# STATE BOARD OF EDUCATION

Consent Item

May 20, 2014

SUBJECT: Approval of New Rule 6M-4.620, Health and Safety Checklist

#### PROPOSED BOARD ACTION

For Approval

#### **AUTHORITY FOR STATE BOARD ACTION**

Sections 1001.231(2), 1002.82(2)(i), Florida Statutes

#### **EXECUTIVE SUMMARY**

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

Each license-exempt school readiness provider is statutorily required to complete and post a health and safety checklist that is adopted by the Office of Early Learning. This rule adopts and incorporates by reference health and safety checklists for each type of license-exempt school readiness provider.

**Supporting Documentation Included:** Proposed Rule 6M-4.620; Form OEL-SR-HSC-62NPS (April 2014) entitled "Health and Safety Checklist for Non-Public Schools;" Form OEL-SR-HSC-62FB (April 2014) entitled "Health and Safety Checklist for Faith-Based Child Care Providers (Religious-Exempt)" and Form OEL-SR-HSC-62IF (April 2014) entitled "Health and Safety Checklist for Informal Child Care Providers," Sections 1001.231(2), 1002.82(2)(i), 1002.88(1)(c), Florida Statutes

Facilitator: Shan Goff, Executive Director, Office of Early Learning

#### 6M-4.620 Health and Safety Checklists.





# **Health and Safety Checklist for Non-Public Schools**

#### INTRODUCTION

Non-public schools that provide school readiness services and are exempt from licensure under Section 402.3025, Florida Statutes, must complete a health and safety checklist each year, submit it to their local early learning coalition and post it in plain sight for visitors and parents. The items on this checklist are not specific requirements of license-exempt providers. Items checked identify the unique aspects of each school readiness program. This provider has completed a health and safety checklist covering the following.

Staff-To-Child Ratios/Supervision	Transportation	
The numbers and ages of children the child care	Vehicle insurance, driver's license, vehicle log and	
provider cares for.	processes, if transportation is provided.	
Field Trip Permission	Child Discipline	
How provider notifies parents in advance and	What disciplinary practices are used and how that	
obtains parent permission if field trips are offered.	information is provided to parents or guardians.	
Physical Environment	Outdoor Play Areas	
How the facility is kept clean, in good repair and	How playground equipment is installed, maintained	
free of hazards.	properly and kept in good repair.	
Bedding and Napping	Proper Handwashing	
The type of bedding provided for each child – crib	When and how handwashing occurs (such as after	
or cot as appropriate – including safety and	toileting) for employees, volunteers and children.	
sanitation measures.		
Toileting and Bathing Facilities	Diaper Area and Diapering Procedures	
Types of basins, toilets and bathing facility if	How diaper-changing area(s) are separated from	
appropriate and how they are kept in good working	food preparation and feeding area(s) and how	
condition.	frequently they are sanitized.	
Fire Drills and Emergency Preparedness	Background Screening and Certification	
How and when drills are conducted when children	Types of background screening required for	
are in care.	caregivers.	
Personnel Training	Communicable Disease Control	
Training and credentials required for staff.	Processes and practices used for sick children	
Medication	Food and Nutrition	
How provider handles documentation of	How safe drinking water is made available to	
medication and known allergies of children.	children, meals and snacks are provided if	
	appropriate, and nutritional information.	
Record Keeping	Plan of Activities	
Record-keeping processes such as emergency	Planning and frequency of appropriate activities	
contact information and procedures for documenting	and use of electronic media (TV, video,	
accidents.	computers).	

BROWNER BYFORM TYON	
PROVIDER INFORMATION Provider Name:	
Address:	
Accredited By:	
Checklist Completed By:	Date:
The items on this checklist are not specific requirements of license-exempt providers. each school readiness program.	Items checked identify the unique aspects of
PLEASE CHECK ALL THAT APP	LY
<ul> <li>Supervision and Access</li> <li>□ 1. Minimum staff-to-children ratio standards are maintained at all times.</li> <li>□ 2. Direct supervision (within hearing and sight) is maintained at all time diapers, toileting, bathing, changing clothes and when isolated duesed.</li> <li>□ 3. Child care personnel are assigned a specific group of children to sustimes.</li> <li>□ 4. The operator of the facility is 21 years of age or older.</li> <li>□ 5. All child care personnel are 16 years of age or older, unless under of for the purpose of calculating staff-to-children ratios.</li> <li>□ 6. Foster grandparents are not counted in staff-to-children ratios.</li> <li>□ 7. Volunteers who do not meet the credential requirement and/or work counted in staff-to-children ratios.</li> <li>□ 8. The facility provides the custodial parent or legal guardian access, in child care facility during the facility's normal hours of operation or counted in staff-to-children ratios.</li> </ul>	mes including during naps, changing to a communicable disease. Appervise and be present with at all direct supervision and are not counted the less than 20 hours per week are not in person and by telephone, to the
<ul> <li>Transportation and Field Trip Permission</li> <li>□ 1. Children are not transported at this facility in any vehicle.</li> <li>□ 2. This facility does not participate in field trips.</li> <li>□ 3. Written parental permission is obtained prior to field trip or transported.</li> <li>□ 4. Vehicle(s) has appropriate single-limits liability insurance as required complies with vehicle safety standards.</li> <li>□ 5. Seat belts and/or proper child safety restraints are used and vehicle transporting children.</li> <li>□ 6. The driver of vehicle transporting children has a valid Florida drived infant/child CPR certification.</li> <li>□ 7. The personnel record contains a copy of all driver(s) physician cert operate a vehicle.</li> <li>□ 8. Procedures, which include a log and thorough inspection, are in plat transported in the vehicle. The log is retained for a minimum of for</li> <li>□ 9. Communication devices and contact information for all children are</li> <li>□ 10. Emergency care plans, supplies and/or required medication are available.</li> </ul>	red by S. 316.615(4), F.S., and capacity is appropriate when er's license and a current first aid and diffication granting medical approval to ace to account for all children being ur months.  e kept in the vehicle at all times.
<ul> <li>Child Discipline/Discipline Policy</li> <li>□ 1. Written disciplinary practices of the program are provided to parent enrollment.</li> <li>□ 2. Discipline methods are not severe, humiliating or frightening to chi and/or toileting.</li> <li>□ 3. Corporal or physical punishment is not used.</li> </ul>	

 $\Box$  4. Children are not denied opportunities for physical activity as a form of punishment.

