



"People
helping people
help
themselves"

MICHAEL R. PENCE, GOVERNOR
STATE OF INDIANA

Division of Family Resources
Bureau of Child Care

402 W. WASHINGTON STREET, P.O. BOX 7083
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INDIANAPOLIS, IN 46204-2243

May 31, 2013

Dear Licensed Center Director,

Thank you for your dedication to caring for Hoosier children and for keeping them healthy, safe and learning while in the care of your center. Research has clearly shown that a high quality early childhood environment helps prepare children for success in school and in life. The work that your teachers and staff do is critically important in supporting Hoosier families, schools, businesses and communities.

The importance of healthy and safe child care programs was discussed at great length by Indiana lawmakers during the past legislative session. As a result, our lawmakers passed several important pieces of legislation that have now been signed into law by Governor Pence and will take effect on **July 1, 2013**.

This letter contains important details on two new laws that will impact your licensed child care center. Please read the contents of this mailing carefully.

The Bureau of Child Care (BCC) is available to answer all of your questions regarding the new laws. We will be hosting several webinars and teleconferences that you are invited to join. Please see the flyer included in this mailing for more details on these opportunities. You may also contact your licensing consultant with any questions.

1. Effective July 1, all regulated child care providers will be required to have national criminal history checks that are conducted by the FBI using fingerprints. This means that the applicant for your center and all employees and volunteers of the center will be required to submit fingerprints to the Indiana State Police so that these checks can be completed. Instructions on how to do this are included in this mailing. Your center will continue to submit consent forms to BCC in order that we may complete the Child Protection Index and Sexual Offender Registry checks as required by law.

These national checks will replace the State limited criminal history check and must be completed every three years. Any new employee or volunteer must have submitted all of the required documentation needed to complete all of the required background checks, including their fingerprints prior to working with the children in care.



Volunteers are defined as individuals who provide services to the center for eight or more hours per month. Individuals who are in your child care home for less than eight hours a month are considered guests. Guests may not be left alone with children and are not counted in staff to child ratios. Any individual who is left alone with children and/or is counted in your child to staff ratios must be treated as either an employee or a volunteer, regardless of the amount of time they are in the center each month.

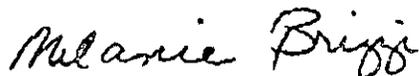
2. A second new law that may affect your child care center changes the impact of an enforcement action (license suspension, revocation, or denial) on the eligibility of your child care center to accept Child Care Development Fund (CCDF) subsidy payments. Effective July 1, providers who are under an enforcement action will not be eligible to receive public funds through the CCDF subsidy program.

For your information BCC has also included in this mailing other helpful documents:

- **The Health and Safety Self Assessment and Handouts-** Recent research by Purdue University has shown that child care programs in Indiana have room for improvement in certain key health areas including hand washing, diapering, safe sleep practices and indoor and outdoor safety. These standards have always been part of the regulations that licensed centers are required to follow. The self assessment and handouts in this mailing are provided to assist your licensed child care center in consistently meeting these health and safety regulations.
- **The Annual Updates to the Licensed Center Interpretive Guidelines-** These guidelines are designed to ensure that child care providers, families and BCC consultants all understand the purpose and threshold of compliance for each regulation in the same way. This year's updates to the document have been included for your convenience. A full copy of the Interpretive Guidelines can be located online at: <http://www.in.gov/fssa/carefinder/2734.htm> or you can contact BCC for a hard copy if you do not have access to the Internet.

I hope that you will join us for one of the webinars or teleconferences in June. Please do not hesitate to contact your licensing consultant if you have any questions.

Thank you,



Melanie Brizzi
Child Care Administrator
Bureau of Child Care

For additional information on these changes, please join the Bureau of Child Care for one of the webinars or teleconferences listed below.

All times are Eastern Standard Time

To participate in a teleconference, dial 1-877-820-7831.

