

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 CERTIFICATION

- (1) A copy of ISDH 410 IAC 7-24 rule book is in the kitchen and is followed. [410 IAC 7-24-107(d)]

◆Intent:

To ensure the kitchen and food service areas are in compliance with other applicable rules.

○Assessment Method:

- Ask Director and food service staff about procedures to ensure that kitchen is not used for other purposes as specified.
- ISDH Food Sanitation rule book, 410 IAC 7-24, is readily available and kitchen staff are observed following required food sanitation practices.

- (2) Meets 410 IAC 7-24 requirements and standards. [410 IAC 7-24]

◆Intent:

- To protect health.
- Floors shall be covered with tile or linoleum – no carpet. The floor must be cleanable and in good repair.
- Walls should be covered with a cleanable material – no wallpaper or contact paper.
- Counter surfaces shall have no cracks, open spaces or open seams.
- Wooden butcher-block counters must be sealed. No wooden cutting board or wooden utensils are permitted. Plastic or rubberized cutting boards must be in good repair.
- The level of splash is 6 feet measured from the floor up.

○Assessment Method:

- Observe conditions as specified.

- (3) Posted instructions for proper manual dishwashing in the kitchen if dishes are washed and sanitized manually. [470 IAC 3-4.7-117(d)]

◆Intent:

To ensure the understanding that manual dishwashing shall include three (3) stages – wash, rinse, and sanitize as required in 470 IAC 3-4.7-117.

○Assessment Method:

- Observe the kitchen area for compliance with all conditions as specified.
- Ask Director and food service about procedures to ensure that all rules are met

- (4) A cleaning schedule is posted in the kitchen and used. [470 IAC 3-4.7-116(r)]

○Assessment Method:

- Observe the kitchen area for compliance with all conditions as specified.
- Ask Director and food service about procedures to ensure that all rules are met.

- (5) Illumination of 70 foot-candles in kitchen and food prep areas. [470 IAC 3-4.7-106 (1)]

◆Intent:

To ensure proper lighting in the kitchen and food prep areas.

○ Assessment Method:

- Observe the kitchen area for compliance with all conditions as specified.
- Use a light meter to measure the foot-candles.

■ (6) Acceptable written and posted weekly menus in kitchen. [470 IAC 3-4.7-76a(2)]

◆ 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.

■ (7) Milk is offered at all meals. Whole milk provided to all children under the age of two unless a physician orders a specific substitution. [470 IAC 3-4.7-78(d)]

◆ Intent:

To clarify that 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.

○ Assessment Method:

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

■ (8) Liquid refreshments shall meet the following guidelines: 1. All fruit juice shall be one hundred percent pure fruit juice with no sugar added. 2. All non-citrus juice shall be fortified with vitamin C. 3. The facility shall not serve or have accessible to children ades, soft drinks or powders. 4. A competing beverage is not being served with milk at lunch or dinner. [470 IAC 3-4.7-78 (e) (1), (2), (3), (4)]

◆ 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.

■ (9) For children one year old or older, meals and snacks are served every 2-3 ½ hours. [470 IAC 3-4.7- 77(a)]

◆ Intent:

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

- 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 rule.
- Check with Director and food service staff about procedures to comply with the meal time rules.

■ (10) At least 1½ ounces of high protein food (such as meat, poultry, cheese, eggs or dried beans) are served at lunch and dinner. [470 IAC 3-4.7-78(f)(1)]

◆ 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.

■ (11) A good source of Vitamin A is served at least two (2) times a week. [470 IAC 3-4.7-78(a)]

◆ 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.

■ (12) 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). [470 IAC 3-4.7-77(a)]

◆ 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.

■ (13) Two (2) vegetables/salads, fruits are served with lunch and dinner meals. [470 IAC 3-4.7-77(a)]

◆ 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.

■ (14) Food is not used as a reward or punishment. [470 IAC 3-4.7-55(c)]

○ 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.

■ (15) Seconds of at least two (2) items at each meal are provided and available. [470 IAC 3-4.7-79(b)]

◆ 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.

○ Assessment Method:

- Observe children's activities just before the noon meal.
- Ask food service staff about serving seconds of food and milk at noon or evening meal. Observe a meal to determine compliance.

■ (16) 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. [470 IAC 3-4.7-78(f)]

◆ 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.

■ (17) 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. [470 IAC 3-4.7-79(i)]

◆ 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.

○ 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.

■ (18) Children are allowed to converse freely during meal times and snacks. [470 IAC 3-4.7-79(j)]

◆ Intent:

To encourage social interaction and conversation.

○ Assessment Method:

Observe mealtime interactions between children.

■ (19) Food allergies and special diets are posted in the kitchen and/or in the area where the child's food is prepared. [470 IAC 3-4.7-82(a)]

◆ 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." 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 specify 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.

■ (20) BCC approved food service training for person responsible for food service operation. (410 IAC 7-24)

◆ Intent:

At least one staff person responsible for the operation of the kitchen must have this approved training course. Course is valid for five (5) years from date of training.

○ Assessment Method:

- Check records for documentation of current training.

ALTERNATE FOOD/NUTRITION CHECKLIST

■ (1) Current BCC approved food service training for at least one staff member (410 IAC 7-24. A person with BCC approved food service training will be present whenever meals or snacks are served.

◆Intent:

At least one staff person responsible for the operation of the kitchen must have this approved training course. Course is valid for five (5) years from date of training.

○Assessment Method:

- Check records for documentation of current training.

■ (2) Instructions posted and followed for proper manual dishwashing in the kitchen if dishes are washed and sanitized manually. [470 IAC 3-4.7-117(d)]

◆Intent:

To ensure the understanding that manual dishwashing shall include three (3) stages – wash, rinse and sanitize – as required in 470 IAC 3-4.7-117.

