

# Family Day Care Home/Large Family Child Care Home Handbook

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October 2017

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*This handbook is intended to be used in conjunction with Sections 402.26-402.319, Florida Statutes, and incorporated by reference in rule 65C-20.008, Florida Administrative Code.*

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# 1 General Information

To protect the health and welfare of children, it is the intent of the Legislature to develop a regulatory framework that promotes the growth and stability of the child care industry and facilitates the safe physical, intellectual, motor, and social development of the child. To that end, the Child Care Regulation Program is responsible for regulating programs that provide services that meet the statutory definition of “child care.” This is accomplished through the inspection of licensed child care programs to ensure the consistent statewide application of child care standards established in statute and rule, and the registration of child care providers not subject to inspection.

The department regulates licensed child care facilities, licensed family day care homes, licensed large family child care homes, and licensed mildly ill facilities in 62 of the 67 counties in Florida. Five counties have decided - either 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. The following counties have elected to exercise this option: Broward, Hillsborough, Palm Beach, Pinellas and Sarasota.

Local licensing agencies may use the same or different procedures to implement local licensing standards, which must have been determined by the state to meet or exceed the state’s minimum licensing standards. Three of the five local licensing agencies have designated the local County Health Department as the licensing authority. Broward and Hillsborough counties have designated other agencies as the local licensing authority.

All sections of the handbook are requirements for family day care homes and large family child care homes. Where there are specific requirements outlined under a Large Family Child Care heading, those requirements are specific to programs operating as a large family child care home only.

## 1.1 Child Care Programs Subject to Regulation

“Child care” is defined as “the care, protection, and supervision of a child, for a period of less than 24 hours a day on a regular basis, which supplements parental care, enrichment, and health supervision for the child, in accordance with his or her individual needs, and for which a payment, fee, or grant is made for care.” If a child care program meets this statutory definition of “child care,” it is subject to regulation by the department/local licensing agencies, unless specifically excluded or exempted from regulation by statute.

Every program determined to be subject to licensing must meet the applicable licensing standards established by subsection 402.301-.319, Florida Statutes, and rules.

## 1.2 Definitions

“**Active**” is the status of a candidate’s awarded credential or certification which demonstrates that the credential requirements have been successfully met.

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

“**Begin training**” refers to a candidate’s commencement of at least one of the child care training courses listed in section 402.305(2)(d)1, F.S. This may be accomplished by classroom attendance in a department-approved training course, acquiring an educational exemption from a department-approved training course, beginning a department-approved

online child care training course, or by receiving results from a department-approved competency examination within the first 90 days of employment in the child care industry in any licensed Florida family day care home or large family child care home. The large family child care home is responsible for obtaining documentation from child care personnel.

**“Birth Through Five Child Care Credential”** is equivalent to a child development associate credential, pursuant to 402.305(3)(b), F.S. and offered through one of the following programs: Florida Child Care Professional Credential (FCCPC), Florida Department of Education Child Care Apprenticeship Certificate (CCAC), and Florida Department of Education Early Childhood Professional Certificate (ECPC). Issuance of a Birth Through Five Child Care Credential certifies successful completion of a department-approved training program that consists of a minimum of 120 hours of early childhood instruction, 480 contact hours with children ages birth through eight years, and a formal observation. Credentials must be documented on CF-FSP Form 5270, Florida Child Care

Professional Credential Certificate, which is incorporated by reference in 65C-22.001(8)(j), F.A.C. A copy of CF-FSP 5270 may be obtained from the department’s website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare). Active credentials are valid for five years from the date of issuance. A list of approved and recognized Birth Through Five Child Care Credential programs may be obtained from the department’s website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).

**“Continuing Education Unit (CEU)”** is a standard unit of measure of coursework used for training and credentialing purposes. The Department will accept CEUs for training offered by the Department, Office of Early Learning, from educational institutions accredited and recognized by the U.S. Department of Education, organizations accredited by the International Association of Continuing Education and Training (IACET), or from nationally affiliated member based state professional organizations, see definition below. CEUs awarded for training and credential purposes will be calculated at a rate of 1 continuing education unit for every 10 hours of contact training.

**“Direct supervision”** means watching and directing children’s activities and responding to each child’s needs. During napping/ sleeping times, direct supervision means being within sight and sound of a child with frequent visual checks.

**“Disposable”** means an article intended by the manufacturers to be used once and then thrown away.

**“Early Childhood Education”** refers to coursework, certification, a credential or degree specific to children ages birth through eight years.

**“Evening Child Care”** means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m. to accommodate parents who work evening hours and late night shifts.

**“Field trip”** means any trip away from the home. Field trips commence when staff and children leave the home’s property, whether by vehicle or by walking.

**“Foster Grandparents”** are directly supervised volunteers who participate in the federal program pursuant to 45 Code of Federal Regulations part 2552. Foster grandparents work with one or more children with special or exceptional needs in child care programs.

**“Full Time Employee”** means one 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.

**“Household member”** means members of the operator’s immediate or extended family who reside in the home and non-family members who reside in the home, including longterm visitors, live-in paramours, housemates, extended seasonal visitors those who are handicapped and/or elderly. A length of stay of four weeks or greater constitutes residing in the home for purposes of the screening requirement.

**“High School Diploma, GED and/or College Degree”** means a diploma or degree obtained from an institution accredited and recognized by U.S. Department of Education. High school diplomas issued by private schools that are registered with the Florida Department of Education will be accepted. If a high school diploma is earned outside the U.S., it must be translated by someone who is a member of the American Translators Association, an approved credential evaluation agency approved by the Bureau of Educators Certification, or an accredited college/university. If a college degree is earned outside the U.S., it must be evaluated by an approved credential evaluation agency approved by the Bureau of Educators Certification or an accredited college/university to be equivalent to a U.S. degree.

**“Hours of Operation”** means the hours of the day or night that a family day care home or large family child care home has children in care.

**“Inactive”** refers to the status of a candidate’s awarded credential or certification that is no longer active; however, remains eligible for renewal.

**“Initial Screening”** means a full Level 2 screening which must include Federal Bureau of Investigation (FBI) and Florida Department of Law Enforcement (FDLE) checks, a search of the criminal history records, sexual predator and sexual offender registry, and child abuse and neglect registry of any state in which the applicant is currently residing or has resided in during the preceding five years.

**“International Association of Continuing Education and Training (IACET)”** is a nonprofit organization who is recognized by the American National Standards Institute as a standard setting organization for continuing education and training.

**“Napping”** means a brief period of rest during daylight or early evening hours.

**“National Early Childhood Credential (NECC)”** pursuant to Section 402.305(3)(c), F.S., is an early childhood credential approved by the department and recognized by licensing authorities in at least five states that incorporates 120 hours of early childhood instruction, 480 contact hours with children ages birth through eight years, and includes at least two methods of formal assessment. This includes the Child Development Associate (CDA) credential issued by the Council for Professional Recognition in Washington, DC. A National Early Childhood Credential renewal must meet or exceed the renewal requirements for the Florida Child Care Professional Credential. If the renewal requirements do not meet or exceed the FCCPC renewal requirements, individuals will be required to complete an FCCPC renewal. A list of approved and recognized NECC programs may be obtained from the department’s website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).

**“Nationally Affiliated Member Based State Professional Organization”** means an organization that has the following characteristics: they are chapters or officially affiliated with a national child care advocacy organization that for over 20 years has provided members with opportunities to use and strengthen professional skills that benefit children, families, providers and members at the local and state level, offer advocacy opportunities to raise awareness of the importance of child care education through a unified organization voice, and offer professional development for members through opportunities to access

local and state resources and to network with child care and educational professionals. Examples of such organizations are the Florida Association for the Education of Young Children, Inc. and Florida Family Child Care Home Association, Inc. The term member based state professional organization does not include an organization that provides primarily training opportunities.

**“Re-screening”** is the background screening process that is conducted every five years after the date of the initial screening. Re-screening must include, national and statewide criminal records checks through the FDLE, a search of the sexual predator and sexual offender registry, and Florida’s child abuse and neglect registry.

**“Sanitize”** means the process of destroying or reducing organisms to a safe level which includes properly cleaned equipment and surfaces, such as sinks and sleep mats. Sanitation shall be accomplished with the application of a 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”** is any injury/incident resulting in death or serious physical or emotional harm to a child that prudently calls for medical attention, including medication errors that present a risk of ineffectiveness or adverse reaction. **“Sleeping”** means the normal night time sleep cycle.

**“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.

**“Training Transcript”** is the electronic documentation of statutorily mandated training and staff credential qualifications for child care personnel. Training Transcripts may be obtained from the department’s website at [www.myflfamilies.com](http://www.myflfamilies.com).

**“Weighted Score”** means a scaled score, rather than a percentage score, based on the difficulty of the exam and determined by competency exam professionals in consultation with subject matter experts.

**“Year of experience”** means a minimum of 1040 hours of paid and/or nonpaid documented work experience, or its equivalent.

## 2 General Requirements

### 2.1 License Application or Renewal

- A. All fines imposed through the administrative process or an administrative hearing against an applicant must be paid before a license can be issued. If, at the time of a license renewal application, there is a pending administrative hearing resulting only from a proposed fine, it shall not affect the renewal of the license. If, at the time of a license renewal application, there is a pending revocation proceeding, a satisfactory inspection is required and the issuance of a license is dependent upon the final order.
- B. In such case, the provider will not be issued a renewal license until the final order is entered and any fine imposed has been paid. If the provider has filed a timely and



sufficient application for the renewal of a license, the provider will be able to continue to operate as long as provisions are in place to ensure the continued health and safety of the children in care during the application determination and any subsequent administrative hearing. This provision does not limit the department's authority to issue an emergency suspension order.

- C. For the purpose of issuing a license, any out-of-state criminal offense, which if committed in Florida would constitute a disqualifying offense, shall be treated as a disqualifying offense for screening purposes.
- D. The provider is responsible for confirming with the county/city zoning authority that the property can be used for the operation of child care prior to operation. The "land use" must be applied correctly to avoid noncompliance with county/city zoning and potential fines or closure.

**Large Family Child Care Home License Requirements** In addition to the requirements above:

- E. A large family child care home must first have operated as a licensed family day care home for two consecutive years, with an operator who has had a child development associate credential or its equivalent, verified on the department's training transcript, for one year. The two consecutive years of operation as a licensed family day care home must have been within five years of the date of the application to operate a large family child care home.
- F. A copy of the annual license shall be posted in a conspicuous location within the large family child care home.

