



CHILDREN'S SERVICES/CHILD CARE LICENSING

3152 Clay Mangum Lane Tampa, FL 33618
(813) 264-3925 | Fax: (813) 264-2118

**BOARD OF COUNTY
COMMISSIONERS**

Victor D. Crist
Ken Hagan
Al Higginbotham
Pat Kemp
Lesley "Les" Miller, Jr.
Sandra L. Murman
Stacy R. White

COUNTY ADMINISTRATOR

Michael S. Merrill

COUNTY ATTORNEY

Chip Fletcher

INTERNAL AUDITOR

Peggy Caskey

**CHIEF HUMAN SERVICES
ADMINISTRATOR**

Carl S. Harness

M E M O R A N D U M

DATE: December 4, 2017
TO: All Family Child Care Home/Large Family Child
Care Home Licensees
FROM: Angela Chowning, Manager, Hillsborough County
Child Care Licensing

SUBJECT: New Regulations Being Adopted in Hillsborough County Ordinance 14-40

On October 25, 2017, The Florida Department of Children and Families, Office of Child Care Licensing adopted new regulations in the Florida Administrative Code 65C-20, for family child care homes and large family child care homes. The Hillsborough Count Child Care Licensing Office must adopt these regulations into our local Ordinance, 14-40. These new regulations are effective immediately. Please be advised that Hillsborough County Child Care Licensing will be offering technical assistance to all child care providers during their next routine or renewal inspection on these new regulations starting in January, and will then be enforcing them at the next inspection.

The newly added regulations/definitions are as follows by Ordinance section:

Definitions:

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

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

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

Household member: means member of the operator’s immediate or extended family who reside in the home and non- family members who reside in the home, including long term visitors, live

in paramours, housemates, extended seasonal visitors, those that are handicapped and/or elderly. A length of stay of four weeks or greater constitutes residing in the home for screening purposes.

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

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

Serious injury: is any injury/incident resulting in death or serious physical or emotional harm to a child that prudently calls for medical attention, including medication errors that present a risk of ineffectiveness or adverse reaction.

Section 1: Personnel

Initial Screening/Rescreening

- A. Level 2 screening as outlined in s. 435.04, F.S., is required for all child care personnel and includes a criminal records check (both national and statewide), a sexual predator and sexual offender registry search, and child abuse and neglect history of any state in which an individual resided during the preceding 5 years. All fingerprints must be submitted and processed through the Background Screening Clearinghouse and therefore a LiveScan vendor that is Clearinghouse compatible must be used for submission of fingerprints.
- B. The five year rescreen include, at a minimum, a criminal records check (both national and statewide), sexual predator and sexual offender registry search, and child abuse and neglect history of any state in which an individual resided during the preceding 5 years.
- C. DCF will issue an eligible or non-eligible result for employment through the Clearinghouse upon completion of searches and results from other states, if applicable.
- D. CF Form 1649A, Child Care Attestation of Good Moral Character, must be completed for all child care personnel at the time of initial screening or upon change in employers. CF Form may be obtained from the Hillsborough County Child Care Licensing website.

Staff Training

- A. All child care personnel, including substitutes and volunteers, who work in a home that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abuse head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the home. For child care personnel, including substitutes and volunteers, to satisfy this requirement the training must be

accomplished through one of the following methods: the department's Health, Safety, and Nutrition course, Safe Sleep course, or the Early Learning Florida's Safe Sleep Practices.