○Assessment Method:

- Observe the kitchen area for compliance with all conditions as specified.
- Ask Director and food service about procedures to ensure that all rules are met.

■ (3) If kitchen is not approved for dishwashing, only disposable/single use dishware is used for meal serving and they are not re-used. [470 IAC 3-4.7-117 (f)]

◆Intent:

If disposable utensils and supplies are used, they shall be stored in closed containers away from any cleaning compounds and toxic or hazardous materials.

○Assessment Method:

- Observe the kitchen area for compliance with all conditions as specified.
- Ask Director and food service about procedures to ensure that all rules are met.

■ (4) Milk, provided by the parent and/or the facility, is offered at all meals. Milk that is provided by the facility 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 [470 IAC 3-4.78(c) (d)] Children over the age of two shall be served 2% milk unless physicians order a specified substitution.

◆Intent:

To clarify that 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.

○Assessment Method:

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

■ (5) 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. [470 IAC 3-4.7-78(e)]

◆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.

■ (6) 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. [470 IAC 3-4.7-77(a)]

◆Intent:

- To clarify that the facility may vary this rule when a child's need for sleep conflicts with the time limit rules.
- 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.
- 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 rule.
- Check with Director and food service staff about procedures to comply with the meal time rules.

■ (7) Staff assists, supervise, converse and sit with children during all meals and snacks in age relative groups, small enough in number to assure assistance and safety. [470 IAC 3-4.7-79(j)]

◆Intent:

- To clarify that in 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.

○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.

■ (8) Children are allowed to converse freely during meal/snack times. [470 IAC 3-4/7-79(j)]

◆Intent:

To encourage social interaction and conversation.

○ Assessment Method:

- Observe mealtime interactions between children.

■ (9) Food allergies and special diets are posted in the area where the child's food is served/stored in a manner that assures confidentiality of the information. [470 IAC 3-4.7-82(a)]

◆ 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." 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 specify symptoms that would indicate the need to administer one or more medications.
- Based on the child's special care plan, the child's teachers 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.

■ (10) Food sacks/containers are labeled with child's name and date. [470 IAC 3-4.7-82]

■ (11) Meals from home are stored sanitarily in a clean refrigerator that keeps food at 41 degrees or below. [470 IAC 3-4.7-116 (s)]

■ (12) Refrigerators used for storing meals from home, must have an accurate thermometer inside. [470 IAC 3-4.7-116 (s)]

◆ Intent:

The facility shall place an accurate, easily readable thermometer in each compartment of the refrigerator and freezer in position for daily monitoring.

○ Assessment Method:

- Check refrigerator for working thermometer.

■ (13) Food is not used as a reward or punishment. [470 IAC 3-4.7-55(c)]

○ 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.

■ (14) Accurate dial-stem thermometer is available and used to check re-heated food temperatures. Meals requiring re-heating are re-heated to at least 165 degrees. [470 IAC 3-4.7-83(c)]

◆ Intent:

To prevent food contamination, the food shall be checked with a working food-grade, metal probe thermometer to accurately determine if the foods are safe for consumption.

○ Assessment Method:

- Ask Director about vendor food service and procedures for monitoring the condition of the food upon arrival.

■ (15) Parent has completed and signed a “Safe Transportation of Food” form; form is maintained in the child’s record. [470 IAC 3-4.7-82(f)]

■ (16) Nutrition education material, approved by the Division, is available to parents and placed in a conspicuous place. [470 IAC 3-4.7-18(d)]

◆ Intent:

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

■ (17) 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. At least 1.5 ounces of high protein food are served at lunch and dinner. Two (w) vegetables/salads, fruits are served with lunch/dinner meals. [470 IAC 3-4.7-78 and 77] and milk. Nutritious snacks are served daily. Include two (2) different food groups (i.e. fruit and dairy, bread and protein, etc). If juice or milk is not one of the two (2) components, serve water.

◆ Intent:

To ensure that meals/snacks 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.
- Observe meal service.

HEALTH CERTIFICATION

■ (1) All staff members have physical examination within one (1) month of employment or twelve (12) months prior to employment. [470 IAC 3-4.7-85(1)]

◆Intent:

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

○Assessment Method:

- Check personnel files for documentation as specified.

■ (2) All staff are verified to be free of tuberculosis and other communicable disease within 30 days of employment and have biennial testing for tuberculosis. [470 IAC 3-4.7-85(1),(2),(3),(4)]

◆Intent:

- If the Mantoux test is considered positive, staff shall have a negative chest x-ray and or a statement from a physician or nurse practitioner stating that he/she is free of tuberculosis in an active, infectious state.
- Persons with a history of tuberculosis or a positive Mantoux shall have an annual health assessment, including a symptom screening for tuberculosis documented by a health professional.
- To clarify that the health professional can be a physician or nurse practitioner.
- This rule 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 and is free from contagious disease.

○Assessment Method:

- Check personnel files for documentation as specified

■ (3) Each child has physical exam within 30 days of admission or twelve (12) months prior to admission. [470 IAC 3-4.7-86(a)]

◆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 rule also is intended to prevent the spread of vaccine preventable communicable disease by ensuring that each child is immunized in accordance with immunization regulations 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 rule using a 20% sample of children enrolled, including documentation of annual physicals for children under 2 (two) years of age.
- Review children's immunization records for conditions specified using a 20% sample of children enrolled, in accordance with division established regulations. Check for physician statements for exemption from immunizations for medical reasons.
- Check for written parental requests exemption from immunizations for religious reasons.

- (4) Cots are spaced two (2) feet or more apart. [470 IAC 3-4.7-53]

◆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.

