

Interpretative Guide for Voluntary Certification Program

The purpose of this guide is to provide the Bureau staff with a tool for determining compliance with a particular Voluntary Certification Program (VCP) standard. The guide also provides information on the purpose of each standard as well as any special instructions necessary for compliance determination. Thus it should also serve as a useful document for VCP child care facilities to allow for a better understanding of the standard in preparation for certification and for on-going compliance.

The guide's structure and order is the same as the standards. The guide is organized in the following format:

- The complete text of the standard is first. The symbol ■ is used to indicate the standard.
- Following the standard is the 'intent' statement. The intent statement summarizes the purpose of the standard – the 'why' of the standard. The symbol ♦ is used to indicate the intent.
- Next is the 'assessment method'; this provides Bureau staff guidance on the means for evaluating compliance with the standard. The symbol ○ is used to indicate the assessment method.

Please note that not all Standards have an interpretative guide and not all interpretative guides have the three components.

For more information - www.in.gov/fssa/carefinder

Food/Nutrition

■ (1) Current BCC approved food service training for at least one staff member responsible for the operation of the kitchen. A person with BCC approved food service training will be present whenever meals or snacks are served.

◆Intent:

Course is valid for five (5) years from date of training.

○Assessment Method:

- Check records for documentation of current training.

■ (2) Acceptable written weekly menus including meals/snacks provided by the facility shall be posted in a conspicuous place for all parents to review and in the kitchen.

◆Intent:

Advance menu planning is intended to ensure that the nutritional needs of the children are being met by meals and snacks provided at the facility. Posting the menu is helpful to parents so they know what their children will be served and how to plan their meals at home.

○Assessment Method:

- Review menus to ensure they meet conditions specified.
- Check posting of menus in an area conspicuous to parents and in the kitchen.
- Ask Director and food service staff about menu planning and recording of menu changes.

■ (3) For children one year or older, a period of not less than 2 hours and not more than 3.5 hours shall separate meals and snacks, unless children are sleeping.

◆Intent:

To clarify that the facility may vary this standard when a child's need for sleep conflicts with the time limit standards.

To clarify that facilities that open after 8:00 am are only required to serve three (3) meals: either breakfast or morning snack, then lunch and a mid-afternoon snack. Facilities opening before 8:00 am may serve morning snack before breakfast as long as both meals are served. (unless meal was served elsewhere) Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To ensure that the daily nutritional needs of the child are being met during the hours that the child is at the facility, small feedings of nourishing food shall be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake. Children in care more than eight (8) hours need additional food, as this period represents a majority of a young child's waking hours.

○Assessment Method:

- Check meal schedule to ensure they comply with all provisions of this standard.
- Check with Director and food service staff about procedures to comply with the meal time standards.

■ (4) At least 1½ ounces of high protein food (such as meat, poultry, cheese, eggs or dried beans) are served at lunch and dinner.

◆Intent:

To ensure that meals meet the nutritional needs of children and nutritional guidelines.

○Assessment Method:

- Check recipes for entrée items for conditions specified.

- Ask food service staff about the procedure to ensure that these recipes are immediately available in the kitchen.
- Review menus to ensure they meet conditions specified.
- Observe meal service.

■ (5) A good source of Vitamin A (such as carrots, squash, broccoli, mangos) is served at least two (2) times a week.

◆Intent:

To ensure that meals meet the nutritional needs of children and nutritional guidelines.

○Assessment Method:

- Review menus to ensure they meet conditions specified.
- Ask Director and food service staff about menu planning and recording of menu changes.

■ (6) Nutritious snacks (such as whole grain breads, muffins, cheese or peanut butter crackers or banana bread) are served daily. Include two (2) different food groups (i.e. fruit and dairy, bread and protein, etc).

◆Intent:

Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To ensure that the daily nutritional needs of the child are being met during the hours that the child is at the facility, small feedings of nourishing food shall be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake. Children in care more than eight (8) hours need additional food, as this period represents a majority of a young child's waking hours.

○Assessment Method:

- Review menus to ensure they meet conditions specified.
- Ask Director and food service staff about menu planning and recording of menu changes.

■ (7) Two(2) of these components (vegetables, salads or fruits) must be served with lunch and dinner meals.

◆Intent:

To ensure that meals meet the nutritional needs of children and nutritional guidelines.

○Assessment Method:

- Review menus to ensure they meet conditions specified.
- Ask Director and food service staff about menu planning and recording of menu changes.
- Observe meal service.

■ (8) Milk, provided by the parent and/or the facility, is served at all meals. Milk that is provided shall be whole milk for children under the age of two unless physicians order a specific substitution. Reconstituted, dry or fat free milk will not be offered to children by the facility No milk less than 1% may be served to children ages two (2) and older unless a child has a physician's or nurse practitioner's statement.

◆Intent:

To ensure facility is in close alignment with Child and Adult Care Food Program (CACFP).

○Assessment Method:

- Ask food service staff about the milk served to children.
- Look for liquid milk and its content.

- (9) All fruit juice served by the facility is 100% pure fruit juice with no sugar added. (2) All non-citrus juices served by the facility are fortified with vitamin C. (3) The facility does not serve or have accessible to children: ades, soft drinks or powders. (4) A competing beverage is not served by the facility with milk during meals/snacks.

◆Intent:

To clarify that staff beverages in presence of children shall meet these guidelines as well. If staff is drinking something other than milk, juice or water, it must be in a container in which the liquid is not identifiable to the children.

To ensure that all juice served to the children by the facility is of the highest nutritional value and to clarify that water may be served at snack, but does not count as one of the two components required to be served.

○Assessment Method:

- Ask food service staff about juice served.
- Look at juice containers to ensure they are 100% fruit and unsweetened and fortified if non-citrus.

- (10) Seconds of at least two (2) items and milk are offered and available at the noon and evening meals.

◆Intent:

To clarify that serving sizes for seconds do not have to be the same size portion as the original serving. To ensure that the varied food needs of children are met

To clarify that staff may encourage children to try other food items, but must serve children seconds even if they do not eat any other food items. Seconds do not have to be an item on the menu, but the change shall be documented.

○Assessment Method:

- Ask food service staff about serving seconds of food and milk at noon or evening meal. Observe a meal to determine compliance.