- B. Fire Extinguisher Training: All staff shall be trained in the use and operation of a fire extinguisher with 30 days of employment. Documentation of completed training must be maintained in the personnel record.
- C. New options available to providers for in-service training topics:
 - 1. Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, emergencies due to food and allergic reactions, and shaken baby syndrome, use of safe sleep practices; administration of medicine, emergency preparedness; handling of hazardous materials;
 - 2. Safe Sleep Practices—American Pediatrics Standards

Child Discipline

- A. Verification that the home has provided the parent or guardian a written copy of the disciplinary and expulsion policies used by the home must be documented on the enrollment form with the signature of the custodial parent or legal guardian.
- B. The following discipline techniques shall be prohibited in the home:
 - 1. The use of corporal punishment, including but not limited to,
 - a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
 - b. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
 - c. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
 - d. Exposing a child to extreme temperatures;
 - e. Rough or harsh handling of children, including but not limited to; lifting or jerking by one or both arms; pushing, forcing or restricting movement; lifting or moving by grasping clothing, covering a child's head.
 - 2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised.
 - 3. Binding, tying or restricting movement, or taping the mouth
 - 4. Using or withholding food or beverages as a punishment;
 - 5. Toilet learning/training methods that punish, demean, or humiliate a child;
 - 6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
 - 7. Any abuse or maltreatment of a child;
 - 8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child's family;
 - 9. Placing a child in a crib/portable crib for a time-out or for disciplinary reasons.

Supervision

- A. The operator shall remain responsible for the supervision of the children in care and capable of responding to emergencies and the needs of the children at all times. The

operator or substitute should directly supervise children, both indoors and outdoors, by sight and sound. Children must never be left inside or outside the home, in a vehicle, or at a field trip location by themselves.

- B. Bedroom doors must remain open while children are napping or sleeping. When children are napping or sleeping, the operator or substitute may supervise by sound with frequent visual checks.
- C. A child shall never be left unattended on a table or countertop.
- D. Constant and active supervision is required when any child is in or around water including bathing and swimming activities. During wading and/or water play activities on site or during a field trip, the operator or substitute must be within an arm's length providing "touch supervision".
- E. If the home provides services to drop children off at different locations, the driver must ensure to drop the child off at the appropriate location. Each child transported must be dropped at the designated location and release to an authorized individual as agreed upon by the provider and the custodial parent/legal guardian.
- F. When transporting children in a vehicle, or on foot, a telephone or other means of instant communication must be available to staff.
- G. Children may only be released to adults authorized by parents or legal guardians as indicated on the enrollment form obtained during the enrollment process. Prior to releasing a child, the identification of the individual picking up must be verified by photo identification and be confirmed as an authorized adult for pick up.

Section 2: Physical Facilities

Health and Safety Requirements

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

Animal Vaccinations

- A. Animals that are poisonous and/or aggressive in nature are prohibited.

Toxic Substances, Hazardous Materials and Poisonous Items

- A. All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored in a locked area or must be inaccessible and out of a child's reach.

Smoking

- A. All operators shall inform custodial parents or legal guardians in writing, if someone living in the home smokes, including e-cigarettes.

Indoor Play Area

- A. Bathtubs, buckets, diaper pails, and other open containers of water must be emptied immediately after use.
- B. All accessible electrical outlets must be "tamper resistant electrical outlets" that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have "tamper resistant electrical outlets", outlets shall have safety covers.
- C. Where infants are in care, they shall have open indoor floor space outside of cribs and playpens.

Outdoor Play Area

- A. Tubs, buckets, and other open containers of water should be emptied immediately after use.
- B. The outdoor play areas must be enclosed with fencing or walls a minimum of 4 feet in height. The fence must not prevent the supervision of children. The fence must be in good condition and conform to applicable local building codes. These areas must have at least two exits, with at least one being remote from the buildings. If an outdoor play area was approved for usage by Child Care Licensing prior to the effective date of this rule, no new exits are required to be added to meet this standard. However, if outdoor play area fencing is changed then the standard would apply and two exits must be provided.
- C. Fencing, including gates, must be continuous, and shall not have opening or gaps larger than 3 ½ inches that would allow children to exit the outdoor play area. The bottom or base of the fence must remain at ground level and free from erosion or buildup to prevent inside or outside access by children or animals.
- D. The fence, decking and gates must be constructed to discourage climbing.
- E. Outdoor play areas must be free from unsecured bodies of water. All water hazards must be inaccessible to children and enclosed with a fence that is 4 to 6 feet high or higher and the bottom or base of the fence must remain at ground level.
- F. Maintenance shall include checks at least every other month of all supports above and below the ground, all connectors, and moving parts. Documentation must be maintained for a 12 month period.

