

65C-25.001 Definitions.

(1) “Child Care for Mildly Ill Children” – means the care of children with short term illness or symptoms of illness or disability, provided either as an exclusive service in a center specialized for this purpose, or as a component of other child care services offered in a distinct part of a regularly licensed child care facility, for a period of less than 24 hours per day.

(2) “Specialized Child Care Facilities for the Care of Mildly Ill Children” – Any child care facility, which provides child care for more than five mildly ill children unrelated to the operator and, which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether or not operated for profit, for a period of less than 24 hours per day. Specialized child care facilities may provide care for mildly ill children in a facility specialized for this purpose, or as a component of other child care services offered in a distinct and separate part of a regularly licensed child care facility.

(3) “Contagious disease” – for the purpose of this rule, refers to a type of infectious disease caused by receiving living germs directly from the person afflicted with the disease, or by contact with a secretion of the afflicted person, or by some object handled or used by an afflicted person.

(4) “Health Provider Consultant” – for the purpose of this rule, means a Florida licensed pediatric physician; a Florida licensed family practitioner; a physician’s assistant; an advanced registered nurse practitioner (ARNP) with appropriate pediatric experience; or a registered nurse with experience in pediatric nursing, who supervises or provides direction to the licensed health caregiver, and is available for consultation.

(5) “Isolation area” – refers to a room or a series of rooms within the child care facility for mildly ill children, which provides separate airflow, and physical separation, from the rest of the facility. The isolation area must include a separate toilet, handwashing facility and diaper changing area. This area shall be utilized when caring for children with contagious diseases.

(6) “Licensed Health Caregiver” – for the purpose of this rule, shall mean at a minimum a licensed practical nurse who has knowledge and experience in the routine medical needs of mildly ill children, is trained to perform the written physical assessment, and is under the direction of a health provider consultant.

(7) “Mildly Ill children” – refers to children exhibiting illnesses or symptoms of illnesses which have caused or would cause them to be excluded from regular child care settings, as defined in subparagraphs 65C-22.004(2)(a)1.-10., F.A.C., and who need special attention and supervision, and meet the admission criteria for mildly ill programs as described in Rule 65C-25.002, F.A.C., of this rule.

(8) “Sanitize” – for the purpose of this rule, and as it refers to linen, shall mean adding one quarter cup of bleach per gallon of water, to the final rinse cycle of the wash, in an effort to eliminate children’s exposure to disease microorganisms.

(9) “Single-service articles” – any cups, containers, closures, plates, straws, place mats, napkins, doilies, spoons, stirrers, paddles, knives, forks, wrapping materials and all similar materials which are constructed wholly or in part from paper, paperboard, molded pulp, foil, wood, plastic, synthetic or any other readily destructible material, and are intended by the manufacturer to be for one-time, one-person use, and then to be discarded.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History–New 5-21-00, Amended 7-13-03.

65C-25.002 Admission and Assessment.

(1) General Requirements.

(a) A child care facility for mildly ill children shall have at a minimum on ongoing agreement with a Health Provider Consultant, as defined in subsection 65C-25.001(3), F.A.C., for continuing medical or nursing consultation. The health provider consultant shall perform the following services:

1. Oversee the development of written policies and procedures.
2. Review, approve, and update annually, such policies and procedures.
3. Provide at least quarterly on-site monitoring of the implementation of such policies and procedures.
4. Provide ongoing consultation to the facility in its overall operation and management.

(b) A child care facility for mildly ill children shall have at a minimum one licensed health caregiver, as defined in subsection 65C-25.001(5), F.A.C. The licensed health caregiver shall be responsible for performing the written physical assessment, and periodic child evaluations, per paragraph 65C-25.002(2)(b), (c), and (d), F.A.C.; provide ongoing daily oversight; make decisions as to the exclusion of any child; and be present at the facility at all times during the hours of operation.

(2) Admission.

(a) No child shall be accepted to a child care facility for mildly ill children without written parental or guardian permission. However, permission may be obtained by telephone if a child in attendance at a regular child care facility becomes mildly ill and is admitted to that same facility's program for mildly ill children. Where the child is in care under telephone permission, written parental permission must be obtained prior to the child's admittance to the program for mildly ill children the following day.