- (11) If casseroles are served as the protein component, standardized recipes (including the lbs and oz of protein, the number of servings and the portion size) must be available and utilized.

◆Intent:

To ensure that meals meet the nutritional needs of children and nutritional guidelines.

○Assessment Method:

- Check recipes for entrée items for conditions specified.
- Ask food service staff about the procedure to ensure that these recipes are immediately available in the kitchen.

- (12) Food is not used as a reward or punishment.

○Assessment Method:

- Review discipline policy to ensure conditions specified.
- Ask Director and staff about discipline procedures and implementation.
- Observe the program for methods of discipline.

- (13) Staff assists, supervise, converse and sit with the children during all meals and snacks in age relative groups, small enough in number to assure assistance and safety.

◆Intent:

To clarify that in a facility where children eat snacks on their own, in small groups or individually, caregivers are not required to sit with each child as he/she eats.

The presence of staff at the table with children while they are eating is a way to encourage social interaction and conversation about the food such as its name, color, texture, taste and concepts such as number, size and shape as well as sharing events of the day.

Staff being present at the table with the children minimizes the risk of choking.

○ Assessment Method:

- Ask food service staff about facility practice to ensure compliance with supervision and child/staff interaction at mealtimes.
- Observe mealtime interactions between staff and children.

- (14) Children are allowed to converse freely during meal/snack times.

◆ Intent:

To encourage social interaction and conversation.

○ Assessment Method:

Observe mealtime interactions between children.

- (15) Food allergies and special diets are posted in the kitchen and/or in the area where the child's food is prepared and served.

◆ Intent:

To ensure that dietary modifications for any child, including those with special health care needs, developmental problems of chewing and swallowing food and food allergies are carefully monitored by a trained health professional, coordinated with the rest of the child's health care and documented in the child's record. Detailed information on a child's special diets is invaluable to the facility food service staff in meeting the nutritional needs of the child. Parents shall provide a written statement for special diets due to personal or religious reasons.

Close collaboration between the home and facility is needed for these children. Parents may have to provide food if the facility is unable to provide the special diet. If so, the parent must sign a "Safe Transportation of Food Form." The facility shall have written instructions from a physician to guide the preparation of special diets for children with medical reasons or allergies.

Each child with a food allergy shall have a special care plan prepared for the facility by the child's physician or health professional. That plan should include: 1) written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food; 2) a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's special care plan, the child's caregivers shall receive training, demonstrate competence in and implement measures for: 1) preventing exposure to the specific food (s) to which the child is allergic; 2) recognizing the symptoms of an allergic reaction; 3) treating allergic reactions.

○ Assessment Method:

- Review written plans for handling and providing special diets.
- Ask Director and food service staff about procedures to implement written plans.
- Check files for children with special diets for documentation and written statement from physician or parent, based on reason for the diet.
- Observe the food preparation to prevent contamination.
- Check for signed "Safe Transportation of Food" form if parent provides food.
- Check for posting of special instructions for special diets.

Food Brought from Home (must also meet the following)

■ (16) Parent has completed and signed a “Safe Transportation of Food” form; form is maintained in the child’s record.

■ (17) Nutrition education material, approved by the Division, Bureau of Child Care, is available to parents and placed in a conspicuous place.

◆Intent:

To ensure that parents receive information provided by the Division which could impact their children’s care.

■ (18) The facility has a contingency plan to provide nutritious meal(s) and snack(s) to a child who arrives at the facility without meal(s) and/or snack(s) from home. These meal(s) and snack(s) shall be made available in such quantity as to meet the needs of the child.

◆Intent:

To ensure that meals/snacks meet the nutritional needs of children.

○Assessment Method:

- Check recipes for entrée items for conditions specified.
- Observe meal service.

Health and Safety

Staff Requirements

■ (19) All staff members have physical examination, signed by a physician or nurse practitioner, within one (1) month of employment or twelve (12) months prior to employment.

◆Intent:

To ensure the understanding that the physical shall have been completed no more than 12 months prior to date of hire.

This standard is intended to ensure that each employee, volunteer, substitute, student aide and others having direct contact with the children or food service is physically and emotionally able to carry out the responsibilities of his/her job.

○Assessment Method:

- Check personnel files for documentation as specified.

■ (20) All child care providers are at least 18 years old and have a HS Diploma or equivalent.

◆Intent:

Child care is a physically and emotionally demanding profession which requires an understanding of children and their needs. Caregivers, providing direct care and education to children, interact with them daily and play an important role in the children’s lives. This standard intends to ensure that the caregiver is old enough to assume his/her responsibilities in a mature manner. Caregivers are responsible for planning and monitoring the program of daily activities for a group of children and for supervising volunteers working with them.

Staff, other than the Director, not counted in child/staff ratios may be under the age of 18.

○ Assessment Method:

- Check personnel files for documentation of caregiver qualifications (age and diploma) keeping in mind that a certificate of completion is not acceptable for compliance.

■ (21) Facilities may count early childhood practicum students under eighteen (18) years of age in child/staff ratios with the following conditions:

◆ Intent:

This standard is intended to establish the conditions under which early childhood practicum students under 18 years of age may be counted in child/staff ratios at the facility. The conditions follow.

(a) They attend a high school early childhood program.

◆ Intent:

To ensure the understanding that a “high school early childhood program” is defined as an early childhood ‘vocational’ program – an early childhood career education program. To further ensure that an early childhood practicum student is enrolled and attends an early childhood vocational program, not just one early childhood class.

(b) They are seventeen (17) years of age or sixteen (16) years of age if working at their on-site vocational child care facility.

◆ Intent:

To clarify the understanding of this standard:

Early childhood practicum students who are 17 years old may work at any early childhood program.

Early childhood practicum students who are 16 years old may only work on-site at the vocational child care facility in the vocational early childhood program which they attend.

(c) They are assigned to a lead caregiver who provides supervision at all times.

(d) They are never left alone with a group of children.

◆ Intent:

Provisions (3) and (4) are intended to ensure that early childhood practicum students are assigned only to a lead caregiver, work with children under supervision of the lead caregiver at all times and are never left alone with a group of children.

(e) They are not counted in the child/staff ratio of infant or toddler rooms.

