Interpretative Guide for Child Care Center Rules

The purpose of this guide is to provide the licensing staff with a tool for determining compliance with a particular licensing rule. The guide also provides information on the purpose of each rule as well as any special instructions necessary for compliance determination. Thus it should also serve as a useful document for child care center licensees to allow for a better understanding of the rules in preparation for licensure and for on-going compliance.

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

- **The complete text of the rules is first. The symbol ■ is used to indicate the rule or the code.**
- **Following the rule is the 'intent' statement. The intent statement summarizes the purpose of the rule – the 'why' of the rule. The symbol ♦ is used to indicate the intent.**
- **Next is the 'assessment method'; this provides licensing staff guidance on the means for evaluating compliance with the rule. The symbol ○ is used to indicate the assessment method.**
- **Last is the 'threshold of compliance"; this provides licensing staff guidance on determining whether or not a rule should be cited as non-compliant. The symbol ▲ is used to indicate the threshold of compliance.**

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

Licensees operating child care centers are subject to both Indiana Code (IC) and Indiana Administrative Code (IAC). IC is statue or law created by the Indiana Legislature. IAC is rule developed by the Indiana Family and Social Services Administration through the public process required by Indiana statue.

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

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Rule 4.7. Child Care Centers; Licensing

■ 470 IAC 3-4.7-1 General definitions
Authority: IC 12-13-5-3
Affected: IC 12-7-2-28.4; IC 12-17.2-4Sec. 1.
For the purpose of this rule only, the following definitions apply:
(1) "Accredited college or university" means accreditation by accrediting agencies and associations that are recognized by the United States Secretary of Education.
(2) "Additional portion of food" means one (1) extra helping of food.
(3) "Administrator" means the person who is responsible for personnel, purchasing, fiscal, and maintenance of the child care center.
(4) "Admission" means the process of entering a child in a child care center. The date of admission is the first day that the child is actually present at the center.
(5) "Age appropriate" means designed for the particular age of child served.
(6) "Attendance" means children present in the child care center at any given time.
(7) "Capacity determination" means the division will determine maximum capacity based on square footage by adding the capacities of the individual rooms/areas. The division compares the square footage capacity with the capacity based on the number of toilets and sinks. The lesser of these two (2) capacities determines the maximum capacity of the center. Capacity for fire and building issues may be different.
(8) "Caregiver" means the early childhood professional that is a qualified staff person providing direct care and education to children.
(9) "CDA" refers to the Child Development Associate credential issued by the Council for Early Childhood Professional Recognition.
(10) "Center" refers to the person or persons in the child care center designated by the licensee to be responsible for following each individual section of this rule.
(11) "Child" means any person under thirteen (13) years of age.
(12) "Child care center" has the meaning set forth in IC 12-7-2-28.4.

♦ Intent:

To provide a clear understanding of a child care center as a nonresidential building where at least one (1) child receives child care (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and (3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. All centers meeting the definition that follows shall comply with provisions of this Rule 4.7.

IC 12-7-2-28.4
Sec. 28.4. "Child Care center", for purposes of IC 12-17.2, means a nonresidential building where at least one (1) child receives child care from a provider:

(1) while unattended by a parent, legal guardian, or custodian;
(2) for regular compensation; and
(3) for more than four (4) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

○ Assessment Method:

Review the application or the program in question for the following criteria to assess that it meets the definition of a child care center:

Building Structure:

- Nonresidential means that it is a building that does not serve as a person's residence, but is designed as a commercial structure required to meet applicable fire safety and building codes.

Service to be provided:

- One or more children will be or are cared for by the center whose parents/guardians are not on the premises. Observe the program for children in care.
- The program will or does operate for more than 4 hours per day but less than 24 hours in any one day.
- The program will or has operated for 10 consecutive days per year, excluding Saturdays, Sundays and holidays.

Compensation

- Regular fees for children in care will be or are charged and paid by parents, guardians or a third party.

If necessary to determine whether a program is subject to licensure, the consultant will interview staff at the facility or a sample of parents of children in care.

- If there is question about compensation, the consultant should collect and review attendance sheets or sign-in and out sheets as well as CCDF billable hours if the Center is operating as an LLEP and interview parents/guardians of children in care to confirm the evidence obtained.

▲ Threshold of Compliance:

- Applicants and programs meeting this definition are required to be licensed and will be required to attend Orientation I and Orientation II training sessions.
- Certain persons are exempt from attending Orientation I training - a person already operating a center and opening a new one, a new director of an existing licensed center, an applicant who has operated a licensed home or a registered ministry. These individuals are required to submit a copy of their center or home license or registered ministry certificate with the Orientation II registration. A person already operating a center and opening another center is also exempt from Orientation II.
- Programs that do not meet this definition are not required to be licensed.

Note:

Programs requesting exemption from licensure as a child care center must meet one of the provisions of Licensure exemptions set forth in IC 12-17.2-2.8, General Powers and Duties of the Division

(13) "Child care health consultant" means a physician, a certified pediatric or family nurse practitioner, or a registered nurse with pediatric or out of home child care experience and shall be knowledgeable about out of home child care, community child care licensing requirements, and available health resources.
(14) "Child/staff ratio" means the number of children supervised by one (1) qualified staff person.

(15) “Class room/area” means the room or area within a room occupied by a group of children and caregivers on a regular basis throughout the day.
(16) “Conspicuous place” means a place that is easily visible and at eye level viewed daily by the parents.
(17) “Consulting resource person” means:
(A) a physician;
(B) a nurse;
(C) a psychologist;
(D) a social worker;
(E) a speech therapist;
(F) a physical and occupational therapist;
(G) an educator; or
(H) other technical and professional person whose expertise the center utilizes in providing specialized services to children.
(18) “Contamination” means to soil or infect by any form of contact.
(19) “Continuity of care” means the center maintains a primary caregiving relationship over a period of years. Infants and their primary caregivers stay together until all children in the group are at least thirty (30) months of age.
(20) “Corporal punishment” means any kind of punishment inflicted on a child’s body.
(21) “Criminal history check” means an Indiana state police search and report of criminal records on forms provided by that agency.

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

(22) “Developmentally appropriate” means a program planned and carried out that takes into account the level of physical, social, emotional, and intellectual development of a child.

♦ Intent:
To ensure that the Center’s program meets the needs of children in all areas of development with age appropriate planned activities for each group of children.

(23) “DFBS” means the department of fire and building services.
(24) “Direct supervision” means that qualified caregivers:
(A) have all children in sight; (B) are alert to any problems that may occur; and (C) are taking an active supervisory role with the children.
(25) “Directly accessible” means accessible without crossing a motor traffic throughway.
(26) “Director” means the person responsible for the operation for the child care center at all times.
(27) “Discipline” means the ongoing process of helping children to develop self-control for self-management while protecting and maintaining the integrity of the child.
(28) “Division” refers to the division of family and children.
(29) “Documentation” means written records or copies of documents kept in files at the child care center.
(30) “Early childhood professional” means the qualified caregiver providing direct supervision to children.
(31) “Early childhood program” means a program of activities provided for children ages birth to eight (8) years of age.

(32) “Enrollment” means the list of children registered with the child care center.
(33) “EPA” means Environmental Protection Agency.
(34) “Field trip” means an event or activity that meets the following conditions:
(A) The center sponsors it.
(B) It is conducted on property that is not part of the licensed child care center or their safely enclosed playground.
(C) Children enrolled in the child care center participate in it.
(D) Child care center caregivers supervise the children.
(E) It occurs during the child care center’s regular hours of operation.
(35) “Filthy” means heavily soiled, dirty, or other unclean conditions, which present a health or safety hazard to children.
(36) “FPBSC” refers to fire prevention and building safety commission.
(37) “Group” means a number of children who routinely work, learn, eat, sleep, and play together inside and outside.
(38) “Hand washing” means to cleanse hands and wrists a minimum of twenty (20) seconds using soap and warm, running water (one hundred (100) degrees Fahrenheit through one hundred twenty (120) degrees Fahrenheit) at a hand sink.
(39) “Ill child care” means the care of temporarily ill children, twelve (12) months of age or older, that centers must normally exclude. Caregivers care for these children in a part of the child care center specifically approved for ill child care.
(40) “IDEM” means Indiana department of environmental management.
(41) “Individual education plan” or “IEP” has the meaning set forth in the Individuals with Disabilities in Education Act (20 U.S.C. 1400 et seq.).
(42) “Individual family service plan” or “IFSP” has the meaning set forth in the Individuals with Disabilities in Education Act
(20 U.S.C. 1400 et seq.).
(43) “Infant” means a child who is at least six (6) weeks of age until the child is able to walk consistently unassisted.

♦ Intent:

To clarify the intent of this definition, a child is considered an infant until he/she can get up and walk totally unassisted without holding onto anything. The child is able to consistently (in numerous attempts) walk across the room.

(44) “ISDH” means Indiana state department of health.
(45) “Kindergartner” means a child who is age-eligible to be enrolled in a private or public kindergarten program.

♦ Intent:

To clarify the intent of this definition, a child who will be entering kindergarten in the fall may be considered a “kindergartner” during the summer preceding the beginning of that school year.

(46) “Lead caregiver” refers to the caregiver assigned to implement the program for a group of children.
(47) “Learning center” means a defined area, within the class room/area, in which children may participate in similar or related types of activities.
(48) “License” means the actual completed document issued by the division to the licensee that authorizes the operation of the child care center.

(49) “Licensed capacity” means the maximum number of children permitted in the child care center at any one (1) time as stated on the license. This may be different than the fire and building occupant load capacity.
(50) “Licensee” means the individual, agency, organization, corporation, or board of directors that actually owns or assumes responsibility for the child care center business and is granted a license to operate under this rule by the division.
(51) “Maximum age range” means the maximum difference in age between the youngest and oldest child in any particular group of children.
(52) “Minor injury” means any injury that requires first aid treatment, but does not require medical attention by medical personnel.
(53) “OSHA” means Occupational Safety and Health Administration.
(54) “Parent” refers to the person assuming legal responsibility for the care and protection of the child on a twenty-four (24) hour basis, including a guardian or legal custodian.
(55) “Physician” means a person holding an unlimited license to practice medicine.
(56) “Potentially hazardous food” means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms. The term does not include foods that have a pH level of four and six-tenths (4.6) or below or a water activity (aw) value of eighty-five hundredths (0.85) or less under standard conditions or food products in hermetically sealed containers processed to prevent spoilage and as defined in 410 IAC 7-24-59 or most current rule.
(57) “Preschool children” means children at least three (3) years of age and not yet attending first grade.
(58) “Primary caregiver” means a caregiver is assigned to be primarily responsible for meeting the needs of specific children, especially for feeding, diapering, and periods when the child is falling to sleep or awakening.
(59) “Program” means all activities provided for children during their hours of attendance at the child care center.
(60) “Punishment” means the use of negative consequences to correct unacceptable behavior.
(61) “Room” means an area enclosed on all sides by walls that extend from floor to ceiling.
(62) “Sanitation” means the promotion of hygiene and the prevention of disease by maintenance of sanitary environmental conditions and practices.
(63) “Sanitizable” means an article, utensil, or equipment that can be easily sanitized because of the material composition.
(64) “Sanitize” means the effective bactericidal treatment by a process that provides adequate accumulative heat or concentration of chemicals for adequate time to reduce the bacterial count, including pathogens, to a safe level on utensils and equipment.
(65) “School age children” means children attending first grade or above.
(66) “Serious injury” means any injury that requires medical attention by a dentist, physician, emergency room personnel, ambulance attendant, or any other medical personnel.
(67) “SFM” means the office of the state fire marshal.

♦ Intent:

To clarify that the SFM is within the Department of Homeland Security (DHS)

(68) “Shock absorbing surface” means ground cover placed under and around equipment designed to absorb a fall.
(69) “Staff” means any person employed by the child care center.
(70) “Sterilized” means to boil infant bottles a minimum of five (5) minutes, and nipples, collars, and caps a minimum of three (3) minutes to rid them of micro-organisms.
(71) “Support staff” means service staff, such as cooks, maintenance persons, secretaries, and bus drivers.
(72) “Swimming pool” means any pool used for swimming that is more than twenty-four (24) inches in depth.
(73) “Time out” means an out of group activity for a child with adult supervision.
(74) “Toddler” means a child who is less than thirty (30) months of age and is able to walk consistently unassisted.
(75) “Unit block” means a solid wood block that comes in many shapes and sizes. The basic unit block is approximately five and one-half (5½) inches by two and three-fourths (2¾) inches by one and three-eighths (13/8) inches. All other blocks are proportional in length or width to this basic unit.
(76) “Visitor” means any person observing or assisting in the child care center for no compensation and for less than eight (8) hours per month.

♦ Intent:

The purpose is to ensure a consistent definition of visitor. For the safety of children in care, a visitor should be closely monitored whenever she/he is in the presence of children in care.

○ Assessment Method:

- A visitor is an individual who either observes or assists with the care of children for less than 8 hours per month. A visitor shall not be counted toward child/staff ratios and must be under the supervision and direct observation of at least a Caregiver at all times and shall not be alone with the children at any time.
- Visitors are not paid by the child care center.

▲ Threshold of Compliance:.

- Check staff assignment to verify number of hours per month for each visitor.

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

♦ Intent:

The purpose is to ensure a consistent definition of volunteer and a clear understanding of how a volunteer differs from a visitor. For the safety of other children in care, a volunteer should be closely monitored whenever she/he is in the presence of children in care.

○ Assessment Method:

- A volunteer is an individual, at least 16 years of age, who works or assists with the care of children for more than 8 hours per month. A volunteer can be counted toward the child/staff ratios only with written documentation that she/he is fully qualified for the position in which she/he is volunteering. A

volunteer shall always work under the supervision of at least a Lead Caregiver and is never left alone with a group of children.
- The director may not be a volunteer because rule 470 IAC 3-4.7-21 (b) Director Qualifications states "each child care center must employ a qualified person to carry out the responsibilities of the director."
- Volunteers and visitors are not paid by the child care center. All volunteers must submit to national criminal history checks.

▲ Threshold of Compliance:
- Check the staff, substitutes and volunteers records to verify compliance with applicable requirements.
- Check staff assignment to verify number of hours per month for each volunteer.

(78) "Wading pool" means any pool used for wading that is twenty-four (24) inches or less in depth that meets the standards
of 410 IAC 6-2.1.
(79) "Water" means water meeting the minimum water quality standards of 327 IAC 8-2.

■ 470 IAC 3-4.7-2 Licensing requirements
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 2. (a) All new construction shall have plan releases from both the DFBS and the ISDH prior to construction and licensing.

♦ Intent:

To ensure compliance with the applicable fire safety and sanitary codes to protect children from risk of harm. Prior to initial licensure, each facility must submit building plans to the Division of Fire and Building Safety (DFBS) and to the Department of Health (ISDH).

○ Assessment Method:
- At the Orientation Meeting, prospective applicants are given instructions for submitting building plans to these agencies.
- If possible, the consultant should meet with prospective licensees before they submit their building plans to help them with design problems with the understanding that licensing consultants are not design professionals and cannot determine if submitted building plans will be approved. The consultant may want to address the following concerns:
  - Toilet location – it is better for each room to have its own rest room
  - Sink location – it is better for the sink to be located in the room instead of the rest room with a sink height of 1'9" for children 2 and under and 2'0" for children 2-6 years of age.
  - Children under the age of 30 months must eat in their own rooms.
- Two sets of plans are to be submitted for review. Plan approvals are required from both the State Building Commissioner (SBC)and the State Department of Health prior to the start of construction and licensing.

▲ Threshold of Compliance:

- When the ISDH plan approval requirements have been met (copy of the plan approval or the ISDH Plan Approval number), the provider asks the licensing consultant to request on-site inspections by the Sanitarian, State Fire Marshal and the Division licensing consultant.
- Inspections will be scheduled within 7 days of receiving the request and conducted within 30 days of request unless the facility or the inspector determine otherwise.
- If the applicant has not obtained plan approvals (unless specifically exempted from this requirement by the SBC and the ISDH), the applicant is advised that the licensing process can not proceed.

(b) Child care centers shall fully comply with all the rules of the FPBSC under 675 IAC that apply to child care centers, including, without limitation, rules concerning change of occupancy.

♦ Intent:

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

○ Assessment Method:

- The facility structure must comply with requirements for an E occupancy (for children age 30 months and older) or an I-4 occupancy (for children less than 30 months of age) under the Indiana Building Code in effect at the time of the plan approval.
- If the structure is determined to be in compliance with the required occupancy codes, no plans need to be filed with the SBC.
- The building must have approved on-site inspections by the State Fire Marshal's Office and the Sanitarian prior to opening and approval from the licensing consultant. These inspections are set up by consultant when the center is ready for opening.

▲ Threshold of Compliance:

Review the required approval of occupancy code and approved inspection reports from the State Fire Marshal's Office and the Sanitarian before proceeding with licensure.

(c) The center shall submit a complete application including all required written documentation.
(d) The center shall submit a written plan for nutrition and food service and two (2) weeks of menus for approval by the division prior to licensure and thereafter as required by this rule.

♦ Intent:

The purpose of this rule is to ensure that the center has a good understanding of appropriate nutrition for children and has written nutrition policy for nutrition services which is in compliance with applicable nutrition and sanitation regulations. A written plan is also required whenever there is change in the nutrition policy and menu planning. Approval by the Division is required prior to licensure.

(e) The center shall submit a written health program form for approval by the division prior to licensure and thereafter as required by this rule.

♦ Intent:

This rule is intended to ensure that the program has sound health policies and practices both for the children in care and staff relating to first aid, children and staff health examinations, medications and that the center has a relationship with a consulting physician to provide guidance in health matters. The health program is submitted on forms supplied by the Division and must be approved by the Division prior to licensure and when there are changes to the health program.

(f) The building shall pass on-site inspections prior to licensure and license renewals.

♦ Intent:

This rule ensures that the center is in compliance with the licensing rules prior to licensure and at the time of license renewal. Approval is required by the Division sanitarian and the State Fire Marshal for the initial license and the health consultant for license renewal. In reality, the center is expected to be in compliance at all times to ensure the safe, appropriate care of children.

(g) The attendance at the child care center shall not at any time exceed the capacity approved by the division.

♦ 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 center'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 center is the lesser of the room size capacity or the toilet/sink capacity, as required in 470 IAC 3-4.7-113.

▲ Threshold of Compliance:

- Check the licensing record for licensed capacity by room and the total.
- Observe and count the number of children in each room and total. If the total exceeds the licensed capacity, the center is cited for noncompliance on the Plan of Improvement (POI).

(h) The child care center may only provide care to children of the age approved by the division and the DFBS.

♦ Intent:

To ensure that children receive care that is appropriate for their ages and that the Center meets the applicable rules for the age groups for which it was approved by the Division and DFBS.

○ Assessment Method:

- At the time of initial licensure, the applicant specifies the age groups the Center wishes to serve and the program is inspected by the Division sanitarian and consultant for compliance with all applicable rules for these age groups. The license specifies the ages of children to be served.
- A Center wanting to change the ages of children served shall contact the licensing consultant to have inspections by the sanitarian and possibly the State Fire Marshal and the licensing consultant to determine compliance for the change in ages.

Threshold of Compliance:

Observe the program for compliance with the ages for which the Center was approved as specified on the license.

(i) The child care center shall not operate in an area where conditions exist that could be injurious to the welfare of children.

♦ Intent:

To ensure that the Center is located in an area that is free from hazards, such as heavy traffic, deep excavations, radiation hazards, pits, abandoned wells or other risks of entrapment or other unsafe or harmful environmental elements. The determination of hazard is made by the Division. Location near some potential hazards may be permitted if the Division determines that there is no immediate threat of harm to the children, e.g. location next to an interstate or a chemical plant that is in compliance with all codes.

(j) The child care center shall meet the zoning requirements of their locale.

♦ Intent:

To clarify that it is the child care center's responsibility to determine compliance with local zoning requirements.

■ 470 IAC 3-4.7-3 Child care center license

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 3. (a) The license is not transferable to another person, organization, or sponsor.
(b) The license is only valid for the address shown on the license.
(c) The center shall post the license in a conspicuous place that parents regularly view.
(d) Only areas licensed and approved by the division may be used by the licensed child care center.
(e) The center must file an application and obtain a new license prior to any of the following:
(1) Expanding their services.
(2) Changing the age of children served.
(3) Increasing their licensing capacity.

♦ Intent:

To ensure that the Center is operated by the person (s) to whom the license was issued in compliance with the terms of the license and that parents and the public can readily see the license.

○ Assessment Method:

- Check the location of the posted license. Check the following against the current license:
- The areas of the Center where child are being served
- Services offered by the Center, including the ages of children served
- The number of children enrolled and in attendance

▲ Threshold of Compliance:

A finding of noncompliance can result from a complaint or failure to meet one or more of the provisions at the time of the on-site inspection.

■ 470 IAC 3-4.7-4 Application required
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

♦ Intent:

A signed application ensures that the Center officially authorizes the Division to investigate it for initial licensure, renewal or its request for change in the ownership or address of the facility.

Sec. 4. A center shall file an application under any of the following conditions:
(1) Prior to initial licensure.
(2) A minimum of sixty (60) days prior to the expiration of a current license.
(3) When an application for license has been voluntarily withdrawn and the center wishes to reapply.
(4) If more than one (1) year has lapsed since filing the initial application and the child care center has not met sufficient standards to qualify for a provisional license.
(5) There is a change of address of the child care center.
(6) There is a change of name, ownership, or corporate status of the center.

♦ Intent:

To ensure a clear understanding of the intent of this rule, the following procedures apply:

- When there is a name change only, no attachments are necessary. A cover letter shall be attached to the application explaining the name change.
- When there is a change of ownership, the ID number changes and a 6 month provisional license is issued. All attachments must be included. A proof of purchase or purchase agreement must be submitted before the provisional license is issued.
  - A regular license could be issued following approval of new food and health programs from the Child Care Health Unit and the Division.
- When there is a change of corporate status, the entity must contact the Division to determine what is required.

■ 470 IAC 3-4.7-5 Application for change of license
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 5. (a) When a licensed child care center seeks to change its name or corporate status, the following must occur:
(1) The center must complete a new application reflecting the revised status.
(2) The governing body or its representative must sign and submit the application to the division thirty (30) days prior to the effective date of the changes.
(3) The center must attach amended articles of incorporation.
(b) When a licensed child care center has a change of ownership, the following must occur:
(1) The new owner shall submit a new application reflecting the revised status and any changes in operation.
(2) The owner must provide proof of ownership (bill of sale) within ten (10) days of finalization of the sale.
(3) After receiving the application, the division may grant a six (6) month provisional license to the new owner, in order to give the new owner time to obtain regular licensure.

♦ Intent:

To ensure that the Division is given timely notice of the Center's plans to make any changes to its legal status or ownership.

○ Assessment Method:

Upon receiving a signed application, the Consultant follows the agency procedures for investigating the requested change and issuing a new license..

■ 470 IAC 3-4.7-6 Revocation or denial of license
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 6. If a child care center license is revoked or denied, the licensee may reapply for licensure by the division, except when prohibited by court order.

■ 470 IAC 3-4.7-7 Civil penalties
Authority: IC 12-13-5-3
Affected: IC 12-17.2-2-3; IC 12-17.2-4
Sec. 7. (a) The division may impose civil penalties whenever the following occurs:
(1) The center knowingly operates without a license and the loss of the license or failure to obtain a license was due to the center's inability to meet licensing standards.
(2) The center fails to notify the division of serious occurrences as required by section 12 of this rule or fails to close the center after this notification, if directed by the division.
(3) The center receives a probationary license. The division may impose a fine for each probationary period at the time that he probationary license is issued.
(b) The division will notify the center in writing of a fine including the reason for the civil penalty and the amount of the fine.
(c) The payment by check shall be made out to the division "Child Care Fund" listed in IC 12-17.2-2-3.
(d) Failure to pay a fine may result in suspension or revocation of the child care license.

♦ Intent:

To provide enforcement sanctions for the specified areas of noncompliance with the licensing statute and rules. Civil penalties are monetary penalties used to compel compliance with the law and rules.

○ Assessment Method:

The consultant follows agency policy and procedures for requesting the application of civil penalties against a Center.

■ 470 IAC 3-4.7-8 Criminal history check; required actions
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 8. (a) Sufficient grounds exist to revoke or deny licensure if an owner or director commits any crime that would require that they be listed in any state or national registry that is intended to protect children from violent and sex offenders.
(b) Sufficient grounds exist to deny employment or to dismiss any employee if the employee commits any crime that would require that they be listed in any state or national registry that is intended to protect children from violent and sex offenders.
(c) If a criminal history check of an owner, director, employee, or volunteer shows that any of the following offenses has occurred, sufficient grounds exist to revoke or deny licensure, deny employment, or dismiss an employee, as applicable:
(1) Adoption schemes.
(2) Adulterating drugs, controlled substances, or preparations.
(3) Aiding or abetting the filing of false claims.
(4) Allowing an establishment to be used for illegal purposes.
(5) Any crime that involves a violent act or a threat of a violent act.
(6) Armed robbery.
(7) Arson.
(8) Assault.
(9) Attempts to commit armed robbery, burglary, or robbery.
(10) Attempts to commit criminal sexual conduct.
(11) Attempts to commit homicide or murder.
(12) Attempts to commit kidnaping.
(13) Battery.
(14) Bribery.
(15) Burglary.
(16) Child abuse, neglect, or exploitation.
(17) Concealing stolen property.
(18) Criminal sexual conduct in any degree.
(20) Cruelty toward or torture of any person.
(21) Embezzlement.
(22) Extortion.
(23) Filing of false claims.
(24) Fraud.
(25) Homicide.
(26) Kidnaping.
(27) Larceny by conversion.
(28) Larceny by trick.
(29) Manslaughter.
(30) Mayhem.
(31) Murder.
(32) Negligent homicide.
(33) Obtaining property by false pretenses.
(34) Offenses involving narcotics, alcohol, or controlled substances that result in a felony conviction.
(35) Poisoning.
(36) Prostitution or related crimes.