Physical Environment
<ul> <li>□ 1. The facility is in good repair, clean, free from vermin infestation, and health and safety hazards.</li> <li>□ 2. Toys, equipment and furnishings are clean, safe, sanitary and in good repair.</li> <li>□ 3. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic and</li> </ul>
hazardous materials are labeled and stored out of children's reach.  4. Narcotics, alcohol or other impairing drugs are not permitted on the premises.
☐ 5. Firearms or weapons are not permitted within any building or vehicle, or on any person on the premises, excluding law enforcement officers.
<ul> <li>☐ 6. Smoking is not allowed on premises.</li> <li>☐ 7. An inside temperature of 65 to 82°F is maintained at all times.</li> </ul>
<ul> <li>□ 8. At least one working telephone is available to all child care personnel during hours of operation.</li> <li>□ 9. The facility maintains a minimum of 35 square feet of usable indoor floor space for each child.</li> </ul>
Outdoor Play Areas and Equipment
1. The outdoor play area is shaded, clean and free of litter, nails, glass and other hazards.
<ul> <li>2. The outdoor play area is enclosed by a fence that is four feet high or higher.</li> <li>3. Outdoor play equipment and surfaces are in good repair and activities are safe.</li> </ul>
☐ 4. A certified lifeguard or equivalent is always present if the program utilizes a swimming pool that exceeds three feet in depth or uses a beach or lake areas for water activities.
☐ 5. There is an appropriate amount of usable, safe and sanitary outdoor play area. Calculations for outdoor play area are at the rate of 45 square feet per child. (Urban child care facilities may substitute indoor for outdoor play space.)
Bedding and Nap/Sleep
☐ 1. Safe and sanitary bedding that includes individual beds, cots, cribs, playpens, mattresses or floor mats are provided for each child and positioned at least 18 inches apart.
☐ 2. Floor mats are at least one-inch thick and covered with an impermeable surface.
<ul> <li>□ 3. Children up to 1 year of age are in their own crib, port-a-crib or playpen.</li> <li>□ 4. Child care personnel ensure that young infants who are not capable of rolling over on their own are positioned on their back on a firm surface when napping and sleeping.</li> <li>□ 5. De the contract of the contra</li></ul>
<ul> <li>5. Double or multi-deck cribs, cots or beds are not used.</li> <li>6. If cribs are used, bar spacing does not exceed 2 3/8 inches and all cribs meet Title 16, Parts 1219 and 1220 Code of Federal Regulations (anti-loosening devices on crib hardware, durable mattress supports, no traditional drop-side cribs and others).</li> </ul>
Proper Handwashing
☐ 1. Employees, volunteers and children wash their hands with soap and running water, drying thoroughly, immediately following personal hygiene procedures for themselves, or when assisting others (including diapering), after outdoor play, and before preparing food or administering medication.
Toileting and Bathing Facilities
☐ 1. Toilets and sinks are accessible, in good working condition, clean and sanitized.
2. Platforms and stools have surfaces that can be easily cleaned and sanitized.
<ul> <li>3. Running water, toilet paper, soap, trashcans, and disposable towels or working hand drying machines are available and within reach of children.</li> <li>4. Potty chairs are cleaned and sanitized after each use.</li> </ul>
☐ 5. At least one bathing facility is available. (This does not apply to programs serving only school-age children.)
Diaper Area and Diapering Procedures
☐ 1. Diaper-changing area has impermeable surface and is cleaned with sanitizing solution or disinfected after each use.

$\square$ 2.	. There is an ample supply of clean diapers, clothing and linens at all times, which are changed or removed promptly when soiled or wet.
□ 3	Diaper-changing area(s) are physically separated from food preparation, food service and feeding area(s)
	Diapers, disposable or cloth, are placed in separate, covered, lined containers not accessible to children.
	Soiled diapers are placed in containers that are emptied and sanitized when containers are full and at
	least once daily.
□ 6	. A sink with running water is available in the room where infants or children with special needs in diapers are in care or in an adjoining room that opens into it.
Fire	Drills and Emergency Preparedness
	Exit areas are clear in accordance with fire-safety regulations.
	At all times, a fully equipped first aid kit, as defined in Rule 65C-22.004(2)(c), Florida Administrative Code, is kept on the premises and in vehicles used for transporting children.
□ 3.	Local fire authorities conduct an annual fire inspection of the facility.
	Fire drills are conducted at various dates and times when children are in care, including one during naptime and one with an alternate evacuation route.
□ 5.	Fire drills are conducted at least once a month.
	A current attendance record accompanies staff out of the building during a drill or actual evacuation, and is used to account for all children.
□ 7.	. A written emergency preparedness plan is available and includes procedures the facility takes during a fire, lockdown and inclement weather.
□ 8	. Emergency preparedness drills are conducted at various dates and times when children are in care.
	The address and directions to the facility and emergency phone numbers, including ambulance, fire,
	police, poison control center and the Florida Abuse Hotline, are posted near all phones.
□ 10	0. An emergency evacuation plan is posted in each room diagramming safe routes for exit from each area.
	kground Screening and Certifications
	Level II background screening is conducted through the Department of Children and Families (DCF) for
ш <b>1</b> .	all child care personnel. (Volunteer and Employee Criminal History System screenings are not sufficient.)
□ 2.	. At least one staff member who has infant and child cardiopulmonary resuscitation (CPR) certification is
	present at all times. Number of staff members with this training:
□ 3.	At least one staff member who has a valid first aid certification is present at all times. Number of staff
	members with this training:
$\square$ 4.	. The facility has current documentation of staff CPR and first aid certifications.
□ 5.	. Employment references of child care personnel are checked at time of hire.
Porc	onnel Training
	The items below do not apply to occasional or part-time support staff or those who do not work with children.
	All child care personnel have documentation of completing the DCF 40-clock-hour introductory course in child care, unless exempt under S. 402.305(2)(d)(1), F.S.
$\square$ 2.	. Child care personnel begin their training within 90 days of employment and complete it within one year.
	All child care personnel complete five clock hours or .5 documented continuing education units of
	training in early literacy and language development of children from birth to 5 years of age, as approved by DCF (not applicable to school-age programs).
□ 4.	All child care personnel complete 10 clock hours of in-service training annually. (The 40-hour
	introductory training Parts I and II may be used to meet this for the first fiscal year of employment.)
□ 5.	The facility has a credentialed director ( <i>credential approved and issued by DCF</i> ) who is onsite a majority of hours that the facility is in operation.
□ 6.	The child care operator has completed a minimum of eight hours of basic training in serving children
_ 3	with disabilities within five years after employment (either as part of the Introductory Training Part II Special Needs Appropriate Practices or as part of annual in-service training).

Com	umunicable Disease Control
□ 1.	Children, personnel or any other person suspected of having a communicable disease is removed from the facility or placed in an isolation area until removed.
□ 2.	The isolation area is adequately ventilated, heated and equipped with a bed, mat or cot and materials that can be cleaned and sanitized or disinfected easily; linens are changed after each use.
□ 3.	A child who has an easily transmittable condition is not permitted in the facility until treatment has been completed and verified.
□ 4.	Child care personnel notify local county health department immediately of any suspected outbreak of communicable disease and follow the health department's direction.
□ 5.	The facility provides parents with detailed information regarding causes, symptoms and transmission of the influenza virus each year during the months of August and September.
Med	ication
	This facility does not administer medication and it is not kept on the premises.
$\square$ 2.	The facility has written authorization from the parent or legal guardian to administer medication.
□ 3.	Prescription and non-prescription medication are not expired, in original containers, appropriately labeled, dispensed according to directions on labels, documented and stored in area not accessible to children.
□ 4.	The child's file documents known allergies and personnel are made aware of all children with allergies.
	l and Nutrition
meal/	The facility is not required to provide food, but can arrange with the parent or guardian to provide for a child's sancks.
	Safe drinking water is available to children at all times, including during outdoor play.
□ 2.	Meals and snacks provided by the facility meet daily nutritional needs of children according to the USDA MyPlate. Copies of the USDA My Plate can be found at the website
□ 3.	<ul><li><a href="http://www.choosemyplate.gov">http://www.choosemyplate.gov</a>.</li><li><a href="http://www.choosemyplate.gov">Special food restrictions</a>, including food allergies, are shared with child care personnel and posted in a conspicuous location.</li></ul>
□ 4.	Children are either fed individually or supervised at meals/snacks and are offered age-appropriate food.
	All breast milk and infant formula remaining in bottles after feeding are discarded within one hour.
	The temperature of heated foods and bottles is tested before giving to children to prevent injury.
□ 7.	Facility provides sufficient seating so that children are seated at tables for meals.
	ord Keeping
	Emergency contact information, immunization records and required health examination records are obtained and kept current for all children.
□ 2.	Daily attendance of children is recorded and maintained, documenting when each child enters and departs each day.
□ 3.	All accidents and incidents that occur at the facility are documented and shared with the parent or legal guardian on the day they take place.
Plan	of Activities
□ 1.	The facility prepares and implements a written daily plan of various age-appropriate activities that include active and quiet play and limit electronic media time (television, videos, movies or computer games).
□ 2.	The written plan of activities includes an age-appropriate program (implemented periodically) that assists children in preventing and avoiding physical and mental abuse.

