CCDF Provider Eligibility Standards (PES) Packet

LLEP Facility
CCDF Provider Eligibility Standards Summary

Legislation was passed in 2001, 2002, 2003, 2005 and 2013, 2015 requiring childcare providers receiving Child Care and Development Funds (CCDF) to meet certain provider eligibility standards. This significant legislation amends Sections 12-17.2 of the Indiana Code and impacts all childcare providers receiving these funds.

Child Care providers must be able to demonstrate compliance with these standards prior to the receipt of any CCDF funds. The Office of Early Childhood and Out of School Learning (OECOSL), Legally Licensed Exempt Provider (LLEP) Department, will be responsible for the verification of compliance with these standards.

1. Working Smoke Detectors
   - A facility shall have smoke detectors at the top of each stairwell (excluding the basement), one adjacent to the area where the children will be sleeping and one in the basement.
   - A facility shall have fire suppression devices as required by the DHS, Fire and Building Safety Division.

2. Fire Extinguishers
   - The facility shall maintain a two and one-half (2 ½) pound or greater ABC multiple purpose fire extinguisher on each floor of the facility with an additional extinguisher in the kitchen area.

3. Exits
   - The facility shall have two exits, other than windows, located on different sides of the facility that are not blocked and do not require passage through a garage or storage area where hazardous materials are stored and may be operated from the inside without the use of a key or any special knowledge. If your second exit is out to a balcony, the balcony must have a permanent set of stairs down to the ground.

4. Fire Drills
   - The provider must conduct monthly documented fire drills in accordance with the rules of the fire prevention and building safety commission.

5. Intradermal Tuberculosis (TB) Testing
   - The provider, employees, caregivers and volunteers shall provide results of a current TB test prior to employment or volunteer service.
   - The provider shall maintain annual documentation from a physician reflecting the results of symptom screening for tuberculosis for any employee, caregiver, or volunteer with a history of latent or active Tuberculosis.

6. Emergency Plans
   - All providers shall have written plans describing procedures for responding to an emergency, including illness, serious injury, death of a provider, disasters, and an emergency declared by the Governor.
   - The emergency plan shall include procedures for the following:
     o Staff and volunteer emergency preparedness training and practice drills
     o Identifying specific responsibilities of staff during a disaster
     o Accounting for children and staff during a disaster
     o Evacuating and relocating
     o Shelter-in-place, and lock down
     o Communication and reunification with families
     o Continuity of operations
     o Accommodations for infants and toddlers, children with disabilities and chronic medical conditions
   - Care in an emergency and emergency evacuation plans posted in a conspicuous location

LLEP FACILITY PACKET R2019
7. CPR/First Aid Certification
- The provider, employees, caregivers and volunteer serving as a caregiver shall maintain current certification in First Aid.
- The provider shall assure that at least one adult annually certified in CPR for all age groups of children receiving care is present at all times when care is being provided.

8. Running Water
- The facility shall have hot and cold running water from an approved water source available in an area of the facility where childcare is provided. If water is not provided by a municipal water source, the provider shall provide documentation of a water quality test.
- Water temperature will be tested at the time of the facility inspection and must register at least 100 degrees Fahrenheit.

9. Working Telephone
- The facility shall have a working telephone where the provider operates a child care program.
- The provider must have a communication device (which may be the telephone required above) that is approved by the Office and compatible with the automated time and attendance tracking system approved by the Office.
- The provider will need to show a bill for current service and keep phone records to show proof of continuous service for recertification the following year.
- The phone number must be accurate and will be checked at the time of the verification visit.

10. Inaccessible Firearms, Poisons, Chemicals and Medications
- The provider shall provide a safe environment by ensuring that firearms, ammunition, poisons, chemicals and medications are inaccessible to the children in their care.
- Firearms and ammunition shall be secured in a locked area, by a key or combination, in an area where children cannot gain access.
- Inaccessible for poisons, chemicals and medications means that in lieu of a locked (key or combination) cabinet, the items mentioned above must be kept in an area inaccessible to the children. This could mean locked closets, rooms, garages, basements or medicine boxes. Childproof locks will not be acceptable.
- The LLEP Consultant will inspect all areas that are accessible to children as well as garages if the escape route passes through this part of the facility. All bathrooms and the kitchen will also be inspected.

11. Alleged Perpetrator, Child Abuse and Neglect
- The provider, any employee, caregiver or volunteer shall provide evidence that they have not been named as an alleged perpetrator in the Child Protection Index. Forms will be provided that will give the verifying agency permission to check this registry.

12. National Criminal History Checks
- The provider shall agree to National Fingerprint Criminal History Checks for the provider, all employees, caregivers and volunteers who have direct contact with a child receiving care. National Fingerprint Criminal History Checks must be completed using the services of IdentoGo who can be reached at 877-472-6917 or www.ibtfingerprint.com. All required National Fingerprint Criminal History Checks are completed at the provider/individual’s expense. The original receipt should be kept in the provider/individual’s records.
13. Drug Test

- The provider, employee, caregiver and volunteer caregiver shall provide, at the individual's expense, results of a 5 panel drug test that documents the individual is free of the presence of illegal controlled substances.
- Drug testing are required prior to employment or participation in the CCDF voucher program. Additional drug testing may be required of an individual who is suspected of non-compliance.
- A provider who suspends an individual based on the results of a drug test shall maintain a written policy for reinstatement following rehabilitation and drug testing results that are negative for a prohibited substance.

14. Immunizations

- The provider shall maintain and annually update documentation of age appropriate immunizations for all children.

15. Tobacco and Substance Policy

- The provider shall maintain a written policy prohibiting the use of tobacco, unintended use of a toxic substance, use of alcohol; use or possession of alcohol and use or possession of illegal substances, in the facility where child care is operated when childcare is being provided.
- The provider must sign a Tobacco and Substance Policy statement provided by the Office or developed by the provider.
- The LLEP Consultant will confirm the provider, employees, caregivers, volunteers and any other individuals are in compliance with this policy by observation during the facility inspection.

16. Supervision Policy

- The provider shall ensure that a child in the provider's care is within sight or sound at all times.
- The LLEP Consultant will confirm this by observing that the provider is supervising the children during the facility inspection.

17. Safe Sleeping Practices

- A provider and all volunteers and/or employees intending to care for children less than 12 months of age shall be certified in safe sleep practices by participating in the Safe Sleeping Practices training provided by Early Learning Indiana.
- A provider must assure all caregivers of children under 12 months of age follow safe sleeping practices.

18. Results of National Criminal History Checks

- All criminal history reports must be clear of any felonies and/or misdemeanors related to the health or safety of a child. As well as, any felony sex offense or other offense classified as a dangerous felony or any other felony less than 10 years old as of discharge date from probation, imprisonment or parole, and any misdemeanor related to welfare fraud.
- Providers are also responsible for reporting any police investigations, arrests or criminal convictions not listed on any National Fingerprint Criminal History Check for any individual required to provide such a report.

19. Restroom and Hand Washing Standards

- A provider must assure all caregivers are following appropriate restroom and hand washing procedures, as defined by The Office, are followed at all times.
- The facility must have toilets, which are in proper working order, accessible to children, and kept clean.
- A provider shall assure all caregivers are following appropriate diapering guidelines defined by the Office.
- The LLEP Consultant will confirm this by observation during facility inspection.
20. Discipline Policy
• A provider shall have a written discipline policy, which includes the type of discipline to be used, and under what circumstances it will be used. This plan must include information about how the policy will be modified to meet a specific child’s age and/or abilities, if applicable. Parents of children in your care shall receive a copy of this policy. The provider must maintain a copy of the policy, signed by the parent/guardian of the child, in the child’s records.
• A provider shall assure all caregivers are following the discipline policy.
• The LLEP Consultant will confirm this by observation during the facility inspection.

21. Unscheduled Visit
• A provider shall allow parents/guardians to make unscheduled visits to the facility anytime childcare is being provided.

22. Transportation
• A provider shall provide a written statement stating their intent to transport or not transport children and the age of children to be transported.
• A provider who does transport children shall:
  ✓ Obtain written permission from the child’s parent/guardian prior to transport (Sample transportation permission slip may be obtained from The Office; and
  ✓ Assure the driver has met all employee or volunteer requirements; and
  ✓ Assure the driver holds a valid driver’s license; and
  ✓ Assure the vehicle used for transport is properly licensed and insured.
  ✓ Submit a written transportation policy which includes age groups being transported.
• A provider shall identify the vehicle(s) used to transport children and provide proof of valid registration and valid insurance.
• A provider must follow Indiana state laws regarding car seats and seatbelt usage at all times.

23. Age of Caregivers
• A provider shall be at least 18 years of age.
• A provider shall assure any caregiver working without supervision is at least 18 years of age.
• A provider shall assure any caregiver less than 18 years of age, but not less than 14 years of age, is supervised at all times by a caregiver at least 18 years of age when they are providing child care.
• The LLEP Consultant will confirm this by observation during the facility inspection.

• A provider shall verify all employees, caregivers or volunteers have received training concerning child abuse & neglect detection and prevention not more than three (3) months after the individual begins employment or volunteer duties.
• A provider shall maintain documentation of the employee, caregiver or volunteer training with the employee, caregiver, volunteers file.
  Information about Child Abuse & Neglect Detection and Prevention Training opportunities can be received from your local Child Care Resource and Referral agency or calling 866-865-7056.

25. Orientation
• The provider shall have a signed orientation training documenting their understanding of orientation topics. (Sample of required topics may be obtained from the Office.)
• Before beginning employment or volunteer duties, the individual must receive a formal orientation to the program/facility.
• A provider shall document the completion of employee/volunteer orientation training and maintain the documentation is the employee, caregivers, volunteer’s file.
26. Health and Safety Orientation Trainings and Employee Records
- The training will support basic health and safety standards designed to prevent harm to children. This training is required for all volunteers, caregivers, teachers, directors and any individual included in staff to child ratios/group size in 10 specific health and safety topic areas.
- Training in each applicable topic area, appropriate to the provider setting and age of children served is needed to meet the Health and Safety Orientation training.
- A provider shall maintain, at the facility where the care is being provided, staff files that include all required documentation and trainings. The provider shall make the files and all documentation available to The Office upon request.

27. Information for Reporting Child Abuse and Neglect
- The provider is required to give all employees, caregivers and volunteer written material provided by FSSA in regards to reporting child abuse and neglect.

28. Reporting Child Abuse and Neglect
- Any employee, caregiver, volunteer who has reason to believe that a child in the provider’s care is a victim of child abuse or neglect shall make a report as required under IC 31-33-5.

29. Visits by FSSA
- A provider must allow, during normal business hours, the State or an agent of FSSA to inspect the facility where a childcare program operates.

30. Parent Notification of the Injury or Death of Child
- A provider is required to immediately notify a parent or legal guardian if a child in their care is injured, has a serious bodily injury that requires medical attention (physician, dentist, registered nurse, licensed practical nurse, paramedic or emergency medical technician) or death of a child.

31. FSSA Notification of the Injury or Death of Child
- A provider must notify The Office of Early Childhood and Out of School Learning or an agent of FSSA within 24 hours of any injuries or serious bodily injuries to a child.
- The death of a child must immediately be reported to The Office of Early Childhood and Out of School Learning or an agent of FSSA.

32. Safe Conditions
- A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare facility and safety of motor vehicles used to transport children.
- At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall:
  o file with The Office;
  o post in a public location in the facility where the provider operates a child care program; and
  o provide to the parent or guardian of each child in the care of the provider; a copy of the written policy or change.

33. Daily Activities
- A provider must make available daily activities appropriate to the age, developmental needs, interests, and number of children in your care. This must include both active and quiet play. You may include the use of safe, age-appropriate toys, games and equipment for indoor and outdoor play.
- Daily outdoor is required unless one (1) of the following apply, Severity of the weather poses a safety or health hazard or a health related reason for a child to remain indoors is documented by the childs parent, guardian or physician.
34. Nutrition
   - A provider must make available to each child in their care: appropriately timed, nutritious meals and
     snacks in a quantity sufficient to meet the needs of the child. (This does not eliminate sack lunches
     brought from home.). Drinking water must be available at all times.

35. Group Size and Ratios
   - As a provider operating a child care program in a facility or home you must follow ratios and group
     sizes.
   - If you will be caring for no more than sixteen (16) children at a facility/home you must maintain a ratio
     and group size that apply to a child care home under IC 12-17.2-5
   - If you will be caring for more than sixteen (16) children at a facility/home you must maintain a ratio and
     group size that apply to a child care center under IC 12-17.2-4.

36. Continuing Education
   - At least twelve (12) hours of continuing education approved by the Office of Early Childhood and Out of
     School Learning (OECOSL) and related to the age appropriate educational development, care and
     safety of children unless the individual is the parent, stepparent, guardian, custodian or other relative to
     each child receiving care.

37. Supplemental Criminal History Information Policy
   - The provider shall maintain a written policy requiring all employees, caregivers and volunteers who
     have direct contact with a child receiving care to report any criminal convictions to the provider.

38. Emergency Contact Information
   - The provider shall maintain each child’s emergency contact information and emergency assistance
     telephone numbers for police, ambulance, fire, and poison control near the telephone.

Definition of a volunteer: As defined in IC12-7-2-199.2, A volunteer is an individual who, without
compensation, provides services to a child care home, child care center, or child care ministry for at least 8
hours per month.
   - If an individual is not a volunteer, they are considered a guest. A guest may not be left alone with child
     receiving care at the home/facility at any time and may not be counted as a caregiver.

If you are able to meet these CCDF Provider Eligibility Standards, please contact your LLEP Consultant to
assist you in any way possible.

For a complete list of the Laws, Rules and Related Policies for Child Care Development Fund (CCDF) please
go to http://www.in.gov/fssa/carefinder
Possible Changes to Your Participation

After you have been certified as a CCDF Eligible Provider, your certification can be changed. This law outlines certain home/facility conditions, as defined by this law, which may place the child(ren) in your care at risk can result in Emergency Decertification. If these conditions exist, you will be unable to receive CCDF payment effective immediately.

Additionally, this law includes gives reasons for revocation of your ability to receive CCDF payment. If it is determined the provider (applicant) has given false statements on an application or any records required by the Division of Family Resources, there are credible allegations the provider has committed fraud, or if criminal charges of fraud have been filed against you, your CCDF eligibility will be revoked. If this happens, you will not be able to reapply to become a CCDF Eligible Provider for at least 2 years.

The provider eligibility standards certification is only valid for the address where child care is provided at the time of this certification visit.

Failure to have the new address approved will result in CCDF payment disruption. Always contact your LLEP Consultant PRIOR to moving.

Notify your LLEP Consultant prior to any additional space being used that was not approved during your initial inspection.

Failure to immediately notify OECOSL of a change in the facility’s status, including a change in ownership may result in immediate termination of CCDF payments. New employees and volunteer caregivers MUST present appropriate documentation to OECOSL (State Form 53323 / Consent to Release Information) as well as other required documentation to the facility.

You may be required to repay any and all CCDF dollars paid if the facility was reimbursed for child care provided during a the time period in which the facility was ineligible.

The provider eligibility standards certification is valid for 12 months from the date you are certified. To continue participation in the CCDF program, the facility must recertify. OECOSL will notify the facility of their upcoming recertification 45 days in advance.

It is the facility’s responsibility to assure continuous compliance with CCDF Provider Eligibility Standards. This includes, but is not limited to: current certifications in CPR and First Aid, available phone service, and monthly documented fire drills.

The CCDF Provider Eligibility Standards requirements are subject to legislative change. It is very important to contact your LLEP Consultant before beginning the recertification process so changes or new requirements can be shared.