## **2.2 Licensed Capacity**

### **2.2.1 Family Day Care Home**

A family day care home may provide care for one of the following groups of children, which shall include household children under 13 years of age: A. A maximum of four children from birth to 12 months of age.

- B. A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.
- C. A maximum of six preschool children if all are older than 12 months of age.
- D. 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.

### **2.2.2 Large Family Child Care Home**

A large family child care home may provide care for one of the following groups of children, including household children under 13 years of age: A. A maximum of 8 children from birth to 24 months of age.

- B. A maximum of 12 children, with no more than 4 children under 24 months of age.

## 2.3 Child Discipline

- A. Operators shall adopt a discipline policy consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited.
- B. All home operators, employees, substitutes, and volunteers must comply with the family day care home's written disciplinary and expulsion policies.
- C. Verification that the home has provided the parent or guardian a written copy of the disciplinary and expulsion policies used by the home must be documented on the enrollment form with the signature of the custodial parent or legal guardian.
- D. Active play, both indoor and outdoor, must not be completely withheld from children who misbehave. For example, a child being placed in time-out the entire time the rest of the children go outside to play would be unacceptable. Time-outs may be used during indoor or outdoor play provided an age appropriate time limit has been established.
- E. A copy of the written disciplinary and expulsion policies must be available for review by the parents or legal guardian and the licensing authority. Providers must have a comprehensive discipline policy that includes developmentally appropriate socialemotional and behavioral health promotion practices as well as discipline and intervention procedures that provide specific guidance on what child care personnel should do to prevent and respond to challenging behaviors. Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development.
- F. The following discipline techniques shall be prohibited in the home:
  1. The use of corporal punishment/including, but not limited to:
    - × Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
    - × Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
    - × Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
    - × Exposing a child to extremes temperatures;
    - × Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head.
  2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised.
  3. Binding, tying or restrict movement, or taping the mouth;
  4. Using or withholding food or beverages as a punishment;
  5. Toilet learning/training methods that punish, demean, or humiliate a child;
  6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
  7. Any abuse or maltreatment of a child;

8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or child's family;
9. Placing a child in a crib/portable crib for a time-out or for disciplinary reasons.

## 2.4 Transportation

Child care providers must comply with minimum health and safety standards to ensure the well-being of children in their care being transported.

### 2.4.1 Driver Requirements

The driver of any vehicle used by a child care program to provide transportation must have the following:

- A. A valid Florida driver's license including the proper endorsement; and
- B. A valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures.

Documentation must be maintained at the home for licensing to review.

### 2.4.2 Transportation Log

A log must be maintained for all children being transported in the vehicle or on foot away from the premises of the home. The log must be retained for a minimum of 12 months. The log must include each child's name, date, time of departure, time of arrival and the signature of the driver verifying all children were accounted for during the visual sweep.

- A. Prior to transporting children, the transportation log must be recorded, signed, and dated immediately, verifying that all children were accounted for and that the log is complete.
- B. Upon arrival at the destination, the driver of the vehicle must:
  1. Mark each child off the log as the child departs the vehicle;
  2. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
  3. Record, sign, and date the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted.

#### **Large Family Child Care Home**

In addition to the transportation log requirements above, the home employee or person(s) authorized by the large family child care home operator must:

- C. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
- D. Sign, date and record the transportation log immediately, verifying that all children were accounted for, and that the log is complete.

### 2.4.3 Emergency Care Plans

Child care personnel must have possession of contact information for the parent or legal guardian of each child being transported by vehicle or on foot while away from the home. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or

medication must be available in the vehicle or with child care personnel on the field trip. The responsible adult in the vehicle or on the field trip must be trained to recognize and respond appropriately to a medical emergency.

#### **2.4.4 Vehicle Requirements**

For the purpose of this section, vehicles refer to those owned, operated or regularly used by the child care home, and vehicles that provide transportation through a contract or agreement with an outside entity. Parents' personal vehicles used for transporting during field trips are excluded from meeting the requirements of this sub-section.

- A. 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.
- B. 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 that are operational.
- C. When transporting children, staff-to-child ratios must be maintained at all times.
- D. An adult must remain within sight and hearing of children being transported in a vehicle so as to be able to respond to the needs of the children at all times.
- E. All home operators must maintain documentation of current insurance coverage on all vehicles used to transport children in care.
- F. Smoking is prohibited in all vehicles while being used to transport children.
- G. Emergency medical consent forms or copies of the consent forms signed by the custodial parent or legal guardian and emergency contact numbers must be in the vehicle during transport of children, including field trips.
- H. A permission and transportation release form signed by the custodial parent or legal guardian of the children in care must be on file for planned and unplanned activities. Written permission may be in the form of a general permission slip. Documentation of parental permission must be maintained for a minimum of six months from the date of planned and unplanned activities.
- I. The interior of vehicles used to transport children should be maintained at a temperature comfortable to children.
- J. When applicable, any vehicle used for transporting children must accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction and the wheelchair occupant must be secured by a three-point tie restraint during transport; or the child must be placed in a federally approved child safety restraint or factory installed seatbelt when transported, in accordance to the child's needs. Manufacturers' specifications must be followed to assure that safety requirements are met.

#### **2.4.5 Seat Belt/Child Restraints**

Each child, when transported, must be seated in a back seat in an individual factory installed seat belt or federally approved child safety restraint. The child safety restraint must be installed, secured and used in accordance with the

manufacturer's instructions and a copy of such instructions must be maintained (in the vehicle and/or on file). Car safety seats should be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash.

- A. Children aged birth to one year old must be secured in a rear-facing car safety seat.
- B. Children aged one through 3 years, such restraint device must be a separate carrier or a vehicle built-in child seat.
- C. For children aged 4 years, a separate carrier, a vehicle built-in child seat, or a child booster seat must be used with appropriate seat belt. D. All children 5 and older must be in seat belts.

### **Large Family Child Care Home Transportation Requirements**

In addition to the transportation requirements above a large family child care home must comply with the following:

- E. When one staff member takes some children on a field trip and one staff member remains on the premises with the remainder of the children in care, the operator or employee transporting children is totally responsible for the care and supervision of those children and shall follow the transportation guidelines specified above.

## **2.5 Planned/Unplanned Activities**

### **Large Family Child Care Homes**

Each age group or class must have a written and followed plan of scheduled activities posted in a conspicuous location accessible to the custodial parents or legal guardian. The written plan shall include a variety of activities that range from structured to unstructured activities that encourage a child's developmental growth. The written plan must meet the needs of the children being served and include scheduled activities that:

- A. Promote emotional, social, intellectual and physical growth;
- B. Include quiet and active play, both indoors and outdoors; and
- C. Include meals, snacks, and nap times, if appropriate for the age and the times the children are in care.
- D. Do not include the use of electronic media for children under two years of age. Electronic media may only be used for educational purposes or physical activity for children 2 years of age and older for no more than 1 to 2 hours per day.
- E. Providers must implement program practices that promote consistency and continuity of care, especially for infants and toddlers. Early care and education programs should provide opportunities for each child to build emotionally secure relationships with a limited number of child care personnel.

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

## 3 Staffing Requirements

### 3.1 Operator

- A. The operator must be at least 18 years of age.
- B. The operator must reside in the home where the care is provided. In the event of rental or leased property, the operator shall be the individual who occupies the residence.
- C. The operator may not work outside of the home during the hours the family day care home or large family child care home is operating.

#### **Large Family Child Care Home**

In addition to the requirements above:

- D. The operator must be at least 21 years of age and responsible for the overall operation of the home.

### 3.2 Substitute

The operator must have a written plan to provide at least one substitute, 18 years of age or older, to be available on a temporary/emergency basis.

- A. The substitute's information (including name, date of birth, telephone number, address, anticipated number of hours worked and whether or not this person substitutes for another home) must be provided on the CF-FSP Form 5133, Application to License a Family Child Care Home.
- B. The written plan must be kept current and include the name, address, telephone number of the substitute.
- C. Any changes to the plan must be reported to the licensing office within 5 working days. All hours worked by the substitute must be documented in writing and maintained for 12 months.
- D. Substitutes may not work for the operator more than 40 hours per month on average over a 6 month period in any single home for which they have been identified as the designated substitute.
- E. The operator must document the hours worked on a monthly basis. The operator must sign a statement attesting to the number of hours that the substitute works in the operator's home. The statement must be placed in the substitute's file.
- F. The operator must keep written record of the number of hours worked by the substitute and this documentation must be maintained for a 12 month period.

### 3.3 Large Family Child Care Home Employee

Employees in a large family child care home shall be at least 18 years of age.

Large family child care homes must meet and comply with all standards in the 402.3131, this handbook, and in this rule at all times unless there are insufficient numbers of children in care to meet the definition of a large family child care home, in which case an additional employee is not required.

## 4 Background Screening

### 4.1 Initial Screening

Operators, household members, substitutes, volunteers and Large Family Child Care Home employees must have a level 2 background screening clearance from the department prior to obtaining a license, residing in the home, employment, or volunteering unsupervised with children. The employer/owner/operator must review each employment application to assess the relevancy of any issue uncovered by the complete background screening, including any arrest, pending criminal charge, or conviction, and should use this information in employment decisions in accordance with state laws.

- A. Level 2 screening as outlined in s 435.04, F.S., is required for all child care personnel and includes a criminal records check (both national and statewide), a sexual predator and sexual offender registry search, and child abuse and neglect history of any state in which an individual resided during the preceding 5 years. All fingerprints must be submitted and processed through the Background Screening Clearinghouse and therefore a LiveScan vendor that is Clearinghouse compatible must be used for submission of fingerprints.
- B. The fingerprint results from the Federal Bureau of Investigation will be returned to DCF via the Florida Department of Law Enforcement. DCF will review both the federal and state criminal history results, along with state criminal records, national sex offender registry, Florida sex offender registry, and the Florida child abuse and neglect registry.
- C. DCF will issue an eligible or non-eligible result for employment through the Clearinghouse upon completion of searches and results from other states, if applicable.
- D. The operator must submit to licensing a five year employment history. Licensing staff will conduct employment history checks, including documented attempts to contact each employer that employed the individual within the preceding five years and documentation of the findings. Documentation must include the applicant's job title and description of his/her regular duties, confirmation of employment dates, and level of job performance.
- E. The employer/owner/operator must conduct employment history checks for substitutes, including documented attempts to contact each employer that employed the individual within the preceding five years and documentation of the findings. Documentation must include the applicant's job title and description of his/her regular duties, confirmation of employment dates, and level of job performance. The employer/owner/operator must make at least three attempts to obtain employment history information. Failed attempts to obtain employment history must be documented in the personnel file and include date, time, and the reason the information was not obtained.
- F. The employer/owner/operator must send a request for criminal history records for each state the individual lived if the individual has lived outside the state of Florida in the preceding five years. Visit [www.myflfamilies.com/backgroundscreening](http://www.myflfamilies.com/backgroundscreening), click on the National Records Request link to obtain the instructions and forms to complete to submit a request for a search. Once the results are received, the information must be sent to the DCF Background Screening unit.