- G. For the purpose of ground cover, untreated organic materials that support colonization of molds and bacteria shall not be used.
- H. The outdoor play areas and equipment shall be inspected prior to usage daily for basic health and safety, including, but not limited to:
 - 1. Missing or broken parts
 - 2. Protrusion of nuts and bolts
 - 3. Rust and chipping or peeling paint
 - 4. Sharp edges, splinters, and rough surfaces
 - 5. Stability of handholds
 - 6. Visible cracks
 - 7. Stability of non-anchored large play equipment
 - 8. Wear and deterioration
 - 9. Vandalism or trash

Any problems noted shall be corrected before the playground is to be used by children.

Swimming Pools

- A. Barriers may be temporary in nature, but must be sturdy and meet all the requirements and be in place during all times when children are in care. The wall of an above ground pool may be used as its barrier; however, such structure must be at least four feet in height.
- B. Providers must ensure that all pools have drain covers that are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act, as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by in 65C-22.001 (7) (v), FAC.
- C. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be trained on the proper use of this equipment.

Appropriate, Safe and Sanitary Bedding

- A. Operators must have a written plan for safe sleep practices as recommended by the America Academy of Pediatrics as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by reference in 65C-22.001(7)(v), F.A.C. Cribs, play yards, and playpens must have tight fitting sheets and no excess bedding, which includes but is not limited to: Bumper pads, hanging mobiles, quilts, comforters, pillows, stuffed animals and cushions.
- B. Children must not be placed in the cribs, playpens, play yards or other sleeping and napping bedding with items that could pose a strangulation or suffocation risk. Cribs, playpens, play yards, or other napping or sleeping bedding must be placed away from window blinds, draperies, or any window treatment/cover that pose a strangulation hazard.

- C. The operator must prepare a written plan outlining the sleeping arrangements of the children in care to be provided to the licensing counselor upon request.

Vermin/Pest Control

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

Hand Hygiene

- A. Operators, substitutes, and children shall wash their hands with soap and running water, dry thoroughly, and follow personal hygiene procedures for themselves or while assisting other, and immediately after outdoor play. Situations or times that children and staff must perform hand hygiene should be posted in all food preparation, diapering, and toileting areas. The operator, substitutes, volunteers and children shall abide by the Centers for Disease Control guidelines for handwashing incorporated by reference in 65C-22.001(8)(u), F.A.C. Hands must be washed:
 1. Upon arrival for the day, after breaks, or when moving from one group to another.
 2. Before and after the following activities:
 - a. Preparing food or beverages
 - b. Eating, handling food, or feeding a child
 - c. Brushing or helping brush a child's teeth
 - d. Giving medication or applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, and scrapes) may be encountered.
 - e. Playing in the water (including swimming) that is used by more than one person
 - f. Diapering
 3. After the following activities:
 - a. Using the toilet or helping a child use a toilet
 - b. Handling bodily fluid (mucus, blood, vomit)
 - c. Handling animals or cleaning up animal waste
 - d. Playing in sand, on wooden play sets, and outdoors
 - e. Cleaning or handling the garbage

Section 3: First Aid Training and Treatment, Emergency Procedures and Medication

First Aid Kit

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

1. Liquid soap and/or hand sanitizer (to be used with supervision if hands are not visibly soiled and if no water is present)
2. Adhesive bandages
3. Disposable non-porous gloves
4. Cotton balls or applicators
5. Sterile gauze pads and rolls
6. Adhesive tape
7. Digital thermometer
8. Tweezers
9. Pre-moistened wipes
10. Scissors
11. Bottled water (for cleaning wounds or eyes)
12. A current resource guide on first aid and CPR procedures