◆ Intent:

To ensure that early childhood practicum students are not counted in the child/staff ratio in infant and toddler rooms in the facility.

■ (22) Early childhood practicum students from colleges or universities may serve in any capacity for which they are qualified.

◆ Intent:

To ensure the understanding that early childhood students who attend colleges or universities may work in any role at the facility for which they are qualified.

○ Assessment Method:

Complete files for practicum students must be maintained on site at the facility.

- Check personnel files for the age and background of early childhood practicum students for documentation of specified conditions in this standard, especially documentation of enrollment in the high school early childhood vocational program.
- Check room assignments for these students for documentation of lead caregiver to whom the students are assigned.
- Observe classrooms for staffing and interview director and staff, if needed.

Staff Training

- (23) Staff shall have training in cardiopulmonary resuscitation (CPR) as follows:
 - (a) At least one (1) caregiver accompanying children on field trips must be trained annually in Pediatric CPR.
 - (b) In child care facilities certified for infants or toddlers, all infant and toddler caregivers shall be trained annually in infant or pediatric CPR as appropriate.
 - (c) All staff members shall be informed of which employees are trained in CPR and how to obtain the trained employee's assistance in an emergency.

◆ Intent:

To ensure that in case of emergencies there is always present on field trips, a person (s) with annual certification in pediatric CPR. To ensure that facilities certified for infants and toddlers shall have all infant and toddler staff trained annually in infant or pediatric CPR.

○ Assessment Method:

- Check personnel files for written documentation of annual certification in pediatric CPR for staff.
- If the facility is certified for infants and toddlers, check personnel files for written certification in infant or pediatric CPR for all infant and toddler staff.
- Interview staff to determine if they know who in the staff is qualified to provide CPR.

- (24) In addition to first aid, cardiopulmonary resuscitation (CPR), universal precautions, and life saving certification, all directors and persons counted in child/staff ratios shall have, on an annual basis, a minimum of twelve (12) clock hours of in-service training as follows:
 - (a) The director shall receive training in each of the following categories:
 - (1) Administrative issues.
 - (2) Curriculum and developmentally appropriate practices.
 - (3) Health, nutrition, sanitation, and safety.

◆ Intent:

To ensure that the director receives ongoing training to reinforce knowledge in those areas pertinent to her/his responsibilities in administering the child care program.

- (b) Caregivers shall receive training in each of the following categories:
 - (1) Positive classroom management and discipline.
 - (2) Developmentally appropriate practices and curriculum.
 - (3) Child development.
 - (4) Health, nutrition, sanitation, and safety.

◆ Intent:

To specify the required content areas of ongoing training required for caregivers to increase their knowledge of working with young children.

- (c) Training may include, but is not limited to:
 - (1) workshops;
 - (2) formal education;
 - (3) videos;
 - (4) training by consultants; or

(5) educational programs provided for staff by the director or director designated training facilitators.

(d) The documentation of reading of early childhood educational literature shall require a written summary and shall not count as more than two (2) hours of training per year.

◆ Intent:

To specify the methods of training that are acceptable to meet the in-service training requirement. To ensure that reading of educational literature is documented by a written summary and can only count for 2 hours of the in-service training requirement.

■ (25) The director has completed a Child Development Associate Credential (CDA) or early childhood degree or equivalent degree OR the director of the ministry agrees to obtain a minimum of a CDA within three years of obtaining the Voluntary Certification Program and show progression towards completion each year.

◆ Intent:

To ensure that the director has sufficient maturity, education, training, and experience to plan and administer a child care program, supervise facility personnel and respond appropriately to a range of operational issues. The director plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles and knowledge of family relationships. College level course work has been shown to have a measurable, positive effect on quality child care, whereas experience itself has not. According to Tout, Zaslow, and Berry in *Critical Issues in Early Childhood Professional Development (2006)* and the *National Child Care Staffing Study*, teacher who have formal college-based educations have been shown to be able to create higher quality environments for children. The experience requirement is intended to ensure relevant experience in working with children in an early childhood program.

○ Assessment Method:

- Determine by a review of documentation. Documentation shall include a copy of a high school diploma or equivalency certificate, and a copy of a CDA certificate or an Education Commitment Form. The Education Commitment Form is only valid for 3 years. Documentation can also include proof that the director has completed 12 credit hours in early childhood education or a related field from an accredited university or college with a “C” or better. A transcript must be provided to the Bureau for review and approval of the classes.

Children’s Files

■ (26) A written application for admission of each child, signed by the child’s parent, shall be on file at the child care facility prior to admission and shall include the name, address, and telephone number of responsible person who may be called to come for the child in case of illness or other emergency if the parent cannot be reached.

◆ Intent:

To ensure that the facility has a signed application for each child authorizing the facility to provide care to the child and to ensure pertinent information on each child to guide the facility staff in the care provided to the child and in the event of emergencies. In addition, to ensure that the facility has pertinent emergency contact information for parents and the individuals authorized to pick up the child from the facility. This information serves to protect both the child and the facility.

Copies of this information must be readily available to take on field trips or kept on busses used for ongoing transportation.

○ Assessment Method:

- Check files for information specified using a 20% sample of children’s files.

■ (27) Each child has physical exam within 30 days of admission or twelve (12) months prior to admission.

◆Intent:

To ensure that each child attending the facility has a recent medical examination performed by a physician or nurse practitioner as protection for the facility and the child. It is important that the facility be aware of the health of each child in order that any health problems can be identified and the facility can plan accordingly. The standard also is intended to prevent the spread of vaccine preventable communicable disease by ensuring that each child is immunized in accordance with immunization standards established by the Division and ISDH. The facility should have written procedures, shared with parents, which specify at what point the children will be prohibited from attending until the health requirement is met.

○Assessment Method:

- Review children's health appraisals to ensure that each one reviewed includes all items indicated in the standard using a 20% sample of children enrolled.

■ (28) Each child's record shall contain the following consent signed by the parent:

(a) Emergency medical authorization to provide transportation and obtain medical treatment for children when the parent cannot be contacted. This authorization shall also be in the emergency information file.

◆Intent:

To ensure prompt medical help for children if they become ill or injured requiring medical treatment; to ensure parental permission to transport their children and for their participation in extracurricular activities, both at or away from the facility.