Once certified, it takes about 72 hours before the facility will appear in the State’s Automated Intake System (AIS) as available to participate in the CCDF program.
APPLICATION REQUEST FOR CCDF PROVIDER ELIGIBILITY STANDARDS CERTIFICATION

Legal Business Name: ________________________________________________________________

Doing Business At: __________________________________________________________________

County __________________________ Corporation Code __________ School Code __________
(if applicable) (if applicable)

Site Address: ______________________________________________________________________

City __________________________ State _______ Zip Code ______________

Mailing Address: (if different from site address) ______________________________________________________________________________________

City __________________________ State _______ Zip Code ______________

Site Telephone Number: (______)__________________________ (REQUIRED)

Cellular Telephone Number (if applicable): (______)______________________________

Additional Contact Number (if applicable): (______)______________________________

Fax Number (______)______________________________

Email Address (if applicable)__________@______________________________

Current Enrollment: __________________________

Age of Children: Infant ☐ Toddler ☐ Pre-school ☐ School-Age ☐

<table>
<thead>
<tr>
<th>Days of Operation:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours:</td>
<td>From:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Hours</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Form A - Application  Page 1

1.) As part of your daycare services will you be transporting children for any reason? (school, field trips etc)

   Yes______ or No ______

2.) Does the location where care is being provided have two exits, other than windows, located on different sides of the building? (if the answer is No the location does not meet CCDF requirements) (If the second exit is out to a balcony, the balcony must have a permanent set of stairs down to the ground.)

   Yes______ or No ______

3.) Does the location where care is being provided have City Water ______ or Well Water ______?

**Authorized Representative Information:**

Name: ____________________________  Title ____________________________

**Additional Contact Information:**

Name: ____________________________  Title ____________________________

Name: ____________________________  Title ____________________________

The authorized representative listed above must complete the Child Abuse and Prevention Training as well as complete the State Form 53323 and complete a fingerprint for a National Criminal History Check. If any of the individuals listed above will be caring for children at any time they must meet all caregiver requirements.

By my signature below, I hereby certify all documentation submitted is true and correct to the best of my knowledge. I understand that I will be visited by a representative from The Office of Early Childhood and Out of School Learning (OESOSL). The visit will be scheduled after all required documentation is received by the LLEP Department. The verification visit will confirm compliance of the required CCDF Provider Eligibility Standards for receipt of CCDF childcare voucher dollars. If the provider eligibility standards are met with satisfaction, I will be certified by the Family and Social Service Administration, OECOSL, as a certified Legally Licensed Exempt Provider (LLEP).

If any changes are made to my Safe Conditions Policy after it is established I will submit the updated version to the Office of Early Childhood and Out of School Learning’s LLEP Department.

I also understand I must allow unscheduled visits by a parent or legal guardian to my childcare program during the hours my child care program is in operation.

**Authorized Representative Signature:** ____________________________

Title: ____________________________  Date ____________________________

LLEP FACILITY PACKET R2019
Employee/Volunteer Information

Please list the names of all employees and volunteers working at this childcare facility. All individuals listed below must meet all Provider Eligibility Standards requirements.

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>AGE</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER (REQUIRED FOR ANYONE 18 YEARS OR OLDER)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Director Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: You must maintain a file on site for all employees/volunteers which includes all of the required documentation. This file must be available to the LLEP Consultant for review for completeness / compliance with Provider Eligibility Standards.

I certify that the individuals listed above are employees/volunteers of the daycare. I will notify the LLEP Department immediately and submit all necessary documentation for any new employees hired after my certification visit. I understand my failure to provide this information will constitute non-compliance with the CCDF Provider Eligibility Standards and can result in immediate loss of my eligibility to receive CCDF funds.

Authorized Representative Signature _____________________________________________

Title _____________________________________________ Date ____________________________

LLEP FACILITY PACKET R2019
Supplemental Criminal History Information  
Child Care Development Fund

I, ______________________, have been informed that my participation in the Child Care Development Fund Voucher Program requires the following individuals to consent to a National Fingerprint Criminal History Check:

a. The provider (defined as the applicant for voucher payment)

b. If the provider provides child care in the provider’s home, any individual who resides with the provider and who is:
   1. at least 18 years of age; or
   2. less than 18 years of age but has previously been waived from juvenile court to adult count; and

c. Any employee or volunteer who has direct contact with a child receiving care from a provider.

I have also been informed that in addition to the requirement to consent to a National Fingerprint Criminal History Check, I shall report to the verifying agency, The Consultants Consortium, any information regarding:

1. Police investigations;
2. Arrests; and
3. Criminal convictions for which I am aware regarding any persons required to provide the National Fingerprint Criminal History listed above.

I understand by my signature that I must report this information to the LLEP Department immediately and that my failure to report this information may result in my inability to participate in the CCDF Voucher Program.

Signature_________________________________________ Date ____________________
Tobacco and Substance Policy
Child Care and Development Fund Program

I, __________________________, have been informed that my participation in the Child Care Development Fund Voucher Program requires me to provide assurance that I will not allow anyone to participate in the following acts during the hours in which I provide childcare.

- I will not use tobacco anywhere in the childcare facility (including outdoor play areas) during the hours I provide childcare.
- I will not allow any household member or guest to use tobacco anywhere in the childcare facility (including outdoor play areas) during the hours I provide childcare.
- I will not use alcohol anywhere in the childcare facility (including outdoor play areas) during the hours I provide childcare.
- I will not allow any household member or guest to use alcohol anywhere in the childcare facility (including outdoor play areas) during the hours I provide childcare.
- I will not use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the childcare facility (including outdoor play areas) during the hours I provide childcare.
- I will not allow any household member or guest to use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the childcare facility (including outdoor play areas) during the hours I provide childcare.
- I will not use or possess any illegal substance.
- I will not allow any household member or guest to use or possess any illegal substance.

I understand by my signature below that my failure to comply with the above statements may result in my inability to participate in the Child Care Development Fund Voucher Program.

Signature_________________________________________ Date ____________________

LLEP FACILITY PACKET R2021
Evacuation Plan In Case of a Fire or Other Emergency

Type of Structure: House _______ Apartment _______ Mobile Home _______ Non-Residential Facility _______

Use the graph below to draw a floor plan layout of your home.

 Fist each room in your home
 Fist the doors in your home
 Fist arrows to show two ways out
 Fist the Severe Weather Location- Mark the location on the graph above where you will gather in the event of a tornado or severe weather. It should be a basement or interior area, where the children will not be exposed to flying glass. If possible, store a battery operated radio and flashlight, blankets, small toys and books in this area. Take your cell or portable phone (if available) with you to this area.

This graph should reflect the route you will take during a fire drill. Remember to practice fire drills monthly!!!

*Fire Extinguishers are required on each floor of the home with an additional extinguisher in the kitchen.

Please indicate an outside meeting place

This location should be at least 50 ft from your home.

Severe Weather Plan Location

This form or one similar to it, must be posted in your facility in a visible location.
Child Care and Development Fund Drug Testing Guidelines

Indiana Code 12-17.2-3.5-12.1 (Legally Licensed Exempt & Child Care Ministries accepting CCDF), 12-17.2-5-3.5 (Licensed Homes), and 12-17.2-4-3.5 (Licensed Centers) requires each childcare provider to provide drug test results which do not show a presence of illegal controlled substances for themselves, all individuals residing in the home over the age of eighteen (18) and any employee or individual caring for children on their behalf prior to licensing or participation in the Child Care and Development Fund (CCDF) program. This drug test shall test for Amphetamines, Cocaine, Opiates, PCP and THC. Each drug test shall meet the following criteria.

1. Chain of Custody shall follow guidelines, which are consistent with U.S. Department of Transportation requirements. (See specific Chain of Custody instructions listed below.)
2. Each drug screen shall be processed by a lab, which has been certified by the Substance Abuse and Mental Health Services Administration (SAMSHA, formerly NIDA).
3. Drug test results shall be reviewed by a nationally certified Medical Review Officer using positive cut-offs established by the U.S. Department of Transportation. Drug test results must include contact information for the Medical Review Officer and signature for all positive results. Negative results do not need a signature of a Medical Review Officer.
4. Drug test results shall be faxed, scanned or mailed to the child care provider/facility.

The following Chain of Custody shall be followed for drug testing results provided to the Family and Social Services Administration as required by Indiana Code.

- The collector shall ask the donor for photo identification.
- After verification of donor’s identification, the collector will complete step one of the custody of control form provided by the laboratory (non-regulated).
- The collector will ask the donor to remove any unnecessary outer clothing (coat, etc.) and leave hand carried items (briefcase, etc.) outside toilet enclosure. The donor may be required to empty his/her pockets at collector’s discretion.
- The collector will instruct the donor to wash and dry his/her hands.
- The collector will provide the donor a wrapped and sealed collection container and/or specimen bottle. Either the collector or the donor may open the container bottles in donor’s presence.
- If the container and bottle are wrapped together, the donor should be allowed to take container and bottle into toilet enclosure. If container and bottle are wrapped separately, only the collection container should be taken into toilet enclosure. The wrapped bottle should remain outside enclosure and then opened in the donor’s presence when the donor gives the filled collection container to the collector.
- The collector will accompany the donor to toilet enclosure when it is time for the donor to provide urine sample. The donor will enter toilet enclosure and shut the door, the collector remains outside the closed door.
- The collector shall ask the donor for photo identification.
- After verification of donor’s identification, the collector will complete step one of the custody of control form provided by the laboratory (non-regulated).
- The collector will ask the donor to remove any unnecessary outer clothing (coat, etc.) and leave hand carried items (briefcase, etc.) outside toilet enclosure. The donor may be required to empty his/her pockets at collector’s discretion.
- The collector will instruct the donor to wash and dry his/her hands.
- The collector will provide the donor a wrapped and sealed collection container and/or specimen bottle. Either the collector or the donor may open the container bottles in donor’s presence.
- If the container and bottle are wrapped together, the donor should be allowed to take container and bottle into toilet enclosure. If container and bottle are wrapped separately, only the collection container should be taken into toilet enclosure. The wrapped bottle should remain outside enclosure and then opened in the donor’s presence when the donor gives the filled collection container to the collector.
- The collector will accompany the donor to toilet enclosure when it is time for the donor to provide urine sample. The donor will enter toilet enclosure and shut the door, the collector remains outside the closed door.
- The donor will hand filled collection container to the collector, both the donor and the collector should maintain visual contract of the specimen until labels and seals are placed over bottle caps.
- The collector checks specimen and reading of the specimen temperature indicator within four minutes of receiving the specimen from the donor. The collector then marks the appropriate box on custody of control form.
- The collector checks specimen volume ensuring there is at least thirty milliliters of urine in a single specimen collection.
- The collector checks specimen for unusual color, odor or other physical qualities that may indicate an attempt to adulterate the specimen.
- The collector will pour at least thirty milliliters into the specimen bottle.
- The collector immediately places lid/caps on specimen bottle and then applies tamper evident labels/seals.
- The collector will write the date on label field. The donor will be asked to initial labels/seals when affixed to the bottles.
- After sealing the specimen bottle, the donor will be permitted to wash and dry his/her hands, if he/she so desires.
- The donor will be instructed to read and complete the donor certification section of the custody of control form, including signing certification statement.
- The collector will complete collector’s certification section of custody of control form, including signing certification statement.
- The collector will record any remarks concerning collection process in “remarks section” of custody of control form.
- The collector will complete chain of custody block of custody of control form. At a minimum, the collector will complete; the specimen, received by, purpose of, change, date, and released by blocks of the custody of control form.
- The collector will give the donor his/her copy of custody of control form and the donor may leave collection site at completion of this step of the collection process. It is not necessary for the donor to remain at collection sight while specimen bottle and custody of control form are prepared and packaged for shipment.
- The collector will prepare the bottle and copies of the custody of control form for shipment to the laboratory. The bottles and custody of control form copies will be shipped in a padded mailer or shipping container secured with an outer seal. The collector will initially and date the seal on the shipping container.
- Finally, the collector will send the MRO copy of the form directly to the MRO addressed on the form and the employer copy to the designated representative.

LLEP FACILITY PACKET R2021
Emergency Staffing Plan
Written plan to ensure appropriate staffing

Maintaining Appropriate Staffing
If a staff member is unavailable for work and appropriate staffing cannot be maintained, please contact __________________________ at (____) _____________ He or she will be responsible for contacting replacement staff members. The staff member selected must meet the following staffing requirements: drug test, TB test, CPR and First Aid Training, and a signed release for Child Abuse, Sex Offender Registry, and Criminal History Checks.

Notifying Parents
In the event of an emergency that prohibits appropriate staffing from being maintained, __________________________ at (____) _____________ will be responsible for notifying parents to pick up their children. (Individual listed may be the same as above.)

Emergency contact information for the children is located: __________________________

I have provided each parent with the phone number of the childcare resource and referral agency to assist in emergency care. The number is 1-800-299-1627.

In the event a staff member named above cannot be reached, please contact __________________________ at (____) _____________ This staff member should understand the appropriate staffing requirements and emergency procedures at the facility.

I understand by my signature I agree that the above plans will be followed and a copy of this will be posted at the facility at all times.

Authorized Representative Signature __________________________

Title __________________________ Date __________________________

This form or one similar to it, must be posted at your facility in a visible location.
**CHILD’S RECORDS WORKSHEET**

**NOTE:** You must maintain files for all the children in your care which includes a signed discipline policy, emergency contact information for the child’s parent, immunization records, and transportation permission slips, if appropriate. These records will be reviewed by your LLEP Consultant to determine compliance with CCDF Provider Eligibility Standards.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Childs Date of Birth</th>
<th>Immunization Record</th>
<th>Emergency Contact Information</th>
<th>Discipline Policy Signed on File</th>
<th>Transportation Slip on File</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Child Care Licensing Exemption Affidavit in a Nonresidential Building

Name of Facility: ________________________________

Location of Facility: ________________________________

Name of Director (or other person in charge): ________________________________

Name of ownership entity: ________________________________

I, ________________________________, declare the following to be true under penalty of perjury:

The Indiana legal definition of “child care” is:

IC 12-7-2-28.2
Sec. 28.2. “Child care”, for purpose of IC 12-17.2 and IC 12-17.4, means a service that provides for the care, health, safety, and supervision of a child’s social, emotional, and educational growth.

The above program at the above location meets this definition.

__ Yes
__ No

The Indiana legal definition of “child care center” is:

IC 12-7-2-28.4
Sec. 28.4. “Child care center”, for purposes of IC 12-17.2, means a nonresidential building where at least one (1) child receives child care from a provider:
(1) while unattended by a parent, legal guardian, or custodian;
(2) for regular compensation; and
(3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

1. Is this site a “nonresidential building”?
   __ Yes
   __ No

If the answer to question 1 is “yes”:

2. Is at least one child served at this site?
   __ Yes
   __ No

3. Are all parents, legal guardians, or custodians absent when child care service is given?
   __ Yes
   __ No

4. Is this facility paid for this service either by parent, guardian, custodian or by a third party payer?
   __ Yes
   __ No
5. Is at least one child here more than four (4) hours per day, but less than twenty-four (24) hours per day?
   __ Yes
   __ No

6. Is the daycare open for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.
   __ Yes
   __ No

If you answer “yes” to all of the questions 1 – 6 a child care center license may be required.

If you do not feel you should be licensed as a center mark the exemption below that best describes your program. (Please choose only one exemption)

7. A program for children who become at least three (3) years of age as of December 1 of a particular school year (as defined in IC 20-10.1-2-1) that is operated by the department of education or public or private school?
   __ Yes
   __ No

8. A nonresidential program for a child that provides child care for less than four (4) hours a day?
   __ Yes
   __ No

9. A recreational program for children that operates for not more than ninety (90) days in a calendar year?
   __ Yes
   __ No

   90 Day Program - Begin Date ___________ End Date ___________

10. A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts?
    __ Yes
    __ No

11. A program operated to serve migrant children that:
    (A) provides services for children from migrant worker families; and
    (B) is operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year? (if question 18 is yes, refer to licensing)
    __ Yes
    __ No

12. A child care ministry registered under IC 12-17.2-6? (If this is “yes” these are done through the Office of Early Childhood and Out of School Learning)
    __ Yes
    __ No

13. A child care home if the provider: (in a residential structure)
    (A) does not receive regular compensation;
    (B) cares only for children who are related to the provider;
    (C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or operates to serve migrant children.
    __ Yes
    __ No
14. A child care program operated by a public or private secondary school that:
   (A) provides day care on the school premises for children of a student or an employee of the school;
   (B) complies with health, safety, and sanitarian standards as determined by the division under IC 12-17.2-2-4 for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under IC 12-17.2-2-10; and
   (C) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under IC 12-17.2-2-4 for child care centers approved by the division under IC 12-17.2-2-10?
   __ Yes
   __ No

15. A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:
   (A) the department of education;
   (B) a public or private school; or
   (C) a public or private organization under a written contract with:
      (i) the department of education; or
      (ii) a public or private school.
   __ Yes
   __ No

On the basis of the above information I consider myself/or corporate entity I represent to be exempt from child care licensing at the site located at, ____________________________________________________________, that is, the site entered on the first page of this form.