- G. The employer/owner/operator must send a request for a search of each state's child abuse and neglect registry if the individual has lived outside the state of Florida in the preceding five years. Visit [www.myflfamilies.com/backgroundscreening](http://www.myflfamilies.com/backgroundscreening), click on the Out of State Abuse Registry Check link to obtain the instructions and forms to complete to submit a request for a search. Documentation of the date the search was requested, and the date the results were received, must be maintained in the employee's file for review by the licensing authority.
- H. The employer/owner/operator must conduct a search of the sexual offender/predator registry of any state the individual has lived in outside the state of Florida in the preceding five years. Visit [www.myflfamilies.com/backgroundscreening](http://www.myflfamilies.com/backgroundscreening), click on the Out of State Sexual Predator/Offender Registry Check link to obtain the instructions and forms to complete to submit the request for a search. Documentation of the search date, and findings from each state, must be documented in the employee's file for review by the licensing authority.
- I. The employer/owner/operator must maintain on-site at the program copies/documentation of completion of all applicable elements in the screening process for an individual in the personnel file for review by the licensing authority. J. An individual may be hired under one of these circumstances:
1. If all components are complete with an eligible screening and documented in the employee's file.
  2. 'Provisional hire' status upon notification email from the department allowing the individual to be hired for a 45 day period while out of state records are being requested and awaiting clearance. During those 45 days the individual must be under the supervision of a screened and trained staff member when in contact with the children.
  3. Screening requests have been initiated, but before results have been received, the individual may be hired for training and orientation purposes only in accordance with s. 435.06(2)(d), Florida Statutes. Until screening is complete showing good moral character, the employee may not be in contact with the children as specified in this statute.
- K. The employer/owner/operator must **initiate the screening** through the Clearinghouse prior to fingerprinting. Failure to initiate the screening may result in an invalid screening and the individual will have to be re-fingerprinted and pay the fees again.
- L. The employer/owner/operator must add substitutes, employees and household members to their Employee/Contractor Roster when the individual has received a child care eligible result. Employer/owner/operator must immediately add an end date for individuals on the Employee/Contractor Roster in the Clearinghouse when employment terminates or a household member is no longer residing in the home.
- M. The employer/owner/operator will receive an email notification if any individual on the Employee/Contractor Roster is arrested for a disqualifying offense. The employer/owner/operator is required to take appropriate action if an individual becomes disqualified pursuant to s. 435.06, Florida Statutes.

### **Large Family Child Care Home**

In addition to the requirements above:



- N. For the purpose of issuing a license, any out-of-state criminal offense, which if committed in Florida would constitute a disqualifying felony offense, shall be treated as a disqualifying felony offense for licensing and screening purposes under this rule.
- O. Background screening fingerprint submission must comply with s. 435.12, F.S.
- P. Documentation/clearance for the initial screening must be included in the department's licensing file. Screening information for the employee must be documented on CFFSP Form 5131, Background Screening and Personnel File Requirements, which is incorporated by reference in 65C-22.001(8)(b), F.A.C. A copy of CF-FSP 5131 may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).
- Q. The Large Family Child Care Home operator must conduct employment history checks for home employees, including documented attempts to contact each employer that employed the individual within the preceding five years and documentation of the findings. Documentation must include the applicant's job title and description of his/her regular duties, confirmation of employment dates, and level of job performance. The employer/owner/operator must make at least three attempts to obtain employment history information. Failed attempts to obtain employment history must be documented in the personnel file and include date, time, and the reason the information was not obtained.
- R. CF Form 1649A, Child Care Attestation of Good Moral Character, which is incorporated by reference in 65C-22.001(8)(a), F.A.C., must be completed at the time of initial screening or upon change in employers, or in accordance with the local licensing agency compliance and must be maintained in the department's licensing file. A copy of the CF Form 1649A may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).

## 4.2 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.

- A. The five year re-screen is required for the operator, household members and substitutes.
- B. The five year re-screen must include, at a minimum, a criminal records check (both national and statewide), a sexual predator and sexual offender registry search, and child abuse and neglect history of any state in which an individual resided during the preceding 5 years.
- C. An operator, substitute, employee, volunteer and all household members must be rescreened as outlined in sections 402.313 and 402.3131, F.S., following a break in operation/employment in the child care industry or from residing in the home, that exceeds 90 days.
- D. If child care 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 comes 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.myflfamilies.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal%2f>

## 4.3 Background Screening Documents

- A. Each personnel record must have a completed CF-FSP Form 5131, Background Screening and Personnel File Requirements, which is incorporated by reference in rule 65C-22.001, F.A.C.
- B. CF Form 1649A, Child Care Attestation of Good Moral Character, incorporated by reference in 65C-22.001(8)(a), F.A.C., must be completed for all child care personnel at the time of initial screening or upon change in employers. CF Form 1649A may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).
- C. A copy of the eligible results generated from the Clearinghouse must be on record for each personnel.
- D. A copy of the DCF letter/email informing of search conducted of the Florida's child abuse and neglect registry must be on record for each personnel screened between July 1<sup>st</sup> and December 15<sup>th</sup> of 2016.
- E. A copy of each request made to out of state child abuse and neglect registries for individuals that lived outside the state of Florida in the preceding five years.
- F. A copy of each search conducted for out of state sexual offender/predator registries for individuals that lived outside the state of Florida in the preceding five years.
- G. A copy of all background screening clearance documents for the operator, household members, substitutes, and Large Family Child Care Home employees must be provided to the department for inclusion in the official licensing file or in accordance with the appropriate local licensing agency requirements.
- H. The operator, substitute and/or volunteer must complete a CF-FSP 5337, Child Abuse and Neglect Reporting Requirements, incorporated by reference in 65C-22.001(8)(l), F.A.C., signed prior to initial licensure and annually thereafter.
- I. Volunteers must complete a CF-FSP 5217 Volunteer Acknowledgement, incorporated by reference in 65C-22.001(8)(e), F.A.C., prior to volunteering in the home. Written documentation of volunteer hours must be maintained at the home and available for review by the licensing authority.

## 5 Staff Training

### 5.1 Training Required Prior to Licensure/Caring for Children

#### 5.1.1 Operators and Substitutes

Prior to licensure and prior to caring for children, all home operators and **substitutes working more than 40 hours per month on average over a 6 month period** must:

- A. Successfully complete the department's 30-clock-hour Family Child Care Home training, as evidenced by successful completion of a competency based examination(s) offered by the department or its designated representative with a weighted score of 70 or better. Operators who successfully completed the mandatory 30-clock-hour Family Child Care Home training prior to January 1, 2004, are not required to fulfill the competency examination requirement. Documentation of course completion may either be a single Family Child Care Home certificate or certificates for the five individual training courses which total 30-clock-hours of training: Family Child Care Home Rules and Regulations; Health, Safety and Nutrition; Identifying and Reporting Child Abuse and Neglect; Child Growth and Development; and Behavioral Observation and Screening.
- B. Complete a single course of training in early literacy and language development of children ages birth through five years that is a minimum of five clock-hours or .5 CEUs. Proof of completion will be documented on the certificate of course completion, classroom transcript, or diploma. In order to meet this requirement, individuals must complete one of the following:
  - 1. One of the department's online literacy courses available on the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare); or
  - 2. One of the department's approved literacy training courses. A list of these courses may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) (no additional courses will be approved by the department); or
  - 3. One college level early literacy course (for credit or non-credit) if taken within the last five years.
- C. Have certificate(s) of course completion for pediatric cardiopulmonary resuscitation (CPR) procedures and first aid training, which must be current and valid at all times. 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. CPR courses must include an on-site instructor-based skills assessment that shall be documented by the certified CPR instructor. Documentation of completion of the online course and on-site assessment must be maintained at the home and available for review by the licensing authority. Two years from the date of the adoption of this rule, large family child care home employees must also have current First Aid and pediatric cardiopulmonary resuscitation (CPR) training.

#### 5.1.2 Substitutes Who Work Less Than 40 Hours/Month

Substitutes who work less than 40 hours a month **on average** must complete:

- A. The department's six clock-hour Family Child Care Home Rules and Regulations training, as evidenced by successful completion of a competency based examination offered by the department or its designated training representative prior to licensure and caring for children.
- B. Substitutes who have successfully completed the three clock-hour Fundamentals of Child Care training or 30-clock-hour Family Child Care Home

training are not required to complete the six clock-hour Family Child Care Home Rules and Regulations course.

- C. Have certificate(s) of course completion for pediatric cardiopulmonary resuscitation (CPR) procedures and first aid training, which must be current and valid at all times. 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. CPR courses must include an on-site instructor-based skills assessment that shall be documented by the certified CPR instructor. Documentation of completion of the online course and on-site assessment must be maintained at the home and available for review by the licensing authority.

### 5.1.3 Large Family Child Care Home Operators

In addition to the training requirements identified above, large family child care home operators must:

- A. Possess an active Staff Credential Verification Confirmation, documented on the Training Transcript for at least one year prior to licensure.
  - 1. To apply for a staff credential verification, a candidate must complete CFFSP Form 5211, Florida Child Care Staff Credential Verification Application, which is incorporated by reference in 65C-22.001(8)(d), F.A.C., and may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).
  - 2. Operators must meet one of the following credentials below for a minimum of one year prior to initial Large Family Child Care Home Licensure:
    - a) An active National Early Childhood Credential (NECC); or
    - b) An active Birth Through Five Child Care Credential awarded as a Florida Child Care Professional Credential (FCCPC), a Florida Department of Education Child Care Apprenticeship Certificate (CCAC), or Early Childhood Professional Certificate (ECPC); or
    - c) An active School-Age Child Care Credential awarded as a Florida Child Care Professional Credential (FCCPC) or School-Age Professional Certificate (SAPC). Graduates who successfully complete a school-age training program offered by a branch of the U.S. Military will be recognized as having met the School-Age FCCPC requirement; or
    - d) Formal Educational Qualifications.
  - 3. An Employment History Recognition Exemption will not be accepted to meet the minimum staff credential requirements for Large Family Child Care Homes.
  - 4. An Employment History Recognition Exemption and a School-Age FCCPC will not be accepted to meet the minimum staff credential requirements for Voluntary Pre-Kindergarten (VPK).
  - 5. Florida law requires that VPK instructional personnel possess an appropriate credential. If the department identifies that a designated VPK teacher does not have an active credential, the department will notify the local Early Learning Coalition or its designated representative.