Emergency Procedures and Notification

- A. All accidents, incidents, and observed health related signs and symptoms which occur at a home, on field trips or during transportation must be documented on the day they occur. Documentation shall include the name of the affected party, date and time of the occurrence, description of the occurrence, actions taken, and signature of operator and custodial parent or legal guardian. This documentation must be shared with the custodial parent or legal guardian on the date of occurrence.
- B. After the occurrence of an incident that involved the serious injury or death of a child, the operator must notify the licensing authority immediately in order for the licensing authority to ensure health standards are met for continued operation as a family child care home.
- C. The home must have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff or volunteers to the licensing authority. The following types of incidents must be addressed:
 1. Lost or missing child
 2. Suspected maltreatment of a child
 3. Injuries or illness requiring hospitalization or emergency treatment
 4. Death of a child or staff member
 5. Presence of a threatening individual who attempts or succeeds in gaining entrance to the home

Communicable Disease Control

- A. A child identified as having head lice shall not be permitted to return until the following day and only provided that treatment has occurred and been verified. Verification of treatment may include a product box, box top, empty bottle, or signed statement by a custodial parent or legal guardian that treatment has occurred. The operator must also treat areas, equipment, toys, and furnishings with which the child has been in contact.
- B. If the local health department official or primary health provider suspects that a child, household member, or staff member is contributing to the transmission of the illness is

not adequately immunized when there is an outbreak of a vaccine preventable disease, or the circulating pathogen poses an increased risk to the individual, the child or child care personnel should not return until the health department or primary health provider determines the risk of transmission is no longer present.

Medication

- A. Prescription and non-prescription medication that are used on an “as needed” basis require the parent/legal guardian to provide additional documentation on the authorization form to describe symptoms that would require medication to be given. The child care personnel must never administer a medication that is prescribed for one child to another child.
- B. Prior to administering medication to children, the provider, substitutes and employee in a regular and a large family child care home must have completed training.
- C. In the event of an emergency, non- prescription medication that is not brought in by the custodial parent or legal guardian can be dispensed only if the operator has written authorization to do so. Any medication dispensed under these conditions must be documented in the child’s file and the custodial parent or legal guardian must be notified on the day of the occurrence.
- D. Child care personnel should ensure sun safety for themselves and children under their supervision by keeping infants younger than six months out of direct sunlight, limiting sun exposure when ultraviolet rays are strongest and applying sunscreen with written permission of parents/guardians. Manufacturer instructions should be followed.

Section 4: Nutrition, Food Preparation and Food Service

Food Preparation/Storage

- A. Proper storage of food is essential to prevent food contamination, as well as, insect and rodent infestation. Correct handling and storage of all food is a key component in preventing food borne illnesses. To prevent bacteria growth, cold food must be kept at or below 40 degrees Fahrenheit and hot foods at or above 135 degrees Fahrenheit.
 - 1. Poisonous/toxic chemicals or cleaning products must be stored separately from food. Products must not be stored on shelves above food preparation areas and/or food products intended for human consumption, unless placed in bins that are impermeable.
 - 2. 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.
 - 3. Opened packages of dried goods and perishable or leftover food items must be properly covered/sealed in containers or bags and stored appropriately to prevent contamination.
 - 4. Refrigerators/freezers must have an accurate alcohol thermometer designed to measure cold storage temperature must be placed inside each refrigeration and freezer unit. Thermometers in refrigerators must show a reading of 40 degrees Fahrenheit or below, and thermometers in freezers must show a reading of 0 degrees Fahrenheit or

- below. The thermometer must be located in the center of the unit and be readily accessible. Thermometer temperature readings higher than specified above require further temperature testing of food samples stored in the unit using a probe type thermometer; and adjustments to the unit setting to reach and maintain the required readings must be made.
5. A food preparation area shall be clean and free of dust, dirt, food particles, and grease deposits.
 6. Food provided by the parents must be properly stored and handled in a sanitary manner at all times to prevent contamination or spoilage. If food is supposed to be kept cold, the food must be stored in a refrigerator until eaten, or parents must include ice packs to keep food cold.