Signature of Operator: ______________________________________________________

Notary Certificate (Sworn Oath)

STATE OF ________________________________

COUNTY OF _______________________________

I, __________________________________________, having been duly sworn on oath, say that I am the above named operator, that I have personally prepared the foregoing statement, and that the same is true to the best of my knowledge and belief.

Signature of Operator ________________________________

Signature of Notary Public ________________________________

Printed Name of Applicant ________________________________

Printed Name of Notary Public ________________________________

Date subscribed and Sworn to Notary Public ________________ County of Residence ________________ Date Commission Expires ________________

LLEP FACILITY PACKET R2021
Describe Your Program

(attach additional sheets if needed)

Hours of operation: ____________________________________________________________

Days of the week open: (please circle) S M T W TH F S

Ages of children served: _______________________________________________________

This will be reviewed by the Office of Early Childhood and Out of School Learning to see if your program meets the definition of the exemption chosen. More information may be requested if needed.

Will you be providing summer care at this location? Yes _______ No _______

Exemption Affidavit

LLEP FACILITY PACKET R2021
TRANSPORTATION INFORMATION

Provider Name _____________________________________________

DO YOU PLAN TO TRANSPORT CHILDREN WHILE THEY ARE IN YOUR CARE? △ YES

If you have answered YES, your onsite daycare file must include copies of valid insurance cards and registrations for all vehicles that will be used to transport the children, a copy of a valid drivers license for all individuals transporting the children and a written transportation policy. This policy must include age groups being transported and state under what circumstances you will be transporting. (i.e. field trips only, regular basis for pick-up/drop off at schools etc.)

By my signature below, I confirm I understand CCDF Provider Eligibility Standards require me to ensure the following:

✓ The vehicle is properly plated and insured at all times; and
✓ The drivers are at least 18 years of age and hold a valid driver’s license; and
✓ The driver is considered an employee or volunteer and therefore has met all CCDF Provider Eligibility Standards.

Further, I understand the children must be transported safely and I must follow proper seatbelt procedures as required by Indiana state law.

Provider Signature: ____________________________ Date: ______________

When transporting children in my care, one the following driver(s) who is at least 18, holds a valid driver’s license and is myself or is included on the Employee and Volunteer Form will be responsible for driving and securing children.

<table>
<thead>
<tr>
<th>DRIVER #1 (Provider, if applicable)</th>
<th>DRIVER #2</th>
<th>DRIVER #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>NAME:</td>
<td>NAME:</td>
</tr>
<tr>
<td>BIRTH DATE:</td>
<td>BIRTH DATE:</td>
<td>BIRTH DATE:</td>
</tr>
</tbody>
</table>

DO YOU PLAN TO TRANSPORT CHILDREN WHILE THEY ARE IN YOUR CARE? △ NO

If you have answered NO to the above, please sign below to confirm your intent.

I am not transporting children at this time. If I decide at a later date to begin offering transportation on a regular or occasional basis, I will contact the LLEP Department to demonstrate my compliance with CCDF Provider Eligibility Standards prior to transporting children.

I affirm the above statement is true and correct.

Provider Signature: ____________________________ Date: ______________

Transportation Information Form

LLEP FACILITY PACKET R2021
In accordance with IC 12-17.2-4-3, IC 12-17.2-5-3, IC 12-17.2-3.5-12, and IC 12-17.2-6-14, each staff member and/or volunteer shall complete a section of this form in order to have his or her background information checked.

You must return this completed form to your consultant. If information is missing or illegible, the form will be returned.

<table>
<thead>
<tr>
<th>Name or last / licensee / LLEP / applicant</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of facility (number and street)</td>
<td>City</td>
</tr>
<tr>
<td>Mailing address of facility (number and street)</td>
<td>City</td>
</tr>
<tr>
<td>E-mail address of facility</td>
<td>City</td>
</tr>
<tr>
<td>License/registration number / LLEP number</td>
<td>Name of consultant</td>
</tr>
</tbody>
</table>

By signing below, I hereby consent to a release of information from Child Protective Services and the Criminal Justice System to the Indiana Child Care Licensing Section, Office of Early Childhood and Out of School Learning, and to the licensee / applicant. The information may contain any prior criminal history, arrest record, or child protective service history and is sought to ensure the safety of children in child care settings. I also certify that all information given here is correct.

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Legal Name (please print) First Middle Last Maiden or other name

Do you have a Social Security number? Yes ☐ No ☐ (If Yes, number.) Date of birth (mm/dd/yy) Sex Male ☐ Female ☐

Telephone number E-mail address

Mailing address (number and street) City State ZIP code

List all other addresses you have lived at in the last five (5) years. (Please use reverse side if more room is needed.)

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
<th>Beginning Date (mm/dd/yy)</th>
<th>Ending Date (mm/dd/yy)</th>
</tr>
</thead>
</table>

I certify that while employed by a child care provider in the State of Indiana or while seeking employment from a child care provider in the State of Indiana, I have received a qualifying background check from Office of Early Childhood and Out of School Learning (OECOSL) within the past three (3) years. I also certify that I am employed by a child care provider in the State of Indiana or have been separated from employment with a child care provider in the State of Indiana for a period of not more than 180 consecutive days.

Signature Date signed (mm/dd/yy)

Anyone under the age of eighteen (18) must have the signature of the parent / legal guardian.

Signature Date signed (mm/dd/yy)

---

FOR OFFICE USE ONLY

OECOSL STAFF ONLY Is this a Pre-K Provider that takes CCDF? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>NC</th>
<th>RF</th>
<th>SUR</th>
<th>CR</th>
<th>SRF</th>
<th>RE</th>
<th>PEND</th>
<th>VRFY</th>
<th>PREV Q</th>
<th>PREV. DO</th>
<th>PREV. DQ</th>
</tr>
</thead>
</table>

Date checked (mm/dd/yy) Staff initials Date checked (mm/dd/yy) Staff initials Date checked (mm/dd/yy) Staff initials Date checked (mm/dd/yy) Staff initials

Inkless date (mm/dd/yy) Assessment number (s) Inkless date (mm/dd/yy)

DQ reason Staff initials that logged in: Date (mm/dd/yy)
HELPFUL TIPS AND IMPORTANT INFORMATION FOR COMPLETION OF THE STATE FORM 53323

- **Helpful Tips** for completing the State Form 53323 Consent to Release Information
  - *Please use Black or Blue ink to complete the form. (Do Not Use A Pencil)*
  - The Applicant needs to complete the Name, Address and County in the top section of the form. The address listed in this top section should be the site address where the care is being provided. The LLEP Department will complete the License/Registration Number/LLEP #, License/Registration/Certification Expiration Date and Name of Consultant sections. **NOTE:** The LLEP Department must be made aware of any applicant, director, employee or volunteer that work at multiple locations. The LLEP Department must know each location that the applicant, director, employee or volunteer might work so they can properly process the State Form 53323.
  - The name printed on the form needs to match the ID/Driver’s License submitted to The LLEP Department.
  - The Maiden or Other Name field should be completed if applicable.
  - Each person completing the form must check the box as the Applicant, Staff, Volunteer or Household Member.
  - The SS#, Date of Birth, Sex and Race fields are required.
  - Complete your current contact phone numbers and email address if one is available
  - The address must include the City, State and Zip Code.
  - If you have resided at a different address within the last 5 years other than the one listed in the section above you will need to provide that information to the best of your ability in the section provided on the form.
  - The signature field and date field are **required** for each individual. The signature date should be within the last 30 days from the date received by The LLEP Department.
Juvenile Criminal History in Indiana (6/4/2014)

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to www.identogo.com and choose Indiana

2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked the following questions instead of completing these steps yourself.

3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).

4. Enter the child’s first and last name and click “go”.

5. Choose your Agency Name as Criminal Record Review/Challenge and click “go”.

6. Select the location where you want to be fingerprinted. Enter a zip code to get a list of locations in a specific area. Press “go”.

7. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.

8. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click “Send Information”.

9. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click “Send Information”.

10. Complete your payment process and click “Send Payment Information”. The cost is $19.95
11. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.

12. Bring one of the following with you to your fingerprinting appointment: Valid Driver License, Valid State Issued Identification Card, Valid Passport, Student ID with Picture and DOB, Work ID with Picture and DOB, Valid Alien ID card with Picture and DOB. If you do not have the above identification, you will need both a valid Birth Certificate and a Social Security Card.

13. Arrive at the facility at your appointed date and time.

14. The Enrollment Officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.

15. You will receive a signed receipt at the end of your fingerprinting session (Keep this as your proof of completion.)

16. All results will be processed and sent to the applicant/parent. L-1 is never in possession (A COPY OF THE RESULTS MUST BE PROVIDED TO THE LLEP DEPARTMENT with a completed state form 53323)
IdentoGo
By MorphoTrust USA

Instructions for Livescan Fingerprint Appointment Registration

PLEASE NOTE: Please follow instructions carefully. If you select the incorrect agency or card type when prompted, you may be required to get re-fingerprinted for the correct agency or card type at cost to you.

On-line Scheduling Option - Available 24/7:
1. Go to www.identogo.com and Select the State of Indiana
2. Select the Online Scheduling option and your language preference.
3. Enter the Applicant’s First and Last name.
4. From the Agency Name Drop Down Menu please select
   - Family & Social Services Administration
5. From the Applicant Type Drop Down Menu please select the correct Card Type that FSSA instructed you to use.
   - Child Care Center Employee
   - Child Care Center Volunteer
   - Child Care Home Employee
   - Child Care Home Volunteer (includes household members)
   - Licensed Exempt CCDF Certified Employees
   - Licensed Exempt CCDF Certified Volunteers
   - Unlicensed Registered CC Ministry/Employee
     - Once this Card Type has been selected you will be asked to data enter your OCA Number, this is the first five numbers of your Registered Ministry Number.
   - Unlicensed Registered CC Ministry/Volunteer
     - Once this Card Type has been selected you will be asked to data enter your OCA Number, this is the first five numbers of your Registered Ministry Number.
6. Our next screen will ask you to choose the IdentoGo Fingerprinting Location by either entering the Applicant’s Home Zip Code OR by choosing a Region from the drop down menu.
7. Once you choose the IdentoGo Fingerprint Location you will be asked to select a date and time for the Applicant’s Fingerprinting Appointment from the available listed dates and times.
8. You will then be prompted to data enter the Applicant’s full name, address, methods of contact and complete personal demographic information.
9. Declare your preferred Payment Method.
10. Finalize and confirm the Fingerprint Appointment.

Call Center Scheduling Option - Available Mon-Fri 7am - 6pm:
1. Call (866)226-2952 and speak to one of our experienced, friendly operators.
2. Operators will collect required information and schedule the Fingerprinting Appointment.
3. Be sure to have the complete information for the Applicant available when calling as the Operator will ask for the Agency Name, Applicant Type, Registered Ministry Number if applicable and the Applicant’s full name, address, methods of contact and complete personal demographic information.

Please remember to bring a valid photo ID with you to your Livescan fingerprint
appointment.
Title 28, CFR, 50.12 {b} requires:

Records obtained under this authority may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.

Officials at the government institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI.

The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

These officials also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program.

This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and, further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record.

Based upon this Federal statute, your agency is required to notify applicants that their fingerprints are being submitted to the Federal Bureau of Investigation (FBI) for a national background check.

Additionally, you must notify the applicants they may challenge their record. Please review the second page of this document for instructions on challenging a record. Each applicant who is subject to a background check is entitled to:

a. Obtain a copy of any background check report; and

b. Challenge the accuracy and completeness of any such report and obtain a prompt resolution before a final determination is made by the authorized agency.
Procedure to Challenge Criminal History Record

Agency Instructions

The applicant may request a copy of their criminal history information obtained from a national background check. They must do so in person so their identity can be verified at the Indiana State Police Headquarters (see address below). The record may also be sent by US Mail (to address below) if they sign a waiver requesting a copy. The waiver shall include the applicant's name, date of birth, address, legal signature and a method of contact.

For the Applicant

You may challenge the record if you believe it contains inaccurate or incomplete information. You must follow the instructions listed below. The Indiana State Police (ISP) Records Division serves as the state's central repository for criminal history records and fingerprint records. The ISP Records Division does not have the authority to modify any record unless specifically notified to do so by the owner (Judge, Clerk of Court or Criminal Justice Agency) of the information.

Instructions for Challenge

Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of official court documents and supporting documentation that substantiate your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having jurisdiction over the arrest or the office prosecuting the offense. The ISP will make appropriate changes and notify you of the outcome when we are in receipt of the official Court or Criminal Justice Agency documents.

You may submit a record challenge to the ISP Records Division by writing to the following address:

Indiana State Police
Attention: Records Division
100 North Senate Avenue, IGCN
Indianapolis, IN 46204
**Form W-9**

**Request for Taxpayer Identification Number and Certification**

**Name** (as shown on your income tax return)

**Business name/desregarded entity name, if different from above**

Check appropriate box for federal tax classification:
- [ ] Individual/sole proprietor
- [ ] C Corporation
- [ ] S Corporation
- [ ] Partnership
- [ ] Trust/estate
- [ ] Limited liability company. Enter the tax classification (C= Corporation, S=S corporation, P=partnership) ▶️
- [ ] Exempt payee

**Print or type on page 2.**

**See Specific Instructions on page 2.**

**Address (number, street, and apt. or suite no.)**

**City, state, and ZIP code**

**List account number(s) here (optional)**

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

**Signature of U.S. person ▶️**

**Date ▶️**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.
- The U.S. grantor or other owner of a grantor trust and not the trust.
- The U.S. trust (other than a grantor trust) and not the beneficiary of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use an appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien without a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country.
2. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
3. The treaty article addressing the income.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will be treated as a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese resident alien leaves the United States. Article 2 of the U.S.-China treaty states that the Chinese student who qualifies for U.S. exemption under paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) contains the saving clause of a tax treaty under which the tax on such payments is reduced.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, estate, gift, and certain accounts in teres t, dividend, broker and barter exchange transactions, rents, royalties, non-employee pay, and certain payments from fishing boats.

Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reported interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in future years.

For example, if you no longer have a U.S. address or if you have moved your residence, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer have a foreign address.

Penalties

Failure to furnish TIN. If you fail to furnish the TIN to a requester, you are subject to a pecuniary penalty for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for falsifying information. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $100 penalty.

Criminal penalty for falsifying information. Wilfully falsifying certification or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your federal income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose name entered in Part I or the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

OiS disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name of the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual, sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Comp,my (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for a partnership. If you are a LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.
Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

**Exempt Payee**

If you are exempt from backup withholding, enter your name as described above and check, if appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name", sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(3)(C).
2. T & H United States at any of its agency's or Instrumentalities.
3. A state, the District of Columbia, a possession of the United States, or any of its political subdivisions or instrumentalities.
4. A foreign government or any of its political subdivisions or instrumentalities.
5. An internal organization or any of its agencies or Instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation.
7. A foreign central bank of issue.
8. A dealer in securities or commodities.
9. A futu res commissi on merchant registered with the Commodity Futures Trad in g Commission.
10. An entity registered at all times during the tax year under the Investment Co mpany Act of 1940.
11. A common trust fund operated by a bank under section 584(a).
13. A middleman known in the investment community as a nominee or custodian.
14. A trust with respect to a tax-exempt trust.
15. An entity registered at all times during the tax year under the Investment Company Act.
16. A common trust fund operated by a bank under section 584(a).
17. A financial institution.
18. A middleman known in the investment community as a nominee or custodian.
19. A trust.

The following chart shows types of payments that may be exempt from backup withholding:

- **Interest and dividend payments**
- **Broker transactions**
- **Barter exchange transactions**
- **Payments over $600 required to be reported and direct sales over $5,000.**

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and do not have and are not eligible to get an SSN, your TIN is your IRS Individual Taxpayer Identification Number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor or you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN. If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on page 2), enter the owner's SSN or EIN. If you have an EIN, do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarifications of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businessentities and click on Enroll on Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Appl ed For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, you may be able to apply for an EIN online by accessing the IRS website at www.irs.gov/businessentities and click on Enroll on Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676).