- (5) Hot water (110 – 120 degrees F) is provided to all hand washing sinks. [470 IAC 3-4.7-114(d)]

◆Intent:

To ensure that the facility has a safe and adequate supply of water, meeting the standards of IDEM.

○Assessment Method:

- Check for water temperatures at children's hand washing sinks.

- (6) Records are maintained on all children's injuries. [470 IAC 3-4.7-39 (a)]

◆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 rule 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.

○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.

- (7) Written policy to notify parents in the event of a child's illness or an emergency. [470 IAC 3-4.7-18 c and 39(c)]

○Assessment Method:

- Review facility's written policy.

- (8) Emergency medical authorization in event parent can not be reached. [470 IAC 3-4.7-37(1)]

◆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 as specified in (1) and (2).

- (9) Medicine not requiring refrigeration is stored in a locked cabinet or locked drawer outside of the kitchen. [470 IAC 3-4.7-88(i)]

◆Intent:

Medication not requiring refrigeration shall be kept locked in a cabinet or container and shall not be stored in the kitchen or in a bathroom

- (10) All medications have a physician's written order. [470 IAC 3-4.7-86(c) and 88(b)]

◆Intent:

- 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.
- To ensure the protection of children and the facility, 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 rule.
- 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.

Note:

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

- (11) All medications are appropriately recorded immediately after being administered to child(ren). [470 IAC 3-4.7-40(a)]

◆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.

■ (12) One toilet and one lavatory is provided and maintained for each 15 children age 2-12 years old.

[470 IAC 3-4.7-113(a)]

◆ 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.
- 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.

○ 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.

■ (13) Diapering table is inaccessible to children and not used for any purpose except diapering. [470 IAC 3-4.7-94(f),(j)]

○ Assessment Method:

- Check the diaper changing area to ensure that it meets the conditions as specified.

■ (14) Diaper changing procedures posted by each diapering area. [470 IAC 3-4.7-94(r) and 3-4.7-19(b)(2)]

◆ Intent:

- To ensure that diaper changing is done in a way that helps control the spread of bacteria and germs.
- A clean strip of waterproof, disposable paper shall be on the pad to cover from the child's shoulders down to the feet of the end of the pad. Caregivers shall place a new, waterproof, paper strip after each diaper change.

○ 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.

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

[470 IAC 3-4.7-141(p)]

◆ 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.

- (16) A fresh, clean, waterproof paper is used on top of the diaper changing pad for each diaper changed. [470 IAC 3-4.7-94(n)]

◆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 of 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.

- (17) Fifty (50) foot-candles of illumination are provided above classroom tables. [470 IAC 3-4.7-106(b)(3)]

- (18) Thirty (30) foot-candles of illumination are provided in bathrooms. [470 IAC 3-4.7-106(b)(4)]

- (19) Five (5) foot-candles in children rest and nap areas. [470 IAC 3-4.7-106(b)(6)]

- (20) Classroom temperature is maintained at sixty-eight (68) degrees F or more within two (2) feet of floor/ventilation adequate. [470 IAC 3-4.7-106(e)]

◆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. Further to protect health; to deter insects from entering the facility, all openable windows and outer doors shall have screening in good repair. Also to ensure that heating units are inaccessible to children to prevent burns.

○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.

- (21) Swimming/wading pool meets and is maintained in accordance with ISDH rule under 410 IAC 6-2, and has current state/local health department permits. [470 IAC 3-4.7-70(d)(i)]

◆Intent:

- To ensure the understanding that no wading pools are permitted.
- To ensure that children are not exposed to health or safety risks while swimming in in-ground swimming pools, permanent wading pools and lakes owned by the facility, staff, parents or others, certain requirements must be met. Private pools, wading pools and lakes, shall meet the specified conditions to ensure the safety of children. The facility shall have written parental permission on file at the facility and child/staff ratios shall be twice the number required in 470 IAC 3-4.7-47, which may include qualified lifeguards. Children shall be directly supervised at all times when involved in water play. A lifeguard with a current Red Cross advanced life saving certificate shall be on duty when children swim in a swimming pool or lake.

○Assessment Method:

- Observe conditions as specified for private pools. Observe for portable pools.
- Check files for certification of lifeguards.

- Ask Director and staff about water play activities.

■ (22) Children have age appropriate immunizations as recommended by ISDH immunization schedule. [470 IAC 3-4.7-38(2) and 86(d)]

◆Intent:

The rule also is intended to prevent the spread of vaccine preventable communicable disease by ensuring that each child is immunized in accordance with immunization regulations 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 immunization records for conditions specified using a 20% sample of children enrolled, in accordance with division established regulations. Check for physician statements for exemption from immunizations for medical reasons.
- Check for written parental requests exemption from immunizations.

SAFETY CERTIFICATION

■ (1) Child/staff ratios are maintained at all times as follows: [470 IAC 3-4.7-47]

- (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

◆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.
- 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. This includes opening and closing times.
- Programs with infant and toddlers must consider children up to 30 months of age as toddlers and all these rules apply to any child under the age of 30 months.
- If a program is approved only for children ages 24 months and above, the infant and toddler rules are not applicable to this group.

○Assessment Method:

- Take ratio counts in each classroom.

■ (2) 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).
[470 IAC 3-4.7-48(e) and 53(h)(i)]

◆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.

■ (3) All child care providers are at least 18 years old and have a HS Diploma or equivalent [470 IAC 3-4.7-(24)(1)]

◆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 rule 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.