Additional Provider Comments		

#### **Definition of Non-Public Schools**

A non-public school is a private school defined as an individual, association, copartnership, or corporation, or department, division, or section of such organizations, that designates itself as an educational center. A non-public school may be licensed or license-exempt pursuant to S. 402.3025, F.S. Charter schools do not fall into this category.

# **About the Health and Safety Checklist**





# Health and Safety Checklist for Faith-Based Child Care Providers (Religious-Exempt)

#### INTRODUCTION

Faith-based school-readiness child care providers, who are exempt from licensing as a result of being accredited by or belonging to an organization that has standards for health, safety and sanitation, also complete a health and safety checklist each year, submit it to their local early learning coalition and post it in plain sight for visitors and parents. The items on this checklist are not specific requirements of license-exempt providers. Items checked identify the unique aspects of each school readiness program. This provider has completed a health and safety checklist covering the following.

Staff-To-Child Ratios/Supervision	Transportation	
The numbers and ages of children the child care	Vehicle insurance, driver's license, vehicle log and	
provider cares for.	processes, if transportation is provided.	
Field Trip Permission	Child Discipline	
How provider notifies parents in advance and	What disciplinary practices are used and how that	
obtains parent permission if field trips are offered.	information is provided to parents or guardians.	
Physical Environment	Outdoor Play Areas	
How the facility is kept clean, in good repair and	How playground equipment is installed, maintained	
free of hazards.	properly and kept in good repair.	
Bedding and Napping	Proper Handwashing	
The type of bedding provided for each child – crib	When and how handwashing occurs (such as after toileting) for employees, volunteers and children.	
or cot as appropriate – including safety and sanitation measures.	toffetting) for employees, volunteers and children.	
	Dianan Awas and Diananing Duagadunas	
Toileting and Bathing Facilities	Diaper Area and Diapering Procedures	
Types of basins, toilets and bathing facility if	How diaper-changing area(s) are separated from	
appropriate and how they are kept in good working condition.	food preparation and feeding area(s) and how	
	frequently they are sanitized.	
Fire Drills and Emergency Preparedness	Background Screening and Certification	
How and when drills are conducted when children	Types of background screening required for	
are in care.	caregivers.	
Personnel Training	Communicable Disease Control	
Training and credentials required for staff.	Processes and practices used for sick children	
Medication	Food and Nutrition	
How provider handles documentation of	How safe drinking water is made available to	
medication and known allergies of children.	children, meals and snacks are provided if	
	appropriate, and nutritional information.	
Record Keeping	Plan of Activities	
Record-keeping processes such as emergency	Planning and frequency of appropriate activities	
contact information and procedures for documenting	and use of electronic media (TV, video,	
accidents.	computers).	

PROVIDER INFORMATION		
Provider Name:		
Address:		
Accredited By:		
Checklist Completed By:	Date:	
The items on this checklist are not specific requirements of license-exempt providers.	Items checked identify the unique aspects of	
each school readiness program.		
PLEASE CHECK ALL THAT APP	PLY	
Supervision and Access		
☐ 1. Minimum staff-to-children ratio standards are maintained at all time	nes for school readiness programs.	
$\Box$ 2. Direct supervision (within hearing and sight) is maintained at all ti		
diapers, toileting, bathing, changing clothes and when isolated due  ☐ 3. Child care personnel are assigned a specific group of children to su		
times.	ipervise and be present with at an	
$\square$ 4. The operator of the facility is 21 years of age or older.		
□ 5. All child care personnel are 16 years of age or older, unless under	direct supervision and are not counted	
for the purpose of calculating staff-to-children ratios.  ☐ 6. Foster grandparents are not counted in staff-to-children ratios.		
☐ 7. Volunteers who do not meet the credential requirement and/or wor	k less than 20 hours per week are not	
counted in staff-to-children ratios.	_	
□ 8. The facility provides the custodial parent or legal guardian access, child care facility during the facility's normal hours of operation of		
Transportation and Field Trip Permission		
☐ 1. Children are not transported at this facility in any vehicle.		
<ul><li>□ 2. This facility does not participate in field trips.</li><li>□ 3. Written parental permission is obtained prior to field trip or transport</li></ul>	ortation activity	
☐ 4. Vehicle(s) has appropriate single-limits liability insurance as requi		
Statutes, and complies with vehicle safety standards.		
□ 5. Seat belts and/or proper child safety restraints are used and vehicle	capacity is appropriate when	
transporting children.  ☐ 6. The driver of vehicle transporting children has a valid Florida drive	er's license and a current first aid and	
infant/child CPR certification.		
$\Box$ 7. The personnel record contains a copy of all driver(s) physician cert	tification granting medical approval to	
operate a vehicle.  ☐ 8. Procedures, which include a log and thorough inspection, are in pla	ace to account for all children being	
transported in the vehicle. The log is retained for a minimum of fo		
$\square$ 9. Communication devices and contact information for all children are kept in the vehicle at all times.		
$\Box$ 10. Emergency care plans, supplies and/or required medication are available.	ailable for children being transported.	
Child Discipline/Discipline Policy		
☐ 1. Written disciplinary practices of the program are provided to paren enrollment.	nts/legal guardians at time of	
<ul><li>□ 2. Discipline methods are not severe, humiliating or frightening to ch</li></ul>	ildren or associated with food, rest	
and/or toileting.	•	

 $\square$  3. Corporal or physical punishment is not used.

 $\square$  4. Children are not denied opportunities for physical activity as a form of punishment.