○Assessment Method:

- Check files for written authorizations for each child.

■ (29) Records are maintained on all children's injuries.

◆Intent:

To ensure documentation of all injuries which occur to children in care for facility and parent/guardian use and reporting to the Division of serious accidents and injuries. The standard is intended to ensure the understanding of reporting requirements for minor and serious injuries.

Minor injury reports shall be maintained at the facility while serious injuries, those which require medical attention by a health professional, require an immediate verbal report to the parents/guardians followed by a written report on Division supplied forms with one copy maintained at the facility, one provided to parents/guardians and one sent to the Division. The facility reports may be filed in a central file or the children's individual files. (records should be kept a minimum of one year after children are no longer enrolled)

○Assessment Method:

- Review the facility file for reports of serious injuries.
- Ask the Director about reporting procedures for both minor and serious injuries and how implemented. Ask about documentation of verbal reports to parents of serious injuries.

Emergency Preparedness

■ (30) A written emergency plan is established and implemented. The plan is shared with parents at the time of enrollment and/or any time the provider initiates a change in any aspect of the plan. The purpose of the written emergency plan is to make all emergency policies and procedures clear to parents. The plan is to be signed by the parent(s) to indicate their understanding and acceptance of the policies and procedures. The written plan will include:

- The procedure for notifying parents in the event of the illness of a staff member(s) that may be contagious to others, or any emergency that prevents children from being cared for in the facility.
- The need for the parent to have a back-up plan for care in place, in the event of their child's illness or the facility's inability to care for children.
- Exclusion policies pertaining to a child's health.
- Alternative contacts and medical care authorization available in case parents cannot be reached in the event of an emergency.
- A list, provided by the parent(s), of people authorized to pick up a child.

◆Intent:

To ensure there is regular involvement between parents and the facility, communication is an important component in child care operations. Parents are and will remain the principal influence in the development of their children.

○Assessment Method:

- Check files for applications with information specified for each child or a 20% random sample of children enrolled. A minimum of ten (10) files shall be reviewed.

■ (31) Written policy signed by the parent/guardian notifying them in the event of a child's illness or an emergency.

○Assessment Method:

- Review facility's written policy.

■ (32) First aid supplies and manual equivalent to the Red Cross First Aid Manual shall be immediately available for staff use. The first aid kit, at a minimum, shall consist of the following:

- (a) Sheer strip bandages.
- (b) Sterile bandages and compresses.
- (c) Adhesive tape.
- (d) Scissors.
- (e) Flashlight.
- (f) Thermometer.
- (g) Disposable gloves.
- (h) Mild soap.

◆Intent:

This standard is intended to ensure that first aid supplies are available at all times as needed. It is intended that these be renewed to keep them in good usable condition and kept in a convenient place accessible only to staff.

The number of kits will depend on the size and physical layout of the facility but there should be two (2) kits at a minimum if field trips and other outside activities are to be a part of the program.

○Assessment Method:

- Check kit(s) for materials and safe location(s).

■ (33) Emergency first aid procedures available and visible to all child care staff.

◆Intent:

Posting of the other procedures relating to health and safety practices should help to inform parents about the components of safe, healthy care for their children.

○Assessment Method:

- Observe the facility for posting of the critical policy and procedures in a prominent place and in each classroom.

Medication

- (34) Medicine not requiring refrigeration is stored in a locked cabinet or locked drawer outside of the kitchen or bathroom.

◆Intent:

To ensure the protection of the children and the facility.

- (35) All medications have a physician's written order.

◆Intent:

To ensure the protection of children and the facility.

The written order or the pharmacy label must show the following:

- (1) The name of the child.
- (2) The name of the specific medication.
- (3) The dosage of medication to be administered.
- (4) Why it is to be given (for nonprescription medication).
- (5) The frequency/interval to be given.
- (6) The physician's name.
- (7) The date the prescription was filled or the order was written.

The facility must have clear, accurate instruction and medical confirmation, where needed, of the child's need for medication while in the facility. Caregivers should not be involved in inappropriate use of drugs based solely on the parent's desire to give the child medication.

Caregivers need to be aware of what medication the child is receiving, who prescribed it and when, and what the known reactions or side effects may be if a child has a negative reaction to the medicine. A medication log is recommended especially if medications are frequently prescribed or if long-term medications are being used.

The health program shall have specific procedures for the administration and storage of medication in a safe way.

○Assessment Method:

- Check the health policies and procedures regarding the administration of medication to ensure they are developed in compliance with the conditions of this standard.
- Check the files for parent permission to administer medications.
- Ask the director, staff and health consultant, if necessary, about implementation of the procedures for administering medication.
- Observe medications for compliance with the provisions of requirement.

- (36) All individual nonprescription medicine orders must be renewed annually for children under two (2) years of age and every two (2) years for children two (2) years of age and older.

Intent:

With parent's written approval, facilities may use preventive products, such as sunscreens, insect repellents, non-medicated powder, petroleum jelly, and A & D ointment, without a physician's order.

- (37) All medications are appropriately recorded immediately after being administered to child(ren).

◆Intent:

To provide documentation of any medication given as a protection to both child and facility. The medication log must include all items specified:

- (1) The child's name.
- (2) The name of the medication.
- (3) The dosage given.
- (4) The date and time given.
- (5) The full name of caregivers who administered medication.

(b) If a parent requested medication to be given and it was not administered, caregiver shall write the reason on the medication record.

(c) The facility shall keep these records for a minimum of one (1) year.

○ Assessment Method:

- Ask Director and staff for method of recording medication, process and person responsible for maintenance of the record.
- Check medication records for compliance with all items. Check the length of time records are kept by the facility.

■ (38) Unused and / or outdated medications are discarded.

◆ Intent:

The facility shall have specific procedures for the administration and storage of medication in a safe way.

○ Assessment Method:

- Observe medications for compliance with the provisions of requirement.

Hand washing/Toileting

■ (39) One toilet and one lavatory is provided and maintained for each 15 children age 2-12 years old. When the recommended capacity exceeds sixty (60) children, the facility may substitute one (1) urinal for a toilet in the school age area only.