- B. Maintain an active staff credential, documented on the individual's Training Transcript. Inactive staff credentials may not be used to operate a large family child care home.
1. To maintain an active National Early Childhood Credential, it must be renewed through the agency that awarded the original credential or renewed as a Florida Birth Through Five Child Care Credential. Once renewed, for licensing purposes, individuals must complete a CF-FSP Form 5211, Florida Child Care Staff Credential Verification Application to have the individual's Training Transcript updated with renewed credential information. An individual with an inactive National Child Care Credential may submit a renewal application, but while inactive the individual shall not be counted to meet the staff credential requirement. The application will be reviewed, and if approved, a certificate will be issued with a renewal date of five years from the date the completed renewal application was processed.
  2. A staff credential awarded for formal education qualifications is always active and does not need to be renewed.
  3. To maintain an active Birth Through Five or School-Age Child Care Credential, every five years a candidate must complete the renewal Section of the CF-FSP Form 5211; if all criteria are met, the individual's Training Transcript will be updated with renewed credential information. Renewal applications may be submitted by the candidate no earlier than one year prior to the end of the active period of the Birth Through Five or School-Age Child Care Credential. An individual with an inactive Birth Through Five or School-Age Child Care Credential may submit a renewal application, but while inactive the individual shall not be counted to meet the staff credential requirement. The application will be reviewed, and if approved, a certificate will be issued with a renewal date of five years from the date the renewal requirements are met.
  4. A staff credential awarded for Employment History Recognition Exemption is always active and does not need to be renewed.

## **5.2 Training Required Within 30 Days of Employment**

### **5.2.1 Safe Sleep/ Shaken Baby Syndrome Training**

All child care personnel, including substitutes and volunteers, who work in a home that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abuse head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the home. For child care personnel, including substitutes and volunteers, to satisfy this requirement the training must be accomplished through one of following methods: the department's Health Safety and Nutrition course, Safe Sleep course, or the Early Learning Florida's Safe Sleep Practices. Documentation of training must be maintained on the department's training transcript in the child care personnel record.

### 5.2.2 Fire Extinguisher Training

All staff shall be trained in the use and operation of a fire extinguisher within 30 days of employment. Documentation of completed training must be maintained in the personnel record.

### 5.2.3 Foster Grandparent Training Requirements

Foster grandparents are required to have 100% attendance of the department's following training courses: Family Child Care Home Rules and Regulations; Health, Safety, and Nutrition; Identifying and Reporting Child Abuse and Neglect; and Special Needs Appropriate Practices. This requirement can be met by either instructor-led or online training and does not require a competency exam. Foster grandparents must **begin training** within 30 days of working in the child care industry in any licensed Florida child care facility. Training must be completed within one (1) year from the date of working in the child care industry in any licensed Florida child care facility or family child care home. Foster grandparents are not classified as child care personnel, and they may not be assigned the roles of teacher's aides, group leaders or other similar positions. Foster grandparents are not counted in the staff-to-child ratio.

## 5.3 Training Required Within 90 Days of Employment

### 5.3.1 Large Family Child Care Home Employees

Within 90 days of employment in a Florida large family child care home, a large family child care home employee must:

- A. Begin the department's 30-clock-hour Family Child Care Home training. The training shall be successfully completed within 12 months from the date on which the training began, as evidenced by the successful completion of a competency examination offered by the department or its designated representative with a weighted score of 70 or better. Training completion may not exceed 15 months from the date of employment in a Florida large family child care home. Documentation of course completion may either be a single Family Child Care Home (30 HR) certificate or certificates for the five individual training courses which total 30-clock-hours of training: Family Child Care Home Rules and Regulations; Health, Safety and Nutrition; Identifying and Reporting Child Abuse and Neglect; Child Growth and Development; and Behavioral Observation and Screening.

## 5.4 Training Required Within 6 Months of Licensure

### 5.4.1 Large Family Child Care Home Operators

Within six months of licensure, large family child care home operators must successfully complete 10-clock-hours of specialized training from the department's Part II training courses as evidenced by successful completion of a competency examination with a weighted score of 70 or better. These courses include:

- A. Special Needs Appropriate Practices (10 hours), or
- B. Understanding Developmentally Appropriate Practices (5 hours) and one of the following courses:
- C. Infant and Toddler Appropriate Practices (5 hours)

- D. Preschool Appropriate Practices (5 hours)
- E. School- Age Appropriate Practices (5 hours)

## 5.5 Training Required Within 12 Months of Employment

### 5.5.1 Large Family Child Care Home Employees

Within 12 months of date of employment in the Florida large family child care home, complete a single course of training in early literacy and language development of children ages birth through five years that is a minimum of five-(5)-clock-hours or .5 CEUs. Proof of completion will be documented on the certificate of course completion, classroom transcript, or diploma. In order to meet this requirement, employees must complete one of the following:

- A. One of the department's online literacy courses available on the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare); or
- B. One of the department's approved literacy training courses. A list of these courses may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) (no additional courses will be approved by the department); or
- C. One college level early literacy course (for credit or non-credit) if taken within the last five years.

## 5.6 Annual In-Service Training

### 5.6.1 Operator In-Service Training

All operators must complete a minimum of 10-clock-hours or one CEU of in-service training concentrating on children ages birth through 12 years annually during the operator's 12 month licensing period. The annual 10-clock-hours or one CEU of in-service training must be completed in one or more of the following areas (college level courses will be accepted):

- A. Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, emergencies due to food and allergic reactions, and shaken baby syndrome; use of safe sleep practices; administration of medicine, emergency preparedness; handling of hazardous materials;
- B. Safe Sleep Practices- American Pediatrics Standards
- C. SIDS Sudden Infant Death Syndrome
- D. Pediatric CPR;
- E. First Aid (may only be taken to meet the in-service requirement once every three years);
- F. Nutrition;
- G. Child development – typical and atypical;
- H. Social and Emotional Development
- I. Child transportation and safety;

- J. Behavior management;
- K. Working with families;
- L. Design and use of child oriented space;
- M. Community, health and social service resources;
- N. Child abuse;
- O. Child care for multilingual children;
- P. Working with children with disabilities in child care;
- Q. Safety in outdoor play;
- R. Literacy;
- S. Guidance and discipline;
- T. Computer technology;
- U. Leadership development/program management and staff supervision;
- V. Age appropriate lesson planning;
- W. Homework assistance for school-age care;
- X. Developing special interest centers/spaces and environments;
- Y. Other course areas relating to child care or child care management; or
- Z. Any of the online courses offered through the department's child care website.

Operators who do not complete the required annual in-service training during a given licensure year must complete the remaining in-service training hours within 30 days of the noncompliance finding by the licensing authority. These hours cannot be used to meet the current year's in-service training requirements.

### **5.6.2 Large Family Child Care Home Employee Annual In-Service Training**

All large family child care employees, must complete the annual in-service training requirements as outlined in 5.6.1.

- A. Large family child care home employees may apply the mandated 30-clockhour Family Child Care Home training to meet the annual in-service training requirement during the first year of employment.
- B. All employees continuously employed or hired prior to the last month of the provider's licensure year must complete the annual in-service training requirement. This includes any changes in employment from one program to another.
- C. Employees continuously employed or hired prior to the last month of the provider's licensure year who do not complete the required annual in-service training during any given year must complete the remaining in-service training hours within 30 days of the noncompliance finding by the licensing authority. These hours cannot be used to meet the current year's in-service training requirements.



## 5.7 Training Exemptions

Child care personnel working in a family child care home or large family child care home have one opportunity, if they choose, to exempt from one or more of the department's training courses prior to attending training by successful completion of corresponding competency examinations. The department or its designated representative shall exempt individuals from one or more of the department's training courses as follows:

- A. The department or its designated representative will exempt from the Health, Safety and Nutrition; Child Growth and Development; and Behavioral Observation and Screening courses those child care personnel who meet one of the following educational qualifications:
  - 1. Associate's degree or higher with six college credit hours in Early Childhood Education or degree in Elementary Education.
  - 2. An active National Early Childhood Credential (NECC) or an active Birth Through Five Florida Child Care Professional Credential (FCCPC).
- B. The department or its designated representative shall exempt child care personnel with a Bachelor's degree or higher in Early Childhood Education from the Understanding Developmentally Appropriate Practices course, the Infant and Toddler Appropriate Practices course, and the Preschool Appropriate Practices course.
- C. The department or its designated representative shall exempt child care personnel with a Bachelor's degree or higher in Elementary Education from the Understanding Developmentally Appropriate Practices course and the School-Age Appropriate Practices course.
- D. The department or its designated representative shall exempt child care personnel with a Bachelor's degree or higher in Exceptional Student Education from the Special Needs Appropriate Practices course.

## 5.8 Training Documentation

- A. The department's Training Transcript is the only acceptable verification of successful completion of the department's training. A copy of the department's Training Transcript may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).
- B. Any course completion certificate not documented on the Training Transcript will be considered invalid, requiring that the course(s) be retaken. Until the coursework is retaken and completed, family day care homes will be out of compliance with the mandated training standard.

**There are no educational exemptions from the Family Child Care Home Rules and Regulations course or from the Identifying and Reporting Child Abuse and Neglect courses.**

- C. Documentation of the in-service training requirement must be recorded on CF-FSP Form 5268A, In-Service Training Record, which is incorporated by reference in 65C20.008(7)(a), F.A.C., and maintained at the home. CF-FSP Form 5268A may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare). A new inservice training record is required each licensing year.

- D. The in-service training records for the previous two licensing years must also be maintained at the home for review by the licensing authority.

