazard or block exit routes.
6. Napping and sleeping spaces shall not interfere with exit areas, which must remain clear in accordance with fire safety regulations.
7. When in care, children up to one year of age must nap and sleep in an individual crib, port-a-crib, or playpen with sides. Crib sides must be raised and secured while an infant is in the crib, and bar spacing may not exceed two and three-eighths inches. Cribs must meet the construction regulations as outlined in Title 16, Parts 1219 & 1220, Code of Federal Regulations (January 2016), which is incorporated by reference. No double or multi-deck cribs, cots or beds may be used.
8. When napping or sleeping, infants in care must be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS) unless an alternate position is authorized in writing by a physician. The documentation must be maintained in the child's record.

9. Children one year of age or older may nap or sleep on beds used within the home, provided individual linens are provided for each child. Each child must have a separate bed, cot, crib, playpen, mattress or floor mat, except that two sibling preschool children may share a double bed.

9.5 Exit Areas

1. Exits should be clearly identified and visible at all times during operation of the program.
2. The exits should not be blocked at any time.

9.6 Bathrooms and Sinks

1. Each school readiness program must provide and maintain bathroom facilities that are easily accessible and at a height usable by the children. Platforms or stools are acceptable when they are safely constructed, with impervious surfaces that can be easily cleaned and sanitized or disinfected.
2. Potty chairs, if used, must be cleaned and sanitized or disinfected after each use.
3. Running water, soap, trash receptacles, toilet paper, and individual towels/disposable towels must be available and within reach of children using the bathroom.
4. Each child must have his own individually labeled towel and wash cloth. If disposable towels are used, they must be discarded after each use.
5. Each sink and toilet must be maintained in good operating condition, cleaned and sanitized or disinfected as needed, at least once per day.

9.7 Outdoor Play Area

1. The outdoor play area must be clean and free from litter, nails, glass and other hazards.
2. All school readiness program play activities must be suitable to each child's age and development.
3. Programs caring only for infants 12 months and under are not required to have an outdoor play area; however, Infants in care must be provided opportunities for outdoor time each day that weather permits.
4. For programs that provide only evening care, an outdoor play area is not required. However, an open area within the indoor premises must be designated for play that promotes the development of gross motor skills.
5. The outdoor play area must allow the operator, staff or substitute to clearly see children while playing on all outdoor equipment.

9.8 Fencing

1. The program's outdoor play area, if required, must maintain safe and adequate fencing or walls a minimum of four feet in height.
2. Fencing, including gates, must be continuous and must not have gaps that would allow children to exit the outdoor play area. The base of the fence must remain at ground level,

and be free from erosion or build-up to prevent inside or outside access by children or animals.

9.9 Swimming Areas

1. If a home has an in-ground or above-ground swimming pool that exceeds 1 foot in depth or, the following requirements must be met:
 - a. The pool must have either a fence or barrier on all four sides a minimum of four feet in height, which separates the home from the swimming pool, or a pool alarm that is operable at all times.
 - b. The fence or barrier must not have any gaps or openings that would allow a young child to crawl under, squeeze through, or climb over the barrier.
 - c. The exterior wall of the home with an ingress and egress does not constitute a fence or barrier.
 - d. Barriers may be temporary in nature, but must be sturdy and meet all the above requirements and be in place at all times while children are in care.
 - e. All doors or gates in the fence or barrier shall be locked at all times when children are in care and when the pool is not being used by the children in care.
2. All spas and hot tubs must meet the same barrier requirements for in-ground and above-ground swimming pools, or must be covered with a safety cover that meets the requirements of s. 515.25(1), F.S.
3. All exterior doors leading to the pool, spa or hot tub must remain locked at all times while children are in care.
4. Swimming pools must be maintained by using chlorine or other suitable chemicals.
5. If the program uses a swimming pool that exceeds three feet in depth, one person who has completed a basic water safety course must be present when children have access to the swimming area.
6. If a program uses swimming pools not at the program site or takes the children to water areas such as a beach or lake for swimming activities, the operator must ensure:
 - a. One person with a certified lifeguard certificate or equivalent is present when children are in the swimming area; or
 - b. A certified lifeguard is on duty.

10 Equipment and Furnishings

Equipment, materials, furnishings and play areas should be sturdy, safe and in good repair. Walls, ceilings, floors, furnishings, equipment, toys, and other surfaces should be suitable to the location and the users. They should be maintained in good repair, free from visible soil and clean. Equipment and furnishings should be placed to help prevent collisions and injuries, ensure proper supervision and permit freedom of movement by children. Televisions should be anchored or mounted to prevent

tipping over. Chairs and other furnishings that children can easily climb should be kept away from cabinets and shelves to discourage children from climbing to a dangerous height or reaching something hazardous.⁸ The program should make accommodations to the environment and schedule so that children with special needs may participate.

10.1 Indoor Equipment

1. A school readiness program must make available enough toys, equipment and furnishings suitable to each child's age and development for each child to be involved in activities. These items must be accessible and in good working order.
2. Toys, equipment and furnishings must be safe and maintained in a sanitary condition, and must be cleaned and sanitized or disinfected immediately if exposed to bodily fluids, such as saliva.
3. Programs must provide age-appropriate seating at meal and snack times for all children.

10.2 Outdoor Equipment

1. A school readiness program must provide and maintain enough usable equipment and offer play activities suitable to the age and development of each child.
2. All playground equipment, if provided, must be securely anchored, unless portable or stationary by design, in good repair, maintained in safe condition, and placed to ensure safe use by the children.
3. Permanent or stationary playground equipment must have a ground cover or other protective surface under the equipment that provides resilience, and is maintained to reduce the incidence of injuries to children in the event of falls.
4. All equipment, fences and objects on the program's premises must be free from sharp, broken and jagged edges, and must be properly placed to prevent overcrowding or safety hazards in any one area.
5. All equipment used in the outdoor play area must be constructed and maintained to allow for water drainage, and must be maintained in a safe and sanitary condition.
6. Sandboxes must be covered at the end of each day. The covering used must prevent access to the sandbox by animals.

⁸ Caring for our Children: National Health and Safety Performance Standards, Pages 239-240, cfoc.nrckids.org

11 Health and Sanitation

11.1 Drinking Water

1. Safe drinking water must be available to all children. If disposable cups are used, they must be discarded after each use.

11.2 Handwashing

1. Operators, substitutes, and children must wash their hands with soap and running water, dry thoroughly and follow personal hygiene procedures for themselves or while assisting others. Examples of activities when hand washing is required include, but are not limited to: before and after eating, immediately following outdoor play, after toileting, following the use of any cleaners or toxic chemicals, before and after administering medication, and during food preparation and snack distribution.
2. The use of hand sanitizers does not substitute for hand washing. However, when away from the program where no running water is available, hand sanitizers may be used. Examples of such places are field trips, nature trails or picnic areas where running water is not readily available.

11.3 Diapering

1. Hands must be washed and dried thoroughly after each diapering or toileting procedure, and all surfaces touched must be cleaned and sanitized or disinfected to prevent the spread of germs.
2. When children in diapers are in care, there must be a diaper changing area with an impermeable surface that is cleaned and sanitized or disinfected after each use.
3. The diaper changing area must be located separately from the kitchen, food service, and feeding areas.
4. Children must be attended at all times when being diapered or when changing clothes.
5. Items unrelated to diaper changing must not be stored or placed in the diaper changing area or on the diaper changing table.
6. Soiled items must immediately be placed in plastic lined, securely covered containers that are not accessible to children. The container(s) must be emptied, cleaned and sanitized or disinfected at least daily.
7. Children's wet or soiled clothing and crib sheets must be changed promptly.

11.4 Bedding and Linens

1. Each child in care must be provided safe and sanitary bedding to be used when napping or sleeping. Bedding must be appropriate for the child's size.
2. Sleep bedding includes beds, cots, cribs, or mattresses (excluding an air mattress or a foam mattress).

3. Nap bedding includes sleep bedding, cots, playpens, or floor mats.
 - ✓ Floor mats must be at least one inch thick, and covered with an impermeable surface cleaned and sanitized or disinfected after each use.
 - ✓ Nap bedding is not required for school-age children; however, the program must provide an area for children choosing to rest, as described in section 9.4 of this handbook.
4. Linens must be provided when children are sleeping, and pillows and blankets must be available.
5. Linens must be stored in an individual enclosed container when not in use to prevent the spread of germs or lice from other linens.
6. If children are sleeping overnight, the operator must ensure accepted bedtime routines are practiced, such as brushing teeth and washing face and hands.
 - ✓ Toothbrushes, towels, and wash cloths may not be shared.
 - ✓ Toothbrushes must be stored so that they cannot touch each other.

12 Health-Related Requirements

There are three common modes of transmission for the spread of microorganisms in child care settings: contact, droplet, and airborne. Many common infections encountered in the child care setting are transmitted by direct or indirect contact.

12.1 Communicable Disease Control

1. Children in care must be observed on a daily basis for signs of communicable disease.
2. Any person in the school readiness program suspected of having a communicable disease or who has a fever of 101 degrees Fahrenheit or higher in conjunction with any of the signs and symptoms listed below, must be removed from the program or placed in an isolation area until removed. Such person may not return without medical authorization, or until the signs and symptoms of the disease are no longer present. If it is the operator who is ill, the substitute must assume the operator's duties.
3. A child's condition must be reported to the custodial parent or legal guardian.
4. Signs and symptoms of suspected communicable disease include:
 - ✓ Severe coughing, causing a child to become red or blue in the face or to make a whooping sound;
 - ✓ Difficult or rapid breathing;
 - ✓ Stiff neck;
 - ✓ Diarrhea (more than one abnormally loose stool within a 24-hour period);
 - ✓ Temperature of 101 degrees Fahrenheit or higher in conjunction with any other signs of illness;
 - ✓ Pink eye;

- ✓ Exposed, open skin lesions;
 - ✓ Unusually dark urine and/or gray or white stool;
 - ✓ Yellowish skin or eyes; or
 - ✓ Any other unusual sign or symptom of illness.
5. A child identified as having head lice must not be permitted to return until the following day, and then only if treatment has occurred and been verified. Verification of treatment may include a product box, box top, empty bottle, or signed statement by a parent that treatment has occurred. The operator must treat areas, equipment, toys, and furnishings with which the child has been in contact.

12.2 Isolation Area

1. Each program must have a designated isolation area for a child who becomes ill while in care.
2. Linens and disposable items must be changed after each use.
3. The isolated child must be within sight and hearing of a staff person at all times. The child must be carefully observed at all times for worsening conditions.

12.3 Outbreaks

1. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease in accordance with Rule 64D-3.029, F.A.C., Communicable Disease Control – Diseases or Conditions to be Reported, and must follow the health department’s direction.
2. A suspected outbreak occurs when two or more children or adults have the onset of similar signs or symptoms, as outlined in section 15.1 above, within a 72-hour period or when a case of a serious or reportable communicable disease is diagnosed or suspected in a child or employee.

12.4 First Aid and Cardiopulmonary Resuscitation

1. The operator and substitute of a school readiness program must have a current and valid certificate(s) of course completion for first aid training and child cardiopulmonary resuscitation (CPR) procedures.
2. Certificates of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years.
3. In addition to any online course component, CPR courses must include on-site, instructor-based skill assessments by a certified CPR instructor. Documentation of completion of the online course (if applicable) and on-site assessment must be available for review by the inspection authority.
4. At least one first aid kit must be maintained on the premises of the program at all times, and on activities away from the program.
5. The first aid kit must be accessible to the operator and kept out of the reach of children

at all times.

6. The kit must be clearly labeled “First Aid.”

12.5 First Aid Kit Minimum Requirements

The first aid kit must, at a minimum, include:

- ✓ Soap (to be used with water) and/or hand sanitizer (for use when water may not be available),
- ✓ Band-aids or equivalent,
- ✓ Disposable non-porous gloves,
- ✓ Cotton balls or applicators,
- ✓ Sterile gauze pads and rolls,
- ✓ Adhesive tape,
- ✓ Thermometer,
- ✓ Tweezers,
- ✓ Pre-moistened wipes,
- ✓ Scissors, and
- ✓ A current resource guide on first aid and CPR procedures.

13 Fire Safety and Emergency Preparedness and Response

Regular fire safety checks by trained officials (i.e. fire department inspector or building code inspector) helps to ensure that programs continue to meet all applicable fire safety codes. Regular emergency and evacuation drills/exercises constitute an important safety practice in areas where these natural or human-generated disasters might occur. The routine practice of such drills fosters a calm, competent response to a natural or human-generated disaster when it occurs. There must be a plan to account for all children and adults present in a program at the time of an evacuation. Practice accounting for children and adults during evacuation drills makes it easier to do in the event of an emergency.⁹

⁹ Caring for Our Children: National Health and Safety Performance Standards, Pages 199, 370-371, cfoc.nrckids.org
School Readiness Program Health and Safety Standards Handbook | Page 26

13.1 Fire Safety

1. All school readiness programs operating in a home must conform to state standards adopted by the State Fire Marshal, Chapter 69A-36, F.A.C, Uniform Fire Safety Standards for Child Care Facilities.
2. The school readiness program must have and maintain an operable smoke detector and fire extinguisher with a current certificate on the program premises.
3. There must be at least one operable telephone on the program premises.

13.2 Fire Drills

1. During the program's licensure or registration year, fire drills must be conducted a minimum of 10 times and at various dates and times when children are in care.
2. The operator must maintain a written record of the fire drills showing the date, number of children in attendance, evacuation route used, and time taken to evacuate the premises. Each fire drill record must be maintained for a minimum of 15 months from the date of the fire drill. The fire drills conducted must include, at a minimum:
 - ✓ One fire drill using an alternate evacuation route, and
 - ✓ One fire drill in the presence of and at the request of the inspection authority in coordination with the operator.

13.3 Emergency Preparedness and Response

1. The operator must develop a written emergency preparedness plan that includes, at a minimum, procedures to be taken by the facility during a fire, evacuation, relocation, shelter in place, lockdown and inclement weather (for example: hurricanes, tropical storms or tornadoes), and to facilitate parent/guardian reunification onsite and offsite. The plan must include accommodations for infants and toddlers, if applicable, and must describe how the program, will meet the needs of all children, including children with special needs or with chronic medical conditions, during and following an emergency event.
2. Emergency preparedness drills must be conducted when children are in care. Each drill, excluding fire drills, outlined in the emergency preparedness plan must be practiced a minimum of one time per year. A current attendance record must accompany the operator during the drill or actual emergency and must be used to account for all children.
3. The operator must maintain a written record of emergency preparedness drills showing the type of drill, date conducted, number of children in attendance, and time taken to complete the drill.
4. Documentation of emergency preparedness drills must be maintained for a minimum of 15 months and available at the time of inspection for review by the inspection authority.

13.4 After a Fire or Natural Disaster

After a fire or natural disaster, the operator must notify their local coalition and inspection authority within 24 hours of operational status in order for the inspection authority to ensure health standards are being met for continued operation.

14 Emergency Procedures and Notification

1. Emergency telephone numbers must be posted on or near all telephones and must include 911, ambulance, fire, police, poison control center, Florida Abuse Hotline, and the county public health department. Additionally, the address and directions to the facility must be posted with descriptions of major intersections and local landmarks.
2. The operator must call 911 or other emergency numbers in the event of an emergency.
3. Custodial parents or legal guardians must be notified immediately in the event of any serious illness, accident, injury or emergency to their child, and their specific instructions regarding action to be taken under such circumstances must be obtained and followed.
4. If the custodial parent or legal guardian cannot be reached, the operator will contact those persons designated by the custodial parent or legal guardian to be contacted under such circumstances, and must follow any written instructions provided by the custodial parent or legal guardian.

14.1 Accidents/Incidents

1. All accidents, incidents, and observed health related signs and symptoms that occur at a program must be documented on the same day they occur.
2. This documentation must be shared with the custodial parent or legal guardian on the date of occurrence.
3. Documentation must include the name of the affected party, date and time of the occurrence, description of the occurrence, actions taken and by whom, and signature of operator and the custodial parent or legal guardian.
4. The documentation must be maintained for one year. If the parent or legal guardian does not pick up the child on the date of occurrence of the accident or incident, the individual authorized to pick up the child must sign and be provided a copy of the accident/incident form.
5. In the event of serious injury, the incident must immediately be reported to the appropriate coalition and inspection authority.

15 Medication

School readiness programs are not required to give medication; however, if a program chooses to do so, the following must apply:

1. The program operator must have written authorization from the custodial parent or legal guardian to give prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and must contain the child's name; name of the medication to be given; and date, time and amount of the dosage to be given.
2. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, and posted with the child's stored medication.
3. Prescription and non-prescription medication brought to the program by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician, child's name, name of the medication, and medication directions. All prescription and non-prescription medication must be dispensed according to written directions on the prescription label or printed manufacturer's label.
4. In the event of an emergency, non-prescription medication that is not brought in by the parent or legal guardian can be given only if the program has written permission from the parent or legal guardian to do so.
5. Any medication given under these conditions must be documented in the child's file, and the custodial parent or legal guardian must be notified on the day of occurrence.
6. The program must maintain a record for each child receiving medications that documents the full name of the child, the name of the medication, the date and time the medication was given, the amount and dosage, and the name of the person who gave the medication. The record must be maintained for a minimum of 15 months after the last day the child received the medicine.
7. All medicine must have child resistant caps, if applicable, and must either be stored in a locked area or must be out of any child's reach. If medication is stored in the kitchen area, it must be stored in a manner to prevent contamination of food or medication.
8. Medication that has expired or that is no longer being dispensed must be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled in the program.