◆ Intent:

To ensure that the facility provides adequate toilet facilities. This is necessary to provide for personal cleanliness, to protect children from contamination from body waste and thus prevent the spread of germs which may cause disease such as typhoid fever, paratyphoid fever and dysentery.

○ Assessment Method:

- Observe that the required number of sinks and toilets are provided for the number of children on the capacity recommendation for the facility.

■ (40) Bathrooms cannot be used for storage of other items unrelated to toileting. Additionally, plungers, toilet bowl brushes and brooms should not be stored in children bathrooms.

◆ Intent:

All items in the restroom must be sanitizable.

■ (41) The facility shall locate a sink within ten (10) feet of the changing table in the room/area or in a room that opens directly into the room/area.

- (42) Diaper changing procedures posted by each diapering area.

◆Intent:

To ensure that diaper changing is done in a way that helps control the spread of bacteria and germs.

○Assessment Method:

- Check the diaper changing area to ensure that it meets the conditions as specified.
- Check the posted procedure to ensure it includes the specified steps.
- Observe the changing of a child or children to ensure procedure is carried out.
- Ask staff about diaper changing practice.

- (43) Cloth diapers and bedding used by facility is laundered in 160 degrees F or approved sanitizing solution.

◆Intent:

Staff shall launder bedding in a washing machine with water temperature above one hundred sixty (160) degrees Fahrenheit or in a sanitizing solution of one (1) cup bleach or equivalent chemical per washer load.

○Assessment Method:

- Ask Director about bedding laundering procedure.

- (44) A fresh, clean, waterproof paper is used on top of the diaper changing pad for each diaper changed.

◆Intent:

There shall be a soft sanitizable pad on the table with a clean strip of waterproof, disposable paper. Caregivers shall place a new, waterproof, paper strip on the pad after each diaper change. A clean strip of waterproof, disposable paper shall be on the pad to cover from the child's shoulders down to the feet or the end of the pad.

○Assessment Method:

- Observe the changing of a child or children to ensure procedure is carried out.
- Ask staff about diaper changing practice.

Rest Period

- (45) Cots are spaced two (2) feet or more apart.

◆Intent:

Cots must be properly spaced on all sides to prevent the spread of germs unless they touch a wall or room divider.

For the children's safety cots must not obstruct aisles or exits while children are using them.

○Assessment Method:

- Observe cots for proper spacing between cots and that cots do not obstruct aisles or exits.

Water Play Areas

- (46) Child/staff ratios in Standard 61 shall be twice the number required in these standards. The facility may count employed lifeguards in child staff ratios. Children shall be directly supervised at all times when involved in water play.

- (47) A person having a valid Red Cross advanced life saving certificate shall be on duty at all times when a swimming pool or lake is in use.

- Assessment Method:

- Check files for certification of lifeguards.

Child/Staff Ratios and Supervision

- (48) Child/staff ratios are maintained at all times as follows:

- (a) 4:1 infants
- (b) 5:1 toddlers
- (c) 5:1 two-year-olds in diapers
- (d) 7:1 toilet trained twos with three-year-olds
- (e) 10:1 three year olds
- (f) 12:1 four year olds
- (g) 15:1 five year olds and older

- (49) When there is a combination of ages within a group of children, caregivers shall determine the ratio required by the age of the youngest child in the group.

- ◆ Intent:

This standard recognizes that developmental needs of the younger child differ from those of the older child. Therefore the child/staff ratio shall be that for the youngest child in the group at all times of the day, including opening and closing times.

- (50) Programs with infant and toddlers must consider children up to 30 months of age as toddlers and all these standards apply to any child under the age of 30 months.

- (51) If a program is approved only for children ages 24 months and above, the infant and toddler standards are not applicable to this group. In classroom/areas where the facility is caring for groups of children ages 24 months and older, the infant and toddler standards do not apply.

- ◆ Intent:

To ensure that staff and parents are informed of child/staff ratio requirements. Child/staff ratios apply outdoors on the playground as well as in the classrooms.

- Assessment Method:

- Take ratio counts in each classroom.

- (52) Children are under direct supervision at all times; during nap time child/staff ratios may be reduced to 50% of staff as long as child/staff ratio is maintained on the premises (does not apply to infants).

- ◆ Intent:

To ensure sufficient staff to directly supervise and work with the children in that group. Direct supervision means that qualified caregivers 1) have all children in sight; 2) are alert to any problems that may occur; and 3) are taking an active supervisory role with the children.

To ensure the understanding that as soon as more than 50% of the children are awake, the child/staff ratio must be maintained.

For the protection of infants, the child/staff ratio must be maintained at all times of the day including rest periods. Infants' rest needs vary and they often sleep at different times of the day requiring the full attention of staff to protect their health and safety.

○ Assessment Method:

- Observe rest periods as children are awakening for child/staff ratio.
- Observe child/staff ratios in each group and staffing patterns to determine that staff are directly supervising children at all times and not engaged in other activities.
- Observe infant rooms to determine child/staff ratio at various times of the day.

- (53) The facility shall have at least two (2) adults present during all hours of operation.

◆ Intent:

To ensure that at least 2 staff are present at the facility at all times including the beginning and end of the day and to ensure that staff can adequately respond to emergencies when one staff is alone with a group of children.

Discipline

- (54) Discipline:

The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment.

- (a) Any person, while on child care facility premises, shall not engage in or direct any of the following actions toward children:
- (1) Inflict corporal punishment in any manner upon a child's body.
 - (2) Hit, spank, beat, shake, pinch, or any other measure that produces physical discomfort. Cruel, harsh, unusual, humiliating, or frightening methods of discipline, including threatening the use of physical punishment.
 - (3) Placement in a locked or dark room.
 - (4) Public or private humiliation, yelling, or abusive or profane language. (a) Caregivers shall not associate disciplinary action or rewards with rest.
 - (5) Caregivers shall not associate disciplinary action with food or use food as a reward. Caregivers shall not associate disciplinary action or humiliate a child in regard to toileting.
- (b) Caregivers shall not:
- (1) use time out for any child less than three (3) years of age; use time out for any purpose other than to enable the child to regain control;
 - (2) physically restrain children except:
 - (a) when it is necessary to ensure their own safety or that of others; and
 - (b) only for as long as is necessary for control of the situation; and use punishment to correct unacceptable behavior.