(37) Receiving stolen property.
(38) Robbery.
(39) Unlawful manufacture or delivery of drugs or possession with intent to manufacture or deliver drugs.
(d) The center may request a waiver under subsection (c) based on the specific circumstances of the case, but a person shall not be employed by a center or a child care center approved for licensure unless the waiver is granted.
(e) The center shall notify the division immediately of any felony conviction that appears on a criminal history check or is otherwise known by the center.
(f) Any felony listed in subsection (c) is sufficient grounds to revoke or deny licensure and to dismiss any employee. Hiring an employee with felony convictions not listed in subsection (c) will require prior approval of the division.
(g) The division must approve any exceptions made under this section.

♦ 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/licensee must comply with IC 12-17.2-4-3 on the forms provided by the Division.
  - The licensee 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 center 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 record check to determine if the offenses, if any, are sufficient to deny or revoke the license. If there is sufficient evidence to deny or revoke, agency enforcement procedures are then followed for the enforcement action unless a waiver has been granted.
- Review the criminal history and national registry checks for the applicant. 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 the license.
- For a licensed center, review the licensing record, prior to an on-site inspection, for criminal history documentation relating to Center employees.
- Check the Center 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.

▲ Threshold of Compliance:

Violations of this rule are recorded on the inspection form and POI and must be brought to the attention of Division supervisor for immediate review and possible

enforcement action.

■ 470 IAC 3-4.7-9 Inspections
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 9. (a) The division may, at any time, monitor, visit, or inspect the child care center.
(b) The center shall provide the division access to the premises, personnel, children in care, and records.
(c) The center shall provide access to personnel from other state agencies or other persons who provide inspections at the request of the division.
(d) Failure to permit immediate access to the child care center may result in suspension or revocation of the child care license.

♦ Intent:
To ensure that the Division can readily determine if the Center is operating in compliance with licensing rules at all times of the Center's operation

▲ Threshold of Compliance:
A finding of noncompliance would result from the Center's failure to allow entrance during hours of operation.

■ 470 IAC 3-4.7-10 Emergency closure of child care centers
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 10. (a) When conditions arise that make the building unsafe, the center must take immediate action to provide for the safety and well-being of children and staff.

♦ Intent:
To protect the children from imminent harm from any of the specified conditions which make the building unsafe and require immediate action to assure the safety and well-being of the children.

○ Assessment Method:
- The Center shall notify the Division of any of these threatening conditions and the immediate action it took to move the children to safety. If the Center must close, it may not reopen until the Division inspects for compliance and approves the reopening.
- Usually the Center will voluntarily initiate closing or other action necessary to protect the children and will keep the Division informed of the status or correction of the dangerous situation.
- If the Division receives and investigates a complaint of imminent danger and the Center resists taking the appropriate action, the Division may issue an Emergency Closure order requiring the Center to immediately cease operation, as specified in 470 IAC 3-4.8-1. The Division would contact parents to inform them of the closure order and the reason for the order and monitor the Center for compliance with the order.

▲ Threshold of Compliance:
A finding of noncompliance would normally result from a specific complaint.

Unsafe conditions include, but are not limited to, the following:

(1) Building damage due to:
(A) earthquake;
(B) flooding or water damage;
(C) tornado;
(D) severe wind;
(E) ice storm; or
(F) fire.
(2) Sewage problems as follows:
(A) Sewage backup.
(B) Toilets cannot be flushed or are overflowing.
(C) Sewage system is not operating properly.
(3) Inadequate or unsafe water supply as follows:
(A) Contaminated water supply.
(B) Water supply not functioning.
(4) No electricity to the building.
(5) Heating system problems.
(6) Gas, carbon monoxide, or other noxious gases leak.
(7) Filthy conditions.
(8) Rodent, roach, or vermin infestation.
(9) Building renovation occurring in a room or area occupied by children.
(b) All centers shall have a written plan for correcting the conditions listed in subsection (a) and must inform parents when such conditions exist. The child care center may be required to close until the situation is corrected.
(c) The center must report any of the conditions listed in subsection (a) to the division as soon as the children have been removed to safety or sent home.
(d) If closure is necessary for one (1) of the conditions listed in subsection (a), a child care center may not reopen without division approval. This approval will be contingent on one (1) or more of the following:

♦ Intent:

To clarify the understanding that a Center may be permitted to reopen after receiving verbal approval from the Division Management.

(1) Inspections and approval of the building by the division or the SFM.

♦ Intent:

To ensure the understanding that all recommended closures, due to one (1) or more of the conditions listed in subsection (a) of the rule, must be approved through Division Management.

(2) Division receipt of two (2) satisfactory water sample reports twenty-four (24) hours apart for private wells or approval by municipal system.

♦ Intent:

To ensure the following understanding:

- Centers with water supplies contaminated with non E-coli bacteria may continue to operate, except for areas where diapering is required, as long as bottled water can be supplied and food service is performed using single-use items.
  - Centers with private wells are not permitted to care for children who require diapering.

- Centers using municipal systems shall follow county policy.
- Centers whose water supplies are contaminated with E-coli bacteria or other harmful biological, chemical and/or nuclear contaminates will be required to close until requirements addressed in subsection (d) of the rule are completed.

(3) Other verification of correction of the problem necessitating the closure.

♦ Intent:
To ensure the understanding that Centers whose water supply was not functioning are required to flush all water lines (faucets, dishwasher, washer, etc.) prior to use, after water has been restored.

■ 470 IAC 3-4.7-11 Reporting requirements; general
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 11. (a) The governing body, or others designated to represent the child care center, shall immediately notify the division, in writing, of the following:
(1) Change in the name of licensee.

♦ Intent:
To ensure the understanding that this is also considered a change in ownership and does require the issuance of a new license ID number

(2) Change in the name of the child care center.

♦ Intent:
To ensure the understanding that this requires a new license to be printed, with the same ID number

(3) Change in the location of the child care center prior to relocation.

♦ Intent:
To ensure the understanding that this requires a new application and license ID number to be issued prior to opening the new Center.

(4) Change in the number of children to be cared for, if in excess of the number authorized in the license, prior to the acceptance of the additional children.

♦ Intent:
To ensure the understanding that this requires a new license to be printed, with the same ID number, after Division approval

(5) Change in the ages of children to be cared for, when the change includes the care for children above or below the ages as authorized in the license, prior to the acceptance of the child or children.

♦ Intent:
To ensure the understanding that this requires a new license to be printed with the same ID number, after Division approval

(6) Change in the hours of operation, after 6 p.m. and before 6 a.m.
(7) The closing of the child care center operation and the effective date.
(8) Alterations or construction that changes room sizes or adds space to the child care center prior to construction.

♦ Intent:
To ensure the understanding that a plan approval may be necessary through the State Department of Health Plan Review division

(9) Change in the use of rooms, especially regarding infants, toddlers, and twos, unless the room has previously been approved for the particular new use.
(10) Employment of a new director.

♦ Intent:
To ensure the understanding that the Center shall notify the Division within five (5) days when a director leaves employment. A new director should be hired within four (4) weeks of the departure date.

(11) Any damage caused by fire or natural disaster that occurs on the premises of the child care center.
(12) Any sign of failure of the septic system or an unsatisfactory water report.
(13) Absence of electricity, heat, or approved water supply to the child care center for longer than one (1) hour.

♦ Intent:
To ensure that the Division is informed of conditions that pose serious or immediate threat of harm to children in care. The written documentation would follow a telephone call to the Division to inform the Division of the condition and action taken to protect and/or remove the children from harm.

(14) Any serious child injury, occurring while the child is in the care of child care center caregivers, that requires medical attention by:
(A) a dentist;
(B) a physician;
(C) emergency room personnel;
(D) an ambulance attendant; or
(E) any other medical personnel; shall be reported on forms provided by the division.
(15) The death of any child that occurred while the child was on the premises of the child care center or while in the care of child care center caregivers.

♦ Intent:
To ensure that the Division is made aware these incidents of injury to children. The death of a child or a serious injury (s) should be reported to the Division immediately.

○ Assessment Method:
When death or serious injury occurs and is reported, the consultant will investigate promptly to determine how the Center handled the situation and if there is compliance with the rules.

(16) Any arrest of the director or an employee for either of the following offenses:

(A) A felony.
(B) A misdemeanor relating to the health and safety of children.
(17) If notice is received of any legal action against the child care center.

♦ Intent:
To ensure that appropriate action is taken to protect the children from harm. The Division will review the criminal offenses to determine if they will affect the status of the Center's license.

(b) Failure to report any of subsection (a) within five (5) calendar days may result in probation, suspension, or revocation of the child care center license.

♦ Intent:
To ensure appropriate enforcement action for noncompliance with this rule which is intended to protect children from the risk of harm and to ensure that the Center is in compliance with the legal terms of its license.

■ 470 IAC 3-4.7-12 Reporting requirements; serious occurrences
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 12. (a) The center shall verbally report immediately to the affected child's parent and to the division any serious occurrences involving any child. These occurrences include, but are not limited to, the following:
(1) Serious injury requiring hospitalization.
(2) Death.
(3) Arrest of child care personnel.
(4) Alleged abuse or neglect by child care center personnel.
(5) Fire or natural disaster at the child care center.
(6) Any noxious gas leak.
(7) A lack of electrical power, water, or sewer.
(8) Unsatisfactory water sample.
(b) Child care center authorities shall confirm verbal reports to the division, in writing, within five (5) days of the occurrence unless otherwise directed by the division.

♦ Intent:
To ensure timely notification to the Division of fires, environmental hazard, accident, death, injury, abuse/neglect.

○ Assessment Method:
Ask the Director for notification process in the event of the specified occurrences. Check licensing record for required written reports.

▲ Threshold of Compliance:
A finding of noncompliance would normally result from a specific complaint.

Note:
Refer to related rules 470 IAC 3-4.7-10 and 11.

■ 470 IAC 3-4.7-13 Reporting child abuse or neglect
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 13. (a) The center shall at all times maintain the confidentiality of all information obtained regarding the suspected abuse or neglect of a child.
(b) During the first two (2) weeks of employment, all staff shall receive documented training in recognizing and reporting child abuse and neglect. The director shall update this training annually.

♦ Intent:
To ensure each employee is aware of the signs of child abuse/neglect and reporting procedures.

(c) A center shall not employ or utilize the services of a person known by the division and reported to the center as a substantiated perpetrator of child abuse or neglect.

♦ Intent:
To protect the children from the risk of harm.

(d) The center shall develop written guidelines for reporting suspected child abuse or neglect and include in staff training.
(e) The director and all staff shall refrain from questioning children and suspected perpetrators beyond gathering information to report the suspected abuse or neglect to child protective services.

♦ Intent:
To ensure proper employee response to suspected child abuse.

(f) Staff shall immediately report suspected child abuse or neglect as follows:

♦ Intent:
To ensure the understanding that “immediately” means within one (1) hour upon discovery of the abuse/neglect

(1) If the alleged abuse or neglect occurred while the child was under the care of the child care center or the center receives a complaint from anyone regarding possible abuse or neglect of a child by a staff member, they or the director must immediately call the institutional abuse hotline or a law enforcement agency and self-report the suspected abuse or neglect. The statewide institutional abuse phone number is 1-800-562-2407.

Note: The institutional abuse number is no longer being used; all reports are to be made to 1-800-800-5556.

(2) If the alleged abuse or neglect occurred while the child was not under the care of the child care center, staff shall immediately report suspected abuse or neglect to the county child protective services. The statewide phone number is 1-800- 800-5556.
(g) Reporting suspicions to the director or other supervisory personnel does not relieve the individual staff of their responsibility to report directly to child protective services.
(h) The center shall dismiss the employee or volunteer if the child protective services investigation substantiates the abuse or neglect.

♦ Intent:
To ensure prompt investigation of suspected abuse and to minimize further risk to other children in the Center’s care.

○ Assessment Method:

- Check personnel files for documentation of child abuse training.
- Interview staff regarding child abuse law and reporting requirements.
- Check administrative record for written guidelines for reporting abuse.
- Interview director regarding written procedures and number of reported cases.

▲ Threshold of Compliance:

A finding of noncompliance would be supported by a specific complaint or observation that the Center failed to perform as required.

Note:

Upon request from the Center, the Division may review the substantiation of a complaint of abuse/neglect; hold an administrative meeting to decide if the dismissal must stand or if other corrective measures are necessary. A variance, specifying the corrective measures, would be issued if the Center is permitted to let the employee continue to work there. The Division will maintain written documentation of the decision.

■ 470 IAC 3-4.7-14 Reporting communicable disease

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 14. (a) When staff suspect that a child may have a communicable disease, the director shall notify the child's parent or guardian.
(b) When more than one (1) child in the child care center has been diagnosed with a communicable disease, the center shall take the following action:
(1) The center shall immediately notify all parents of the children and all staff members that have been exposed by posting a notice in a conspicuous place in the child care center or by giving a personal note to each parent and staff member.

(2) The center shall call one (1) or more of the following:
(A) The local health department for consultation.

♦ Intent:

To ensure the understanding that "immediately" means "the same day" - the Center will notify parents and staff members on the same day of the diagnosis of communicable disease.

To ensure the procedure that the Division will review, within 48 hours, all confirmed/suspected communicable/infectious disease reports (as addressed in 470 IAC 3-4-15c) to determine if proper procedures were followed.

(B) The division's child care health section.
(C) The child care center's health consultant.

♦ Intent:

To prevent the spread of communicable disease and to ensure that parents are informed. To ensure reporting according to the Department of Health procedures

and that the Director seeks support and technical assistance for the Center in handling the disease

○ Assessment Method:

- Check the Center's written policies for procedures for contacting the division's child care health unit and the Center's health consultant when there is an incident of communicable disease and procedures for handling communicable disease with the parents and children.
- Ask the Director and staff about implementation of these procedures.
- Check with the Division's child care health section and/or Center's health consultant for contacts and technical assistance provided for incidents of communicable disease.

▲ Threshold of Compliance:

Noncompliance would result if the Center has failed to call the Division, health department or Center health consultant following an incident of communicable disease

■ 470 IAC 3-4.7-15 Personnel policies

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 15. (a) The center shall have written personnel policies available to staff at all times.
(b) The center shall establish and maintain a written policy that prohibits smoking on the child care premises.

♦ Intent:

To ensure the understanding that "premises" is defined as "the building and its grounds"

▲ Threshold of Compliance:

An employee, parent, volunteer, or visitor may smoke in his or her personal vehicle.

(c) The center's written personnel policies shall address the following health hazards for child care:

♦ Intent:

To ensure that understanding that the written policy shall include the procedures the Center will follow when an infectious disease is identified.

(1) Infectious disease, including, but not limited to, the following:
(A) Hepatitis A.
(B) Cytomegalovirus (CMV).
(C) Chicken pox.
(D) Rubella.
(E) Measles.
(F) Pertussis (whooping cough).
(G) Fifth disease.

(H) Influenza.
(I) Tuberculosis.
(J) Shigellosis.
(K) Giardiasis.
(L) Meningococcal disease.
(M) Group A streptococcus.
(N) Ringworm.
(O) Scabies.
(P) Lice.
(Q) Herpes.
(R) Cryptosporidiosis.
(T) Rotavirus.
(U) Campylobacterium.
(V) Salmonella.
(W) Diarrhea and vomiting.

(2) Injuries and noninfectious diseases, including, but not limited to, the following:
(A) Back injuries.
(B) Bites.
(C) Dermatitis.

(3) Stress.

(4) Environmental exposures, including, but not limited to, the following:
(A) Art materials.
(B) Formaldehyde (indoor air pollution).
(C) Noise.
(D) Disinfecting solutions.
(E) Latex.

♦ Intent:

To ensure uniform, clear personnel policies and practices made available to all employees and to protect the children and staff from the hazards of smoking and the specified infectious diseases.

○ Assessment Method:

- Check administrative files for personnel policies as specified.
- Ask Director and staff about the availability and application of personnel policies.

▲ Threshold of Compliance:

A finding of noncompliance would normally result from a lack of personnel policies containing required information at time of licensing records review or from a specific complaint.

■ 470 IAC 3-4.7-16 Enrollment policies

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 16. The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment:

(1) The name of the persons legally responsible for the child care center.

(2) Description of the program.

(3) Policy regarding children who are left past closing time.

(4) Provisions for emergency medical care.

(5) Provisions for treatment of illness.
(6) Policy regarding visits, field trips, or excursions off the premises.
(7) Policy regarding the child care center's abuse and neglect reporting responsibilities.
(8) Policy regarding the release of a child to an intoxicated or impaired person.
(9) The discipline policies of the center.
(10) A statement that the child will be released only to a parent, legal guardian, or other person authorized by the parent who has proper identification.
(11) A statement that persons bringing or picking up the child shall be responsible to notify a staff member of the child's arrival or departure and that the person shall in some manner sign the child in and out by name and time of arrival and departure.

♦ Intent:

To ensure the understanding that staff must document the arrival and departure times of children arriving and leaving and to ensure that no child is left by a parent or guardian unsupervised so that staff may account for all children at all times.

(12) A statement regarding the necessity of a health examination for the child, including up-to-date immunizations.

♦ Intent:

To ensure that the parent has a thorough understanding of the Center's policies and practices to use in making an informed decision about enrolling the child in the program. It is important for the director to review the policies and program philosophy with the parent and to invite questions. This rule also ensures that parents are made aware of their responsibilities to the program.

○ Assessment Method:

- Ask the director about enrollment procedures.
- Review the administrative files for the specified policies. Ask the staff about implementation of the policies, especially those regarding release of children.

▲ Threshold of Compliance:

For compliance, the Center must have and implement the specified policies. The policies regarding release of children and proper identification of parents are especially important for the protection of children.

■ 470 IAC 3-4.7-17 Admission, discharge, arrival, and departure policies
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 17. (a) The center shall provide the parent explicit, documented, formal written reasons for refusal to admit or provide care to a child.

♦ Intent:

To ensure that the Center has a consistent procedure in compliance with the Americans with Disabilities Act (ADA) for evaluating each child and making a decision about admitting the child. It is important to provide training for Center directors and other staff on the provision of the Americans with Disabilities Act and how they impact enrollment decisions. Copies of the documentation of admission actions shall be kept on file at the Center. This rule is also intended to

prevent any other type of discrimination and to ensure the center has attempted to work through issues with parents before refusing to serve a child.

○ Assessment Method:

- Review the Center's procedures for documenting refusal to admit a child and review a sample of completed refusal documents.
- Ask the director about the implementation of the procedures.
- Check the files for documentation of these actions.

▲ Threshold of Compliance:

The Center must be in compliance with ADA in its practices relating to evaluating and refusing children for admission. The documents must be in the file for compliance. A finding of noncompliance may result from investigation of a complaint.

(b) Staff shall require any person picking up a child, and not known by the caregiver, to provide identification.

♦ Intent:

To protect children from harm and to ensure a system for verification of the identity of any person prior to release of a child to that person. It is also advisable for the Center to maintain written documentation of such verification for at least 24 hours. Examples are verification by driver's license or pick-up cards provided by the Center. These methods also serve to protect the Center staff.

○ Assessment Method:

Check Center procedures for verification system and method of documentation, if available. Ask the director and staff about implementation of the procedure.

▲ Threshold of Compliance:

Lack of an effective system of identification and verification of the identity would constitute noncompliance to be included in the POI.

(c) If a court order exists preventing a particular individual from having contact with a child, the center shall comply with the order. The center shall keep a copy of the court order on file.

(d) If an intoxicated or impaired person insists on removing children from the care of a licensed child care center, the center shall immediately report the incident to the local police agency.

♦ Intent:

To protect children from harm, the Center shall have clearly written policy and procedures for ensuring compliance with such court orders preventing contact with a child and dealing with an intoxicated person seeking to pick up a child. Center policy should include specific instructions for staff to follow for requests of release from an unauthorized person or one showing signs of alcohol, drug use or other impairment. The policy shall be given to parents/guardians and staff members, substitutes and volunteers.

○ Assessment Method:

Check administrative files for policy and procedures for release of children for conditions specified. Ask the director about implementation and method to ensure staff, substitutes and volunteers are given copies of the release policy. Ask staff about implementation of the procedures.

▲ Threshold of Compliance:

The Center is in compliance if there is written policy and procedures as required in (c) and (d) and evidence that it is shared with staff, substitutes and volunteers.

(e) Unscheduled visits by a custodial parent or guardian of a child shall be permitted at any time the child care center is in operation.

♦ Intent:

To ensure parents/guardians of enrolled children are free to visit the Center unannounced at any time the center is in operation. This is the most effective tool available to parents to monitor the care their child is receiving.

○ Assessment Method:

Ask the director about procedures to ensure parents/guardians access to the Center to observe their children at any time the center is in operation.

Threshold of Compliance:

Noncompliance with this rule would normally result from failure for this to be included in the program's written policies or it may be revealed through a complaint.

■ 470 IAC 3-4.7-18 Parent communication

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 18. (a) At the time of admission, the center shall obtain, from the parent, information about the child to assist the center in meeting the daily needs of the child.
(b) Caregivers shall have periodic interviews with the parent to assure consistency of child care and mutual awareness of the child's progress, development, and problems.
(c) Caregivers shall inform the parent of any important information regarding their child on the day of occurrence.
(d) Centers shall forward to parents and staff information or handouts provided by the division regarding inclusion, rules, and other child care information.

♦ Intent:

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

♦ Intent (a):

To ensure that the Center has important information about the child's needs and characteristics to help staff in the child's care.

♦ Intent (b):

To ensure that the parents and staff meet formally periodically to discuss the child's progress, developmental level and any problems that have surfaced.

♦ Intent (c):

To ensure regular communication with parents concerning the program and the child's development. Daily communication between parents and the child's primary caregiver is desirable.

♦ Intent (d):

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

○ Assessment Method:

Review the Center's policy regarding parent communication. Ask director and staff about implementation of the specified rules. Ask a sample of parents about the implementation.

▲ Threshold of Compliance:

Failure to hold periodic formal interviews with parents or to have regular communication on children's progress or to pass on important information provided by the Division would be evidence of noncompliance to be included in the POI.

■ 470 IAC 3-4.7-19 Posted items

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 19. (a) The following items shall be prominently posted in a place regularly viewed by parents:
(1) The license.
(2) The name of the director and name of the person in charge in the director's absence.
(3) A child/staff ratio chart.
(4) Weekly menus.
(5) 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 center.
(6) The telephone number of the division's licensing office.
(b) The center shall post the following items:
(1) Hand washing procedures at each adult sink area.
(2) Diaper changing procedures at each diaper changing area.
(3) A copy of infant feeding plans in each infant room.

♦ Intent:

To ensure the understanding that it is acceptable to have these feeding plans in a binder in the infant classroom and available to parents and staff

(4) Procedures for bottle sterilization, where this occurs.
(5) Fire and emergency disaster routes in each child care room.
(6) Disaster and shelter procedures in each child care room.

(7) Dish washing procedures, where this occurs.
(8) Instructions for mixing and use of sanitizing solutions for cots, tables, toys, dish washing, and diaper changing areas, where the solution is prepared.
(9) Approved first aid directives in each child care area.
(10) Cleaning schedules in all food storage, preparation, and service areas.

♦ Intent:

To ensure the understanding that the cleaning schedule shall document the times that cleaning has occurred.

(c) Staff shall post by the telephone the name and address of the child care center and a list of emergency telephone numbers
as follows:
(1) Fire department.
(2) Police department.
(3) Ambulance.
(4) Nearest hospital.
(5) Poison control.
(6) The county child protective services number, 1-800-800-5556.
(8) The child care information line, 1-877-511-1144.

♦ Intent:

To ensure that parents and the public have ready access to important information about the Center which is posted in a prominent place such as the people in charge, the license, weekly menus, child/staff ratio, the division's telephone number to help them in monitoring the care their children receive and the Center's level of compliance. The posting of emergency numbers is critical to ensure immediate contact in the event of disaster or other serious situation. 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 Center for posting of the critical policy and procedures in a prominent place.
- Observe for the accessible posting of emergency contact information as well as the location of the other health and safety related documents.

▲ Threshold of Compliance:

Failure to post the license, name of the director and person in charge, statement of smoking and firearm prohibitions or contact information for the Division is evidence of noncompliance to be added to the POI.

■ 470 IAC 3-4.7-20 Insurance
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 20. The center shall carry the following insurance:
(1) Liability insurance.
(2) Insurance on any child care center owned or leased vehicle used to transport children while under the care of the center.

♦ Intent

To ensure the center is adequately insured. Liability insurance and insurance on vehicles owned and leased by the Center to transport children are important for sound management to allow for adequate recovery of damages resulting from accidents and injuries to children.

○ Assessment Method:

Check administrative files for documentation of liability and vehicle insurance coverage.