When prompted, enter the following passcode: 925161#

Date	Time	Format
June 10	1:00-1:30 pm	teleconference
June 12	1:00-1:30 pm	teleconference
June 15	9:30-10:00 am	teleconference
June 26	1:00-1:30 pm	teleconference

To participate in a webinar, you must have a compatible computer available.

To join a webinar go to the following link approximately 10 minutes before the start of the webinar: www.webinar.IN.gov/bcc

Date	Time	Format
June 10	12:00-12:30 pm	webinar
June 13	12:00-12:30 pm	webinar
June 14	12:00-12:30 pm	webinar
June 15	1:00-1:30 pm	webinar
June 17	12:00-12:30 pm	webinar

FSSA Fingerprinting in Indiana

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

1. Using your computer web browser, go to www.L1enrollment.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 your first and last name and click "go".
5. Choose your Agency Name **Family and Social Services Administration** and click "go".
6. When it asks "Why are you being fingerprinted", select whichever is applicable: child care center employee or child care home employee.
7. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to get a list of locations in a specific area. Press "go".
8. 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".
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click "Send Information".
10. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Send Information".
11. Complete your payment process and click "Send Payment Information".
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. 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.
14. Arrive at the facility at your appointed date and time.
15. The Enrollment Officer at the site will check you ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting.
17. All results will be processed and delivered to the authorized agency. L-1 is never in possession of criminal record data results.

Health and Safety Assessment Tool for Licensed Child Care Centers

Staff and children wash hands using proper procedure at appropriate times.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disposable or single use towels, soap, running warm water are available and within reach to staff and children.
<p><i>Clarification:</i> Within reach is defined as close enough to reach easily and can be reached without adult assistance.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff are observed washing hands using the correct procedure.
<p><i>Observation:</i></p> <ol style="list-style-type: none"> 1. Wet hands. 2. Apply soap. 3. Cleanse hands/wrists by rubbing for a minimum of 20 seconds. 4. Rinse under running water. 5. Dry hands with clean disposable towel or wall-mounted drying device. 	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Children are observed washing hands using the correct procedure.
<p><i>Observation:</i></p> <ol style="list-style-type: none"> 1. Wet hands. 2. Apply soap. 3. Cleans hands/wrists by rubbing for a minimum of 20 seconds. 4. Rinse under running water. 5. Dry hands with clean disposable towel or wall-mounted drying device. 	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff are observed washing hands at the appropriate times: <ul style="list-style-type: none"> • Before and After <ul style="list-style-type: none"> ○ Preparing meals and snacks ○ Eating ○ Feeding infants/children ○ Bathing infants/children ○ Wiping children's noses ○ Diapering and assisting children with toileting • After <ul style="list-style-type: none"> ○ Toileting ○ Handling bodily fluids ○ Coughing into hands ○ Handling pets
<p><i>Clarification:</i> Alcohol-based hand sanitizer is <i>not</i> an acceptable alternative to hand washing. If running water is unavailable or impractical, hands should be washed as soon as running water is available. It is recommended practice that staff wash hands after touching contaminated surfaces or objects. A surface is contaminated if it is visibly soiled or there is a reason to believe that the surface has been or could be exposed to contaminants such as harmful chemicals or microorganisms that could cause illness. This includes washing hands after coming in from the outdoors.</p>	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Children are observed washing hands at the appropriate times:</p> <ul style="list-style-type: none"> • Before and After <ul style="list-style-type: none"> ○ Assisting with meal and snack preparation ○ Eating • After <ul style="list-style-type: none"> ○ Toileting or a diaper change ○ Handling bodily fluids ○ Coughing into hands ○ Handling pets
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Clarification:

- If an infant cannot be held at a sink, wash hands using the alternative method: 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.**
- Alcohol-based hand sanitizer is *not* an acceptable alternative to hand washing. If running water is unavailable or impractical, hands should be washed as soon as running water is available.
- It is recommended practice that children wash hands after touching contaminated surfaces or objects. A surface is contaminated if it is visibly soiled or there is a reason to believe that the surface has been or could be exposed to contaminants such as harmful chemicals or microorganisms that could cause illness. This includes washing hands after coming in from the outdoors.