**Part II. Certification**

To establish the withholding agent that you are a U.S. person or resident alien, sign Form W-9. You may be required to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 2 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt Payee on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 7. If you are not a sole proprietor and you have an EIN, you may enter either your SSN or EIN. If you do not have an EIN, you must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification or backup withholding will apply.
4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations); payments to a nonemployee for services; payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

<table>
<thead>
<tr>
<th>What Name and Number To Give the Requester</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account.</td>
</tr>
<tr>
<td>4. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee.</td>
</tr>
<tr>
<td>5. Sole proprietorship or disregarded entity owned by an individual</td>
<td>The actual owner.</td>
</tr>
<tr>
<td>6. Grantor trust filing under Optional Form 1041 Filing Method 1 (see Regulation section 1.671-4(b)(2)(iii)(a))</td>
<td>The grantor.</td>
</tr>
<tr>
<td>7. Disregarded entity not owned by an individual</td>
<td>The owner.</td>
</tr>
<tr>
<td>8. A valid trust, estate, or pension trust</td>
<td>Legal entity.</td>
</tr>
<tr>
<td>9. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
<td>The corporation.</td>
</tr>
<tr>
<td>10. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The organization.</td>
</tr>
<tr>
<td>11. Partnership or multi-member LLC</td>
<td>The partnership.</td>
</tr>
<tr>
<td>12. A broker or registered nominee</td>
<td>The broker or nominee.</td>
</tr>
<tr>
<td>13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments</td>
<td>The public entity.</td>
</tr>
<tr>
<td>14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1059 Filing Method (see Regulation section 1.671-4(b)(2)(iii)(b))</td>
<td>The trust.</td>
</tr>
</tbody>
</table>

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal tax enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 6109, payers must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.
THIS IS A REQUIRED FORM

Child's Name ___________________________ Date of Birth __________________

Parent's Name ___________________________ Phone _______________________

Address

Street Address City State Zip

Record Date of Immunization

<table>
<thead>
<tr>
<th>Hep B</th>
<th>DtaP / DTP / Td</th>
<th>Hib</th>
<th>MMR</th>
<th>IPV</th>
<th>Varicella</th>
<th>PCV / Prevnar</th>
<th>Hep A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>1 mo</td>
<td>2 mo</td>
<td>4 mo</td>
<td>6 mo</td>
<td>12-18 mo</td>
<td>2 yr</td>
<td>4 yr</td>
</tr>
</tbody>
</table>

Child has documented history of Varicella Disease   ____ No   ____ Yes   If yes, age_____

Please check the appropriate response.

☐ Child has received complete age-appropriate immunizations.

☐ Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: (Please list immunizations excluded for medical reasons)

______________________________________________________________

Parent comments: (Please indicate religious objection, if any)

______________________________________________________________

______________________________________________________________

Signature ___________________________________ Date __________________

(Medical Professional Signature and Date is required.)

Printed Name and Title __________________________________________

(Printed Name and Title is required)

This form must be updated annually.
The following documents are

SUGGESTED

Resources and Forms
Hand Washing 101 for Legally License Exempt Homes

Proper and frequent hand washing is the easiest and most effective way to prevent the spread of illness and disease in child care. Using the proper procedure and washing hands frequently can prevent the spread of the common cold, flu, and food borne illness as well as many other germs. Children mimic behavior, so staff who wash their hands using the proper procedure at the appropriate times are setting a great example for the children in their care.

Hand Washing is Required!
Indiana state regulations require that child care providers and the children in their care wash their hands before and after certain duties and activities.

Child Care Staff Must Wash Hands...
- Before and After
  - Preparing meals and snacks
  - Eating
- After
  - Toiling
  - Feeding infants and children
  - Bathing infants and children
  - Wiping noses
  - Diapering and assisting children with toileting
  - Handling bodily fluids
  - Coughing into hands
  - Handling pets

Children Must Wash Hands...
- Before and After
  - Assisting with meal and snack preparation
  - Eating
- After
  - Toiling
  - Handling bodily fluids
  - Coughing into hands
  - Handling pets

When is Hand Washing Recommended?
Indiana state law covers the hand washing basics, but there are numerous other instances when hand washing is recommended for health and safety purposes.
- It is recommended that staff wash hands before feeding infants/children, bathing infants/children, wiping noses, and diapering/assisting children with toileting.
- It is recommended practice that staff wash hands before and after administering medication.
- It is recommended that children wash hands after a diaper change.
- It is recommended that staff and children wash hands:
  - After touching contaminated surfaces. A surface is contaminated if there is reason to believe that the surface has been or could be exposed to contaminants. This would include washing hands after taking out the trash.
  - After coming in from the outdoors.
  - After arrival at the child care center and before leaving.
  - After sensory play involving sand, water, etc.

The Proper Procedure
The “proper” procedure is the hand washing process that has been proven most effective at eliminating germs. Staff and children must wash hands using the proper procedure.
- Wet hands under running water;
- Use plenty of soap to make a good lather;
- Keep fingers pointed toward the drain;
- Scrub fronts and backs of hands;
- Remember to wash wrists, scrub around fingernails and rings;
  - Scrub between fingers;
- Scrub for at least 20 seconds;
- Rinse well with running water;
- Dry hands with a clean disposable towel or wall-mounted drying device

IN Bureau of Childcare
Updated April 2013

LLEP FACILITY PACKET R2019
Diapering should be a special time for caregiver and baby. This is a chance for the child to bond with you and have your full attention. Because diapering is often a messy job, proper hygiene is essential to protect the health of you and the child.

**Before you Begin...**

- The changing table is fully intact, washable, and sanitizable
- Waterproof paper is used and covers the length and width of the changing surface
- One hand is kept on the child at all times
- The use of gloves is required when blood is present

**The Diapering Process**

1. The child’s clothing is removed or moved
2. The soiled diaper is removed
3. The child is cleansed with a wipe
4. The waterproof paper is folded to cover the soiled area (if soiled)
5. Gloves are removed (if used)
6. A clean diaper is placed on the child and the child is redressed
7. The diapering waste is disposed of in a tightly covered, plastic-lined waste container
8. The waterproof paper is removed
9. Staff wash and sanitize the surface if soiled using a solution of ¼ cup bleach to 1 gallon of water or EPA approved sanitizer or hospital grade germicide.
10. Staff wash hands

**It is Recommended That...**

- Gloves are used
- Staff wash hands before beginning the diapering process
- Children wash hands after the diapering process
  - If an infant cannot be held at the sink, wash hands with a clean, wet, soapy disposable towel or washcloth and rinse hands using a second clean wet disposable towel or washcloth
  - Diaper wipes are not an acceptable alternative to infant hand washing
- The changing surface is washed and sanitized after each use

**Social and Learning Opportunities**

Diapering is a special bonding time between child and caregiver. Here are some things you can do to enhance that experience:

- Focus your attention exclusively on the child.
- Treat the child with respect.
- Talk with the child about what you are doing and what the child is experiencing, as this encourages language skills and helps build confidence.

IN Bureau of Child Care
Updated April 2013
Car Seat Recommendations for Children

- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

**Birth - 12 months**

Your child under age 1 should always ride in a rear-facing car seat.

There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

**1 - 3 years**

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.

**4 - 7 years**

Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

**8 - 12 years**

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

**DESCRIPTION (RESTRAINT TYPE)**

- **A REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.
- **A FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.
- **A BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.
- **A SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

Facebook: www.facebook.com/childpassengersafety
Twitter: http://twitter.com/childseatsafety

March 21, 2011
### Monthly Fire Drill Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Weather Conditions at Time of Fire Drill</th>
<th>Number of Children Present</th>
<th>Length of Time to Evacuate</th>
<th>Smoke Detectors Checked &amp; Okay</th>
<th>Attendance Taken at Gathering Place</th>
<th>Name of Person Conducting Drill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FIRE DRILLS MUST BE CONDUCTED MONTHLY AND THIS LOG AVAILABLE FOR THE LLEP CONSULTANT AT THE TIME OF RECERTIFICATION.**

*This form or one similar to it must be posted and will be verified during the facility inspection for your Provider Eligibility Recertification.*

Form 3
Emergency Contact Information to Be Posted By the Phone

Fire: 911 or (___) ________________
Ambulance: 911 or (___) ________________
Police: 911 or (___) ________________
Poison Control: 1-800-222-1222

Our address is:

______________________________  ________________________________  ________________________________
(Address)  (City)  (State)  (Zip Code)

Our Phone Number is: (___) ________________________________

If a child should need immediate medical assistance I will contact a rescue squad or hospital at 911 or (___) ________________________________. I will contact the parents of the injured or ill child to let them know their child’s condition.

Transportation to the doctor or hospital will be provided by ________________________________ (name the method of transportation to be used, such as personal car, rescue squad, taxi or neighbor’s car)

This form or one similar to it should be posted and will be verified by your LLEP Consultant during the Provider Eligibility Standards Certification visit.
Emergency Contacts for Children

Child’s Name___________________________________________________________

Address______________________________________________________________

Birthdate_________________ Home Phone #_______________________________

Primary Contact________________________________________________________

Employer_________________ Phone #_____________________________________

Cell Phone# __________________________

Alternate Contact_______________________________________________________

Employer_________________ Phone #_____________________________________

Cell Phone # __________________________

Alternate Contact_______________________________________________________

Employer_________________ Phone #_____________________________________

Cell Phone # __________________________

Special Medical Health Need(s): __________________________________________

________________________________________

Parent’s Signature: ______________________________________________________

Date:________________________________________

This form or one similar to it should be posted and will be verified by your LLEP Consultant during the Provider Eligibility Standards Certification visit.

Form 5

LLEP FACILITY PACKET R2019
As part of my daycare services I will be providing transportation for the children in my care.

- My car(s) is properly plated and insured at all times
- Anyone driving the car is at least 18 years of age and holds a valid driver’s license
- The driver(s) is considered my employee or volunteer and therefore has met all CCDF Provider Eligibility Standards.
- I will make sure the children are transported safely and follow proper seatbelt procedures as required by Indiana state law.
- I require a permission slip signed by the parent or guardian to keep in each child’s file.
- I will transport children for (indicate the circumstances requiring transportation, for example, taking children to school, for special field trips, etc.)
- I am transporting children ages (check ALL that apply)
  - Infant
  - Toddler
  - Pre-school
  - School-Age
IMPORTANT NOTICE!!
PERMISSION TO TRAVEL

Dear Parent / Guardian:

On ____________________________, I will be taking your child(ren) to ____________________________ located at _________________________________.

(Name of Place) (Address of Place)

We will leave at ____________________________ and return at _________________________________.

Your child needs to bring: ____________________________________________.

Child’s Name ____________________________________________

Child’s Name ____________________________________________

Child’s Name ____________________________________________

Child’s Name ____________________________________________

I give my permission for my child(ren) listed above to go on ____________________________

(Date)

to _________________________________.

(Location of travel)

I understand my child will be transported safely using the appropriate equipment (car seat, booster seat or lap belt).

Parent / Guardian Signature: ____________________________________________
.provider name____________________ facility name________________________

orientation for staff or volunteers

employee name__________________________ position________________________

date of hire ___________ orientation date ___________ start date ___________

the following topics were discussed with the new employee:

❖ names, ages, specific needs of children assigned, including food allergies
❖ location of children’s records
❖ children’s emergency information
❖ received documentation provided by fssa regarding reporting child abuse and neglect
❖ group sizing and ratio requirements
❖ children’s daily schedule
❖ meal and snack time requirements
❖ safe conditions policy
❖ transportation policy
❖ supervision policy
❖ discipline policy
❖ safe sleep practices
❖ medication storage and use
❖ illness policy including when to exclude children due to illness
❖ diapering procedures
❖ hand washing procedures
❖ cleaning, sanitizing, disinfecting procedures
❖ location of emergency numbers
❖ location of first aid supplies
❖ smoking, alcohol and drug policies
❖ emergency evacuation procedures
❖ location and operation of fire extinguishers
❖ location and operation of smoke detectors for testing during drills
❖ emergency procedures for bad weather
❖ location and operation of gas, electric and water shut-off
❖ requirements for caregiver’s ongoing education/training
❖ health and safety orientation training
❖ prevention of and response to emergencies due to food and allergic reactions
❖ other ________________________________

signature of employee/volunteer__________________________ date ______________

signature of provider______________________________ date ______________

this form must be signed and kept in the employee, caregiver, volunteer file.

orientation form

llep facility packet r2019
DISCIPLINE/GUIDANCE POLICY

Provider Name ________________________________

It is very important a child’s development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child’s misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child’s eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child’s age, if necessary

If your child’s behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child’s Name ____________________________ Date of Birth ____________

Additional techniques to be used with my child:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Signature ___________________________ Date ____________
Due to changes in Indiana law, as of July 1, 2013, you and all of your employees and volunteers must take training on Child Abuse Detection and Prevention in order to continue receiving CCDF payments. There are a variety of ways that you and your staff can receive this required training at no cost:

1. **Attend a webinar:**
   Go to Training Central at [https://partnershipsforearlylearners.org/get-involved/providers/training-central/](https://partnershipsforearlylearners.org/get-involved/providers/training-central/). You must register with Training Central to see the available dates and times of the scheduled webinars and to register to attend a webinar. Many additional webinars have been added in order to help you meet this new requirement. Webinars are free but space is limited. You must have internet access and a compatible computer to participate in a webinar. If you have questions about this please call Early Learning Indiana at 1-866-865-7056.

2. **Attend a face to face training at one of the local Child Care Resource and Referral Offices.** Please call your local Child Care Resource and Referral office to learn more about when the trainings are offered and how to register your staff. Additional trainings have been added at each of the local offices to help you meet this new requirement. Trainings are free but space is limited.

3. **If you have a large number of staff members that need this required training, your local Child Care Resource and Referral Office may be able to schedule a time to train your staff in person at your child care facility.** Please contact your local Child Care Resource and Referral Office listed on the back of this flyer to learn more about this possibility.

4. **You can find additional online training opportunities at [https://partnershipsforearlylearners.org/get-involved/providers/training-central/](https://partnershipsforearlylearners.org/get-involved/providers/training-central/).** These trainings are offered by a variety of childcare partners. There may a cost for these trainings.

Training must contain information about how to identify child physical, sexual and emotional abuse and neglect, how to report suspected abuse or neglect, and how you can prevent abuse or neglect from occurring. If you are unsure if a particular training will meet the requirements, check with your inspector/consultant prior to taking the training.

**Remember, you are required to show documentation that you and each staff person and volunteer has received this training. You must keep this documentation and make it available to your inspector during your next inspection.**

While additional trainings and webinars have been added, it is highly recommended that you schedule your training as soon as possible. You and your staff must have this training prior to your inspection in order to continue receiving CCDF payments.
ANNUAL TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

This form is to be used annually when a positive result occurs from Tuberculosis screening using either skin testing (PPD) or blood sample (QFT-G).

Name ___________________________ Date ____________

Positive TB skin test (PPD) Date: ____________

OR

Positive Quantiferon- Gold (QFT-G) date: ____________ If either PPD or QFT-G is positive-then:

Last Chest X-Ray Date: ____________________________ (result must be on file)

Please indicate if you are having any of the following problems for three to four weeks or longer:

1. Chronic Cough (greater than 3 weeks) Yes ____ No ____
2. Production of Sputum Yes ____ No ____
3. Blood-Streaked Sputum Yes ____ No ____
4. Unexplained Weight Loss Yes ____ No ____
5. Fever Yes ____ No ____
6. Fatigue/Tiredness Yes ____ No ____
7. Night Sweats Yes ____ No ____
8. Shortness of Breath Yes ____ No ____

NO EVIDENCE OF PULMONARY TUBERCULOSIS OR CONTAGIUM.

Date ____________ Agency Employee Signature __________________________

Date ____________ Health Care Provider (M.D., D.O., N.P.)

Tuberculosis Annual Screening Form
Nutrition Resources

Children from low income families are at a high risk of not having enough to eat. Good nutrition is essential for a child’s growth, development and learning. The intent of this law is to ensure children’s nutritional needs are met while they are in the care of a child care provider. Families who want to pack sack lunches for their children may still do so. However, you must be able to meet the nutritional needs of children if their parents cannot or do not provide a sack lunch.