▲ Threshold of Compliance:

Lack of documentation of either liability insurance for the program or vehicle insurance is evidence of noncompliance to be included in the POI.

■ 470 IAC 3-4.7-21 Director qualifications

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 21. (a) The director shall be a minimum of twenty-one (21) years of age.
(b) Each child care center must employ a qualified person to carry out the responsibilities of the director.
(c) The director shall meet one (1) of the following minimum education and experience qualifications:
(1) A bachelor of arts or bachelor of science degree from an accredited college or university in early childhood education or elementary education with a kindergarten endorsement and grades of C or better.
(2) Any bachelor of arts or bachelor of science degree from an accredited college or university must include one (1) of the following:
(A) Fifteen (15) credit hours in college level courses with documented content relating to the needs, skills, development, or teaching methods of children six (6) years of age or younger and grades of C or better.
(B) A CDA.

NOTE:

If a director has any of the certificates/credentials listed below instead of a CDA it will be an approved equivalent;

Certified Childcare Professional (CCP)
Preschool Associates Credential (PAC)
Administrators Certificate approved by the Division

(3) A two (2) year associate's degree in early childhood education from an accredited college or university, with a grade of C or better and a minimum of three (3) years of experience in an early childhood program.
(d) All directors who were employed as a director prior to December 1, 1985, are exempt from the specific educational requirements for this position provided that his or her position continues as a director at that child care center.

♦ Intent:

To ensure that the director has sufficient maturity, education, training, and experience to plan and administer a child care program, supervise center personnel and respond appropriately to a range of operational issues. The director plays a pivotal role in ensuring the day-to-day smooth functioning of the

Center within the framework of appropriate child development principles and knowledge of family relationships. College level course work has been shown to have a measurable, positive effect on quality child care , whereas experience itself has not. According to Tout, Zaslow, and Berry in *Critical Issues in Early Childhood Professional Development (2006)* and the *National Child Care Staffing Study*, teacher who have formal *college-based* educations have been shown to be able to create higher quality environments for children. The experience requirement is intended to ensure relevant experience in working with children in an early childhood program.

○ Assessment Method:

- Review the Center's licensing record to determine if the director meets the educational and where appropriate, the experience qualifications.
- If the director claims exemption from the educational requirements, check the personnel file for documentation of date of employment.
- (2) (A) – Carefully review the college transcript. If the college transcript does not clearly signify that a particular course is related to meeting the needs of children age 6 and under, a course description must be used to verify that it qualifies.
- (2) (B) – CDA signifies Child Development Associate Credential.

▲ Threshold of Compliance:

Failure to meet one of the options of this rule is evidence of noncompliance, unless the director is grandfathered from compliance with the rule in provision (d).

- Application for initial license - An initial license shall not be issued until the Center provides documentation for a qualified interim or permanent director.
- Licensed Center – The noncompliance is to be included in the POI. The plan of correction must show how the Center can temporarily comply with this rule until a qualified director is hired in compliance with the rule.
- Refer to Rule 11. If the Center has employed a new director since the previous inspection without immediate notice to the Division, the Center will also be in noncompliance with this rule.

Note:

If a director does not meet the education requirements of rule (c), the following conditions will be required before a variance is considered:

1. The director candidate must have five (5) years of experience in a licensed center or licensed home or Head Start program.
2. The candidate must provide proof of enrollment in an accredited college or university program designed to meet the educational requirements of these rules.
3. The candidate must agree to complete a minimum of nine (9) credit hours annually.

All variances are considered on an individual basis.

A director that has a Bachelor Degree in elementary education without a kindergarten endorsement will also be accepted.

■ 470 IAC 3-4.7-22 Director responsibilities

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 22. (a) The director shall work on site during the child care center's scheduled hours of operation a minimum of thirty (30) hours per week or fifty percent (50%) of the total weekly hours of operation, whichever is less. Required training or education away from the child care center may be counted time for this requirement.
(b) The director shall not permit other employment or activities, including teaching responsibilities, to interfere with the operation of the child care center.
(c) The director responsibilities shall include the following:
(1) The general planning and supervision of the developmentally appropriate program.
(2) Orientation of newly employed child caregivers.
(3) Supervision and evaluation of child caregivers.
(4) Ensuring that caregivers receive ongoing training.

♦ Intent:

The director is the person designated as responsible for the overall operation of the center with primary responsibility for planning and supervising the children's developmentally appropriate program and the Center staff. This rule is intended to ensure that the director is on site a sufficient amount of time each week to effectively carry out these responsibilities and provide adequate oversight.

○ Assessment Method:

- Review the director's job description to determine the scope of his/her responsibilities.
- Review the files for documentation of the various components of this rule.
- Interview the director and center staff as necessary to determine if the director is carrying out the required responsibilities and the amount of time the director spends at the facility each week.

▲ Threshold of Compliance:

If the director is not on-site the required 50% of the hours of operation or 30 hours per week and/or is not carrying out the required responsibilities, Center is in noncompliance with this rule.

(d) The director shall designate a responsible caregiver, at least twenty-one (21) years of age, to be in charge during any absences of the director and include the following:
(1) The director shall post his or her name and the name of the director-designee in a conspicuous place.

♦ Intent:

To ensure the understanding that the name of the person in charge at any given time must be posted. Someone must be designated in charge during all hours of operation.

(2) The director-designee shall have the following qualifications:
(A) Knowledge of this rule to carry on normal operation of the child care center.
(B) A working understanding of office routine.
(C) Access to child and personnel files.
(D) The ability to communicate with the staff from the various state regulatory agencies.
(E) Training and ability to handle all emergency procedures and routines.

♦ Intent:

To ensure that there is a knowledgeable staff member is on the premises at all times the Center is in operation to assume overall responsibility for the Center and to supervise the staff. The required posting the names of both the director and the person in charge at all times ensures that parent/guardians, the Division and public always know who is legally responsible to provide oversight of the Center and handle emergency situations.

○ Assessment Method:

- Check for posting of the names of the director and designated person in charge.
- Check staff attendance records and staff schedules to confirm the amount of time each spends at the Center.
- Interview the director, designated person and staff to determine the responsibilities assumed by the designee.

▲ Threshold of Compliance:

Noncompliance can result from a failure to post the correct names and/or failure to have the director or person in charge on duty.

■ 470 IAC 3-4.7-23 Administrator responsibilities

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 23. (a) An administrator that is not the director may carry out the day-to-day operating responsibilities of child care centers.
(b) The administrator need not meet the education and experience requirements of the director.
(c) The administrator may carry out the following responsibilities:
(1) All personnel matters.
(2) Purchasing equipment and supplies.
(3) All fiscal matters.
(4) Supervision of maintenance.
(d) If an administrator is not employed, these duties are the responsibility of the director.

♦ Intent:

The successful operation of a Center involves an organized system of managing administrative, fiscal, clerical, cleaning and maintenance, food service, direct child care and supervisory functions. This rule permits the Center to hire an administrator, who may not meet the education and experience requirements of the director, to carry out the day-to-day operations to free up the director to focus on management of the child care program and staff. These responsibilities are assumed by the director in the absence of an administrator.

○ Assessment Method:

Check personnel files for documentation of this position and job description. Interview the administrator about his/her responsibilities.

▲ Threshold of Compliance:

Evidence that all of these duties are performed, either by a separate administrator or the director, would indicate compliance with the rule.

■ 470 IAC 3-4.7-24 Caregiver qualifications
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 24. All caregivers counted in child/staff ratios shall meet the following qualifications:
(1) They shall be at least eighteen (18) years of age.
(2) They shall have a high school diploma or shall have passed an equivalency test.
(3) They shall have reading skills to be able to read the following:
(A) Emergency information.
(B) Prescription labels.
(C) First aid and emergency evacuation directives.
(D) Menus.
(E) Medical information.
(F) Special dietary information.
(G) Intake information on children.
(4) They shall have writing skills to be able to document the following:
(A) Accident reports and significant occurrences.
(B) The time and administering of medication.
(C) Diapering and feeding information.
(D) The developmental progress of children.
(5) All early childhood professionals who were employed as a caregiver prior to December 1, 1985, are exempt from the specific educational requirements for this position provided that his or her position continues as an early childhood professional at that child care center.

♦ 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.

It is essential for the caregiver to have the reading skills necessary to read all of the materials required to carry out her/his responsibilities and to protect the children from the harm from, such as:

- incorrect administration of medicine
- feeding and infant the wrong formula or food
- incorrect feeding due to inability to read special dietary information
- care resulting from misreading or inability to read a child's intake information

Writing skills are essential for the caregiver to be able to document appropriately throughout the day in carrying out the responsibilities specified in (4) (A) – (D) The Center should administer reading and writing tests as a part of the caregiver interview process to ensure an adequate level of reading and writing.

○ Assessment Method:

- Check personnel files for documentation of caregiver qualifications – age, diploma and documentation of reading and writing skills keeping in mind that a certificate of completion is not acceptable for compliance.

- Check file for documentation in the form of a diploma or passing grade on an equivalency test to support a variance that has expired.
- Check personnel files for date of hire to measure compliance for exemption under provision (5).
- Check the file for date(s) of variance (s) under provision (2) and timeline for compliance with the rule.

▲ Threshold of Compliance:

- If the Center has documentation that all caregivers meet the qualifications unless there is clear documentation of exemptions and variances of provision (2) high school diploma, the Center is in compliance.
- College transcripts may take the place of high school diplomas.

Note:

A variance will be considered to give new caregivers one year (1) to obtain a high school diploma or pass an equivalency test. A certificate of completion from high school is not the equivalent of a high school diploma.

■ 470 IAC 3-4.7-25 Lead caregiver qualifications
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 25 (a) Lead caregivers shall have a minimum of one (1) or the following:
(1) A current CDA credential.
(2) A Bachelor of Arts or Bachelor of Science degree in early childhood education or elementary education with a kindergarten endorsement and grades of C or better from an accredited college or university:
(3) A Bachelor of Arts or Bachelor of Science degree from an accredited college or university that includes one (1) of the following;
(A) Fifteen (15) credit hours in college level courses with document content relating to the needs, skills, development, or teaching methods of children six (6) years of age or younger and grades of C or better.
(B) A two (2) year associate's degree in early childhood education from an accredited college or university, with a grade of C or better.

(b) Lead caregivers that do not meet these qualifications shall:
(1) have eight (8) hours additional in-service training per year appropriate to the age group with which the caregiver is working;

♦ Intent:

To ensure the understanding that these hours are obtained while lead caregiver is enrolled in a program to meet the lead caregiver requirements and do not exempt the lead caregiver from working to meet the requirements.

(2) enroll in one (1) of the educational programs listed in subsection (a) within one (1) year of becoming a lead caregiver; and
(3) provide documentation showing successful completion of at least six (6) credit hours per year.

♦ Intent:

A lead caregiver is responsible for planning and supervising one (1) group of children in the center. This rule is intended to ensure that the individual in this position has sufficient maturity, education, training and experience to plan and administer activities for that group while attending constantly to the needs of each child in that group as well as to the needs of the group as a whole.

○ Assessment Method:

- Ask the director or designee for the names of the lead caregivers for each classroom
- Check the Center's personnel files (or licensing record for a renewal or monitoring inspection) to determine if the individual meets the minimum educational qualifications.
- If the individual does not meet the minimum requirements, review the training file for documentation of 8 hours of in-service training for that year in addition to the 12 hours required by 470 IAC 3-4.7-35.
- If the employee has been in this position for more than one (1) year and does not meet the requirements, check the file for documentation that she/he is enrolled in an educational program listed in subsection (a) and has completed at least 6 hours per year.
- If the Center has a variance for a lead caregiver, check the training file for documentation of the training required in the approved variance.

▲ Threshold of Compliance:

Documentation of compliance with the qualifications for all lead caregivers, including compliance with a variance, is evidence of compliance with the rule.

Note:

If a lead caregiver is pursuing a CDA credential through a non-credit CDA training process (not through a college or university), the Center shall submit a variance request to the Division for the lead caregiver; a minimum of 60 hours training per year is required.

If a lead caregiver has any of the certificates/credentials listed below instead of a CDA it will be an approved equivalent;

Certified Childcare Professional (CCP)
Preschool Associates Credential (PAC)

The caregivers serving school age children may obtain an Indiana Youth Development Credential instead of a CDA.

A lead caregiver that has a Bachelor Degree in elementary education without a kindergarten endorsement will also be accepted.

■ 470 IAC 3-4.7-26 Lead caregiver responsibilities

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 26. Lead caregivers are responsible for the following:
(1) The classroom management for one (1) group of children.
(2) The daily planning for one (1) group of children.

♦ Intent:

To establish the role of the lead caregiver as the individual responsible for planning and managing one group of children. This means that the lead caregiver is in direct supervision of that group of children. The lead caregiver also supervises caregivers, volunteers and visitors working with her/him in that group

○ Assessment Method:

- Review the lead caregiver's job description to determine the scope of the responsibilities.
- Check job assignments for the lead caregiver(s) to determine compliance with this rule
- Interview the lead caregivers, director and other center staff as necessary to determine if the lead caregivers are carrying out the required responsibilities.
- Observe the groups of children and classrooms for staffing.

▲ Threshold of Compliance:

If each group of children is not managed by a lead caregiver, the Center is found in noncompliance with this rule.

■ 470 IAC 3-4.7-27 Support staff

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 27. (a) Support staff shall complete orientation and ongoing training to carry out their assigned responsibilities.
(b) Support staff are exempt from educational requirements.
(c) When support staff are counted in child/staff ratios, they shall meet all the qualifications of the caregiver.

♦ Intent:

To ensure that support staff have the knowledge they need to carry out their assigned responsibilities within the center by completing all parts of 470 IAC 3-4.7-32, staff orientation rule and on-going training that apply to their positions. While support staff are exempt from educational requirements, they must meet all the qualifications of a caregiver when they are counted in the child/staff ratios. It is important for all employees of the center to receive orientation in the basic health and safety policies and practices, including child abuse and neglect detection and other aspects of the program in order to prevent harm to children.

○ Assessment Method:

- Check personnel files for all support staff documentation of orientation and ongoing training as applicable for the position. Check personnel files for educational qualifications for any support staff who has is assigned to a group of children and counted in the child/staff ratios.
- Check staff assignments for support staff and daily schedules to determine when and if any support staff are assigned to a group of children.
- Interview director, support staff and other staff as appropriate to determine staff assignments.

▲ Threshold of Compliance:

If all support staff meet the requirements of this rule, as applicable to their positions, the Center is in compliance.

■ 470 IAC 3-4.7-28 Substitutes
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 28. Substitutes shall meet the minimum caregiver qualifications.

♦ Intent:

To ensure that substitutes shall have the knowledge and skills required to meet their responsibilities. Substitutes are an essential part of the caregiving staff because they are often needed to maintain child/staff ratios. It is important that they be qualified in order that the needs of the children are met and that there is little deviation from the daily schedule and program in the absence of the regular caregiver, lead caregiver or director, if counted in the child/staff ratio.

○ Assessment Method:

- Check personnel files for documentation of qualifications of substitutes who are counted in the child/staff ratios.
- Check staffing schedules to confirm that only qualified substitutes are used when the substitutes are counted in child/staff ratios.
- Interview the Director and lead caregiver about the plans and policy for substitute arrangements.

▲ Threshold of Compliance:

For compliance, the files shall have documentation that all substitutes meet the caregiver or applicable qualifications. All files shall be maintained on site for this verification.

■ 470 IAC 3-4.7-29 Volunteers
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 29. Volunteers may serve in any capacity for which they are qualified, but may not be left alone with a group of children.

♦ Intent:

This rule allows the Center some flexibility in satisfying the staffing requirement through use of volunteers. This shall be acceptable when the volunteer, defined as a person who works for more than 8 hours per month, meets the educational, training and experience requirements of the position assigned. A volunteer may be assigned to any position in the program as long as the documentation is available on site that the volunteer meets all the qualifications and experience requirements of that position. The rule also is intended to ensure that volunteers are never left along with a group of children.

- A volunteer shall not serve in the capacity of Director due to rule 470 IAC 3-4.7-21 which requires the center to employ a qualified person to carry out the responsibilities of the director.

○ Assessment Method:

- Check the personnel files of volunteers to verify their qualifications.

- Check staff assignments to verify number of hours for each volunteer and for documentation that only qualified volunteers are used in caregiving positions and that they are not left alone with a group of children.
- Observe the classrooms to confirm that the rule is being met.

▲ Threshold of Compliance:

The Center is in compliance when there is documentation to verify that all volunteers are qualified for the positions in which they serve, that they work for more than 8 hours per month and that no volunteer is left alone with a group of children. Noncompliance sometimes may result from a complaint.

■ 470 IAC 3-4.7-30 Early childhood practicum students
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 30. (a) Centers may count early childhood practicum students under eighteen (18) years of age in child/staff ratios with the following conditions:

♦ Intent:

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

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

♦ Intent:

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

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

♦ Intent:

To clarify the understanding of this rule:

- Early childhood practicum students who are 17 years old may work at any early childhood program
- Early childhood practicum students who are 16 years old may only work on-site at the vocational child care center in the vocational early childhood program which they attend.

(3) They are assigned to a lead caregiver who provides supervision at all times.
(4) They are never left alone with a group of children.

♦ Intent:

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

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

♦ Intent:

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

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

♦ Intent:

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

○ Assessment Method:

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

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

▲ Threshold of Compliance:

Compliance is measured by documentation provided to the Center that the early childhood practicum students are currently enrolled in the high school's early childhood vocational educational program and meet the conditions specified in the rule.

■ 470 IAC 3-4.7-31 Visitors

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 31. Visitors are exempt from all qualification requirements, but may not be left alone with children or be counted in child/staff ratios.

♦ Intent:

To ensure that visitors shall never be left alone with children and shall not be counted in child/staff ratios. Visitors who observe or assist with the care of children for less than 8 hours per month, must always work under direct supervision and observation of at least a Caregiver and may never be alone with the children.

○ Assessment Method:

- Check log of visitors and the role to which they were assigned.
- Check room and staff assignments
- Interview director and staff about visitors
- Observe classrooms for visitors

▲ Threshold of Compliance:

Compliance is measured by documentation and observation of appropriate use of visitors. A finding of noncompliance may be supported by a specific complaint.

■ 470 IAC 3-4.7-32 Staff orientation
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 32. (a) Prior to having direct contact with children or food, the following training or information shall be provided to all staff and volunteers according to the specific responsibilities assigned to that particular staff member or volunteer:
(1) The names, ages, and any specific needs of the children for whom the caregiver will be responsible.
(2) The center's policy on confidentiality of children's records.
(3) The center's child discipline policy.
(4) Meal patterns and food handling policies of the center.
(5) Emergency evacuation procedures.
(6) General health policies and procedures, including, but not limited to, the following:
(A) Division-approved hand washing techniques.
(B) Division-approved diapering techniques.
(C) All policies and documentation procedures for dispensing approved medication to children.
(D) Procedures for feeding infants and toddlers, including formula preparation.
(7) Training in universal precautions. A person trained annually in universal precautions shall repeat this training annually for all child care staff and include the following topics:
(A) Blood borne diseases and their transmission, work practice controls, and the use of personal protective equipment as required by the OSHA and ISDH.
(B) Procedures for documenting and handling incidents in which staff are directly exposed to contact with blood.

♦ Intent:
To ensure that all staff are trained at least once a year in universal precautions to protect the children from the spread of infection. The individual who provides training in universal precautions shall have documentation that she/he is qualified to provide this training, either is a qualified health care professional or a staff person annually trained by a health professional in universal precautions and preventing the spread of illness.

(8) The health hazards listed in section 15(c) of this rule.

♦ Intent:
Orientation for new staff is important to prevent any harm to children from poorly prepared staff. Provision (a) is intended to ensure that, prior to having any direct contact with children, all staff and volunteers receive essential health and safety information to help them carry out their responsibilities and handle emergencies.

(b) During the first two (2) weeks of employment, all staff and volunteers shall have the following training or information provided according to their individual responsibilities:
(1) Developmentally appropriate practices in the early childhood program.
(2) The goals and philosophy of the center.
(3) Daily schedules, routines, and transition procedures.
(4) Parent communication policies.

(5) Child abuse detection, prevention, and reporting responsibilities (see section 13 of this rule).
(6) Recognizing symptoms of illness.
(7) Cleaning, sanitation, and disinfection procedures.
(8) Special needs inclusion policies.
(9) Training specific to the special needs of children under their care.
(10) The center's confidentiality policy.
(11) All aspects of this rule.

♦ Intent:

Provision (b) ensures that all staff are provided essential information on the philosophy, goals and practices of the Center in order that they can fully assume the duties and responsibilities of their positions and understand and can implement center policies and procedures.

(c) Documentation shall be available at the child care center showing that all applicable orientation topics are covered and the dates of when the training was provided.

○ Assessment Method:

- Check personnel files for documentation of attendance at orientation sessions prior to beginning work with children and within the first 2 weeks of employment and topics covered for each staff hired within the past year
- Ask Director about orientation procedures for all staff, including volunteers.
- Review documentation of information covered during the orientation process.
- Cross-check with new staff to ensure they participated in the orientation.

▲ Threshold of Compliance:

If documentation is in the files for all new staff and volunteers, the Center is in compliance with this rule.

■ 470 IAC 3-4.7-33 Basic first aid training
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 33. All caregivers and other persons counted in child/staff ratios shall have training in basic first aid as follows:
(1) Prior to opening a child care center, at least one (1) caregiver shall have current training or the expiration date shall be no later than three (3) years from the training date in the administration of basic first aid and be on duty at all times. Additionally, all infant and toddler staff shall have current training in basic first aid.

♦ 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.

(2) Except as stated in subdivision (1), training for all other staff shall be completed within six (6) months of employment and at least every three (3) years thereafter.

♦ Intent:

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.

(3) Basic first aid training shall include rescue breathing and first aid for choking and shall be consistent with basic first aid training developed by the American Red Cross or the National Safety Council for First Aid Training Institute.
(4) The offered first aid instruction shall include, but not be limited to, the following:
(A) Hemorrhage.
(B) Poisoning.
(C) Choking.
(D) Shock.
(E) Seizures.
(F) Head injuries.
(G) Artificial respiration.
(5) Written records of current certification of first aid training shall be maintained at the child care center for at least three (3) years.

♦ Intent:

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.

▲ Threshold of Compliance:

Written documentation to support current training for all staff is evidence of compliance. Failure to have written documentation for any staff or volunteer counted in child/staff ratios, is evidence of noncompliance to be included in the POI.

■ 470 IAC 3-4.7-34 Cardiopulmonary resuscitation training
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 34. Staff shall have training in cardiopulmonary resuscitation (CPR) as follows:
(1) At least one (1) caregiver must be trained annually in pediatric CPR and shall be present within the licensed area of the child care center during all hours of operation and with children on field trips.

(2) In child care centers licensed for infants or toddlers, all infant and toddler caregivers shall be trained annually in infant or pediatric CPR as appropriate.
(3) Training in CPR shall be appropriate to the age of the children for which the child care center is licensed. Training in adult CPR is required if children eight (8) years of age or older are present.
(4) The course shall be based on current guidelines for CPR and emergency cardiac care as published in the Journal of American Medical Association (JAMA).
(5) All staff members shall be informed of which employees are trained in CPR and how to obtain the trained employee's assistance in an emergency.
(6) Written records of annual training in CPR shall be maintained at the child care center for three (3) years.

♦ Intent:

To ensure that in case of emergencies there is always present at the Center, during all hours of operation and with children on field trips, a person (s) with annual certification in pediatric CPR. To ensure that Centers licensed 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 Center is licensed which means that in programs providing school age care to children 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 8 years and older are served.
- If the Center is licensed 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.

▲ Threshold of Compliance:

- Written records ensuring the presence of person (s) certified in CPR appropriate to the ages of the children at all times of the operation is evidence of compliance.
- Written records verify all infant and toddler staff have current CPR training appropriate to the age group.
- Failure to meet this requirement at all times of the operation is evidence of noncompliance to be included in the POI.

■ 470 IAC 3-4.7-35 In-service staff training
Authority: IC 12-13-5-3

Affected: IC 12-17.2-4
Sec. 35. (a) In addition to first aid, cardiopulmonary resuscitation (CPR), universal precautions, and life saving certification, all directors and persons counted in child/staff ratios shall have, on an annual basis, a minimum of twelve (12) clock hours of inservice training as follows:
(1) The director shall receive training in each of the following categories:
(A) Administrative issues.
(B) Curriculum and developmentally appropriate practices.
(C) Health, nutrition, sanitation, and safety.

♦ Intent:

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

(2) Caregivers shall receive training in each of the following categories:
(A) Positive classroom management and discipline.
(B) Developmentally appropriate practices and curriculum.
(C) Child development.
(D) Health, nutrition, sanitation, and safety.

♦ Intent:

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

(3) Training may include, but is not limited to:
(A) workshops;
(B) formal education;
(C) videos;
(D) training by consultants; or
(E) educational programs provided for staff by the director or director designated training facilitators.
(4) The documentation of reading of early childhood educational literature shall require a written summary and shall not count as more than two (2) hours of training per year.

♦ Intent:

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

(5) Lead caregivers, who do not meet the educational qualifications, shall have an additional eight (8) hours of in-service training per year.

♦ Intent;

To ensure that lead caregivers who do not meet the qualifications, have additional training to increase their ability to meet the needs of children. These hours shall be obtained while lead caregiver is enrolled in a program to meet the lead caregiver requirements and do not exempt the lead caregiver from working to meet requirements.