Safe sleep practices for all children are followed.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Infants are placed on their backs to sleep. <i>If no infants are enrolled, mark N/A</i></p>
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Observation: All infants must be placed on their backs to sleep. When infants can easily roll over after being placed on their backs to sleep, they should be allowed to adopt their own position; however, caregivers must always place infants on their backs to sleep. Infants who fall asleep in other locations such as a swing or car seat must be moved immediately.

Documentation: A parent must provide a *documented medical reason signed by a physician* if an infant is to be placed to sleep in a position other than his or her back.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Sleeping children are adequately supervised.</p>
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Observation: All children, including infants and toddlers, must sleep in the classroom and remain under direct supervision at all times. The room must have adequate lighting. Observe the lighting to see whether there is enough light to allow the caregiver to see the rise and fall of children's chests.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Sleeping areas are safe.</p>
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Clarification:

- Children of all ages must be placed to sleep on BCC approved sleep surfaces in good condition.
- Children of all ages must have their faces uncovered while sleeping.
- Children of all ages must have individual sleeping spaces, and if more than one child uses the same sleep surface at alternate times, a clean sheet must be used and/or the area must be washed and sanitized daily between uses. If a sleeping surface is used by one child exclusively, the surface must be washed and sanitized weekly and when soiled.
- Cribs: The sheet must fit the mattress snugly and **nothing is permitted in the crib except for the infant** (the infant may have a pacifier). No toys, stuffed animals, pillows, crib bumpers, positioning devices, or extra bedding (including blankets) are allowed in the crib while the crib is occupied by an infant. Cribs must be placed at least 3 feet apart when occupied.
- Cots: Cots must be placed 3 feet apart on all sides except where they touch a wall or room divider.

Proper diapering, cleaning, and sanitation procedures are followed

Yes No
 N/A

Proper diapering procedure is followed. *If no child is in diapers, mark N/A*

Observation:

- A. Staff wash hands before beginning.
- B. The changing table is fully intact, washable, and sanitizable.
- C. Waterproof paper (wax paper, e.g.) must be used and cover the length and width of the changing surface.
- D. One hand must be kept on the child at all times.
- E. The use of gloves is recommended at all times and required when blood is present.
- F. The child's clothing is removed or moved.
- G. The soiled diaper is removed.
- H. The child is cleansed with a wipe.
- I. The waterproof paper is folded to cover the soiled area (if soiled) and gloves are removed (if used).
- J. A clean diaper is placed on the child and the child is redressed.
- K. The child's hands are washed at a nearby sink or using the alternative method.
- L. The diaper is disposed of in a tightly covered, plastic-lined waste container.
- M. Wet or soiled clothing is placed in a sealed plastic bag to be sent home with the child.
- N. The waterproof paper is removed.
- O. Staff wash and sanitize the table if soiled.
- P. Staff wash hands when finished.

Clarification:

- If an infant cannot be held at a sink, wash hands using the alternative method: 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.**

Yes No

Proper cleaning and sanitation procedure is followed.

Observation: The changing table must be washed and sanitized. Because the use of waterproof paper is required, changing surfaces must be washed and sanitized daily and when soiled.

Clarification: It is recommended that the changing surface be washed and sanitized after each use.

Food is properly served in a safe and sanitary manner, including cleanliness of eating surfaces.

Yes No

Food is properly served

Observation:

- Children must be held during bottle feeding and bottle must not be propped. Children of any age that are bottle fed must be held during bottle feeding.
- Infant formula/breast milk must not be heated in the microwave.
- Proper precautions must be taken for known food allergies.
- Staff must assist and supervise children during all meals and snacks to ensure safety.

Yes No

Eating surfaces are properly cleaned and sanitized at appropriate times.

Observation: Eating surfaces (tables, highchairs, etc.) are washed and sanitized before and after snacks and meals.

Clarification: Eating surfaces are washed with soap and water and sanitized using the proper sanitizing solution. For wet wiped surfaces, the sanitizing solution must sit for two minutes; For sprayed surfaces, the solution must sit for one minute.