16 Food and Nutrition

School readiness programs are not required to prepare and provide food to children in care. However, to ensure the health and safety of children in care, those programs choosing to provide meals and/or snacks must adhere to minimum standards for food preparation, storage, hygiene and handling set forth below.

16.1 Food Hygiene

Children are at a high risk for contracting food-borne illness, as their bodies are in the process of growing, developing, and building adequate immune systems to fight illness. While some food-borne illnesses originate at farms or food manufacturing plants, the majority are the result of poor food handling practices.

1. If the operator chooses to provide food to children in care, the operator must provide nutritious meals and snacks of a quantity and quality to meet the daily nutritional needs of the children. Planned weekly meal and snack menus must be available for review by the inspection authority.
2. Operators who participate in the USDA Child and Adult Care Food Program (CACFP) must provide nutritious meals and snacks in accordance with the Department of Health and the USDA requirements, which may be obtained from the USDA website at <http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>.
3. The USDA MyPlate must be used to determine nutrition, including what food groups to serve at each meal or snack and the serving size of the selected food for children ages two and older. Copies of the USDA MyPlate may be obtained from the USDA website at <http://www.choosemyplate.gov>.
4. Food provided to children in care must be free from spoilage and contamination and safe for human consumption, and must be stored and handled in a sanitary manner at all times.
5. Programs that choose not to serve or prepare meals and/or snacks may provide drinks and ready-to-eat snacks that are pre-packaged and do not require refrigeration.
6. If a program chooses not to provide meals and snacks, arrangements must be made with the custodial parent or legal guardian to provide nutritional food for the child. In the event that a child's parent fails to provide nutritious meals/snacks, the program must provide supplemental food items to complete the child's meal.
7. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care.

16.2 Breastmilk, Infant Formula and Food

1. Breastmilk and formula must be handled in a sanitary manner at all times and according to manufacturer's instructions and instructions by parent.
2. The program must ensure all formulas and food brought from home are labeled with the child's first and last name.
3. Prepared bottles must be placed immediately in the refrigerator and used within 48 hours.

4. Breastmilk or infant formula provided for a specific infant by a parent or guardian must not be fed to other children.
5. In the event that the wrong breastmilk or infant formula is provided to an infant in care, the operator must immediately inform the child's parent or legal guardian of the incident as well as the parent or legal guardian of the infant that the formula/breast milk was intended.
6. Bottle warming. For optimum digestion, breastmilk and infant formula is to be served at body temperature.
7. Bottle warming devices and crock pots, including cords must be kept inaccessible to children at all times; must be maintained at the devices' lowest available temperature setting; and must be secured in such a manner as to prevent them from tipping over, splashing, or spilling. Any bottle warming device that has a water reservoir must be emptied, washed, and refilled each day.
8. Bottled breast milk, infant bottles, and formula must not be heated in a microwave oven.
9. Heated bottles or food must be tested before feeding to ensure heat is evenly distributed and to prevent injury to children.
10. A bottle may be warmed only once; a warmed bottle may not be returned to the refrigerator or re-warmed. All breastmilk and infant formula remaining in bottles after feeding must be discarded within one hour after serving an infant.

16.3 Dishwashing and Sanitization

For programs that serve food, food equipment, tableware and utensils used to prepare and serve food must be washed and sanitized after each use. Dishwashing and sanitization must be accomplished by one of the following:

1. A dishwasher with a sanitizing cycle.
2. An installed two-compartment sink used in conjunction with hot water and sanitizing dish soap. Sinks must be sanitized before and after each use.
3. Hot water sanitization. If hot water is used for sanitizing, equipment/dishes/utensils must be immersed for a period of at least one minute in hot water at a temperature of 170 degrees Fahrenheit or above.

16.4 Food Handling

1. Milk and food must not sit out for longer than 15 minutes prior to the beginning of the meal to avoid contamination and spoilage.
2. Food provided by parents must be stored and handled in a sanitary manner at all times. If food is supposed to be kept cold, the food must be stored in a refrigerator until eaten, or parents must include ice packs to keep food cold.
3. Bottles and sippy cups provided by the program must be washed and sanitized between each use. Bottles and sippy cups brought from home must be returned to the custodial

parent or legal guardian daily.

4. Bottles and sippy cups brought from home must be individually labeled with the child's first and last name. Bottles and sippy cups provided by the program which are washed, rinsed, and sanitized after each use do not have to be labeled.

17 Training Requirements

17.1 Pre-service Timeframe

All pre-service training requirements listed below must be completed by the school readiness program operator, employee(s), volunteers and substitutes, each as defined in this handbook, within 90 days of initial employment with any provider participating in the school readiness program. This timeframe does not start over if personnel change employment to another school readiness provider within this 90 days. Personnel who have not completed all pre-service training requirements may not be allowed any unsupervised contact with or care of children in a school readiness program.

17.2 Training Courses

All program personnel, volunteers and substitutes must successfully complete one of the following sets of pre-service training coursework:

1. Completion of the department-approved online or in-person child care training courses listed below, as evidenced by successful completion of competency based examinations offered by the department or its designated representative with a weighted score of 70 or better. Information on training course access and availability can be found on the department's website at <http://www.myflfamilies.com/service-programs/child-care/training>.
 - a. Each of the following:
 - ✓ Health, Safety and Nutrition;
 - ✓ Identifying and Reporting Child Abuse and Neglect;
 - ✓ Child Growth and Development; and
 - ✓ Behavioral Observation and Screening.
 - b. One of the following:
 - ✓ Infant and Toddler Appropriate Practices;
 - ✓ Preschool Appropriate Practices;
 - ✓ School-Age Appropriate Practices; or
 - ✓ Special Needs Appropriate Practices.
2. Completion of the below listed Early Learning Florida –University of Florida (ELFL) courses, as evidenced by successful completion of competency based examinations offered by ELFL with a weighted score of 70 or better. Information on course access and availability can be found at <https://www.earlylearningflorida.com/learningPlatform/user/login.lc>.

The below listed ELFL courses will be offered online and at no cost to providers and will be available no later than January 13, 2017. (*Note: Providers must be in compliance with pre-service training requirements on or before March 31, 2017*).

- a. Each of the following:
 - ✓ Health and Sanitation;
 - ✓ Safety of the Environment;
 - ✓ Transporting Children (if applicable);
 - ✓ Safe Sleep Practices;
 - ✓ Child Safety and Prevention;
 - ✓ Planning for Emergencies;
 - ✓ Developmentally Appropriate Practices; and
 - ✓ Preventing Child Abuse.
 - b. One of the following:
 - ✓ Supporting the Social-Emotional Development of Infants/Toddlers;
 - ✓ Supporting the Social-Emotional Development of Preschool/School-age Children; or
 - ✓ Supporting the Social-Emotional Development of Mixed-age Group Care.
3. Personnel employed by a public school district may show verification of completion of a course covering the identification and prevention of child abuse and neglect, which has been approved and administered by the school district, to meet the course requirement(s) above on the same subject matter.

17.3 Break in Service

1. In the event an individual leaves a school readiness program in compliance with the training requirements described in this section, and returns to the program either at the same or a different program facility, he or she must be granted 90 days to comply with any new mandated training requirements established during the gap in employment in the school readiness program.
2. In the event an individual leaves the school readiness program not in compliance with the training requirements described in this section, and returns to the program either at the same or a different program facility, prior to re-employment he or she must comply with the training requirements described in this section, in addition to any new mandated training requirements that may have been established during the gap in employment in the school readiness program.

17.4 Documentation of Training

Documentation of successful completion of all pre-service training requirements must be included in every personnel record maintained at the school readiness program. Successful completion of training requirements may be verified and documented through any of the

following methods:

1. A copy of the department’s training transcript(s).
2. A copy of Early Learning Florida’s training transcript(s).

17.5 Training Exemptions

The office shall exempt personnel with a Bachelor’s degree or higher in Early Childhood Education or related field from the following course requirements specific to each training option:

1. Department courses – Developmentally Appropriate Practices, and Behavioral Observation and Screening course requirements.
2. ELFL courses – Developmentally Appropriate Practices and Social-Emotional Development course requirements.

There are no educational exemptions from the “Identifying and Reporting Child Abuse and Neglect,” “Preventing Child Abuse” or any of the Health, Safety and Nutrition related course requirements for any of the three training options.

17.6 Annual In-Service Training

1. Upon successful completion of pre-service training requirements, all program personnel, volunteers and substitutes must complete a minimum of ten (10) clock-hours or one (1) CEU of in-service training annually during the program’s corresponding DCF licensure or registration year.
2. The annual ten (10) clock-hours or one (1) CEU of in-service training concentrating on children ages birth through 12 must be completed in one or more of the following areas (college-level courses will be accepted):
 - ✓ Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, use of safe sleep practices, administration of medicine, emergency preparedness, handling of hazardous materials;
 - ✓ Infant and/or Child CPR;
 - ✓ First Aid (may only be taken to meet the in-service requirement once every two years);
 - ✓ Nutrition, including age-appropriate feeding;
 - ✓ Child development – typical and atypical;
 - ✓ Child transportation and safety;
 - ✓ Social and emotional behavioral and mental health;
 - ✓ Family and community engagement;
 - ✓ Design and use of child-oriented space;
 - ✓ Community, health and social service resources;
 - ✓ Child abuse and neglect;
 - ✓ Child care for multilingual children;

- ✓ Caring for children with exceptionalities;
 - ✓ Access to physical activity, including safety in outdoor play;
 - ✓ Early and/or Emergent Literacy;
 - ✓ Guidance and discipline, including positive behavior supports and interventions;
 - ✓ Leadership development/program management and staff supervision;
 - ✓ Age-appropriate lesson planning;
 - ✓ Homework assistance for school-age care;
 - ✓ Food safety training; or
 - ✓ Developing special interest centers/spaces and environments.
3. CPR courses must include an on-site instructor-based skills assessment that must be documented by the certified CPR instructor.
 4. In-service training hours used to meet the 10-hour requirement may be earned in a variety of ways, such as participation at national, state, or local conferences relating to children; specialized workshops; college coursework; or completion of an online course provided by the DCF Training Coordinating Agency.
 5. Documentation of the in-service training requirement must be recorded on Form OEL-SR-6207, In-Service Training Record - School Readiness Program and must be included in the program facility's personnel records. Form-OEL-SR-6207 may be obtained from the Office's website at www.floridaearlylearning.com or from the following link: [FAR placeholder]. A new in-service training record is required each licensure or registration year. The in-service training records for the previous two licensure or registration years must also be maintained at the program facility for review by the inspection authority.
 6. Documentation of the in-service training requirement on the department's CF-FSP Form 5268, Child Care In-Service Training Record (July 2012), incorporated by reference in Rule 65C-20.009, F.A.C, will be accepted for school readiness program providers who are also child care providers regulated by the department or local licensing agency, as applicable. A copy of CF-FSP Form 5268 may be obtained on the department's website at <http://www.myflfamilies.com/service-programs/child-care/forms-and-applications>.
 7. Personnel not in compliance with the annual in-service training requirement described in this section must complete the remaining in-service training requirement within 30 days of the noncompliance finding by the inspection authority. These hours cannot be used to meet the current licensure or registration year's in-service training requirements.

18 Record Keeping

18.1 General Requirements

1. Each of the records described in this section (if applicable) and those required to document compliance with Section 1002.82, F.S. and rules adopted thereunder must be

maintained at the program location and must be available during the hours of operation for review by the inspection authority.

2. A copy of all background screening clearance documents for the operator, substitute(s), and employees (if applicable) must be provided to the inspection authority to be included in the official inspection file. Copies of required records are acceptable for documentation. Original documents are the property of the party providing the information.
 - ✓ Driver's log (if applicable). Must be retained for the previous 15 months.
 - ✓ Documentation of parental permission for field trips. Must be retained for a minimum of 15 months.
 - ✓ Facility's written disciplinary and expulsion policies.
 - ✓ Written record of fire drills. Must be maintained for a minimum of 15 months.
 - ✓ Emergency evacuation plan and preparedness plan drills. Documentation must be maintained for 15 months from the date of each drill outlined in the plan.
 - ✓ Documentation of required first aid and child cardiopulmonary resuscitation (CPR) training requirement.
 - ✓ Documentation of completed pre-service and in-service training requirements for operator, substitute(s), volunteers and employees (if applicable).
 - ✓ Posted emergency telephone numbers, the facility address and directions to the facility.
 - ✓ Documentation of accidents/incidents. Must be maintained for 15 months.
 - ✓ Record for each child receiving medication. Must be maintained for a minimum of 15 months after the last day the child received the dosage.
 - ✓ Written documentation of known food or medicine allergies (if applicable). Must be maintained for as long as the child is in care.

18.2 Children's Files

1. Health Records. The operator must obtain from the parent or legal guardian for each child in care a current, complete and properly executed Student Health Examination form DH 3040 (July 2013), which is incorporated by reference, *or* a signed statement by authorized professionals that indicates the results of the components of the Student Health Examination form are included in the health examination. DH Form 3040 may be obtained from the local county health department.
 - ✓ The Student Health Examination must be completed by a health professional who is licensed in Florida or in the state where the student resided at the time of the health examination and who is authorized to perform a general health examination under such licensure.
 - ✓ The Student Health Examination or the signed statement is valid for two years from the date the physical was performed. An up-to-date version must be on file for as

long as the child is enrolled at the facility.

2. Immunization Records. The operator is responsible for obtaining from the custodial parent or legal guardian for each child in care, a current, complete and properly executed Florida Certification of Immunization form Part A-1, B, or C, DH 680 (July 2010), or the Religious Exemption from Immunization form, DH 681 (July 2008), which are incorporated by reference. DH Form 680 and DH Form 681 may be obtained from the local county health department.
 - ✓ Immunizations received out-of-state are acceptable; however immunizations must be documented on the Florida Certification of Immunization form and must be signed by a physician practicing in the State of Florida.
 - ✓ Specific immunization requirements are included and detailed in the most current edition of the Immunization Guidelines-Florida Schools, Child Care Facilities and Family Day Care Homes (March 2013), which is incorporated by reference.
3. If the custodial parents or legal guardians fail to provide the documentation required in paragraph (1) or (2) above within 30 days of enrollment, the operator shall not allow the child to remain enrolled in the program. If the custodial parents or legal guardians need assistance concerning these requirements, the operator shall refer them to the Department of Health or to the child's physician.
4. School-aged children attending public or non-public schools are not required to have student health examination and immunization records on file at the program since these records are on file at the school where the child is enrolled.
5. Medical records in this section are the property of the custodial parent or legal guardian and must be returned to them when the child withdraws from the program. The medical records are transferable if the child attends another program.
6. Enrollment Information. The operator must obtain enrollment information from the child's custodial parent or legal guardian prior to accepting a child in care.
7. Enrollment information must be kept current and on file and must include the following elements:
 - ✓ Child's full name, date of birth, sex, date of enrollment, physical address, and days of week in care;
 - ✓ Family information including name and contact information for custodial parent(s) or legal guardian;
 - ✓ Medical information, including permission and identification of medical personnel to contact in order to obtain emergency medical care if warranted and any allergies, special medical or dietary needs, or other areas of concern;
 - ✓ Emergency contact information for those adults authorized to remove the child from the facility in case of illness, accident, or emergency or if for some reason the custodial parent or legal guardian cannot be reached; and
 - ✓ Other helpful information about the child.

8. The child must not be released to any person other than the person(s) authorized or in the manner authorized in writing by the custodial parent or legal guardians.
9. There must be signed statements from the custodial parents or legal guardian that the school readiness program has provided them with the following information:
 - ✓ The program’s written disciplinary and expulsion policies and procedures.
 - ✓ Annually, during the months of August and September, the program must provide parents with information detailing the causes, symptoms, and transmission of the influenza virus.

18.3 Personnel Records

Records must be maintained and kept current on all school readiness program operators, substitutes or employee(s), if applicable. These must include:

1. A signed employment application with a statement indicating whether he or she has ever worked in a facility that has had a license or school readiness program contract denied, revoked, or suspended in any state or jurisdiction, or has been the subject of a disciplinary action or been fined while employed in a child care facility.
2. Documentation of position and date of employment.
3. A signed OEL-SR-6208, Child Abuse & Neglect Reporting Requirements form. Form OEL-SR-6208 must be signed annually by all program personnel.
 - ✓ A signed CF-FSP Form 5337 (October 2012), Child Abuse & Neglect Reporting Requirements, which is incorporated by reference, will be accepted in lieu of Form OEL-SR-6208 for providers also regulated by the Department.
4. Copies of required training information as described in section 17 of this handbook, including documentation for first aid and child CPR training and certification, if applicable.
5. For the Driver only (if applicable) - a copy of the driver’s license and the physician certification or another form containing the same elements of the physician certification, granting medical approval to operate a vehicle. In addition, valid certificate(s) of course completion for first aid training and child cardiopulmonary resuscitation (CPR) procedures must also be maintained in the driver’s personnel file.

18.4 Background Screening

For purposes of screening in family day care homes, large family child care homes, and informal provider homes, screening applies to any member of the home over the age of 12 years or any person over the age of 12 residing with the operator of the home. However, members of the operator’s family, or persons residing with the operator, who are between the ages of 12 years and 18 years are not be required to be fingerprinted, but must be screened for delinquency records.

Initial Screening. Screening information must be documented on Form CF-FSP 5131, Background Screening and Personnel File Requirements (July 2012), which is incorporated by

reference.