■ (4) At least one staff member is trained in age appropriate CPR, is on the premises, and available at all times. [IC 12-17.2-4-2 and 470 IAC 3-4.7-34(1)]

◆ Intent:

- To ensure that in case of emergencies there is always present at the facility, during all hours of operation and with children on field trips, a person (s) with annual certification in pediatric CPR. To ensure that facilities approved for infants and toddlers shall have all infant and toddler staff trained annually in infant or pediatric CPR.
- The rule also clarifies that the training shall be appropriate to the ages of children to which the facility is approved which means that in programs providing school age care to children eight (8) years and older, training is required in adult CPR. It is important for the training to be based on approved guidelines for CPR as specified and for all staff members to know which staff are trained and available in the event of emergency.

○ Assessment Method:

- Check personnel files for written documentation of annual certification in pediatric CPR for staff and annual certification in adult CPR if children eight (8) years and older are served.
- If the facility is approved for infants and toddlers, check personnel files for written certification in infant or pediatric CPR for all infant and toddler staff.
- Check the training provider to ensure that the course content is approved training as specified.
- Check staff assignments to ensure presence of person certified in CPR at all times.
- Interview staff to determine if they know who in the staff is qualified to provide CPR.

■ (5) All staff are currently trained in First Aid within six (6) months of employment. {3-4.7-33(2)}

◆ Intent:

- To ensure that upon opening of the Center, there is always one person on duty with current certification in basic first aid. Website basic first aid training is not acceptable unless the person being trained also participated in and passed “hands on” portion of the course. Each caregiver in the infant and toddler room must have current first aid training before working in the classroom
- To ensure that all remaining staff, including fully qualified volunteers counted in child/staff ratios, shall complete training in basic first aid within 6 months of employment and every 3 years from that point on. If the expiration date on the first aid certification is less than three years, that will be the length of the certification.
- Persons receiving basic first aid training may be trained by a public safety official, i.e., EMT/Paramedic, Licensed Nurse, Physician, Police Officer, Fireman, etc.). Training shall be documented with the trainer’s license number and/or badge number.
- This rule ensures that in case of emergencies there are staff at the Center, during all hours of operation, with current certification in basic first aid and rescue breathing. Written documentation of the training shall be maintained at the Center, but a Red Cross card is not required.

○ Assessment Method:

- Check personnel files for current first aid certificates.
- Review staff work assignments to ensure the presence of person certified in first aid and rescue breathing at all times.

- (6) The Director and all staff receive at least 12 clock hours of educational or in-service training in topics relevant to early childhood, annually. [470 IAC 3-4.7-35]

◆Intent:

- To specify the required content areas of ongoing training required for caregivers to increase their knowledge of working with young children.
- To ensure that caregivers have training will assist them in meeting the needs of the age group to which they are assigned.
- To clarify that training is counted on an annual basis and to ensure that new caregivers obtain training throughout the year. Facility may set up their training calendar in whatever 12 month period best fits their program design.
- Staff development and training are essential in providing quality child care. Ongoing training provides the staff person with the opportunity to develop and refine skills which assist in meeting the emotional, physical, intellectual and social needs of the children. To ensure that training is appropriate to the ages, needs and activities of children served, the rule specifies required content areas for various staff positions, the approved methods of training and limitations on credit for reading literature, and the components of documentation required to measure and ensure the validity of the training.

○Assessment Method:

- Check personnel files for required documentation of at least 12 hours of in-service training for each staff on topics directly related to children.
- Cross-check with staff to ensure they participated in specified training.
- Interview Directors about in-service training plans for the facility.

- (7) At least 35 square feet of usable indoor space is provided for each child. [470 IAC 3-4.7-110(a)]

◆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 rule 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.

- (8) Land-line telephone is available and working. [470 IAC 3-4.7-119(c)]

○ Assessment Method:

- Check telephone to determine if it is working to receive incoming calls and make outgoing calls.

- (9) 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.
- Any back-up plan for care that the facility will arrange in the event of an emergency.
- 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 can not be reached in the event of an emergency.
- A list, provided by the parent(s), or people authorized to pick up a child.
- A plan for fire evacuation or any other type of evacuation.
- A plan for safe shelter during a tornado warning or any other threatening weather emergency.

◆ 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.
- 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.
- The following items shall be prominently posted in a place regularly viewed by parents:
Prohibitions against:
 - (A) smoking;
 - (B) use of alcohol;
 - (C) use or possession of firearms, unless required as a condition of employment; and
 - (D) use or possession of illegal substances or unauthorized potentially toxic substances;in the child care facility

○ 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.
- Review the facility's policy regarding parent communication. Ask director and staff about implementation of the specified rules.
- Check for required postings.

- (10) Telephone numbers for fire, ambulance, hospital and poison control are available at each telephone. [470 IAC 3-4.7-20(c)]

◆ Intent:

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

○ Assessment Method:

- Observe for the accessible posting of emergency contact information

■ (11) Emergency first aid procedures and disaster procedures are readily available and visible to all child care staff. [470 IAC 3-4.7-119(b)(9)].

◆ 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

■ (12) Emergency phone numbers for all children are available. [470 IAC 3-4.7-42]

◆ Intent:

- To ensure pertinent emergency information on all staff, volunteers, student helpers and children is kept up to date and readily available for the protection of children, staff 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.

■ (13) First aid supplies and manual are available. [470 IAC 3-4.7-91(c) (d)]

◆ Intent:

- This rule 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. The rule also intends to ensure a working telephone for emergencies and for accessible emergency numbers

○ Assessment Method:

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

■ (14) Medication not requiring refrigeration is stored in a locked cabinet or drawer outside of the kitchen or bathroom [470 IAC 3-4.7-88(i)]

■ (15) Unused and / or outdated medications are discarded. [470 IAC 3-4.7-88(h)(k)(1)]

◆ Intent:

- To ensure the protection of children and the facility, 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 facility 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 rule.
- 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.