The indoor area is safe, clean, and free of clutter and equipment is in good repair.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The indoor area is safe.
<i>Observation:</i> The indoor area is free of safety hazards. No critical violations are observed. The indoor area does not pose a health or safety risk to children. Children do not have access to potentially hazardous objects or materials. The indoor area is free of choking hazards. Children do not have unsupervised access to water.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The indoor area is clean.
<i>Observation:</i> Look for evidence of routine cleaning. Area must be free of obvious soil and grime.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The indoor area is free of clutter.
<i>Observation:</i> The indoor area is free of clutter. There are no stacks of materials or equipment which may be accessible to and pulled down by children. There must be room between materials to allow children to move freely. The indoor area must be free of tripping hazards. Materials and equipment must not block exits.	
<i>Clarification:</i> Clutter is the accumulation of materials. Significant accumulation can pose health and safety risks to children.	
The outdoor area is safe, clean, and free of clutter and equipment is in good repair.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The outdoor area is safe.
<i>Observation:</i> Observe all outdoor areas used for play for safety hazards. No critical violations are observed. The outdoor environment, including equipment and materials, does not pose a health or safety risk to children. Children do not have access to potentially hazardous objects or materials. The outdoor play area is safely enclosed, fenced, or protected from traffic by other natural barriers with gates and locks in good repair. A body of water cannot be the natural barrier. Children do not have unsupervised access to water. Pools must be enclosed by a fence and have a lock (combination or key) on the gate.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	All outdoor equipment is safe and in good repair.
<i>Observation:</i> All outdoor play equipment is available to enrolled children. All playground equipment is in safe condition and good repair.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The outdoor area is clean.
<i>Observation:</i> Outdoor play area is free of hazardous litter such as animal feces and garbage.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The outdoor area is free of clutter.
<i>Observation:</i> The outdoor area is free of clutter. Arrangement of playground equipment and materials must allow for active movement.	
<i>Clarification:</i> Clutter is the accumulation of materials. Significant accumulation can pose health and safety risks to children.	

Hand Washing 101 for Licensed Child Care Centers



Proper and frequent hand washing is the easiest and most effective way to prevent the spread of illness and disease in child care.

Hand Washing is Required!

Indiana state licensing 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
 - Feeding infants and children
 - Bathing infants and children
 - Wiping noses
 - Diapering and assisting children with toileting
- After
 - Toileting
 - Handling bodily fluids
 - Coughing into hands
 - Handling pets

Children Must Wash Hands...

- Before and After
 - Assisting with meal and snack preparation
 - Eating
- After
 - Toileting or a diaper change
 - 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 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.
- Upon arriving at the child care center and before leaving.
- After sensory play involving sand, water, etc.
- It is also recommended that staff wash hands before and after administering medication.

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

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.

An Easy Guide to Diapering Rules for Licensed Child Care Centers and VCP Ministries



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. Staff wash hands
2. The child's clothing is removed or moved
3. The soiled diaper is removed
4. The child is cleansed with a wipe
5. The waterproof paper is folded to cover the soiled area (if soiled) and gloves are removed (if used)
6. A clean diaper is placed on the child and the child is redressed
7. The child's hands are washed
8. The diapering waste is disposed of in a tightly covered, plastic-lined waste container
9. Wet or soiled clothing is placed in a sealed plastic bag to be sent home with the child
10. The waterproof paper is removed
11. Staff wash and sanitize the surface if soiled
12. Staff wash hands

Infant Hand Washing

If an infant cannot be held at a 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.**

It is Recommended that...

- Gloves are used
- 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.



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://iacrr.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.
 - 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
 - The pacifier does not need to be re-inserted if it falls out
 - If infant refuses the pacifier, he or she should not be forced to take it

- For breastfed infants delay pacifier use until 1 month of age to ensure good onset of breastfeeding
- 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 recommend that parents sign the policy
 - Provide safe-sleep-related educational resource materials for parents
- ✓ Develop a schedule to check for recalls of infant products. *Consumer Product Safety Commission at: <http://www.cpsc.gov>*

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

Effective 7/1/13

Update #1

470 IAC 3-4.7-1 General definitions

(21) "Criminal history check" means an Indiana state police search and report of criminal records on forms provided by that agency.