(6) Training shall be appropriate to the age group with which the caregiver is working.

♦ Intent:

To ensure that caregivers have training will assist them in meeting the needs of the age group to which they are assigned.

(7) Caregivers shall measure training on an annual basis. New caregivers shall average one (1) hour of training per month during the first year of service.
(8) Each caregiver's file or a separate staff training file shall contain the following written documentation of all in-service training:
(A) Date of training.
(B) Number of clock hours of training.
(C) Type of training.
(D) Content of the training.
(E) Name and credentials of trainer.

♦ Intent:

To clarify that training is counted on an annual basis and to ensure that new caregivers obtain training throughout the year. Centers may set up their training calendar in whatever 12 month period best fits their program design.

(b) Child care centers that have a swimming pool or built-in wading pool shall have at least one (1) person present, whenever the pool is in use, who is trained in age-appropriate CPR, basic water safety, and has a valid Red Cross advanced life saving certificate. Caregivers shall maintain documentation of training in the appropriate person's file at the child care center for three (3) years.

♦ Intent:

To ensure that children are protected from drowning in a swimming pool by the presence of at least 1 person certified in advanced life saving and CPR. To ensure that written documentation of training is maintained for 3 years.

(c) Caregivers in child care centers serving children with special needs shall have orientation and continuing training based on the special needs of the children in their care. If applicable, this training shall be in accordance with the child's IFSP (birth to two (2) years of age) or the child's IEP (three (3) years of age or older).

♦ Intent:

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 inservice training and more for lead caregivers not qualified, for each staff on topics directly related to children.

- Cross-check with staff to ensure they participated in specified training.
- Interview Directors about inservice training plans for the Center.
- Review documentation of training for the previous year to verify 12 hours of training in a 12 month period, because the review of records may take place in the middle of a training year.

▲ Threshold of Compliance:

Written documentation of training as specified for all staff members counted in child/staff ratios is evidence of compliance. Failure to meet the provisions of this rule for all staff is evidence of noncompliance to be included in the POI.

■ 470 IAC 3-4.7-36 Children's admission records

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 36. A written application for admission of each child, signed by the child's parent, shall be on file at the child care center prior to admission and shall include the following:
(1) The child's full name, address, and sex.
(2) The name of parent, address, and telephone number.
(3) The child's date of birth, verified by a copy of the child's birth certificate or other legal proof of age.
(4) Information regarding the child's social, emotional, cognitive, and physical development.
(5) A copy of any relevant court orders that affect the child to be enrolled.
(6) Place of employment and working hours of the parent and the employer's address and telephone number.
(7) The name, address, and telephone number of the child's physician and dentist to call in emergencies.
(8) The name, address, and telephone number of any person, other than the parent, authorized to remove the child from the premises.
(9) The name, address, and telephone number of responsible person who may be called to come for the child in case of illness or other emergency if the parent cannot be reached.
(10) The date of admission.

♦ Intent:

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

○ Assessment Method:

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

▲ Threshold of Compliance:

Documentation of completed applications, meeting the provisions of the rule for each child or the sample reviewed, is evidence of compliance. Missing

admissions applications or incomplete or unsigned applications are evidence of noncompliance to be included in the POI.

■ 470 IAC 3-4.7-37 Signed consent forms
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 37. Each child's record shall contain the following consents signed by the parent:
(1) Emergency medical authorization to provide transportation and obtain medical treatment for children when the parent cannot be contacted. This authorization shall also be in the emergency information file.
(2) Written permission to participate in extracurricular activities, whether on or off the child care center premises for children participating in the activity.

♦ 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 center.

○ Assessment Method:
Check files for written authorizations for each child as specified in (1) and (2).

▲ Threshold of Compliance:
Written authorization from parents, as required, in the files for each child is evidence of compliance with this rule.

■ 470 IAC 3-4.7-38 Children's health records
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 38. Within thirty (30) days of a child's enrollment, the child's health record shall contain the following:
(1) Physical examination verification form with physician's or nurse practitioner's signature dated no earlier than twelve (12) months prior to enrollment date.

♦ Intent:
To clarify the understanding that the signature shall be an original signature, not a co-signed or initialed signature. A copy of the physical is acceptable with the appropriate signature.

To ensure that each child attending the Center has a recent medical examination performed by a licensed physician or nurse practitioner as protection for the Center and the child. It is important that the Center be aware of the health of the child in order that any health problems can be identified and the Center can plan accordingly. It is also important to have the original signature of the physician or nurse practitioner on the physical to verify that they conducted the physical.

(2) Current and complete record of immunization history showing month, day, and year of each immunization.

♦ Intent:
To prevent the spread of vaccine preventable communicable disease by ensuring that each child is immunized in accordance with IC 12-12.2-4-18, Immunizations

and the immunization regulations established by the Department of Health. Written documentation shall be in the child's file for parental objection for religious reasons or physician's objection for medical reason to the rule as specified in IC 12-12.2-4-18.

○ Assessment Method:

- Using a 20% sample of children enrolled, review children's health physicals to ensure that each one is a complete physical and has an authentic signature of the physician or nurse practitioner who conducted it. A minimum of 10 files shall be reviewed.
- Using a 20% sample, review the files for documentation of complete age appropriate immunizations with annual updates for each child, in accordance with IC 12-7.2-4-18.1 and the regulations of the Department of Health.
- Check for written documentation, updated annually, for parental or physician objections to immunizations, in accordance with IC 12-17.2-4-18.1.
- Check the files for physician written documentation that a child is in the process of receiving complete age appropriate immunizations.

Note:

Refer to Code requirement IC 12-17.2-4-18.1, Immunizations.

Resource:

Current Department of Health immunization regulations can be found on **www.in.gov/fssa/carefinder** for guidance to providers and parents.

■ 470 IAC 3-4.7-39 Children's injury records

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 39. (a) Written records shall be maintained for all injuries that occur while children are under the care of child care center caregivers, both on and off premises.
(b) On the day of occurrence, caregivers shall inform parents of minor injuries when they pick up their child. Minor injury reports shall be kept in the child's individual file or in a separate minor injury reporting file and shall be recorded showing the following:
(1) The date and time of the injury.
(2) How the injury occurred.
(3) A description of the injury.
(4) The treatment administered.
(c) Caregivers shall immediately report serious injury verbally to the parent. Caregivers shall record these injuries on forms supplied by the division and distributed as follows:
(1) One (1) copy of the report given to the parents.
(2) One (1) copy kept in the child's individual file.
(3) One (1) copy sent to the division.

♦ Intent:

To ensure documentation of all injuries which occur to children in care for Center 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 Center while serious injuries, those which require medical attention by a health professional, require an immediate verbal report to the parents/guardian followed by a written report on Division supplied forms with one copy maintained at the Center, one provided to parents/guardians and one sent to the Division. The Center reports may be files in a central file or the children's individual files.

○ Assessment Method:

- Review the licensing 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.
- Review the Center's central file or children's individual files for reports of minor and serious injuries and documentation of parental verbal reports of serious injuries.

▲ Threshold of Compliance:

- The Center is found in compliance if there are well maintained and separate central injury files for minor and serious injuries or written reports in the children's files.
- For serious injuries compliance is evidenced by documentation of verbal reports to parents and documentation of copies sent to parents and the Division.
- A finding of noncompliance may result from a complaint.

■ 470 IAC 3-4.7-40 Children's medication records

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 40. (a) Records regarding dispensing of medication to children shall be maintained at the child care center and shall contain the following:
(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, caregivers shall write the reason on the medication record.
(c) The center shall keep these records for a minimum of one (1) year.

♦ Intent:

To provide documentation of any medication given as a protection to both child and Center. The medication log must include all items specified in provisions (1) – (5).

○ 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 Center.

▲ Threshold of Compliance:

The files of children receiving medication or the medication log to must all items specified in (1) – (5) and must be maintained for a minimum of 1 year for compliance with the rule.

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

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 41. (a) Records, kept at the child care center, shall document the following for all current staff, substitutes, and volunteers:
(1) Application for employment.
(2) Qualifications.
(3) A statewide limited criminal history check completed by the Indiana state police.

Note:

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

(4) The name, address, and telephone number of the person, physician, or health facility to be contacted in the event of an emergency.
(5) An annual written evaluation of the employee's performance.
(6) Physical examination verification form with physician's or nurse practitioner's signature within thirty (30) days of employment dated no earlier than twelve (12) months prior to date of hire.
(7) Verification that staff is free of tuberculosis within thirty (30) days of employment and annually thereafter.
(8) In-service training.
(9) Dates of employment.
(b) Volunteers and support staff are exempt from documentation of qualifications, evaluations, and in-service training requirements. Volunteers who are counted in the child/staff ratio must meet all staff requirements.

♦ Intent:

To ensure organized and current personnel information for all staff, substitutes and volunteers. Files for volunteers verifying that they meet staffing requirements shall be maintained on site at the Center. Volunteers who are not counted in the child/staff ratio, must have a physical, annual TB test, and a criminal history check, at a minimum.

○ Assessment Method:

- Check personnel files for documentation as specified using a 20% sample of the staff files or a minimum of 10 files.
- Check for onsite files for all volunteers
- Check files for documentation of compliance with all applicable staff rules for volunteers who are counted in child/staff ratios.

▲ Threshold of Compliance:

The Center is in compliance if all personnel files are up to date and volunteer files are kept onsite.

Note:

Contracted recreational or educational services

Policy: Approved therapists, such as First Steps therapists, are exempt from this rule.

Contracted recreational and educational enhancement services are supplemental services offered to families of children enrolled in the child care program. As such services are rendered for very limited durations and require the maintenance of additional documentation including a signed contract or agreement between each participating child's parent/guardian and the vendor; as well as documentation showing that the vendor is a legal outside entity, not a part of the child care program, recognized by the State of Indiana and properly insured in case of accident or injury to a child during participation in the supplemental activity.

The employees or volunteers of the vendor performing contracted recreational or educational enrichment services at the child care facility are not required to meet the staff or volunteer requirements.

- The child care facility must have on file the following documentation to verify that the company meets the definition of a contracted recreational or educational enhancement vendor :
  - An official certificate of existence with the Indiana Secretary of State.
    - Contracted recreational or educational services utilized by the child care provider must have an official certificate of existence with the Indiana Secretary of State.
  - Liability insurance
    - The contracted services must also carry liability insurance and the facility must keep a copy of this insurance on file.

The employees of the vendor may not also be employees or volunteers of the child care program. In the event that the staff members of the contracted vendor providing recreational or educational enhancement services are also employees or volunteers of the child care program, they must meet the staff or volunteer requirements, including national criminal history checks.

- Each child's record shall contain a written consent signed by the parent with the contracted service to participate in the activity.

■ 470 IAC 3-4.7-42 Emergency information file
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 42. Each center shall keep an emergency information file, separate from individual record files, and take it on field trips. It shall contain the following:
(1) Emergency numbers for police, fire, hospital, and ambulance.

(2) Emergency information for all staff, volunteers, student helpers, and children, including the following:
(A) The name and date of birth.
(B) The name and phone number of spouse, parent, physician, health facility, or other person to contact in an emergency.
(C) A signed authorization for emergency treatment. Parents shall sign this authorization for persons under eighteen (18)

♦ 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 Center. 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. Review each staff and volunteer files.

▲ Threshold of Compliance:

Readily accessible, up to date emergency information for all staff, volunteers and as specified is evidence of compliance.

■ 470 IAC 3-4.7-43 General records
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 43. If applicable, the center shall have the following records available for review:
(1) All required well water test results.
(2) The daily temperature of vendor delivered potentially hazardous food.
(3) The most recent inspection records relevant to state fire marshal, IDEM water records for private wells, child care health, or general licensing inspections and the records relative to compliance, complaint, and investigation for the past three (3) years.

♦ Intent:

To ensure the Center meets applicable health and safety laws and regulations and maintains written reports from all regulatory bodies including licensing inspection, investigation and complaint reports from the Division for at least 3 years. These records and reports shall be available for inspection by the Division and made available to parents upon request.

○ Assessment Method:

Check Center files for all written records as specified in provisions (1)–(3).

▲ Threshold of Compliance:

The Center is in full compliance if the file contains written records and reports from all applicable regulatory bodies and licensing reports maintained for the last 3 years.

■ 470 IAC 3-4.7-44 Confidentiality of records
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 44. (a) All information pertaining to the admission, health, family, or discharge of a child and each personnel record is confidential. The center may release the children's records to the parent of the child in question. The center may release the personnel records to the following:
(1) Persons authorized by the division.
(2) Child protective services personnel.
(3) Other agencies authorized by law.
(b) The director or administrator shall determine the limits for sharing confidential information with staff.
(c) The center shall have a written policy for protecting the confidentiality of medical and social information that is consistent with federal, state, and local laws.
(d) The center shall inform all staff of the confidentiality policy.

♦ Intent:

To ensure the protection of children, their families and staff in the Center, information must remain confidential and only released to individuals authorized by the Division and agencies authorized by federal, state and local laws. It is important to have written confidentiality policy shared with all staff and parents.

○ Assessment Method:

- Review the written Center confidentiality policy.
- Ask Director and staff about the confidentiality policy, the plan for informing staff of the policy and how the policy is implemented.

▲ Threshold of Compliance:

If the Center has written confidentiality policy which is implemented appropriately, the Center is in compliance with this rule. Evidence of noncompliance may result from a complaint to the Division.

■ 470 IAC 3-4.7-45 Attendance records
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 45. Written attendance records shall be kept at the child care center, available for review for a minimum of one (1) year and shall document the following for all children, staff, and volunteers:
(1) Daily arrival and departure times.
(2) Dates of attendance.

♦ Intent:

Attendance records are essential for each group of children to ensure that each child, staff and volunteer can be accounted for during evacuation of the building in a quick and systematic manner. Attendance records are important in planning for the day. Child/staff ratios and Center capacity require accurate attendance records to ensure compliance. Attendance records are essential in the planning of meals and snacks so that appropriate amounts of food are available.

○ Assessment Method:

Check daily attendance records of children and hours worked by staff and volunteers.

▲ Threshold of Compliance:

The Center is in compliance if accurate attendance records are kept up to date.

■ 470 IAC 3-4.7-46 Record retention
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 46. The center shall maintain personnel and children's records on grounds for a minimum of one (1) year after the end of service or care.

■ 470 IAC 3-4.7-47 Child/staff ratio chart
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 47. Directors shall prominently post the following child/staff ratio chart in each class area of the child care center and in the area where parents sign children in on a daily basis:
Age of the Youngest Child in the Group
Maximum Number of Children Supervised by One Caregiver
Maximum Number of Children in One Group
Infant 4 8
Toddler 5 10
2 years 5 10
30–36 months 7 14
3 years 10 20
4 years 12 24
5 years and older 15 30

♦ Intent:
To ensure that staff and parents are informed of child/staff ratio and group size licensing requirements. Child/staff ratios and maximum group sizes 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.

▲ Threshold of Compliance:
The Center is in compliance if charts are posted in all class areas and in the sign in area.

Note:
Programs may apply for a variance for the school-age ratio and group size. The maximum number for school-age children in the variance shall be a group size of 40 and a ratio of 20: 1. The variance must be posted the school-age classroom.

■ 470 IAC 3-4.7-48 Child/staff ratios and supervision
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 48. (a) Child/staff ratios shall be maintained during all hours of operation.

♦ Intent:
To protect children from harm; understanding that it is permissible for a staff member to leave the classroom only to use the restroom or to take care of an

emergency situation for a particular child in the classroom and return immediately provided there is at least one qualified staff person remaining in the classroom. This is not advisable in a room of infants or toddlers.

(b) 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.

♦ Intent:

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

(c) When determining the child/staff ratios, count only persons who are responsible for and directly engaged in supervising and implementing activities for children.
(d) Persons in the child care center with multiple roles, such as teacher/cook, teacher/director, or teacher/receptionist, shall be counted in child/staff ratios only while directly engaged with children.
(e) All children shall be under the direct supervision of a responsible caregiver at all times.

♦ Intent:

To ensure sufficient staff to directly supervise and work with the children in that group. Direct supervision, as defined in the definition section of these rules 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.

Note:

Refer to rule 470 IAC 3-4.7-1 Definitions

(f) Centers shall have a written policy that describes the steps caregivers shall take to correct inadequate ratios. Caregivers shall be aware of this policy.
(g) Caregivers shall promptly notify the director when ratios become deficient.
(h) The director or person in charge shall correct child/staff ratios immediately.

♦ Intent:

To ensure that the Center has and implements written policy and procedures to frequently monitor child/staff ratios and to correct deficient ratios.

(i) Children of the director and staff members shall be counted in child/staff ratios and assigned to their appropriate age group.

♦ Intent:

To ensure that all children in the Center are counted in child/staff ratios and assigned to their appropriate age group, including children of the Director and staff.

(j) The center shall have at least two (2) adults present during all hours of operation.

(k) The center shall make arrangements so that if only one (1) adult is supervising a group of children, that adult has means available to communicate with other caregivers and summon assistance without leaving children unattended.

♦ Intent:

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

(l) The assignment of administrative, maintenance, and housekeeping duties shall not interfere with the direct supervision of children.

♦ Intent:

To ensure the understanding that the direct supervision of children is the most important activity in the Center; no other duties can interfere with direct supervision of the children.

(m) The center shall make every effort to have substitutes visit the child care center to become generally familiar with the children and program in advance of the time they may be called to substitute.

♦ Intent:

To ensure that substitutes have some familiarity with the children and the program of care when they actually are called to work with a group of children.

The child/staff ratios established in this rule not only ensure that sufficient staff are always present to protect the safety of children but also encourage programs to provide for the developmental needs of children. The number of required caregiving staff can be determined by dividing the total number of children in attendance in each age group by the age appropriate staffing requirement. Components of the rule ensure the appropriate supervision of children at all times.

Note:

It is important to note that one child over the child/staff ratio requires the presence of an additional staff person (any fraction above the whole number in the computation).

○ Assessment Method:

- Check children's attendance sheets and staffing schedules to determine compliance with specified child staff ratios and other parts of the rule.
- 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 child/staff ratios in mixed age groups to determine compliance.
- Ask Director and staff about child/staff practices especially at opening and closing times of the day.

▲ Threshold of Compliance:

- The Center must meet all parts of this rule to be found in compliance.

- Noncompliance in any requirement of the rule will be included in the POI with enforcement action as appropriate – noncompliance with child/staff ratios is a serious noncompliance.

Note:

Qualified therapists as identified in a child's IFSP or IEP are exempt from this rule.

■ 470 IAC 3-4.7-49 Child grouping policies
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 49. (a) Age grouping policies apply at all times except as in subsection (f).

♦ Intent:

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

- Maximum group sizes for special events can be adjusted by keeping each classroom of children together during the presentation; however, the minimum square footage requirements shall still be maintained.
- During rest time, groups may be in the same room; however, each classroom of children must be kept together and kept separate from the other groups in the room. Rest time ratios must be maintained for each group and minimum square footage requirements apply.

Note:

Children transitioning to the next age group or starting the facility may start visiting or be placed in the next age group of children with a transition period of 2 weeks before and 2 weeks after their b9irthday. The ratio that is maintained is the ratio of the classroom that the child is moving into.

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

(b) When mixing age groups, younger children shall be protected from aggressive older children.
(c) Caregivers may care for preschool children in the same group or area.

♦ Intent:

The intent is to allow the Center to mix children ages 3 through 5 years together at any time.

(d) Centers may group children thirty (30) to thirty-six (36) months of age with children three (3) years of age.

♦ Intent:

The intent is to allow the older 2 year olds, between 30-36 months of age, to be grouped with the 3 year olds with a ratio of 7:1 and group size of 14. Also, no child in the group may be older than 48 months.

(e) When all the children two (2) years old in a group are at least thirty (30) months of age, the child/staff ratio is 7:1.

♦ Intent:

To allow the Center to use the 7:1 ratio for a group of older 2 year olds who are all 30 months and older.

(f) Caregivers may group children three (3) years of age through school age together during the first and last hour of the child care center's operation provided the group size does not exceed the maximum group size for the youngest children in the group.

♦ Intent:

To allow the Center flexibility in groupings of children as they arrive in the morning and leave at the end of the day as long as the group size is that required for the youngest children in the group, in recognition of the developmental needs of the younger children.

(g) Caregivers shall care for school age children in a clearly defined separate room/area. When mixing age groups, the group may not be larger than the square foot capacity of the room.
(h) The maximum number of children per class is also determined by available space.
(i) Centers licensed prior to the effective date of this rule may elect to have a maximum group size for children two (2) years of age of fifteen (15), provided they use the same room.
(j) Kindergarten age children may be mixed with either preschool or school age groups.

♦ Intent:

To ensure the understanding that a child who will be entering kindergarten in the fall may be considered a kindergartner during the summer preceding the beginning of that school year.

○ Assessment Method:

- Check attendance sheets and staffing schedule to determine compliance with all requirements of the rule.
- Observe group sizes and child/staff ratios of mixed age groups to determine compliance. Observe Center at arrival and/or departure times.
- Ask Director about plans for grouping children during the first and last hours of the day and to ensure compliance with other parts of the rule.
- The consultant may need to check birthdates of children in mixed age groups to ensure compliance with the rule.

▲ Threshold of Compliance:

- The Center must meet all parts of this rule to be found in compliance.

- Noncompliance in any requirement of the rule will be included in the POI with enforcement action as appropriate

■ 470 IAC 3-4.7-50 Grouping of children under 30 months of age
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 50. (a) In any group that has an infant or toddler, the maximum age range between the oldest and youngest child in the group shall be thirteen (13) months.
(b) Caregivers of infants and toddlers shall have the date of birth of all children in the room immediately available.

♦ Intent:

To protect the health and safety of infants and toddlers and to take into consideration their unique needs at each stage of development. Their birthdates must be considered when they are assigned to groups to ensure that only infants or toddlers within a 13 month age span are grouped together.

○ Assessment Method:

- Check the ages of infants and toddlers in each group to determine compliance with this rule.
- Observe infant and toddler groupings and check for the listing of birthdates in each group. These birthdates shall be available in the classroom.

▲ Threshold of Compliance:

The Center is in compliance if infant and toddler groupings meet both requirements of this rule.

■ 470 IAC 3-4.7-51 Implementation of continuity of care
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 51. Centers shall make a reasonable effort to provide continuity of care for children under thirty (30) months of age.

♦ Intent:

Research has shown that consistency in care is important to the appropriate growth and development of children, especially for infants and toddlers. Thus, it is essential for infants and toddlers to have a primary caregiver assigned to them and for the Center make every effort possible to keep infants and their primary caregivers together until all children in the group are 30 months old.

A center may use various methods to achieve continuity of care, including, but not limited to:

- Moving the teacher with their children to another classroom as the children mature;
- Modifying the classroom as the children mature;
- Creating mixed age groupings of children, ages six weeks to 36 months; or

- Intentional transitions:

  1. Transitions from one room and caregiver to another are very important at this age. Children should have opportunity to become familiar with their new caregiver over a period of time before they move into that new room or group and whenever possible, it is also helpful for two or more children to move together to allow for continuity of the relationships between children and new caregivers to be maintained.
  2. Reasonable effort means that the children are familiar with the caregiver in the room they are moving into and move with another child whenever possible.

○ Assessment Method:

- Ask the Director about plans regarding continuity of care for children under 30 months of age, different strategies they have tried and how they worked.
- Ask lead caregivers and caregivers about implementation of the policy and procedures to comply with continuity of care.
- Check staffing and infant/toddler assignments to new rooms/groups to help determine compliance.
- Ask the Director if staff have received training in continuity of care.

▲ Threshold of Compliance:

The Center is in compliance if there is documentation and testimony from the Director and staff interviews that when children under 30 months of are moved to another room, they are familiar with their new caregivers and have been moved with one or more children from their group to the new room, when this is possible. The Center may need time to find a method that works but must show evidence that they are working to achieve full compliance with this rule.

■ 470 IAC 3-4.7-52 Alternative mixed age groupings

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 52. For the purpose of maintaining continuity of care, centers may mix children six (6) weeks of age to thirty-six (36) months of age in one (1) classroom under the following conditions:
(1) A child/staff ratio of 4:1 is maintained.
(2) The maximum group size is eight (8).
(3) Each group shall have no more than three (3) children under twelve (12) months of age.
(4) The center's program, furnishings, and equipment shall meet the developmentally appropriate needs of all the children in the room.

♦ Intent:

The intent is to allow children and their peers to be with their same caregiver, not for the convenience of correcting ratios. This rule requires all Centers using this grouping method to have 50 square feet of space per child in the classroom.

This rule is intended to allow the Center flexibility in groups of children from infancy through 3 years of age; however, the Center must meet specified requirements to ensure continuity of care for this age group. The group shall

have 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

■ **470 IAC 3-4.7-53 Rest periods**
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 53. (a) Caregivers shall provide a supervised rest period for children four (4) year of age and under after the noon meal and at any other time if requested by any age child. (This does not apply to children in attendance less than four (4) hours per day.)

♦ Intent:
To ensure that each child 4 years old and under is provided periods of napping or resting, tailored to the age of the child. Children's needs for sleep vary according to age and individual body make-up. Individual needs must be considered in determining rest/sleep schedules for each child.

○ Assessment Method:
Examine daily schedules of rest/napping for each age group.

