



# School Readiness Program Health and Safety Standards Handbook

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*For Family Child Care Home and Informal Providers*

October 2016

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*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.*

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## 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.<sup>1</sup> 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:

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<sup>1</sup> 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 1<sup>st</sup> 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.<sup>2</sup> Ratios and group sizes work to raise program quality due to increased individual attention and interaction for each child in care.<sup>3</sup>

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:<sup>4</sup>

#### 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.

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<sup>2</sup> Caring for Our Children: National Health and Safety Performance Standards, Pages 3-4, [www.cfoc.nrckids.org](http://www.cfoc.nrckids.org)

<sup>3</sup> *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](http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?articleID=576)

<sup>4</sup> 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.<sup>5</sup> 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*

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<sup>5</sup> Caring for Our Children: National Health and Safety Performance Standards, Pages 287-293 [cfoc.nrckids.org](http://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.<sup>6</sup>

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.<sup>7</sup>

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

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<sup>6</sup> Caring for Our Children: National Health and Safety Performance Standards, Page 70, [www.cfoc.nrckids.org](http://www.cfoc.nrckids.org)

<sup>7</sup> Caring for Our Children: National Health and Safety Performance Standards, Pages 200-201, [www.cfoc.nrckids.org](http://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.<sup>8</sup> 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.

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<sup>8</sup> 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.<sup>9</sup>

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<sup>9</sup> Caring for Our Children: National Health and Safety Performance Standards, Pages 199, 370-371, cfoc.nrckids.org  
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### 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.

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](http://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 requirement. 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](http://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.