Note:

A national criminal history background check is completed through the state police department under IC 10-13-3-39 before issuing a license. The national criminal history check replaces the statewide criminal history check.

(77) "Volunteer" means a person working or assisting in the child care center more than eight (8) hours per month who is not paid by the center.

o Assessment Method:

- A volunteer is an individual, at least 16 years of age, who works or assists with the care of children for more than 8 hours per month. A volunteer can be counted toward the child/staff ratios only with written documentation that she/he is fully qualified for the position in which she/he is volunteering. A volunteer shall always work under the supervision of at least a Lead Caregiver and is never left alone with a group of children.
- The director may not be a volunteer because rule 470 IAC 3-4.7-21 (b) Director Qualifications states "each child care center must employ a qualified person to carry out the responsibilities of the director."
- Volunteers and visitors are not paid by the child care center. All volunteers must submit to ~~statewide limited~~ a national criminal history checks.

Update #2

470 IAC 3-4.7-41 Staff, substitutes, and volunteer records

(3) A statewide limited criminal history check completed by the Indiana state police.

Note:

A national criminal history background check is completed through the state police department under IC 10-13-3-39 before issuing a license. The national criminal history check replaces the statewide criminal history check.

Update #3

470 IAC 3-4.7-49 Child grouping policies

Sec. 49. (a) Age grouping policies apply at all times except as in subsection (f).

♦ Intent:

To ensure the understanding that maximum group sizes shall apply at all times inside, outside and for special events. Research has shown that group size and child/staff ratios are among the most important determinants of child safety and quality of care. This rule does allow a program flexibility in mixing age groups as long as there is adequate supervision and attention to the developmental needs of children.

- Maximum group sizes for special events can be adjusted by keeping each classroom of children together during the presentation; however, the minimum square footage requirements shall still be maintained.

- During rest time, groups may be in the same room; however, each classroom of children must be kept together and kept separate from the other groups in the room. Rest time ratios must be maintained for each group and minimum square footage requirements apply.

Note:

Children transitioning to the next age group or starting the facility may start visiting or be placed in the next age group of children with a transition period of 2 weeks before and 2 weeks after their birthday. The ratio that is maintained is the ratio of the classroom that the child is moving into.

Any other variations that are not included in Interpretive Guide or the rules would be considered on an individual basis and in the best interest of the child. These would have to be approved through a variance. For more information and guidance for children under 30 months of age refer to the Interpretive Guide for 470 IAC 3-4.7-51 Implementation of continuity of care.

Update #4

470 IAC 3-4.7-68 Playground design

(b) The outdoor play area shall be safely enclosed, fenced, or protected from traffic by other natural barriers. Air compressors or other dangerous equipment in the outdoor play area shall be enclosed and inaccessible to children.

◆ Intent:

To ensure that the area is protected from harm to the children and that children are unable to leave the play area unsupervised. Fencing shall be sturdy, free of sharp edges, secure and maintained in good repair. When fences are used, they are to be at least 4 feet high and of material such as chain link, wood fences with smooth finish and with openings that will not permit children to climb through or other materials approved by the Division. Natural barriers shall be free of hazards such as poisonous plants and thorns and shall be dense enough to protect children from wandering out of the play area. When children are outside playing or doing activities, they shall remain in the fenced in play area for their protection. Children are not allowed to play in any area of the property or on the sidewalk, driveway, etc that is not fenced in.

Update #5

470 IAC 3-4.7-78 Meal components

(d) The center shall serve whole milk to children under two (2) years of age unless a physician orders a specific substitution.

◆ Intent:

To clarify that no milk less than 2% 1% may be served to children ages 2 and older according to approved nutrition programs, unless a child has a physician's or nurse practitioner's statement. Additionally, children twelve (12) through twenty-three (23) months of age may be served 2% milk.