(b) The program director or licensed health caregiver shall have the authority to require a written medical evaluation for a child to include diagnosis, treatment and prognosis, if such evaluation is necessary to determine the appropriateness of a child's attendance prior to admission and upon worsening of the child's symptoms.

(c) Prior to admission, the child care facility for mildly ill children shall require a written description, signed by the parent, of the child's current and recent illnesses; immunization history, habits, special diets, allergies, medication needs; symptoms requiring notification of parent or health care provider, and where and how the parent or health care provider is to be notified.

(d) An initial written physical assessment on each child shall be completed by the licensed health caregiver, as defined in subsection 65C-25.001(5), F.A.C., based on the inclusion and exclusion criteria outlined in subsections 65C-25.002(3) and (4), F.A.C., to determine appropriateness of admission to the facility. A parent must remain on the premises until admission has been determined.

(e) The written physical assessment shall at a minimum include vital signs and observation of the child's general appearance, head, eyes, nose, mouth, ears, skin, abdomen, arms and legs, and breathing pattern for symptoms of illness.

(f) Once admitted, children shall be periodically monitored by the licensed health caregiver and evaluated according to policies and procedures established and approved by the facility operator and the health provider consultant. Evaluations on each child's condition shall be documented, and shall include the following plus additional information that the facility operator and the health provider consultant may add if they deem it is necessary to evaluate the children:

1. Temperature.
2. Respiration.
3. Pulse.
4. Amount of food or fluid intake.
5. Color, consistency and number of stools.
6. Color of urine and frequency of urination.
7. Skin color and alertness.
8. Activities such as amount of sleep, rest, and play.

(g) The condition evaluations must be maintained in each child's record and retained by the facility for a minimum of four months. Copies shall be provided to parents daily.

(h) Children with communicable illnesses (e.g., chicken pox) may be accepted in a child care facility for mildly ill children, only if there is an isolation area as defined in subsection 65C-25.001(4), F.A.C., of this rule, and provided the isolation area has a separate outside entrance from the rest of the child care facility.

(3) Inclusions. A child care facility for mildly ill children may consider for admission, and accept children exhibiting illnesses or symptoms for which they can be excluded from child care provided for well children, but who do not meet exclusion criteria as

outlined in subsection 65C-25.002(4), F.A.C., of this rule. Children exhibiting the following symptoms or illnesses, or disabilities, shall be deemed eligible to participate in child care facilities for mildly-ill children:

- (a) Not feeling well, unable to participate in regular child care activities, or has other activity restrictions;
- (b) Recovering from prior day surgical procedure or hospital admission;
- (c) Controlled fever of 102° orally; 101° axillary, or 103° rectally, or below. If the child's temperature is higher than the temperatures listed above a physician must give written approval for admission; or verbal approval with written follow up for admission;
- (d) Respiratory infections such as cold or flu, virus;
- (e) Vomiting less than three times without dehydration;
- (f) Diarrhea (more than one abnormally loose stool within a 24 hour period) without signs of dehydration, and without blood or mucus in the stool;
- (g) Gastroenteritis without signs of severe dehydration;
- (h) Diagnosed asthma;
- (i) Urinary tract infections;
- (j) Ear infections;
- (k) Orthopedic injuries;
- (l) Diagnosed rash;
- (m) Tonsillitis; or
- (n) Strep throat or conjunctivitis after 24 hours of appropriate medication, if isolation is unavailable. Strep throat or conjunctivitis prior to 24 hours of appropriate medication is included only if isolation area is available.

(4) Exclusions. Any child exhibiting the following symptoms or combination of symptoms, shall be excluded from child care facilities for mildly ill children;

- (a) Unresponsive temperature of 104° orally;
- (b) Undiagnosed or unidentified rash;
- (c) Respiratory distress;
- (d) Major change in condition requiring further care;
- (e) Contagious diseases, if no isolation room is available;
 1. Strep throat or Conjunctivitis prior to 24 hours of treatment.
 2. Diarrhea due to diagnosed shigella, salmonella, rota virus, giardia, or campylobacter.
 3. Chicken pox, mumps, measles, rubella, pertussis, diphtheria.
 4. Head lice, scabies prior to 24 hours of treatment, or
 5. Other conditions as determined by the director or health provider consultant.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00.