Pnys	icai Environment
	The facility is in good repair, clean, free from vermin infestation, and health and safety hazards.
	Toys, equipment and furnishings are clean, safe, sanitary and in good repair.  All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic and
_ 5.	hazardous materials are labeled and stored out of children's reach.
□ 4.	Narcotics, alcohol or other impairing drugs are not permitted on the premises.
	Firearms or weapons are not permitted within any building or vehicle, or on any person on the premises excluding law enforcement officers.
	Smoking is not allowed on premises.
	An inside temperature of 65 to 82°F is maintained at all times.
	At least one working telephone is available to all child care personnel during hours of operation.
□ 9.	The facility maintains a minimum of 35 square feet of usable indoor floor space for each child.
	loor Play Areas and Equipment
	The outdoor play area is shaded, clean and free of litter, nails, glass and other hazards.  The outdoor play area is enclosed by a fence that is four feet high or higher.
	Outdoor play equipment and surfaces are in good repair and activities are safe.
	A certified lifeguard or equivalent is always present if the program utilizes a swimming pool that
	exceeds three feet in depth or uses a beach or lake areas for water activities.
□ 5.	There is an appropriate amount of usable, safe and sanitary outdoor play area. Calculations for outdoor play area are at the rate of 45 square feet per child. (Urban child care facilities may substitute indoor for outdoor play space.)
Bedd	ling and Nap/Sleep
□ 1.	Safe and sanitary bedding that includes individual beds, cots, cribs, playpens, mattresses or floor mats are provided for each child and positioned at least 18 inches apart.
$\square$ 2.	Floor mats are at least one-inch thick and covered with an impermeable surface.
□ 3.	Children up to 1 year of age are in their own crib, port-a-crib or playpen.
	Child care personnel ensure that young infants who are not capable of rolling over on their own are positioned on their back on a firm surface when napping and sleeping.
	Double or multi-deck cribs, cots or beds are not used.
□ 6.	If cribs are used, bar spacing does not exceed 2 3/8 inches and all cribs meet Title 16, Parts 1219 and 1220 Code of Federal Regulations (anti-loosening devices on crib hardware, durable mattress supports, no traditional drop-side cribs and others).
Prop	per Handwashing
□ 1.	Employees, volunteers and children wash their hands with soap and running water, drying thoroughly, immediately following personal hygiene procedures for themselves, or when assisting others (including diapering), after outdoor play, and before preparing food or administering medication.
Toile	eting and Bathing Facilities
	Toilets and sinks are accessible, in good working condition, clean and sanitized.
	Platforms and stools have surfaces that can be easily cleaned and sanitized.
	Running water, toilet paper, soap, trashcans, and disposable towels or working hand drying machines are available and within reach of children.
	Potty chairs are cleaned and sanitized after each use.
□ 5.	At least one bathing facility is available. (This does not apply to programs serving only school-age children.)
_	er Area and Diapering Procedures
□ 1.	Diaper-changing area has impermeable surface and is cleaned with sanitizing solution or disinfected after each use.
□ 2.	There is an ample supply of clean diapers, clothing and linens at all times, which are changed or removed promptly when soiled or wet

$\square$ 3.	Diaper-changing area(s) are physically separated from food preparation, food service and feeding area(s)
□ 4.	Diapers, disposable or cloth, are placed in separate, covered, lined containers not accessible to children.
□ 5.	Soiled diapers are placed in containers that are emptied and sanitized when containers are full and at least once daily.
□ 6.	A sink with running water is available in the room where infants or children with special needs in diapers are in care or in an adjoining room that opens into it.
Fire	Drills and Emergency Preparedness
	Exit areas are clear in accordance with fire-safety regulations.
□ 2.	At all times, a fully equipped first aid kit, as defined in Rule 65C-22.004(2)(c), Florida Administrative Code., is kept on the premises and in vehicles used for transporting children.
	Local fire authorities conduct an annual fire inspection of the facility.
	Fire drills are conducted at various dates and times when children are in care, including one during naptime and one with an alternate evacuation route.
	Fire drills are conducted at least once a month.
	A current attendance record accompanies staff out of the building during a drill or actual evacuation, and is used to account for all children.
□ 7.	A written emergency preparedness plan is available and includes procedures the facility takes during a fire, lockdown and inclement weather.
□ 8.	Emergency preparedness drills are conducted at various dates and times when children are in care.
□ 9.	The address and directions to the facility and emergency phone numbers, including ambulance, fire, police, poison control center and the Florida Abuse Hotline, are posted near all land-line phones and throughout the child care facility for easy access by staff with cell phones.
□ 10	O. An emergency evacuation plan is posted in each room diagramming safe routes for exit from each area.
Back	ground Screening and Certifications
	Level II background screening is conducted through the Department of Children and Families (DCF) for
	all child care personnel. (Volunteer and Employee Criminal History System screenings are not sufficient.)
□ 2.	At least one staff member who has infant and child cardiopulmonary resuscitation (CPR) certification is present at all times. Number of staff members with this training:
□ 3.	At least one staff member who has a valid first aid certification is present at all times. Number of staff members with this training:
□ 4.	The facility has current documentation of staff CPR and first aid certifications.
□ 5.	Employment references of child care personnel are checked at time of hire.
	onnel Training
	The items below do not apply to occasional or part-time support staff or those who do not work with children.
	All child care personnel have documentation of completing the DCF 40-clock-hour introductory course in child care, unless exempt under S. 402.305(2)(d)(1), F.S.
$\square$ 2.	Child care personnel begin their training within 90 days of employment and complete it within one year.
	All child care personnel complete five clock hours or .5 documented continuing education units of
	training in early literacy and language development of children from birth to 5 years of age, as approved by DCF (not applicable to school-age programs).
□ 4.	All child care personnel complete 10 clock hours of in-service training annually. ( <i>The 40-hour</i>
	introductory training Parts I and II may be used to meet this for the first fiscal year of employment.)
□ 5.	The facility has a credentialed director (credential approved and issued by DCF) who is onsite a
	majority of hours that the facility is in operation.
□ 6.	The child care operator has completed a minimum of eight hours of basic training in serving children
	with disabilities within five years after employment (either as part of the Introductory Training Part II Special Needs Appropriate Practices or as part of annual in-service training).

Com	municable Disease Control
□ 1.	Children, personnel or any other person suspected of having a communicable disease is removed from
_	the facility or placed in an isolation area until removed.
$\square$ 2.	The isolation area is adequately ventilated, heated and equipped with a bed, mat or cot and materials that
	can be cleaned and sanitized or disinfected easily; linens are changed after each use.
□ 3.	A child who has an easily transmittable condition is not permitted in the facility until treatment has been
_ 4	completed and verified.
□ 4.	Child care personnel notify local county health department immediately of any suspected outbreak of
	communicable disease and follow the health department's direction.
⊔ 3.	The facility provides parents with detailed information regarding causes, symptoms and transmission of the influenza virus each year during the months of August and September.
Med	ication
$\square$ 1.	This facility does not administer medication and it is not kept on the premises.
	The facility has written authorization from the parent or legal guardian to administer medication.
□ 3.	Prescription and non-prescription medication are not expired, in original containers, appropriately labeled, dispensed according to directions on labels, documented and stored in area not accessible to children.
□ 4.	The child's file documents known allergies and personnel are made aware of all children with allergies.
Food	and Nutrition
Note:	The facility is not required to provide food, but can arrange with the parent or guardian to provide for a child's (snacks.
□ 1.	Safe drinking water is available to children at all times, including during outdoor play.
	Meals and snacks provided by the facility meet daily nutritional needs of children according to the USDA MyPlate. <i>Copies of the USDA My Plate can be found at the website</i>
	http://www.choosemyplate.gov.
	Special food restrictions, including food allergies, are shared with child care personnel and posted in a conspicuous location.
	Children are either fed individually or supervised at meals/snacks and are offered age-appropriate food.
	All breast milk and infant formula remaining in bottles after feeding are discarded within one hour.
	The temperature of heated foods and bottles is tested before giving to children to prevent injury.
□ 7.	Facility provides sufficient seating so that children are seated at tables for meals.
Reco	ord Keeping
□ 1.	Emergency contact information, immunization records and required health examination records are obtained and kept current for all children.
□ 2.	Daily attendance of children is recorded and maintained, documenting when each child enters and departs each day.
□ 3.	All accidents and incidents that occur at the facility are documented and shared with the parent or legal guardian on the day they take place.
Plan	of Activities
□ 1.	The facility prepares and implements a written daily plan of various age-appropriate activities that include active and quiet play and limit electronic media time (television, videos, movies or computer games).
□ 2.	The written plan of activities includes an age-appropriate program (implemented periodically) that assists children in preventing and avoiding physical and mental abuse.