Update #6

470 IAC 3-4.7-79 General meal guidelines

(p) Packaged, ready-to-eat foods that are served to children must be discarded, if not consumed.

Note:

Containers of milk that have been removed from the kitchen and returned after food service are considered as spoiled foods and must be discarded. Milk may be offered in smaller containers for table service but leftover in the smaller container must be consumed or discarded.

Update #7

470 IAC 3-4.7-88 Medication

(j) Medication labeled "refrigerate" shall be stored in tightly lidded, washable containers marked "medication" in a refrigerator.

◆ Intent:

To clarify if the refrigerated medication is kept in the classroom the medication shall be kept locked.

Update #8

470 IAC 3-4.7-93 Child hygiene

Sec. 93. (a) The center schedule shall include provisions for supervised personal hygiene, washing hands before and after meals, and washing hands after using the toilet facilities.

◆ Intent:

To ensure the understanding that this rule means that children must wash their hands after meals and that a hand sanitizer is not a substitute for washing hands. Using the correct procedure and washing hands frequently can prevent the spread of the common cold, flu, and food borne illness as well as many other germs.

• Assessment Method:

Children are observed washing hands using the correct procedure:

1. Wet hands
2. Apply soap
3. Cleanse hands/wrists by rubbing for a minimum of 20 seconds
4. Rinse under running water
5. Dry hands with clean disposable towel or wall-mounted drying device

Update # 9

470 IAC 3-4.7-94 Diapering

(r) Caregivers shall properly cleanse the child's body at each diapering. The submitted health program shall contain skin care procedures approved by the center's health consultant. Caregivers shall post and follow the procedures when diapering children.

◆ Intent:

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.

o Assessment Method:

• The Diapering Process

- o Staff wash hands
- o The child's clothing is removed or moved
- o The soiled diaper is removed
- o The child is cleansed with a wipe
- o The waterproof paper is folded to cover the soiled area (if soiled) and gloves are removed (if used)
- o A clean diaper is placed on the child and the child is redressed
- o The child's hands are washed
- o The diapering waste is disposed of in a tightly covered, plastic-lined waste container
- o Wet or soiled clothing is placed in a sealed plastic bag to be sent home with the child
- o The waterproof paper is removed
- o Staff wash and sanitize the surface if soiled
- o Staff wash hands

Update #10

470 IAC 3-4.7-98 Staff hygiene

Sec. 98. (a) Persons who handle and serve food shall thoroughly wash their hands with soap and warm running water and use disposable towels from a dispenser for drying or an electric hand dryer.

• Assessment Method:

Staff are observed washing hands using the correct procedure:

1. Wet hands
2. Apply soap
3. Cleanse hands/wrists by rubbing for a minimum of 20 seconds
4. Rinse under running water
5. Dry hands with clean disposable towel or wall-mounted drying device

♦ Intent:

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.

Update #11

470 IAC 3-4.7-100 Poisons, chemicals, and hazardous items

(h) The center shall make inaccessible to children environmental hazards that present a risk for entrapment or burial, such as, but not limited to, the following:

- (1) Pits.
- (2) Abandoned wells.
- (3) Abandoned appliances.

Note:

If there are any accessible water hazards (retention ponds, baptismal fonts, etc.) within the facility or on the grounds where the child care is located, the facility must have a written plan to make these hazards inaccessible to children.

Update #12

470 IAC 3-4.7-116 Kitchen and food preparation areas

(i) All food preparation surfaces and eating surfaces shall be sanitized:

- (1) before and after use; and
- (2) when there is a potential for cross contamination.

Note:

Prior to sanitizing eating surfaces must be cleaned with a soap solution (detergent and water) and dried with a disposable towel.