1. Level 2 background screening, as defined in section 435.04, F.S. is required for all personnel employed by a provider participating in the School Readiness Program pursuant to s. 1002.88(1)(e), F.S., and volunteers and substitutes as defined in this handbook, and includes a national and statewide criminal records search.
2. An employment history check must include the previous five years, which must include the applicant's job title and a description of his/her regular duties, confirmation of employment dates, and level of job performance. Failed attempts to obtain the employment history must be documented in the personnel file and include date, time, and the reason the information was not obtained.
3. A copy of all background screening clearance documents for the operator, all designated substitutes, employee(s) if applicable, and all other household members who are subject to screening must be maintained in the personnel file.

Re-Screening. A screening conducted under this rule is valid for five years, at which time a re-screen must be conducted in the same manner as the initial screening.

1. The five-year re-screen is required for the operator, substitute(s), employee(s), and household members between the ages of 12 and 18.
2. The five-year re-screen must include, at a minimum, national and statewide criminal records checks through the Florida Department of Law Enforcement (FDLE).
3. Documentation of clearance from the five year re-screening for the operator, all designated substitutes, employee(s) if applicable, and all other household members subject to screening must be maintained in the personnel file.
4. School readiness program personnel must be re-screened following a break in employment in the school readiness program or child care industry that exceeds 90 days.
5. If program personnel take a leave of absence, such as maternity leave, extended sick leave, migrant child care programs, etc., re-screening is not required unless the five-year re-screen has come due during the leave of absence.

All screening and rescreening must be processed using the Background Screening Clearinghouse. [Link for DCF BGS page -

<http://www.dcf.state.fl.us/programs/backgroundscreening/> and AHCA pg

<https://apps.ahca.myflorida.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal%2f>]

19 Access

A school readiness program must provide the custodial parent and/or legal guardian access, in person and by telephone, to the program during normal hours of operation and/or during the time the child is in care.

20 Child Safety

1. Program personnel must not exercise inappropriate interactions with children that are aggressive, demeaning, or intimidating.
2. All school readiness program providers and personnel, including substitutes and volunteers, must annually sign a statement of compliance with all child abuse and neglect reporting requirements provided in Section 39.201, F.S.
 - ✓ For purposes of this requirement providers and personnel must sign Form OEL-SR-6208.
 - ✓ For programs that are licensed and/or regulated by the department, Form CF-FSP-5337 will be accepted.
 - ✓ Signed forms must be maintained in personnel files and available for review by the inspection authority.
3. Providers who fail to perform the duties of a mandatory reporter pursuant to Section 39.201, F.S. will be referred to their local coalition for corrective action, pursuant to the School Readiness Program Statewide Provider Contract.

21 Enforcement

This section adheres to the enforcement terms for a school readiness contract pursuant to the Statewide Provider Contract for the School Readiness Program, Form OEL-SR-20, incorporated by reference in Rule 6M-4.610, F.A.C.

21.1 Definitions.

For purposes of this section:

- ✓ **“Day”** means a weekday, excluding weekends and holidays.
- ✓ **“Corrective Action Notice”** refers to the written notice from a coalition to a school readiness provider of their failure to comply with the provisions governing the School Readiness Program or the requirements of the Statewide Provider Contract for the School Readiness Program identifying the specific requirement(s) which the provider failed to meet and how the provider failed to meet each requirements. In addition, the notice must provide a detailed description of the any required corrective action and set a deadline for completion of the corrective action.

- ✓ **“Probation”** is a status indicating the school readiness contract is in jeopardy of being terminated or not renewed due to violations of school readiness program standards
- ✓ **“Standards”** refer to health and safety and training requirements for the operation of a school readiness program facility provided in statute or in rule.
- ✓ **“Violation”** means a finding of noncompliance by the department or local licensing agency of a school readiness program health and safety or training standard.
- ✓ **“Class I Violation”** is an incident of noncompliance with a Class I standard as described on Form OEL-SR-6205 (August 2016) School Readiness Program Health and Safety Checklist. A copy of Form OEL-SR-6205 may be obtained from the office’s website at www.floridaearlylearning.com or from the following link [FAR placeholder]. Class I violations are the most serious in nature, pose an imminent threat to a child including abuse or neglect and which could or does result in death or serious harm to the health, safety or well-being of a child.
- ✓ **“Class II Violation”** is an incident of noncompliance with an individual Class II standard as described on Form OEL-SR-6201. Class II violations are less serious in nature than Class I violations, and could be anticipated to pose a threat to the health, safety or well-being of a child, although the threat is not imminent.
- ✓ **“Class III Violation”** is an incident of noncompliance with an individual Class III standard as described on Form OEL-SR-6201. Class III violations are less serious in nature than either Class I or Class II violations, and pose a low potential for harm to children.
- ✓ **“Technical Support Violations”** are the first or second occurrence of noncompliance of an individual Class III standard or the first occurrence of noncompliance of an individual Class II standard.

21.2 Disciplinary Actions.

1. The applicable inspection authority will follow up with the program (on-site if necessary) to ensure all issues of noncompliance relating to the health, safety and well-being of children in care are brought into compliance within the following timeframes:
 - (a) Class I Violations should be corrected at time of inspection, or within the timeframe recommended by the inspection authority.
 - (b) Class II Violations should be corrected within 7 days of inspection, or within the timeframe recommended by the inspection authority.
 - (c) Class III Violations should be corrected within 14 days of inspection, or within the timeframe recommended by the inspection authority.
2. Additionally, all issues of noncompliance will be referred to the early learning coalition for corrective action pursuant to the Statewide Provider Contract.
3. Enforcement of disciplinary actions in accordance with the Statewide Provider Contract will be applied progressively for each standard violation. In addition, school readiness program providers will be offered technical assistance in conjunction with any disciplinary

action. The coalition shall take into consideration the actions taken by the facility to correct the violation when determining the appropriate disciplinary action, as provided for in the Statewide Provider Contract.

4. Each standard violation has an assigned classification based on the nature or severity of the violation(s) as identified within the School Readiness Program Health and Safety Checklist, Form OEL-SR-6205.
5. A violation of a Class II standard that results in death or serious harm to a child shall escalate to a Class I violation.
6. Disciplinary actions for licensing violations that occur within a two year period shall be progressively enforced as follows:

(a) Class I Violations.

- i. For the first and second violation of a Class I standard, the coalition shall issue corrective action notice and place the provider's contract on probation status for a period not to exceed six months, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
- ii. For the third and subsequent violation of a Class I standard, the coalition shall issue a corrective action notice, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.

(b) Class II Violations.

- i. For the first violation of a Class II standard, the coalition shall provide technical assistance. This violation will be classified as "Technical Support."
- ii. For the second violation of the same Class II standard, the coalition shall issue a corrective action notice identifying specific corrective action items to bring the provider into compliance with standards.
- iii. For the third and fourth violation of the same Class II standard, the coalition shall issue a corrective action notice and place the provider's contract on probation status for a period not to exceed six months.
- iv. For the fifth and subsequent violation of the same Class II standard, the coalition shall issue a corrective action notice, or terminate the provider's school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
- v. If a provider receives more three or more of the same or different class II violations within the contract year, the coalition may place the provider on a corrective action plan if the coalition concludes corrective action will resolve the failure to comply.
- vi. If the coalition concludes that the corrective action will not resolve the failure to comply, the coalition may terminate the provider's contract.

(c) Class III Violations.

- i. For the first and second violation of a Class III standard, technical assistance shall be provided. These violations will be classified as “Technical Support.”
- ii. For the third violation of the same Class III standard, the coalition shall issue a corrective action notice identifying specific corrective action items to bring the provider into compliance with standards.
- iii. For the fourth and fifth violation of the same Class III standard, the coalition shall issue a corrective action notice and place the provider’s contract on probation status for a period not to exceed six months.
- iv. For the sixth and subsequent violation of the same Class III standard, the coalition shall issue a corrective action notice, or terminate the provider’s school readiness contract if the coalition determines that the class violation(s) pose an immediate and serious danger to the health and safety or welfare of children in care.
- v. If a provider receives more three or more of the same or different class II violations within the contract year, the coalition may place the provider on a corrective action plan if the coalition concludes corrective action will resolve the failure to comply.
- vi. If the coalition concludes that the corrective action will not resolve the failure to comply, the coalition may terminate the provider’s contract.

21.3 Probationary Status

1. If a coalition concludes that a school readiness provider has received a corrective action notice for the same violation two or more times or has had multiple corrective action plans within the contract year or if the corrective action plan is not completed within the prescribed timelines, the provider shall be placed on probation for a period up to six (6) months.
2. Probation may require the provider to comply with specific conditions intended to ensure that the provider comes into and maintains compliance with school readiness program standards. Examples of such conditions are: a deadline to remedy an existing violation, a specified period during which compliance with program standards must be strictly maintained; training or staff development; monitoring or technical assistance; and specified conditions under which the program must operate during the probationary period.
3. The coalition must notify the provider in writing of the terms and duration of the probation, including required timelines.
4. The terms of the probation must correlate to the basis of the corrective action.
5. If the provider has not satisfactorily completed the terms of its probation by the end of the contract term, the provider will still be held accountable for the terms of the probation of the previous contract if the provider remains eligible to deliver the School Readiness Program and executes a new contract with the coalition.

21.4 Termination

1. The coalition has the right to terminate a provider's contract for cause at any time, pursuant to the School Readiness Provider Contract. The following are grounds for termination for cause:
 - (a) Action, or lack of action, which immediately threatens the health, safety or welfare of children; or
 - (b) Failure to comply with the terms of the provider's contract, including failure to implement corrective action or comply with the terms of probation.

IN-SERVICE TRAINING RECORD School Readiness Program

1002.82(2)(t), Florida Statutes, states:

The office shall establish pre-service and in-service training requirements that address, at a minimum, school readiness child development standards, health and safety requirements, and social-emotional behavior intervention models, which may include positive behavior and support models.

Pursuant to the above statutory language, and in accordance with training requirements outlined in Forms OEL-SR-6202, OEL-SR-6204, and OEL-SR-6206, *School Readiness Health and Safety Standards Handbook*, all school readiness program personnel are required to complete, at a minimum, 10 hours or 1 CEU of in-service training annually. Annual in-service training must be completed during the state's fiscal year beginning July 1 and ending June 30 for center-based and public/non-public school programs, and during the program's licensure or registration year for family child care home and informal provider programs, in any of the following areas:

1. Health and safety, including universal precautions;
2. Infant and/or child CPR*;
3. First Aid (this training may only be taken to meet the in-service requirement once every 2 yrs.);
4. Nutrition, including age-appropriate feeding;
5. Child development – typical and atypical;
6. Child transportation and safety;
7. Social and emotional behavioral and mental health;
8. Family and community engagement;
9. Design and use of child oriented space;
10. Community, health and social service resources;
11. Child abuse and neglect;
12. Child care for multilingual children;
13. Caring for children with exceptionalities;
14. Access to physical activity, including safety in outdoor play;
15. Early and/or Emergent Literacy;
16. Guidance and discipline, including positive behavior supports and interventions;
17. Leadership development/program management and staff supervision;
18. Age appropriate lesson planning;
19. Homework assistance for school-age care;
20. Food Safety training; or
21. Developing special interest centers/spaces and environments.

This record, including the log on the following page, must be maintained in the employee's file for the purpose of documenting in-service training. The log must be completed in its entirety and copies of supporting documents (i.e., certificates, diplomas, agendas) must be attached.

NOTE: *Supporting documentation is not required for state approved courses taken as in-service training. The signature of the trainer is sufficient to document course attendance.*

In-service training hours used to meet the 10-hour in-service requirement may be earned in a variety of ways such as participation at national, state, or local conferences relating to children; specialized workshops; or completion of an online course provided by the DCF Training Coordinating Agency.

*CPR courses must include an on-site instructor-based skills assessment that shall be documented by the certified CPR instructor.

IN-SERVICE TRAINING RECORD School Readiness Program

Employee Name: _____

Fiscal Year: July 1, 20__ through June 30, 20__

Licensure or Registration Year: _____

A new log is required for center-based and public/non-public school programs each fiscal year (July 1-June 30), and for family child care home and informal provider programs each licensure or registration year, for the purposes of documenting annual in-service training. Copies of supporting documents (e.g., certificates, training transcripts, diplomas, agendas) must be attached. Additional copies of this log may be printed as needed.

NOTE: Supporting documentation is not required for state approved courses taken as in-service training. The signature of the trainer is sufficient to document course attendance.

Date	Subject	Agency and Trainer	# Of Hrs (or CEU)	Signature of Trainer or Signature of Director/Owner/Operator



CHILD ABUSE & NEGLECT REPORTING REQUIREMENTS School Readiness Program

All school readiness program personnel are mandated by law to report their knowledge or suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201, Florida Statutes (F.S.).

- * School readiness program personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.01, F.S., as "any willful or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

Categories include:

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
 - Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
 - Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- * Reports must be made immediately to the Florida Abuse Hotline Information System by
 - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
 - Fax at 1-800-914-0004, or
 - Online at <http://www.dcf.state.fl.us/abuse/report>.
 - * Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of school readiness program standards, and is a felony of the third degree. **Remember**, it is each program personnel's responsibility to report suspected abuse and/or neglect.
 - * All reports are confidential. However, persons who are mandated reporters (including all school readiness program personnel) are required to give their name when making a report.
 - * It is important to give as much identifying and factual information as possible when making a report.
 - * Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
 - * For more information about child abuse and neglect, visit the Department of Children and Families' website at www.myflfamilies.com/childcare and select "Training Requirements." The Department offers a 4-hour Identifying and Reporting Child Abuse and Neglect course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor- based throughout Florida.

This statement is to verify that on _____, 20____, I, _____,
DatePrint Name of Employee
have read and fully understand the information and my mandated reporting responsibility and requirements.

Signature of Employee (for facility or large family child care home)

Signature of Operator



RELIGIOUS EXEMPTION FROM IMMUNIZATION
 Exención Religiosa Para La Inmunización
 Eksepsyon Pou Kwayans Relijyon Pou Pa Nan Pran Piki Ak Vaksen

<p>Child's Name (printed) Nombre Del Niño (con letra de imprenta)</p> <p>Non Timoun Nan (an gran karaktè)</p>	<p>/ /</p> <p>Date of Birth Fecha De Nacimiento Dat Li Te Fèt</p>	<p>- -</p> <p>Child's SS# (optional) Número De Seguro Social Del Niño (opcional) Nimewo Sekirite Sosyal Timoun Nan (si ou vie)</p>	<p>Name of Parent or Guardian Nombre Del Padre O Guardián</p> <p>Non Paran Oubyen Moun Ki Reskonsab Li Ya</p>
---	--	---	---

<p><i>(English)</i> I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices. Therefore, I request that my child be enrolled in school, preschool, child day care facilities, or family day care homes without immunizations required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S.</p> <p>The presence of any of the communicable diseases for which immunization is required by the Department of Health in Florida schools, preschools, child day care facilities, or family day care homes shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from the facility by the district school board or governing authority until such time as is specified by the county health department director or administrator.</p>	<p><i>(Spanish)</i> Yo soy uno de los padres o el guardián legal del niño mencionado anteriormente. Las inmunizaciones están en conflicto con mis principios o prácticas religiosas. Por lo tanto, pido que mi hijo se matricule en el colegio, preescolar, guardería infantil o servicios de cuidado para familias sin las inmunizaciones requeridas por las secciones 1003.22, F.A., 402.305, F.S., y 402.313, F.S.</p> <p>La presencia de cualquier enfermedad contagiosa para la cual el Departamento de Salud en los colegios, preescolares, guarderías infantiles o servicios de cuidado para familias de la Florida requiere inmunización permitirá que el director o el administrador del departamento de salud del condado o el oficial de salud estatal declare una emergencia de enfermedad contagiosa. Aquellos niños que sean identificados como no inmunizados contra la enfermedad para la cual se ha declarado la emergencia serán excluidos temporalmente de las instalaciones por parte de la junta del distrito escolar o las autoridades gobernantes hasta que el director o el administrador del departamento de salud del condado lo especifique necesario.</p>	<p><i>(Creole)</i> Mwen menm se paran oubyen moun ki reskonsab devan lalwa timoun sa ke nou sot baw non li ya piwo wa. Sa yo ap fè nan san yo tankou piki, seròm ak vaksen pa mache ak prensip oubyen ak pratik ki gen nan legliz mwen yan. Poutèt sa, mwen mande ke timoun mwen yan enskri nan lekòl, lekòl matènèl, jaden danfan, oubyen kote yo fè gadri pou timoun, san ke yo pa bezwen pran vaksen yo jan atik 1003.22, F.S., 402.305, F.S., ak 402.313, F.S. yo mandel.</p> <p>Prezans nenpòt ki maladi kontajyez ki bezwen pou moun nan pran piki ak vaksen kan mèm dwe rekòmande pa Sèvis Sante ki nan lekòl yo ki anndan eta Florid la, lekòl matènèl, kote ke yo fasilite swen pou timoun, oubyen nan kay fanmi ki ap bay swen yo pou ka pèmèt direktè oubyen administratè Sante zòn nan oubyen ofisyè sante eta deklare ke ou genyen you maladi kontajyez ki gen ijans. Timoun sa yo ke yo idanfifye ki pa te pran piki, seròm ak lòt bagay nan san kont maladi kontajyez ke yo deklare ki gen ijans lan nou pral mete yo deyò pou you ti tan jiskaske direktè ya oubyen administratè sante zòn nan deklare ke lè ya rive pou yo tounen.</p>
--	---	---

<p>Electronic Signature of Parent or Guardian Firma del Padre o Guardián Siyati Paran Oubyen Moun Ki Reskonsab Li</p>	<p>/ /</p> <p>Date Fecha Dat</p>	
<p>Electronic Signature of Director/Administrator</p>	<p>/ /</p> <p>Date</p>	<p align="center">County Health Department</p>



STATE OF FLORIDA School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. *(Please explain any “Yes” answers in the space provided below.)*

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child’s health and educational needs.