<b>Additional Provider Comments</b>		

## **Definition of Faith-Based Providers Exempt from Licensure**

A faith-based child care provider recognized as exempt from licensure by the Department of Children and Families (DCF) according to s. 402.316, F.S., is a religious-exempt provider. The provider is an integral part of a church or parochial school conducting regularly scheduled classes, courses of study or educational programs accredited by, or by a member of, an organization that publishes and requires compliance with its standards for health, safety and sanitation. Such facilities shall meet minimum requirements of the applicable local governing body as to health, sanitation and safety, meet the screening requirements pursuant to ss. 402.305 and 402.3055, F.S., and submit annual documentation to DCF.

## **About the Health and Safety Checklist**





# Health and Safety Checklist for Informal Child Care Providers

## INTRODUCTION

Informal child care providers who offer school readiness programs and services must complete a health and safety checklist each year, submit it to their local early learning coalition and post it in plain sight for visitors and parents. The items on this checklist are not specific requirements of license-exempt providers. Items checked identify the unique aspects of each school readiness program. This provider has completed a health and safety checklist covering the following.

Supervision and Access	Transportation
How the child care provider maintains supervision	Vehicle insurance, driver's license, vehicle log
for children in care.	and processes, if transportation is provided.
Child Discipline	Physical Environment
What disciplinary practices are used and how that	How the facility is kept clean, in good repair
information is provided to parents or guardians.	and free of hazards.
Outdoor Play Areas	Bedding and Napping
How playground equipment is installed, maintained	Type of bedding provided for each child –
properly and kept in good repair.	crib or cot as appropriate – including safety
	and sanitation measures.
Proper Handwashing	Toileting and Bathing Facilities
When and how handwashing occurs (such as after	Types of basins, toilets and bathing facility if
toileting) for caregivers and children.	appropriate, and how they are maintained.
Diaper Area and Diapering Procedures	Fire Drills and Emergency Preparedness
How diaper-changing area(s) are separated from	How and when drills are conducted and what
food preparation and feeding area(s) and how	emergency procedures are in place.
frequently they are sanitized.	
Background Screening and Certification	Record Keeping
Background Screening and Certification Types of background screening required for	Record-keeping processes such as emergency
Background Screening and Certification Types of background screening required for operator and people living in the household,	Record-keeping processes such as emergency contact information and procedures for
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.	Record-keeping processes such as emergency contact information and procedures for documenting accidents.
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication  How provider handles documentation of
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to children, meals and snacks are provided if	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to children, meals and snacks are provided if appropriate, and nutritional information.	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication  How provider handles documentation of medication and known allergies of children.
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to children, meals and snacks are provided if appropriate, and nutritional information.  Communicable Disease Control	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication  How provider handles documentation of medication and known allergies of children.  Animals
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to children, meals and snacks are provided if appropriate, and nutritional information.	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication  How provider handles documentation of medication and known allergies of children.  Animals  Whether animals are kept on the premises and
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to children, meals and snacks are provided if appropriate, and nutritional information.  Communicable Disease Control Processes and practices used for sick children.	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication  How provider handles documentation of medication and known allergies of children.  Animals
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to children, meals and snacks are provided if appropriate, and nutritional information.  Communicable Disease Control Processes and practices used for sick children.  Plan of Activities	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication  How provider handles documentation of medication and known allergies of children.  Animals  Whether animals are kept on the premises and
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to children, meals and snacks are provided if appropriate, and nutritional information.  Communicable Disease Control Processes and practices used for sick children.  Plan of Activities Planning and frequency of age-appropriate	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication  How provider handles documentation of medication and known allergies of children.  Animals  Whether animals are kept on the premises and
Background Screening and Certification Types of background screening required for operator and people living in the household, including training documents.  Food and Nutrition How safe drinking water is made available to children, meals and snacks are provided if appropriate, and nutritional information.  Communicable Disease Control Processes and practices used for sick children.  Plan of Activities	Record-keeping processes such as emergency contact information and procedures for documenting accidents.  Medication  How provider handles documentation of medication and known allergies of children.  Animals  Whether animals are kept on the premises and

PROVIDER INFORMATION		
Provider Name:Address:		
Accredited By:		
Checklist Completed By:	Date:	
The items on this checklist are not specific requirements of license-exempt providers. It each school readiness program.	tems checked identify the unique aspects of	
PLEASE CHECK ALL THAT APPLY		

# **Supervision and Access** $\square$ 1. I only care for the children of one family. □ 2. Supervision is maintained at all times including during naps, changing diapers, toileting, bathing, changing clothes and when isolated due to a communicable disease. □ 3. Parents, legal guardians and/or custodians have access to their child(ren) in care. **Transportation** □ 1. I never transport children in my care in any vehicle. □ 2. Vehicle(s) has current and documented insurance and complies with vehicle safety standards. □ 3. Seat belts and/or proper child safety restraints are used and vehicle capacity is appropriate when transporting children. ☐ 4. The driver of the vehicle transporting children has a valid Florida driver's license and current first aid and infant/child CPR certification. □ 5. Procedures are in place to account for all children being transported in the vehicle. ☐ 6. Communication devices and contact information for all children are kept in the vehicle at all times. ☐ 7. Emergency care plans, supplies and/or required medication are available for children being transported. **Child Discipline/Discipline Policy** □ 1. I do not use discipline that is severe, humiliating or frightening to children or associated with food, rest and/or toileting. ☐ 2. I do not use corporal or physical punishment. □ 3. Children are not denied opportunities for physical activity as a form of punishment. **Physical Environment** □ 1. My home is in good repair, clean, free from vermin infestation, and health and safety hazards. □ 2. Toys, equipment and furnishings are clean, safe, sanitary and in good repair. □ 3. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic and hazardous materials are labeled and stored out of children's reach. 4. Narcotics, alcohol or other impairing drugs are stored out of children's reach. $\square$ 5. I have no firearms in my home. □ 6. I have firearms in my home; however they are locked and stored in a location that is not accessible to children. ☐ 7. My home and outdoor play area are smoke-free environments when children are in care. $\square$ 8. The inside temperature of my home is kept comfortable (between 65 to 82°F). □ 9. At least one working telephone is available during hours of operation. $\Box$ 10. There is a minimum of 35 square feet of usable indoor floor space for each child. **Outdoor Play Areas and Equipment** $\square$ 1. I do not have access to an outdoor play area. ☐ 2. My outdoor play area provides shade and is clean and free of litter, nails, glass and other hazards.

 $\square$  3. The outdoor play area has a fence that is four feet high or higher.