Food and Nutrition

- A. Clean, sanitary drinking water shall be readily accessible in indoor and outdoor areas throughout the day for all children. On hot days, bottle fed infants may be given additional breastmilk or formula mixed with water provided by their parent/legal guardian. Infants should not be given plain water in the first six months of life unless directed to by the child's pediatrician.
- B. Foods that are associated with young children's choking incidents must not be served to children under 4 years of age, such as, but not limited to, whole/round hot dogs, popcorn, chips, pretzel nuggets, whole grapes, nuts, cheese cubes and any food that is of similar shape and size of the trachea. Food for infants must be cut into pieces $\frac{1}{4}$ inch or smaller, food for toddlers must be cut into pieces $\frac{1}{2}$ inch or smaller to prevent choking.
- C. Due to the extreme risk of choking, solid foods, including cereal, may not be given in bottles or with infant feeders to children with normal feeding habits unless authorized by a physician. Solid foods may not be fed to an infant younger than 4 months of age unless directed by a physician. Solid foods must be of a safe consistency and must be developmentally appropriate for the age and developmental ability of the infant.
- D. Breastmilk and formula must be handled in a sanitary manner at all times and according to manufacturer's instructions and instructions by the parents. Prepared bottles must be placed in the refrigerator immediately and used within 48 hours.
- E. Previously opened baby food jars must not be accepted.

Food Allergies

- A. Each child's food allergies shall be posted prominently in the kitchen or wherever food is served with permission of the parent/guardian, and shared with substitute or volunteer working in the home. Each child with a food allergy should have a written care plan that includes:
 1. Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food.
 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications.

3. Specific symptoms that would indicate the need to administer one or more medications.
4. Based on the child's care plan and prior to caring for the child, the operator and substitute should receive training for and implement measures for preventing exposure to specific food(s) to which the child is allergic; recognizing the symptoms of an allergic reaction; treating allergic reactions.
5. The written care plan, a mobile phone, and the proper medications for proper treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transportation out of the home setting.
6. The operator or substitute shall notify parent's/guardians immediately of any suspected allergic reaction, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The operator or substitute should contact the emergency medical services system immediately whenever epinephrine has been administered.

Section 5: Admission and Recordkeeping

Emergency Preparedness

- A. The operator shall develop a written emergency preparedness plan to include, at a minimum, procedures to be taken by the family day care home during a fire, evacuation, relocation, shelter in place, lockdown, and inclement weather (tornadoes). The plan must describe how the home will notify and update parents/guardians. Daily attendance rosters must be used to account for all children once gathered in a safe space after exit and upon return to the home.
- B. After a fire or natural disaster, the operator must notify the licensing authority within 24 hours as to their operational status in order for the licensing authority to ensure health standards are met for continued operation as a home child care.

Student Health Records

- A. Any child who has or is at an increased risk for chronic physical, developmental, behavioral or emotional condition and requires additional services must have a current emergency care plan included in the child's file and readily accessible for those caring for the child. Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency.

Activity Plan

- A. Child care personnel must appropriately interact with children to foster a healthy, safe environment that will encourage the child's physical, intellectual, motor, and social development. Interactions with children that are aggressive, demeaning, or intimidating in nature are strictly prohibited.

Daily Attendance

- A. If a child does not arrive to the home or the agreed upon designated pick up location, the operator must communicate as early as possible (within one hour of the child's scheduled arrival) with the custodial parent/legal guardian ; if there was no prior communication from the custodial parent/legal guardian of the child's absence. If the operator is unable to reach the child's parent/guardian, emergency contacts must be notified.