Signature of Parent/Guardian
Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ <i>(check one)</i> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with 4 columns: Vision - Without Glasses, Vision - With Glasses, Hearing - Right, Hearing - Left. Each cell contains checkboxes for Passed, Failed, and Referred.

Gross dental (teeth and gums) Head/scalp/skin Eyes/Ears/Nose/Throat Chest/Lungs/Heart Abdomen Postural assessment. Each item has checkboxes for Normal and Abnormal, followed by a line for Refer/Tx.

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Checkboxes for Vision, Hearing, Speech/Language, Physical, Social/Behavioral, Cognitive.

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below. (This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- Checkboxes for: This child may participate fully in school activities including physical education. This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction)

Signature/Title of Health Care Provider, Date, Address (Please print or stamp)

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
Close contact to active TB case
Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
If symptoms are present, work-up or refer for TB disease evaluation.

Consumer Product Safety Commission

§ 1219.1

(viii) 7.12.4.2. If the base/stand supports the bassinet bed and the angle of the mattress support surface measured in 7.12.4.1 is less than 20 degrees from a horizontal plane, evaluate whether the bassinet has a false latch/lock visual indicator per 6.10.4.

(ix) 7.12.4.3. If the base/stand supports the bassinet bed, and the angle of the mattress support surface measured in 7.12.4.1 is less than 20 degrees from a horizontal plane, and the bassinet does not contain a false latch/lock visual indicator, test the unit in accordance with sections 7.4.2 through 7.4.7.

(x) 7.12.5. Repeat 7.12.2 through 7.12.4 for all of the manufacturer's base/stand recommended positions and use modes.

(xi) 7.12.6. Repeat 7.12.4 through 7.12.5 with the bassinet bed rotated 180 degrees from the manufacturers recommended use orientation, if the base/stand supports the bassinet bed in this orientation.

(A) *Rationale.* (1) This test requirement addresses fatal and nonfatal incidents involving bassinet beds that tipped over or fell off their base/stand when they were not properly locked/latched to their base/stand or the latch failed to engage as intended. Products that appear to be in an intended use position when the lock or latch is not properly engaged can create a false sense of security by appearing to be stable. Unsecured or misaligned lock/latch systems are a hidden hazard because they are not easily seen by consumers due to being located beneath the bassinet or covered by decorative skirts. In addition, consumers will avoid activating lock/latch mechanisms for numerous reasons if a bassinet bed appears stable when placed on a stand/base. Because of these foreseeable use conditions, this requirement has been added to ensure that bassinets with a removable bassinet bed feature will be inherently stable or it is obvious that they are not properly secured.

(2) 6.10 allows bassinet bed designs that:

(i) Cannot be supported by the base/stand in an unlocked configuration,

(ii) Automatically lock and cannot be placed in an unlocked position on the base/stand,

(iii) Are clearly and obviously unstable when the lock/latch is misaligned or unused,

(iv) Provide a visual warning to consumers when the product is not properly locked onto the base/stand, or

(v) Have lock/latch mechanisms that are not necessary to provide needed stability.

(B) [Reserved]

[78 FR 63034, Oct. 23, 2013; 78 FR 77574, Dec. 24, 2013]

PART 1219—SAFETY STANDARD FOR FULL-SIZE BABY CRIBS

Sec.

1219.1 Scope, compliance dates, and definitions.

1219.2 Requirements for full-size baby cribs.

AUTHORITY: Sec. 104, Pub. L. 110-314, 122 Stat. 3016 (August 14, 2008); Sec. 3, Pub. L. 112-28, 125 Stat. 273 (August 12, 2011).

SOURCE: 75 FR 81786, Dec. 28, 2010, unless otherwise noted.

§ 1219.1 Scope, compliance dates, and definitions.

(a) *Scope.* This part establishes a consumer product safety standard for new and used full-size baby cribs.

(b) *Compliance dates.* (1) Except as provided in paragraph (b)(2) of this section, compliance with this part 1219 shall be required on June 28, 2011, and applies to the manufacture, sale, contract for sale or resale, lease, sublet, offer, provision for use, or other placement in the stream of commerce of a new or used full-size baby crib on or after that date.

(2) Child care facilities, family child care homes, and places of public accommodation affecting commerce shall be required to comply with this part on December 28, 2012, but this provision applies only to the offer or provision for use of cribs by child care facilities, family child care homes, and places of public accommodation affecting commerce and not the sale, resale, or other placement in the stream of commerce of cribs by these entities.

(c) *Definitions.* (1) *Full-size baby crib* means a bed that is:

(i) Designed to provide sleeping accommodations for an infant;

(ii) Intended for use in the home, in a child care facility, a family child care

§ 1219.2

home, or place of public accommodation affecting commerce; and

(iii) Within a range of ± 5.1 cm (± 2 in.) of the following interior dimensions: The interior dimensions shall be 71 ± 1.6 cm ($28 \pm \frac{5}{16}$ in.) wide as measured between the innermost surfaces of the crib sides and 133 ± 1.6 cm ($52\frac{3}{8} \pm \frac{5}{16}$ in.) long as measured between the innermost surfaces of the crib end panels, slats, rods, or spindles. Both measurements are to be made at the level of the mattress support spring in each of its adjustable positions and no more than 5 cm (2 in.) from the crib corner posts or from the first spindle to the corresponding point of the first spindle at the other end of the crib. If a crib has contoured or decorative spindles, in either or both of the sides or ends, the measurement shall be determined from the largest diameter of the first turned spindle within a range of 10 cm (4 in.) above the mattress support spring in each of its adjustable positions, to a corresponding point on the first spindle or innermost surface of the opposite side of the crib.

(2) *Place of public accommodation affecting commerce* means any inn, hotel, or other establishment that provides lodging to transient guests, except that such term does not include an establishment treated as an apartment building for purposes of any State or local law or regulation or an establishment located within a building that contains not more than five rooms for rent or hire and that is actually occupied as a residence by the proprietor of such establishment.

§ 1219.2 Requirements for full-size baby cribs.

Each full-size baby crib shall comply with all applicable provisions of ASTM F1169-13, Standard Consumer Safety Specification for Full-Size Baby Cribs, approved May 1, 2013. The Director of the Federal Register approves this incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain a copy from ASTM International, 100 Barr Harbor Drive, P.O. Box 0700, West Conshohocken, PA 19428; telephone 610-832-9585; www.astm.org. You may inspect a copy at the Office of the Secretary, U.S. Consumer Product Safety Commission,

16 CFR Ch. II (1-1-16 Edition)

Room 820, 4330 East West Highway, Bethesda, MD 20814, telephone 301-50-7923, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

[79 FR 73696, Dec. 9, 2013]

PART 1220—SAFETY STANDARD FOR NON-FULL-SIZE BABY CRIBS

Sec.

1220.1 Scope, compliance dates, and definitions.

1220.2 Requirements for non-full-size baby cribs.

AUTHORITY: The Consumer Product Safety Improvement Act of 2008, Pub. L. 110-314, §104, 122 Stat. 3016 (August 14, 2008).

SOURCE: 75 FR 81787, Dec. 28, 2010, unless otherwise noted.

§ 1220.1 Scope, compliance dates, and definitions.

(a) *Scope.* This part establishes a consumer product safety standard for new and used non-full-size baby cribs.

(b) *Compliance dates.* (1) Except as provided in paragraph (b)(2) of this section, compliance with this part 1220 shall be required on June 28, 2011, and applies to the manufacture, sale, contract for sale or resale, lease, sublet, offer, provision for use, or other placement in the stream of commerce of a new or used non-full-size baby crib on or after that date.

(2) Child care facilities, family child care homes, and places of public accommodation affecting commerce shall be required to comply with this part on December 28, 2012, but this provision applies only to the offer or provision for use of cribs by child care facilities, family child care homes, and places of public accommodation affecting commerce and not the sale, resale, or other placement in the stream of commerce of cribs by these entities.

(c) *Definitions.* (1) *Non-full-size baby crib* means a bed that is:

(i) Designed to provide sleeping accommodations for an infant;

(ii) Intended for use in or around the home, for travel, in a child care facility, in a family child care home, in a place of public accommodation affecting commerce and other purposes;

(iii) Has an interior length dimension either greater than 139.7 cm (55 in.) or smaller than 126.3 cm (49 3/4 in.), or, an interior width dimension either greater than 77.7 cm (30 5/8 in.) or smaller than 64.3 cm (25 3/8 in.), or both;

(iv) Includes, but is not limited to, the following:

(A) *Portable crib*—a non-full-size baby crib designed so that it may be folded or collapsed, without disassembly, to occupy a volume substantially less than the volume it occupies when it is used.

(B) *Crib pen*—a non-full-size baby crib with rigid sides the legs of which may be removed or adjusted to provide a play pen or play yard for a child.

(C) *Specialty crib*—an unconventionally shaped (circular, hexagonal, etc.) non-full-size baby crib incorporating a special mattress or other unconventional components.

(D) *Undersize crib*—a non-full-size baby crib with an interior length dimension smaller than 126.3 cm (49 3/4 in.), or an interior width dimension smaller than 64.3 cm (25 3/8 in.), or both.

(E) *Oversize crib*—a non-full-size baby crib with an interior length dimension greater than 139.7 cm (55 in.), or an interior width dimension greater than 77.7 cm (30 5/8 in.), or both.

(v) Does not include mesh/net/screen cribs, nonrigidly constructed baby cribs, cradles (both rocker and pendulum types), car beds, baby baskets, and bassinets (also known as junior cribs).

(2) *Play yard* means a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children. It may fold for storage or travel.

(3) *Place of public accommodation affecting commerce* means any inn, hotel, or other establishment that provides lodging to transient guests, except that such term does not include an establishment treated as an apartment building for purposes of any State or local law or regulation or an establishment located within a building that

contains not more than five rooms for rent or hire and that is actually occupied as a residence by the proprietor of such establishment.

§ 1220.2 Requirements for non-full-size baby cribs.

(a) Except as provided in paragraph (b) of this section, each non-full-size baby crib shall comply with all applicable provisions of ASTM F 406-10a, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, approved October 15, 2010. The Director of the Federal Register approves this incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain a copy from ASTM International, 100 Bar Harbor Drive, PO Box 0700, West Conshohocken, PA 19428; telephone 610-832-9585; <http://www.astm.org>. You may inspect a copy at the Office of the Secretary, U.S. Consumer Product Safety Commission, Room 820, 4330 East West Highway, Bethesda, MD 20814, telephone 301-504-7923, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

(b) Comply with the ASTM F 406-10a standard with the following additions or exclusions:

(1) Do not comply with sections 5.6.2 through 5.6.2.4 of ASTM F 406-10a.

(2) Do not comply with section 5.16.2 of ASTM F 406-10a.

(3) Do not comply with section 6.10 of ASTM F 406-10a.

(4) Do not comply with section 7, *Performance Requirements for Mesh/Fabric Products*, of ASTM F 406-10a.

(5) Instead of complying with section 8.10.1 of ASTM F 406-10a, comply with the following:

(i) The spindle/slat static force test shall be performed with the spindle/slat assemblies removed from the crib and rigidly supported within 3 in. of each end of the upper and lower horizontal rails in a manner that shall not interfere with a spindle/slat deflecting under the applied force. For cribs incorporating foldable or moveable sides

for purposes of easier access to the occupant, storage and/or transport, each side segment (portion of side separated by hinges for folding) shall be tested separately.

(i) [Reserved]

(6) Do not comply with sections 8.11 through 8.11.2.4 of ASTM F 406–10a.

(7) Do not comply with sections 8.12 through 8.12.2.2 of ASTM F 406–10a.

(8) Do not comply with section 8.14 through 8.14.2 of ASTM F 406–10a.

(9) Do not comply with sections 8.15 through 8.15.3.3 of ASTM F 406–10a.

(10) Do not comply with sections 8.16 through 8.16.3 of ASTM F 406–10a.

(11) Do not comply with section 9.3.2 through 9.3.2.4 of ASTM F 406–10a.

(12) Instead of complying with section 9.4.2.6 of ASTM F 406–10a, comply with the following warning requirement:

(i) Child can become entrapped and die when improvised netting or covers are placed on top of product. Never add such items to confine child in product.

(ii) [Reserved]

PART 1221—SAFETY STANDARD FOR PLAY YARDS

Sec.

1221.1 Scope.

1221.2 Requirements for play yards.

AUTHORITY: The Consumer Product Safety Improvement Act of 2008, Pub. L. 110–314, section 104, 122 Stat. 3016 (August 14, 2008).

SOURCE: 77 FR 52228, Aug. 29, 2012, unless otherwise noted.

§ 1221.1 Scope.

This part establishes a consumer product safety standard for play yards manufactured or imported on or after February 19, 2014.

[78 FR 50335, Aug. 19, 2013]

§ 1221.2 Requirements for play yards.

(a) Except as provided in paragraph (b) of this section, each play yard must comply with all applicable provisions of ASTM F406–13, *Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards*, approved on May 1, 2013. The Director of the Federal Register approves this incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. You

may obtain a copy from ASTM International, 100 Bar Harbor Drive, P.O. Box 0700, West Conshohocken, PA 19428; <http://www.astm.org>. You may inspect a copy at the Office of the Secretary, U.S. Consumer Product Safety Commission, Room 820, 4330 East West Highway, Bethesda, MD 20814, telephone 301–504–7923, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

(b) Comply with the ASTM F406–13 standard with the following exclusions:

(1) Do not comply with section 5.17 of ASTM F406–13.

(2) Do not comply with section 5.20 of ASTM F406–13.

(3) Do not comply with section 6, Performance Requirements for Rigid-Sided Products, of ASTM F406–13, in its entirety.

(4) Do not comply with sections 8.1 through 8.10.5 of ASTM F406–13.

(5) Instead of complying with section 9.4.2.10 of ASTM F406–13, comply only with the following:

(i) 9.4.2.10 For products that have a separate mattress that is not permanently fixed in place: Use ONLY mattress/pad provided by manufacturer.

(ii) [Reserved]

(6) Do not comply with section 10.1.1.1 of ASTM F406–13.

[78 FR 50335, Aug. 19, 2013]

PART 1222—SAFETY STANDARD FOR BEDSIDE SLEEPERS

Sec.

1222.1 Scope.

1222.2 Requirements for bedside sleepers.

AUTHORITY: The Consumer Product Safety Improvement Act of 2008, Pub. L. 110–314, §104, 122 Stat. 3016 (August 14, 2008); Pub. L. 112–28, 125 Stat. 273 (August 12, 2011).

SOURCE: 79 FR 2589, Jan. 15, 2014, unless otherwise noted.

§ 1222.1 Scope.

This part establishes a consumer product safety standard for bedside sleepers.



United States Department of Agriculture



MyPlate Daily Checklist

Find your Healthy Eating Style

Everything you eat and drink matters. Find your healthy eating style that reflects your preferences, culture, traditions, and budget—and maintain it for a lifetime! The right mix can help you be healthier now and into the future. The key is choosing a variety of foods and beverages from each food group—and *making sure that each choice is limited in saturated fat, sodium, and added sugars*. Start with small changes—“MyWins”—to make healthier choices you can enjoy.

Food Group Amounts for 1,000 Calories a Day

 <p>1 cup</p> <p>Focus on whole fruits</p> <p>Focus on whole fruits that are fresh, frozen, canned, or dried.</p>	 <p>1 cup</p> <p>Vary your veggies</p> <p>Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.</p>	 <p>3 ounces</p> <p>Make half your grains whole grains</p> <p>Find whole-grain foods by reading the Nutrition Facts label and ingredients list.</p>	 <p>2 ounces</p> <p>Vary your protein routine</p> <p>Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.</p>	 <p>2 cups</p> <p>Move to low-fat or fat-free milk or yogurt</p> <p>Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat.</p>
---	---	--	---	---



Drink and eat less sodium, saturated fat, and added sugars. Limit:

- Sodium to **1,500 milligrams** a day.
- Saturated fat to **11 grams** a day.
- Added sugars to **25 grams** a day.

Be active your way: Children 2 to 5 years old should play actively every day.

Use SuperTracker to create a personal plan based on your age, sex, height, weight, and physical activity level.

SuperTracker.usda.gov

MyPlate Daily Checklist

Write down the foods you ate today and track your daily MyPlate, MyWins!