■ (16) The janitor's closet containing chemicals, poisons, and items which state "HARMFUL" or "FATAL IF SWALLOWED" is kept LOCKED. [470 IAC 3-4.7-100(a)]

◆ 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.

■ (17) Hazardous items (bleach solution/other cleaning supplies and teachers' purses) are inaccessible to children. [470 IAC 3-4.7-100(e)]

◆ Intent:

- To clarify that all spray bottles shall be correctly labeled for contents to protect children from harm and inaccessible to children.
- 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.

■ (18) Floors are smooth, carpet firmly secured. [470 IAC 3-4.7-99]

◆ 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.

■ (19) Protective plugs are provided on all electrical outlets. Extension cords are not used. [470 IAC 3-4.7-101(a)(b)]

◆ 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.

■ (20) An approved hot water control valve is provided for all hand-washing lavatories. [470 IAC 3-4.7-114(d)]

◆ Intent:

To ensure that the facility has a safe and adequate supply of water, meeting the standards of IDEM.

○ Assessment Method:

- Check for approval of the water system and plumbing fixtures.

■ (21) A hand-washing lavatory is located within the same room or area as is the changing table or at least a minimum of 10 feet from the diapering table. [470 IAC 3-4.7-94(h)]

■ (22) Hallways and corridors have 20 foot-candles of lights. [470 IAC 3-4.7-106(b)(5)]

◆ Intent:

To ensure that the facility has appropriate lighting.

○ Assessment Method:

- Use a light meter to measure foot-candles.

■ (23) Playground(s) is safely enclosed or protected. [470 IAC 3-4.7-68(b)]

◆ Intent:

- The facility is not required to have a playground. This rule 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.

○ Assessment Method:

- Observe conditions as specified in this requirement.

■ (24) Indiana state wide criminal history checks on all child care providers, with no felony convictions and/or misdemeanor convictions related to the health and safety of a child. [470 IAC 3-4.7-8(c)]

◆ Intent:

- To ensure compliance with IC 12-17.2-4-3 requiring criminal history record checks for owners, directors, employees and volunteers working in child care. The intent is that persons working in child care be free from any prior activity that may lead to the risk of harm to any child. Revocation or denial of licensure, denial of employment or dismissal of an employee are permitted if the check reveals the occurrence of the specified criminal offenses or the person is listed in a national registry of violent and sex offenders.
- The applicant must comply with IC 12-17.2-4-3 on the forms provided by the Division.
- The facility is responsible for conducting criminal history checks on all prospective employees and volunteers in accordance with the rules in IC 12-17.2-4-3. The facility must notify the Division of any

felony conviction for an employee and must deny or terminate employment of that employee unless a waiver is requested and granted. The Division must approve any exceptions to these rules.

○ Assessment Method:

- Review the criminal history and national registry checks for the applicant and all employees. If a felony listed in subsection (c) exists, the applicant is informed, given an opportunity to request a waiver and, if not granted, the consultant begins the process for revocation or denial of registration.
- Check the facility personnel files for documentation of criminal history and any employment actions that resulted – denial or dismissal.
- Review the staff roster to ensure that no employee is currently working who should have been dismissed due to the criminal history check.

■ (25) Drug screen (5 or 8 panel) on all child care providers w/negative results; reviewed by a Medical Review Officer. [12-17.2-3.5-12.1]

◆ Intent:

- To protect children from a caregiver or volunteer working as a caregiver who presents a risk due to his/her use of illegal drugs.
- Drug testing is required for all volunteers who serve as caregivers and thus are actively involved and interacting with children. For example, this would include college students who participate at a child care facility as part of their curriculum.

○ Assessment Method:

- Review drug testing documentation for all caregivers and volunteers working as caregivers. The Licensed Center Substance Abuse Screening Test Consent Form shall be in each staff file along with a copy of the drug test results. Facilities shall follow the 7/1/2003 established Licensed Child Care Center Drug Testing Guidelines. Drug test results shall be reviewed and signed by a Medical Review Officer (MRO) and the chain of custody shall be followed as outlined in the Guidelines. Electronic signatures are acceptable.

■ (26) Indiana state sex/violent offender central registry check on all child care providers, with negative result. [470 IAC 3-4.7-8(a)]

◆ Intent:

- To ensure compliance with IC 12-17.2-4-3 requiring criminal history record checks for owners, directors, employees and volunteers working in child care. The intent is that persons working in child care be free from any prior activity that may lead to the risk of harm to any child. Revocation or denial of registration, denial of employment or dismissal of an employee are permitted if the check reveals the occurrence of the specified criminal offenses or the person is listed in a national registry of violent and sex offenders.
- The applicant must comply with IC 12-17.2-4-3 on the forms provided by the Division.
- The applicant is responsible for conducting criminal history checks on all prospective employees and volunteers in accordance with the rules in IC 12-17.2-4-3. The facility must notify the Division of any felony conviction for an employee and must deny or terminate employment of that employee unless a waiver is requested and granted. The Division must approve any exceptions to these rules.

○ Assessment Method:

- Review the criminal history and national registry checks for the applicant and all employees. If a felony listed in subsection (c) exists, the applicant is informed, given an opportunity to request a waiver and, if not granted, the consultant begins the process for revocation or denial of registration.
- Check the facility personnel files for documentation of criminal history and any employment actions that resulted – denial or dismissal.
- Review the staff roster to ensure that no employee is currently working who should have been dismissed due to the criminal history check

- (27) Meets the requirements of FPBSC. ("Opt-out" letters not used.) [470 IAC 3-4.7-2(b)]

◆Intent:

The purpose of this rule 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.