◆ Intent:

Discipline should be an ongoing process to help children develop inner control so they can manage their own behavior in a socially approved manner and appropriate to their age and developmental level. This standard intends to ensure that the facility makes every effort to use positive methods in communicating with children and teaching them how to work through problems themselves. Caregivers shall use positive statements and talk with children in a calm, quiet manner about their behavioral expectations.

"Time out" shall not be used with children under three (3) years of age since they are too young to understand this consequence. For children three (3) years or over, the facility shall selectively use "time out" only to enable the child to regain control of him or herself. The caregiver shall keep the child in visual contact and shall take into consideration the child's developmental level and ability to learn from "time out." Time out should not be used excessively.

○ Assessment Method:

- Observe the interactions between caregivers and children for positive methods of communicating with children as specified.
- Interview the Director and staff about methods for encouraging children to work through problems with other children and their implementation of positive discipline techniques.
- Ask Director and staff about ongoing and periodic training in the use of positive methods of discipline.
- Review discipline policy to ensure conditions specified.
- Ask Director and staff about discipline procedures and implementation.

Environment

- (55) At least 35 square feet of usable indoor space is provided for each child.

◆Intent:

To clarify that all space that is usable by children can be counted in the square footage for total capacity. However, required square footage must be maintained in individual classroom areas to determine capacity for that space.

The intent of this standard is to assure that the facility provides enough space for each child in order to promote growth, development and freedom of movement. It also acknowledges the dangerous effects of overcrowding such as hostility, aggression, lack of privacy and increased exposure to infection.

○Assessment Method:

In setting the capacity, the consultant does the following:

- Consideration is given to any limitations that might be imposed by applicable State fire, sanitation, zoning or other requirements.
- The consultant determines room size capacity by measuring all usable play space in each room.
- Areas not routinely used by the children for sleep or play and excluded from the usable play space measurement are the kitchen, toilet rooms, isolation areas, office, staff rooms, hallways, stairways, laundry areas and the furnace room.
- The following is used to determine the square footage of each room:
 1. Measure the area from inside wall to inside wall or inside boundary to inside boundary. State in square feet to the second decimal place.
 2. Measure the area occupied by indoor equipment such as storage cubbies, lockers, the teacher's desk, storage areas, permanent built-in cabinets or multi-program areas. Express in square feet to the second decimal place.
 3. Subtract measurement (2) from measurement (1). This figure is the total square feet of play area available for a group (s) of children in that room.
 4. Divide the available play area three (s) by thirty-five (35) square feet. Round decimals of .50 and above up and those of .49 and below down to express the product as a whole number. This figure gives the capacity for that room.

- .

- (56) Telephone numbers for fire, ambulance, hospital and poison control are available at each telephone.

◆Intent:

The posting of emergency numbers is critical to ensure immediate contact in the event of disaster or other serious situation.

The standard also intends to ensure a working telephone for emergencies and for accessible emergency numbers.

○Assessment Method:

- Observe for the accessible posting of emergency contact information.

- (57) Fifty (50) foot-candles of illumination are provided above classroom tables.

- (58) Thirty (30) foot-candles of illumination are provided in bathrooms.
- (59) Hallways and corridors have 20 foot-candles of lights.
- (60) Five (5) foot-candles in children rest and nap areas.
- (61) Classroom temperature is maintained at sixty-eight (68) degrees F or more.

◆Intent:

To ensure that the facility has appropriate lighting, adequate exchange of air in and out of the facility to control factors such as temperature, humidity, odors and gas, dust and bacteria which may be present in the environment.

○Assessment Method:

- Review Division inspection reports for compliance with the lighting, heating and ventilation requirements.
- Check the facility for conditions as specified.
- Use a light meter to measure foot-candles.

- (62) The facility shall make heating units, including water pipes and baseboard heaters, hotter than one hundred ten (110) degrees Fahrenheit inaccessible to children by barriers such as guards or other devices.

◆Intent:

To ensure that heating units are inaccessible to children to prevent burns.

○Assessment Method:

- Check the facility for conditions as specified.

- (63) The janitor's closet containing chemicals, poisons, and items which state "HARMFUL" or "FATAL IF SWALLOWED" is kept LOCKED.

◆Intent:

To ensure that all containers are properly stored and labeled in original containers
To ensure that the child care premises are maintained in such a manner as to prevent accidental poisoning, to protect the safety of children from conditions specified.

○Assessment Method:

- Ask Director and staff about procedures to ensure that children are protected from the specified health and safety hazards.
- Observe the facility for hazardous conditions specified.

- (64) Floors are smooth, carpet firmly secured.

◆Intent:

To protect the safety of children in the event that prompt exit is required.

○Assessment Method:

- Observe that all floors and carpets meet this requirement.

- (65) Protective plugs are provided on all electrical outlets.

◆Intent:

To clarify that this includes the unused outlets in surge protector bars.

To protect the children from harm. Preventing children from placing fingers or sticking objects into exposed electrical outlets will prevent electrical shock, electrical burns and potential fires.

○Assessment Method:

- Observe the facility for conditions as specified to ensure that all electrical devices are inaccessible to children and all electrical outlets accessible to children are covered or shockproof.

■ (66) The facility shall use an antiscald valve approved by Indiana State Department of Health (ISDH) to maintain water temperature between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit on all hot water supplied to sinks, bathing, and washing facilities used by children.

◆Intent:

To ensure that the facility has a safe and adequate supply of water, meeting the standards of Indiana Department of Environmental Management (IDEM).

○Assessment Method:

- Check for approval of the water system and plumbing fixtures.(verify that hot water control valve is on the approved list)

■ (67) Meets the requirements of Fire Prevention and Building Safety Commission (FPBSC). (“Opt-out” letters not used.).

◆Intent:

The purpose of this standard is to protect the children from risk of harm by assuring that the facility remains in full compliance with all applicable provisions of the fire safety code.

A registered child care ministry shall comply with all rules of the fire prevention and building safety commission applicable to the primary use of the building:

(1) A registered child care ministry with an occupant load of at least fifty (50) shall:

(A) Install and maintain a fire alarm system in compliance with the rules of the fire prevention and building safety commission.