Food group targets for a 1,000 calorie* pattern are:	Write your food choices for each food group	Did you reach your target?	
 <p>Fruits 1 cup 1 cup of fruits counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked fruit; or • 1/2 cup dried fruit; or • 1 cup 100% fruit juice. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Limit:</p> <ul style="list-style-type: none"> • Sodium to 1,500 milligrams a day. • Saturated fat to 11 grams a day. • Added sugars to 25 grams a day.
 <p>Vegetables 1 cup 1 cup vegetables counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Grains 3 ounce equivalents 1 ounce of grains counts as</p> <ul style="list-style-type: none"> • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • 1/2 cup cooked rice, pasta, or cereal. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Be active your way:</p> <ul style="list-style-type: none"> • Children 2 to 5 years old should play actively every day.
 <p>Protein 2 ounce equivalents 1 ounce of protein counts as</p> <ul style="list-style-type: none"> • 1 ounce lean meat, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • 1/4 cup cooked beans or peas; or • 1/2 ounce nuts or seeds. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Dairy 2 cups 1 cup of dairy counts as</p> <ul style="list-style-type: none"> • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1 1/2 ounces natural cheese or 2 ounces processed cheese. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>* This 1,000 calorie pattern is only an estimate of your needs. Monitor your body weight and adjust your calories if needed.</p>



Track your MyPlate, MyWins



United States Department of Agriculture



MyPlate Daily Checklist

Find your Healthy Eating Style

Everything you eat and drink matters. Find your healthy eating style that reflects your preferences, culture, traditions, and budget—and maintain it for a lifetime! The right mix can help you be healthier now and into the future. The key is choosing a variety of foods and beverages from each food group—and *making sure that each choice is limited in saturated fat, sodium, and added sugars*. Start with small changes—“MyWins”—to make healthier choices you can enjoy.

Food Group Amounts for 1,200 Calories a Day

 <p>1 cup</p> <p>Focus on whole fruits</p> <p>Focus on whole fruits that are fresh, frozen, canned, or dried.</p>	 <p>1 1/2 cups</p> <p>Vary your veggies</p> <p>Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.</p>	 <p>4 ounces</p> <p>Make half your grains whole grains</p> <p>Find whole-grain foods by reading the Nutrition Facts label and ingredients list.</p>	 <p>3 ounces</p> <p>Vary your protein routine</p> <p>Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.</p>	 <p>2 1/2 cups</p> <p>Move to low-fat or fat-free milk or yogurt</p> <p>Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat.</p>
---	--	--	---	---



Drink and eat less sodium, saturated fat, and added sugars. Limit:

- Sodium to **1,500 milligrams** a day.
- Saturated fat to **13 grams** a day.
- Added sugars to **30 grams** a day.

Be active your way: Children 2 to 5 years old should play actively every day.

Use SuperTracker to create a personal plan based on your age, sex, height, weight, and physical activity level.

SuperTracker.usda.gov

MyPlate Daily Checklist

Write down the foods you ate today and track your daily MyPlate, MyWins!

Food group targets for a 1,200 calorie* pattern are:	Write your food choices for each food group	Did you reach your target?	
 <p>Fruits 1 cup 1 cup of fruits counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked fruit; or • 1/2 cup dried fruit; or • 1 cup 100% fruit juice. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Limit:</p> <ul style="list-style-type: none"> • Sodium to 1,500 milligrams a day. • Saturated fat to 13 grams a day. • Added sugars to 30 grams a day. <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Vegetables 1 1/2 cups 1 cup vegetables counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Grains 4 ounce equivalents 1 ounce of grains counts as</p> <ul style="list-style-type: none"> • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • 1/2 cup cooked rice, pasta, or cereal. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Protein 3 ounce equivalents 1 ounce of protein counts as</p> <ul style="list-style-type: none"> • 1 ounce lean meat, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • 1/4 cup cooked beans or peas; or • 1/2 ounce nuts or seeds. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Dairy 2 1/2 cups 1 cup of dairy counts as</p> <ul style="list-style-type: none"> • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1 1/2 ounces natural cheese or 2 ounces processed cheese. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	



Be active your way:

- Children 2 to 5 years old should play actively every day.

 Y N

* This 1,200 calorie pattern is only an estimate of your needs. Monitor your body weight and adjust your calories if needed.



Track your MyPlate, MyWins



United States Department of Agriculture

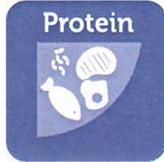


MyPlate Daily Checklist

Find your Healthy Eating Style

Everything you eat and drink matters. Find your healthy eating style that reflects your preferences, culture, traditions, and budget—and maintain it for a lifetime! The right mix can help you be healthier now and into the future. The key is choosing a variety of foods and beverages from each food group—and *making sure that each choice is limited in saturated fat, sodium, and added sugars*. Start with small changes—“MyWins”—to make healthier choices you can enjoy.

Food Group Amounts for 1,400 Calories a Day

 <p>1 1/2 cups</p> <p>Focus on whole fruits</p> <p>Focus on whole fruits that are fresh, frozen, canned, or dried.</p>	 <p>1 1/2 cups</p> <p>Vary your veggies</p> <p>Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.</p>	 <p>5 ounces</p> <p>Make half your grains whole grains</p> <p>Find whole-grain foods by reading the Nutrition Facts label and ingredients list.</p>	 <p>4 ounces</p> <p>Vary your protein routine</p> <p>Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.</p>	 <p>2 1/2 cups</p> <p>Move to low-fat or fat-free milk or yogurt</p> <p>Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat.</p>
--	--	--	---	---



Drink and eat less sodium, saturated fat, and added sugars. Limit:

- Sodium to **1,500 milligrams** a day.
- Saturated fat to **16 grams** a day.
- Added sugars to **35 grams** a day.

Be active your way: Children 2 to 5 years old should play actively every day.

Use SuperTracker to create a personal plan based on your age, sex, height, weight, and physical activity level.

SuperTracker.usda.gov

MyPlate Daily Checklist

Write down the foods you ate today and track your daily MyPlate, MyWins!

Food group targets for a 1,400 calorie* pattern are:	Write your food choices for each food group	Did you reach your target?	
 <p>Fruits 1 1/2 cups 1 cup of fruits counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked fruit; or • 1/2 cup dried fruit; or • 1 cup 100% fruit juice. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Limit:</p> <ul style="list-style-type: none"> • Sodium to 1,500 milligrams a day. • Saturated fat to 16 grams a day. • Added sugars to 35 grams a day. <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Vegetables 1 1/2 cups 1 cup vegetables counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Grains 5 ounce equivalents 1 ounce of grains counts as</p> <ul style="list-style-type: none"> • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • 1/2 cup cooked rice, pasta, or cereal. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Be active your way:</p> <ul style="list-style-type: none"> • Children 2 to 5 years old should play actively every day. <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Protein 4 ounce equivalents 1 ounce of protein counts as</p> <ul style="list-style-type: none"> • 1 ounce lean meat, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • 1/4 cup cooked beans or peas; or • 1/2 ounce nuts or seeds. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Dairy 2 1/2 cups 1 cup of dairy counts as</p> <ul style="list-style-type: none"> • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1 1/2 ounces natural cheese or 2 ounces processed cheese. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>* This 1,400 calorie pattern is only an estimate of your needs. Monitor your body weight and adjust your calories if needed.</p>



Track your MyPlate, MyWins



United States Department of Agriculture



MyPlate Daily Checklist

Find your Healthy Eating Style

Everything you eat and drink matters. Find your healthy eating style that reflects your preferences, culture, traditions, and budget—and maintain it for a lifetime! The right mix can help you be healthier now and into the future. The key is choosing a variety of foods and beverages from each food group—and *making sure that each choice is limited in saturated fat, sodium, and added sugars*. Start with small changes—“MyWins”—to make healthier choices you can enjoy.

Food Group Amounts for 1,600 Calories a Day

 <p>1 1/2 cups</p> <p>Focus on whole fruits</p> <p>Focus on whole fruits that are fresh, frozen, canned, or dried.</p>	 <p>2 cups</p> <p>Vary your veggies</p> <p>Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.</p>	 <p>5 ounces</p> <p>Make half your grains whole grains</p> <p>Find whole-grain foods by reading the Nutrition Facts label and ingredients list.</p>	 <p>5 ounces</p> <p>Vary your protein routine</p> <p>Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.</p>	 <p>2 1/2 cups</p> <p>Move to low-fat or fat-free milk or yogurt</p> <p>Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat.</p>
--	--	--	---	---



Drink and eat less sodium, saturated fat, and added sugars. Limit:

- Sodium to **1,900 milligrams** a day.
- Saturated fat to **18 grams** a day.
- Added sugars to **40 grams** a day.

Be active your way: Children 2 to 5 years old should play actively every day. Children 6 to 17 years old should move at least **60 minutes** every day.

Use SuperTracker to create a personal plan based on your age, sex, height, weight, and physical activity level.

SuperTracker.usda.gov

MyPlate Daily Checklist

Write down the foods you ate today and track your daily MyPlate, MyWins!

Food group targets for a 1,600 calorie* pattern are:	Write your food choices for each food group	Did you reach your target?	
 <p>Fruits 1 1/2 cups 1 cup of fruits counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked fruit; or • 1/2 cup dried fruit; or • 1 cup 100% fruit juice. 	<hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Limit:</p> <ul style="list-style-type: none"> • Sodium to 1,900 milligrams a day. • Saturated fat to 18 grams a day. • Added sugars to 40 grams a day. <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Vegetables 2 cups 1 cup vegetables counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice. 	<hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Grains 5 ounce equivalents 1 ounce of grains counts as</p> <ul style="list-style-type: none"> • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • 1/2 cup cooked rice, pasta, or cereal. 	<hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Activity Be active your way:</p> <ul style="list-style-type: none"> • Children 2 to 5 years old should play actively every day. • Children 6 to 17 years old should move at least 60 minutes every day. <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Protein 5 ounce equivalents 1 ounce of protein counts as</p> <ul style="list-style-type: none"> • 1 ounce lean meat, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • 1/4 cup cooked beans or peas; or • 1/2 ounce nuts or seeds. 	<hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Dairy 2 1/2 cups 1 cup of dairy counts as</p> <ul style="list-style-type: none"> • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1 1/2 ounces natural cheese or 2 ounces processed cheese. 	<hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>* This 1,600 calorie pattern is only an estimate of your needs. Monitor your body weight and adjust your calories if needed.</p>



Track your MyPlate, MyWins



United States Department of Agriculture



MyPlate Daily Checklist

Find your Healthy Eating Style

Everything you eat and drink matters. Find your healthy eating style that reflects your preferences, culture, traditions, and budget—and maintain it for a lifetime! The right mix can help you be healthier now and into the future. The key is choosing a variety of foods and beverages from each food group—and *making sure that each choice is limited in saturated fat, sodium, and added sugars*. Start with small changes—“MyWins”—to make healthier choices you can enjoy.

Food Group Amounts for 1,800 Calories a Day

 <p>1 1/2 cups</p> <p>Focus on whole fruits</p> <p>Focus on whole fruits that are fresh, frozen, canned, or dried.</p>	 <p>2 1/2 cups</p> <p>Vary your veggies</p> <p>Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.</p>	 <p>6 ounces</p> <p>Make half your grains whole grains</p> <p>Find whole-grain foods by reading the Nutrition Facts label and ingredients list.</p>	 <p>5 ounces</p> <p>Vary your protein routine</p> <p>Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.</p>	 <p>2 1/2 cups</p> <p>Move to low-fat or fat-free milk or yogurt</p> <p>Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat.</p>
--	--	--	---	---



Drink and eat less sodium, saturated fat, and added sugars. Limit:

- Sodium to 1,900 milligrams a day.
- Saturated fat to 20 grams a day.
- Added sugars to 45 grams a day.

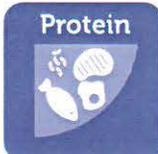
Be active your way: Children 2 to 5 years old should play actively every day. Children 6 to 17 years old should move at least 60 minutes every day.

Use SuperTracker to create a personal plan based on your age, sex, height, weight, and physical activity level.

SuperTracker.usda.gov

MyPlate Daily Checklist

Write down the foods you ate today and track your daily MyPlate, MyWins!

Food group targets for a 1,800 calorie* pattern are:	Write your food choices for each food group	Did you reach your target?	
 <p>Fruits 1 1/2 cups 1 cup of fruits counts as • 1 cup raw or cooked fruit; or • 1/2 cup dried fruit; or • 1 cup 100% fruit juice.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Limit: • Sodium to 1,900 milligrams a day. • Saturated fat to 20 grams a day. • Added sugars to 45 grams a day.</p> <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Vegetables 2 1/2 cups 1 cup vegetables counts as • 1 cup raw or cooked vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Grains 6 ounce equivalents 1 ounce of grains counts as • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • 1/2 cup cooked rice, pasta, or cereal.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Be active your way: • Children 2 to 5 years old should play actively every day. • Children 6 to 17 years old should move at least 60 minutes every day.</p> <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Protein 5 ounce equivalents 1 ounce of protein counts as • 1 ounce lean meat, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • 1/4 cup cooked beans or peas; or • 1/2 ounce nuts or seeds.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Dairy 2 1/2 cups 1 cup of dairy counts as • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1 1/2 ounces natural cheese or 2 ounces processed cheese.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>* This 1,800 calorie pattern is only an estimate of your needs. Monitor your body weight and adjust your calories if needed.</p>



Track your MyPlate, MyWins



United States Department of Agriculture



MyPlate Daily Checklist

Find your Healthy Eating Style

Everything you eat and drink matters. Find your healthy eating style that reflects your preferences, culture, traditions, and budget—and maintain it for a lifetime! The right mix can help you be healthier now and into the future. The key is choosing a variety of foods and beverages from each food group—and *making sure that each choice is limited in saturated fat, sodium, and added sugars*. Start with small changes—“MyWins”—to make healthier choices you can enjoy.

Food Group Amounts for 2,000 Calories a Day

				
<p>2 cups</p> <p>Focus on whole fruits</p> <p>Focus on whole fruits that are fresh, frozen, canned, or dried.</p>	<p>2 1/2 cups</p> <p>Vary your veggies</p> <p>Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.</p>	<p>6 ounces</p> <p>Make half your grains whole grains</p> <p>Find whole-grain foods by reading the Nutrition Facts label and ingredients list.</p>	<p>5 1/2 ounces</p> <p>Vary your protein routine</p> <p>Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.</p>	<p>2 1/2 cups</p> <p>Move to low-fat or fat-free milk or yogurt</p> <p>Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat.</p>



Drink and eat less sodium, saturated fat, and added sugars. Limit:

- Sodium to **1,900 milligrams** a day.
- Saturated fat to **22 grams** a day.
- Added sugars to **50 grams** a day.

Be active your way: Children 2 to 5 years old should play actively every day. Children 6 to 17 years old should move at least **60 minutes** every day.

Use **SuperTracker** to create a personal plan based on your age, sex, height, weight, and physical activity level.

SuperTracker.usda.gov

MyPlate Daily Checklist

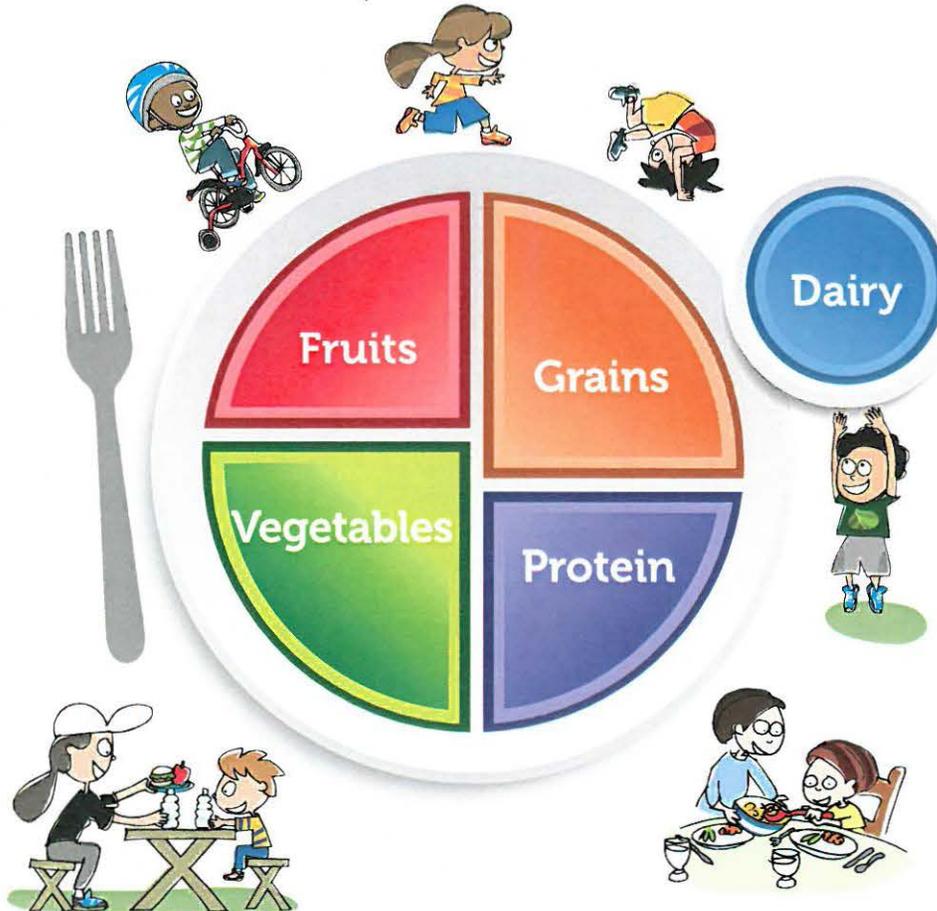
Write down the foods you ate today and track your daily MyPlate, MyWins!