(b) Children of all ages shall not rest or sleep on the floor. Staff shall provide cots for all children that rest as follows:
(1) Cots shall be firm, portable, easily sanitized, in good repair, and have the underside of the sleeping surface off the floor.
(2) Staff shall sanitize cots daily after each use. Staff may sanitize cots weekly if the same child uses the same cot each day. If staff sanitize cots weekly, they shall clearly identify assigned cots.
(3) Staff shall space cots at a minimum of two (2) feet apart on all sides, except where they touch a wall or other room divider.
(4) Aisles between cots shall be kept clear of all obstructions while the cots are occupied.
(5) Cots shall not block exits.

♦ Intent:
To ensure that each child who rests or sleeps is provided a cot intended for his/her individual use and kept clean and in good repair to prevent the spread of germs and protect the safety and health of the children.

- Cots used by different children must be sanitized daily and between each use.
- Cots clearly assigned to and used by the same children each day may be sanitized weekly.
- 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 that each child is supplied with a cot appropriate to his/her age.
- Ask Director and staff about schedule for cleaning and sanitizing cots and procedures for ensuring cleaning between uses for shared cots.

- Observe that cots assigned to individual children are marked with the child's name.
- Observe cots for cleanliness, proper spacing between cots and that cots do not obstruct aisles or exits.
- Observe the storage of cots to be sure they are not being stacked in a way that the sleeping surfaces touch.

(c) The center shall assure that a cover is provided as follows for each child:
(1) The cover shall be clean, individually marked, and maintain comfort and warmth.
(2) The cover shall be washed at least weekly or promptly if soiled.
(3) If different children use the same cover, staff shall wash the cover between uses.
(4) Children's faces and heads shall be free from covering.

♦ Intent:

To ensure that children are provided clean, individually assigned blankets, which are seasonably appropriate to keep the child warm. The Center shall have extra clean blankets available for use as needed. The covers shall be cleaned weekly or when dirty and between uses by different children to prevent the spread of infection. To prevent smothering and to allow visual supervision, children's faces and heads shall not be covered by the blanket.

○ Assessment Method:

- Observe that each child is provided with his/her own covers, such as blankets and sheets that are appropriate to the season.
- Observe the extra supply of blankets and other covers. Ask the Director and staff about this.
- Observe covers for cleanliness. Ask staff about laundering and cleaning procedures.
- Observe napping children's faces and heads to be sure they are not covered.

(d) The center shall provide individual storage so that one (1) child's cover does not touch the cover of another child.

♦ Intent:

Children shall be provided with individual space to store their bedding to minimize the spread of illness. This may include cubbies (cubicle with one open side), hooks with built-in separators or hooks at least 18 inches apart, laundry bags, diaper bags, separate bins or other similar cleanable storage units. Coverings may also be folded and stacked on the child's assigned cots. Storage spaces must be cleaned before use by another child. Covers provided by parents/guardians and those provided by the Center and pillows used by the children must be stored so that they don't touch those of other children. Covers shall not be stored in a manner in which they touch the floor.

○ Assessment Method:

- Observe individual storage spaces to ensure that covers and blankets for each child do not touch another child's.
- Observe that storage spaces are marked with each child's name.

(e) When resting, children shall lie in such a way that direct face-to-face situations are avoided.

♦ Intent:

To prevent the spread of germs.

○ Assessment Method:

Observe resting children to ensure there are no children facing each other.

(f) After thirty (30) minutes, caregivers shall provide supervised alternate activities for nonsleeping children.

♦ Intent:

To clarify that these activities may be on the cot, in another area of the classroom, or in another licensed space within the building. Because the rule states alternate activities (plural), books may not be the only activity offered to children.

(g) Caregivers shall permit sleeping children to awaken naturally at their own pace.

♦ Intent:

To allow children to awaken gently and of their own accord. If naptime has ended, routine activities in the room may resume. Although children in child care need to rest, a shorter rest time may be appropriate for some children. Children who are not sleeping should be allowed to get up and play quietly after 30 minutes if they appear to be restless and/or wide awake.

- Children who sleep should be allowed to sleep according to their own body needs and therefore should be allowed to awaken naturally at their own pace unless their parents request that they be awakened after a certain period of time in recognition of provision (l).

○ Assessment Method:

- Observe during rest period to see that children who are not sleeping are allowed to get up and play quietly after 30 minutes if they appear to be wide awake.
- Ask staff about Center practice.
- Observe resting children to determine if they are allowed to awaken naturally and sleep according to their needs. Ask staff about Center practice.

(h) During the rest period for children toddler age and older, caregivers may supervise children at fifty percent (50%) of the required child/staff ratio provided that:

♦ Intent:

This rule ensures that each group of children is visually supervised by staff during rest periods. The rule allows 50% of the required child/staff ratio for children toddler age and older during rest times as long as specified conditions in provisions (1)-(3) are met. The rule also is intended to ensure that staff are able to see all children on cots at all times during rest periods.

- The 50% of the child/staff ration applies to the children in attendance that day. Example: Ten (10) two year olds in a room, six (6) children are awake, there would have to be two staff present in the room.

○ Assessment Method:
- Check staffing assignments during rest period.
- Ask Director and staff about the practice.
- Check rest period to ensure that staff can see all of the children on cots.

(1) the required child/staff ratio is maintained on the premises;
(2) required caregivers are immediately accessible; and

♦ Intent:
To ensure the protection of children, the staff needed for the required child/staff ratio for the resting children shall remain on the premises and shall be immediately accessible in the event of an emergency or if children awaken and staff are required to maintain appropriate ratio.

○ Assessment Method:
- Check staff assignments and emergency procedures to ensure conditions specified.
- Interview staff about emergency procedures.

(3) a minimum of fifty percent (50%) of the children in the class are asleep.

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

○ Assessment Method:
Observe rest periods as children are awakening for child/staff ratios.

(i) The fifty percent (50%) reduction in child/staff ratios does not apply to infants.

♦ Intent:
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 infant rooms to determine child/staff ratio at various times of the day.

(j) Caregivers shall supervise sleeping children and never leave them unattended.

♦ Intent:
To protect their health and safety, children shall always be directly supervised and appropriately cared for even when sleeping. A caregiver may not supervise more than one classroom at a time.

○ Assessment Method:

Observe rest periods to determine that children are not left alone.

(k) Rest areas shall have a minimum average of five (5) foot-candles of light in all areas.

♦ Intent:

To provide adequate lighting that caregivers can see all children at all times and that children who awaken can see to use the bathroom or evacuate in an emergency without waiting for their eyes to adjust to the room lighting.

- Determination of adequate lighting means that caregivers can see all children at all times and when children awaken, they do not need to have a time period for their eyes to adjust.

(l) Caregivers shall make rest periods flexible based on discussions with the parent and the child's individual needs.

♦ Intent:

To ensure that caregivers talk to parents and consider each child's individual needs when they establish rest periods for that child.

○ Assessment Method:

- Ask Director and staff about the practice of determining rest needs of individual children.
- Observe the lighting in rest areas for compliance with requirement (k).

▲ Threshold of Compliance:

For compliance, the Center must meet all of the requirements in this rule. Noncompliance will be included in the POI for correction. Noncompliance with some parts of the rule may be revealed though a complaint.

■ 470 IAC 3-4.7-54 Positive discipline

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 54. (a) Caregivers shall use positive discipline.
(b) Caregivers shall do the following:
(1) Communicate to children using positive statements.
(2) Encourage children, with adult support, to use their own words and solutions in order to resolve their own interpersonal conflicts.
(3) Communicate with children by getting down to their eye level and talking to them in a calm quiet manner about what behavior is expected.

♦ 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 Center 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.

○ 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.

▲ Threshold of Compliance:

- The Center is in compliance if Center policy and all staff provide evidence of using positive methods of discipline.
- A finding of noncompliance would sometimes be the result of external complaints.

■ 470 IAC 3-4.7-55 Inappropriate discipline
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 55. (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.
(3) Cruel, harsh, unusual, humiliating, or frightening methods of discipline, including threatening the use of physical punishment.
(4) Placement in a locked or dark room.

♦ Intent:

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.

(5) Public or private humiliation, yelling, or abusive or profane language.
(b) Staff shall not associate disciplinary action or rewards with rest.
(c) Staff shall not associate disciplinary action with food or use food as a reward.
(d) Staff shall not associate disciplinary action or humiliate a child in regard to toileting.
(e) Caregivers shall not:
(1) use time out for any child less than three (3) years of age;
(2) use time out for any purpose other than to enable the child to regain control;

♦ Intent:

To ensure that time out, if used, is used appropriately. "Time out" shall not be used with children under 3 years of age since they are too young to understand this consequence. For children 3 years or over, the Center 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.

(3) 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
(4) use punishment to correct unacceptable behavior.

♦ Intent:

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.

Rule 55 is intended to ensure that no Center 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:

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

▲ Threshold of Compliance:

A finding of noncompliance would normally be supported by external complaints or observation of use of inappropriate discipline.

■ 470 IAC 3-4.7-56 Discipline documentation
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 56. (a) The director shall formulate a child care center-wide written discipline policy and distribute the policy to parents and staff.
(b) Caregivers shall have ongoing communication between home and center regarding all aspects of the care of the child.
(c) Caregivers shall document any history of recurring discipline problems and subsequent formal parent conferences in the child's record.
(d) The center shall implement and document a specific plan of action with the child's parents for dealing with the child's unacceptable behavior.

♦ Intent:

To ensure that the Center clearly states in writing its discipline policy and procedures and its emphasis on positive discipline, in compliance with rules 470 IAC 3-4.7-55 and 470 IAC 3-4.7-56 and distributes the policy to parents and staff. For the protection of the Center and children, this rule also requires ongoing communication with parents about the care of their children and documentation of recurring problems in the child's record.

When a child exhibits unacceptable behavior, the Center shall develop, with the parents, a plan of action and shall implement that plan. The Center should use the resources available to them to help them plan a course of action, including, if warranted, periodic visits from a specialist for individualized treatment.

○ Assessment Method:

- 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.

▲ Threshold of Compliance:

For compliance, the Center must have a written policy, provide copies to staff and parents and have procedures for communicating with parents about ongoing children's behavior and problem situations and also have a working plan to work with parents in the event of unacceptable behavior of a child.

■ 470 IAC 3-4.7-57 General program components

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 57. (a) Caregivers shall recognize each child as an individual whose personal privacy, choice of activities, and cultural, ethnic, and religious backgrounds are respected.
(b) Centers shall work to increase understanding of cultural, ethnic, and other differences.
(c) The curriculum and adults' interaction shall be responsive to individual differences in ability and interests. Caregivers shall design interactions and activities to develop children's positive feelings toward learning.
(d) Efficient planning and good caregiver communication during transition periods shall be used to avoid waiting periods between activities.
(e) Caregivers shall arrange learning areas, equipment, and materials so children can work undisturbed either individually or in small groups.
(f) Caregivers shall arrange equipment in orderly, clearly defined areas of interest with space in each area for children to see the various activities available to them.

♦ Intent:

To ensure that materials planned for each learning center shall be visible for children to choose from, not in a closed cupboard or other location where the children must request the items where children have to ask for them.

(g) Caregivers shall provide children many opportunities to develop social skills, such as cooperating, helping, negotiating, and talking with others to solve interpersonal problems.
(h) Caregivers shall move among groups and individuals to facilitate children's involvement with materials and activities by asking questions, offering suggestions, or adding more complex materials or ideas to a situation.
(i) The center shall assign one (1) lead caregiver for each group of children.

♦ Intent:

Only one (1) lead caregiver is needed per room, even if there are different morning and afternoon teachers.

Rule 57 is intended to ensure that children are cared for in a manner that recognizes their individual needs and abilities with sensitivity to their cultural as well as religious backgrounds. Furthermore, the intent is to provide experiences which are appropriate to the age and/or developmental level of the children in each group. Experiences should be matched to he children's existing interests and skills so that children are challenged, but not frustrated or bored.

All children need first-hand experiences with concrete materials; the younger the children, the more chances they need to be active and to choose activities on an individual basis. Direct experience is preferable to a reliance on paper and pencil activities. Equipment should be arranged in interest areas for children in which they can readily see and use the activities available to them, with staff facilitating and guiding their involvement.

Caregivers shall plan carefully and communicate effectively to help with smooth transitions between activities. Interactions with children shall foster a love of learning. The rule ensures that one (1) lead caregiver shall be assigned to a group of children.

○ Assessment Method:

- Observe the activities in each group noting children's behavior in response to the activities and interest areas and noting the extent to which children are able to move freely around the room during the period of observation.
- Observe the arrangement of areas, equipment and materials to determine if children can work individually or in small groups.
- Note the variety of activities provided and the role of staff in facilitating learning and positive interactions among children.
- Observe the interactions between children and staff to determine if they promote positive learning and for evidence that the cultural, individual, ethnic and religious backgrounds are respected.
- Ask Director and staff about the development of the daily program and communication among staff to foster smooth transitions between activities.

▲ Threshold of Compliance:

The Center is in compliance with evidence that all parts of the rule are met. Areas of noncompliance are included in the POI for corrective action.

■ 470 IAC 3-4.7-58 Basic schedule of activities
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 58. The center shall provide a written basic schedule of activities designed to meet the developmental needs of the children served. The center shall post a general outline of times and activities in each child care room and shall provide a schedule for the following:
(1) Meal times.
(2) Rest times.
(3) Indoor activities.
(4) Outdoor activities.

♦ Intent:

To ensure age appropriate planned activities for each group of children. Activities will vary depending on the particular philosophy of the Center. A written daily schedule of activities shall be posted in each child care room.

○ Assessment Method:

Check each room for the posted schedule of activities with specified items and review it to determine if the activities are appropriate to the ages of the children.

▲ Threshold of Compliance:

The Center is in compliance if each child care room has a posted schedule of activities appropriate to the ages and developmental levels of the children.

■ 470 IAC 3-4.7-59 General program planning
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 59. All program planning shall provide the following:
(1) A caregiver-prepared environment for children to learn through active exploration and interaction with adults, other children, and materials.
(2) Encouragement and enhancement of expressive activities that include play, story telling, music, and dancing. A variety of art media is readily available for creative expression.
(3) Daily opportunities for children to use large muscle skills, learn about outdoor environments, and express themselves freely and loudly, except when the severity of the weather poses a safety hazard, the wind-chill temperature is below twenty-five (25) degrees Fahrenheit, or there is a health related reason documented by a parent or physician for a child to remain indoors. (For a period exceeding three (3) consecutive days a physician's statement is required.)
(4) Daily opportunities for children to develop small muscle skills through play activities.
(5) Opportunities for children to complete activities.
(6) Provision for privacy by arranging a small, quiet area that is easily accessible to the child who seeks or needs time to be alone.

♦ Intent:

To ensure the understanding that this is a learning center in the room, that is not the time out area, where children can play quietly alone.

This rule ensures the program provides a balance of activities, including outdoor play. Children need a great deal of free choice in activities and materials to

encourage decision-making, problem solving and exploration. Children need opportunities to interact with staff, other children and materials. Caregivers must be careful not to expose children to the safety hazards of wind-chill temperatures below 25 degrees Fahrenheit.

○ Assessment Method:

- Examine daily schedules for caregiver planned activities with periods of quiet and active play, outdoor time, individual and group activities and opportunities for expressive activities, as specified.
- Observe classroom programs for balance in the above activities and check for privacy area.

▲ Threshold of Compliance:

The Center is in compliance if each classroom includes a balance of the activities, as required in the rule, meeting the developmental levels of the children. If, through observation and a review of the classroom schedules, some activities are not being provided, the Center is in noncompliance, with violations to be included in the POI for corrective action.

■ 470 IAC 3-4.7-60 Written program plans

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 60. Caregivers shall plan a daily, detailed written program, based on teacher observations, for each child care group. Caregivers shall always make this program available to parents and the division and provide the following:

♦ Intent:

To ensure the understanding that there must be written documentation available in some form that the teachers are observing children, if these observations are to be incorporated in the written plan. This may be documented on the lesson plan, through anecdotal notes, or assessments.

(1) A description of how learning centers will be changed or enriched.

♦ Intent:

To ensure the understanding that there is no required frequency of changes to learning centers; however, periodic changes are to be made and documented.

(2) A list of materials to be added to or removed from the specific learning areas.
(3) Activities to be used or discussed during circle and transition times.
(4) A description of any planned small or large group activities.
(5) Any special activities or field trips planned.

♦ Intent:

To ensure that the Center caregivers carefully plan a daily, detailed program, appropriate to the age and developmental levels of the group, which is not static but changes periodically to stimulate learning. This written program shall be available to the Division and to parents so they can be informed of the care their children receive. It is important to document the changes made to the program so that activities can be rotated as appropriate.

○ Assessment Method:

- Examine the detailed written program for each room to determine if it is appropriate for the children in that room.
- Ask Director and caregivers about the Center's process for developing fresh, stimulating detailed written programs for each room.
- Interview Director and staff about program planning procedures and implementation to ensure and document periodic changes to the activities.
- Ask Director for policy to make these written programs available to parents.

▲ Threshold of Compliance:

- The Center is in compliance if each room has an appropriate detailed written program which includes all of the specified requirements and is made available to parents/guardians.
- The Center is in noncompliance if any or all of the parts of the required components are not in the written program

■ 470 IAC 3-4.7-61 Literacy development
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 61. Caregivers shall foster language development and literacy by the following:
(1) Talking with children.
(2) Encouraging children to talk with each other by helping them to listen and respond.
(3) Modeling verbal expression and written language.
(4) Reading books and poems with children daily.
(5) Providing opportunities for children to read and explore with books.
(6) Creating activities which encourage children to participate in dramatic play and other experiences requiring communication.
(7) Providing methods and materials in which children can experiment with writing by drawing, copying, and inventing their own spelling.
(8) Extending literacy activities to all areas of the classroom.

♦ Intent:

To ensure that the Center gives sufficient attention to language development for all children. The daily program shall include a variety of opportunities for children to learn and practice their language skills. This emphasis is critical for children's language development. The activities shall be geared to the child's developmental level and should include many opportunities for talking, reading, writing and communicating.

○ Assessment Method:

- Examine the daily program in each room for language development activities.
- Ask the Director and caregivers about their modeling behavior and other methods to foster literacy.
- Observe the classrooms for evidence of activities that foster language development.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence that the program includes activities, that caregivers foster language development and that the activities are developmentally appropriate for each group of children.

■ 470 IAC 3-4.7-62 Coping with separation
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 62. Caregivers shall help children to cope with the experience of separation from their parents by the following:
(1) The caregivers of the child care center shall encourage the parents to spend time in the child care center, to observe, and participate in experiences with their child. Caregivers shall design all aspects of the child care program to facilitate parental input and involvement.
(2) Caregivers shall permit children to bring reminders of home and family to the child care center.
(3) Caregivers shall help children play out themes of separation and reunion.
(4) Caregivers shall share information about the child's daily needs and activities with parents on a daily informal basis.
(5) Caregivers shall reassure children about their parent's return.

♦ Intent:

To ensure that children are helped to cope with separation from their parents. Depending on the child's developmental stage, the impact of separation on the child and parent will vary. The Center shall understand and work with parents to plan appropriate strategies for helping the child cope with separation, e.g., allowing the child to bring reminders of home such as his/her "blankie" and helping children to play out their fears and anxieties. The Center shall encourage parental involvement in the program, encourage parents to spend time in the Center with their children and keep them informed on a daily basis about their child's needs and activities.

○ Assessment Method:

- Ask the Director and staff about procedures and program plans for parental involvement and for sharing with parents on a daily basis.
- Review written Center policy related to parental involvement and strategies to work with separation issues.
- Observe parental involvement and caregivers' interactions with new children, if possible.

▲ Threshold of Compliance:

Noncompliance with this rule would often be revealed through a complaint or observation of inappropriate practice related to the rule.

■ 470 IAC 3-4.7-63 Educational equipment and materials

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 63. (a) The quantity and variety of learning center equipment and materials provided daily shall permit children to interact without conflict due to a lack of equipment.

♦ Intent:

To ensure enough and varied play equipment and materials as needed to carry out a program of activities which meets the needs of children in all areas of development as specified. Offering sufficient quantities has been shown to reduce the number of conflicts between children. Children need a variety of toys that are safe and durable. Toys can be anything from dolls and dump trucks to pots, pans and wooden spoons. When choosing play materials, consider these aspects: age and developmental level of children, safety, durability, flexibility and instructional quality. Equipment in each learning center shall be appropriate for that center.

Variety means that the Center shall have options for different types of materials, activities and/or equipment in each of the learning centers related to that learning center. Again it is important to have enough equipment and materials to prevent long waits and excessive competition.

○ Assessment Method:

- Observe play equipment and toys in learning centers for each group of children for variety and appropriateness to developmental needs and ages.
- Observe whether there is a sufficient quantity of equipment and materials by observing the interaction of children and whether a lack of materials is the cause of conflict among them.

▲ Threshold of Compliance:

- The Center is in compliance if there is more than one option of materials, activities and/or equipment in each of the learning centers related to that center and that they are developmentally appropriate and if the quantity of materials is sufficient to allow the children to interact and play with no conflict.
- The Center is in noncompliance if there is only one option of relevant activities in each center and/or a lack of equipment or materials is causing conflict among children or extended waiting time.

(b) The center may combine learning centers. Materials from individual learning centers may overlap but the center shall count individual items only once.
(c) The following minimums shall be provided to each group to children two (2) years of age and older:

♦ Intent:

Research has shown that young children benefit from exposure to a variety of interesting and stimulating materials and activities. It is important that the learning environment offers a balance of activities with emphasis on first-hand experiences and active learning in all areas of development. Many types of activities would be possible within each of the following categories, depending on program philosophy and ages of children.

. Note:

Programs may apply for a variance regarding equipment and learning centers. Each will be considered on an individual basis by program.

(1) Equipment and materials to supply the following learning centers:

(A) Art.

♦ Intent:
Some examples may include, but are not limited to: activities that emphasize creative expression, such as pasting, play dough or clay, drawing with crayons or markers and painting.

(B) Music/movement.

♦ Intent:
Some examples may include, but are not limited to: songs, finger-plays, listening to records, dancing, playing instruments, dance or other movement activities.

(C) Large muscle.

♦ Intent:
Some examples may include, but are not limited to: swinging, sliding, climbing on indoor or outdoor equipment and obstacle courses.

(D) Math/science/discovery.

♦ Intent:
Some examples may include, but are not limited to: planting seeds, caring for classroom pets, nature walks, collecting leaves or stones, counting leaves, stones or other objects, etc.

(E) Manipulative/fine motor.

♦ Intent:
Some examples may include, but are not limited to: activities such as puzzles, legos, other construction toys.

(F) Blocks.
Some examples may include, but are not limited to: wooden unit blocks, cardboard blocks, toy animals, other building pieces.

(G) Quiet/individual.

♦ Intent:
Some examples may include, but are not limited to: an area for quiet and individual activities such as reading, puppets, blocks, and puzzles.

(H) Dramatic play.

♦ Intent:
Some examples may include, but are not limited to: play with different activities such as dressing up, housekeeping play and playing other roles in the community (firefighter, doctor, etc.)

(I) Literacy.

♦ Intent:

Some examples may include, but are not limited to: reading to children, discussing stories, the characters and their actions, have children make up stories of their own.

(2) An art easel with paint and paper.

♦ Intent:

Paint and paper should be readily available for children to use without assistance.

(3) A water/sand/alternative type of activity.

♦ Intent:

There shall be different activities in this area, such as sand table, water table with equipment, play dough and finger paint.

(4) A shatterproof mirror.

♦ Intent:

To ensure the understanding that a shatterproof mirror above the handwashing sink does not satisfy this requirement because the handwashing sink is not a part of a learning center.

(5) A set of wooden unit blocks.
(6) Musical listening equipment.
(7) Musical instruments.

♦ Intent::

To ensure the availability of the above items for children to use either individually or they can be added to a learning center as appropriate.

(d) Learning centers shall be within the class room/areas.
(e) All children in each class room/area shall have access to these learning centers regularly throughout the day.

♦ Intent:

To ensure that children can access and move freely among the centers; regularly is defined as an extended period of time in the morning and in the afternoon.

(f) Children two (2) years of age shall have small climbing equipment that they can go in and out of, over, and around in their area.

♦ Intent:

To ensure the understanding that only gross motor equipment that is considered playground equipment by the manufacturer shall be required to have a safety surface. Any piece of equipment that carries a warning about not being safe on carpet or hard surfaces shall not be used to comply with this rule.

- Climbing equipment is required for each classroom area for infants and two year olds.

- This Indoor climbing equipment for infants and toddlers is not considered playground equipment and does not have to meet the CPSC guidelines. The Center is cautioned to follow manufacturer's recommendations for its use.

○ Assessment Method:

- Examine written plans or activity schedules to see that activity choices include the learning centers as specified.
- Ask Director and staff about implementation of plans to ensure that each group has all of the required 9 learning centers and other activities as specified.
- Observe learning centers to determine that they all include more than one activity. Note whether the level of the activities is suitable for the ages of the children in the group. This may be determined by the children's level of interest and involvement in the activities being offered.
- Check the indoor climbing equipment for appropriateness and safety.

▲ Threshold of Compliance:

The Center is in compliance if all groups have the required equipped learning centers within the classroom and meet all other parts of this rule.

(g) Centers shall have equipment storage as follows:
(1) Each child care learning center shall have stable, low, open shelves to house, display, and organize learning materials.
(2) Staff shall use these shelves or units to assist with creating division of learning centers.
(3) Staff shall store equipment on these shelves and within easy reach of the children at all times.