(2) Each registered child care ministry with an occupant load of less than fifty (50) shall:

(A) Install and maintain in good operating condition at least one (1) battery operated smoke detector in each room and corridor used by the ministry.

○Assessment Method:

- The building must have approved on-site inspections by the State Fire Marshal’s Office.
- Check children’s files to ensure no opt out letters are used.

■ (68) Occupancy capacities, as recommended by the Division are not exceeded.

◆Intent:

The purpose of setting a maximum capacity is to ensure that the number of children present at any given time does not exceed the facility’s ability to provide adequate supervision and care to each child in care. If the maximum capacity is exceeded, the health, safety and welfare of the children in care may be jeopardized.

○Assessment Method:

- The capacity is determined for each room and then totaled as required. The maximum capacity of the facility is the lesser of the room size capacity or the toilet/sink capacity, as required.

- (69) Playground(s) is safely enclosed or protected.

◆Intent:

The facility is not required to have a playground. This standard applies if the facility does have a playground area.

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 four (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.

A body of water cannot be the natural barrier.

○Assessment Method:

- ◆ Observe conditions as specified in this requirement.

Infant/Toddler- Child care program that care for children under the age of 30 months, the following standards must also be met.

Supervision/Grouping

- (70) Infants and toddlers are kept under direct supervision at all times including while napping.

◆Intent:

To ensure sufficient staff to directly supervise and work with the children in that group. Direct supervision means that qualified caregivers 1) have all children in sight; 2) are alert to any problems that may occur; and 3) are taking an active supervisory role with the children.

For the protection of infants, the child/staff ratio must be maintained at all times of the day including rest periods. Infants' rest needs vary and they often sleep at different times of the day requiring the full attention of staff to protect their health and safety.

○Assessment Method:

- ◆ Observe rest periods as children are awakening for child/staff ratios.
- ◆ Observe child/staff ratios in each group and staffing patterns to determine that staff are directly supervising children at all times and not engaged in other activities.
- ◆ Observe infant rooms to determine child/staff ratio at various times of the day.

- (71) Infants and toddlers are kept in separate rooms unless room is approved for alternative mixed age groups, w/age appropriate equipment, limited to infant-36 months (no throughways).

◆Intent:

To clarify that toddlers who are 24 months of age and older may be in classrooms without walls.

This standard is intended to ensure the safety and health of infants/toddlers and the sanitary, clean condition of the room.

The intent of alternative mixed age groups is to allow children and their peers to be with their same caregiver, not for the convenience of correcting ratios. This standard requires all facilities using this grouping method to have (35) square feet of space per child in the classroom.

Alternative mixed age grouping is intended to allow the facility flexibility in groups of children from infancy through three (3) years of age; however, the facility must meet specified requirements to ensure continuity of care for this age group. The group shall have three (3) or fewer infants under 12 months of age, meet infant ratios while also meeting the developmental needs of all the children in the group.

○ Assessment Method:

- Observe infant/toddler rooms for conditions specified.

- (72) No person under the age of 21 shall at any time be alone with children under two years of age.

◆ Intent:

To ensure that staff providing care for infants and toddlers has the knowledge necessary to provide developmentally appropriate care and to ensure that each infant and toddler is assigned a primary caregiver for continuity of care. This standard also intends to ensure that infants and toddlers shall never be left unattended.

No staff person under the age of 21 years may be left alone with infants and toddlers to ensure the staff have the maturity to handle emergencies.

○ Assessment Method:

- Check personnel files for documentation of approved training specifically related to infant/toddler development.
- Check the ages of staff assigned to infant/toddler rooms as specified.

Communication with Families

- (73) Daily needs records are kept and posted.

◆ Intent:

Since infants and many toddlers cannot communicate verbally, and since different staff may be present at times in the day, the intent of the standard is to keep a daily record of information pertinent to the child's health. This is important for continuity of care among caregivers in the facility and to be shared with parents on a daily basis.

The facility shall devise and place a daily record chart in each infant and toddler room. This chart shall provide space to record information about each child as follows:

- (1) Food and fluid offered and taken.
- (2) Time of diaper changes.
- (3) Unusual mood of the child.
- (4) Unusual health conditions, such as:
 - (A) nose bleeds;
 - (B) skin rash;
 - (C) elevated temperature;
 - (D) signs of constipation or diarrhea;
 - (E) injuries; and
 - (F) special health needs.

- (b) The facility shall keep charts on file for at least one (1) month.

○ Assessment Method:

- Check with Director and staff about procedures to ensure that daily records are kept and maintained for at least one month.
- Observe infant/toddler rooms for the charts on each child.

Hand Washing/Diapering

- (74) Infants and toddlers have at least one sink for hand-washing in the room.

◆Intent:

This standard is intended to ensure the safety and health of infants/toddlers and the sanitary, clean condition of the room.

○Assessment Method:

- Observe infant/toddler rooms for conditions specified.

- (75) Each room has changing table or changed in own crib.

◆Intent:

To permit alternative ways to diaper infants in their cribs, if they cannot pull up, and for children two (2) years and older standing up, as long as sanitary practices as specified are used.
To ensure the understanding that the diaper changing table shall be an easily cleanable surface.

Wicker/mesh, lattice, or cloth materials are not cleanable surfaces.

To ensure the understanding that a sanitizable surface is an approved diaper pad or the practice of changing the crib sheet after each diaper change. To ensure a specific diaper changing area that is clean and sanitized after each use. This standard is intended to protect the health of the children through limiting the existence of disease causing organisms which may be spread during the diaper changing procedure. Cribs can be used if there is a hand washing sink within 10 feet of the cribs.

To ensure that diaper changing is done in a way that helps control the spread of bacteria and germs.

○Assessment Method:

- Ask Director and staff about the facility's practice and how it is implemented for children over two (2) years of age and young infants.
- Observe children of these ages being diapered.

- (76) A changing table shall be required for infants who can pull to a standing position in their crib.

- (77) All surfaces except carpet in Infant / Toddler rooms are sanitizable.

◆Intent:

All articles that are used by infants or toddlers shall be sanitizable and sanitized daily and whenever soiled.

The floor covering under and two (2) feet around the area used for diapering, feeding, and preparation of food shall be non-carpeted and easily cleaned.

○Assessment Method:

- Observe infant/toddler rooms for conditions specified.