☐ 4. My outdoor play equipment is safe and in good repair.
☐ 5. My program utilizes a swimming pool that is deeper than one foot and has a fence/barrier that is a
minimum of four feet in height on all four sides or has an operable pool alarm.
☐ 6. There is an appropriate amount of usable, safe and sanitary outdoor play area.
Bedding and Nap/Sleep
☐ 1. Safe and sanitary bedding that includes individual beds, cots, cribs, playpens, mattresses or floor mats
are provided for each child and positioned at least 18 inches apart.
☐ 2. Floor mats are at least one-inch thick and covered with an impermeable surface.
☐ 3. Children up to 1 year of age are in their own crib, port-a-crib or playpen.
☐ 4. I ensure that young infants who are not capable of rolling over on their own are positioned on their back
on a firm surface when napping and sleeping.
$\square$ 5. Double or multi-deck cribs, cots or beds are not used.
☐ 6. If cribs are used, bar spacing does not exceed 2 3/8 inches and all cribs meet Title 16, Parts 1219 and 1220 Code of Federal Regulations (CFR) (anti-loosening devices on crib hardware, durable mattress supports, no traditional drop-side cribs and others).
Proper Handwashing
☐ 1. I require everyone in the house to wash their hands with soap and running water, drying thoroughly, immediately following personal hygiene procedures for themselves, or when assisting others (including diapering), after outdoor play, and before preparing food or administering medication.
Toileting and Bathing Facilities
$\square$ 1. Toilets and sinks are accessible, in good working condition, clean and sanitized.
$\square$ 2. Platforms and stools have surfaces that can be easily cleaned and sanitized.
☐ 3. Running water, toilet paper, soap, trashcans, and individual or disposable towels are available and within reach of children.
☐ 4. Potty chairs are cleaned and sanitized after each use.
☐ 5. At least one bathing facility is available.
Diaper Area and Diapering Procedures
☐ 1. Diaper-changing area has impermeable surface and is cleaned with sanitizing solution or disinfected after each use.
☐ 2. There is an ample supply of clean diapers, clothing and linens at all times, which are changed or removed promptly when soiled or wet.
$\square$ 3. The diaper-changing area is physically separated from food preparation, food service and feeding area(s)
$\square$ 4. Diapers, disposable or cloth, are placed in separate, covered, lined containers not accessible to children.
☐ 5. Containers holding soiled diapers are emptied and sanitized when containers are full and at least once daily.
Fire Drills and Emergency Preparedness
$\square$ 1. Exit areas are clear in accordance with fire-safety regulations.
$\square$ 2. I have a working fire extinguisher in my home that has not passed its expiration date.
$\square$ 3. I have working smoke detectors in my home.
$\square$ 4. At all times, a fully equipped first aid kit, as defined in Rule 65C-22.004(2)(c), FAC, is kept on the
premises and in vehicles used for transporting children.
□ 5. Emergency phone numbers are posted near all phones and include ambulance, fire, police, poison control center and the Florida Abuse Hotline numbers, and the address and directions to my home.
☐ 6. I conduct monthly fire drills and have emergency evacuation plans
☐ 7. I maintain emergency contact information for all children in my care.
Background Screening and Certifications
☐ 1. A child abuse and neglect screening is conducted for all household members. (2013-14 CCDF State Plan)

<ul> <li>2. Level II background screening is conducted through the Department of Children a the operator and household members or persons over 18 years of age residing in the operator's family or persons residing with the operator who are between 12 at are not required to be fingerprinted are screened for delinquency records.</li> <li>3. I have current and valid first aid and infant and child cardiopulmonary resuscitation certifications.</li> <li>4. I have completed the following training courses:</li> </ul>	the home. Members of and 18 years of age who
✓ Six-hour Family Child Care Home Rules and Regulations (2013-14 CCDF State	Date:
Plan)	Data
<u>✓</u> ✓	Date:
<u>√</u>	Date:
Communicable Disease Control	- Bute.
<ul> <li>1. Any member of the household suspected of having a communicable disease is pla area. Any child placed in an isolation area is closely observed.</li> <li>2. The isolation area is adequately ventilated, heated and equipped with a bed, mat of can be cleaned and sanitized or disinfected easily; linens are changed after each upon 3. I notify the local county health department immediately of any suspected outbreak disease and follow the health department's direction.</li> </ul>	r cot and materials that ise.
Medication	
<ul> <li>1. Prescription and non-prescription medication are stored in an area inaccessible to original container, appropriately labeled, dispensed according to directions on the documented.</li> <li>2. Information about a child's known allergies is documented and kept current; hous made aware of children with allergies.</li> <li>3. I do not administer expired medication.</li> </ul>	e label and
Animals	
$\square$ 1. I do not have animals on the premises.	
$\square$ 2. I have animals on the premises and all are properly immunized, free from disease and clean.	
$\square$ 3. I have animals on the premises and they are not allowed in areas where food is pro-	epared.
Food and Nutrition	
<ul> <li>□ 1. Safe drinking water is available to children at all times, including during outdoor in the USDA makes provided by the child care provider meet daily nutritional needs to the USDA MyPlate. Copies of the USDA My Plate can be found at the website <a href="http://www.choosemyplate.gov">http://www.choosemyplate.gov</a>.</li> </ul>	of children according
□ 3. Special food restrictions, including food allergies, are documented and kept current are made aware of children with food restrictions and/or allergies.	nt; household members
<ul> <li>□ 4. Children are either fed individually or supervised at meals/snacks and are offered</li> <li>□ 5. All breast milk and infant formula remaining in bottles after feeding are discarded</li> <li>□ 6. The temperature of heated foods and bottles is tested before giving to children to provide the contraction of the contraction</li></ul>	l within one hour.
Record Keeping	
☐ 1. Emergency contact information, immunization records and required health examinobtained and kept current for all children.	nation records are
☐ 2. Daily attendance of children is recorded and maintained, documenting when each departs each day.	child enters and
☐ 3. I notify the parent or legal guardian of an accident or incident on the day it occurs	

Plan of Activities
☐ 1. I have planned activities that are age-appropriate, include physical activity and limit electronic media time (television, videos, movies or computer games).
time (television, videos, movies of computer games).
Additional Provider Comments
Definition of Informal Child Care Providers
Informal child care providers include family, friends and neighbors who may only care for the children of
one family (45 CFR, Part 98, Section 2). The caregiver is required to take the six-hour Family Child Care
Home Rules and Regulations training. (2013-14 CCDF State Plan)
About the Health and Safety Checklist
Neither the Office of Early Learning nor the local early learning coalition has reviewed or verified the
information in this health and safety checklist. If you have questions about the health and safety of your
child care provider, check with your provider or contact the Early Learning Coalition of
at <pre><pre>end or <pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>

- **1001.213 Office of Early Learning.**—There is created within the Office of Independent Education and Parental Choice the Office of Early Learning, as required under s. <u>20.15</u>, which shall be administered by an executive director. The office shall be fully accountable to the Commissioner of Education but shall:
- (1) Independently exercise all powers, duties, and functions prescribed by law and shall not be construed as part of the K-20 education system.
- (2) Adopt rules for the establishment and operation of the school readiness program and the Voluntary Prekindergarten Education Program. The office shall submit the rules to the State Board of Education for approval or disapproval. If the state board does not act on a rule within 60 days after receipt, the rule shall be filed immediately with the Department of State.
- (3) In compliance with part VI of chapter 1002 and its powers and duties under s. 1002.82, administer the school readiness program at the state level for the state's eligible population described in s. 1002.87 and provide guidance to early learning coalitions in the implementation of the program.
- (4) In compliance with parts V and VI of chapter 1002 and its powers and duties under s. 1002.75, administer the Voluntary Prekindergarten Education Program at the state level.
- (5) Administer the operational requirements of the child care resource and referral network at the state level.
- (6) Keep administrative staff to the minimum necessary to administer the duties of the office. History.—s. 1, ch. 2013-252.