Food group targets for a 2,000 calorie* pattern are:	Write your food choices for each food group	Did you reach your target?	
 <p>Fruits 2 cups 1 cup of fruits counts as • 1 cup raw or cooked fruit; or • 1/2 cup dried fruit; or • 1 cup 100% fruit juice.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Limit: • Sodium to 1,900 milligrams a day. • Saturated fat to 22 grams a day. • Added sugars to 50 grams a day.</p> <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Vegetables 2 1/2 cups 1 cup vegetables counts as • 1 cup raw or cooked vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Grains 6 ounce equivalents 1 ounce of grains counts as • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • 1/2 cup cooked rice, pasta, or cereal.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Be active your way: • Children 2 to 5 years old should play actively every day. • Children 6 to 17 years old should move at least 60 minutes every day.</p> <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Protein 5 1/2 ounce equivalents 1 ounce of protein counts as • 1 ounce lean meat, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • 1/4 cup cooked beans or peas; or • 1/2 ounce nuts or seeds.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Dairy 2 1/2 cups 1 cup of dairy counts as • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1 1/2 ounces natural cheese or 2 ounces processed cheese.</p>	_____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>* This 2,000 calorie pattern is only an estimate of your needs. Monitor your body weight and adjust your calories if needed.</p>

 **Track your MyPlate, MyWins**

Healthy Eating

for **preschoolers**



Choose **MyPlate.gov**

Get your child on the path to healthy eating.



Focus on the meal and each other.

Your child learns by watching you. Children are likely to copy your table manners, your likes and dislikes, and your willingness to try new foods.

Offer a variety of healthy foods.

Let your child choose how much to eat. Children are more likely to enjoy a food when eating it is their own choice.

Be patient with your child.

Sometimes new foods take time. Give children a taste at first and be patient with them. Offer new foods many times.

Let your children serve themselves.

Teach your children to take small amounts at first. Let them know they can get more if they are still hungry.

Cook together.

Eat together.

Talk together.

Make meal time family time.



U.S. Department of Agriculture
Food and Nutrition Service

FNS-451
October 2012

USDA is an equal opportunity provider and employer.

Healthy Eating for preschoolers

Daily Food Plan



Use this Plan as a general guide.

- These food plans are based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average. For example, food needs increase during growth spurts.
- Children's appetites vary from day to day. Some days they may eat less than these amounts; other days they may want more. Offer these amounts and let your child decide how much to eat.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits 	1 cup	1 - 1½ cups	1 - 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ½ cup 100% fruit juice ½ medium banana 4-5 large strawberries
Vegetables 	1 cup	1½ cups	1½ - 2 cups	½ cup of veggies? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn
Grains Make half your grains whole 	3 ounces	4 - 5 ounces	4 - 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked rice or pasta 1 tortilla (6" across)
Protein Foods 	2 ounces	3 - 4 ounces	3 - 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry, or seafood 1 egg 1 Tablespoon peanut butter ¼ cup cooked beans or peas (kidney, pinto, lentils)
Dairy Choose low-fat or fat-free 	2 cups	2 cups	2½ cups	½ cup of dairy? ½ cup milk 4 ounces yogurt ¾ ounce cheese 1 string cheese

Some foods are easy for your child to choke on while eating. Skip hard, small, whole foods, such as popcorn, nuts, seeds, and hard candy. Cut up foods such as hot dogs, grapes, and raw carrots into pieces smaller than the size of your child's throat—about the size of a nickel.

There are many ways to divide the Daily Food Plan into meals and snacks. View the "Meal and Snack Patterns and Ideas" to see how these amounts might look on your preschooler's plate at www.choosemyplate.gov/preschoolers.html.





RELIGIOUS EXEMPTION FROM IMMUNIZATION
 Exención Religiosa Para La Inmunización
 Eksepsyon Pou Kwayans Relijyon Pou Pa Nan Pran Piki Ak Vaksen

<p>Child's Name (printed) Nombre Del Niño (con letra de imprenta)</p> <p>Non Timoun Nan (an gran karaktè)</p>	<p>/ /</p> <p>Date of Birth Fecha De Nacimiento Dat Li Te Fèt</p>	<p>- -</p> <p>Child's SS# (optional) Número De Seguro Social Del Niño (opcional) Nimewo Sekirite Sosyal Timoun Nan (si ou vie)</p>	<p>Name of Parent or Guardian Nombre Del Padre O Guardián</p> <p>Non Paran Oubyen Moun Ki Reskonsab Li Ya</p>
---	--	---	---

<p><i>(English)</i> I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices. Therefore, I request that my child be enrolled in school, preschool, child day care facilities, or family day care homes without immunizations required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S.</p> <p>The presence of any of the communicable diseases for which immunization is required by the Department of Health in Florida schools, preschools, child day care facilities, or family day care homes shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from the facility by the district school board or governing authority until such time as is specified by the county health department director or administrator.</p>	<p><i>(Spanish)</i> Yo soy uno de los padres o el guardián legal del niño mencionado anteriormente. Las inmunizaciones están en conflicto con mis principios o prácticas religiosas. Por lo tanto, pido que mi hijo se matricule en el colegio, preescolar, guardería infantil o servicios de cuidado para familias sin las inmunizaciones requeridas por las secciones 1003.22, F.A., 402.305, F.S., y 402.313, F.S.</p> <p>La presencia de cualquier enfermedad contagiosa para la cual el Departamento de Salud en los colegios, preescolares, guarderías infantiles o servicios de cuidado para familias de la Florida requiere inmunización permitirá que el director o el administrador del departamento de salud del condado o el oficial de salud estatal declare una emergencia de enfermedad contagiosa. Aquellos niños que sean identificados como no inmunizados contra la enfermedad para la cual se ha declarado la emergencia serán excluidos temporalmente de las instalaciones por parte de la junta del distrito escolar o las autoridades gobernantes hasta que el director o el administrador del departamento de salud del condado lo especifique necesario.</p>	<p><i>(Creole)</i> Mwen menm se paran oubyen moun ki reskonsab devan lalwa timoun sa ke nou sot baw non li ya piwo wa. Sa yo ap fè nan san yo tankou piki, seròm ak vaksen pa mache ak prensip oubyen ak pratik ki gen nan legliz mwen yan. Poutèt sa, mwen mande ke timoun mwen yan enskri nan lekòl, lekòl matènèl, jaden danfan, oubyen kote yo fè gadri pou timoun, san ke yo pa bezwen pran vaksen yo jan atik 1003.22, F.S., 402.305, F.S., ak 402.313, F.S. yo mandel.</p> <p>Prezans nenpòt ki maladi kontajyez ki bezwen pou moun nan pran piki ak vaksen kan mèm dwe rekòmande pa Sèvis Sante ki nan lekòl yo ki anndan eta Florid la, lekòl matènèl, kote ke yo fasilite swen pou timoun, oubyen nan kay fanmi ki ap bay swen yo pou ka pèmèt direktè oubyen administratè Sante zòn nan oubyen ofisyè sante eta deklare ke ou genyen you maladi kontajyez ki gen ijans. Timoun sa yo ke yo idanfifye ki pa te pran piki, seròm ak lòt bagay nan san kont maladi kontajyez ke yo deklare ki gen ijans lan nou pral mete yo deyò pou you ti tan jiskaske direktè ya oubyen administratè sante zòn nan deklare ke lè ya rive pou yo tounen.</p>
--	---	---

<p>Electronic Signature of Parent or Guardian Firma del Padre o Guardián Siyati Paran Oubyen Moun Ki Reskonsab Li</p>	<p>/ /</p> <p>Date Fecha Dat</p>	
<p>Electronic Signature of Director/Administrator</p>	<p>/ /</p> <p>Date</p>	<p align="center">County Health Department</p>



BACKGROUND SCREENING & PERSONNEL FILE REQUIREMENTS

Place in employee file and attach all background screening documentation.
Authority: s. 402.301-319, F.S., and s. 435, F.S.

Name of Employee: _____

Name of Facility: _____

*Social Security #: _____ Date of Birth: _____ Employment Date: _____

*Pursuant to Chapter 435.05, F.S., the Department's license/registration application requires personnel to give their Social Security number for the purposes of background screening. Social security numbers are used by the Department for identity verification only.

Position Classification (check one)	Position Type (check all that apply)	Age Group Assigned (check one)	Education Level (check one)
<input type="checkbox"/> Child Care Personnel <input type="checkbox"/> Intermittent Volunteer <input type="checkbox"/> Other Personnel	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Lead Teacher (must select age group) <input type="checkbox"/> VPK Instructor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Substitute	<input type="checkbox"/> 0 – 12 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 4 Years VPK <input type="checkbox"/> 5+ Years <input type="checkbox"/> Mixed <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No High School/GED <input type="checkbox"/> High School Student <input type="checkbox"/> High School/GED <input type="checkbox"/> National Early Childhood Credential <input type="checkbox"/> Birth Through Five Child Care Credential <input type="checkbox"/> School-Age Child Care Credential <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or Higher

SCREENING DOCUMENTATION

All child care personnel are required by law to be screened pursuant to Chapter 435, F.S., as a condition of employment and continued employment.

Initial Screen

	<u>Date Livescanned</u> FDLE/ FBI	<u>Date completed</u> FDLE/ FBI
FINGERPRINT		
Affidavit of Good Moral Character (due on or before employment, following a 90 day break, or when changing employers)		N/A

5 Year Re-screen

	<u>Date Livescanned</u>	<u>Date completed</u>
FINGERPRINT		
FINGERPRINT		
FINGERPRINT		

OTHER REQUIREMENTS

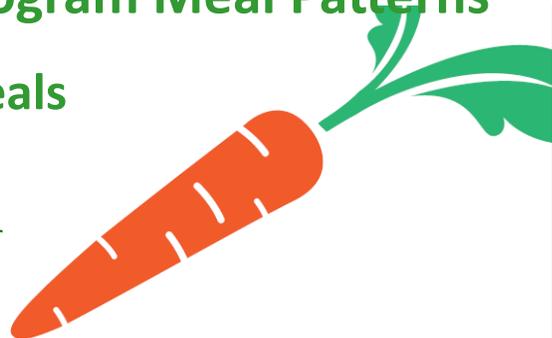
Date Employment References Checked: _____

Names of References (attach additional documentation if necessary):

Leave of Absence Documentation from Employer (if applicable):

NEW Child and Adult Care Food Program Meal Patterns

Child and Adult Meals



USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the new child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the new meal patterns by October 1, 2017.



New Child and Adult Meal Patterns

Greater variety of vegetables and fruits:

- * The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- * Juice is limited to once per day.

More whole grains:

- * At least one serving of grains per day must be whole grain-rich; 
- * Grain-based desserts no longer count towards the grains component; and
- * Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).

More protein options:

- * Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- * Tofu counts as a meat alternate.

Age appropriate meals:

- * A new age group to address the needs of older children 13 through 18 years old.

Less added sugar:

- * Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- * Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

Making every sip count:

- * Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults; 
- * Non-dairy milk substitutes that are nutritional-equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- * Yogurt may be served in place of milk once per day for adults only.

Additional improvements:

- * Extends offer versus serve to at-risk afterschool programs; and
- * Frying is not allowed as a way of preparing foods on-site.

See a side-by-side comparison of the old and new child and adult meal patterns on the other side. For more information on the new CACFP meal patterns visit: <http://www.fns.usda.gov/cacfp/meals-and-snacks>.

Old and New Child and Adult Meal Patterns: Let's Compare



Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Old	New	Old	New	Old	New	Old	New
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Vegetables, fruit, or both	¼ cup	¼ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	1 oz eq*	2 servings	2 oz eq*

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.

Oz eq = ounce equivalents

Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Old	New	Old	New	Old	New	Old	New
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
Meat and meat alternates	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
Vegetables	¼ cup	⅛ cup	½ cup	¼ cup	¾ cup	½ cup	1 cup	½ cup
Fruit		⅛ cup		¼ cup		¼ cup		½ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults

Oz eq = ounce equivalents

Snack Meal Pattern

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Old	New	Old	New	Old	New	Old	New
Milk	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
Meat and meat alternates	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
Vegetables	½ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
Fruit		½ cup		½ cup		¾ cup		½ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	1 serving	1 oz eq

Select 2 of the 5 components for snack.

Oz eq = ounce equivalents

Note: All serving sizes are minimum quantities of the food components that are required to be served.



CHILD MEAL PATTERN

Breakfast				
(Select all three components for a reimbursable meal)				
Food Components and Food Items¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18² <small>(at-risk afterschool programs and emergency shelters)</small>
Fluid Milk³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both⁴	¼ cup	½ cup	½ cup	½ cup
Grains (oz eq)^{5,6,7}				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{8,9}				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for only adult and at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁶ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁷ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

⁹ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

CHILD MEAL PATTERN

Lunch and Supper (Select all five components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² <small>(at-risk afterschool programs and emergency shelters)</small>
Fluid Milk³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products ⁴	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables⁶	⅛ cup	¼ cup	½ cup	½ cup
Fruits^{6,7}	⅛ cup	¼ cup	¼ cup	¼ cup
Grains (oz eq)^{8,9}				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

¹ Must serve all five components for a reimbursable meal. Offer versus serve is an option for only adult and at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

⁹ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.

¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

CHILD MEAL PATTERN

Snack				
(Select two of the five components for a reimbursable snack)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² <small>(at-risk afterschool programs and emergency shelters)</small>
Fluid Milk³	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products ⁴	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp	2 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
Vegetables⁶	½ cup	½ cup	¾ cup	¾ cup
Fruits⁶	½ cup	½ cup	¾ cup	¾ cup
Grains (oz eq)^{7,8}				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{9,10}				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

¹ Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁸ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁹ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

¹⁰ Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.



ADULT MEAL PATTERN

Breakfast (Select all three components for a reimbursable meal)	
Food Components and Food Items ¹	Minimum Quantities
Fluid Milk²	8 fluid ounces
Vegetables, fruits, or portions of both³	½ cup
Grains (oz eq)^{4,5,6}	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	2 servings
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁷ , cereal grain, and/or pasta	1 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{7,8}	
Flakes or rounds	2 cups
Puffed cereal	2 ½ cups
Granola	½ cup

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for only adult and at-risk afterschool participants.

² Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

³ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁴ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁵ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁶ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁷ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

⁸ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

ADULT MEAL PATTERN

Lunch and Supper (Select all five components for a reimbursable meal)	
Food Components and Food Items ¹	Minimum Quantities
Fluid Milk ^{2,3}	8 fluid ounces
Meat/meat alternates	
Lean meat, poultry, or fish	2 ounces
Tofu, soy product, or alternate protein product ⁴	2 ounces
Cheese	2 ounces
Large egg	1
Cooked dry beans or peas	½ cup
Peanut butter or soy nut butter or another nut or seed butter	4 tbsp
Yogurt, plain or flavored, sweetened or unsweetened ⁵	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	1 ounce = 50%
Vegetables ⁶	½ cup
Fruits ^{6,7}	½ cup
Grains (oz eq) ^{8,9}	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	2 servings
Whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	1 cup

¹ Must serve all five components for a reimbursable meal. Offer versus serve is an option for only adult and at-risk participants.

² Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

³ A serving of fluid milk is optional for suppers served to adult participants.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

⁹ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.

¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

ADULT MEAL PATTERN

Snack	
(Select two of the five components for a reimbursable meal)	
Food Components and Food Items ¹	Minimum Quantities
Fluid Milk²	8 fluid ounces
Meat/meat alternates	
Lean meat, poultry, or fish	1 ounce
Tofu, soy product, or alternate protein product ³	1 ounce
Cheese	1 ounce
Large egg	½
Cooked dry beans or peas	¼ cup
Peanut butter or soy nut butter or another nut or seed butter	2 tbsp
Yogurt, plain or flavored, sweetened or unsweetened ⁴	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	1 ounce
Vegetables⁵	½ cup
Fruits⁵	½ cup
Grains (oz eq)^{6,7}	
Whole grain-rich or enriched bread	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{8,9}	
Flakes or rounds	1 cup
Puffed cereal	1 ¼ cup
Granola	¼ cup

¹ Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

² Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

³ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁶ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁷ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

⁹ Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; ¾ cup for children 6-12; and 1 ½ cups for adults.

Stop Germs! Stay Healthy! Wash Your Hands

WHEN?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

HOW?

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- **Rinse** hands well under clean, running water.
- **Dry** hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.