65C-25.003 General Information.

(1) Application.

(a) Application must be made on CF-FSP Form 5237, Dec. 99, Application For A License To Operate a Specialized Child Care Facility for Mildly Ill Children, which is incorporated by reference.

(b) Each completed application must be submitted to the licensing authority, with the statutory licensing fee pursuant to Section 402.315(3), F.S.

(c) The completed application must be signed by the individual owner, prospective owner, or the designated representative of a partnership, association, or corporation.

(d) A completed application for renewal of an annual license must be submitted to the department or local child care licensing agency at least 45 days prior to the expiration date of the current license to ensure that a lapse of licensure does not occur. The renewal application and required forms may be obtained from the local child care licensing office.

(2) License.

(a) A license to operate a child care facility for mildly ill children is issued in the name of the owner, partnership, association, or corporation.

(b) Facilities providing both regular child care for well children and child care for mildly ill children must procure and maintain two separate licenses.

(c) Hospitals maintaining current Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) accreditation, operating hospital based child care for mildly ill children, shall be exempt from licensure under this rule.

(d) In compliance with Section 402.305(18), F.S., at least one week prior to changing ownership of a child care facility, one or more of the following methods of notification to parents or guardians must be observed:

1. Posting a notice in a conspicuous location at the facility.
2. Incorporating information in any existing newsletter.
3. Individual letters, or fliers.

(e) The license must be posted in a conspicuous location at the facility.

(3) Ratios.

(a) The following staff to child ratios are based on primary responsibility for the supervision of children and applies at all times, when mildly ill children are in care:

1. For children from birth up to 1 year of age, there must be one child care personnel for every three children.
2. For children 1 year of age up to 4 years of age, there must be one child care personnel for every four children.
3. For children 4 years of age and older, there must be one child care personnel for every six children.

(b) Mixed Age Groups.

1. In groups of mixed age ranges, where one or more children under 1 year of age are in care, one child care personnel shall be responsible for a maximum of three children of any age group.

2. In groups of mixed age ranges, where one or more children 1 year of age and older are in care, the staff to child ratio shall be based on the age of the largest numbers of children within the group. When equal numbers of children in each group are in care, the most restrictive staff to child ratio shall apply.

(4) Supervision.

(a) Direct supervision means watching and directing children's activities within the same room or designated outdoor play area and responding to each child's need. Child care personnel at a child care facility for mildly ill children must be assigned to provide direct supervision to a specific group of children and be present with that group of children at all times.

(b) No operator, owner or employee of a child care facility for mildly ill children shall be under the influence of narcotics, alcohol, or other impairing drugs, which affects their ability to provide supervision and safe child care.

(5) Schedule of Activities.

(a) The facility shall include a daily schedule tailored to each child's symptoms, energy level, and parent's instructions.

(b) The daily schedule shall be flexible and provide age appropriate activities without over stressing the children.

(6) Access.

(a) Child care facilities for mildly ill children, shall provide the custodial parent or legal guardian access to the facility in person and by telephone, during hours of operation and at all times that the child is in care.

(b) Access to the facility shall be provided to the licensing authority, pursuant to Section 402.311, F.S.

(7) Child Discipline.

(a) Child care facilities for mildly ill children shall adopt a discipline policy consistent with Section 402.305(12), F.S.

(b) All child care personnel of the child care facility for mildly ill children must comply with the facility's written discipline policy. Such policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.

(c) A copy of the discipline policy must be available for review by the licensing authority.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Amended 7-13-03.

65C-25.004 Physical Environment.

(1) Sanitation and Safety.

(a) A child care facility for mildly ill children, if located in a regular licensed child care facility, shall utilize rooms or areas which are physically separated by floor to ceiling walls, from all other components of the regular licensed child care facility.

(b) The physical indoor and outdoor space, and equipment designated for use by the mildly ill children, shall not be used by children and child care staff from any other component of the regular licensed child care facility.

(c) Child care facilities for mildly ill children, which serve children with contagious diseases as defined in Rule 65C-25.002, F.A.C., shall have separate isolation areas, ventilation systems, and entrances.