- (28) Occupancy capacities, as recommended by the Division are not exceeded. [470 IAC 3-4.7-2(g)]

◆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 in 470 IAC 3-4.7-110. The maximum capacity of the facility is the lesser of the room size capacity or the toilet/sink capacity, as required in 470 IAC 3-4.7-113.

- (29) 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 center premises, shall not engage in or direct any of the following actions toward children:
 - (1) The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment.
 - (2) Any person, while on child care center premises, shall not engage in or direct any of the following actions toward children:
 - (3) 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 center 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.
 - (4) Placement in a locked or dark room.
 - (a) (5)Public or private humiliation, yelling, or abusive or profane language.(a)Caregivers shall not associate disciplinary action or rewards with rest.(b)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) (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 [470 IAC 3-4.7-54 and 470 IAC 3-4.7-55 and 470 IAC 3-4.7-56]

◆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 rule 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.
- To ensure that children are never placed in a locked room or room without lights as a form of punishment. In fact, children must always be within the sight of staff and shall never be left alone in another room. These actions are abusive and not acceptable in the care of children
- To ensure that time out, if used, is used appropriately. “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.
- To ensure that physical restraint is only used when absolutely necessary for the child’s own or others’ protection. When necessary, the most desirable method of restraint is holding the child as gently as possible until the child regains control. Children shall not be physically restrained longer than necessary to control the situation.
- The decision to restrain a child shall be made by the staff person in the classroom with the most knowledge and expertise in child care and shall only be made for extreme circumstances. Training in the use of any form of physical restraint shall be provided by persons with extensive child care experience including experience with children who have required restraint.
- This is intended to ensure that no facility uses behavior management methods that are cruel, harsh, or humiliating, whether physical or verbal, in dealing with children. To ensure that discipline is not associated in any way with food, rest or toileting. This rule also limits the use of time out and physical restraint.
- There are appropriate alternatives to punishment which vary as children grow and develop. Anticipating potential problems is more effective and conducive to the child care setting and eliminates most of the need for negative discipline. Factors that tend to foster positive discipline include: 1) arranging furniture to allow for maximal use of space; 2) sufficient equipment and toys; 3) small groups of children; 4) observant adults; and 5) adult expectations set at a reasonable level according to the child’s age and development.

○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.
- Observe the program for methods of discipline.
- Ask Director about discipline policy and procedure for providing copies to parents and staff. Ask staff about implementation of discipline policy.

- Ask Director and staff about procedures for communicating with parents, documenting problem situations, and procedure for developing specific plans of action for children with unacceptable behavior.

INFANT\TODDLER CERTIFICATION

- (1) Infants and toddlers are kept under direct supervision at all times including while napping. [470 IAC 3-4.7-48(e)]

◆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.

- (2) 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). [470 IAC 3-4.7-143(c) and 470 IAC 3-4.7-52]

◆Intent:

- To clarify that toddlers who are 24 months of age and older may be in classrooms without walls.
- This rule 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 rule requires all facility using this grouping method to have 50 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 and meet group size while also meeting the developmental needs of all the children in the group.

○Assessment Method:

- Observe infant/toddler rooms for conditions specified.

- (3) Infants have at least one sink for hand-washing in the room. [470 IAC 3-4.7-143(e)]

◆Intent:

This rule 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.

- (4) Toddler rooms have toilet rooms opening directly in/attached to each room and include a lavatory in the room. [470 IAC 3-4.7-143(g)]

◆Intent:

- To clarify that toddlers ages 15 months and younger who are mixed with infants may be in a classroom without a toilet directly accessible.
- This rule 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.

■ (5) Each room has changing table or changed in own crib. [470 IAC 3-4.7-94(e)(1) and (e)(2)]

◆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 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 emphasize that a changing table shall be required for infants who can pull to a standing position.
- To ensure a specific diaper changing area that is clean and sanitized after each use. This rule 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.

■ (6) All surfaces except carpet in Infant / Toddler rooms are sanitizable. [470 IAC 3-4.7-131(d)]

◆Intent:

- To clarify that classroom hand washing sinks shall not be used to store toys to be sanitized.
- 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

■ (7) Infants are out of cribs while awake. [470 IAC 3-4.7-126(4)]

◆Intent:

- Infants need opportunities for all of the activities outlined in this rule 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 rule.
- Observe the infant room (s) environment and infants at play to determine if the requirements of the rule are met.

■ (8) Diaper bags are inaccessible to children. [470 IAC 3-4.7-94(a)]

◆ Intent:

- All articles that are used by infants or toddlers shall be sanitizable.

○ Assessment Method:

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

■ (9) Diapering and food area separate in each room. [470 IAC 3-4.7-94(k)]

◆ Intent:

- To ensure that diaper changing is done in a way that helps control the spread of bacteria and germs.
- If the classroom diaper and prepare food in the same classroom, there must be two (2) separate sinks. The facility shall locate the hand washing sink at least twenty-four (24) inches away from the area used for food preparation area or install a protective barrier between the food preparation area and the hand washing sink.
- This rule is intended to ensure the safety and health of infants/toddlers and the sanitary, clean condition of the room.

■ (10) 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. [470 IAC 3-4.7-129(22)]

◆ 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.

■ (11) Sheets changed daily/extra supply of bedding available. [470 IAC 3-4.7-141(o) and (r)]

◆ Intent:

- To ensure that bedding is handled in a way that helps control the spread of bacteria and germs.
- All bedding shall be changed immediately when wet or soiled, and otherwise once each day.

○ Assessment Method:

- Ask Director and staff about procedures for cleaning and sanitizing sleep equipment and bedding.
- Observe to see if extra bedding is available.

■ (12) Cribs/cots are spaced 3 feet apart. [470 IAC 3-4.7-141(I) and (t)]

◆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.