♦ Intent:

To ensure that equipment and materials in the learning centers are stored on sturdy, safe, low shelves and are easily accessible to the children.

(h) The center shall clean and sanitize equipment and materials a minimum of once per week.
(i) All play equipment and materials shall be constructed and installed in a manner that is safe for use by children.
(j) All indoor gross motor equipment shall meet the Consumer Product Safety Commission's guidelines for safety surfaces.
(k) Projectile toys are prohibited.
(l) All toys and equipment shall be free of sharp edges or protrusions.
(m) Tricycles used by children shall be spokeless, steerable, of age-appropriate size, and have a low center of gravity.
(n) When riding bicycles, children shall wear safety helmets that meet national safety standards.

♦ Intent:

To protect children from injury and from the spread of disease. Toys, play equipment and materials shall be carefully selected for safety before purchase. Indoor gross motor equipment shall meet the Consumer Product Safety

Commission's guidelines for safety. All equipment and materials shall be regularly inspected, sanitized and maintained in good repair. Broken toys and equipment shall be taken out of service until repaired or discarded. Bicycles and tricycles shall be age appropriate. Bicycles are defined as two-wheeled vehicles and safety helmets are not required for children on tricycles.

○ Assessment Method:

- Observe the storage units for cleanliness, safety and accessibility of equipment to the children.
- Ask Director and staff about procedure to ensure weekly or more frequent cleaning and sanitizing and regular inspection of equipment for sharp edges or need for repair.
- Check all play equipment for conditions as specified.

▲ Threshold of Compliance for (g)–(n):

The Center is in compliance when all rules relating to the care, use and maintenance of equipment are met.

■ 470 IAC 3-4.7-64 Television

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 64. Television use in the classroom shall meet the following guidelines:
(1) All programs must be age-appropriate.
(2) All programs must be for educational purposes only and incorporated into lesson plans.

♦ Intent:

To ensure the understanding that this includes videos brought in by the children.

(3) Caregivers shall not require children to watch or sit in front of a television and shall offer other choices of activities.
(4) Caregivers shall maintain required room lighting.

♦ Intent:

To ensure limited use of television in the program, within lesson plans. Children shall not be expected to sit in front of the television to keep them quiet, other active activities shall be offered to them instead of television.

○ Assessment Method:

Ask Director and staff about the use of television and other related conditions as specified. Observe the use of television during the inspection.

▲ Threshold of Compliance:

The Center is in compliance if television is not heavily used and when used is incorporated appropriately in lesson plans. Noncompliance may often be the result of a complaint.

■ 470 IAC 3-4.7-65 Pets

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 65. Healthy household pets that present no danger to children are permitted on the premises under the following conditions:
(1) Dogs, cats, or potentially aggressive animals must be temperamentally suitable to be around children and shall only be permitted for infrequent visits and shall at all times be restrained by the adult owner or caretaker.
(2) Pets kept by the center shall be free from diseases with potential for transmission to humans.

♦ Intent:
To ensure that animals exhibit no visible signs of disease.

(3) Dogs and cats must be vaccinated against rabies in accordance with state law.

♦ Intent:
To ensure that documentation shall be kept on file at the Center.

(4) There shall be no ferrets, turtles, reptiles, psittacine birds (birds of the parrot family), or any wild or dangerous animals permitted in a child care center.

♦ Intent:
To ensure the understanding that domesticated or wild fowl shall not be allowed in centers.

(5) Animals shall not roam freely and shall be housed in a manner that prevents injury to either the children or the animal.
(6) The center shall use sixteen (16) gauge screen or an equivalent enclosure to prevent children from putting their fingers in an animal cage or aquarium.
(7) Animal cages shall permit proper sanitation and have removable bottoms.
(8) Staff shall keep cages and aquariums clean and in sanitary condition.

♦ Intent:
To ensure the understanding that there shall be no discernible odor or excessive waste.

(9) Staff and children shall wash their hands after handling, feeding, or cleaning pets or the pet's environment.

♦ Intent:
To protect the children from harm and from the spread of illnesses that can be transmitted by animals. If animals are allowed in the Center, they shall be kept clean and in containers. Dogs, cats and other similar animals shall be on a leash and only in the Center for infrequent visits. Cages housing animals shall be kept clean and in sanitary condition. It is very important for staff and children to wash their hands after handling, feeding or cleaning pets or their cages.

○ Assessment Method:
Observe conditions as specified. Check records for vaccinations of pets.

▲ Threshold of Compliance: The Center is in compliance if all rules are met.

■ 470 IAC 3-4.7-66 Playground and outdoor safety

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 66. The specific guidelines of the most current, "Handbook for Public Playground Safety", as published by the United States Consumer Product Safety Commission, Washington, D.C. 20207, shall be used to determine compliance with the following safety rules:

♦ Intent:

All centers should have a copy of the handbook on site to refer to for compliance with this rule.

- If the program has a documented playground assessment from another certified playground inspector and there are any discrepancies between the two assessments, the discrepancies will have to be worked out.

(1) Assembly, installation, and the anchoring process shall be completed in strict accordance with the manufacturer's specifications.
(2) All playground equipment shall meet the manufacturer's guidelines for age-appropriate size.
(3) All anchoring devices for playground equipment shall be installed four (4) inches below the playing surface.
(4) The center shall maintain all equipment in safe condition and make prompt repairs. Records shall document the date equipment is known to need repair, the actual date of repair, and the method of repair.
(5) All repairs and replacement of parts shall meet or exceed original equipment standards.
(6) The center shall install a shock absorbing surface with required depth for the critical height of the equipment and covering the appropriate fall zone area under and around all playground equipment.
(7) The fall zones of adjacent equipment, two (2) feet or higher, shall not overlap.
(8) Climbing ropes shall be secured at both ends.
(9) Trampolines shall not be permitted.
(10) Wood parts shall be smooth and free from splinters.
(11) There shall be no accessible protrusions, projections, pinch, crush, or shearing points on equipment that could injure children or catch their clothing.
(12) Equipment components shall not form openings that could entrap a child's head.
(13) Guardrails and protective barriers shall be designed to prevent inadvertent falls from platforms. Equipment shall have vertical rather than horizontal pieces fill in the space below the top rail on barriers.
(14) All S-hooks shall be tightly closed.
(15) Swing seats shall have smooth rounded edges and not be made of wood, metal, or other hard material.
(16) Climbing equipment shall be designed so that children holding onto horizontal bars may not fall from a height of greater than eighteen (18) inches.
(17) Balance beams shall be less than twelve (12) inches high.
(18) Merry-go-round platforms shall be continuous with no openings.
(19) Sand, used as play space or ground cover, shall be covered when not in use or raked daily before use.

♦ Intent:

To ensure that sandboxes and play areas containing sand are not accessible to contamination by animals.

This rule is intended to protect their health and safety, children shall have access to a safe outdoor playground with equipment that meets the guidelines of the Consumer Product Safety Commission's current "Handbook for Public Playground Safety." Consultants and inspectors will use these guidelines to determine compliance with the above rules.

Playground equipment shall be properly installed, be sturdy, have no broken parts, closed S hooks, have appropriate shock absorbing surfaces under fall zones and the equipment shall be within the height limitations to prevent injury from falls. Playground equipment shall be properly maintained and frequently inspected by Center staff to ensure compliance at all times. The Center shall repair or discard broken equipment or that which does not meet the Consumer Safety guidelines. Sand shall be covered when not in use to protect it from contamination by animals.

○ Assessment Method:

- Check all play equipment, for compliance with each requirement of the rule, as specified, using the Handbook for Public Playground Safety to guide determination of compliance. There shall be no broken parts, rusty spots, sharp edges, protrusions, pinch or crush points, splinters, missing parts or otherwise unsafe conditions.
- Check sandboxes and play areas of sand for safe and sanitary conditions as specified. Check for sandbox or sand areas covers when not in use or that sandbox is raked daily before use.
- Ask Director and staff about plans for periodic safety check of the equipment.
- For pieces of equipment new or different, ask for the manufactures' specifications and determine if it is installed correctly and used appropriately.

▲ Threshold of Compliance:

The Center is in compliance if all parts of the playground meet the guidelines in the Handbook and of this rule. Noncompliance is included in the POI for corrective action.

■ 470 IAC 3-4.7-67 Critical height chart

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 67. The center shall use the reference table located in the "Handbook for Public Playground Safety" published by the Consumer Product Safety Commission and the manufacturer's guidelines to determine the depth of loose fill materials that will provide the necessary safety for equipment of various heights.

♦ Intent:

To protect the children from harm, the Center shall have the appropriate depth of loose fill materials, as required by the Handbook.

○ Assessment Method:

Check the playground for compliance with recommendations for depth in the Handbook.

▲ Threshold of Compliance:

The Center is in compliance if the depth of loose materials meets the Handbook guidelines.

■ 470 IAC 3-4.7-68 Playground design
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 68. (a) The outdoor caregivers will interact with children in all areas of the playground and ensure that all children are visible at all times.

♦ Intent:

To protect the safety and meet their developmental needs, the caregivers shall directly supervise and interact with the children and keep them in sight at all times.

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

♦ Intent:

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

(c) The outdoor play area shall contain at least seventy-five (75) square feet for each child outdoors at any one (1) time.

♦ Intent:

To ensure sufficient space for allow for free movement of children using it. The play area does not have to accommodate the entire licensed capacity at one time, but shall be large enough to allow free movement of the children using it at one time. In these cases, the Center shall stagger groups of children using the outdoor space.

(d) The outdoor play area shall be directly accessible from the indoor child care center. If this is not possible and children cross traffic areas, such as a street, alley, or parking lot, the following steps apply to crossing the area:
(1) No child shall cross a traffic area unassisted.
(2) Children shall wait at the edge of the traffic area.
(3) The caregiver shall move to the center of the traffic area and assure that no autos are present or that all traffic is stopped.
(4) The caregiver shall remain in the center of the traffic area until the last child has safely crossed the area.

(5) When crossing public streets or other areas regularly traveled, caregivers shall display a flag, “Stop” sign, or other effective sign designed to halt traffic while children cross the area.

♦ Intent:

The outdoor play area is meant to be located adjacent to the Center to meet the spontaneous needs of individual children for vigorous activity, for convenience of the staff in implementing an outdoor program, for safety going to and from the play area and for convenient toileting of children.

When this is not possible and children must cross traffic areas, the intent is to ensure that the play area can be reached safely by the children under the direct supervision of caregiver (s) in compliance with requirements (1) – (5).

(e) The outdoor play area and equipment shall be well drained and free from standing water.

♦ Intent:

To prevent the spread of disease.

○ Assessment Method:

- Observe conditions as specified in each requirement, including staffing and compliance with direct supervision.
- Ask Director and staff about practice for use of outdoor play area.
- Observe the route traveled to reach the play area if it is off site.
- Review the plan the Center has for proper supervision of the children traveling the route to an off site play area, including the number of staff, number of children, method for controlling traffic, sign or flag used when crossing the traffic area, etc for compliance.

▲ Threshold of Compliance:

The Center is in compliance when all requirements are met.

Note:

Refer to rules 470 IAC 3-4.7-47 -48 relating to child/staff ratios and supervision

■ 470 IAC 3-4.7-69 Playground and outdoor environment

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
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Sec. 69. (a) The playground shall be considered to be an outdoor classroom and an extension of the learning environment that meets curricular objectives by encouraging child-initiated, teacher-supported play activities.
(b) The center must organize active, physical activities separate from passive, quiet activities.

♦ Intent:

To ensure that activities shall be planned to meet the developmental needs of children across various areas of learning specified in 470 IAC 3-4.7-63. Outdoor

play allows children to engage in vigorous play, use their large muscles and provides many opportunities for cooperative play, social relations and energy release. With developmentally appropriate equipment and materials, children can engage in activities such as climbing, building, riding, balancing, pushing, pulling, lifting, construction, bouncing, rocking, digging and running. The Center shall separate the active, physical activities from those that are passive and quiet to protect children from harm.

○ Assessment Method:

- Review the detailed daily written plans for outdoor activities to determine if they meet the conditions specified.
- Observe children on the playground for compliance with the conditions specified.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence that the outdoor program has been carefully planned with child-initiated, teacher-supported activities that meet the developmental needs of children and are guided by the daily written plans.

■ 470 IAC 3-4.7-70 water play areas

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 70. (a) Staff shall maintain a one (1) to three (3) parts per million (ppm) chlorine solution, as verified by a pool test kit, or equivalent in water tables used for water play activities. Staff shall empty the water table daily and clean it with an approved sanitizing solution before being air-dried.
(b) Portable fill and draw pools are prohibited.

♦ Intent:

To ensure the understanding that no wading pools are permitted.

(c) When children swim in any permanently constructed private swimming pool, wading pool, or lake, owned by the child care center, center staff, relatives, parents, or others, while under the supervision of the child care center staff, the following rules apply:
(1) Pool equipment and chemical storage rooms shall be locked and inaccessible to children.
(2) Written parental permission shall be obtained and kept on file prior to a child participating in a swimming activity.
(3) Each swimming area must have a minimum of two (2) flotation devices.
(4) Child/staff ratios shall be twice the number required in this rule. The center may count employed lifeguards in child staff ratios.
(5) A person having a valid Red Cross advanced life saving certificate shall be on duty at all times when a swimming pool or lake is in use.
(6) At all times, when children are in the water, staff shall directly supervise children with a minimum of one (1) staff person at pool or lake side and another staff in the water with the children.
(7) All private lakes must have their water tested and approved for swimming.

♦ Intent:

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

Center, 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 Center shall have written parental permission on file at the Center 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.

▲ Threshold of Compliance:

The Center is in compliance if all conditions specified are met.

(d) In addition, permanently constructed swimming or wading pools located on the premises of the child care center shall meet the following:
(1) The center must construct the pool in accordance with FPBSC rules under 675 IAC 20 and maintain it in accordance with ISDH rules under 410 IAC 6-2.1.
(2) The center must fence in all swimming and wading pool areas and keep the gate locked when the pool is not in use.
(3) The center must cover or empty swimming pools in the off season.

♦ Intent:

In-ground swimming or wading pools located on the premises of the Center shall also meet additional specified conditions to ensure the health and safety of children in the areas of- compliance with FPBSC and ISDH rules, fencing and protection in off season.

○ Assessment Method:

- Check for FPBSC and ISDH written approvals for swimming pool.
- Check for fence and gate locks.
- Pools are to be inspected on an annual basis.

▲ Threshold of Compliance:

The Center is in compliance if there is a current written approval as specified.

(e) When children are taken to public pools or lakes while under the supervision of the child care center, the following rules apply
(1) Written parental permission shall be obtained and kept on file prior to a child participating in a swimming activity.
(2) Child/staff ratios shall be twice the number required in this rule. A center may count one (1) pool or lake lifeguard in the child/staff ratios for the child care center unless pool or lake policies prohibit.
(3) At all times, when children are in the water, staff shall directly supervise children with a minimum of one (1) staff person at pool or lake side and another staff in the water with the children.

(f) Staff shall not permit children to be in hot tubs, spas, or saunas.

♦ Intent:

To ensure that children are not exposed to health or safety risks when involved in swimming in public pools or lakes while under the care and supervision of the Center. To ensure that children are not exposed to the health and safety risks of hot tubs, spas or saunas, they are not permitted to use them.

○ Assessment Method:

- Ask Director and staff about written procedures to meet these rules and implementation of these rules.
- Review procedures for compliance.

▲ Threshold of Compliance:

The Center is in compliance if there is documentation to ensure compliance with these staffing and related rules. A finding of noncompliance may be the result of a complaint.

■ 470 IAC 3-4.7-71 Field trips

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 71. (a) The center shall comply with all sections of this rule during field trips.

♦ Intent:

To protect children in the event of injury during the trip, emergency treatment permission forms shall be taken on all field trips for children and staff.

(b) Caregivers shall account for all children before, during, and after field trips.
(c) The center shall obtain written parental permission for each child prior to participation in a field trip.

♦ Intent:

To protect the safety of children on field trips away from the controlled environment of the Center, as defined in 470 IAC 3-4.7-1-(34). Field trips provide children with first hand experiences in the community but require careful planning and adequate staff supervision. Often safety risks are not fully predictable and staff must be well prepared for any problem which may occur. The Center shall have written parental permission for each child prior to each field trio and shall be diligent about accounting for children at all times, using whatever method works for staff to be able to account for all children before, during and after field trips.

○ Assessment Method:

- Review staff procedures for field trips for compliance with conditions as specified,
- Ask Director and staff including supervision and safety of the children.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence that all requirements are met. A finding of noncompliance may be the result of a complaint.

Programs may obtain written parental permission to take children on neighborhood walks at the beginning of the program year. This would be a blanket permission form signed by parents to provide the center permission to take the children off the licensed premises for a walk with no particular destination.

Programs may obtain written parental permission to take children on neighborhood walks to an area park or specific location on a scheduled basis at the beginning of the program year. This would be a blanket permission form signed by parents to provide the center permission to take the children off the licensed premises for a walk to a particular destination provided the permission form includes the destination and day of the week the child's class would be going (i.e. the 3 year old class will walk to Lion's Park each Tuesday morning). If a change of days is needed, the classroom would be required to post a notification of the change.

All other field trips require written parental permission for each trip. Parents may sign a form for several planned field trips at one time, provided the form lists each specific trip, the date, time, and a spot to mark yes/no with parent signature and date at the bottom.

■ 470 IAC 3-4.7-72 Transportation in child care center owned or leased vehicles
Authority: IC 12-13-5-3
Affected: IC 9-19-11; IC 12-17.2-4
Sec. 72. The following rules apply to all center transportation of children in vehicles owned or leased by the center:
(1) The center shall assume responsibility for a child between the place where the child is picked up and the child care center, and from the time he or she leaves the child care center until he or she is delivered to his or her parent or the responsible person designated by his or her parents.

♦ Intent:

To ensure the understanding that the Center shall be responsible for a child during the time that the child is being transported to and from the Center and shall comply with all related rules.

(2) The center shall do the following:
(A) Obtain signed parental permission to transport prior to providing transportation for a child.
(B) Maintain child/staff ratios when transporting children, except as in clause (C).
(C) When transporting more than twelve (12) children on a school bus or Head Start bus to and from school or home, have at least one (1) qualified caregiver not including the driver supervise the children.
(D) License any vehicle operated by the center in accordance with the laws of Indiana.
(E) Carry liability insurance to cover all passengers riding in the vehicle.
(F) Maintain vehicles in safe operating condition.
(G) Keep the vehicle clean and free of obstructions on the floors, seats, and rear window area.
(H) Present documentation that vehicles used in transporting children are appropriately licensed and maintained.
(I) Not transport more children than the manufacturer's rated passenger capacity.

(J) Not permit children to ride in the front seat of any vehicle.
(K) Post a sign in the vehicle stating that this is a smoke free vehicle.
(L) Check driver has proper license from bureau of motor vehicles on at least an annual basis.

♦ Intent:

To ensure that the vehicle and driver meet all applicable state and local laws, to ensure that each parent consents to the transport of hid/her child and to ensure sufficient supervision of children being transported. Documentation shall be kept in staff file.

○ Assessment Method:

- Check the file for written parental permission for each child transported.
- Check staff file for valid driver's license.
- Observe that vehicle (s) have a valid license.
- Check for all other conditions specified.

(3) Staff shall comply with the following:
(A) Not leave children in any vehicle unattended.
(B) Load and unload children from the curbside of the vehicle.
(C) Not permit children to open and close the vehicle doors.
(D) Lock all passenger doors while the vehicle is in motion.
(E) Have in the vehicle emergency medical authorization for all children and emergency contact numbers for all occupants.

♦ Intent:

To ensure that children are protected and always transported in a safe manner.

○ Assessment Method:

- Ask Director, driver and staff about conditions specified.
- Check for emergency medical authorizations in the vehicle and ask Director and staff about procedures to ensure compliance.

(4) The driver shall comply with the following:
(A) Be at least twenty-one (21) years of age and hold a proper license to operate the vehicle.
(B) Turn the vehicle off when loading or unloading children. (This does not apply to regulation school buses.)
(C) Seat all children in proper safety restraints to comply with IC 9-19-11 while the vehicle is in motion.
(D) Not have used alcohol within twelve (12) hours prior to transporting children.
(E) Not use illegal drugs.
(F) Ensure that any prescription drugs will not impair their ability to drive.
(G) Not have any medical conditions that would affect the driver's ability to safely operate the vehicle.
(5) The director or administrator shall require drug testing of employees when illegal drug use or alcohol use as in subdivision (4)(D) is suspected.

♦ Intent:

To ensure that the driver meets applicable state laws, operates the vehicle in a safe manner, is in good health and is not under the influence of drugs or alcohol.

○ Assessment Method:

Check that driver has a valid license and documentation of health physical and documentation of drug testing as applicable.

(6) Vehicle equipment shall include the following:
(A) A first aid kit, fire extinguisher, and blanket when transporting children.
(B) One (1) restraint per child.
(C) Door locks.
(7) When transporting a child in a wheelchair, vehicles shall accommodate the placement of wheelchairs with tie downs affixed according to the manufacturer's instructions.

♦ Intent:

To ensure first aid equipment is on the vehicle in case of emergencies and to ensure the protection of children. The first aid kit shall contain everything specified in rule 470 IAC 3-4.7-91.

○ Assessment Method:

- Check that vehicle has a first aid kit, extinguisher and blanket.
- Check for safety restraints and door locks.
- Check for required equipment for the transportation of children in wheelchairs.

▲ Threshold of Compliance:

The Center is in compliance if all requirements of this rule are met. Noncompliance with this rule is very serious, to be included in the POI with appropriate corrective action or other enforcement action.

■ 470 IAC 3-4.7-73 Transportation in other vehicles
Authority: IC 12-13-5-3
Affected: IC 9-19-11; IC 12-17.2-4
Sec. 73. The following rules apply to all transportation of children while under the care of the child care center in vehicles not owned or leased by the center:
(1) The center shall assume responsibility for a child between the place where the child is picked up and the child care center, and from the time he leaves the child care center until he or she is delivered to his or her parent or the responsible person designated by his or her parents.
(2) The center shall do the following:
(A) Obtain signed parental permission to transport in a vehicle not owned by the center prior to providing transportation for a child.
(B) Maintain child/staff ratios when transporting children.
(C) Carry liability insurance to cover all children riding in the vehicle beyond the coverage provided by the vehicle owner.
(D) Not permit transportation of more children than the manufacturer's rated passenger capacity.
(E) Only permit children to be transported in vehicles that are smoke free.
(F) Not permit children to ride in the front seat of any vehicle.

(G) Assure that the driver is at least twenty-one (21) years of age and holds a proper license to operate the vehicle.
(3) Child care center staff shall instruct the driver of each vehicle to do the following:
(A) Not leave children in any vehicle unattended.
(B) Load and unload children from the curb side of the vehicle.
(C) Turn the vehicle off when loading or unloading children.
(D) Not permit children to open and close the vehicle doors.
(E) Lock all vehicle doors while the vehicle is in motion.
(4) Staff shall do the following:
(A) Visually inspect vehicles to assure they are in safe operating condition.
(B) Visually inspect vehicles to assure they are clean and free of obstructions on the floors, seats, and rear window area.
(C) Have in the vehicle emergency medical authorization for all children and emergency contact numbers for all occupants.
(D) Secure all children in proper safety restraints with one (1) child per restraint to comply with IC 9-19-11 while the
vehicle is in motion.

♦ Intent:

To ensure the understanding that the Center is responsible for children in transport in vehicles not owned or leased by the Center. To ensure the safe transportation of children in vehicles that meet all applicable state and local laws.

Center shall assure that the driver and vehicle meet all laws prior to the transport of children, as specified. Child/staff ratios also apply for transportation. If a person other than a qualified caregiver is providing transportation, a qualified caregiver must be in the vehicle.

○ Assessment Method:

- Ask Director about procedures for ensuring compliance with this rule prior to transportation of children in a vehicle not owned of leased by the Center.
- Ask staff about implementation of the procedures.

▲ Threshold of Compliance:

The Center is in compliance if there are procedures and evidence that all requirements of the rule are met. Noncompliance may be the result of a complaint.

■ 470 IAC 3-4.7-74 Transportation to school
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 74. (a) If the center provides transportation for children to or from school, the center is responsible for the child during transportation.
(b) A child transported to school by the center shall never be left unattended outside the school building.
(c) The center shall establish a written transportation agreement between the parent and the center, including, but not limited to, the following:
(1) Clear definitions of legal responsibility.
(2) The time of the child's release from the school and the center.
(3) The means of transportation.
(4) Children leaving the center to go to school.

(5) Children leaving the school to go to the center.
(6) Children leaving school for regular school activities or visiting friends.
(7) Children leaving the child care center for extracurricular activities.
(d) A copy of this agreement shall be kept in each child's file.

♦ Intent:

To ensure the safety of children, the protection of the Center and that the responsibilities of the Center and parent are clearly established if the Center provides transportation to and from school. The Center is responsible for the child during the transportation and shall observe safe practices. A written agreement between the parent and the Center shall cover all situations for which the transportation is provided during the hours of operation of the Center and shall be kept on file in the child's file.

○ Assessment Method:

- Check the child's file for a copy of the written agreement between parent and the Center.
- Ask the Director and staff about such transportation and any problems that may have occurred.