(d) Child care programs for mildly ill children shall make provisions to prevent the participating mildly ill children from coming in contact with all other areas and components of the child care facility where well children are in care.

(e) Child care facilities for mildly ill children must be in good repair, free from health and safety hazards, and clean and free from vermin infestation. During the hours the facility is in operation, no portion of the building shall be used for any activity which could endanger the health and safety of the children.

(f) All areas and surfaces accessible to children shall be free of toxic substances and hazardous materials.

(g) No animals shall be allowed on the premises of programs caring for mildly ill children.

(h) All potentially harmful items including cleaning supplies, flammable products, and poisonous, toxic, and hazardous materials must be labeled. These items as well as knives and sharp tools must be stored in locations inaccessible to the children in care.

(i) No firearms shall be kept on the premises.

(j) No narcotics, alcohol, or other impairing drugs shall be present or allowed on the premises, unless prescribed for any of the children in care.

(k) Pursuant to Chapter 386, F.S., smoking is prohibited within the child care facility, all outdoor play areas, and in vehicles when transporting children.

(l) Design and construction of a new child care facility or modifications to an existing facility, must meet the minimum requirements of the applicable local governing body.

(2) Rooms Occupied by Children.

(a) All rooms must have lighting the equivalent of 20 foot candles at three feet from the floor to allow for supervision and for safe methods of entering and exiting each room. At all times lighting must be sufficient enough to visually observe and supervise children, including during naptime.

(b) An inside temperature of 65° to 82° F must be maintained at all times.

(c) All rooms shall be kept clean, adequately ventilated and in good repair. Cleaning shall not take place while rooms are occupied by children except for general clean-up activities which are a part of the daily routine.

(d) Rodents and vermin shall be exterminated. Pest control shall not take place while rooms are occupied by children.

(3) Indoor Floor Space.

(a) There shall be a minimum of 35 square feet of usable indoor floor space per child.

(b) Usable indoor floor space refers to that space available for indoor play, classroom, work area, or nap space. Usable indoor floor space is calculated by measuring at floor level from interior walls and by deleting space for stairways, toilets and bath facilities, permanent fixtures and non-movable furniture. Kitchens, offices, laundry rooms, storage areas, and other areas not used by children in normal day-to-day operations are not included when calculating usable indoor floor space.

(c) Shelves or storage for toys and other materials shall be considered as usable indoor floor space if accessible to children.

(4) Outdoor play space.

(a) Child care facilities for mildly ill children are not required to provide outdoor play space.

(b) Should a facility choose to provide outdoor play space, it shall be physically separated from that space provided for well children, and all equipment shall meet all safety requirements as outlined in paragraph 65C-25.006(3)(b), F.A.C.

(5) Napping and Sleeping Space. For the purpose of these standards, sleeping refers to the normal overnight sleep cycle while napping refers to a brief period of rest during daylight or early evening hours.

(a) Each child care facility for mildly ill children must include a designated area where a child can sit quietly and lie down to rest or nap. When not in use, napping space and usable indoor floor space may be used interchangeably.

(b) Each child in care must be provided safe and sanitary bedding to be used when napping or sleeping. Bedding means a cot,

bed, crib, or playpen. Playpens may not be used for care when children are sleeping. Bedding must be appropriate for the child's size.

(c) Linens, if provided by the facility, must be sanitized daily, per subsection 65C-25.001(7), F.A.C., and more often if soiled or dirty. Linens and blankets must be provided when children are napping or sleeping. Pillows must be available except for infants under 24 months of age. When napping or sleeping, young infants that are not capable of rolling over on their own should be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternate position is authorized in writing by a physician. The documentation shall be maintained in the child's record.

(d) Linens must be stored in a sanitary manner.

(e) A minimum of 3 feet separation between bedding must be maintained at all times bedding is in use. Exit areas must remain clear in accordance with fire safety regulations.

(f) Children up to one (1) year of age must be in their own crib, port-a-crib or playpen with sides. Crib sides must be raised and secured while an infant is in the crib. Cribs must meet the construction regulations as outlined in Title 16 code of Federal Regulations, Parts 1508 & 1509.

(g) No double or multi-deck cribs, cots or beds may be used.

(6) Toilet and Bath Facilities.