## 6 Supervision

- A. The operator shall remain responsible for the supervision of the children in care and capable of responding to emergencies and the needs of the children at all times. The operator or substitute should directly supervise children, both indoors and outdoors, by sight and sound. Children must never be left inside or outside the home, in a vehicle, or at a field trip location by themselves.
- B. Bedroom doors must remain open while children are napping or sleeping. When children are napping or sleeping, the operator or substitute may supervise by sound with frequent visual checks.
- C. No person shall be an operator, substitute or employee in a home while using or under the influence of narcotics, alcohol, or other drugs that impair an individual's ability to provide supervision and safe child care.
- D. A child who has been placed in an isolation area due to illness must be within sight and hearing of the operator.
- E. Children must be attended at all times when being diapered or when changing clothes. Children must receive supervision as required by their age or required needs when toileting or bathing. A safety strap or harness should not be used on the diaper changing table/surface.
- F. Infants must be held for bottle feedings until they are developmentally ready to sit in an age appropriate chair with good head control. There must not be any propped bottles. If a child cannot hold the bottle, the operator, substitute or employee must hold the bottle during feeding.
- G. A child shall never be left unattended on a table or countertop.
- H. Constant and active supervision is required when any child is in or around water, including bathing and swimming activities. During wading and/or water play activities on site or during a field trip, the operator or substitute must be within an arm's length providing "touch supervision."
- I. If the home provides services to drop children off at different locations, the driver must ensure to drop the child off at the appropriate location. Each child transported must be dropped at the designated location and released to an authorized individual as agreed upon by the provider and the custodial parent/legal guardian.
- J. When transporting children in a vehicle or on foot, a telephone or other means of instant communication must be available to staff. Cellular phones, two-way radio devices, citizen band radios, and other means of instant communications are acceptable.
- K. Children may only be released to adults authorized by parents or legal guardians as indicated on the enrollment form obtained during the enrollment process. Prior to releasing a child, the identification of the individual picking up must be verified by photo identification and be confirmed as an authorized adult for pick up.

- L. During feeding times, children must be individually fed and provided their own tableware. Children must be supervised appropriately for their ages and developmental abilities, to monitor the size of food and that children are eating accordingly.

### **Large Family Child Care Home Supervision Requirements**

In addition to the requirements above:

- M. In a large family child care home, *direct* supervision must be maintained at all times during the hours of operation.
- N. In addition to the number of staff required to meet staff-to-child ratios, if there are more than six preschoolers participating on field trips away from the large family child care home, there must be one additional adult present per each six preschoolers, or any fraction thereof, to provide direct supervision to the children. If some children remain in the home, the adult supervision staff-to-child ratios as required in section 402.302(8), F.S., shall apply and must be maintained. In addition, one staff member on the field trip and one staff member remaining on the premises with children must have a valid and current certificate(s) of course completion for infant and child cardiopulmonary resuscitation (CPR) procedures and first aid training. At no time shall the total number of children exceed the capacity as defined in Section 402.302(8), F.S.

## **7 Health and Safety Requirements**

- A. Indoor and outdoor play areas must be inspected daily for basic health and safety. Any problems must be corrected before the play area is used by children.
- B. Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces from which there is more than a 30 inch vertical distance to fall.
- C. No electrical device or apparatus accessible to children shall be located in a place that can be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.
- D. It is recommended that homes meet state or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary. Homes with carbon monoxide detectors should be tested monthly, batteries charged yearly, replaced according to manufacturer's instructions and documentation of testing must be maintained for licensing to review.

### **7.1 Animal Vaccinations**

Animals, pets or fowl must have current immunizations, if immunizations are available for the type of animal, pet or fowl; and be free from disease. Animals that are poisonous and/or aggressive in nature are prohibited. Custodial parents or legal guardian must be informed in writing of all animals on the premises of the home. Such information may be provided by way of a parent flyer, a notification statement, or a statement included in the child's enrollment form. Documentation of current immunizations must be available for review upon request by the licensing authority.

## 7.2 Toxic Substances, Hazardous Materials and Poisonous Items

- A. All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored and in a locked area or must be inaccessible and out of a child's reach.
- B. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled and used according to manufacturer's recommendation.
- C. Narcotics, alcohol, or other impairing drugs must be kept inaccessible to children at all times.
- D. 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 wiping the table after lunch, soaking toys in a tub on the countertop, sweeping. This does not include cleaning with hazardous materials or any cleaning which poses a risk of slipping or falling.

## 7.3 Smoking on Premises

- A. All operators shall inform custodial parents or legal guardians in writing, if someone living in the home smokes, including e-cigarettes. Pursuant to Chapter 386.204, F.S., while children are in care, smoking is prohibited, within the home and in vehicles when transporting children. Tobacco and other smoking equipment/materials must be kept inaccessible to children at all times.
- B. Smoking is prohibited in all outdoor areas, including on field trips, while children are in care.

## 7.4 Fire Arms and Weapons

At all times when children are in care, 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. No firearms or weapons as defined in Section 790.001, F.S., shall be kept upon any person located on the premises, excluding federal, state or local law enforcement officers. It is recommended that parents/guardians be informed of this policy.

## 7.5 Indoor Play Areas

- A. Operators must promote developmentally appropriate active play for all children, including infants and toddlers, every day.
- B. All areas of the home including the play areas shall be in good repair, clean and free from litter, nails, glass, and other hazards.
- C. Strings and cords long enough to encircle a child's neck, such as those on toys and window coverings, shall not be accessible to children.
- D. Bathtubs, buckets, diaper pails, and other open containers of water must be emptied immediately after use.
- E. All accessible electrical outlets must be "tamper-resistant electrical outlets" that contain internal shutter mechanisms to prevent children from sticking objects into receptacles.

In settings that do not have “tamper-resistant electrical outlets,” outlets shall have safety covers.

### **Large Family Child Care Home Indoor Floor Space**

In addition to meeting the requirements above, a large family child care home must have 35 square feet of usable indoor floor space per child that does not include bedrooms unless it can be demonstrated that these bedrooms are used as multipurpose activity rooms.

- E. Usable indoor floor space refers to that space available for indoor play and activities. Usable indoor floor space is calculated by measuring at floor level from interior walls and by deleting space for stairways, toilets and bath facilities, permanent fixtures and non-movable furniture. Kitchens, offices, laundry rooms, storage areas, hallways, and other areas not normally used or accessible to the children in daily operations are not included when calculating usable indoor floor space to determine total home capacity.
- F. Shelves or storage for toys and other materials shall be considered as usable indoor floor space if accessible to children.
- G. Where infants are in care, they shall have open indoor floor space outside of cribs and playpens.

## **7.6 Outdoor Time, Fencing and Play Area Requirements**

- A. Outdoor Play areas shall be clean, in good repair and free from litter, nails, glass, and other hazards.
- B. Tubs, buckets, and other open containers of water should be emptied immediately after use.
- C. The outdoor play areas must be enclosed with fencing or walls a minimum of 4 feet in height. The fence must not prevent the supervision of children. The fence must be in good condition and conform to applicable local building codes. These areas must have at least two exits, with at least one being remote from the buildings. If an outdoor play area was approved for usage by the Department prior to the effective date of this rule, no new exits are required to be added to meet this standard. However, if outdoor play area fencing is changed then the standard would apply and two exits must be provided.
- D. Homes caring only for infants under 12 months of age shall not be required to have an outdoor play area; however, infants in care shall be provided opportunities for outdoor time each day that weather permits.
- E. For all homes, including those providing evening care, the outdoor play area shall maintain safe and adequate fencing or walls, a minimum of four feet in height, if the family day care home property borders a public road/street or laned road/street with public access with a speed limit of 25 miles per hour or greater.
- F. Fencing, including gates, must be continuous, and shall not have opening or gaps larger than 3 1/2 inches that would allow children to exit the outdoor play area. The bottom or base of the fence must remain at ground level and free from erosion or buildup to prevent inside or outside access by children or animals.
- G. The fence, decking and gates must be constructed to discourage climbing.

- H. Outdoor play areas must be free from unsecured bodies of water. All water hazards must be inaccessible to children and enclosed with a fence that is 4 to 6 feet high or higher and the bottom or base of the fence must remain at ground level.
- I. All homes' play activities shall be suitable to each child's age and development. All playground equipment, if provided, shall be securely anchored, unless portable or stationary by design, in good repair, maintained in safe condition, and placed to ensure safe usage by the children.
- J. Maintenance shall include checks at least every other month of all supports above and below the ground, all connectors, and moving parts. Documentation must be maintained for a 12 month period.
- K. 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. Equipment used for climbing must not be placed over, or immediately next to hard surfaces not intended for use as surfacing for climbing equipment. All permanent/anchored playground equipment must be placed over a shock absorbing material that is either the unitary or the loose fill type extending beyond the perimeter of the stationary equipment. Untreated organic materials that support colonization of molds and bacteria shall not be used.
- L. All equipment, fences, and objects on the home's premises shall be free from sharp, broken and jagged edges and properly placed to prevent overcrowding or safety hazards in any one area.
- M. All equipment used in the outdoor play area shall be constructed to allow for water drainage and maintained in a safe and sanitary condition. Any open containers with water must be emptied immediately after use, i.e. pots, toys, or other equipment that collects water.
- N. The outdoor play areas and equipment shall be inspected prior to usage daily for basic health and safety, including, but not limited to:
  - 1. Missing or broken parts;
  - 2. Protrusion of nuts and bolts
  - 3. Rust and chipping or peeling paint
  - 4. Sharp edges, splinters, and rough surfaces;
  - 5. Stability of handholds
  - 6. Visible cracks
  - 7. Stability of non-anchored large play equipment (e.g. playhouses);
  - 8. Wear and deterioration;
  - 9. Vandalism or trashAny problems noted shall be corrected before the playground is to be used by children.

**Large Family Child Care Home Outdoor Play Area and Outdoor Equipment** In

addition to meeting the requirements above:

- O. All large family child care homes must have a minimum of 270 square feet of usable outdoor play area located on their property and which is used for the children attending or residing at the large family child care home, during operating hours.