▲ Threshold of Compliance:

The Center is in compliance if the file of each child transported to and from school contains a valid written agreement as specified.

■ 470 IAC 3-4.7-75 Food program
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 75. (a) Prior to initial licensure, the center shall submit a written plan for nutrition and food service for approval to the division on forms provided for this purpose.
(b) A written revised plan for nutrition and food service shall be submitted to the division for review and approval each time the food service plan undergoes any change as follows:
(1) A change in the licensee.
(2) The changing of vendors.
(3) The changing from vending to on-site food preparation and vice versa.
(4) The center requests a change in licensure to include the care of children under two (2) years of age.

♦ Intent:

To ensure that the Center submits a revised nutrition and food service plan to the Division for approval whenever changes are made in items specified in (1)-(4).

○ Assessment Method:

- Check licensing record and Center files for approval of original plan and any revised plans.
- Review Center nutrition and food service plan and food service to ensure that changes have been approved by the Division.
- Ask Director and food service staff about changes.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence of an approved plan for any changes to the plan as specified. Milk maybe transferred from the original container to a pitcher for service to the children.

■ 470 IAC 3-4.7-76 Menus
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 76. (a) A current weekly menu shall be planned one (1) week in advance and posted as follows:
(1) In a conspicuous place for all parents to review.
(2) In the kitchen.
(b) Menus shall show serving sizes, specific food items, and serving times for all snacks and meals.
(c) Food service staff shall record menu changes as served and keep menus on file for one (1) month.
(d) A notation of any special dietary exceptions for children shall be posted in the kitchen and where meals and snacks are served.

♦ 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 Center. 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.

▲ Threshold of Compliance:

The Center is in compliance if menus are planned one week in advance, include the items specified, are posted as required, are kept on file for 1 month with record of menu changes.

■ 470 IAC 3-4.7-77 Meal times
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 77. (a) A period of not less than two (2) hours and not more than three and one-half (3½) hours shall separate meals and snacks for children one (1) year of age and older. This does not apply between the hours of 9 p.m. and 6 a.m.

♦ Intent:

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

(b) If the child's attendance at the child care center coincides with any meals and snacks that are provided by the center, the child shall be served those meals and snacks.
(c) The center shall serve breakfast, a morning snack, lunch, and a mid-afternoon snack each day.

♦ Intent:

To clarify that centers that open after 8:00 am are only required to serve three meals: either breakfast or morning snack, then lunch and a mid-afternoon snack. Centers opening before 8:00 am may serve morning snack before breakfast as long as both meals are served.

(d) Staff shall serve a snack to school age children when they arrive at the child care center after school.
(e) Staff are not required to serve meals to children that have already eaten that particular meal at another location.

♦ 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 Center, small feedings of nourishing food shall be schedules 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 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.

▲ Threshold of Compliance:

The Center is in compliance if all requirements of this rule are being met.

■ 470 IAC 3-4.7-78 Meal components
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 78. (a) The center shall provide meals and snacks that meet dietary requirements in accordance with the division guidelines.

♦ Intent:

To clarify that special diets furnished by parents shall meet dietary requirements or a physician's or registered dietitian's statement is required.

○ Assessment Method:

- Review menus for compliance with required Division nutritional requirements.
- Check with food service staff for special diets and required statement.

Note:

Refer to Division guidelines for meal components.

(b) Children eating both the noon meal and the evening meal at the child care center shall not be served the same food at both meals.
(c) The center shall not serve reconstituted dry milk or fat free milk to children.

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

♦ Intent:

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

○ Assessment Method:

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

(e) Liquid refreshments shall meet the following guidelines:

♦ 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.

(1) All fruit juice shall be one hundred percent (100%) pure fruit juice with no sugar added.
(2) All noncitrus juice shall be fortified with vitamin C.
(3) The center shall not serve or have accessible to children ades, drinks, soft drinks, or powders.
(4) A competing beverage shall not be served with milk at lunch or dinner.

♦ Intent:

To ensure that all juice served to the children by the Center 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.

(f) Written, standardized recipes must be immediately available in the kitchen for all protein entree items on the menu. The recipe must be suitable for the number of children served at the child care center. The recipe must show the following:
(1) The amount of high protein food in ounces or pounds.
(2) The number of children to be served by the recipe.
(3) The serving size.

♦ 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.

(g) Centers 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.

♦ Intent:
To clarify that raisins are a dried fruit and cannot be served to children under three years of age.

(8) Pretzel nuggets.
(9) Chips.
(10) Popcorn.
(11) Marshmallows.
(12) Spoonfuls of peanut butter.

♦ Intent:
To clarify that peanut butter spread thinly on bread or crackers may be served.

(13) Chunks of meat larger than children can swallow whole.

○ Assessment Method:
- Ask food service staff about menus of food served to children under 3 years of age for compliance with this rule.
- Observe meals served to this age group for compliance.

▲ Threshold of Compliance:
The Center is in compliance if all requirements of the rule are being met. Noncompliance may also be the result of validated complaints.

■ 470 IAC 3-4.7-79 General meal guidelines
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 79. (a) Caregivers shall plan a period of time away from the lunch table before the noon meal for children to participate in quiet or calming activities.
(b) Staff shall offer additional portions of food (at least two (2) different items) and milk to children at the noon and evening meals.

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

○ 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.

(c) Staff shall offer an additional portion of food and juice or milk at snacks.

♦ Intent:

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

○ Assessment Method:

- Ask food service staff about the procedures to ensure compliance
- Observe seconds being offered at snack time.

(d) On the initial serving of any particular meal, staff shall serve children the full portions of all posted menu items at the same time.

♦ Intent:

To ensure that children are served food that meets the dietary guidelines for content and portion size.

○ Assessment Method:

Observe food being served to children for compliance.

▲ Threshold of Compliance:

Served means that the food is put in front of the child, for example a milk carton is opened and set in front of the child.

(e) Correct food temperature and holding time shall be maintained for all food served to children.
(f) Food shall be covered during transport from kitchen.

♦ Intent:

To prevent contamination of food.

○ Assessment Method:

- Ask food service staff about Center practice to ensure that food is maintained in compliance with these requirements

(g) Staff shall permit children to eat promptly when they sit down.

♦ Intent:

To clarify that “promptly” means that no child shall have to wait more than 2 minutes to begin eating.

(h) All food servers shall not touch ready-to-eat food with their bare hands.
(i) Adults shall assist, supervise, converse, and sit with the children during all meals and snacks in age relative groups, small enough in number to assure assistance and safety.

♦ Intent:

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

(j) Children shall be allowed to converse freely during meal times and snacks.
(k) If adults eat with the children, the center shall serve adults the same meal as the children.

♦ Intent:

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 Center practice to ensure compliance with supervision and child/staff interaction at mealtimes.

(l) All food, not prepared at the child care center or provided by an approved vendor, must come in an unopened package from an approved food source.
(m) Eating utensils, dishes, glasses, chairs, and tables shall be suitable for the age, size, and developmental level of the children.
(n) The center shall use divided plates for children two (2) years of age and younger.

♦ Intent:

To ensure that food provided by a vendor is safe and to ensure that eating utensils are developmentally appropriate. Suitable furniture and eating utensils that the Center uses shall enable children to eat at their best skill level and to increase their eating skill; furniture should fit the children. Eating utensils should be unbreakable, durable, attractive and suitable in function, size and shape for use by children. Dining areas should be clean and cheerful.

○ Assessment Method:

- Ask about practice to ensure safe food from the vendor
- Observe meals and snacks to determine compliance with (m) and (n).

(o) The center shall not serve food items prepared in a home kitchen at any time, except with a physician's written order for a particular child's special diet.

♦ Intent:

To ensure that the Center has a physician's written order to serve children on special diets food prepared by parents in their home kitchen. Parents must complete the Safe Food Transport Responsibility Form if they prepare food in their home kitchen.

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

♦ Intent:

This rule establishes guidelines for nutritional meals for children, prepared and served in a safe manner and in a relaxed atmosphere. Mealtime should be a pleasant time with social opportunity for the children.

○ Assessment Method:

- Check the food service for compliance with each requirement.
- Ask food service staff about practices to ensure compliance.
- Check for physician approval and completed Safe Food Transport Responsibility Form for food prepared by parents in their home kitchen.

▲ Threshold of Compliance:

The Center is in compliance if review of food service plan and observation of food preparation and service provide evidence that the requirements of this rules are being met.

Note:

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

■ 470 IAC 3-4.7-80 Home style food service

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 80. (a) Staff shall ensure that food served home style is protected from contamination.
(b) Staff shall supervise children who handle or serve food.
(c) Staff shall ensure that each child receives the minimum required serving size of each meal component.
(d) Staff shall discard any food brought from the kitchen to be served that remains after the meal.
(e) Staff shall ensure that food is not exposed to sneezing, coughing, or drooling and that food is not touched by bare hands or clothing.
(f) Staff shall discard contaminated food and container and replace it with food from the kitchen before continuing service to other children.

♦ Intent:

To ensure that replacement food shall be from the same food group as the contaminated food. Children develop self-help and new motor skills as well as increase their dexterity through helping to serve food. Children require close supervision from staff when they have contact with food surfaces and food that other children will use; therefore staff shall take precautions and closely supervise children to prevent and minimize contamination of food served in this way.

○ Assessment Method:

- Carefully observe a home style meal for compliance with all requirements of the rule.
- Ask Director and food service staff about procedures to ensure safe home style meals.

▲ Threshold of Compliance:
The Center is in compliance if it meets all requirements of the rule.

■ 470 IAC 3-4.7-81 Picnics
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 81. (a) If staff serves picnic lunches to children under the care of the center, the lunch must conform to the menu guidelines for children who are on table food. The center or an approved vendor must provide picnic lunches.
(b) Centers shall comply with the following:
(1) Adjust menus accordingly, if juice is substituted for milk.
(2) Keep cold foods under forty-one (41) degrees Fahrenheit.
(3) Provide equipment to maintain hot foods at one hundred forty (140) degrees Fahrenheit or above.
(c) The following rules apply to cooking on an outdoor grill:
(1) The center shall keep grills at least ten (10) feet away from the building.
(2) Caregivers shall keep children at least fifteen (15) feet away from the grill. Gas or propane grills shall comply with all applicable rules of the FPBSC.
(3) Staff shall have an approved fire extinguisher readily available.

♦ Intent:
To ensure that picnic lunches meet menu guidelines and nutritional requirements for children. In addition, food must be served in a safe manner and children shall be protected from harm if propane grills are used. The Center shall keep foods hot or cold as required and a propane grill, if used, shall be kept away from the building and children and operated in a safe manner, in compliance with FPSBC rules.

○ Assessment Method:
- Ask Director and food service staff about the use of picnics and practices to ensure compliance with the requirements.
- If possible, plan to observe a picnic to ensure compliance.

▲ Threshold of Compliance:
A finding of noncompliance normally would be the result of a complaint.

■ 470 IAC 3-4.7-82 Special diets
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 82. (a) The center shall post information regarding children's special diets for dietary staff in charge of preparing and serving the food.
(b) The center must plan and serve substitutions, written on a menu, for all children with dietary restrictions.
(c) For children requiring a special diet due to medical reasons or allergic reactions, the center shall provide meals and snacks in accordance with the child's needs and the written instructions of the child's physician.
(d) A child requiring a special diet due to religious or personal beliefs shall have a written statement from the child's parent.
(e) For special diets, the center may request the parent to supplement food served by the center.

(f) If the parent provides the food from home, the center must have the parent sign a "Safe Transportation of Food
Responsibility" form, available from the division.
(g) All food items must be protected from damage and potential contamination.

♦ 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 Center 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 Center is needed for these children. Parents may have to provide food if the Center is unable to provide the special diet. If so, the parent must sign a "Safe Transportation of Food." The Center 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 Center 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 or a reaction. The plan shall specific 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.

▲ Threshold of Compliance:

The Center is in compliance if the requirements are met and written documentation is in the child's file of physician or parental statement.

470 IAC 3-4.7-83 Vendor service
Authority: IC 12-13-5-3

Affected: IC 12-17.2-4
Sec. 83. (a) Each center using vendor service shall have a written contract as follows:
(1) The contract must describe the vendor's responsibilities.

♦ Intent:

To clarify that Centers that vend from themselves shall not be required to have a contract; however, centers that receive meals from a vendor located within their building shall be required to have a contract as specified in the rule.

(2) The contract must assure that the vendor's food service business, food handlers, and all premises are inspected and approved by local health authorities.

♦ Intent:

A center that vends (obtains prepared meals and / or snacks from outside of its own facility must have a copy of the current contract with the vendor or written procedure if self-vending. Self-vending is defined as "vending from off site self-owned kitchen."

(b) Vendors must transport food items in easily sanitizable insulated containers that maintain potentially hazardous food at the temperature requirements of 410 IAC 7-24 or most current rule.
(c) Upon receiving the food from the vendor, the center shall verify the temperature of the food with a metal stem type, numerically scaled thermometer that reads zero (0) degrees Fahrenheit to two hundred twenty (220) degrees Fahrenheit.

♦ Intent:

To clarify that the temperature of food delivered from the vendor shall be documented.

(d) Correct food temperature and holding time shall be maintained until serving.
(e) A record of potentially hazardous food temperatures taken shall be maintained at the child care center for one (1) year.
(f) When potentially hazardous food temperature and holding time are not correct, the vendor shall be notified and food shall be immediately replaced.
(g) If time is being used as a public health control, 410 IAC 7-24 or most current rule must be adhered to and procedures, time, and temperatures must be documented.

♦ Intent:

To ensure that the Center receives safe food, the vendor shall be approved by local authorities and the Center shall have a written contract outlining the vendor's responsibility. Hot foods should be maintained at temperatures not lower than 140 degrees F. and cold foods should be maintained at temperatures of 20 degrees or lower.

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. The Center should record food temperatures in a log book to document a pattern of temperature control and spot shifts toward unsafe levels. The record of potentially hazardous temperatures shall be maintained for 1 year.

○ Assessment Method:

- Ask Director about vendor food service and procedures for monitoring the condition of the food upon arrival.
- Check the file for a written contract between the Center and the vendor with responsibilities clearly outlined.
- Check the log of temperatures and especially record of potentially hazardous temperatures; check that the log is maintained for 1 year.
- Check for compliance with 410 IAC 7-24 or most current rule as applicable.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence that all requirements are met.

■ 470 IAC 3-4.7-84 Health program

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 84. (a) Prior to initial licensure, the center shall submit a written, dated health program for review and approval to the division on forms provided for that purpose.
(b) The center shall make specific arrangements for a health consultant to provide guidance to the staff to maintain an adequate health program, policies, and procedures for the children and staff in the child care center.

♦ Intent:

To ensure that a qualified health professional is available to consult with the Center about preventing health problems, establishing health program policies and procedures in relation to illness and injury, treatment of children's special problems and staff training in health maintenance.

○ Assessment Method:

- Ask Director about arrangements for health consultation.
- The name, address, and telephone number of the health consultant shall be near the telephone. That individual may be called to verify his/her activity with the Center.

(c) The written health program shall be reviewed by the center and the health consultant and submitted to the division for review and approval each time any of the following occurs:
(1) A change in the health consultant.
(2) A change in the health program practices.
(3) A change in licensee.
(4) The center requests a change in licensure to include the care of children not previously cared for, such as diapered children, infants, or toddlers.

♦ Intent:

To ensure that the Center submits a revised written health program to the Division for approval whenever changes are made in items specified in (1)-(4).

○ Assessment Method:

- Check licensing record and Center files for approval of original program and any revised plans.
- Review Center written health program, policies and procedures to ensure that changes have been approved by the Division.

- Ask Director, staff and health consultant, if necessary, about changes.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence of an approved written health program for any changes to the program as specified.

■ 470 IAC 3-4.7-85 Adult health requirements
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 85. Within thirty (30) days of employment, newly employed staff, volunteers, substitutes, student aides, and any other personnel having direct contact with the children or providing food service shall have the following:
(1) Written verification of a physical examination by a physician or nurse practitioner that provides evidence that there is no known communicable disease in an infectious state or physical or mental conditions which could affect their ability to perform assigned duties in the child care center.

♦ Intent:

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

(2) Mantoux tuberculin skin test, with results recorded in millimeters, and repeated annually.
(3) If the Mantoux test is considered positive, they shall have a negative chest x-ray and or a statement from a physician or nurse practitioner stating that they are free of tuberculosis in an active, infectious state.
(4) 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.

♦ Intent:

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 aides and others having direct content 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.

▲ Threshold of Compliance:

The Center is in compliance if there is documentation for all staff and others in direct contact with children of a physical completed within 12 months of date of hire.

■ 470 IAC 3-4.7-86 Child health requirements
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 86. (a) Within thirty (30) days after enrollment or no earlier than twelve (12) months prior to enrollment, each child shall have written verification of a physical examination by a physician or a nurse practitioner.
(b) The examination shall include the following:
(1) Child's medical history.
(2) Physical examination.
(3) A written statement there is no health condition that would be hazardous either to the child or to other children in the child care center as a result of participation in the program of activities.
(4) A written statement regarding modification of plans of care which require special attention because of medical conditions or allergies.
(c) Written orders for each medication taken at the child care center.
(d) Documentation of complete age-appropriate immunizations, as required by the division with recommendation from ISDH, and updated annually, including:
(1) conjugated pneumococcal vaccine; and
(2) varicella vaccine or written documented history of disease by either the parent or child's health provider.
(e) Health records may be transferred if the physical exam is dated within a year.
(f) Children two (2) years of age and younger shall have an annual health examination.
(g) A provider shall maintain current documentation for each child.
(h) A parent may request that their child be exempt from immunizations, physical examinations, or medical treatment based on religious beliefs with the following conditions:
(1) The parent shall make a signed, written request for exemption based on religious beliefs.
(2) The center shall keep the request in the child's health record.
(3) Nothing in this provision precludes the child care center from using emergency first aid techniques to treat the exempted child or to exclude a child where control of contagious disease may be necessary.

♦ Intent:

To ensure non-immunized children are not unduly exposed to a vaccine-preventable communicable disease. Normally children affected would be those who are not immunized for religious or special medical reason. The length of time that a child should be excluded is dependent on the contagious disease. Tthe Center should consult with the Center's health consultant, who is likely involved in the exclusion decision, or the Department of Health for guidance in making that decision.

(i) If a child's physician determines that a child should not have immunizations for medical reasons, the physician shall indicate and update annually these exceptions on the child's health record form.
(j) Only children that meet the health requirements of this rule may attend the child care center.

♦ Intent:

To ensure that each child attending the Center has a recent medical examination performed by a physician or nurse practitioner as protection for the Center and the child. It is important that the Center be aware of the health of each child in order that any health problems can be identified and the Center 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 Center 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 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.

▲ Threshold of Compliance:

The Center is in compliance if all children attending the Center have met this rule.

■ 470 IAC 3-4.7-87 Ill child procedures

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 87. (a) The center shall not admit children who are ill upon arrival.
(b) If a child becomes ill during the day, caregivers shall immediately isolate the child from other children and notify the parent to arrange for other immediate care of the child.
(c) Caregivers shall directly observe and supervise all children who are ill or injured until they leave the child care center.
(d) The center may not readmit children who exhibit symptoms of the illness for which they were excluded without the approval of the director or director-designee.
(e) Centers shall have a written policy regarding the exclusion of ill children.

♦ Intent:

To ensure that when a child has symptom (s) of an illness as specified, he/she is excluded from the Center until a physician documents that the child poses no serious health risk to himself or other children and the director or designee approval.

○ Assessment Method:

- Review the Center health program for procedures for handling a child with symptoms of illness.
- Ask Director, staff and health consultant, if necessary about implementation of the procedures.

▲ Threshold of Compliance:

Noncompliance with this rule may result from a complaint.

■ 470 IAC 3-4.7-88 Medication

Authority: IC 12-13-5-3

Affected: IC 12-17.2-4
Sec. 88. (a) Each child care center may have one (1) pain or fever reducing medication, one (1) cough medication, and one (1) antihistamine decongestant on the premises as follows:
(1) The child care center's health consultant shall specify these medications by name in the child care center's written approved health program renewed every two (2) years, and renew written instructions every two (2) years.

♦ Intent:

To clarify that the health program is not renewed every two years, but the Center's health consultant shall specify these medications by name and renew the written instructions every two years.

(2) Caregivers shall administer the specified medication as directed on the label of the medication or as specified by the consulting physician.
(3) Parent permission forms for administering this medication shall be on file for each child to whom the medication is given.
(b) The giving or application of all other medication and carrying out medical procedures shall be done only on written order or prescription from a physician or other health care professional authorized to write prescriptions, which must be kept with the medication.
(c) All individual nonprescription medicine orders must be renewed annually for children under two (2) years of age and every two (2) years for children two (2) years of age and older.
(d) Caregivers shall obtain the reason for administration of the medication and written parental permission prior to the administering of medication.
(e) All pharmacy-labeled prescription medication must be renewed annually and kept in currently labeled containers.
(f) 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.
(g) Medication shall be kept in the original container.
(h) When no longer needed, medication shall be returned to the parents or destroyed.
(i) Medication not requiring refrigeration shall be kept locked in a cabinet or container that is in a well-lit area, fifty (50) footcandles, and shall not be stored in the kitchen or in a bathroom.
(j) Medication labeled "refrigerate" shall be stored in tightly lidded, washable containers marked "medication" in a refrigerator.

♦ Intent:

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

(k) The center shall not store medication beyond the:
(1) expired date on the label;
(2) expired written physician order; and
(3) prescription label older than one (1) year.

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

♦ Intent:

To ensure the protection of children and the Center, the Center must have clear, accurate instruction and medical confirmation, where needed, of the child's need for medication while in the Center. 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 health program for the health consultant's updated approval (within 2 years) for the medication that the Center keeps on hand to administer as needed.
- 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 (f).
- Observe, if possible, the administration of medication to a child.

▲ Threshold of Compliance:

The Center is in compliance if the provisions of this rule are being met.

■ 470 IAC 3-4.7-89 Communicable disease

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 89. (a) The center shall make every effort to control the spread of communicable diseases and shall establish written health policies and precautions directed to this end.
(b) Whenever exposure to disease has occurred in the child care center, control measures shall be implemented as follows:
(1) The disinfection of toilet facilities, furnishings, toys, or other articles that may have been used by a person with a communicable disease.
(2) The disposal of bodily discharge containing infectious material in a manner that would protect handlers from contact with the material.
(c) When any person working, volunteering, or attending the child care center is known to have a communicable disease, they shall be excluded from attendance at the child care center for such time as is prescribed by the person's physician or the local health officer.
(d) The center shall ascertain when the person is well enough to return to work.

(e) The center shall follow the Child Care Communicable Disease Chart, available from the division, for appropriate management of suspected illness.

♦ Intent:

To minimize the spread of contagious disease, the Center shall have written policies and procedures to follow in the event of an outbreak. It is important to be even more diligent with disinfection of furnishings, toilets and toys used by the person and proper disposal of bodily discharge.

- It is essential to exclude staff or children with a communicable disease promptly to prevent further spread of the disease, until a physician or the local health officer provides written permission for their return.

(f) The center shall provide space to separate from the group, any child having or suspected of having a communicable disease or any illness as follows:
(1) This area shall not be used for any other purpose by the children while being used as isolation quarters.
(2) This area shall be heated and well ventilated.
(3) The area must have at least one (1) cot. The center must provide two (2) cots if the child care center is licensed for one hundred fifty (150) children or more and three (3) cots if the child care center is licensed for two hundred twenty-five (225) children or more.
(4) The cot, and all other furnishings in this area, must be easily sanitized.
(5) Caregivers shall maintain three (3) feet of space between cots.
(6) Children in this area shall at all times be directly supervised by an adult caregiver.
(7) Staff shall sanitize the area and all equipment in the area between uses.

♦ Intent:

To ensure that children who are not well or suspected of having a communicable disease are cared for in a separate area until parents or guardians can come for them, or are diagnosed by a physician as posing no health risk, and are observed and comforted as needed according to level of illness. It is important for this space to be used for no other purpose while being used as an isolation area to prevent the spread of disease or illness.

○ Assessment Method:

- Check the health policies and procedures for handling communicable disease and providing a separate area for children who become ill or are suspected of communicable disease for conditions as specified.
- Ask the Director, staff and health consultant, if necessary, about the implementation of these procedures and the number of incidents.
- Observe the isolation area for equipment as required, spacing of cots, and to determine that it is not being used for other purposes. .

▲ Threshold of Compliance:

The Center is in compliance if there are policies and procedures meeting the rules and if interviews with staff provide evidence that the policies and procedures are being met.

■ 470 IAC 3-4.7-90 Universal precautions supplies
Authority: IC 12-13-5-3

Affected: IC 12-17.2-4
Sec. 90. The following universal precautions supplies shall be available to all staff:
(1) Disposable medical gloves.
(2) Plastic bags.
(3) One (1) part chlorine to nine (9) parts water or other EPA-approved tuberculocidal solution for cleaning blood or other potentially infectious materials as defined by OSHA.
(4) Cardiopulmonary resuscitation barrier masks.
(5) Any other items indicated by the child care center's health consultant.

♦ Intent:

To prevent transmission of infection through body fluids. Touching a contaminated object or surface may spread illnesses. Many types of infectious germs may be contained in human waste (urine, feces) and body fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood).