■ (13) Cribs/mattress sizes correct and in good state of repair. [470 IAC 3-4.7-141(f),(g) and (h)]

◆Intent:

- To protect the safety of infants/toddlers, cribs must meet safety standards as specified in the requirements of this rule. The intent is to prevent strangling, falls and other injuries.
- To ensure that infants and toddlers are permitted to sleep according to their own needs in safe, clean and sanitary sleeping equipment and bedding.
- The facility shall use cribs that meet US Consumer Product Safety Commission (CPSC) crib safety standards.

○Assessment Method:

- Ask Director and staff about procedures and their implementation for ensuring safe sleep equipment.
- Check the construction of cribs according to conditions specified. It may be necessary to take measurements to determine compliance for some conditions, e.g., distance between slats, height of rails, and to test latches for safety and sturdiness.
- Observe infant/toddler sleep equipment and sleeping children for conditions specified.

■ (14) Daily needs records are kept and posted. [470 IAC 3-4.7-122(a)]

◆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 rule 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.

■ (15) Parents provide a feeding plan for infants and kept current. [470 IAC 3-4.7-134(b)]

◆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 rule 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 and physician in establishing the child's feeding plan.
- The parent shall update the feeding plan as the child's food intake changes.

○Assessment Method:

- Check infants' records for feeding plan for components specified, and established with the parent and physician; check for physician's written order for any changes or restrictions from recommended plan.

■ (16) Staff practices safe sleep procedures as approved by Bureau of Child Care

◆Intent:

- Placing infants to sleep on their backs instead of their stomachs has been associated with dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Infants have been found dead on their stomachs with their faces, noses and mouths covered by soft bedding, such as pillows, quilts, comforters and sheepskins. However, some infants have been found dead with their heads covered by soft bedding even while sleeping on their backs.
- When infants turn over on their own, it is permissible to leave them on their stomachs rather than awakening them, however all infants shall be placed on back or sides when placed in the crib. It is expected that infants that fall asleep in other locations, such as a swing or seat, be promptly moved to their crib.

○Assessment Method:

- Ask Director and staff about procedures and their implementation for ensuring safe sleep.

■ (17) A written safe sleep policy is signed by 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.

Note:

To clarify this signed "safe sleep policy" is not required for toddler parents.

■ (18) Infants' bottles are not "propped". [470 IAC 3-4.7-134(j)]

■ (19) Infants are held when fed. [470 IAC 3-4.7-134(j)]

◆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 rule ensures that an infant is fed in a safe and caring way.
- If a toddler takes a bottle, rule 134(j) 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.

■ (20) Toddler sized chairs and tables are used for eating. [470 IAC 3-4.7-140(e)]

◆ Intent:

Toddlers need special equipment to eat safely. Highchairs can present a hazard, so low tables or appropriately sized feeding tables are preferable. Wide bases on highchairs provide a low center of gravity and prevent tipping. A safety strap keeps the child from standing while eating.

○ Assessment Method:

- Observe that all specified conditions are met.

■ (21) Harnesses are used on highchairs. [470 IAC 3-4.7-140(f)]

◆ Intent:

Toddlers need special equipment to eat safely. Highchairs can present a hazard, so low tables or appropriately sized feeding tables are preferable. Wide bases on highchairs provide a low center of gravity and prevent tipping. A safety strap keeps the child from standing while eating.

○ Assessment Method:

- Observe that all specified conditions are met.

■ (22) Toddler foods are appropriate for age. (No choking hazards.) [470 IAC 3-4.7-139(e)]

◆ 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 (1/2) 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 rule.
- Observe meals served to this age group for compliance.

- (23) Age appropriate dishes and utensils for infants and toddlers are used. [470 IAC 3-4.7-140(k)]

◆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 or equipment without a written order from a physician

- (24) Infants and toddlers are fed in their own rooms [470 IAC 3-4.7-132(h) and 140(d)]

◆Intent:

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

○Assessment Method:

- Observe meals served to this age group for compliance.

- (25) Child staff ratios are 4:1 for infants and 5:1 for toddlers. [470 IAC 3-4.7-47]

◆Intent:

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

○Assessment Method:

- Check for child/staff ratio charts in each class area and area where parents sign in daily.
- Take ratio counts in each classroom.

- (26) No person under the age 21 shall at any time be alone with children under two years of age. [470 IAC 3-4.7-121(e)]

◆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 rule 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.

- (27) All infant/toddler staff have approved age appropriate 1st Aid and CPR. [470 IAC 3-4.7-34(2) and 33(1)]

◆Intent:

- Each caregiver in the infant and toddler room must have current first aid training and CPR training before working in the classroom.
- To ensure that facilities approved for infants and toddlers shall have all infant and toddler staff trained annually in infant or pediatric CPR.

○ Assessment Method:

- Check personnel files for current first aid certificates and appropriate CPR certification.

■ (28) Use of a television is prohibited [470 IAC 3-4.7-132(d) and 133(c)]

○ Assessment Method:

- Observe classrooms for this age group for compliance.
- Ask Director about program television policy.

■ (29) No microwaves are used to heat infant bottles. [470 IAC 3-4.7-135(d)]

◆ 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..

Policy and Procedures Manual
For
Voluntary Certification Program
(VCP)

STATE OF INDIANA

Bureau of Child Care

Division of Family Resources

Family and Social Services Administration

Voluntary Certification Program (VCP)

- STEP 1: Facility notifies Bureau of Child Care (BCC) that they are interested in becoming VCP approved.
- STEP 2: VCP consultant is notified through RCCS (or by email, phone call) of their interest.
- STEP 3: VCP consultant contacts facility and schedules a consultation either over the phone or in person to help them get through the process. (POC's are not left on consultation visits.)
- STEP 4: Facility contacts VCP consultant that they are ready for the VCP inspection and schedules a time for the visit.
- STEP 5: VCP consultant conducts the VCP inspection. If the facility passes the VCP standards requested then consultant leaves a narrative stating the standards they meet and that the facility has passed the VCP inspection.