## 7.7 Swimming Pools

- A. All in-ground swimming pools and above-ground swimming pools more than one-foot deep shall have either a fence or barrier on all four sides, at a minimum of four feet in height, separating the home from the swimming pool, or a pool alarm that is operable at all times when children are in care. The fence or barrier shall not have any gaps or openings that would allow a young child to crawl under, squeeze through, or climb up the barrier.
- B. All spas and hot tubs must meet the same barrier requirements for in-ground and aboveground swimming pools, or spas and hot tubs may be covered with a safety cover that meet the requirements of Section 515.25(1), F.S. at all times when children are in care. The exterior wall of the home with an ingress and egress does not constitute a fence or barrier.
- C. 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.
- D. In addition to the fence, barrier or pool alarm, the operator shall ensure that all exterior doors leading to the pool, spa, or hot tub area remain locked at all times while children are in care.
- E. Barriers may be temporary in nature, but must be sturdy and meet all the above requirements, and be in place during all times when children are in care. The wall of an above-ground swimming pool may be used as its barrier; however, such structure must be at least four feet in height.
- F. In addition, any ladder or steps that are the means of access to an above-ground pool must be removed at all times while children are in care and when the pool is not being used by the children in care.
- G. If a home has a swimming pool, it shall be maintained by using chlorine or other suitable chemicals. Wading pools are prohibited.
- H. If the home uses a swimming pool that exceeds three feet in depth at the family day care home site, one person who has completed a basic water safety course such as offered by the American Red Cross, YMCA or other organization, must be present when children have access to the swimming area.
- I. If the home uses swimming pools not at the family day care home site or takes the children to water areas such as a beach or lake for swimming activities, the family day care home operator must provide one person with a certified lifeguard certificate or equivalent who must be present when children are in the swimming area, unless a certified lifeguard is on duty.
- J. Providers must ensure that all pools have drain covers that are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act, as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by in 65C-22.001(7)(v), F.A.C..

- K. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be trained on the proper use of this equipment.

## **7.8 Appropriate, Safe and Sanitary Bedding**

- A. A home must include a designated area where each child can sit quietly or lie down to rest or nap. Each child in care must be provided safe and sanitary bedding to be used when napping or sleeping. All bedding and linens must be thoroughly cleaned and sanitized before use by another child.
- B. Operators must have a written plan for safe sleep practices as recommended by the America Academy of Pediatrics (AAP) as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by reference in 65C-22.001(7)(v), F.A.C. Cribs, play yards, bassinets, and playpens must have tight fitting sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, pillows, stuffed animals and cushions.
- C. Before purchase and use, cribs and play yards must be in compliance with regulations as outlined in Title 16, Parts 1219, 1220 & 1221 Code of Federal Regulations, 2014, which is incorporated by reference in 65C-22.001(7)(w), F.A.C.
- D. Children must not be placed in the cribs, playpens, play yards or other sleeping and napping bedding with items that could pose a strangulation or suffocation risk. Cribs, playpens, play yards other napping and sleeping bedding must be placed away from window blinds, draperies or any window treatment/cover that pose a strangulation hazard.
- E. When napping or sleeping, young infants who are not capable of rolling over on their own shall be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternative position is authorized in writing by a physician. Written documentation from a physician of this authorization shall be maintained in the child's record. Documentation must include the child's name, child's date of birth, description of sleep position required, description of any equipment needed, and length of time authorization is valid.
- F. Sleep bedding includes beds, cribs, or mattresses. Nap bedding includes sleep bedding, cots, playpens, play yards or floor mats. Air and foam mattresses are prohibited. Floor mats must be at least one-inch thick, and covered with an impermeable surface cleaned, and sanitized or disinfected after each use.
- G. Bedding must be appropriate for the child's size.
- H. Nap bedding is not required for school-age children; however, the family day care home provider shall provide an area as described below for those children choosing to rest.
- I. Children one year of age or older may nap or sleep on beds used by the family, provided individual linens are provided for each child. Each child shall have a separate bed, cot, crib, and playpen, play yard mattress or floor mat, except that two sibling preschool children may share a double bed.



- J. The operator must prepare a written plan outlining the sleeping arrangements of the children in care to be provided to the licensing counselor upon request.
- K. If the children are sleeping overnight, the operator must ensure accepted bedtime routines, such as brushing teeth and washing face and hands, are followed. Toothbrushes, towels and wash cloths may not be shared.
- L. Napping spaces shall not be in kitchens, bathrooms, utility rooms, or garages.
- M. Napping spaces shall not be under furniture, against furniture that may create a hazard, or blocking exit routes. A minimum distance of 18 inches must be maintained around individual napping spaces, except a maximum of two sides of a napping 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.

## 7.9 Vermin/Pest Control

Rodents and vermin must be exterminated. Pest control shall not take place while rooms are occupied by children. A home must adopt an integrated pest management program to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations.

## 7.10 Toys, Furnishings, Equipment and Plumbing

- A. All parts of the home, both indoors and outdoors; including the furnishings, equipment, toys and plumbing shall be kept clean, and sanitary, free from hazards, in an orderly condition and in good repair at all times. Provider should monitor the Consumer Product Safety Commission (CPSC) recommendations for use of equipment.
- B. The operator shall make available toys, equipment and furnishings suitable to each child's age and development and of a quantity suitable for each child to be involved in activities.
- C. Toys, equipment, and furnishings must be safe and maintained in a sanitary condition. The program must follow a routine schedule of cleaning, sanitizing and disinfecting. These items must be cleaned and sanitized or disinfected immediately or prior to another child's use if exposed to bodily fluids, such as saliva.

## 7.11 Fire Safety

- A. It is the responsibility of the operator to ensure all areas of the home 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.
- B. The home shall have an operable smoke detector(s) and fire extinguisher with a current certificate.

**Large Family Child Care Home Fire Safety Requirements** In addition to the requirements above:

- C. Large family child care homes shall conform to state standards adopted by the State Fire Marshal, Chapter 69A-36, F.A.C., Uniform Fire Safety Standards for Child Care Facilities.
- D. A copy of the current and approved annual fire inspection report completed by a certified fire inspector must be on file with the licensing authority.

## 7.12 Telephone, Lighting, Temperature and Ventilation

- A. The home shall have at least one operable corded telephone.
- B. At all times and appropriate for the activity, lighting in family day care homes must be sufficient enough to allow for safe movement and egress, and permit the operator to visually observe and supervise children in care.
- C. The home must have proper ventilation, and the temperature must be maintained between 65 and 82 degrees Fahrenheit.

## 7.13 Food Preparation/Storage

Proper storage of food is essential to prevent food contamination, as well as, insect and rodent infestation. Correct handling and storage of all food is a key component in preventing food-borne illnesses. To prevent bacteria growth, cold food must be kept at or below 41 degrees Fahrenheit and hot foods at or above 135 degrees Fahrenheit.

- A. Poisonous/toxic chemicals or cleaning products must be stored separately from food. Products must not be stored on shelves above food preparation areas and/or food products intended for human consumption, unless placed in bins that are impermeable.
- B. Food containers, such as cans, plastic containers, boxes and bags must be stored above the floor on clean surfaces protected from splash and other contamination.
- C. Opened packages of dried goods and perishable or leftover food items must be properly covered/sealed in containers or bags and stored appropriately to prevent contamination.
- D. Refrigerators/freezers must have accurate alcohol thermometer designed to measure cold storage temperature must be placed inside each refrigeration and freezer unit. Thermometers in refrigerators must show a reading of 41 degrees Fahrenheit or below, and thermometers in freezers must show a reading of 0 degrees Fahrenheit or below. The thermometer must be located in the center of the unit and be readily accessible. Thermometer temperature readings higher than specified above require further temperature testing of food samples stored in the unit using a probe type thermometer; and adjustments to the unit setting to reach and maintain the required readings must be made.
- E. A food preparation area shall be clean and free of dust, dirt, food particles, and grease deposits.
- F. Food provided by parents must be properly stored and handled in a sanitary manner at all times to prevent contamination or spoilage. 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.

## 7.14 Food and Nutrition

Handling of food in a safe and careful manner prevents the spread of bacteria, viruses and fungi. Outbreaks of foodborne illnesses have occurred in many settings, including child care facilities. Children are at a higher 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.

- A. If the operator chooses to supply food, the operator shall provide nutritious meals and snacks of a quantity and quality to meet the daily nutritional needs of the children. Weekly meal and snack menus shall be planned and written, and must be available for review by licensing authority. Meals and snacks must contain, at a minimum, the meal and snack patterns shown for infants and children in the Child Care Food Program (CCFP) guidelines, incorporated by reference in 65C-22.001(8)(r) and (s), F.A.C., and may be found at [http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/nutrition/\\_documents/mealpattern-for-children-9-16.pdf](http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/nutrition/_documents/mealpattern-for-children-9-16.pdf).
- B. Breakfast shall consist of at least three different food groups; lunch and dinner shall consist of at least four different food groups, and snacks shall consist of at least two different food groups. The USDA MyPlate is to be used to determine which food groups to serve at each meal or snack serving size and age appropriateness of the selected foods for children. Copies of the USDA MyPlate dieting guidelines, incorporated by reference in 65C-22.001(8)(t), F.A.C., may be obtained from the USDA website at <http://www.choosemyplate.gov>.
- C. 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 shall be maintained in the child's file for as long as the child is in care. If the custodial parent or legal guardian notifies the family day care home of any known food allergies, written documentation must be maintained in the child's file.
- D. Daily meal and snack menus shall be maintained for a minimum of six months for licensing purposes. Operators who participate in the USDA Food Program shall provide nutritious meals and snacks and must keep menus in accordance with the Department of Health and the USDA requirements.
- E. Clean, sanitary drinking water shall be readily accessible in indoor and outdoor areas, throughout the day for all children. On hot days, bottle fed infants may be given additional breastmilk or formula mixed with water provided by their parent/ legal guardian. Infants should not be given plain water in the first six months of life unless directed to by the child's pediatrician.
- F. Foods that are associated with young children's choking incidents must not be served to children under 4 years of age; such as but not limited to, whole/round hot dogs, popcorn, chips, pretzel nuggets, whole grapes, nuts, cheese cubes and any food that is of similar shape and size of the trachea. Food for infants must be cut into pieces  $\frac{1}{4}$  inch or smaller, food for toddlers must be cut into pieces  $\frac{1}{2}$  inch or smaller to prevent choking.
- G. Due to the extreme risk of choking, solid foods, including cereal, may not be given in bottles or with infant feeders to children with normal feeding habits unless authorized by a physician. Solid foods may not be fed to an infant younger than 4 months of age unless directed by a physician. Solid foods must be of a safe consistency and must be developmentally appropriate for the age and developmental ability of the infant.
- H. Breastmilk and formula must be handled in a sanitary manner at all times and according to manufacturer's instructions and instructions by parents. Prepared bottles must be placed in the refrigerator immediately and used within 48 hours. If instructions are not readily available, child care personnel must obtain information from the World

## **Food Allergies**

Each child's food allergies shall be posted prominently in the kitchen or wherever food is served with permission of the parent/guardian, and shared with substitute or volunteer working in the home. Each child with a food allergy should have a written care plan that includes:

- ✓ Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
- ✓ A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications.
- ✓ Specific symptoms that would indicate the need to administer one or more medications.