Section 7: Transportation

Transportation Log

- A. A log must be maintained for all children being transported in the vehicle or on foot away from the premises of the home. The log must be retained for a minimum of 12 months. The log must include each child's name, date, time of departure, time of arrival and the signature of the driver verifying that all children were accounted for and that the log is complete.
- B. Prior to transporting children, the transportation log must be recorded, signed, and dated immediately, verifying that all children were accounted for and the log is complete.
- C. Upon arrival at the destination, the driver of the vehicle must:
 - 1. Mark each child off the log as the child departs the vehicle;
 - 2. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
 - 3. Record, sign, and date the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted.

Emergency Care Plan

- A. Child care personnel must have possession of contact information for the parent or legal guardian of each child being transported by vehicle or on foot while away from the home. When transporting children with chronic medical conditions (such as asthma, diabetes, or seizures), their emergency care plans and supplies or medication must be available in the vehicle or with child care personnel on the field trip. The responsible adult in the vehicle or on the field trip must be trained to recognize and respond appropriately to a medical emergency.

Vehicle Requirements

- A. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. Documentation by the mechanic must be maintained in the vehicle.
- B. All home operators must maintain documentation of current insurance coverage on all vehicles used to transport children in care.
- C. A permission and transportation release form signed by the custodial parent or legal guardian of the children in care must be on file for planned and unplanned activities. Written permission may be in the form of a general permission slip. Documentation must

be maintained for a minimum of six months from the date of planned and unplanned activities.

- D. The interior of the vehicle used to transport children should be maintained at a temperature comfortable to children.
- E. When applicable, any vehicle used for transporting children must accommodate the placement of wheelchairs.

Seat Belt/Child Restraints

- A. Each child, when transported, must be seated in a back seat in an individual factory installed seat belt or federally approved child safety restraint. The child safety restraint must be installed, secured and used in accordance with the manufacturer's instructions and a copy of such instructions must be maintained (in the vehicle and/or on file). Car safety seats should be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash.
 - 1. Children aged birth to one year old must be secured in a rear-facing car safety seat.
 - 2. Children aged one through 3 years, such restraint device must be a separate carrier, or a vehicle built in child seat.
 - 3. For children aged 4 years, a separate carrier, a vehicle built in child seat, or a child booster seat must be used with appropriate seat belt.
 - 4. All children 5 and older must be in seat belts.

Section 8: Licenses

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

Section 9: Enforcement

- A. The operator must allow access to the entire premises of the home to inspect for compliance with family child care home and large family child care home minimum standards pursuant to s. 402.311, Florida Statute. The operator or substitute must not interfere with or prevent the licensing authority from copying records, photographing or recording a location/activity on the premises as documentation for the inspection.

Large Family Child Care Home

Staff Training

- A. Florida Law requires that VPK instructional personnel possess an appropriate credential. If the department identifies that a designated VPK teacher does not have an active credential, the department will notify the local Early Learning Coalition or its designated representative.

Supervision

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

Large Family Child Care Home Indoor Floor Space

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

Section 5: Admission and Recordkeeping

Emergency Preparedness

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

Activity Plan

- A. For large family child care homes, providers must implement program practices that promote consistency and continuity of care, especially for infants and toddlers. Early care

and education programs should provide opportunities for each child to build emotionally secure relationships with a limited number of child care personnel.

Section 7: Transportation

Transportation Log

Large Family Child Care Home

- A. In addition to the transportation log requirements above, the home employee or person(s) authorized by the large family child care home operator must:
 - 1. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
 - 2. Sign, date and record the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted.

Seat Belt/Child Restraints

Large Family Child Care Home Transportation Requirements

- A. In addition to the transportation requirements above a large family child care home must comply with the following:
 - 1. When one staff member takes some children on a field trip and one staff member remains on the premises with the remainder of the children in care, the operator or employee transporting children is totally responsible for the care and supervision of those children and shall follow the transportation guidelines specified above.