(a) Child care facilities for mildly ill children shall provide toilet and bath facilities, which are easily accessible and at a height usable by the children. Platforms are acceptable when safely constructed and easily cleaned and sanitized.

(b) The facility shall provide a minimum of one toilet and one wash basin for every ten children. For design and construction of a new child care facility or modification to an existing facility, paragraph 65C-25.004(1)(l), F.A.C., shall apply.

(c) Toilet and bath facilities shall be designated for the exclusive use of the mildly ill children in care and their caregivers, and shall be accessible from within the room where care is being provided. If the specialized child care facility for mildly ill children is located within a child care facility, the toilet and bath facilities used by the mildly ill children and their caregivers shall be separate from those utilized by children and caregivers from other components of the child care facility.

(d) Toilet and bath facilities shall provide privacy to all users.

(e) Toilet facilities shall not open directly into an area where food is prepared. A toilet facility may open directly into an area used by children where food is served.

(f) Children must receive supervision and care in accordance with their age and required needs and be accounted for at all times while bathing or using the toilet facilities.

(g) At least one portable or permanent bath facility shall be provided and be available for bathing children.

(h) Running water, toilet paper, disposable towels, liquid soap and trash receptacles shall be available to and within reach of children using the toilet facility.

(i) Each basin and toilet must be maintained in good operating condition and sanitized after each use.

(j) Hand washing sinks shall not be used for food service preparation or food clean up.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Amended 7-13-03.

65C-25.005 Personnel Requirements.

(1) Minimum Requirements. All child care personnel in facilities for mildly ill children shall meet the requirements outlined in Section 402.305(2), F.S., and the following additional requirements.

(2) Minimum Age Requirements.

(a) Operators or Directors of a child care facility for mildly ill children shall be at least 21 years of age.

(b) In the absence of the operator or director, there must be a staff person in charge of the facility, who is at least 21 years of age and remains on the premises at all times during the hours of operation.

(c) No person under the age of 18 shall be allowed to provide care for mildly ill children.

(3) Minimum Training Requirements.

(a) All child care personnel caring for mildly ill children shall have current certification in child cardiopulmonary resuscitation and first aid prior to caring for the children at the facility.

(b) In addition to the required training outlined in Section 402.305(2)(d), F.S., and Rule 65C-22.003, F.A.C., all child care personnel caring for mildly ill children shall complete 8 hours of annual in-service training relating to care of sick children and the prevention of communicable diseases. Operators or Directors shall complete at least 2 hours of training relating to sick children as part of their 8 hours annual in-service training.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00.

65C-25.006 Health and Safety.

(1) General Requirements.

(a) When window or doors of the child care facility for mildly ill children are left opened, they must be screened to prevent entrance of any insect or rodent. Screens are not required for open air classrooms and picnic areas.

(b) Following personal hygiene procedures for themselves or when assisting others, and immediately after outdoor play, employees, volunteers, and children shall wash their hands with soap and running water, drying thoroughly with disposable towels. Only soap from a liquid soap dispenser shall be used for hand washing.

(c) A child care facility for mildly ill children shall ensure that safe drinking water and other fluids consistent with the child's physical condition are available at all times to all children in care. Drinking fountains shall not be used.

(d) Only single-service articles, per subsection 65C-25.001(8), F.A.C., may be used for eating and drinking. Children may bring labeled items for their exclusive use, which must be returned to the parent or legal guardian on a daily basis.

(e) If the children are sleeping overnight in the facility, child care staff must ensure accepted bedtime routines are maintained, such as brushing teeth and face and hand washing. Toothbrushes, towels and wash cloths may not be shared.

(2) Diapering Requirements.

(a) Hand washing facilities, which include a basin with running water, disposable towels, disposable gloves, liquid soap, and trash receptacle, shall be available in the infant room or in the room where children with special needs in diapers are in care. Hands shall be washed and dried thoroughly after each diapering or toileting procedure to prevent the transmission of diseases or illnesses to other children in the facility's care.

(b) When children in diapers are in care, there shall be a diaper changing area with an impermeable surface which is cleaned with a sanitizing solution after each use. Children must be attended at all times when being diapered or when changing clothes.

(c) Diaper changing shall be in a separate area from the feeding or food service area.