Nutrition Requirements:

- A provider (applicant) must make available to each child in their care nutritious meals and snacks which:
  - Are appropriately timed (not less than 2 hours and not more than 3 ½ hours between each); and
  - Are in sufficient quantities to meet the needs of a child, including the availability of seconds; and
  - Include at least 1 item from each food group at meal time and at least 2 different food groups at snack time; and
  - May be brought from home, however, the provider (applicant) must be able to offer nutritious meals and snacks for children arriving without their sack lunch.

- Drinking water must be available at all times.

- The feeding of infants must include:
  - A written plan provided by the infant’s parent, guardian or health care provider; and
  - Formula or breast milk in sufficient quantities which may be provided by the parent or guardian.

Information on the different food groups, recommended serving sizes, vitamin sources, and helpful tips for creating menus have been provided.

Consider being part of the **Child and Adult Care Food Program** (CACFP) to supplement your food costs.

- Receive reimbursement for the cost of meals and snacks you serve; and
- Receive information and assistance in planning appropriate meals and snacks; and
- Receive additional training on nutrition which may be part of your continuing education/training requirements.

For more information on how to join visit [http://www.doe.in.gov/nutrition/child-and-adult-care-food-program](http://www.doe.in.gov/nutrition/child-and-adult-care-food-program) or call 317-232-6610.

Additional nutrition resources can be found at:

- **United States Department of Agriculture** - visit [www.choosemyplate.gov](http://www.choosemyplate.gov)
- **Indiana Department of Education** - visit [http://www.doe.in.gov/nutrition/farm-preschool](http://www.doe.in.gov/nutrition/farm-preschool)
- **Local Child Care Resource and Referral agencies** – visit [https://www.partnershipsforearlylearners.org](https://www.partnershipsforearlylearners.org)
- **Purdue Extension** – visit [https://extension.purdue.edu/Pages/default.aspx](https://extension.purdue.edu/Pages/default.aspx) or your county’s Purdue Co-op Extension.
INSTRUCTIONS: This is a guideline. Each child will grow at a different rate.

1. Formula and juice may be offered in a training cup when a child is ready.
2. Formula is used until twelve (12) months unless otherwise stated by a physician.
3. Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.
4. Most children are ready for foods of coarser consistency between nine (9) to ten (10) months of age. Mashed or chopped food foods may be used.
5. Strained or mashed foods may be introduced at six (6) months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is able to decline food by leaning back or turning away.
6. Finger foods may be offered between nine (9) to twelve (12) months when infant is developing finger hand coordination.
7. The serving of juice to children under twelve (12) months of age is discouraged.

### 2 MONTHS - 5 MONTHS

<table>
<thead>
<tr>
<th>TIME INTERVAL</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 a.m.</td>
<td>4 - 6 oz.</td>
<td>4 • 7 oz.</td>
<td>5 - 7 oz.</td>
<td>5 • 8 oz.</td>
</tr>
<tr>
<td>10:00 a.m.</td>
<td>4 - 6 oz.</td>
<td>4 - 7 oz.</td>
<td>5 - 7 oz.</td>
<td>5 • 8 oz.</td>
</tr>
<tr>
<td>2:00 p.m.</td>
<td>4 - 6 oz.</td>
<td>4 - 7 oz.</td>
<td>5 - 7 oz.</td>
<td>5 • 8 oz.</td>
</tr>
<tr>
<td>6:00 p.m.</td>
<td>4 - 6 oz.</td>
<td>4 - 7 oz.</td>
<td>5 - 7 oz.</td>
<td>5 • 8 oz.</td>
</tr>
<tr>
<td>10:00 p.m.</td>
<td>4 - 6 oz.</td>
<td>4 - 7 oz.</td>
<td>5 - 7 oz.</td>
<td>5 • 8 oz.</td>
</tr>
<tr>
<td>2:00 a.m.</td>
<td>4 - 6 oz.</td>
<td>4 - 7 oz.</td>
<td>5 - 7 oz.</td>
<td>5 • 8 oz.</td>
</tr>
</tbody>
</table>

### 6 MONTHS - 12 MONTHS

<table>
<thead>
<tr>
<th>TIME INTERVAL</th>
<th>Month 6</th>
<th>Month 7</th>
<th>Month 8</th>
<th>Month 9</th>
<th>Months 10, 11, and 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Amount of Formula Per 24 Hours</td>
<td>30 - 48 oz.</td>
<td>30 - 32 oz.</td>
<td>26 - 31 oz.</td>
<td>26 - 31 oz.</td>
<td>24 - 32 oz.</td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td>5 - 8 oz. formula</td>
<td>6 oz. formula</td>
<td>7 • 8 oz. formula</td>
<td>7 - 8 oz. formula</td>
<td>6 - 8 oz. formula (1 cup)</td>
</tr>
<tr>
<td>2 - 3T baby cereal</td>
<td>2 - 3T baby cereal</td>
<td>3 - 5T baby cereal</td>
<td>4 - 6T baby cereal</td>
<td>2 - 4T fruit</td>
<td></td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td>5 - 8 oz. formula</td>
<td>6 oz. formula</td>
<td>1/4 - 1/2 cup Vitamin C fortified fruit or juice</td>
<td>1/4 dry toast or 1/2 crackers</td>
<td>1/4 - 1/2 cup Vitamin C fortified fruit or juice</td>
</tr>
<tr>
<td>112 dry toast or 2 crackers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>112 dry toast t or 2 crackers</td>
</tr>
<tr>
<td>12:00 Noon</td>
<td>5 - 8 oz. formula</td>
<td>6 oz. formula</td>
<td>7 - 8 oz. formula</td>
<td>7 - 8 oz. formula</td>
<td>6 - 8 oz. formula (1 cup)</td>
</tr>
<tr>
<td>112 dry toast or 2 crackers</td>
<td>2 - 3T strained vegetable</td>
<td>2 - 4T fruit</td>
<td>5 - 9T vegetable</td>
<td>1T meat</td>
<td>2T meat</td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>5 - 8 oz. formula</td>
<td>6 oz. formula</td>
<td>7 - 8 oz. formula</td>
<td>7 - 8 oz. formula</td>
<td>6 - 8 oz. formula (1 cup)</td>
</tr>
<tr>
<td>1/2 dry toast or 2 crackers</td>
<td>1/2 dry toast or 2 crackers</td>
<td>1/2 dry toast or 2 crackers</td>
<td>1/2 dry toast or 2 crackers</td>
<td>1/2 dry toast or 2 crackers</td>
<td></td>
</tr>
<tr>
<td>6:00 p.m.</td>
<td>5 - 8 oz. formula</td>
<td>6 oz. formula</td>
<td>7 - 8 oz. formula</td>
<td>7 - 8 oz. formula</td>
<td>6 - 8 oz. formula (1 cup)</td>
</tr>
<tr>
<td>2 - 3T baby cereal</td>
<td>2 - 3T strained fruit</td>
<td>2 - 4T fruit</td>
<td>2 - 5T baby cereal*</td>
<td>2 - 4T fruit</td>
<td>2T meat</td>
</tr>
<tr>
<td>7 - 8 oz. formula</td>
<td>7 - 8 oz. formula</td>
<td>2 - 4T fruit</td>
<td>2 - 5T baby cereal*</td>
<td>2 - 4T fruit</td>
<td></td>
</tr>
<tr>
<td>9:00 p.m.</td>
<td>5 - 8 oz. formula</td>
<td>May start sleeping through the night.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.
** Formula may be offered in a training cup.
The SAMPLE MENU FOR INFANTS is a guideline. Serving sizes depend upon the infant's age, size and development. Serving sizes are listed in amounts appropriate for ages eight (8) months and nine (9) to twelve (12) months. Refer to FEEDING PLAN GUIDELINES for specific amounts and kinds of foods by age group. The SUGGESTED FEEDING PLAN is signed by the infant's MD, DO, or NP and must be followed by the child care facility.

INSTRUCTIONS:
* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.
1. Vitamin A food source - If one (1) to two (2) meals per day are served, two (2) Vitamin A food sources must be offered per week. If three (3) meals per day are served, four (4) Vitamin A food sources must be offered per week (strained carrots, winter squash, spinach, apricots, liver).
2. Vitamin C food source - One (1) time per day (orange juice, grapefruit juice or mixed infant juices fortified with Vitamin C or fortified pureed fruit).
3. Provide solid foods with a texture compatible with the infant's ability to chew and swallow. For example, ground or chopped meats, well-cooked mashed vegetables or mashed, canned or cooked fruits.
4. Finger foods may be offered between nine (9) to twelve (12) months.
5. Juice is not recommended for infants.

<table>
<thead>
<tr>
<th>MEAL</th>
<th>PATTERN</th>
<th>AMOUNTS 8 Months</th>
<th>AMOUNTS 9-12 Months</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast 7:00 a.m.</td>
<td>Formula la</td>
<td>7 - 8 oz.</td>
<td>6.8 oz.</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
</tr>
<tr>
<td></td>
<td>*Baby Cereal</td>
<td>3 - 5T</td>
<td>4 - 6T</td>
<td>Rice Cereal</td>
<td>Oatmeal Cereal</td>
<td>Barley Cereal</td>
<td>Rice Cereal</td>
<td>Oatmeal Cereal</td>
</tr>
<tr>
<td></td>
<td>Fruit</td>
<td>2 - 4T</td>
<td>2 - 4T</td>
<td>Bananas</td>
<td>Pears</td>
<td>Peaches</td>
<td>Plum</td>
<td>Apricots</td>
</tr>
<tr>
<td>AM Feeding 9:00 a.m.</td>
<td>Vitamin C Rich Fruit</td>
<td>4 oz.</td>
<td>4 oz.</td>
<td>Vitamin C Fortified Apple Juice</td>
<td>Apple Juice</td>
<td>Orange Juice</td>
<td>Apple Juice</td>
<td>Vitamin C Fortified Peaches</td>
</tr>
<tr>
<td></td>
<td>Fruit or Juice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dry Cereal. Cracker or</td>
<td>1 or 1/4</td>
<td>2 or 1/2</td>
<td>Zweiback</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Orv Toast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch 12:00 Noon</td>
<td>Formula</td>
<td>7 - 8 oz.</td>
<td>6 - 8 oz.</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
</tr>
<tr>
<td></td>
<td>Meat</td>
<td>None</td>
<td>1 - 2T</td>
<td>Chicken</td>
<td>Beef</td>
<td>Pork</td>
<td>Liver A</td>
<td>Ch ick en</td>
</tr>
<tr>
<td></td>
<td>Vegetable</td>
<td>5 - 9T</td>
<td>2 - 9T</td>
<td>Carrots A</td>
<td>Winter Squash A</td>
<td>Beets</td>
<td>Winter Squash A</td>
<td>Spina ch A</td>
</tr>
<tr>
<td></td>
<td>Potato or 2nd Vegetable</td>
<td>None</td>
<td>None - 6T</td>
<td>Mashed Potatoes</td>
<td>Green Beans</td>
<td>Peas</td>
<td>Spinach A</td>
<td>Potatoes</td>
</tr>
<tr>
<td></td>
<td>(optional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fruit</td>
<td>2 - 4T</td>
<td>2 - 4T</td>
<td>Applesauce</td>
<td>Peaches</td>
<td>Pears</td>
<td>Plums</td>
<td>Apricots A</td>
</tr>
<tr>
<td>PM Feeding 3:00 p.m.</td>
<td>Formula</td>
<td>7 - 8 oz.</td>
<td>6 - 8 oz.</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
</tr>
<tr>
<td></td>
<td>Dry Cereal, Cracker or</td>
<td>2 or 1/2</td>
<td>2 or 1/2</td>
<td>Dry Toast</td>
<td>Zweiback</td>
<td>Ory Toast</td>
<td>Animal Cracker</td>
<td>Dry Toast</td>
</tr>
<tr>
<td></td>
<td>Orv Toast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner 6:00 p.m.</td>
<td>Formula</td>
<td>7 - 8 oz.</td>
<td>6 - 8 oz.</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
</tr>
<tr>
<td></td>
<td>Meat</td>
<td>None</td>
<td>1 - 2T</td>
<td>Lamb</td>
<td>Veal</td>
<td>Chicken</td>
<td>Pork</td>
<td>Beef</td>
</tr>
<tr>
<td></td>
<td>Vegetable</td>
<td>5 - 9T</td>
<td>2 - 9T</td>
<td>Beets</td>
<td>Spinach A</td>
<td>Carrots A</td>
<td>Sweet Potatoes A</td>
<td>Winter Squash A</td>
</tr>
<tr>
<td></td>
<td>Potato or 2nd Vegetable</td>
<td>None</td>
<td>None - 6T</td>
<td>Peas</td>
<td>Potatoes</td>
<td>Potatoes</td>
<td>Green Beans</td>
<td>Peas</td>
</tr>
<tr>
<td></td>
<td>(optional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fruit</td>
<td>2 - 4T</td>
<td>2 - 4T</td>
<td>Pears</td>
<td>Banana</td>
<td>Plums</td>
<td>Applesauce</td>
<td>Peaches</td>
</tr>
<tr>
<td></td>
<td>...Baby Cereal</td>
<td>3 - 5T</td>
<td>None - 4T</td>
<td>Oatmeal Cereal</td>
<td>Barley Cereal</td>
<td>Rice Cereal</td>
<td>Oatmeal Cereal</td>
<td>Rice Cereal</td>
</tr>
<tr>
<td>Evening Feeding 9:00 p.m.</td>
<td>Formula</td>
<td>6 oz.</td>
<td>6 oz.</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
<td>Formula</td>
</tr>
</tbody>
</table>

FSSA-MS02
402 WEST WASHINGTON STREET, RMW361
INDIANAPOLIS, IN 46204
## MENU FOR INFANTS

**ai (8 - 12 Months)**

*StateForm 4995 1 (R3 / 315)*

The MENU FOR INFANTS is a guideline. Serving sizes depend upon the infant's age, size and development. Serving sizes are listed in amounts appropriate for ages eight (8) months and nine (9) to twelve (12) months. Refer to FEEDING PLAN GUIDELINES for specific amounts and kinds of foods by age group. The SUGGESTED FEEDING PLAN is signed by the infant's MD, DO, or NP and must be followed by the child care facility.

### INSTRUCTIONS:

1. If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.
2. Vitamin A food source - If one (1) to two (2) meals per day are served, two (2) Vitamin A food sources must be offered per week. If three (3) meals per day are served, four (4) Vitamin A food sources must be offered per week (strained carrots, winter squash, spinach, apricots, liver).
3. Vitamin C food source - One (1) time per day (orange juice, grapefruit juice or mixed infant juices fortified with Vitamin C or fortified pureed fruit).
4. Provide solid foods with a texture compatible with the infant's ability to chew and swallow. For example, ground or chopped meals, well-cooked mashed vegetables or mashed, canned or cooked fruits.
5. Finger foods may be offered between nine (9) to twelve (12) months.
6. Juice is not recommended for infants.

### MEAL PATTERN AMOUNTS 8 Months AMOUNTS 9 -12 Months MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

**Breakfast 7:00 a.m.**

- Formula 7 - 8 oz. 6 - 8 oz.
- Baby Cereal 3 - 5T 4 - 6T
- Fruit 2 - 4T 2 - 4T

**AM Feeding 9:00 a.m.**

- Vitamin C Rich Fruit or Juice 4 oz. 4 oz.
- Dry Cereal, Cracker or Dry Toast 1 or 1/4 2 or 1/2

**Lunch 12:00 Noon**

- Formula 7 - 8 oz. 6 - 8 oz.
- Meat None 1 - 2T
- Vegetable 5 - 9T 2 - 9T
- Potato or 2nd Vegetable (optional) None None - 6T
- Fruit 2 - 4T 2 - 4T

**PM Feeding 3:00 p.m.**

- Formula 7 - 8 oz. 6 - 8 oz.
- Dry Cereal, Cracker or Orv Toast 2 or 1/2 2 or 1/2

**Dinner 6:00 p.m.**

- Formula 7 - 8 oz. 6 - 8 oz.
- Meat None 1 - 2T
- Vegetable 5 - 9T 2 - 9T
- Potato or 2nd Vegetable (optional) None None - 6T
- Fruit 2 - 4T 2 - 4T
- *Baby Cereal 3 - 5T None - 4T

**Evening Feeding 9:00 p.m.**

- Formula 6 oz. 6 oz.
Child Care Meal Pattern

Select All Three Components for Reimbursable Meal

<table>
<thead>
<tr>
<th>Age</th>
<th>1</th>
<th>2</th>
<th>3-5</th>
<th>6-12</th>
<th>13+</th>
</tr>
</thead>
<tbody>
<tr>
<td>milk</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluid milk 1</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fruit/vegetable juice, fruit and/or vegetable 2</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>grains/bread</td>
<td>1/2 slice</td>
<td>1/2 slice</td>
<td>1 slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bread or cornbread or biscuit or roll or muffin or</td>
<td>1/2 serving</td>
<td>1/2 serving</td>
<td>1 serving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cold dry cereal or pasta or noodles or grains</td>
<td>1/4 cup</td>
<td>1/3 cup</td>
<td>1/4 cup</td>
<td>3/4 cup</td>
<td>1 cup</td>
</tr>
</tbody>
</table>

Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

2 Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.