Based on the child's care plan and prior to caring for the child, the operator and substitute should receive training for and implement measures for preventing exposure to specific food(s) to which the child is allergic; recognizing the symptoms of an allergic reaction; treating allergic reactions.

The written care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transportation out of the home setting.

The operator or substitute shall notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The operator or substitute should contact the emergency medical services system immediately whenever epinephrine has been administered.

Health Organization's Safe Preparation, Storage and Handling of Powdered Infant Formula Guidelines, as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by in 65C22.001(7)(v), F.A.C..

- I. Bottled breast milk, infant bottles, and formula must not be heated in the microwave. Heated bottles and foods must be tested before feeding to ensure heat is evenly distributed and to prevent injury to children. A bottle can only be warmed once. A warmed bottle cannot be returned to the refrigerator or re-warmed. All breastmilk and infant formula left in bottles after feedings must be discarded within one hour after serving an infant. Unused breastmilk may be returned to the parent in the bottle or container.
- J. Breastmilk or infant formula provided for a specific infant by a parent or guardian must not be fed to other children. In the event that the wrong breastmilk or formula is given to an infant in care, the provider must immediately inform the child's parent or legal guardian of the incident, as well as the parent or legal guardian of the infant that the formula or breastmilk was intended for. These incidents must be documented as an accident/incident.
- K. Previously opened baby food jars must not be accepted. If food is fed directly from the jar by the caregiver, the jar can be used for only one feeding and the remainder discarded.
- L. Providers should develop and follow procedures for the preparation and storage of expressed breastmilk that ensures the health and safety of all infants, as outlined by the Academy of Breastfeeding Medicine Protocol, and prohibits the use of infant

formula for a breastfed infant without parental consent, as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by in 65C-22.001(7)(v), F.A.C.

## 7.15 Hygiene and Sanitation

- A. Soiled items shall immediately be placed in plastic lined, securely covered containers that are not accessible to children. The container shall be emptied, cleaned and sanitized or disinfected daily. Children's wet or soiled clothing and crib sheets shall be changed promptly.
- B. Potty chairs, if used, shall be cleaned and sanitized or disinfected after each use.
- C. The operator shall provide and maintain toilet and bath 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, and can be easily cleaned and sanitized or disinfected.
- D. Running water, soap, trash receptacles, toilet paper and individual towels/disposable towels shall be available and within reach of children using the toileting home. E. Single service paper or plastic plates, utensils, and cups shall not be reused.
- F. Plates, utensils, cups, bottles and sippy cups provided by the family day care home that are not disposable shall be washed, rinsed, and sanitized between uses.
- G. All bottles and sippy cups prepared and used continuously throughout the day shall be individually labeled with the child's first and last name. This does not limit any type of identification system in addition to names. Sippy cups or bottles brought from home shall be individually labeled with the child's first and last name and returned to the custodial parent or legal guardian daily.

## 7.16 Hand Hygiene

Operators, substitutes, and children shall wash their hands with soap and running water, dry thoroughly, and follow personal hygiene procedures for themselves or while assisting others, and immediately after outdoor play. Situations or times that children and staff must perform hand hygiene should be posted in all food preparation, diapering and toileting areas.

The operator, substitutes, volunteers and children shall abide by the Centers for Disease Control guidelines for handwashing incorporated by reference in 65C-22.001(8)(u), F.A.C. Copies of the Center for Disease Control Guidelines may be obtained at [www.cdc.gov](http://www.cdc.gov). Hands must be washed:

- A. Upon arrival for the day, after breaks, or when moving from one group to another.
- B. Before and after the following activities:
  - 1. Preparing food or beverages;
  - 2. Eating, handling food, or feeding a child
  - 3. Brushing or helping brush a child's teeth;
  - 4. Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
  - 5. Playing in water (including swimming) that is used by more than one person; and

6. Diapering.
- C. After the following activities:
1. Using the toilet or helping a child use a toilet;
  2. Handling bodily fluid (mucus, blood, vomit);
  3. Handling animals or cleaning up animal waste;
  4. Playing in sand, on wooden play sets, and outdoors; and
  5. Cleaning or handling the garbage.

### **7.17 Individually Labeled Towels and Wash Cloths**

Each child shall have his own individually labeled towel and wash cloth. If disposable towels are used, they shall be discarded after each use.

### **7.18 Diapering Area Cleanliness/Sanitization**

When children in diapers are in care, there shall be a diaper changing area with an impermeable surface that is cleaned and sanitized or disinfected after each use.

- A. The diaper changing area shall be located separate from the food preparation, food service and feeding area.
- B. Items unrelated to diaper changing shall not be stored in the diaper changing area nor shall they be placed on the diaper changing table.

### **7.19 First Aid Kit**

At least one first aid kit must be maintained on the premises of the home at all times and on activities away from the home. The first aid kit shall be kept out of the reach of children and must be accessible to the operator and substitute. First aid kits or supplies must be restocked after each use. The kit must be clearly labeled "First Aid" and must, at a minimum, include:

- A. Liquid Soap and/or hand sanitizer (to be used with supervision if hands are not visibly soiled and if no water is present),
- B. Adhesive bandages,
- C. Disposable non-porous gloves,
- D. Cotton balls or applicators,
- E. Sterile gauze pads or rolls,
- F. Adhesive tape,
- G. Digital thermometer,
- H. Tweezers,
- I. Pre-moistened wipes,
- J. Scissors,
- K. Bottled water (for cleaning wounds or eyes), and
- L. A current resource guide on first aid and CPR procedures.

## 7.20 Emergency Procedures and Notification

The operator shall have a procedure for responding when an immediate emergency medical response is required. Emergency procedures must be posted and readily accessible. The operator shall develop contingency plans for emergencies or disaster situations when it may not be possible to follow standard emergency procedures. All providers and staff must be trained to manage in an emergency.

- A. Emergency telephone numbers (including ambulance, fire, police, poison control center, Florida Abuse Hotline, the county public health unit); the home's address, and directions to the home (including major intersections and local landmarks) must be posted on or near all telephones and shall be used to protect the health, safety and well-being of any child in care.
- B. To meet the immediate needs of the child, family day care home operators shall call 911 or other emergency numbers in the event of an emergency.
- C. Custodial parents or legal guardian shall be notified immediately in the event of any serious illness, accident, injury or emergency involving their child and their specific instructions regarding action to be taken under such circumstances shall be obtained and followed. If the custodial parent or legal guardian cannot be reached, the family day care home operator will contact those persons designated by the custodial parent or legal guardian to be contacted under these circumstances, and shall follow the written instructions provided by the custodial parent or legal guardian.
- D. All accidents, incidents, and observed health related signs and symptoms which occur at a home, on field trips or during transportation must be documented on the day they occur. Documentation shall include the name of the affected party, date and time of occurrence, description of occurrence, actions taken, and signature of operator and custodial parent or legal guardian. This documentation must be shared with the custodial parent or legal guardian on the date of occurrence.
- E. Records of accidents, incidents, and observed health related signs and symptoms must be maintained for one year.
- F. 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.
- G. After the occurrence of an incident that involved the serious injury or death of a child, the operator must notify the licensing authority immediately in order for the licensing authority to ensure health standards are met for continued operation as a family day care home.
- H. The home must have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff or volunteers to the licensing authority. The following types of incidents must be addressed:
  - 1. Lost or missing child;
  - 2. Suspected maltreatment of a child;
  - 3. Injuries or illness requiring hospitalization or emergency treatment;
  - 4. Death of child or staff member;
  - 5. Presence of a threatening individual who attempts or succeeds in gaining entrance to the home.

## 7.21 Fire Drills

- A. During the home's licensure year, fire drills utilizing the approved alarm system or smoke detector(s) must be conducted monthly at various dates and times when children are in care. When the alarm is sounded, all adults and children must evacuate the home.
- B. When the home's approved fire alarm alert system or smoke detectors(s) is/are activated or initiated, all adults and children must evacuate the home.
- C. The fire alarm system or smoke detector(s) must be operable at all times.
- D. A current attendance record must accompany staff out of the home during a drill or actual evacuation, and be used to account for all children. When the home's approved alarm system or smoke detector(s) is activated, all adults and children must evacuate the home. The operator must maintain a written record of the fire drills showing the date, number of children and staff in attendance, evacuation route used, and time taken for all individuals to evacuate the premises. Each fire drill record must be maintained for a minimum of two years from the date of the fire drill. The fire drills conducted must include, at a minimum:
  - 1. One fire drill during the established napping/sleeping times,
  - 2. One fire drill using an alternate evacuation route, and
  - 3. One fire drill in the presence and at the request of the licensing authority in coordination with the operator or designee.

## 7.22 Emergency Preparedness

- A. The operator shall develop a written emergency preparedness plan to include, at a minimum, procedures to be taken by the family day care home during a fire, evacuation, relocation, shelter in place, lockdown, and inclement weather (tornadoes). The plan must describe how the home will notify and update parents/guardians. Daily attendance rosters must be used to account for all children once gathered in a safe space after exit and upon return to the home.
- B. Emergency preparedness drills shall be conducted when children are in care. Each drill, excluding the fire drills, outlined in the emergency preparedness plan must be practiced a minimum of one time per year.
- C. A current attendance record must accompany the operator/substitute/employee during the drill or actual emergency and must be used to account for all children.
- D. The operator shall maintain a written record of the emergency preparedness drills showing the type of drill, date conducted, number of children in attendance, and time taken for all individuals to complete the drill. Documentation of all drills must be maintained for two years.
- E. Documentation of conducted fire and emergency preparedness drills must be available at the time of the inspection. Documentation produced after the inspection shall not meet the licensing standard or corrective action requirements.

After a fire or natural disaster, the operator must notify the licensing authority within 24 hours as to their operational status in order for the licensing authority to ensure health standards are met for continued operation as a home child care.



**Large Family Child Care Home Emergency Preparedness** In addition to the requirements above:

- F. The operator shall prepare an emergency evacuation plan including a diagram of safe routes by which the operator, employee and children may exit each area of the home in the event of fire or other emergency requiring evacuation.
- G. This plan shall be posted and shared with the employees, custodial parents, and/or legal guardians.

## **7.23 Communicable Disease Control**

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. Child care providers shall develop a written plan regarding safety precautions, recommended by the Centers for Disease Control and Prevention (CDC), to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated regarding standard precautions before beginning to work and annually thereafter.