For more details on handwashing, visit CDC's Handwashing Website at www.cdc.gov/handwashing





Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

- * Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

Categories include:

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
 - Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
 - Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- * Reports must be made immediately to the Florida Abuse Hotline Information System by
 - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
 - Fax at 1-800-914-0004, or
 - Online at <http://www.dcf.state.fl.us/abuse/report/>.
 - * Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
 - * All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
 - * It is important to give as much identifying and factual information as possible when making a report.
 - * Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
 - * For more information about child abuse and neglect, visit the Department's website at www.myflorida.com/childcare and select "Training Requirements." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on _____, 20____, I, _____
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

Signature of Employee (for facility or large family child care home)

Signature of Operator



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Tdap	P	_____	_____	_____	_____	_____
Td	Q	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	<i>Year</i>	_____	_____	_____	_____
PneumoConju	N	_____	_____	_____	_____	_____

Select appropriate box(es)
Certificate of Immunization for K-12

Part A-Complete

- DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption

Part B-Temporary

Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Expiration date: _____

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or
 Authorized Signature: _____
 Issued By: _____
 Date: _____

IMMUNIZATION GUIDELINES

**FLORIDA SCHOOLS, CHILDCARE
FACILITIES AND FAMILY DAYCARE
HOMES**

Effective March 2013

**Florida Department of Health
Immunization Program
Bureau of Communicable Diseases
4052 Bald Cypress Way
Bin A-11
Tallahassee, Florida 32399-1719**



TABLE OF CONTENTS

I. General Information	1
A. Purpose:.....	1
B. Statutory Authority:	1
C. Medical Practice:	2
D. Florida Certification of Immunization (DH 680 Form):	2
E. Virtual School and Home Education:	2
F. Confidentiality:	3
II. Requirements	3
A. Public/Non-Public Schools K-12 :	3
B. Public/Non-Public Pre-K:	3
C. Public/Non-Public Schools Seventh Grade:.....	3
D. Licensed Childcare Facilities and Family Daycare Homes:.....	4
III. Clarifications/Exceptions to Immunization Requirements	4
A. Temporary Medical Exemption (DH 680 Form Part B):.....	4
B. Diphtheria, Tetanus, Pertussis (DTP/DTaP/DT/Td/Tdap):.....	4
C. Polio (IPV/OPV):.....	5
D. Measles, Mumps, Rubella (MMR):.....	5
E. <i>Haemophilus influenzae</i> type b (Hib):	5
F. Hepatitis B:.....	6
G. Varicella:	6
IV. Florida Department of Health <i>Certification of Immunization</i> (DH 680 Form)	6
A. Requirements:	6
B. Part A - K-12:.....	7
C. Part B - Temporary Medical Exemption:	8

D.	Part C - Permanent Medical Exemption:.....	10
E.	Computerized <i>Florida Certification of Immunization</i> (DH 680 Form):	10
V.	Transfers	10
A.	Public/Non-Public Schools:.....	11
B.	Childcare Facility or Family Daycare Home:	12
VI.	<i>Religious Exemption from Immunization</i> (DH 681 Form)	12
A.	Request for Religious Exemption:.....	12
B.	Completion of DH 681 Form:	12
C.	Retention of Form:.....	13
D.	Consistency With Florida Law:.....	13
VII.	Reporting Requirements	13
A.	Public/Non-Public Schools:.....	13
B.	Childcare Facilities:	14
VIII.	Disease Control: Schools, Preschool Facilities, Childcare Facilities, and Family Daycare Homes	14
A.	Notification of Suspect Cases of Communicable Diseases:	14
B.	Outbreak Control:	15
IX.	Immunization Requirement for Public Assistance Eligibility Under the Family Self Sufficiency Program	15
A.	Legal Authority:	15
B.	Verification of Immunization:.....	15
X.	Questions/Comments Regarding Guidelines	16

**IMMUNIZATION GUIDELINES
FLORIDA SCHOOLS, CHILDCARE FACILITIES,
AND FAMILY DAYCARE HOMES**

I. General Information

A. Purpose:

The document, *Immunization Guidelines - Florida Schools, Childcare Facilities, and Family Daycare Homes*, provides technical assistance for healthcare providers, schools, childcare facility operators, family daycare home operators, school health personnel, and county health department personnel regarding:

1. Immunization requirements
2. Clarifications/exceptions to immunization requirements with respect to certain vaccines
3. *Florida Certification of Immunization* (DH 680 Form), including Parts A, B, and C
4. *Religious Exemption from Immunization* (DH 681 Form)
5. Reporting requirements
6. Special conditions for compliance
7. Disease control
8. Immunization requirement for public assistance eligibility under the Family Self Sufficiency Program
9. Confidentiality

B. Statutory Authority:

These guidelines describe the requirements for compulsory immunizations for admittance and attendance under the following authority:

1. Public and Nonpublic Schools, Preschool, Kindergarten Through 12: section 1003.22, *Florida Statutes*, and Rule 64D-3.046, *Florida Administrative Code*.
2. Licensed childcare facilities: section 402.305, *Florida Statutes*, and Rule 65C-22.006, *Florida Administrative Code*.

3. Licensed family daycare homes: section 402.313, *Florida Statutes*, and Rule 65C-20.011, *Florida Administrative Code*.
4. Licensed specialized childcare facilities for the care of mildly-ill children: section 402.305, *Florida Statutes*, and Rules 65C-25.002 and 25.008, *Florida Administrative Code*.
5. Family Self Sufficiency: section 414.13, *Florida Statutes*, and Rule 65A-4.216, *Florida Administrative Code*.

C. Medical Practice:

These guidelines are intended to serve the purposes outlined in Section I.A. of this document and are not intended to supplant relevant immunization medical practice as set forth by the referenced authorities cited below. The manner and frequency of administration of immunizations shall conform to recognized standards of medical practice in accordance with U.S. Department of Health and Human Services, Public Health Service's Recommendations of the Advisory Committee on Immunization Practices (ACIP), and the latest Report of the Committee of Infectious Diseases of the American Academy of Pediatrics (Red Book).

D. Florida Certification of Immunization (DH 680 Form):

1. Each medical provider who issues a DH 680 Form must exercise professional judgment in determining the validity of the immunization history provided by the parent or guardian. A written document with immunization dates is vital, and the parent should make every effort to secure all records from the provider(s) of prior immunizations.
2. A copy or facsimile of a completed and appropriately signed DH 680 Form is acceptable. However, every effort should be made to have the original document(s) on file at the preschool, school, licensed childcare facility or family daycare home.
3. An electronic DH 680 Form may be issued by healthcare practitioners participating in the Florida State Health Online Tracking System (Florida SHOTS), the statewide immunization registry. When available through Florida SHOTS, a DH 680 Form may be electronically certified in lieu of provider signature for access by any Florida SHOTS authorized participant.

E. Virtual School and Home Education:

Students that participate in any public or private school campus-based activities are required to have age-appropriate vaccines with the proper documentation on file at the school.

IMMUNIZATION GUIDELINES
Effective March 2013

Rule 64D-3.046, *Florida Administrative Code*

Students enrolled in the Florida Virtual School must have a completed DH 680 Form on file at the primary school or as designated by the Florida Virtual School Program.

F. Confidentiality:

In accordance with Section 456.057 (7) (a), *Florida Statutes*, confidential immunization information can be released without prior written consent, without liability, from one healthcare provider to another who is offering immunization services to a patient. This statute may be cited when obtaining a child's immunization history from another healthcare provider.

II. Requirements

Prior to entry, attendance or transfer to preschools, schools (K-12), licensed childcare facilities, and family daycare homes, each child shall have on file a *Florida Certification of Immunization*, DH 680 Form (see Section IV), documenting the following:

A. Public/Non-Public Schools K-12:

Four or five doses of diphtheria, tetanus, and pertussis vaccine
Three, four or five doses of polio vaccine
Two doses of measles, mumps, and rubella vaccine
Two or three doses of hepatitis B vaccine
One dose of varicella vaccine (kindergarten effective school year 2001/2002, then each year an additional grade)
Two doses of varicella vaccine (kindergarten effective school year 2008/2009, then each year an additional grade)

B. Public/Non-Public Pre-K (age-appropriate doses as indicated):

Diphtheria, tetanus, and pertussis vaccine
Polio vaccine
Measles vaccine
Mumps vaccine
Rubella vaccine
Hepatitis B vaccine
Varicella vaccine
Haemophilus influenzae type b (Hib) vaccine

C. Public/Non-Public Schools Seventh Grade:

In addition to all other compulsory school immunizations, children entering, attending, or transferring to the seventh grade in Florida schools are required to complete the following:

One dose of tetanus-diphtheria-pertussis vaccine (Tdap) effective school year 2009/2010, then each year the next highest grade is included.

- D. Licensed Childcare Facilities and Family Daycare Homes: Age-appropriate doses as indicated in accordance with the current Recommended Childhood Immunization Schedule:

Diphtheria, tetanus, and pertussis vaccine
Polio vaccine
Measles vaccine
Mumps vaccine
Rubella vaccine
Varicella vaccine
Haemophilus influenzae type b (Hib) vaccine
Pneumococcal Conjugate vaccine (Effective January 1, 2012 for children 2 to 59 months of age)

III. Clarifications/Exceptions to Immunization Requirements

- A. Temporary Medical Exemption (DH 680 Form Part B) (See IV.C):

Any child who has incomplete documentation of vaccination for the required number of doses should be admitted after the first dose(s) and issued a Temporary Medical Exemption (DH 680 Form Part B) and scheduled for the next dose(s) according to age and dosage spacing.

- B. Diphtheria, Tetanus, Pertussis (DTP/DTaP/DT/Td/Tdap):

1. The fifth dose of diphtheria, tetanus, pertussis vaccine (DTP or DTaP), should be given on or after the child's fourth birthday and prior to entry into kindergarten.
2. If the fifth dose of DTP/DTaP vaccine was administered prior to the fourth birthday, then a sixth dose of DTP/DTaP is NOT required. However, it is recommended that a professional medical evaluation be obtained to see if additional immunizations are needed for the child's protection.
3. If the fourth DTP/DTaP dose is administered on or after the fourth birthday then the fifth DTP/DTaP is NOT required.
4. Pediatric diphtheria-tetanus (DT) vaccine is an acceptable substitute for DTP/DTaP vaccine if pertussis vaccine cannot be given for medical reasons. The reason(s) for contraindication to pertussis-containing vaccine must be documented, vaccine doses must be documented on DH 680 Form, and Permanent Medical Exemption (DOH 680 Form Part C) must be completed, in addition to Part A or Part B.
5. Students who started their immunizations after seven years of age should receive a total of three doses of adult tetanus-diphtheria (Td) vaccine with Tdap replacing one dose of the Td. This Tdap dose will meet the 7th grade requirement.

IMMUNIZATION GUIDELINES
Effective March 2013

Rule 64D-3.046, *Florida Administrative Code*

6. Tdap should be administered, when indicated to meet the 7th grade requirement, regardless of interval since the last tetanus- or diphtheria-toxoid containing vaccine.

C. Polio (IPV/OPV):

1. The fourth dose of polio vaccine should be given on or after the child's fourth birthday and prior to entry into kindergarten.
2. Effective school year 2011/2012 for kindergarten entry only, if the fourth dose of polio vaccine was administered prior to the fourth birthday, a fifth dose of polio is required.

Students who are already enrolled in grades not included in the requirement with a valid DH 680 Form and were admitted without documentation of a dose of IPV following their fourth birthday should not be excluded. However, if a student's record is reviewed, then they should be encouraged to either update their records or receive a fifth polio dose and be issued an updated DH 680 Form.

3. If the third dose of polio is administered on or after the fourth birthday, then the fourth polio dose is not required.
4. Students who started their immunizations after seven years of age should receive a total of three doses of polio vaccine.

D. Measles, Mumps, Rubella (MMR):

The second dose of the measles, mumps, and rubella vaccine is recommended on or after the child's fourth birthday and prior to entry into kindergarten. MMR or measles, mumps, rubella and varicella (MMRV) vaccine is accepted to meet this requirement. (MMRV vaccine is licensed and indicated for simultaneous vaccination against measles, mumps, rubella, and varicella among children 12 months through 12 years of age).

E. *Haemophilus influenzae* type b (Hib):

Haemophilus influenzae type b (Hib) vaccination is required for public/non-public preschool, childcare, and family daycare home attendees from two months through 59 months of age. The number of doses required for Hib vaccination varies, depending on the child's age and type of vaccine received.

F. Hepatitis B:

An alternate schedule for a two-dose hepatitis B vaccine series is approved for adolescents 11 through 15 years of age. Children in this age group who receive the two-dose series should be considered in compliance with Florida's hepatitis B immunization requirement for school entry and attendance.

G. Varicella:

1. Two-dose requirement:

Beginning with the 2008/2009 school year, children entering kindergarten are required to receive two doses of varicella vaccine. Each subsequent year thereafter, the next highest grade will be included in the requirement. A one-dose varicella requirement started in the 2001/2002 school year applies to students as detailed in the table below.

2. Children entering or attending childcare facilities or family daycare homes are required to have one dose of varicella vaccine on or after their first birthday.

3. Varicella vaccine is NOT required if there is a history of varicella disease documented by the healthcare provider in the space provided on the DH 680 Form.

**Phase-In Schedule for Tdap and Varicella Vaccines
for 2012/2013 to 2020/2021 School Years**

School Year/ Grades	2012/13 Grades	2013/14 Grades	2014/15 Grades	2015/16 Grades	2016/17 Grades	2017/18 Grades	2018/19 Grades	2019/20 Grades	2020/21 Grades
1 Varicella	5-11	6-12	////////////////	////////////////	////////////////	////////////////	////////////////	////////////////	////////////////
2 Varicella	K-4	K-5	K-6	K-7	K-8	K-9	K-10	K-11	K-12
Tdap	7-10	7-11	7-12	7-12	7-12	7-12	7-12	7-12	7-12

IV. **Florida Department of Health *Certification of Immunization* (DH 680 Form)**

A. Requirements:

Any child entering a preschool, school (K-12), licensed childcare facility or family daycare home must have a completed Florida *Certification of Immunization* Form (DH 680 Form) documenting immunization or exemption for the form to be valid. Physicians who are participants in the statewide immunization registry, Florida SHOTS, may produce an electronically signed copy of the completed DH 680 Form directly from

**IMMUNIZATION GUIDELINES
Effective March 2013**

Rule 64D-3.046, *Florida Administrative Code*

the system. Private providers and county health departments may access instructions online and the computerized DH Form 680 from the Florida SHOTS website at www.flshots.com. All children should receive a completed personal immunization record, such as the DH 686 Form.

1. The following information must be recorded on the DH 680 Form in order for the form to be valid:
 - a. The child's complete name, date of birth, and name of parent or guardian.
 - b. All vaccine administration dates with the month/day/year. If the child has received more than the required number of doses of a vaccine, the last space to the right of the vaccine should indicate the date of the last dose given.
2. The child's Social Security number (SS#) is optional.
3. The state immunization identification number (ID#) will appear on a computer-generated DH 680 Form¹ and is an identification number from Florida SHOTS. ***This ID# is not a required item.***
4. Part A or Part B (as applicable) must be completed with the name of the physician or clinic, physician or clinic address, signature (or signature stamp) of the physician, public health nurse, county health department, or the physician's authorized designee, and the date the form was signed and issued. Select Code 1 for grades K-12 excluding the 7th grade requirement and Code 8 for only the 7th grade requirement. For healthcare practitioners who use Florida SHOTS, the DH 680 Form may be electronically certified in lieu of a written signature, and this valid form will be available to any authorized Florida SHOTS participants.
5. Please note: The DH 680 Form is not a substitute for the personal immunization card which details all administered vaccines provided to the patient/guardian.

B. Part A - K-12:

1. This section must be completed for those children who have received the required vaccinations. Refer to Section IV.A.1-4 for general information on form completion.
2. Part A should not be used for children who are enrolled in childcare facilities, family daycare homes or preschools unless they are four years of age and have completed all the required immunizations for kindergarten. Part B should be completed for those children who have not completed the required vaccinations.

3. If the child has received more than the required number of doses, the space on the DH 680 Form for dose #3 of hepatitis B and/or dose #2 of measles or MMR vaccine should indicate the date the last valid dose was administered.

C. Part B - Temporary Medical Exemption:

1. This section documents the status of children in school (K-12), preschool, childcare facilities or family daycare homes who are incomplete for immunizations in Part A. Refer to Section IV.A.1-4 for general information on form completion.
2. A child who has received as many immunizations as are medically indicated at this time, and is in the process of completing necessary immunizations, may attend a childcare facility, family daycare home, preschool, or kindergarten through grade 12 only if he/she presents a Temporary Medical Exemption (DH 680 Form, Part B).
3. A Temporary Medical Exemption extending until the student is due to enter 7th grade should **not** be issued to kindergarten students who meet all kindergarten requirements.
4. If the child is not fully immunized for school (K-12), preschool, childcare facility or family daycare home entry and attendance, and cannot receive any additional vaccines at this time, complete DH 680 Form, Part B.
 - a. A Temporary Medical Exemption (Part B) is invalid without an expiration date.
 - b. **The expiration date is the date when the child is past due for their next immunization—after this date, the form is no longer valid.** The child must return to a physician or clinic BEFORE the expiration date to receive the immunizations needed. At that time, the physician will fill in the date(s) of additional vaccines administered, cross out the old expiration date, and add a new expiration date above the crossed-out date. If, for some reason, the immunization cannot be given, then the physician will cross out the old expiration date and fill in a new date. Any new expiration date should be initialed by the physician or an updated DH 680 Form should be generated.
 - c. Two weeks before the DH 680 Form, Part B (Temporary Medical Exemption) expires, the school, childcare facility, or family daycare home should return the original DH 680 Form to the parent for the physician to update. The school should retain a photocopy of the form until the original DH 680 Form is returned. This procedure allows the form to be reused and assists the physician or clinic in tracking the child's immunization history. If an updated form is not

**IMMUNIZATION GUIDELINES
Effective March 2013**

Rule 64D-3.046, *Florida Administrative Code*

returned by the expiration date, the child is out of compliance. The provider should also give the family an updated personal immunization record such as the DH 686.

- d. Below are exceptions to having a Temporary Medical Exemption with a specific expiration date. The rationale for these exceptions is that the child has received all doses required for attendance in a preschool, childcare facility, or family daycare home. Use of DH 680 Form, Part B, with a valid expiration date should alert the facility administrator when the next dose(s) of vaccine is needed for the child's continued protection and attendance in the facility. Therefore, the child is actually not required to receive another dose until school entry.
- (1) If a preschool, childcare facility or family daycare home attendee has received at least four doses of diphtheria, tetanus, pertussis; three doses of polio; age-appropriate Hib and pneumococcal conjugate doses (2 to 59 months of age for childcare effective January 2012); one dose of MMR vaccine; one dose of varicella vaccine; and three doses of hepatitis B vaccine, and these doses are recorded on DH 680 Form, and Part A was inadvertently signed by a physician or clinic, the form will not be judged "out of compliance."
 - (2) For attendance at preschools located on school campuses, non-specific time frames such as "prior to school" or "after fourth birthday" are acceptable for the expiration date only if the following vaccines have been received: four diphtheria, tetanus, pertussis; three polio; one MMR; age-appropriate Hib doses; three hepatitis B; and one varicella.
 - (3) For childcare and family daycare home attendance, non-specific time frames such as "prior to school" or "after fourth birthday" are acceptable for the expiration date only if the following vaccines have been received: four diphtheria, tetanus, pertussis; three polio; one MMR; age-appropriate Hib doses; one dose of varicella; and effective January 2012, age-appropriate doses of pneumococcal conjugate for children 2 to 59 months of age.
- e. It is the childcare facility or family daycare home operator's responsibility to ensure proper documentation is on file. This responsibility includes notifying parents prior to the expiration date documented on the Temporary Medical Exemption (DH 680 Form, Part B).