Update #13

470 IAC 3-4.7-132 Infant equipment

Sec. 132. (a) Each room shall have, as a minimum, the following:

- (1) Books for caregivers to read and sturdy picture books for children.
 - (2) Fine motor or manipulative toys.
 - (3) Gross motor or large muscle equipment.
 - (4) Sensory items.
 - (5) A source for playing recorded music.
- (b) Caregivers shall provide duplicate toys.
- (c) Equipment shall be routinely rotated in and out of the environment.
- (d) Television is prohibited in infant areas.

◆ Intent:

To ensure a sufficient supply of toys and play equipment to meet the needs of infants across all areas of development. When choosing play equipment and materials, consider these aspects: age and developmental level, safety, durability, flexibility and instructional quality. Some examples include:

- Sensory stimulation activities: ~~crib mobiles~~, sound toys, teething toys, visual stimulation materials (mirrors, patterns, designs).
- Language stimulation: talking, singing for 0-6 months, songs, chants, rhymes for 6-12 months.
- Fine motor development: toys with parts that move, squeeze and grip toys, dump and fill toys.
- Activities to encourage social interaction: talking, imitation games, hiding and finding.
- Large muscle activities: variety of surfaces for crawling, scooting, creeping, sufficient open spaces for exploration.
- Activities to encourage problem-solving and intellectual development: activities from all of the above categories.

Update #14

470 IAC 3-4.7-141 Infant/toddler sleeping

Sec. 141. (a) The needs of individual children shall determine the sleeping periods.

(b) Caregivers shall place infants on their backs or sides in their cribs for sleeping.

◆ Intent:

To ensure that centers follow Safe Sleep Practices. Parents may not request a waiver for this unless there is a documented medical reason signed by a physician. When infants turn over on their own, it is permissible to leave them on their stomachs rather

than awakening them, however all infants shall be placed on back or sides when placed in the crib. It is expected that infants that fall asleep in other locations, such as a swing or seat, be promptly moved to their crib.

Note:

Children less than 12 months of age shall never have any soft bedding such as pillows, quilts, comforters and sheepskins in the crib or portacrib. There shall not be any toys, stuffed animals, crib bumpers, positioning devices, or extra bedding in the crib. Children less than 12 months of age must always be placed on their back to sleep.

(t) Caregivers shall assure that at least three (3) feet of space is between toddler cots.

Note:

New crib standards were adopted by the Consumer Product Safety Commission effective 6/28/2011. Any crib manufactured prior to this date shall not be used. These guidelines apply to all types of cribs – full size, non full size, wooden, and metal. Non-compliant cribs may not be resold or donated. They must be disassembled prior to discarding.

Update 15

IC 12-17.2-4-3

Applying for licenses

(c) The applicant must submit with the application a statement attesting that the applicant:

(1) has not been convicted of:

(A) a felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten

(10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;

(B) a misdemeanor relating to the health or safety of children;

(C) a misdemeanor for operating a child care center without a license under section 35 of this chapter, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or

(D) a misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; and during the pendency of the application.

(d) An applicant ~~must~~ shall, at no expense to the state, submit:

(1) the necessary information, forms, or consents; ~~for the division to obtain~~ and

(2) the applicant's fingerprints;

for a national criminal history background check ~~on the applicant through the state police department under IC 10-13-3-39~~ by the Federal Bureau of Investigation.

(e) Subject to section 3.3 of this chapter, the applicant must, at no expense to the state, do the following:

(1) ~~Conduct~~ Require an employee or volunteer of the applicant who has direct contact with a child who is receiving child care from the applicant to submit fingerprints for a national criminal history background check ~~of the applicant's employees and volunteers~~ by the Federal Bureau of Investigation.

(2) ~~Maintain records of each criminal history check~~ Report to the division any:

- (A) police investigations;
- (B) arrests; and
- (C) criminal convictions;

of which the applicant is aware regarding the applicant or an employee or volunteer described in subdivision (1).

An applicant shall require an individual described in subdivision (1) to apply for a national criminal history background check before the individual is employed or allowed to volunteer and every three (3) years thereafter that the individual is continuously employed or allowed to volunteer.

o Assessment Method:

Review the criminal history files maintained by the Center to determine that the applicant and all employees and volunteers have had a state-wide national criminal history check completed.