- A. Children in care shall be observed on a daily basis for signs of communicable disease. Signs and symptoms of a suspected communicable disease include the following:
  - 1. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound;
  - 2. Difficult or rapid breathing;
  - 3. Stiff neck;
  - 4. Diarrhea (more than one abnormally loose stool within a 24 hour period);
  - 5. Temperature of 101 degrees Fahrenheit or higher when in conjunction with any other signs of illness (Any infant younger than 2 months of age with fever should get immediate medical attention);
  - 6. Pink Eye;
  - 7. Exposed, open skin lesions;
  - 8. Unusually dark urine and/or gray or white stool;
  - 9. Yellowish skin or eyes; or
  - 10. Any other unusual sign or symptom of illness.
- B. The operator shall have a designated isolation area for a child who becomes ill. The child's condition shall be closely observed. Any child who is 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 above shall be placed in the isolation area. Linens and disposable items shall be changed after each use. For children whose symptoms do not require exclusion, verbal or written notification to the parent/guardian at the end of the day is acceptable.
- C. The condition shall be reported to the custodial parent or legal guardian and the child shall be removed from the home. Such children shall not return to the home without medical authorization, or until the signs and symptoms of the disease are no longer present.

1. A child identified as having head lice shall not be permitted to return until the following day and only provided that treatment has occurred and been verified. Verification of treatment may include a product box, box top, empty bottle, or signed statement by a custodial parent or legal guardian that treatment has occurred. The operator must also treat areas, equipment, toys, and furnishings, with which the child has been in contact.
2. An operator, substitute, employee, or household member who develops signs and symptoms of a communicable disease or who has a fever of 101 degrees Fahrenheit or higher, in conjunction with any of the signs and symptoms listed above shall leave the areas of the home occupied by the children and shall not return without medical authorization, or until the signs and symptoms are no longer present. If it is the operator who is ill, the substitute must assume the operator's responsibilities.
3. If the local health department official or primary health care provider suspects that a child, household member or staff member is contributing to transmission of the illness, is not adequately immunized when there is an outbreak of a vaccine-

#### **Communicable Disease Outbreaks**

Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease and follow the health department's direction. A suspected outbreak occurs when two or more children or adults have the onset of similar signs or symptoms, described 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. preventable disease, or the circulating pathogen poses an increased risk to the individual. The child or child care personnel should not return until the health department or primary health care provider determines the risk of transmission is no longer present.

## **7.24 Medication**

The family day care home or large family child care home is not required to give medication; however, if they choose to do so, the following shall apply:

- A. The operator must have written authorization from the custodial parent or legal guardian to dispense prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and must contain the child's name; the name of the medication to be dispensed; and the date, time and amount of dosage to be given. This record shall be initialed or signed by the child care personnel who gave the medication. Prescription and non-prescription medications that are used on an "as needed" basis require the parent/ legal guardian to provide additional documentation on the authorization form to describe symptoms that would require the medication to be given. The child care personnel must never administer a medication that is prescribed for one child to another child.
- B. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, and posted with stored medication.
- C. Prescription and non-prescription medication brought to the home by the custodial parent or legal guardian must be in the original container.
- D. Prescription medication must have a label stating the name of the physician and contact information, child's name, name of the medication, and medication directions.

- E. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label and maintained at the appropriate temperature.
- F. In the event of an emergency, non-prescription medication that is not brought in by the custodial parent or legal guardian can be dispensed only if the operator has written authorization from the custodial parent or legal guardian to do so. Any medication dispensed 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.
- G. The operator must maintain a record for each child receiving medications that documents the full name of the child, the name of medication, the date and time the medication was dispensed, the amount and dosage, and the name of the person who dispensed the medication. The record shall be maintained for a minimum of six months after the last day the child received the dosage.
- H. All medicine must have child resistant caps, if applicable, and shall either be stored in a locked area or must be inaccessible and out of a child's reach.
- I. Medication which has expired or is no longer being administered shall be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled in care at the home.
- J. Prior to administering medication to children, the employee in a large family child care home must have completed training.
- K. Child care personnel should ensure sun safety for themselves and children under their supervision by keeping infants younger than six months out of direct sunlight, limiting sun exposure when ultraviolet rays are strongest and applying sunscreen with written permission of parents/guardians. Manufacturer instructions should be followed.
- L. Use of diaper creams and insect repellent may only be utilized with written permission from parents/guardians. Manufacturer instructions should be followed.

## **8 Children's Records**

### **8.1 Health/Immunization Records**

- A. The operator is responsible for obtaining for each child in care a current, complete and properly executed Florida Certification of Immunization form, Parts A-1, B, and/or C, DH 680 (July 2010), or the Religious Exemption from Immunization form, DH 681 (July 2008), which are incorporated herein by reference in 65C-22.001(8)(o) and (p), F.A.C., from the custodial parent or legal guardian, within 30 days of enrollment. DH Form 680 and DH Form 681 may be obtained from the local health department. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations.
- B. 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.

- C. Providers may receive additional information on immunization requirements by obtaining the most current edition of the “Immunization Guidelines – Florida Schools, Child Care Facilities and Family Day Care Homes” as referenced in Rule 64D-3.011, F.A.C.
- D. It is recommended that child care personnel are current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by in 65C-22.001(7)(v), F.A.C.

## 8.2 Student Health Records

- A. The operator is responsible for obtaining for each child in care a current, complete and properly executed DH 3040, Student Health Examination form, incorporated by reference in 65C-22.001(8)(q), F.A.C. and may be obtained from the local county health department, or a signed statement by an authorized professional that indicates the results of the components of the form are included in the health examination from the custodial parent or legal guardian, within 30 days of enrollment.
- B. The Student Health Examination shall be completed by a person given statutory authority to perform health examinations.
- C. The Student Health Examination form or signed statement is valid for two years from the date the physical was performed and must be on file as long as the child is in care.
- D. If the custodial parents or legal guardians fail to provide the above required documentation within 30 days of enrollment, the home shall not allow the child to remain in the program.
- E. School-aged children attending public or nonpublic schools are not required to have student health examination and immunization records on file at the home as such records are on file at the school where the child is enrolled.
- F. If the custodial parents or legal guardians need assistance concerning these requirements, the home shall refer them to the Department of Health or to the child's physician.
- G. Medical records in this section are the property of the custodial parent or legal guardian and must be returned when the child is no longer in care. The medical records are transferable if the child is placed in a different child care.
- H. Any child who has or is at an increased risk for a chronic physical, developmental, behavioral or emotional condition and require additional services must have a current Emergency Care Plan included in the child's file and readily accessible for those caring for the child. Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency.

## 8.3 Enrollment Information

- A. The operator shall obtain enrollment information from the child's custodial parent or legal guardian prior to accepting the child into care. This information shall be documented on CF-FSP Form 5219, Child Care Application for Enrollment, which is incorporated by reference in 65C-22.001(8)(f), F.A.C., or an equivalent that contains

all the information required by the department's form. CF-FSP Form 5219 may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).

- B. Enrollment information shall be kept current and on file for each child in care and available for licensing to review.
- C. The enrollment information shall include, in writing, permission for the home to release the child to any person(s) authorized or in the manner authorized by the custodial parent or legal guardians. The name, address and phone number of authorized persons must be in the enrollment information.
- D. There shall be signed statements from the custodial parents or legal guardian that the family day care home or large family child care home has provided them with the following information: The Department of Children and Families' family day care home brochure, CF/PI 175-28, September 2007, Selecting a Family Day Care Home Provider, which is incorporated by reference in 65C-20.008(7)(b), F.A.C. This brochure may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).
- E. Annually, during the months of August and September, the home must provide parents with information detailing the causes, symptoms, and transmission of the influenza virus. To assist providers, the department developed a brochure, CF 175-70, June 2009, Influenza Virus, Guide to Parents, incorporated by reference in 65C-22.001(8)(n), F.A.C., which may be obtained from the department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare).
- F. Enrollment information shall include parental/guardian consent for child care personnel to have access to child's records.

#### **8.4 Daily Attendance**

- A. Daily attendance of children must be taken and recorded by the operator, documenting the time when each child enters and departs the home.
- B. The custodial parent or guardian may document the time when his/her child enters and departs the family day care home. However, the operator is responsible for ensuring that attendance records are complete and accurate.
- C. If a child does not arrive to the home or the agreed upon designated pick-up location, the operator must communicate as early as possible (within one hour of the child's scheduled arrival) with the custodial parent/legal guardian; if there was no prior communication from the custodial parent/legal guardian of the child's absence. If the operator is unable to reach the child's parent/guardian, emergency contacts must be notified.
- D. Attendance records must be maintained for a minimum of six months and available for licensing to review.
- E. Attendance records for Voluntary Pre-Kindergarten or School Readiness may be used, if applicable.

## 9 Access and Child Safety

### 9.1 Access to the Premises/Misrepresentation

- A. The operator must allow access to the entire premises of the home to inspect for compliance with family day care home and large family child care home minimum standards pursuant to s. 402.311, Florida Statute. The operator or substitute must not interfere with or prevent the licensing authority from copying records, photographing or recording a location/activity on the premises as documentation for the inspection.
- B. Access to the home also includes access by the parent, legal guardian, and/or custodian, to their child(ren) while in care.
- C. Pursuant to s. 402.319, Florida Statute, it is a first degree misdemeanor to make any misrepresentation, by act or omission, regarding the licensure or operation of a family day care home or large family child care home to a parent or guardian who has a child placed in the home, or is inquiring as to placing a child in the home, or to a representative of the licensing authority, or to a representative of a law enforcement agency, including, but not limited to, any misrepresentation as to:
  - 1. The number of children at the family day care home or large family child care home;
  - 2. The part of the family day care home or large family child care home designated for child care;
  - 3. The qualifications or credentials of child care personnel;
  - 4. Whether a family day care home or large family child care home complies with the screening requirements of s. 402.305, F.S.; or
  - 5. Whether child care personnel have the training as required by s. 402.305, F.S.

### 9.2 Child Safety

- A. Acts or omissions that meet the definition of child abuse or neglect provided in Chapter 39.201, F.S. or Chapter 827, F.S., constitute a violation of the standards in Sections 402.301-.319, F.S. Failure to perform the duties of a mandatory reporter pursuant to Section 39.201, F.S., constitutes a violation of the standards in Sections 402.301-.319, F.S.
- B. Child care personnel must appropriately interact with children to foster a healthy, safe environment that will encourage the child's physical, intellectual, motor, and social development. Interactions with children that are aggressive, demeaning or intimidating in nature are strictly prohibited.