## 1002.82 Office of Early Learning; powers and duties.—

(1) For purposes of administration of the Child Care and Development Block Grant Trust Fund, pursuant to 45 C.F.R. parts 98 and 99, the Office of Early Learning is designated as the lead agency and must comply with lead agency responsibilities pursuant to federal law. The office may apply to the Governor and Cabinet for a waiver of, and the Governor and Cabinet may waive, any provision of ss. <u>411.223</u> and <u>1003.54</u> if the waiver is necessary for implementation of the school readiness program. Section <u>125.901(2)(a)3</u>. does not apply to the school readiness program.

## (2) The office shall:

- (a) Focus on improving the educational quality delivered by all providers participating in the school readiness program.
- (b) Preserve parental choice by permitting parents to choose from a variety of child care categories, including center-based care, family child care, and informal child care to the extent authorized in the state's Child Care and Development Fund Plan as approved by the United States Department of Health and Human Services pursuant to 45 C.F.R. s. 98.18. Care and curriculum by a faith-based provider may not be limited or excluded in any of these categories.
- (c) Be responsible for the prudent use of all public and private funds in accordance with all legal and contractual requirements, safeguarding the effective use of federal, state, and local resources to achieve the highest practicable level of school readiness for the children described in s. 1002.87, including:
- 1. The adoption of a uniform chart of accounts for budgeting and financial reporting purposes that provides standardized definitions for expenditures and reporting, consistent with the requirements of 45 C.F.R. part 98 and s. <u>1002.89</u> for each of the following categories of expenditure:
- a. Direct services to children.

- b. Administrative costs.
- c. Quality activities.
- d. Nondirect services.
- 2. Coordination with other state and federal agencies to perform data matches on children participating in the school readiness program and their families in order to verify the children's eligibility pursuant to s. 1002.87.
- (d) Establish procedures for the biennial calculation of the average market rate.
- (e) Review each early learning coalition's school readiness program plan every 2 years and provide final approval of the plan and any amendments submitted.
- (f) Establish a unified approach to the state's efforts to coordinate a comprehensive early learning program. In support of this effort, the office:
- 1. Shall adopt specific program support services that address the state's school readiness program, including:
- a. Statewide data information program requirements that include:
- (I) Eligibility requirements.
- (II) Financial reports.
- (III) Program accountability measures.
- (IV) Child progress reports.
- b. Child care resource and referral services.
- c. A single point of entry and uniform waiting list.
- 2. May provide technical assistance and guidance on additional support services to complement the school readiness program, including:
- a. Rating and improvement systems.
- b. Warm-Line services.
- c. Anti-fraud plans.
- d. School readiness program standards.
- e. Child screening and assessments.
- f. Training and support for parental involvement in children's early education.
- g. Family literacy activities and services.
- (g) Provide technical assistance to early learning coalitions.
- (h) In cooperation with the early learning coalitions, coordinate with the Child Care Services Program Office of the Department of Children and Families to reduce paperwork and to avoid duplicating interagency activities, health and safety monitoring, and acquiring and composing data pertaining to child care training and credentialing.
- (i) Develop, in coordination with the Child Care Services Program Office of the Department of Children and Families, and adopt a health and safety checklist to be completed by license-exempt providers that does not exceed the requirements s. 402.305.
- (j) Develop and adopt standards and benchmarks that address the age-appropriate progress of children in the development of school readiness skills. The standards for children from birth to 5 years of age in the school readiness program must be aligned with the performance standards adopted for children in the Voluntary Prekindergarten Education Program and must address the following domains:
- 1. Approaches to learning.
- 2. Cognitive development and general knowledge.
- 3. Numeracy, language, and communication.
- 4. Physical development.
- 5. Self-regulation.

- (k) Select assessments that are valid, reliable, and developmentally appropriate for use as preassessment and postassessment for the age ranges specified in the coalition plans. The assessments must be designed to measure progress in the domains of the performance standards adopted pursuant to paragraph (j), provide appropriate accommodations for children with disabilities and English language learners, and be administered by qualified individuals, consistent with the publisher's instructions.
- (l) Adopt a list of approved curricula that meet the performance standards for the school readiness program and establish a process for the review and approval of a provider's curriculum that meets the performance standards.
- (m) Adopt by rule a standard statewide provider contract to be used with each school readiness program provider, with standardized attachments by provider type. The office shall publish a copy of the standard statewide provider contract on its website. The standard statewide contract shall include, at a minimum, provisions for provider probation, termination for cause, and emergency termination for those actions or inactions of a provider that pose an immediate and serious danger to the health, safety, or welfare of the children. The standard statewide provider contract shall also include appropriate due process procedures. During the pendency of an appeal of a termination, the provider may not continue to offer its services. Any provision imposed upon a provider that is inconsistent with, or prohibited by, law is void and unenforceable.
- (n) Establish a single statewide information system that each coalition must use for the purposes of managing the single point of entry, tracking children's progress, coordinating services among stakeholders, determining eligibility of children, tracking child attendance, and streamlining administrative processes for providers and early learning coalitions.
- (o) Adopt by rule standardized procedures for coalitions to use when monitoring the compliance of school readiness program providers with the terms of the standard statewide provider contract.
- (p) Monitor and evaluate the performance of each early learning coalition in administering the school readiness program, ensuring proper payments for school readiness program services, implementing the coalition's school readiness program plan, and administering the Voluntary Prekindergarten Education Program. These monitoring and performance evaluations must include, at a minimum, onsite monitoring of each coalition's finances, management, operations, and programs.
- (q) Work in conjunction with the Bureau of Federal Education Programs within the Department of Education to coordinate readiness and voluntary prekindergarten services to the populations served by the bureau.
- (r) Administer a statewide toll-free Warm-Line to provide assistance and consultation to child care facilities and family day care homes regarding health, developmental, disability, and special needs issues of the children they are serving, particularly children with disabilities and other special needs. The office shall:
- 1. Annually inform child care facilities and family day care homes of the availability of this service through the child care resource and referral network under s.  $\underline{1002.92}$ .
- 2. Expand or contract for the expansion of the Warm-Line to maintain at least one Warm-Line in each early learning coalition service area.
- (3) If the office determines during the review of school readiness program plans, or through monitoring and performance evaluations conducted under s. 1002.85, that an early learning coalition has not substantially implemented its plan, has not substantially met the performance standards and outcome measures adopted by the office, or has not effectively administered the school readiness program or Voluntary Prekindergarten Education Program, the office may

temporarily contract with a qualified entity to continue school readiness program and prekindergarten services in the coalition's county or multicounty region until the office reestablishes the coalition and a new school readiness program plan is approved in accordance with the rules adopted by the office.