If the facility does not pass the standards at the inspection, the consultant will leave a plan of correction and discuss any corrections that need to be made.

Facility will return the plan of correction to the VCP consultant. Plan of correction will be filled out with how the correction will be made. Any required documentation will be attached. Once corrections have been completed the consultant will reschedule a VCP inspection with the facility. (If it is only documentation required to be in compliance, a revisit may not be required.)

- STEP 6: VCP Consultant will enter approval into Wireless Web Forms (WWF). Consultant will send approval request to manager.
- STEP 7: Manager reviews the recommendation and approves or denies the VCP. If approved, Manager will give approval to clerical to prepare the certificate. If denied, the Manager will return the recommendation back to the consultant for corrections.
- STEP 8: VCP Certificate is prepared and sent to the facility. (This is completed through RCCS.)

STEP 9: VCP consultant will manage their cases load through RCCS. If there are any major violations of the VCP requirements found during annual or biannual registration visits, the ministry consultant will notify the VCP consultant. VCP consultant will also notify the ministry consultant of any major violations. (Refer to Major Violations to be Reported)

All complaints concerning VCP will be followed up with by the VCP consultant. Consultant will be notified of a complaint through their supervisor or RCCS.

STEP 10: One (1) quarter before their ministry certificate expires, the VCP consultant will conduct an annual VCP inspection to determine if the facility remains in compliance with the requirements. If facility is still in substantial compliance, the facility will remain on the program. If facility is not in substantial compliance at this time, or any time while on the program, the status of their VCP certification could be affected.

STEP 11: After two failed visits or if the facility is temporarily unable to comply with standards, the VCP consultant and manager will make a recommendation to the Child Care Administrator to take action on their certificate.

Actions: Certificate of VCP Noncompliance

- The division may grant a certificate of noncompliance to a facility who is temporarily unable to comply with the standard if:
 - The noncompliance does not present an immediate threat to the health and well-being of the children;
 - The facility files a plan of correction with the division or the state fire marshal to correct the areas of noncompliance within the probationary period and;
 - The division or state fire marshal approves the plan.
- A certificate of noncompliance is valid for not more than six (6) months. The division may extend a certificate of noncompliance for one (1) additional period of six (6) months. (To clarify that the certificate of noncompliance may be issued in three (3) month increments.)
- An existing VCP certificate is invalidated when a certificate of noncompliance is issued.
- At the expiration of the certificate of noncompliance, the division shall reinstate the original VCP certificate to the end of the original term of the certificate, issue a new VCP certificate, or terminate the VCP certificate.

STEP 12: If the facility is terminated from VCP the Division will notify the facility by written notice.

If the facility is placed on a certificate of noncompliance or terminated from VCP and the facility was participating in PTQ, there will be a notification through RCCS to show a loss of good standing

STEP 13: Six months after termination from VCP, a facility may reapply for VCP certification.

PTQ requirements for level 1 will be done by the VCP consultants. Once the facility meets the requirements for VCP the consultant will follow-up with the facility to see if they would like to participate in PTQ.

- CCDF requirements will be checked by the unlicensed child care ministry consultants.

Variance Procedures for the Voluntary Certification Program

If a ministry applies for a variance for this standard then the following must be met.

Variations

- (a) The division may grant a variance to a VCP approved child care ministry. A variance granted under this section must promote statewide practices and must protect the rights of persons affected by this article.
- (b) The division may grant a variance to a standard if an applicant for VCP does the following:
 - (1) Submits to the division a written request for the variance in the form and manner specified by the division.
 - (2) Documents that compliance with an alternative method of compliance approved by the division will not be adverse to the health, safety, or welfare of a child receiving services from the applicant for the variance, as determined by the division.
- (c) A variance granted under subsection (b) must be conditioned upon compliance with the alternative method approved by the division. Noncompliance constitutes the violation of a standard of the division and may be the basis for revoking the variance.
- (d) Except for a variance of a standard governing VCP, a variance of a standard under this section that conflicts with a building rule or fire safety rule adopted by the fire prevention and building safety commission is not effective until the variance is approved by the fire prevention and building safety commission.

Expiration of variations

- (a) A variance granted expires on the earlier of the following:
 - (1) The date when the VCP affected by the variance expires.
 - (2) The date set by the division for the expiration of the variance.
 - (3) The occurrence of the event set by the division for the expiration of the variance.
 - (4) One (1) year after the date that the variance becomes effective.

Renewal of variations

- (a) If the division determines that a variance expiring will continue to serve the public interest, the division may do the following:
 - (1) Renew the variance without modifications.
 - (2) Renew and modify the variance as needed to promote statewide practices and to protect the rights of persons affected by this article.
- (b) Before taking an action under subsection (a), the division may require a VCP approved ministry to do the following:
 - (1) Apply for the renewal of a variance on the form specified by the division.
 - (2) Provide the information required by the division.
- (c) The division must obtain the approval of the fire prevention and building safety

commission for the action if either of the following occurs:

(1) The fire prevention and building safety commission substantially changes a building rule or fire safety rule affected by the variance after the date the commission last approved the variance.

(2) The division substantially modifies any part of a variance that conflicts with a building rule or fire safety rule adopted by the fire prevention and building safety commission.

Revocation of variances

(a) If a VCP ministry violates a condition of a variance under this chapter, the division may issue an order revoking the variance before the variance expires.