(d) There shall be a supply of clean disposable diapers, clothing and sanitized linens at all times, which shall be changed or removed promptly when soiled or wet.

(e) Soiled disposable diapers shall be disposed of in a plastic lined, securely covered container, which is not accessible to children. The container shall be emptied and sanitized at least daily.

(f) When children require cloth diapers, only those brought from the child's home may be used, and must be returned to the parent at the end of the day.

(g) Soiled cloth diapers shall be emptied of feces in the toilet and placed in a securely covered container which is not accessible to children. The container shall be emptied and sanitized daily.

(h) Disposable gloves shall be used during all diaper changing activities. Gloves shall be discarded after use on each child, following disposal of disposable diapers or rinsing and sanitizing of cloth diapers. After gloves are discarded, personnel shall wash their hands and the hands of the child prior to sanitizing the diaper changing station.

(3) Equipment and Furnishings.

(a) Indoor Equipment.

1. A child care facility for mildly ill children shall make available toys, equipment and furnishings suitable to each child's age and development and of a quantity for each child to be involved in activities.

2. Toys, equipment and furnishings must be safe and maintained in a sanitary condition.

3. All washable toys, equipment and furniture used for one group of children with similar diagnosis in a child care facility for mildly ill children shall be washed and disinfected before being used by another group of children.

4. Non-washable toys brought from home may not be shared, and shall be sent home daily.

(b) Outdoor Equipment.

1. If the facility chooses to provide outdoor play space, equipment shall be securely anchored, unless portable by design, in good repair, maintained in safe condition, and placed to ensure safe usage by the children. Maintenance shall include checks at least every other month of all supports, above and below the ground, all connectors, and moving parts.

2. Permanent playground equipment must have a ground cover or other protective surface under the equipment which provides resilience and is maintained to reduce the incidence of injuries to children in the event of falls.

3. All equipment, fences, and objects on the facility's premises shall be free of sharp, broken and jagged edges and properly placed to prevent overcrowding or safety hazards in any one area. Fencing, including gates, must be continuous and shall not have gaps that would allow children to exit the outdoor play area. The base of the fence must remain at ground level, free from erosion or

build-up, to prevent inside or outside access by children or animals.

4. All equipment used in the outdoor play area shall be constructed to allow for water drainage and maintained in a safe and sanitary condition.

(4) Fire Safety.

(a) Unless statutorily exempted, all child care facilities for mildly ill children shall conform to state standards adopted by the State Fire Marshal, Chapter 4A-36, F.A.C., Uniform Standards for Life Safety and Fire Prevention in Child Care Facilities and shall be inspected annually. A copy of the current and approved annual fire inspection report by a certified fire inspector must be on file with the department or local licensing agency.

(b) There shall be at least one operable, corded telephone readily accessible in the child care facility which is neither locked nor located at a pay station and is available to all staff during the hours of operation, even in the event of a power outage.

(c) Child care facilities for mildly ill children shall conduct monthly fire drills when children are in care. Subject to local fire authority's approval, evacuation of the premises shall not be required, however, facilities shall ensure that the children are taken at least to the point of exit. A current attendance record must accompany staff during a drill or actual evacuation and be used to account for all children.

(5) Emergency Procedures.

(a) At least one first aid kit containing materials to administer first aid must be maintained on the premises of all child care facilities for mildly ill children, at all times. Each kit shall be in a closed container and labeled "First Aid". The kit(s) shall be accessible to the child care staff at all times and kept out of the reach of children. Each kit must include:

1. Soap,
2. Band-aids or equivalent,
3. Disposable latex gloves,
4. Cotton balls or applicators,
5. Sterile gauze pads and rolls,
6. Adhesive tape,
7. Thermometer,
8. Tweezers,
9. In date syrup of ipecac, labeled "DO NOT INDUCE VOMITING UNLESS DIRECTED TO DO SO BY A PHYSICIAN OR POISON CONTROL 1(800)222-1222",
10. Pre-moistened wipes,
11. Scissors, and
12. A current resource guide on first aid and CPR procedures.

(b) Procedures and Notification.