Update #16

IC 12-17.2-4-3.3

Sec. 3.3. A person that holds a license under this chapter on July 1, 2013, shall, at no expense to the state, meet the requirements under section 3(e) of this chapter not later than July 1, 2014.

Update # 17

IC 12-17.2-4-3.5

Drug testing

Sec. 3.5. (a) A child care center shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for an individual who:

- (1) is employed; or
- (2) volunteers; as a caregiver at the child care center. The drug testing results required under this subsection must be obtained before the individual is employed or allowed to volunteer as a caregiver.

Note:

Drug test results shall be reviewed by a nationally certified Medical Review Officer using positive cut-offs established by the US Department of Transportation. Drug test results must include contact information for the Medical Review Officer. **Positive drug test screening MUST contain an MRO signature.**

Update #18

IC 12-17.2-4-5

Grounds for denial of license applications

Sec. 5. (a) The following constitute sufficient grounds for a denial of a license application:

- (2) A criminal conviction of the applicant, an employee of the applicant who has direct contact ~~on a regular and continuous basis~~, with children who are ~~under the direct supervision of~~ receiving child care from the applicant, or a volunteer of the applicant who has direct contact ~~on a regular and continuous basis~~, with children who are ~~under the direct supervision of~~ receiving child care from the applicant, of any of the following:

(A) A felony:

- (i) related to the health or safety of a child;
- (ii) that is a sex offense (as defined in IC 11-8-8-5.2);
- (iii) that is a dangerous felony; or
- (iv) that is not a felony otherwise described in items (i) through (iii), and less than ten

(10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.

(C) A misdemeanor for operating a child care center without a license under section 35 of this chapter, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(D) A misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(3) A determination by the division that the applicant made false statements in the applicant's application for licensure.

Update #19

IC 12-17.2-4-32

Grounds for revocation of licenses

Sec. 32. (a) The following constitute sufficient grounds for revocation of a license:

(2) A criminal conviction of the licensee, an employee of the licensee who has direct contact on a regular and continuous basis, with children who are under the direct supervision of receiving child care from the licensee, or a volunteer of the licensee who has direct contact on a regular and continuous basis, with children who are under the direct supervision of receiving child care from the licensee, of any of the following:

(A) A felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten

(10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.

(C) A misdemeanor for operating a child care center without a license under section 35 of this chapter, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(D) A misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

Update #20

Other Definitions

IC 12-7-2-53.2

"Dangerous felony", for purposes of IC 12-17.2, means one (1) or more of the following felonies:

(1) Murder (IC 35-42-1-1).

(2) Attempted murder (IC 35-41-5-1).

(3) Voluntary manslaughter (IC 35-42-1-3).

(4) Involuntary manslaughter (IC 35-42-1-4).

(5) Reckless homicide (IC 35-42-1-5).

(6) Aggravated battery (IC 35-42-2-1.5).

(7) Kidnapping (IC 35-42-3-2).

(8) Rape (IC 35-42-4-1).

(9) Criminal deviate conduct (IC 35-42-4-2).

- (10) Child molesting (IC 35-42-4-3).
- (11) Sexual misconduct with a minor as a Class A felony under IC 35-42-4-9(a)(2) or a Class B felony under IC 35-42-4-9(b)(2).
- (12) Robbery as a Class A or Class B felony (IC 35-42-5-1).
- (13) Burglary as a Class A or Class B felony (IC 35-43-2-1).
- (14) Battery as a felony (IC 35-42-2-1).
- (15) Domestic battery (IC 35-42-2-1.3).
- (16) Strangulation (IC 35-42-2-9).
- (17) Criminal confinement (IC 35-42-3-3).
- (18) Sexual battery (IC 35-42-4-8).
- (19) A felony committed in another jurisdiction that is substantially similar to a felony in this section.
- (20) An attempt to commit or a conspiracy to commit an offense listed in subdivisions (1) through (19).

7/1/2013