



School Readiness Program Health and Safety Standards Handbook

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

October 2016

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

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

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Introduction

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

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

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

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

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

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

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

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

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

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

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

Inspections

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

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

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

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Capacity

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

1.1 Indoor Floor Space

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

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

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

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

1.2 Outdoor Space

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

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

1.3 Multipurpose Rooms

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

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

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

2 Minimum Age Requirements

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

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

3 Ratios

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

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

In groups of mixed age ranges:

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

4 Group Size

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

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

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

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

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

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

5 Supervision

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

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

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

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

6 Transportation (if applicable)

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

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

6.1 Vehicles

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

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

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

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

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

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

6.2 Driver Requirements

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

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

7 Planned Activities

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

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

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

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

8 Field Trip Activity

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

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

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

9 Child Discipline

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

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

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

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

10 Physical Environment

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

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

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

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

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

10.1 Lighting

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

10.2 Windows and Screens

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

10.3 Temperature and Ventilation

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

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

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

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

10.5 Exit Area

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

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

10.6 Bathrooms and Sinks

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

10.7 Outdoor Play Area

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

permits.

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

10.8 Fencing

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

11 Equipment and Furnishings

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

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

11.1 Indoor Equipment

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

11.2 Outdoor Equipment

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

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

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

12 Health and Sanitation

12.1 Drinking Water

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

12.2 Handwashing

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

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

12.3 Diapering

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

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

12.4 Bedding and Linens

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

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

13 Health-Related Requirements

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

13.1 Communicable Disease Control

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

13.2 Isolation Area

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

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

13.3 Outbreaks

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

13.4 First Aid and Cardiopulmonary Resuscitation

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

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

13.5 First Aid Kit Minimum Requirements

Each kit must at a minimum include:

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

14 Fire Safety and Emergency Preparedness and Response

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

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

14.1 Emergency Preparedness and Response

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

14.2 Fire Safety

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

¹¹ Caring for Our Children: National Health and Safety Performance Standards, Pages 199, 370-371, cfoc.nrckids.org
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- office, the exemption must also be documented and maintained on file at the program.
2. There must be at least one operable telephone that is accessible and available to all staff at all times during the hours of operation.
 3. The program facility must properly maintain fire extinguishers with a minimum rating of 2A10BC at all times. All staff must be trained in the use and operation of a fire extinguisher within 30 days of their employment date. Documentation of such training must be maintained in the personnel file. Travel distance to the nearest extinguisher must not be more than 75 feet from rooms occupied by children. A fire extinguisher must be present in areas where food is prepared.
 4. The operator must prepare and post the emergency evacuation plan in each room of the facility, including a diagram of safe routes by which the personnel and children may exit in the event of fire or other emergency requiring evacuation.

14.3 Fire Drills

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

14.4 After a Fire or Natural Disaster

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

15 Emergency Procedures and Notification

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

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

15.1 Accidents/Incidents

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

16 Medication

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

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

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

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

17 Food and Nutrition Services

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

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

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

17.1 Food Preparation Area

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

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

17.2 Food Storage

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

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

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

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

17.3 Food Hygiene

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

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

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

17.4 Breastmilk, Infant Formula and Food

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

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

17.5 Dishwashing and Sanitization

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

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

17.6 Food Handling

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

parent or legal guardian daily.

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

18 Training Requirements

18.1 Pre-service Timeframe

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

18.2 Training Courses

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

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

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

- a. Each of the following:
 - ✓ Health and Sanitation;
 - ✓ Safety of the Environment;
 - ✓ Transporting Children (if applicable);
 - ✓ Safe Sleep Practices;
 - ✓ Child Safety and Prevention;
 - ✓ Planning for Emergencies;
 - ✓ Developmentally Appropriate Practices; and
 - ✓ Preventing Child Abuse.
- b. One of the following:
 - ✓ Supporting the Social-Emotional Development of Infants/Toddlers;
 - ✓ Supporting the Social-Emotional Development of Preschool/School-age Children; or
 - ✓ Supporting the Social-Emotional Development of Mixed-age Group Care.

Personnel employed by a public school district may show verification of completion of a course covering the identification and prevention of child abuse and neglect, which has been approved and administered by the school district, to meet the course requirement(s) above on the same subject matter.

18.3 Break in Service

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

18.4 Documentation of Training

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

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

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

18.5 Training Exemptions

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

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

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

18.6 Annual In-Service Training

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

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

19 Record Keeping

19.1 General Requirements

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

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

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

19.2 Children's Files

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

such licensure.

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

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

19.3 Attendance

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

19.4 Personnel Records

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

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

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

19.5 Background Screening

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

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

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

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

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

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

20 Access

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

21 Child Safety

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

22 Enforcement

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

22.1 Definitions.

For purposes of this section:

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

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

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

22.2 Disciplinary Actions.

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

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

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

(c) Class III Violations.

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

22.3 Probationary Status

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

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

22.4 Termination

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