- (4) The office may request the Governor to apply for a waiver to allow a coalition to administer the Head Start Program to accomplish the purposes of the school readiness program.
- (5) By January 1 of each year, the office shall annually publish on its website a report of its activities conducted under this section. The report must include a summary of the coalitions' annual reports, a statewide summary, and the following:
- (a) An analysis of early learning activities throughout the state, including the school readiness program and the Voluntary Prekindergarten Education Program.
- 1. The total and average number of children served in the school readiness program, enumerated by age, eligibility priority category, and coalition, and the total number of children served in the Voluntary Prekindergarten Education Program.
- 2. A summary of expenditures by coalition, by fund source, including a breakdown by coalition of the percentage of expenditures for administrative activities, quality activities, nondirect services, and direct services for children.
- 3. A description of the office's and each coalition's expenditures by fund source for the quality and enhancement activities described in s. <u>1002.89(6)(b)</u>.
- 4. A summary of annual findings and collections related to provider fraud and parent fraud.
- 5. Data regarding the coalitions' delivery of early learning programs.
- 6. The total number of children disenrolled statewide and the reason for disenrollment.
- 7. The total number of providers by provider type.
- 8. The total number of provider contracts revoked and the reasons for revocation.
- (b) A summary of the activities and detailed expenditures related to the Child Care Executive Partnership Program.
- (6)(a) Parental choice of child care providers, including private and faith-based providers, shall be established to the maximum extent practicable in accordance with 45 C.F.R. s. 98.30.
- (b) As used in this subsection, the term "payment certificate" means a child care certificate as defined in 45 C.F.R. s. 98.2.
- (c) The school readiness program shall, in accordance with 45 C.F.R. s. 98.30, provide parental choice through a payment certificate that provides, to the maximum extent possible, flexibility in the school readiness program and payment arrangements. The payment certificate must bear the names of the beneficiary and the program provider and, when redeemed, must bear the signatures of both the beneficiary and an authorized representative of the provider.
- (d) If it is determined that a provider has given any cash or other consideration to the beneficiary in return for receiving a payment certificate, the early learning coalition or its fiscal agent shall refer the matter to the Department of Financial Services pursuant to s. <u>414.411</u> for investigation.
- (7) Participation in the school readiness program does not expand the regulatory authority of the state, its officers, or an early learning coalition to impose any additional regulation on providers beyond those necessary to enforce the requirements set forth in this part and part V of this chapter.

History.—s. 17, ch. 2013-252.

# 1002.88 School readiness program provider standards; eligibility to deliver the school readiness program.—

- (1) To be eligible to deliver the school readiness program, a school readiness program provider must:
- (a) Be a child care facility licensed under s. <u>402.305</u>, a family day care home licensed or registered under s. <u>402.313</u>, a large family child care home licensed under s. <u>402.3131</u>, a public school or nonpublic school exempt from licensure under s. <u>402.3025</u>, a faith-based child care provider exempt from licensure under s. <u>402.316</u>, a before-school or after-school program described in s. <u>402.305(1)(c)</u>, or an informal child care provider to the extent authorized in the state's Child Care and Development Fund Plan as approved by the United States Department of Health and Human Services pursuant to 45 C.F.R. s. 98.18.
- (b) Provide instruction and activities to enhance the age-appropriate progress of each child in attaining the child development standards adopted by the office pursuant to s. 1002.82(2)(j). A provider should include activities to foster brain development in infants and toddlers; provide an environment that is rich in language and music and filled with objects of various colors, shapes, textures, and sizes to stimulate visual, tactile, auditory, and linguistic senses; and include 30 minutes of reading to children each day.
- (c) Provide basic health and safety of its premises and facilities and compliance with requirements for age-appropriate immunizations of children enrolled in the school readiness program. For a child care facility, a large family child care home, or a licensed family day care home, compliance with s. 402.305, s. 402.3131, or s. 402.313 satisfies this requirement. For a public or nonpublic school, compliance with s. 402.3025 or s. 1003.22 satisfies this requirement. A faith-based child care provider, an informal child care provider, or a nonpublic school, exempt from licensure under s. 402.316 or s. 402.3025, shall annually complete the health and safety checklist adopted by the office, post the checklist prominently on its premises in plain sight for visitors and parents, and submit it annually to its local early learning coalition.
- (d) Provide an appropriate staff-to-children ratio, pursuant to s.  $\frac{402.305}{4}$ (4) or s.  $\frac{402.302}{4}$ (8) or (11), as applicable, and as verified pursuant to s.  $\frac{402.311}{4}$ .
- (e) Provide a healthy and safe environment pursuant to s.  $\frac{402.305}{5}$ (5), (6), and (7), as applicable, and as verified pursuant to s.  $\frac{402.311}{5}$ .
- (f) Implement one of the curricula approved by the office that meets the child development standards.
- (g) Implement a character development program to develop basic values.
- (h) Collaborate with the respective early learning coalition to complete initial screening for each child, aged 6 weeks to kindergarten eligibility, within 45 days after the child's first or subsequent enrollment, to identify a child who may need individualized supports.
- (i) Implement minimum standards for child discipline practices that are age-appropriate and consistent with the requirements in s.  $\underline{402.305}(12)$ . Such standards must provide that children not be subjected to discipline that is severe, humiliating, or frightening or discipline that is associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited.
- (j) Obtain and keep on file record of the child's immunizations, physical development, and other health requirements as necessary, including appropriate vision and hearing screening and examination, within 30 days after enrollment.
- (k) Implement before-school or after-school programs that meet or exceed the requirements of s. <u>402.305(5)</u>, (6), and (7).
- (l) For a provider that is not an informal provider, maintain general liability insurance and provide the coalition with written evidence of general liability insurance coverage, including

coverage for transportation of children if school readiness program children are transported by the provider. A provider must obtain and retain an insurance policy that provides a minimum of \$100,000 of coverage per occurrence and a minimum of \$300,000 general aggregate coverage. The office may authorize lower limits upon request, as appropriate. A provider must add the coalition as a named certificateholder and as an additional insured. A provider must provide the coalition with a minimum of 10 calendar days' advance written notice of cancellation of or changes to coverage. The general liability insurance required by this paragraph must remain in full force and effect for the entire period of the provider contract with the coalition.

- (m) For a provider that is an informal provider, comply with the provisions of paragraph (l) or maintain homeowner's liability insurance and, if applicable, a business rider. If an informal provider chooses to maintain a homeowner's policy, the provider must obtain and retain a homeowner's insurance policy that provides a minimum of \$100,000 of coverage per occurrence and a minimum of \$300,000 general aggregate coverage. The office may authorize lower limits upon request, as appropriate. An informal provider must add the coalition as a named certificateholder and as an additional insured. An informal provider must provide the coalition with a minimum of 10 calendar days' advance written notice of cancellation of or changes to coverage. The general liability insurance required by this paragraph must remain in full force and effect for the entire period of the provider's contract with the coalition.
- (n) Obtain and maintain any required workers' compensation insurance under chapter 440 and any required reemployment assistance or unemployment compensation coverage under chapter 443.
- (o) Notwithstanding paragraph (l), for a provider that is a state agency or a subdivision thereof, as defined in s. <u>768.28(2)</u>, agree to notify the coalition of any additional liability coverage maintained by the provider in addition to that otherwise established under s. <u>768.28</u>. The provider shall indemnify the coalition to the extent permitted by s. <u>768.28</u>.
- (p) Execute the standard statewide provider contract adopted by the office.
- (q) Operate on a full-time and part-time basis and provide extended-day and extended-year services to the maximum extent possible without compromising the quality of the program to meet the needs of parents who work.
- (2) If a school readiness program provider fails or refuses to comply with this part or any contractual obligation of the statewide provider contract under s. 1002.82(2)(m), the coalition may revoke the provider's eligibility to deliver the school readiness program or receive state or federal funds under this chapter for a period of 5 years.
- (3) The office and the coalitions may not:
- (a) Impose any requirement on a child care provider or early childhood education provider that does not deliver services under the school readiness program or receive state or federal funds under this part;
- (b) Impose any requirement on a school readiness program provider that exceeds the authority provided under this part or part V of this chapter or rules adopted pursuant to this part or part V of this chapter; or
- (c) Require a provider to administer a preassessment or postassessment. History.—s. 17, ch. 2013-252.