3 Fruit or vegetable juice must be full-strength.

4 Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.
### Child Care Meal Pattern

<table>
<thead>
<tr>
<th>Food Components</th>
<th>Ages 1-2</th>
<th>Ages 3-5</th>
<th>Ages 6-12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 milk²</strong></td>
<td>1/2 cup</td>
<td>3/4 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>fluid milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2 fruits/vegetables</strong></td>
<td>1 cup</td>
<td>1 1/2 cups</td>
<td>1 3/4 cups</td>
</tr>
<tr>
<td>juice or milk or vegetables</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td><strong>1 grains/bread</strong></td>
<td>1/2 slice</td>
<td>1 1/2 slice</td>
<td>1 slice</td>
</tr>
<tr>
<td>bread or cornbread or biscuit or roll or muffin or cold dry cereal</td>
<td>1/4 cup</td>
<td>1/3 cup</td>
<td>1/3 cup</td>
</tr>
<tr>
<td><strong>1 cooked cereal or rice or pasta</strong></td>
<td>1/4 cup</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>meat or poultry or fish⁵ or alternate protein product or cheese</td>
<td>1 oz.</td>
<td>1 1/2 oz.</td>
<td>2 oz.</td>
</tr>
<tr>
<td>or oatmeal or dry beans or peas or nuts or seeds</td>
<td>1 oz.</td>
<td>1 oz.</td>
<td>1 oz.</td>
</tr>
<tr>
<td><strong>Yogurt</strong></td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>fluid milk</td>
<td>1/3 cup</td>
<td>3/4 cup</td>
<td>1/2 cup</td>
</tr>
</tbody>
</table>

1. Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.
2. Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.
3. Fruit juice or vegetable juice must be full-strength.
4. Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.
5. A serving consists of the edible portion of cooked lean meat or poultry or fish.
6. Nuts and seeds may meet only one-half of the total meat/alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.
7. Yogurt may be plain or flavored, unsweetened or sweetened.
# Child Care Meal Pattern

## Snack

Select Two of the Four Components for a Reimbursable Snack

### Food Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 milk</td>
<td>1 cup</td>
</tr>
<tr>
<td>1 fruit or vegetable juice, fruit or vegetable</td>
<td></td>
</tr>
<tr>
<td>1 grain or bread</td>
<td>1/2 slice</td>
</tr>
<tr>
<td>cold dry cereal or hot cooked cereal or pasta or noodles or grains</td>
<td>1/4 cup</td>
</tr>
<tr>
<td>1 meat or meat alternate</td>
<td>1/2 oz.</td>
</tr>
<tr>
<td>cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds</td>
<td>1 Tbsp.</td>
</tr>
<tr>
<td>yogurt</td>
<td>2 oz.</td>
</tr>
</tbody>
</table>

1 Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

2 Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.

3 Fruit or vegetable juice must be full-strength.

4 Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

5 A serving consists of the edible portion of cooked lean meat or poultry or fish.

6 One-half egg meets the required minimum amount (one ounce or less) of meat alternate.

7 Yogurt may be plain or flavored, unsweetened or sweetened.
The menu for two (2) year olds and older may be used for toddlers if appropriate food substitutions are listed on the menu.
## MENU PLANNING GUIDE INCORPORATING 3 AGE GROUPS

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FOOD ITEM</td>
<td>1-2</td>
<td>3-5</td>
<td>6+</td>
</tr>
</tbody>
</table>

### BREAKFAST:
- MILK, FLUID
- JUICE, FRUIT, VEGETABLE
- GRAIN/BREAD

### A.M. SNACK:
- CHOOSE 2

### LUNCH:
- MILK, FLUID
- MEAT/MEAT ALTERNATE
- GRAIN/BREAD
- JUICE/FRUIT/VEGETABLE

### P.M. SNACK:
- CHOOSE 2

## Menus Planned by __________

## Cycle Week # __________
Information and Resources on Daily Activities and Safe Conditions

Effective July 1, 2015, the new Provider Eligibility Standards under IC12-17.2-3.5 require that all unlicensed providers that receive CCDF funds, including registered ministries that receive CCDF funds, plan daily activities and maintain safe conditions within their child care program.

**Daily Activities:**
Children need certain daily activities to remain healthy and learning. Children of all ages need a variety of different activities throughout the day including quiet play (such as reading, block building or art), and active play (such as physical activities including running and jumping or crawling and climbing). Children also need time outside daily. Children need access to supplies and equipment which support their learning. Activities should be balanced with attention to all areas of a child’s development.

Under the new CCDF Provider Eligibility Standards, you are required to plan and provide daily activities appropriate to the age, developmental needs, interests, and number of children in your care, including both active and quiet play and daily outdoor play. Activities need to be appropriate to each child’s developmental stage. Toys, games, and play equipment used indoors and outdoors must be safe, appropriate to the children’s developmental stages and include a sufficient quantity to allow children to make choices. Please note - due to safety hazards, trampolines shall be inaccessible to children at all times.

**Daily outdoor play** must take place for all children unless the severity of the weather poses a safety or health hazard or if for a health related reason a child must remain indoors as documented by the child’s parent, guardian or physician. Children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants should be offered opportunities for gross motor play outdoors in a safe environment as well.

Weather that poses a significant health risk shall include wind chill at or below 25 degrees F and heat index as identified by the National Weather Service, see [http://www.weather.gov/media/unr/heatindex.pdf](http://www.weather.gov/media/unr/heatindex.pdf) for more information. Air quality conditions that pose a significant health risk shall be identified by announcements from local health authorities or through ozone (smog) alerts. Children with respiratory health problems such as asthma shall not play outdoors when local health authorities announce that the air quality is approaching unhealthy levels.

Please be aware outdoor play environments must be safe and children must be actively supervised at all times, both while inside and outside. This includes protection from environmental hazards such as ponds or other bodies of water, traffic as well as protection from children wandering off or becoming lost. If you have questions about how to provide for safe outdoor play, your consultant can assist you.

**CONSULTANTS WILL BE LOOKING FOR:**
- A written schedule of daily activities
- Evidence daily activities are being completed.

Training and assistance on the development of appropriate daily activities will be available through Early Learning Indiana (ELI) and your local Child Care Resource and Referral agency.

**Safe Conditions:** The new laws also require that your program have and maintain a written policy describing how you maintain safe conditions in your child care facility or home. This policy must also include what steps will be taken to ensure the safety of motor vehicles used to transport children (if applicable).

These written policies and any changes to this policy must;
- Be submitted to the LLEP Department
- Posted in a public location in the facility or home.
- Provided to the parent or guardian of each child in your care.
HELPFUL TIPS FOR DEVELOPING
A TRANSPORTATION AND SAFETY POLICY

Below are samples of information you may want to include in your safety policy.

Transportation Safety Policy (for programs who do not transport children regularly)
- Our child care does not provide transportation to school or other extra-curricular activities. Occasionally we take field trips and parents are always invited to participate.
- Child/staff ratios will be maintained at all times and only qualified adult licensed drivers will transport children. Drivers will follow all Indiana laws and will not use cell phones at any time while in the vehicle.
- If children are transported for field trips, you will always know prior to the trip and permission slip must be signed by a parent or guardian.
- Children will always be restrained in proper car seats and/or seat belts and at no time will a vehicle exceed the recommended capacity.
- Children will not be left unattended. Upon returning from each trip, the bus/van/car will be inspected to ensure no children are still on board.
- We have automobile insurance covering transportation of children for our child care business.
- All vehicles used for transportation will be maintained in safe condition.

Transportation Safety Policy (for programs transporting children regularly)
- Our child care will provide transportation to (add details as applicable).
- We will only transport children if we have a permission slip signed by a parent or guardian.
- Child/staff ratios will be maintained at all times and only qualified adult licensed drivers will transport children. Drivers will follow all Indiana laws and will not use cell phones at any time while in the vehicle.
- Children will always be restrained in proper car seats and/or seat belts and at no time will a vehicle exceed the recommended capacity.
- Children will not be left unattended. Upon returning from each trip, the bus/van/car will be inspected to ensure no children are still on board.
- We have automobile insurance covering transportation of children for our child care business.
- All vehicles used for transportation will be maintained in a safe condition.

Transportation Safety Policy (for programs who DO NOT transport anytime)
- The provider must add a clear statement to their Safe Condition Policy stating transportation is never provided for children in their care.

Safe Conditions Policy
Consider the following when developing your Safe Condition Plan:
- How you will ensure children are actively supervised with the required number of qualified caregiver?
- How will you ensure children are safe during home/facility repairs and remodeling?
- How will you ensure the inside of your facility/home does not have any safety hazards such as broken toys or furnishings, exposed electrical outlets or wires, open stair cases, fall hazards, or other unsafe conditions?
- How will you ensure the outside of your facility/home does not have any safety hazards such as broken equipment, exposed or rusty nails or screws, broken glass or other dangerous trash, fall or tripping hazards and other unsafe conditions or materials in the play area?
- What steps will you take to maintain the child care in clean and sanitary conditions at all time?
- How often will toys, furniture and other equipment used by children be cleaned and sanitized?
- How will you safely evacuate children in the event of a fire or other threat?
- Where will you take children in the event of a severe weather emergency? And how will this be done?
- How will you address “stranger danger” with the children in your care?
- What routine steps will you take to ensure your environment, both indoors and outdoors, is safe?
OECOSL Suspension and Expulsion Policy Guidance for Programs

Indiana early childhood education programs that are eligible to accept Child Care Development Fund (CCDF) vouchers are required to have a policy on suspension and expulsion and that policy must be clearly communicated to families before enrollment.

The policy must promote positive social and emotional growth and should include age-appropriate positive behavior supports. It should limit or eliminate altogether the use of expulsion, suspension, and other disciplinary practices that center on excluding children.

A child cannot be expelled due to behavioral challenges unless the procedures outlined in the suspension and expulsion policy have been followed. The suspension and expulsion policy must clearly define the steps that must be followed when a child engages in challenging behaviors that cannot be resolved using ordinary classroom strategies. For support or assistance creating this policy, please reach out to your local Child Care Resource and Referral agency (http://partnershipsforearlylearners.org/about/your-child-care-resource-referral-agency/).

The program’s policy must include the following information:

1. How teachers will provide a purposeful, engaging environment that represents and supports cultural diversity and the different stages of child development.


3. How teachers will support children's social and emotional development by helping them understand their own (and others') feelings, regulate and express their emotions appropriately, build relationships and support positive interactions with others in group settings.

4. How the program will access the Child Care Resource and Referral Agency (or appropriate support organization/internal resource, e.g., school counselor) for coaching and professional development on positive social/emotional and behavioral development to ensure children's developmental needs are being met.

5. The process for engaging in prompt family collaboration regarding a child's behavior, including solutions that have worked at home or in other settings.

6. The process to support the family in identifying agencies for services including but not limited to:
   a. Supports to address challenging behaviors
   b. Early childhood mental health consultations
   c. Part C early intervention (FirstSteps)
   d. Part B intervention (preschool special education)

7. How teachers will be supported through job embedded professional learning around implicit bias and distinguishing concerning behaviors from developmentally appropriate behaviors.

8. How educators will collect and analyze information on suspensions and expulsions that are occurring in their early education environment and set goals to limit or prohibit such disciplinary actions in the future.

9. How exclusionary processes will be used as a last resort.

Exclusionary measures should only be taken when a serious safety threat exists and can’t be addressed with reasonable modifications and/or the use of positive behavioral support.
You can also find additional information and resources at the following websites:

- The Child Care Collection - [http://www.childcarecollection.com/default.cfm](http://www.childcarecollection.com/default.cfm)
- Local Child Care Resource and Referral agencies – [http://www.partnershipsforearlylearners.org](http://www.partnershipsforearlylearners.org) where free and low cost training opportunities are available from your local CCR&R agency and online through Early Learning Indiana.
# Child/Staff Ratios

Unlicensed CCDF Providers with 16 or fewer children enrolled and
Class I and II Child Care Homes

(Group includes children of mixed ages)

<table>
<thead>
<tr>
<th>Children 16 Months and Over</th>
<th>16</th>
<th>15</th>
<th>14</th>
<th>13</th>
<th>12</th>
<th>11</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**Number of Qualified Adult Caregivers Required**

*if none of the Additional Regulations below apply.*

To use this chart you must know the ages of the children enrolled in your program. For example, if you have 3 infants under 16 months of age and 5 children aged 16 months and older, locate the number 3 on the left-hand side and locate the number 5 on the top. Then look for the place where the two lines intersect (circled on this chart). After you locate this number, you must also take into consideration the additional regulations below. If none of these additional regulations apply, then you must have one (1) qualified caregiver.

*Additional Regulations under 470 IAC 3-1.1*

If you care for children between the ages of birth to 24 months, you may have a ratio of 6 children to 1 (6:1) qualified adult caregiver but only if two (2) of the six (6) children are at least sixteen (16) months of age and walking. Otherwise the ratio for Infant/Toddler (birth to 24 months) Mixed Age Group is 4:1.

The only time the 12:1 ratio applies is when all children present are over the age of three.

(3). LLEP FACILITY PACKET R2019
Child/Staff Ratios
For Licensed Child Care Centers

<table>
<thead>
<tr>
<th>Age of the Youngest Child in Group</th>
<th>Maximum Number of Children Supervised By One Caregiver</th>
<th>Maximum Number of Children in One Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Toddler</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>2 years</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>30-36 months</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>3 years</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>4 years</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>5 years/Kindergarten</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>1st Grade and Above</td>
<td>20</td>
<td>40</td>
</tr>
</tbody>
</table>

Family and Social Services Administration
Office of Early Childhood and Out of School Learning
402 W Washington Street
Indianapolis IN 46204

LLEP FACILITY PACKET R2019
# Daily Activities Planning

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Week</th>
<th>Infants</th>
<th>Toddlers</th>
<th>Preschoolers</th>
<th>School Agers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circle Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon Play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: ____________________________________________

______________________________________________

______________________________________________
### Daily Schedule

#### SAMPLE

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>630-730am</td>
<td>Arrival</td>
<td>Talk with parents. Children put away belongings. Quiet area set up for School age children to finish homework. Variety of table activities including puzzles</td>
</tr>
<tr>
<td>730-800am</td>
<td>Breakfast</td>
<td>Prepare and serve breakfast. Older children get their own breakfast. Eat and clean up.</td>
</tr>
<tr>
<td>800-845am</td>
<td>Free Play</td>
<td>Children choose activities that include: dramatic play, manipulatives and blocks, art. Provider gives babies one on one time. Children clean up when finished.</td>
</tr>
<tr>
<td>845-900am</td>
<td>Large Group Time</td>
<td>Discuss plan for day, discuss weather, sharing time. Songs, finger plays and stories.</td>
</tr>
<tr>
<td>900-930am</td>
<td>Small Group Time</td>
<td>Special Activities including art, listening to music, cooking, playdough, books on tape. Time for provider to interact with each child individually or in small groups</td>
</tr>
<tr>
<td>930-950am</td>
<td>Large Motor/Outdoor</td>
<td>Outdoor activities - in play yard, walks to park. Indoor activities – dancing, push/pull toys, mini basketball, Simon says etc.</td>
</tr>
<tr>
<td>950-1015am</td>
<td>Snack</td>
<td>Wash hands and prepare for snack. Children clean up after themselves after snack.</td>
</tr>
<tr>
<td>1015-1115am</td>
<td>Free Play</td>
<td>(Same as AM Time) Children clean up when finished.</td>
</tr>
<tr>
<td>1115-1130am</td>
<td>Large Group Time</td>
<td>Recap day, plan afternoon, short story.</td>
</tr>
<tr>
<td>1130-1145am</td>
<td>Small Group/Individual Activity</td>
<td>Puzzles, books, crayons, markers, paper.</td>
</tr>
<tr>
<td>1245-245pm</td>
<td>Rest Time</td>
<td>Infants and toddlers may have already napped and may need individual time during older children’s rest time. If some children do not sleep, quiet independent activities should be available.</td>
</tr>
<tr>
<td>245-330pm</td>
<td>Quiet Activities</td>
<td>Books, puzzles, play dough (quiet activities until everyone is awake from naptime.</td>
</tr>
<tr>
<td>330-350pm</td>
<td>Snack</td>
<td>Wash hands and prepare for snack. Children clean up after themselves after snack. School Age children arrive.</td>
</tr>
<tr>
<td>350-430pm</td>
<td>Free Play or Outdoors</td>
<td>Outdoor activities – in play yard, walks, trips to park. Indoor Activities – dancing, push/pull toys, mini basketball, Simon says etc.</td>
</tr>
</tbody>
</table>
Tips for Creating a Safe Sleep Environment for Infants in Child Care

This checklist can serve as a basis for assessing the safe sleep environment for caregivers of infants. This information is based on American Academy of Pediatrics standards and the publication *Caring for Our Children* and applies to **infants under 1 year of age**. You are encouraged to attend the training, Safe Sleeping Practices and Reducing the Risk of SIDS in Child Care, offered through your local child care resource and referral agency (http://www.partnershipsforearlylearners.org) to learn the most recent research-based practices.