IMMUNIZATION GUIDELINES
Effective March 2013

Rule 64D-3.046, *Florida Administrative Code*

- f. When a childcare facility or family daycare home serves school-aged children, the school, by law, is to maintain the immunization records on file.
5. If it is determined that a vaccine shortage exists, the Department of Health shall approve issuance of Temporary Medical Exemptions with extended expiration dates. Healthcare providers will be notified of an expiration date to use for the Temporary Medical Exemptions that reflects a projected date of sufficient quantities of vaccine necessary to resume any deferred immunizations.

D. Part C - Permanent Medical Exemption:

A child who cannot receive one or more vaccines due to medical reasons, should be issued a Permanent Medical Exemption, provided the physician states in writing or in Florida SHOTS the medical basis based upon **valid** clinical reasoning or evidence, demonstrating the need for a permanent exemption. Follow general instructions on documentation of immunizations and form completion (Section IV.A.1-4). In addition, the following information on DH 680 Form, Part C, must be completed for the form to be acceptable:

1. Vaccine doses the child has received must be documented on the DH 680 Form (refer to IV.A.). The physician must list the vaccine(s) that are contraindicated and provide valid, medical reasons in writing for each vaccine that is not administered on Part C.
2. **DH 680 Form, Part C, can only be signed by hand or by electronic signature in Florida SHOTS by a physician licensed under Chapter 458 MEDICAL PRACTICE or Chapter 459 OSTEOPATHIC MEDICINE, *Florida Statutes*.**
3. DH 680 Form, Part A, should be completed if the child has all other required immunizations. DH 680 Form, Part B, should be completed if the child still has some immunizations scheduled at a later date(s). A child who is entering a Florida school (K-12) for the first time and who also has a permanent medical exemption will need DH 680 Form, Part A and Part C, completed.

E. Computerized *Florida Certification of Immunization* (DH 680 Form):

Private providers, county health departments, and schools enrolled in Florida SHOTS may produce a computerized electronically signed and certified DH 680 Form from the Florida SHOTS. For more information on enrolling in Florida SHOTS, visit www.flshots.com or call 1-877-888-SHOT (7468).

V. **Transfers**

**IMMUNIZATION GUIDELINES
Effective March 2013**

Rule 64D-3.046, *Florida Administrative Code*

A. Public/Non-Public Schools:

1. An authorized school official issues temporary exemptions for a period not to exceed 30 days. Authorized school officials are determined by the local school board and may include the principal, school nurse, or other designated entity. These temporary exemptions are issued for the following situations:
 - a. Students transferring interstate: A child who transfers into a Florida school from another state.
 - b. Students transferring intrastate: A child who transfers into a new county to attend class.
 - c. A homeless child: A homeless child, as defined in section 228.041, *Florida Statutes*.
 - d. Juvenile justice: A child who enters the juvenile justice system.
 - e. Military children: A military child as defined in 1000.36, *Florida Statutes*.
2. In cases where children are transferring within or between public schools in Florida counties, electronic transfer of records as indicated below will satisfy the record requirements.
3. If all of the information required on the original DH 680 Form, Parts A, B or C, is automated for transfer via the Florida Automated System for Transferring Education Records (FASTER), then the information **must** be transmitted electronically. The original DH 680 Form must always be forwarded to the requesting school for follow-up of immunization status if the child has been issued a DH 680 Form, Part B (Temporary) or Part C (Permanent), medical exemption. In addition, if intervals of immunization are questionable or if dates of each immunization in a series are missing on the FASTER record, then the original DH 680 Form must be forwarded to the requesting school for verification of immunization status as outlined in the paragraph below.

Note: The original paper DH 680 Form is a permanent school record and should be filed in the student's cumulative health record. This form should transfer along with all other school documents.

4. The public school health nurse or authorized public or non-public school official shall be responsible for the follow-up of such school children until documentation on the proper Florida form or FASTER record is obtained.

**IMMUNIZATION GUIDELINES
Effective March 2013**

Rule 64D-3.046, *Florida Administrative Code*

5. Except for transfer students, no grace period is allowed for a child's entry into a Florida school.
6. If a school receives numerous, improperly completed immunization records, the Immunization Program representative for the county should be notified to facilitate corrective action. The current list of Immunization Program field staff personnel can be located at <http://www.immunizeFlorida.org>.

B. Childcare Facility or Family Daycare Home:

Children beginning attendance at a childcare facility or family daycare home and/or changing facilities shall be allowed up to a maximum of 30 days to present proof of immunization status.

1. Facility operators are responsible for notifying a child's parents to obtain proper documentation when transferring to a different facility.
2. If a facility receives numerous, improperly completed immunization records, the Immunization Program representative for the county should be notified to facilitate corrective action. The current list of Immunization Program field staff personnel can be located at: <http://www.immunizeFlorida.org/>.

VI. *Religious Exemption from Immunization (DH 681 Form)*

A. Request for Religious Exemption:

1. A request for a religious exemption from immunization requirements must be presented to the facility/school on the Department of Health's Religious Exemption From Immunization form (DH 681 Form).
2. The DH 681 Form is issued ONLY by county health departments and ONLY for a child who is not immunized because of his/her family's religious tenets or practices. If a parent requests such an exemption, then the county health department staff must use the current DH 681 Form available electronically in the Florida SHOTS, which the parent affirms a religious conflict exists. This form must be issued upon request. No other information should be solicited from the parent or guardian.

B. Completion of DH 681 Form:

The following information must be completed on the DH 681 Form:

1. The child's complete name, date of birth, and parent or guardian's name. The child's Social Security number (SS#) is optional. The Florida SHOTS ID is included.

2. County health department information, electronic signature of the county health department director/administrator or their authorized designee, and date the form is issued.

C. Retention of Form:

The DH 681 Form will be kept on file at the school, preschool, childcare facility, or family daycare home in order to facilitate identification of any unimmunized/susceptible children needing exclusion during an outbreak of a vaccine-preventable disease.

D. Consistency With Florida Law:

Requests for religious exemption from immunizations should be consistent with section 1003.22, *Florida Statutes*. **Exemptions for personal or philosophical reasons are not permitted under Florida law.**

VII. Reporting Requirements

A. Public/Non-Public Schools:

1. Manual Reporting: Immunization Annual Report of Compliance for Kindergarten and Seventh Grades (DH 684 Form):
 - a. The *Immunization Annual Report of Compliance for Kindergarten and Seventh Grades* (DH 684 Form) is sent to county health departments each fall for distribution to schools.
 - b. Separate forms should be completed for kindergarten and seventh grade.
 - c. All public and non-public elementary schools and middle schools, that do not report electronically, are required to submit to the local county health department the *Immunization Annual Report of Compliance for Kindergarten and Seventh Grades* (DH 684 Form) no later than October 1.
 - d. For record-keeping purposes, please record any temporary medical exemption expiration date of those students with Temporary Medical Exemptions (DH 680 Form, Part B) in the corresponding column under "Medical Exemptions." This notation provides an easy way to identify a student with an expired certificate.
 - e. Check the numbers recorded on the form. The number of students who are fully immunized in column #9, plus those listed with exemptions in column #10, should equal the total enrollment in column #8.

**IMMUNIZATION GUIDELINES
Effective March 2013**

Rule 64D-3.046, *Florida Administrative Code*

2. Electronic Reporting for Selected Public Schools: Prior to the beginning of each school year, the Department of Education and Department of Health, Immunization Program will notify public school districts and county health departments of those school districts approved for electronic-only reporting (kindergarten only, seventh grade only, or both kindergarten and seventh grade).
3. Immunization Validation Surveys - Kindergarten and Seventh Grade: A random sample of student records are surveyed to determine the immunization levels of children entering kindergarten and seventh grade. Immunization Program field staff will conduct this survey in compliance with federal requirements and section 1003.22, *Florida Statutes*. This survey is generally completed by the end of February each year.

B. Childcare Facilities:

1. Annual Licensing Report: At least once a year, immunization records must be checked by licensing personnel or public health nurses in each childcare facility. If a child's record does not contain a valid, up-to-date immunization form, a violation of the standards has occurred. In this case, the licensing agency will require corrective action by the facility and may impose an administrative fine; seek an injunction to close the facility; or deny, suspend, or revoke the facility's license.
2. Immunization Validation Survey: An annual immunization survey of attendees at randomly selected childcare facilities will be conducted by Immunization Program field staff annually. This survey is to determine the immunization coverage levels of children attending childcare facilities and compliance with section 402.305, *Florida Statutes*, and Rule 65C-22.006, *Florida Administrative Code*. Federal requirements call for this annual survey to measure the immunization coverage levels of children in childcare centers.

VIII. Disease Control: Schools, Preschool Facilities, Childcare Facilities, and Family Daycare Homes

A. Notification of Suspect Cases of Communicable Diseases:

Administrators of schools, preschools, childcare facilities, family daycare homes and specialized childcare facilities for the care of mildly-ill children are required to notify the county health department of suspected or diagnosed cases of diseases on the official Department of Health list. Notify them **immediately** by telephone of suspected cases of **measles, diphtheria, or poliomyelitis**. Operators should also notify the county health department by telephone or in writing within 48 hours of recognition of any suspected disease conditions involving rubella (German measles), pertussis (whooping cough), mumps, hepatitis B,

varicella (chickenpox), or *Haemophilus influenzae* type b invasive disease.

B. Outbreak Control:

1. In the event of a communicable disease outbreak, the Department of Health's county health department director/administrator may declare a communicable disease emergency and initiate outbreak control measures. A serious communicable disease outbreak may include cases of vaccine-preventable diseases such as measles, diphtheria, rubella (German measles), pertussis (whooping cough), poliomyelitis, *Haemophilus influenzae* type b, varicella (chickenpox), or mumps.
2. The county health department director or administrator may exclude from school, preschool, childcare facilities, or family daycare centers those children without proper documentation of immunization (or with medical/religious exemptions) for the disease for which the emergency has been declared. In the case of a childcare facility, non-compliance may lead to eventual closure.

IX. **Immunization Requirement for Public Assistance Eligibility Under the Family Self Sufficiency Program**

A. Legal Authority:

Effective July 1, 1997, the immunization provision for Family Self Sufficiency Program, temporary cash assistance requires that preschool children, or a child less than 5 years of age, of applicants and recipients of cash assistance must begin and complete childhood immunizations as a condition of eligibility. These requirements are in accordance with section 414.13, *Florida Statutes* and Rule 65A-4.216, *Florida Administrative Code*.

B. Verification of Immunization:

1. Any written statement by a healthcare provider, which contains information that the immunizations are current, the date the next immunization is due, and the dated signature of a healthcare professional licensed under Chapters 458, 459 or 460, *Florida Statutes*, or an authorized designee, is acceptable as verification of immunization.
2. The DH 680 Form may be used as an acceptable verification, as follows:
 - a. *Florida Certification of Immunization* (DH 680 Form, Part A), attesting that the child's immunizations are up-to-date for kindergarten entry.

**IMMUNIZATION GUIDELINES
Effective March 2013**

Rule 64D-3.046, *Florida Administrative Code*

- b. Temporary Medical Exemption (DH 680 Form, Part B), attesting that the child's immunizations are being brought up-to-date.
 - c. Permanent Medical Exemption (DH 680 Form, Part C), attesting that one or more of the child's immunizations have been permanently deferred by a medical exemption.
 - 3. The DH 681 Form, *Religious Exemption from Immunization*, is verification for a child who is not immunized because of his/her family's religious tenets or practices. Refer to Section VI for guidance on form completion.
- X. **Questions/Comments Regarding Guidelines:** If you have any questions or comments concerning these Guidelines, please contact your local health department or the Immunization Program representative in your county, the Immunization Program Office or visit www.ImmunizeFlorida.org.



IN-SERVICE TRAINING RECORD CHILD CARE FACILITY

402.305(2)(d)4., Florida Statutes, states:

On an annual basis in order to further their child care skills and, if appropriate, administrative skills, child care personnel who have fulfilled the requirements for the child care training shall be required to take an additional 1 continuing education unit of approved in-service training, or 10-clock-hours of equivalent training, as determined by the department.

Annual in-service training must be completed during the state's fiscal year beginning July 1 and ending June 30, in any of the following areas:

1. Health and safety, including universal precautions;
2. Infant and/or child CPR*;
3. First Aid (this training may only be taken to meet the in-service requirement once every 3 yrs.);
4. Nutrition;
5. Child development – typical and atypical;
6. Child transportation and safety;
7. Behavior management;
8. Working with families;
9. Design and use of child oriented space;
10. Community, health and social service resources;
11. Child abuse;
12. Child care for multilingual children;
13. Working with children with disabilities in child care;
14. Safety in outdoor play;
15. Literacy;
16. Guidance and discipline;
17. Computer technology;
18. Leadership development/program management and staff supervision;
19. Age appropriate lesson planning;
20. Homework assistance;
21. Food Safety training;
22. Developing special interest centers/spaces and environments; or
23. Other course areas relating to child care or child care management.

This record, including the log on the following page, must be maintained in the employee's file for the purpose of documenting in-service training. The log must be completed in its entirety and copies of supporting documents (i.e., certificates, diplomas, agendas) must be attached. NOTE: Supporting documentation is not required for state approved courses taken as in-service training. The signature of the trainer is sufficient to document course attendance.

In-service training hours used to meet the 10-hour in-service requirement may be earned in a variety of ways such as participation at national, state, or local conferences relating to children; specialized workshops; or completion of a course from Part II of the Introductory Child Care Training provided by the Training Coordinating Agency.

*CPR courses must include an on-site instructor-based skills assessment that shall be documented by the certified CPR instructor.

**CHILD CARE FACILITY
IN-SERVICE TRAINING RECORD**

Employee Name: _____

July 1, 200_ through June 30, 200_

A new log is required each fiscal year (July 1-June 30) for the purposes of documenting annual in-service training and copies of supporting documents (i.e., certificates, training transcripts, diplomas, agendas) must be attached. Additional copies of this log may be printed as needed.

NOTE: Supporting documentation is not required for state approved courses taken as in-service training. The signature of the trainer is sufficient to document course attendance.

Date	Subject	Agency and Trainer	# Of Hrs (or CEU)	Signature of Trainer or Signature of Director/Owner/Operator



IN-SERVICE TRAINING RECORD FAMILY DAY CARE HOME/LARGE FAMILY CHILD CARE HOME

402.313(5), Florida Statutes, states:

In order to further develop their child care skills and, if appropriate, their administrative skills, operators of family day care homes shall be required to complete 1 continuing education unit of approved training or 10-clock-hours of equivalent training, as determined by the department, annually.

402.3131(4), Florida Statutes, states:

In order to further develop their child care skills and, if appropriate, their administrative skills, operators of large family child care homes who have completed the required introductory course shall be required to complete an additional 1 continuing education unit of approved training or 10-clock-hours of equivalent training, as determined by the department, annually.

Annual in-service training must be completed during the family day care home's registration/licensure year, in any of the following areas:

1. Health and safety, including universal precautions;
2. Infant and/or child CPR*;
3. First Aid (this training may only be taken to meet the in-service requirement once every 3 yrs.);
4. Nutrition;
5. Child development – typical and atypical;
6. Child transportation and safety;
7. Behavior management;
8. Working with families;
9. Design and use of child oriented space;
10. Community, health and social service resources;
11. Child abuse;
12. Child care for multilingual children;
13. Working with children with disabilities in child care;
14. Outdoor play safety;
15. Guidance and discipline;
16. Computer technology;
17. Leadership development/program management and staff supervision;
18. Age appropriate lesson planning;
19. Homework assistance;
20. Developing special interest centers/spaces and environments;
21. Literacy; or
22. Other course areas relating to child care or child care management.

This record, including the log on the following page, must be maintained in the employee's file for the purpose of documenting in-service training. The log must be completed in its entirety and copies of supporting documents (i.e., certificates, diplomas, agendas) must be attached. **NOTE:** Supporting documentation is not required for state approved courses taken as in-service training. The signature of the trainer is sufficient to document course attendance.

In-service training hours used to meet the 10-hour in-service requirement may be earned in a variety of ways such as participation at national, state, or local conferences relating to children; specialized workshops; or completion of a course from Part II of the Introductory Child Care Training provided by the Training Coordinating Agency.

*CPR courses must include an on-site instructor-based skills assessment that shall be documented by the certified CPR instructor.

IN-SERVICE TRAINING RECORD CHILD CARE HOME

Employee Name: _____
Registration/Licensure Year: _____

A new log is required each registration/licensure year for the purposes of documenting annual in-service training and copies of supporting documents (i.e., certificates, training transcripts, diplomas, agendas) must be attached. Additional copies of this log may be printed as needed.

NOTE: Supporting documentation is not required for state approved courses taken as in-service training. The signature of the trainer is sufficient to document course attendance.

Date	Subject	Agency and Trainer	# Of Hrs (or CEU)	Signature of Trainer or Signature of Director/Owner/Operator