1. Emergency telephone numbers, including ambulance, fire, police, poison control center, Florida Abuse Hotline, and the address of and directions to the facility, must be posted on or near all facility telephones and shall be used as necessary to protect the health, safety and well-being of any child in care.

2. Custodial parents or legal guardians shall be notified immediately in the event of any significant change in a child's illness or symptoms, accident or injuries sustained at the facility, which are more serious than minor cuts and scratches, and their specific instructions regarding action to be taken under such circumstances shall be obtained and followed. If the custodial parent or legal guardian cannot be reached, the facility operator will contact those persons designated by the custodial parent or legal guardian to be contacted under these circumstances, and shall follow any written instructions provided by the custodial parent or legal guardian on the enrollment or registration form.

3. Child care facilities for mildly ill children shall make arrangements with the parent or legal guardian for obtaining medical evaluation or treatment for a child, if necessary as determined by the licensed health caregiver and program policies.

4. Child care facilities for mildly ill children shall obtain emergency medical treatment without specific parental instruction when the parent or legal guardian cannot be reached, and the nature of the illness or symptoms or injury is such that there should be no delay in obtaining medical treatment, as determined by the licensed health caregiver or other qualified health professional.

5. Child care facilities for mildly ill children shall call the parent or legal guardian immediately when a child's illness or symptoms worsen to the degree that the child meets criteria for exclusion from the program, as outlined in subsection 65C-25.002(4), F.A.C.

6. All accidents and incidents which occur at a facility must be documented and shared with the custodial parent or legal guardian on the day they occur.

(6) Dispensing of Medication.

(a) Prescription and non-prescription medication brought to the child care facility for mildly ill children by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician or ARNP, child's name, name of the medication, and medication directions. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label. For the purposes of dispensing non-prescription medication that is not brought in by the parent, in the event of an emergency, non-prescription medication can only be dispensed if the facility has written authorization from the parent or legal guardian to do so. Any medication dispensed under these conditions must be documented in the child's file and the parent or legal guardian must be notified on day of occurrence. If the parent or legal guardian notifies the child care facility of any known allergies to medication, written documentation must be maintained in the child's file. Special restrictions to medication must be shared with staff and posted with stored medicines.

(b) All medicines must have child resistant caps and shall be stored separately and locked or placed out of a child's reach.

(c) Medication shall be returned to the parent or legal guardian at the end of each day.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Amended 7-13-03.

65C-25.007 Food and Nutrition.

(1) Nutrition.

(a) If a child care facility for mildly ill children chooses to supply food, it shall provide nutritious meals and snacks of a quantity and quality to meet the daily nutritional needs of the children. The USDA Food Guide Pyramid for Young Children, March 1999, shall be used to determine what food groups to serve at each meal or snack and the serving size of the selected foods for children one year of age or older, if tolerated by the medical condition. The fats and sweets category within the USDA Food Guide Pyramid for Young Children cannot be counted as a food group. Copies of the USDA Food Guide Pyramid for Young Children may be obtained from the district child care licensing office or local licensing agency. Using the USDA Food Guide Pyramid for Young Children; breakfast shall consist of at least three different food groups; lunch and dinner shall consist of at least four different food groups and snacks shall consist of at least two different food groups.

(b) If a facility chooses not to provide meals and snacks, arrangements must be made with the custodial parent or legal guardian to provide nutritional food for the child.

(c) Child care facilities for mildly ill children shall ensure that menus for children can be modified to meet the individual needs of each child in care. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet shall be maintained in the child's facility file. If the parent notifies the child care facility of any known food allergies, written documentation must be maintained in the child's file. Special food restrictions must be shared with staff and must be posted in a conspicuous location.

(2) Food Preparation Area.

(a) All licensed child care facilities for mildly ill children, approved by the Environmental Health Section to prepare food, shall meet the applicable requirements as specified in Chapter 64E-11, F.A.C., Food Hygiene.

(b) A kitchen area may be shared with other components of the facility, however, staff providing child care for the mildly ill children shall not be involved in food preparation.

(3) Food Service.

(a) Children shall be individually fed or supervised at feeding and offered foods appropriate for their ages and physical condition.

(b) There shall be no propped bottles. There shall be no automatic feeding devices unless medically prescribed. Formula shall be refrigerated and handled in a sanitary manner before and after use. All bottles shall be individually labeled.