Assess the sleep environment:
- The Infant is always placed to sleep on a firm sleep surface, such as a safety-approved crib mattress, in a safety-approved crib, porta-crib, or play yard (check with what licensing allows)
- The mattress fits snugly in the crib
- The fitted crib sheet fits tightly around the mattress
- The infant is never placed to sleep on a sofa, chair, or adult bed
- There is no soft or loose bedding, such as a quilt, placed underneath the infant
- All blankets, pillows, quilts, and bumpers are kept out of the infant’s sleep area
- Nothing covers the infant’s face (i.e., bibs)
- Crib gyms, crib toys, mobiles, mirrors, and all objects/toys are prohibited in or attached to an infant’s crib
- Stuffed animals, stuffed toys, and loose bedding are kept out of the sleep area
- There is no smoking in the program
- The infant is kept away from any area where smoking has occurred
- The sleeping infant is not overheated by a room temperature that is too high or by too many layers of clothing
- There is a medical waiver on file that is signed by a doctor and lists the medical reason for a sleep position other than on the back for all infants who require an alternate position

Be sure to follow these important rules of infant care:
- ✔ Infants under one year of age are always placed on their backs to sleep, for naps and at night
- ✔ Instead of a blanket, the infant is placed to sleep in sleep clothing such as a one-piece sleeper
- ✔ When the infant is awake and being watched by a caregiver, it is desirable to place him or her on the stomach for “tummy time.” (Tummy time helps infants achieve developmental milestones.)
- ✔ Shall not use products such as wedges etc. that are intended to control the position of the infant in sleep as these have not been sufficiently tested for effectiveness or safety.
- ✔ If the infant falls asleep in another surface (carrier, car seat, swing) they should be immediately removed and placed in a safety approved crib, porta-crib or pack and play
- ✔ Do not swaddle infants using blankets. Swaddling is not recommended in child care.
  - o If you do swaddle infants under 3 months then use a safe swaddler according to manufacturer specifications and not a blanket
- ✔ The infant is not placed to sleep with a bottle

In addition:
- ✔ Pacifier use: Consider offering a clean dry pacifier when placing the infant down to sleep for naps or at night
  - o The pacifier does not need to be re-inserted if it falls out
  - o If infant refuses the pacifier, he or she should not be forced to take it
  - o For breastfed infants delay pacifier use until 1 month of age to ensure good onset of breastfeeding
  - o The pacifier should not be coated in any solution. Pacifier should be cleaned often and replaced regularly
The pacifier should not be clipped or attached to the infant or the crib (strangulation hazard)

- Develop and follow a policy regarding sleep position in your child care setting
- Discuss your policy with parents before enrollment
  - It is recommended that parents sign the policy
  - Provide safe-sleep-related educational resource materials for parents

Does your Crib Meet New Safety Standards?

From the Federal Rule:
“[b] beginning June 28, 2011, all cribs manufactured and sold (including resale) must comply with new and improved federal safety standards. The new rules, which apply to full-size and non-full-size cribs, prohibit the manufacture or sale of traditional drop-side rail cribs, strengthen crib slats and mattress supports, improve the quality of hardware and require more rigorous testing.” CPSC’s crib rule includes a standard for full-size cribs (16 CFR part 1219) and a standard for non-full-size cribs (16 CFR part 1220).

Some things you should know:
- All family child care homes (licensed or license-exempt), child care centers, and unlicensed registered child care ministries must use compliant cribs.
- As of June 28, 2011 all cribs manufactured and/or distributed in the United States must comply with new standards.
- Cribs manufactured before July 23, 2010 are not likely to be compliant.
- Cribs manufactured between July 24, 2010 and June 27, 2011 are not guaranteed to be compliant either.
  - A certificate of compliance must be kept on file for these cribs
- NO drop-side crib will be compliant with the new standards, even if it has an “immobilizer” or “fix-it” kit.

New Play Yard standards:
Effective Feb 28, 2013, play yards manufactured or imported for sale in the US must meet new and improved federal safety standards (16 CFR 1221).

For Play Yards: (Check with what licensing allows)
- Side rails should not form a sharp V when the product is folded. This prevents a child from strangling in the side rail.
- Corner brackets should be strong in order to prevent sharp-edged cracks and to prevent a side-rail collapse
- The mattress should be sturdy on the play yard floor to prevent children from getting trapped or hurt
- There should be no tears in mesh or fabric
- No missing, protruding, or loose screws, rivets, bolts, or hardware
- In good repair (if it is broken do not use it) and has not been recalled
- No cracks or stress whitening in plastic parts (especially corner brackets)

Developed in partnership with the Bureau of Child Care and Better Baby Care Indiana, a project of the Indiana Association for Child Care Resource and Referral

April 10, 2013
## Injury Report

**CHILD CARE INJURY REPORT**  
**(MEDICAL ATTENTION NEEDED)**  
State Form 54265 (R / 7-14)

The information in this document is confidential.

<table>
<thead>
<tr>
<th>Name of provider</th>
<th>Date of injury (month, day, year)</th>
<th>Time of injury</th>
<th>Did the injury result in death?</th>
</tr>
</thead>
</table>

| Address of provider (number and street, city, state, and ZIP code) |

| Telephone number | License / Registration / Provider Electronic Solutions (PES) number |

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
</table>

| Name of parent | Telephone number |

| Address of parent (number and street, city, state, and ZIP code) |

---

**Was the injury caused by a fall?**  
- [ ] Yes  
- [ ] No

**If yes, type of surface:**

---

**Did the injury occur on playground equipment?**  
- [ ] Yes  
- [ ] No

**If yes, type of equipment:**

---

**Briefly describe how the injury happened.**

---

**Location where the injury occurred**

---

**Name of witness to the injury**

---

**Child to staff ratio at the time of the injury**

---

**Was the child given first aid?**  
- [ ] Yes  
- [ ] No

**If yes, by whom:**

---

**Type of first aid given**

---

**Were the parents notified?**  
- [ ] Yes  
- [ ] No

**If yes, by whom:**

---

**If yes, when:**

---

---

**Was emergency treatment provided at the hospital / doctor's office / dentist?**  
- [ ] Yes  
- [ ] No

**If yes, where:**

---

**Result of Injury (diagnosis / treatment)**

---

---

**Corrective action taken to prevent further injuries**

---

---

**Signature of provider**

---

---

**Date (month, day, year)**

---

**DISTRIBUTION:** Copy — Parent; Copy — Child's File; Copy — Office of Early Childhood and Out of School Learning

---

**LLEP FACILITY PACKET R2019**
Training Resources

The level of education and training received by teachers/caregivers is one of the most important indicators of a high quality early childhood program. Research has shown the education and training of caregivers/teachers is directly related to positive child outcomes including improved child health, safety, social and emotional development and school readiness.

Training Requirements:

The provider must complete at least 12 hours of training annually, unless the provider is related to every child in their care, which:

- Is appropriate to the age of the children in the providers care
- Is documented by Training Certificates
  - Training Certificates must include:
    - The title and date of the training
    - The number of clock hours of the training
    - The trainer’s name, organization and qualifications
    - The content area of the training

The required training may include but is not limited to:

- OECOSL approved child abuse detection and prevention (this training must be taken within three (3) months of employment or volunteering).
- Positive classroom management and discipline.
- Developmentally appropriate practices and curriculum.
- Child development including the use of appropriate screenings
- Health, nutrition, sanitation, and safety
- Cardiopulmonary resuscitation (CPR)
- Safe sleeping practices
- Shaken baby syndrome
- Communicable diseases and immunizations
- Supporting children with special needs
- Prevention of and response to emergencies due to food and allergic reactions

Providers who are related to each child in their care must still take CPR, First Aid and Child Abuse and Neglect Detection and Prevention Training.

Directors may offer trainings to their staff on subject matter that they are qualified in and must document each training with a training certificate that includes all of the required information.

Trainings online or through a video must also be documented with a training certificate which includes the required information. If the training organization/trainer does not offer training certificates, the director/owner must document the same information as required on a training certificate and the person receiving the training must write a summary of what was learned.
How do you document these trainings?

Training certificates must be maintained in each staff member's file. These files must be kept on site and be made available to the State on request.

- Training hours will be prorated for the first year based on the effective date of the new laws (July 1, 2015) and the month of your inspection.
  - For example, if your inspection is in August each staff member will be required to have one hour of training.
  - If your inspection is in September, each staff member must have two hours, and so on. For year two, each provider must have the full twelve (12) hours by the date of your inspection.
- The training requirements for new staff members will be prorated based on the individual's start date.

Training received within the past 12 months of your inspection will count towards the training requirements. First aid/CPR can be counted in the twelve hours, but the same training will not be counted more than once within one year. A duplicate training will not be counted in subsequent years unless the training is designed as a refresher or has been required or recommended by an OECOSL consultant to address observed non-compliances.
  - For example, the required First Aid and CPR training and the Safe Sleep Refresher courses.

Free and low cost training opportunities are available. For a comprehensive list of what is available, go to https://partnershipsforearlylearners.org/get-involved/providers/training-central

For more information on face-to-face training opportunities provided by your local Child Care Resource and Referral (CCR&R) agency, visit http://www.partnershipsforearlylearners.org

For information on free online training opportunities, visit Early Learning Indiana Training Central at https://partnershipsforearlylearners.org/get-involved/providers/training-central/.

Other free and low cost trainings are available from:

- Penn State Extension through the Better Kid Care Online Learning Program at http://extension.psu.edu/youth/betterkidcare. Click on “On Demand Distance Education” to register and access training.
- The Division for Early Childhood. Go to http://www.dee-sped.org/learningdecks to access their online Learning Decks.
### Plan and Track Your Training/Professional Development

**Name_________________________________________**  
**Hire Date______________________________________**

<table>
<thead>
<tr>
<th>Title of Training Class</th>
<th>Date of Class</th>
<th># of Hours</th>
<th>Trainer’s Name</th>
<th>Trainer’s Qualifications/Organization</th>
<th>Content of Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Training Certificates are required to be on file which match the training classes listed on the log.

LLEP FACILITY PACKET R2019
HEALTH AND SAFETY ORIENTATION TRAINING FOR CCDF PROVIDERS

As part of the federal Child Care and Development Block Grant Act 2014, states must require health and safety pre-service or orientation training for CCDF providers. The new law requires this training for all caregivers (including volunteer caregivers, and anyone else included in child staff ratio), teachers, and directors in 10 specific health and safety topic areas and recommends training in child development. All Licensed Centers and Licensed Homes, Unlicensed Registered Ministries certified for CCDF, and Legally License Exempt Providers must meet the requirements.

The intent of the training is to support basic health and safety standards designed to prevent harm to children. If applicable, individuals may be able to use their existing certificates and credentials to help meet the training requirements. In most cases the required training in health and safety can be applied toward the annual training hours needed for licensing, PES, and Paths to QUALITY™ as well.

Your local Child Care Resource and Referral agency (1-866-865-7056) can help you to understand and meet the training requirements.

REQUIRED HEALTH AND SAFETY TRAINING TOPIC AREAS

There are 10 required training topic areas, in addition to the recommended Domains of Child Development. The training will support basic health and safety standards designed to prevent harm to children. Training in each applicable topic area, appropriate to the provider setting and age of children served, is needed to complete the requirement for health and safety orientation training.

1. Prevention and Control of Infectious disease (including immunizations)

2. Administration of medication consistent with standards for parental consent

3. Prevention and response to emergencies due to food and allergic reactions

4. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic

5. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) OF THE Robert T, Stafford Disaster Relief and Emergency Assistance Act.

6. Handling and storage of hazardous materials and appropriate disposal of bio-contaminants

7. Appropriate precautions in transporting children (if applicable)

8. Prevention of sudden infant death syndrome and use of safe sleeping practices (if applicable)

9. Recognition and reporting of child abuse and neglect; Prevention of shaken baby syndrome and abusive head trauma

10. First Aid and CPR Overview
11. Major domains of Child Development

OPTIONS FOR MEETING THE REQUIREMENTS

A brand new online training course has been developed specifically for Indiana to help providers meet the new health and safety training requirements. The online course, *Introduction to the Early Childhood and Out of School Learning Profession*, will be available 24/7 through Training Central at no cost beginning in June 2016. The three module course is designed to meet all the health and safety training topics- with the exception of Recognition and Reporting of Child Abuse and Neglect which is already approved and available through local Child Care Resource and Referral Agencies. An optional Module 4 will be available in August 2016 focusing on child development for school agers which can be taken in lieu of Module 1. A face to face training version of Indiana’s new online course will be available beginning in July 2016 through local Child Care Resource and Referral Agencies. The health and safety training hours can be applied toward meeting the required annual training hours needed for licensing, CCDF/PES, and Paths to QUALITY™ as well.

Individuals who have already earned degrees, certificates, credentials or completed higher education coursework may be able to use these as options to meet the training requirements in a health, safety, and/or child development topic area. In addition, individuals can use prior in-service training if the training is applicable toward meeting any of the required topic areas.

A list of approved options for meeting each Health and Safety topic area has been compiled. Please refer to the Health and Safety Training Approved Options List for more information at [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) or through local CCR&Rs or your Paths to QUALITY coach. The List includes applicable online webinar trainings available through Training Central and approved local training from your Child Care Resource and Referral Agencies (CCR&R). Options for other online training courses such as the Better Kid Care courses available through Penn State Extension and the Healthy Futures Project courses available through the American Academy of Pediatrics are included.

The List is not exhaustive and will be updated as new options are identified and approved. Individuals can refer to this List and choose from the approved health and safety training options listed by topic area that will meet the requirements. There are many training options on the list that are available at little or no cost. Some training options will apply toward multiple topics. Indiana T.E.A.C.H. scholarships are available for higher education coursework or CDA credentials.

If an individual is certified in First Aid and CPR they will meet the requirement for the topic area - *First Aid and CPR Overview*, however, certification in First Aid and CPR is not required.

The current state mandated and approved training in Recognition and Reporting of Child Abuse and Neglect available through local Child Care Resource and Referral Agencies and Training Central will meet the requirement for the topic area - Recognition and reporting of child abuse and neglect; Prevention of shaken baby syndrome and abusive head trauma.