- (78) Diaper bags are inaccessible to children.

○Assessment Method:

- Observe infant/toddler rooms for conditions specified.
- Ask Director where diaper bags are stored.

Rest Period.

- (79) Infants are out of cribs while awake.

◆Intent:

Infants need opportunities for all of the activities outlined in this standard to help them develop across all areas of development. Infants need to be out of their cribs most of the time when awake to allow opportunities for exploration and healthy physical and intellectual development.

However, this also requires that attention be paid to the safety and health of infants during periods when they are out of their cribs in safe, carpeted areas allowing them to explore freely, practice rolling over and finding interesting objects to pursue.

The intent is not to encourage whole-group, teacher directed, academic activities. Most of these activities should be informal, spontaneous and responsive to the individual children's, needs, level of interest and readiness.

It is expected that the time that an awake infant in their crib shall not exceed fifteen minutes.

○Assessment Method:

- Ask Director and staff about implementation of the program and requirements of the standard.
- Observe the infant room (s) environment and infants at play to determine if the requirements of the standard are met.

- (80) Extra supply of bedding available.

○Assessment Method:

- Observe to see if extra bedding is available.

- (81) All bedding shall be changed immediately when wet or soiled, and otherwise once a day.

◆Intent:

Ask Director and staff about procedures for cleaning and sanitizing sleep equipment and bedding.

- (82) Cribs are spaced 3 feet apart.

◆Intent:

Separate sleeping reduces the spread of disease from one child to another.

To clarify that cribs are not required to be spaced three (3) feet apart if they are separated by a sanitizable divider that extends six (6) inches out from floor to ceiling. This divider shall allow supervision.

○Assessment Method:

- Observe infant/toddler sleep equipment and sleeping children for conditions specified.

- (83) A written safe sleep policy is signed by all infant parents.

◆Intent:

To ensure that facility follows Safe Sleep Practices. Parents may not request a waiver for this unless there is a documented medical reason signed by a physician.

○Assessment Method:

- Check to see if a signed "safe sleep policy" statement signed by parents is available.

Feeding

- (84) Parents provide a feeding plan for infants and it is kept current.

◆Intent:

Feeding is important to an infant not only because it provides essential nutrients for the child's health and growth, but also because it is one of the regular events of the infant's life around which important contacts with people occur. This standard ensures that an infant is fed in a safe and caring way. It also ensures that the facility will work closely with the child's parents in establishing the child's feeding plan.

The parent shall sign the original feeding plan and initial updates as the child's food intake changes.

○Assessment Method:

- Check infants' records for feeding plan for components specified, and established with the parent .

- (85) There shall be a heating unit for warming bottles and food, accessible only to staff, located in the infant room. Staff shall not heat formula or breast milk in a microwave oven.

◆Intent:

To clarify that the facility can use hot running water to warm the bottles in the infant room.

○Assessment Method:

- Observe classrooms for this age group for compliance. Ask Director how bottles are heated.

- (86) Infants' bottles are not "propped".

- (87) Infants are held when fed.

◆Intent:

Feeding is important to an infant not only because it provides essential nutrients for the child's health and growth, but also because it is one of the regular events of the infant's life around which important contacts with people occur. This standard ensures that an infant is fed in a safe and caring way.

If a toddler takes a bottle, this standard applies to toddlers as well. Any child being given a bottle must be held by the caregiver. Children may hold their own bottle, but must be in the arms of the caregiver to insure a safe and caring feeding routine.

○Assessment Method:

- Observe that all specified conditions are met.

- (88) Toddler sized chairs and tables are used for eating.

◆Intent:

Toddlers need special equipment to eat safely. Highchairs can present a hazard, so low tables or appropriately sized feeding tables are preferable.

○Assessment Method:

- Observe that all specified conditions are met.

- (89) Toddler foods are appropriate for age. (No choking hazards.)

◆Intent:

Facility shall not offer foods that present a choking hazard to children under three (3) years of age, including, but not limited to, the following:

- (1) Whole grapes.
- (2) Hot dog rounds.
- (3) Hard candy.
- (4) Nuts.
- (5) Seeds.
- (6) Raw peas.
- (7) Dried fruit
- (8) Pretzel nuggets.
- (9) Chips.
- (10) Popcorn.
- (11) Marshmallows.
- (12) Spoonfuls of peanut butter.
- (13) Chunks of meat larger than children can swallow whole.

To clarify that raisins are a dried fruit and cannot be served to children under three (3) years of age.

To clarify that peanut butter spread thinly on bread or crackers may be served. To ensure that meals meet the nutritional needs of children and nutritional guidelines.

Food must be cut up in no larger than one-half (½) inch cubes.

Self feeding allows toddlers to decide for himself or herself how much food to eat, allowing them to practice doing things for themselves. It also permits the proper development of motor skills and eating habits.

Adults shall provide supervision at all times during feeding.

○ Assessment Method:

- Ask food service staff about menus of food served to children under three (3) years of age for compliance with this standard.
- Observe meals served to this age group for compliance.

■ (90) Age appropriate dishes and utensils for infants and toddlers are used.

◆ Intent:

Infants and Toddlers need special equipment to eat safely.

Solid food should not be fed in a bottle or an infant feeder apparatus because of potential for choking. In addition, this method teaches the infant to eat solid foods incorrectly. The facility shall not use this type of equipment without a written order from a physician.

■ (91) Infants and toddlers are fed in their own rooms.

◆ Intent:

This standard ensures that infants and toddlers are fed in a safe way.

○ Assessment Method:

- Observe meals served to this age group for compliance.

Equipment

■ (92) At least one (1) rocking chair is available to each caregiver in infant rooms and at least one (1) rocking chair is available in toddler rooms.

◆Intent:

Infants need special equipment for safe, appropriate care. Having sufficient rocking chairs available ensure that children can develop the emotional security and stimulation from being held and rocked.

○Assessment Method:

- Check the furnishings in infant rooms as specified.
- Check for rockers for each caregiver, but no more than two (2) per room are required. The facility must implement alternatives that serve the same developmental and early learning purposes.

■ (93) Use of a television is prohibited.

○Assessment Method:

- Observe infant/toddler classrooms for compliance.
- Ask Director about program television policy.