(c) Heated foods and bottles must be tested before feeding to ensure heat is evenly distributed and to prevent injury to children.

(d) All meals and snacks provided for children participating in child care facilities for mildly ill children must be served on single-service articles, per subsection 65C-25.001(8), F.A.C.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Amended 7-13-03.

65C-25.008 Record Keeping.

(1) General Requirements.

(a) All records required to document compliance with Section 402.305, F.S., shall be maintained at the facility, available during the hours of operation for the licensing authority to review.

(b) Copies of required records are acceptable for documentation. Original documents are the property of the party providing the information.

(2) Children's Records.

(a) Each child's record shall contain a signed statement from the parent, attesting to the child's immunization status, either current or religiously exempt from immunization, as required by Chapter 64D-3, F.A.C.

(b) Enrollment/Registration Information. The facility operator shall obtain enrollment information from the child's custodial parent or legal guardian, prior to accepting a child in care. This information shall be documented on CF-FSP Form 5241 Dec. 99, Application for Enrollment in Specialized Child Care Facilities for Mildly Ill Children, which is incorporated by reference, or an equivalent form that contains all the following information required by the department's form:

1. Child's name, age, date of birth, sex
2. Parent or legal guardian's name.
3. Employer name.
4. Home, work and beeper telephone numbers.
5. Person and telephone number to call in case parent cannot be reached.
6. Child's physician and telephone number.
7. Allergies and type of reaction and specific interventions in case of allergic reaction.
8. Present and past prescriptions and childhood diseases.
9. Current Diet.
10. Special areas of concern and special needs of assistance.
11. Diapering requirements.

(c) The child shall not be released to any person other than the person(s) authorized, or in the manner authorized in writing by the custodial parent or legal guardians.

(d) Children's files shall contain signed statements that the child care facility for mildly ill children has provided the following information to parents:

1. Admission policy.
2. The program's infection control procedures.
3. Methods for the daily care of children, including the child's progress.
4. Procedures for the care and referral for a medical evaluation for children who exhibit worsening symptoms, including a listing of those symptoms.
5. Policy and procedure for staff communication with parents and health care providers.
6. Discipline policy.

(3) Medication Records.

(a) A written record documenting the child's name, the name of the medication, date, time, dosage to be given, and signature of the custodial parent or legal guardian, shall be maintained at the facility. This record shall be initialed or signed by and at the time the facility personnel dispenses the medication.

(b) This record shall be maintained for a minimum of four months after the last day the child received the medication.

(4) Personnel Records. Records shall be maintained and kept current on all child care personnel, as defined by Section 402.302(3), F.S., and household members if the facility is located in a private residence. These shall include:

- (a) An employment application with the required statement pursuant to Section 402.3055(1)(b), F.S.
- (b) Position and date of employment.

(c) Signed statement that the employee understands the statutory requirements for professionals' reporting of child abuse and neglect.

(d) Level 2 screening information documented on CF-FSP Form 5131, Oct. 02, Background Screening and Personnel File Requirements. An employment history check for the previous two years or last three jobs is required as part of background screening.

(e) Copies of all required training information or certificates and credentials.

(5) Other Records.

(a) Daily attendance of children shall be taken and recorded by the child care facility's personnel, documenting when each child enters and departs a child care facility for mildly ill children. Such records shall be maintained for a minimum of four months.

(b) Record of accidents and incidents shall be documented daily and maintained for four months. Documentation shall include the name of the affected party, date and time of occurrence, description of occurrence, actions taken and by whom, and required signatures of facility staff and custodial parent or legal guardian.

(c) The operator shall prepare an emergency evacuation plan, including a diagram of safe routes by which the personnel and children may exit each area of the facility in the event of fire or other emergency requiring evacuation of the facility, and shall post a copy of the plan in each room of the facility.

(d) The operator shall maintain a written record of monthly fire drills showing the date, number of children in attendance, and time taken to evacuate or simulate evacuation of the premises. Each monthly record shall be maintained for a minimum of a year from the date of the fire drill.

Specific Authority 402.305 FS. Law Implemented 402.302, 402.305, 402.3055 FS. History--New 5-21-00, Amended 7-13-03.