Likewise, the current state mandated and approved training in SIDS and Safe Sleep available through local Child Care Resource and Referral Agencies and Training Central will meet the requirement for the topic area - Prevention of sudden infant death syndrome and use of safe sleeping practices.
If an individual has taken equivalent training that they believe meets a required topic area but the training is not on the Health and Safety Training Approved Options List, they should contact their local CCR&R for assistance. The individual will need to submit a copy of their transcript or training certificate, and the training’s content/subject and objectives, the date of the training, name and credentials of the trainer/or the training organization, the type of training, and the number of clock hours of training in the required topic area. A process has been established to review and approve requests on an individual basis.

TIMELINE AND PROCESS FOR MEETING REQUIREMENTS
All caregivers (including volunteer caregivers, and anyone else included in child staff ratio), teachers, and directors in Licensed Centers, Licensed Homes, Unlicensed Registered Ministries certified for CCDF, or legally license exempt providers, must meet the staff health and safety training requirements by 9/30/16. New staff will need to complete the required health and safety orientation training prior to employment or within 3 months of caring for children.

Each individual staff person should refer to the Health and Safety Training Approved Options List and to their training file to determine if their existing professional development and training documentation meets the requirements for each topic area or if additional training will be needed prior to 9/30/16. An optional checklist tool has been developed to help with the individual review process. Some training options will apply toward multiple topics.

Supporting documentation must be maintained to demonstrate compliance with the health and safety training requirements and so that caregivers, teachers, and directors will not need to repeat the orientation training if they change employment. Documentation may include training certificates, transcripts, curriculum schedules from Early Childhood/Child Development degree programs, or other appropriate evidence. The supporting documentation should be placed in the individual’s professional development file and be available for review. In-service training information used for documentation must include:

- Date of training
- Name and credentials of the trainer/or the training organization
- Content/subject of the training
- Type of training
- Number of clock hours of training in content area

MONITORING COMPLIANCE
OECOSL staff will begin checking for staff compliance with the health and safety training requirements beginning 10/1/16 during regular annual inspections. If a non-compliance is cited, the provider will be given 14 calendar days to submit a written plan to their LLEP Consultant on how the provider will correct the insufficiency and come into compliance with the new training requirement.

05/31/16

LLEP FACILITY PACKET R2019
CPR and First Aid Requirements

CPR

The American Red Cross and National Safety Council classes taught by certified instructors are approved; however, they must include demonstration of skills. Therefore, online classes are not approved.

All other CPR courses must meet and document compliance with the JAMA (Journal of American Medical Association) standards and be taught by a certified CPR instructor. The course should require that participants demonstrate skills on mannequins as well as pass a written or oral test.

If you are obtaining certification from the American Heart Association you must complete the certification process. Your card must state certification, not participation.

All courses must also require the pupil to complete a return demonstration of skills. These courses must be taught by a licensed R.N., L.P.N., M.D., D.O., E.M.T. Paramedic or a certified First Aid Instructor. The provider must submit proof of all of the above requirements to meet the CCDF Certification requirement.

PLEASE NOTE: CPR training should be complete for all ages of children in your care. If you are caring for school-age children, it is necessary to obtain Adult CPR. In addition, CPR must be completed annually despite the expiration date on your CPR certification card.

First Aid

The American Red Cross and National Safety Council classes are approved. Any online First Aid class is acceptable.

If another entity or individual (other than American Red Cross or National Safety Council) is offering the course, it must cover the following:

- Choking
- Bleeding
- Artificial Breathing
- Poisoning
- Seizures
- Shock

The individual completing this certification must submit proof all of the above requirements were included in their training to meet the CCDF certification requirement. The instructors printed name and signature as well as whom they are certified through must be part of the submitted documentation.
The following pages are the checklist items you will need to follow if you are NEW to the program.
NEW FACILITY CHECKLIST
The following documentation must be submitted to your LLEP Consultant

**FACILITY INFORMATION**
- Form A: Application for CCDF Provider Eligibility Standards Certification
- Form B: Caregivers/Volunteer Caregivers Worksheet
- Form 1: Evacuation Plans
- Supervision Policy for Under 18 Staff
- Emergency Staffing Plan
- **Current** Water Bill. Well or Spring Water requires a Water Quality Test (PUBLIC SCHOOLS ARE EXEMPT)
- **Current** Landline Phone Bill (PUBLIC SCHOOLS ARE EXEMPT)
- W9 Taxpayer Identification Number Request Form
- Child Care Licensing Exemption Affidavit
- Orientation Form
- Discipline Policy
- Transportation Information Form
- Written Transportation Policy (if applicable)
- State Form 53323- Consent for a National Criminal History Check, Child Protection Index Check and Sex Offender Registry
- Picture ID- Preferably a State Driver’s License or State ID
- Child Abuse Training
- Fingerprinting Completed through IdentoGo

**Please Note:** If you are an authorized representative of the daycare and will be caring for children at any time, you will need to meet all caregiver requirements along with the above requirements.

**Please Note:** If at anytime during your certification period a new employee/volunteer is hired you must submit the following documentation to your LLEP Consultant prior to that individual providing care.

**IMPORTANT NOTICE:** THE STATE FORM 53323 RESULTS AND DRUG TEST RESULTS ARE ONLY VALID FOR 60 DAYS. A site inspection must be conducted and certification approval granted prior to the expiration date. If certification approval is not granted by the end of the 60 days you will be required to submit a new application including new/updated documentation.

After your LLEP Consultant receives the State Form 53323 results your site inspection will be scheduled.

**FACILITY SITE INSPECTION CHECKLIST**
- Form 1: Evacuation plan in case of fire or severe weather –MUST BE POSTED
- Form 3: Monthly Fire Drill Chart- MUST BE POSTED
- Emergency Plans which include procedures for the following:
  - Staff and volunteer emergency preparedness training and practice drills
  - Identifying specific responsibilities of staff during a disaster
  - Accounting for children and staff during a disaster
  - Evacuating and relocating
  - Shelter-in-place, and lock down
  - Communication and reunification with families
  - Continuity of operations

LLEP FACILITY PACKET R2019
8. Accommodations for infants and toddlers, children with disabilities and chronic medical conditions

- Form 4: Emergency Telephone Numbers-MUST BE POSTED
- Hand Washing and Diapering Procedures will be observed
- Safe Conditions Policy – MUST BE POSTED IN A PUBLIC LOCATION
- Suspension and Expulsion Policy
- Daily Activities Schedule
- Ratio / Group Sizes
- Nutrition (Breakfast, Lunch/Dinner, Snacks)
- Working Landline Telephone
- Fire Marshall Compliance Letter (PUBLIC SCHOOLS ARE EXEMPT)
- Running Water in the area where care is being provided
- Verification all firearms and ammunition are inaccessible to children
- Verification medications, poisons, chemicals, bleach, cleaning materials are inaccessible to children
- Verification of Two Exits
- Vehicles Used for Transportation (if applicable)

Supervision Policy for Under 18 Staff
Emergency Staffing Plan

- **Current** Water Bill. Well or Spring Water requires a Water Quality Test (PUBLIC SCHOOLS ARE EXEMPT)
- **Current** Landline Phone Bill (PUBLIC SCHOOLS ARE EXEMPT)
- Orientation Form
- Discipline Policy
- Daily Activities Schedule
- Fire Marshall Compliance Letter (PUBLIC SCHOOLS ARE EXEMPT)

**Transportation Information Form**
- Written Transportation Policy
- Valid Photo ID – must contain Date of Birth
- Copy of Valid Registration and insurance card for every vehicle that is going to be used to transport children
- Transportation Slip

➤ **Please Note:** We suggest keeping copies of all documentation you submit to the office in your Daycare Facility File along with all of the other required documentation.

- Drug Test Results
- TB Test Results
- Form C: Supplemental Criminal History Information
- Form D: Tobacco and Substance Abuse Policy
- Annual CPR Certification
- Current First Aid Training
- Orientation
- Child Abuse Training
- 12 hours of Training/Education
- Health and Safety Orientation Training
- IdentoGo Receipt

- Child Immunization Records (PUBLIC SCHOOLS ARE EXEMPT)
- Form 5: Emergency Contacts for Children
- Discipline Policy
- Transportation Slip
The following pages are the checklist items you will need to follow if your current CCDF Eligibility is about to expire.
FACILITY INFORMATION

- Form A: Application for CCDF Provider Eligibility Standards Certification
- Form B: Caregivers/Volunteer Caregivers Worksheet
- Child Care Licensing Exemption Affidavit
- Transportation Information Form

AUTHORIZED REPRESENTATIVE

- State Form 53323- Consent for a National Criminal History Check, Child Protection Index Check and Sex Offender Registry
- Picture ID- Preferably a State Driver’s License or State ID
- Child Abuse Training

➢ Please Note: If you are an authorized representative of the daycare and will be caring for children at any time, you will need to meet all caregiver requirements along with the above requirements.

EMPLOYEES/VOLUNTEERS

- State Form 53323- Consent for a National Criminal History Check, Child Protection Index Check and Sex Offender Registry
- Juvenile Criminal History Check Results (if applicable)
- Picture ID- Preferably a State Driver’s License or State ID

➢ Please Note: If at anytime during your certification period a new employee/volunteer is hired you must submit the following documentation to your LLEP Consultant prior to that individual providing care.

IMPORTANT NOTICE: THE STATE FORM 53323 RESULTS AND DRUG TEST RESULTS ARE ONLY VALID FOR 60 DAYS. A site inspection must be conducted and certification approval granted prior to the expiration date. If certification approval is not granted by the end of the 60 days you will be required to submit a new application including new/updated documentation.

After your LLEP Consultant receives the State Form 53323 results your site inspection will be scheduled.
FACILITY SITE INSPECTION CHECKLIST

THESE ITEMS WILL BE VERIFIED/OBSERVED BY THE LLEP CONSULTANT DURING THE SITE VISIT:

1. Form 1: Evacuation plan in case of fire or severe weather – MUST BE POSTED
2. Form 3: Monthly Fire Drill Chart – MUST BE POSTED
3. Emergency Plans which include procedures for the following:
   - Staff and volunteer emergency preparedness training and practice drills
   - Identifying specific responsibilities of staff during a disaster
   - Accounting for children and staff during a disaster
   - Evacuating and relocating
   - Shelter-in-place, and lock down
   - Communication and reunification with families
   - Continuity of operations
4. Form 4: Emergency Telephone Numbers – MUST BE POSTED
5. Hand Washing and Diapering Procedures will be observed
6. Safe Conditions Policy – MUST BE POSTED IN A PUBLIC LOCATION
7. Suspension and Expulsion Policy
8. Daily Activities Schedule
9. Ratio / Group Sizes
10. Nutrition (Breakfast, Lunch/Dinner, Snacks)
11. Working Landline Telephone
12. Fire Marshall Compliance Letter (PUBLIC SCHOOLS ARE EXEMPT)
13. Running Water in the area where care is being provided
14. Verification all firearms and ammunition are inaccessible to children
15. Verification medications, poisons, chemicals, bleach, cleaning materials are inaccessible to children
16. Verification of Two Exits
17. Vehicles Used for Transportation (if applicable)
FACILITY SITE INSPECTION CHECKLIST

DAYCARE FACILITY FILE MUST INCLUDE

- Supervision Policy for Under 18 Staff
- Emergency Staffing Plan
- Current Water Bill. Well or Spring Water requires a Water Quality Test (PUBLIC SCHOOLS ARE EXEMPT)
- Current Landline Phone Bill (PUBLIC SCHOOLS ARE EXEMPT)
- Orientation Form
- Discipline Policy
- Daily Activities Schedule
- Fire Marshall Compliance Letter (PUBLIC SCHOOLS ARE EXEMPT)
- Transportation Information Form
  - Written Transportation Policy
  - Valid Photo ID – must contain Date of Birth
  - Copy of Valid Registration and insurance card for every vehicle that is going to be used to transport children
  - Transportation Slip

➢ Please Note: We suggest keeping copies of all documentation you submit to the office in your Daycare Facility File along with all of the other required documentation.

EMPLOYEE/VOLUNTEER FILES MUST INCLUDE

- Drug Test Results
- TB Test Results
- Form C: Supplemental Criminal History Information
- Form D: Tobacco and Substance Abuse Policy
- Annual CPR Certification
- Current First Aid Training
- Orientation
- Child Abuse Training
- 12 hours of Training/Education
- Health and Safety Orientation Training
- IdentoGo Receipt

CHILD FILES MUST INCLUDE

- Child Immunization Records (PUBLIC SCHOOLS ARE EXEMPT)
- Form 5: Emergency Contacts for Children
- Discipline Policy
- Transportation Slip
The following pages are the checklist items you will need to follow if you are CCDF Eligible and are MOVING to a new address.
FACILITY MOVE CHECKLIST
The following documentation must be submitted to your LLEP Consultant

**FACILITY INFORMATION**

- Form A: Application for CCDF Provider Eligibility Standards Certification
- Form B: Caregivers/Volunteer Caregivers Worksheet
- Form 1: Evacuation Plans
- Supervision Policy for Under 18 Staff
- Emergency Staffing Plan
- **Current** Water Bill. Well or Spring Water requires a Water Quality Test (PUBLIC SCHOOLS ARE EXEMPT)
- **Current** Landline Phone Bill (PUBLIC SCHOOLS ARE EXEMPT)
- W9 Taxpayer Identification Number Request Form
- Child Care Licensing Exemption Affidavit
- Orientation Form
- Transportation Information Form
- Written Transportation Policy (if applicable)

> **Please Note:** If the new location will have new staff/volunteers that have not previously been approved as a caregiver then additional documentation will be required.
FACILITY SITE INSPECTION CHECKLIST

THESE ITEMS WILL BE VERIFIED/OBSERVED BY THE LLEP CONSULTANT DURING THE SITE VISIT

Form 1: Evacuation plan in case of fire or severe weather – MUST BE POSTED

Emergency Plans which include procedures for the following:

- Staff and volunteer emergency preparedness training and practice drills
- Identifying specific responsibilities of staff during a disaster
- Accounting for children and staff during a disaster
- Evacuating and relocating
- Shelter-in-place, and lock down
- Communication and reunification with families
- Continuity of operations

8. Accommodations for infants and toddlers, children with disabilities and chronic medical conditions

Form 2: Monthly Fire Drill Chart – MUST BE POSTED

Form 3: Emergency Telephone Numbers – MUST BE POSTED

Hand Washing and Diapering Procedures will be observed

Safe Conditions Policy – MUST BE POSTED IN A PUBLIC LOCATION

Suspension and Explosion Policy

Daily Activities Schedule

Ratio / Group Sizes

Nutrition (Breakfast, Lunch/Dinner, Snacks)

Working Landline Telephone

Fire Marshall Compliance Letter (PUBLIC SCHOOLS ARE EXEMPT)

Running Water in the area where care is being provided

Verification all firearms and ammunition are inaccessible to children

Verification medications, poisons, chemicals, bleach, cleaning materials are inaccessible to children

Verification of Two Exits

Vehicles Used for Transportation (if applicable)

Supervision Policy for Under 18 Staff

Emergency Staffing Plan

Current Water Bill. Well or Spring Water requires a Water Quality Test (PUBLIC SCHOOLS ARE EXEMPT)

Current Landline Phone Bill (PUBLIC SCHOOLS ARE EXEMPT)

Orientation Form

Discipline Policy

Daily Activities Schedule

Fire Marshall Compliance Letter (PUBLIC SCHOOLS ARE EXEMPT)

Transportation Information Form

- Written Transportation Policy
- Valid Photo ID – must contain Date of Birth
- Copy of Valid Registration and insurance card for every vehicle that is going to be used to transport children
- Transportation Slip

Please Note: We suggest keeping copies of all documentation you submit to the office in your Daycare Facility File along with all of the other required documentation.
EMPLOYEE/VOLUNTEER FILES MUST INCLUDE

- Drug Test Results
- TB Test Results
- Form C: Supplemental Criminal History Information
- Form D: Tobacco and Substance Abuse Policy
- Annual CPR Certification
- Current First Aid Training
- Orientation
- Child Abuse Training
- 12 hours of Training/Education
- Health and Safety Orientation Training
- IdentoGo Receipt

CHILD FILES MUST INCLUDE

- Child Immunization Records (PUBLIC SCHOOLS ARE EXEMPT)
- Form 5: Emergency Contacts for Children
- Discipline Policy
- Transportation Slip