- Because many infected people carry communicable diseases without having symptoms, and many are contagious before they experience a symptom, staff members need to protect themselves and the children they serve by carrying out sanitation procedures on a routine basis. Education of the staff regarding cleaning procedures can reduce the occurrence of illness in the group of children with whom they work
- Gloves are used mainly when people knowingly contact or suspect they may contact blood or blood-containing body fluids, including blood-containing tissue or injury discharges. These fluids may contain the viruses that transmit HIV, hepatitits B and hepatitis C.
- Gloves are not necessary for clean up of human milk spills according to Caring for Our Children, page 102. The authors could find no persuasive evidence that the risk involved in cleaning up spills is sufficient to require the use of gloves for human milk spills in child care settings.
- Please refer to the Division and/or Caring for Our Children – National Health and Safety Standards: Guidelines for Out-of-Home Child Care Programs for technical assistance in applying universal precautions and other sanitation procedures.

○ Assessment Method:

- Ask Director and staff about procedures and their implementation for proper sanitizing and application of universal precautions. Ask about procedure for preparing the disinfectant solution.
- Review the health program for procedures.
- Observe conditions as specified.

▲ Threshold of Compliance:

The Center is in compliance if there are procedures and there is evidence of compliance with this rule.

■ 470 IAC 3-4.7-91 Emergency equipment and procedures
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 91. (a) The center shall post first aid directions for the care of poisoning, seizures, hemorrhaging, artificial respiration, choking, and shock in each room or area occupied by children.

(b) If first aid directives from the division are not used, the procedures must be approved, in writing, by the center's health consultant and updated every two (2) years.

♦ Intent:

To clarify that the forms for these procedures are available through the childcarefinder website.

(c) A first aid manual, equivalent to the Red Cross First Aid Manual, shall be immediately available for staff use.
(d) First aid supplies as specified by the center's health consultant shall be available to all staff and inaccessible to children. The first aid kit, at a minimum, shall consist of the following:
(1) Sheer strip bandages.
(2) Sterile bandages and compresses.
(3) Adhesive tape.
(4) Scissors.
(5) Flashlight.
(6) Thermometer.
(7) Disposable gloves.
(8) Mild soap.
(e) The center shall have an operable telephone on the premises, easily accessible for use in an emergency and for other communications.
(f) The center shall post a list of emergency telephone numbers by all telephones.

♦ Intent:

To ensure the understanding that these numbers shall be posted by all external phone lines.

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 Center 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 for first aid directives to determine if they are Division directives; if not, check for current health procedures written by the health consultant (checking with health consultant if needed).
- Check kit (s) for ingredients and safe location (s).
- Check for telephone and interview staff as to Center procedures for telephone usage.
- Check for emergency numbers by all telephones.

▲ Threshold of Compliance:

The Center is in compliance if all parts of this rule are met.

Note:

Refer to 470 IAC 3-4.7-72, for required first aid kit in vehicles.

■ 470 IAC 3-4.7-92 Evacuation procedures
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 92. (a) The center shall make plans for the protection of children in the event of a disaster.
(b) The center shall post written disaster, evacuation, and shelter procedures for an internal and an external disaster in the following areas:
(1) All areas used by children.
(2) Kitchen.
(3) Offices.
(4) Hallways.
(c) Fire exit routes shall not pass through the following:
(1) Kitchens.
(2) Storerooms.
(3) Bathrooms.
(4) Closets.
(5) Any area where motor vehicles or gasoline powered equipment are stored.
(6) Spaces used for similar purposes.
(d) Staff shall obtain accurate head counts of children and staff in the event of evacuations or drills at the child care center.

♦ Intent:

To ensure that children and staff can be evacuated safely during any emergency situation. Emergency situations are not conducive to calm and composed thinking. A written plan provides the opportunity to prepare and to prevent poor judgments made under the stress of an emergency.

An organized, comprehensive approach to injury prevention and control is necessary to ensure that a safe environment is provided children in child care. This approach requires written plans, policies, procedures, rehearsals and record-keeping so that there is consistency over time and across staff and an understanding between parents and caregivers about concerns for, and attention to, the safety of the children and staff.

○ Assessment Method:

- Review the written plan and procedures to train staff and rehearse the plan.
- Check for copies in all areas specified.
- Ask Director and staff about implementation of the plan, including process for accurate head counts.

▲ Threshold of Compliance:

The Center is in compliance if there is a plan, it is posted as required and there is evidence that staff know the procedures.

■ 470 IAC 3-4.7-93 Child hygiene
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 93. (a) The center schedule shall include provisions for supervised personal hygiene, washing hands before and after meals, and washing hands after using the toilet facilities.

♦ Intent:

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

- Assessment Method:

Children are observed washing hands using the correct procedure: .

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

(b) Caregivers shall change wet or soiled clothing promptly. Each child shall have a supply of clean clothing available for this purpose.

♦ Intent:

To ensure the understanding that the Center shall have a plan in place to ensure extra clothing is available as well. The center may choose to supply the extra clothing or have a policy in which parents are responsible for providing a set of extra clothing for their child.

(c) If toothbrushes and toothpaste are used, the following applies:
(1) The center shall store them in an area inaccessible to children.
(2) The center shall not store them in the toilet room.
(3) The center shall store them so that one (1) child's toothbrush does not touch or contaminate another child's.
(4) The center shall maintain toothbrushes in a clean and sanitary manner.
(5) Caregivers shall dispense toothpaste in a sanitary manner.
(6) If the sink for tooth brushing is in a toilet room, the faucet and sink must be sanitized before being used for tooth brushing.

♦ Intent:

To prevent the spread of infectious disease and to teach the children good hygiene practices. Health professionals, including the American Academy of Pediatrics, agree that careful hand washing by children and staff is the simplest and most important basic measure to control the spread of infection. They further suggest that written reminders of hand washing policy be posted in each toilet room. Toothbrushes for children must be cared for and stored so as to prevent the spread of infection.

○ Assessment Method:

- Ask Director and staff about procedures for ensuring proper hand washing and care of toothbrushes and soiled clothing.
- Observe hand washing of children, care of wet clothing and toothbrushes.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence that the requirements of this rule are met; including that children are washing or having their hands washed after meals.

■ 470 IAC 3-4.7-94 Diapering

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 94. (a) Diaper bags brought from home shall be inaccessible to children.
(b) The center or the parent shall supply diapers. Caregivers shall have diapers available at all times so they can keep each child dry and clean.
(c) The center must store diapers off the floor, protected from contamination, and inaccessible to children.
(d) Disposable diapers furnished by the parent shall be brought to the child care center in original, unopened packages and marked with the individual child's name

♦ Intent:

To ensure that the health and comfort of the child is protected by frequent diaper changes and clothing changes as needed. This can be documented in the child's health records.

○ Assessment Method:

- Ask Director and staff for the procedures for ensuring a supply of diapers and storage.
- Observe to see that children look dry and comfortable and observe practice of diaper storage.

(e) Caregivers shall diaper all children on a changing table, except as follows:
(1) Caregivers may change infants that are unable to pull to a stand in their own crib.
(2) Caregivers may change children two (2) years of age and older standing up under the following conditions:
(A) Hand washing and child cleansing procedures are followed in the same manner as when a changing table is used.
(B) Neither the clean or dirty diaper changing materials are placed on the floor.
(f) When diapering children three (3) years of age and older, caregivers shall do the following:
(1) Not use the twos', toddlers', or infants' diaper changing table or their room or area to change diapers.
(2) Use a designated, sanitizable table or cot that is not used for any other purpose as follows:
(A) This cot must be stored away from children when not in use.
(B) The cot and table must be sanitized with a solution of one (1) tablespoon bleach to one (1) quart water or EPAapproved solution capable of killing enteric pathogens after each use.
(3) Use same skin care procedure as consulting physician has approved for other diapered children in center or the procedure recommended by the division.

♦ Intent:

To clarify that waterproof paper shall be used on the cot.

(4) Provide a shielded or private area for the diapering process.

♦ Intent:

To permit alternative ways to diaper infants in their cribs, if they cannot pull up, and for children 2 years and older standing up, as long as sanitary practices as specified are used.

○ Assessment Method:

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

(g) The center with children under three (3) years of age who wear diapers or pull-ups shall provide a changing table in each room/area.
(h) The center shall locate a sink within ten (10) feet of the changing table in the room/area or in a room that opens directly into the room/area.
(i) The center shall use a changing table as follows:
(1) The table must be sturdy and sanitizable.
(2) The table must not have wicker, lattice, or cloth material parts.
(3) The table must be equipped with sanitizable safety devices designed to prevent a child from falling.

♦ Intent:

To ensure the understanding that the diaper changing table shall an easily cleanable surface. Wicker/mesh, lattice, or cloth material are not cleanable surfaces.

(j) Caregivers shall use the diapering surface exclusively for diaper changing.
(k) Caregivers shall not change diapers on the floor, on equipment shelves, or on any food preparation or eating surface.
(l) Staff shall maintain hand contact with the child to prevent falls while on the changing table.
(m) Caregivers shall speak with the children while changing diapers.
(n) There shall be a soft sanitizable pad on the table with a clean strip of waterproof, disposable paper to cover the entire pad. Caregivers shall place a new, waterproof, paper strip on the pad after each diaper change.
(o) If an infant is changed in their crib, caregivers shall place a clean sanitizable pad down with a clean strip of waterproof, disposable paper to protect the bedding or change the sheet and sanitize the mattress after each changing.

♦ Intent:

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.

(p) Caregivers shall sanitize the pad and table when they become soiled and at the end of each day.
(q) Caregivers shall use a clean cloth or diaper wipe for each individual washing of a child. Soft, clean, terry wash cloths or diaper wipes shall be immediately accessible.

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

♦ Intent:

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

○ Assessment Method:

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

(s) If disposable gloves are used, they must be discarded immediately after the dirty diaper is removed and the child is cleansed.
(t) Regardless of whether gloves are used, caregivers shall wash their hands before and after each diaper change.
(u) The child's hands shall be washed after diaper changing with a clean, damp, soapy cloth, then rinsed with a second clean cloth in the same order, or, the child's hands shall be held under warm, running water, soaped, and dried with a disposable towel.
(v) Soiled or wet children's clothing shall be placed in a plastic bag, sealed, and kept inaccessible to children and returned home at the end of each day.

♦ Intent:

To clarify that soled includes urine or fecal matter.

(w) Loose fecal material may be shaken into the toilet; soiled clothing or cloth diapers shall not be rinsed in toilets or sinks.

♦ Intent:

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:

- 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.

▲ Threshold of Compliance:

The Center is in compliance if all requirements of this rule are being met, based on careful observation of the diaper changing practices, as well as talking to staff.

■ 470 IAC 3-4.7-95 Disposable diapers

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 95. (a) Caregivers shall place soiled disposable diapers in a plastic bag in a tightly covered sanitary container that is inaccessible to children.
(b) The bags shall be tied tightly and removed from the child care center, as needed, and at the end of each day

♦ Intent:

To ensure the spread of germs is controlled by using diaper containers that are inaccessible to children and that are disposed of at the end of each day, as needed by the quantity and odor.

○ Assessment Method:

Observe the practice of storing disposable diapers.

■ 470 IAC 3-4.7-96 Cloth diapers

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 96. (a) Staff shall use a deodorizing solution or granules in diaper containers.
(b) Staff shall clean and disinfect diaper containers when emptied.
(c) Caregivers shall handle cloth diapers furnished by the center as follows:
(1) Waterproof diaper covers must be provided.
(2) Caregivers shall use a fresh, clean diaper cover with each diaper change.
(3) Caregivers shall keep the diapers and diaper covers in tightly covered containers between pick-ups.
(4) A commercial laundry service shall launder the diapers and the diaper covers.
(d) Caregivers shall handle cloth diapers furnished by the parents as follows:
(1) The diapers shall be kept separate from diapers used for other children.
(2) Waterproof diaper covers must be provided.
(3) Caregivers shall use a fresh, clean diaper cover with each diaper change.
(4) Caregivers shall place the soiled diapers in a plastic bag, store them through the day in a tightly covered container, and return the diapers to the parent daily.

(5) Caregivers shall keep the diaper covers in tightly covered containers or plastic bags and return them to the parent daily.
(e) The center shall provide washable, plastic lined, tightly covered containers for soiled cloth diapers and linens.
(f) Containers shall be conveniently located for caregivers, but inaccessible to children.

♦ Intent:

To ensure that cloth diapers are used in a manner that prevents the spread of germs through fecal contamination. Caring for Our Children does not recommend the use of cloth diapers unless a child cannot use disposable diapers for a medical reason, documented by the child's health provider. Due to the increased risk of spread of germs, it is imperative that the Center uses safe practices in compliance with the requirements of this rule. Hand washing for both the child and staff becomes even more important when cloth diapers are used.

○ Assessment Method:

- Ask Director and staff about the practice of using cloth diapers and procedures to ensure that all precautions are observed to prevent the spread of disease.
- Observe the use of cloth diapers.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence that all parts of the rule are being met,

■ 470 IAC 3-4.7-97 Toilet training
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 97. (a) Caregivers shall do all toilet training with the parent's knowledge and consent.
(b) Caregivers shall make a reasonable effort to be consistent with the parent's toilet training methods and communicate regularly on the progress and child's successes.
(c) When children reach an age where they feel confident and unafraid to sit on a training seat, caregivers shall invite them to use the toilet, help them as needed, and positively reinforce their behavior regardless of the outcome.
(d) Caregivers shall never force a child to remain on the toilet.
(e) Caregivers shall never discipline, scold, shame, or humiliate a child for failure to conform or for wet or soiled clothing.
(f) Caregivers shall assure that a supply of clean clothing is available to keep children dry, clean, and fully clothed during the training process.
(g) The center shall provide a toilet with a training seat or a child-sized toilet.
(h) Potty chairs may not be used.
(i) Children and staff shall wash their hands with soap and warm running water and dry them with a disposable towel after each toileting usage.

♦ Intent:

To ensure that appropriate methods are used for toilet training, inviting children to use the toilet only when they seem ready to do so. The Center shall use positive techniques to reinforce this behavior. It is important to work with the parents when toilet training and to try to be consistent with their methods.

Children shall not be coerced to use the toilet nor disciplined for toileting accidents or for not wanting to use the toilet.

- The use of potty chairs is not permitted.

○ Assessment Method:

- Ask Director and staff about toilet training procedures and training of staff to ensure compliance with the requirements of this rule.
- Observe toilet training, including proper hand washing after each toileting use, to determine compliance.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence that the rule is being met.

■ 470 IAC 3-4.7-98 Staff hygiene

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

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

- Assessment Method:

Staff are observed washing hands using the correct procedure: .

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

♦ Intent:

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

(b) Hand sanitizers shall not be used in place of hand washings.
(c) Hand washing shall be done before starting work, washed as often as necessary to keep them clean, and after smoking, eating, drinking, or using the toilet.
(d) Staff who prepare food shall not change diapers.

♦ Intent:

The intent of this requirement is that the cook or person who actually prepares the food shall not change diapers before and during the entire process of food preparation, food service and clean up. It does not refer to caregivers that only put the food on plates or cut the food in the room. However, staff that plate food shall not change diapers until mealtime is over.

(e) Caregivers shall wash their hands before and after each child care duty including individual feeding, bathing, wiping noses, diapering, and assisting children using the toilet

♦ Intent:

To ensure the understanding that compliance with this rule means that staff shall wash their hands before and after wiping children's noses.

(f) Kitchen staff must wear clean, washable garments (aprons or smocks) while in the kitchen and serving food.

♦ Intent:

To ensure that staff who dish out food (plating) and pour beverages shall wear aprons and hair restraints.

(g) Kitchen staff must have effective hair restraint that keeps hair back and covered.

♦ Intent:

To clarify that the hair restraint shall cover all of the hair. A clean ball cap is acceptable if all hair is under the cap. Refer to Section 138, 410 IAC 7-24 or most current rule, of The Retail Establishment Sanitation Requirements for the rule.

This rule is intended to prevent the spread of infectious disease. Health professionals, including the American Academy of Pediatrics, agree that careful hand washing by staff is the simplest and most important basic measure to control the spread of infection. They further suggest that written reminders of hand washing policy be posted in toilet rooms and kitchens. Training of new staff and periodic training of staff on proper hand washing is important to reinforce the correct procedure. This rule also intends to prevent the spread of infection and food contamination by staff working in the kitchen.

○ Assessment Method:

- Ask Director and staff about procedures for ensuring proper hand washing as required and about kitchen hygiene procedures; ask about ensuring that the cook and staff plating food do not diaper children during food service.
- Observe hand washing before and after each of the specified tasks.
- Observe kitchen staff for cleanliness, aprons and hair restraints as specified.
- Observe staff for compliance with the requirement about diaper changing and food service.

▲ Threshold of Compliance:

The Center is in compliance if staff hygiene procedures are in place and staff are observe to comply with the requirements of the rule.

■ 470 IAC 3-4.7-99 Building maintenance

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 99. (a) The administrator or director is responsible for keeping the building, premises, and equipment in safe repair and structurally sound.
(b) Caregivers shall not care for children in areas that are being remodeled, repaired, or painted.

(c) The administrator or director is responsible for maintaining all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs, in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts, or materials containing poisonous substances.
(d) The interior finish, including walls and ceilings, of the child care center shall comply with the rules of the FPBSC under 675 IAC.
(e) Walls shall be of washable materials.
(f) Floors and steps shall be smooth and of washable, nonslippery material.
(g) The center must firmly secure and keep all carpeting clean.
(h) The center shall not use small rugs for floor covering.
(i) Staff shall take the following steps to maintain the child care center:
(1) Clean the child care center daily.
(2) Keep the child care center in a sanitary condition at all times.
(3) Sanitize toys, furniture, and other equipment used by children, weekly and when they become soiled or contaminated.
(4) Wash all soiled items prior to sanitization.
(j) Staff shall not do major cleaning, except for spills after meals and art projects, while children are present in the area being cleaned.
(k) Staff shall keep exit areas clear of equipment, debris, and other objects at all times.

♦ Intent:

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

This rule is intended to protect the health and safety of children and to prevent the spread of infection, the building and equipment shall be kept clean and in safe condition, free of hazard. It is important for the Center to have procedures to ensure the proper cleanliness and regular maintenance of the facility.

This rule also intends to prevent the spread of infectious disease by proper sanitizing of specified areas and equipment in the Center. Caring for Our Children recommends either a self-made solution consisting of ¼ cup of household bleach to each gallon of water (1 tablespoon per quart) or a commercially prepared disinfectant which indicates it kills bacteria, viruses and parasites and shall be used in accordance with label instructions. The Center should consult with the health consultant or the Division to determine the most appropriate sanitizing solution and procedures for routine sanitizing.

○ Assessment Method:

- Observe that all areas of the Center are clean, in good repair and free from any hazard or danger to health and safety.
- Ask Director and staff about procedure for washing and sanitizing and procedure for preparing disinfectant solution and implementation on a regular basis.
- Observe the facility for cleanliness and sanitizing practices.

▲ Threshold of Compliance:

The Center is in compliance if there is evidence that the requirements are being met and the Center looks clean, sanitary and in good repair.

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

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 100. (a) Poisons, chemicals, and any item that states “fatal if swallowed” must be in locked storage and not accessible to children.

♦ Intent:
To ensure that all containers are properly stored and labeled in original containers.

(b) Chemicals for lawn care and insect and rodent control shall not be applied when children are present in the child care center.
(c) Peeling paint, on any interior or exterior surface or on any equipment, that contains lead in excess of current ISDH standards shall be made inaccessible to children until laboratory analysis is made on the peeling material.
(d) The division shall approve all lead abatement procedures prior to the start of work.
(e) The center must store cleaning equipment, cleaning agents, aerosol cans, and any other item that states “keep out of the reach of children” in a place that is inaccessible to children.

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

(f) The center must store hazardous articles, sharp scissors, knives, latches, lighters, flammable liquids, power tools, cleaning supplies, and any other items that might be harmful to children in a place inaccessible to children.

♦ Intent:
To clarify that this requirement contains a typographical error. It should read “matches” instead of “latches.”

(g) Any thermal hazards above one hundred twenty (120) degrees Fahrenheit, such as radiators, hot water pipes, steam pipes, and heaters, in the space occupied by children shall be out of reach of children or be separated from the space by partitions, screens, or other means, which are firmly attached and cannot be overturned.
(h) The center shall make inaccessible to children environmental hazards that present a risk for entrapment or burial, such as, but not limited to, the following:
(1) Pits.
(2) Abandoned wells.
(3) Abandoned appliances.

♦ Intent:
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 – lead, hazardous materials, thermal hazards from excessive heating equipment temperatures and environmental hazards.

○ 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.

- Check for Division approval for lead abatement procedures.
- Check with Director that poisonous products are not to be used while children are present.

▲ Threshold of Compliance:

The Center is in compliance if there are procedures in place and implemented to protect children from hazards and there is no evidence of hazardous situations as specified.

Note:

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

■ 470 IAC 3-4.7-101 Electrical safety
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 101. (a) Centers shall not use extension cords, except for approved, grounded, and surge protection strips. Such protection strips shall be plugged directly into an approved outlet.
(b) The center shall cover electrical outlets or otherwise make them shockproof in all areas accessible by children.

♦ Intent:

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

(c) Electric fans, if used, shall be securely mounted high on the wall or ceiling or shall be guarded to limit the size of the opening in the blade guard with properly installed sixteen (16) gauge mesh screen. The Underwriters Laboratory must approve all fans.

(d) No electrical device or apparatus accessible to children shall be located so that it could be plugged into an electrical outlet while in contact with a water source, including, but not limited to, a sink, tub, shower, or swimming pool.

♦ Intent:

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. The use of extension cords is discouraged unless they are approved, not frayed or overloaded and not placed through doorways, under carpeting or across water-source areas. Contact with a water source while using an electrical device can lead to electrical injury.

○ Assessment Method:

Observe the Center 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

■ 470 IAC 3-4.7-102 Combustible materials
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 102. (a) Staff shall keep the center free from fire hazards.
(b) The center shall not permit trash that contains combustible materials, such as paper, rags, or cardboard, to accumulate onthe premises.
(c) Staff shall keep hoods above stoves and other equipment free of dust and grease.
(d) Kitchen hoods shall be installed where required under the rules of the FPBSC under 675 IAC. The center shall have all kitchen hoods serviced and maintained according to the rules of the FPBSC under 675 IAC and have available records to document compliance.
(e) Staff shall keep storage areas clean and free from clutter.
(f) All storage shall be at least twenty-four (24) inches from the ceiling.
(g) The center shall store flammable liquids as follows:
(1) Only in quantities and in rooms specifically permitted by the rules of the FPBSC under 675 IAC.
(2) In a room that is inaccessible to children.
(3) In tightly sealed containers when not in use.
(h) The center shall not use flammable decorative materials unless the materials are inherently flame retardant or made flame retardant, except as follows:
(1) The center may display educational materials in a manner so as not to create a fire hazard.
(2) The center may have live, uncut, and nonpoisonous plants and trees.
(3) The center may display flammable wall decorations as long as the decorations do not exceed five percent (5%) of the gross wall area and are distributed in a manner so as not to create a fire hazard.

♦ Intent:

To ensure that the Center premises are maintained in such a manner as to prevent hazard from flammable and combustible materials. Kitchen stoves and hoods shall be maintained safely in compliance with FPBSC rules.

- No candles or candle warmers shall be used anywhere in the Center.

○ Assessment Method:

- Check for storage and use of flammable and combustible materials. Check with FPBSC if storage appears inappropriate.
- Check for FPBSC approved inspection of kitchen hoods and stoves.
- Ask Director and staff about procedures to ensure proper maintenance of conditions specified.

▲ Threshold of Compliance:

The Center is in compliance if there are procedures to ensure safe storage and use of flammable and combustible materials and other requirements are being met. A finding of noncompliance can be the result of a complaint.

■ 470 IAC 3-4.7-103 Emergency drills
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 103. (a) Staff shall conduct fire drills in accordance with the rules of the FPBSC under 675 IAC. Drills shall be conducted monthly and the records available to document compliance.
(b) Staff shall conduct evacuation drills for natural disasters in areas where they occur as follows:

(1) Tornadoes, on a monthly basis.

♦ Intent:
To clarify that this means monthly during tornado season.

(2) Floods, every six (6) months.
(3) Earthquake, every six (6) months.

♦ Intent:
To ensure that drills are conducted on a regular basis, in an orderly manner and are well documented. Regular evacuation drills constitute an important safety practice in areas where these natural disasters occur. The recent disasters have brought attention to the need for disaster planning.

○ Assessment Method:
- Check documentation for fire and evacuation drills.
- May be required to witness a drill to see that everyone is accounted for and that time taken to evacuate is satisfactory from a safety standpoint.
- Check the Center for documentation as specified. .
- Check for written procedures approved by the Division.
- Crosscheck by quizzing staff on their knowledge of the plan and particularly on their individual assignments.
- Ask staff about emergency evacuation procedures.

▲ Threshold of Compliance:
The Center is in compliance if there is evidence that requirements are being met.

■ 470 IAC 3-4.7-104 Furnace room
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 104. The center shall construct the furnace room or room containing any central heating equipment in accordance with the rules of the FPBSC under 675 IAC.

■ 470 IAC 3-4.7-105 Prohibited heat sources
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 105. The center shall not use the following heat sources:
(1) Open grate gas heaters.
(2) Open fireplaces.
(3) Space heaters.
(4) Portable unventilated oil burning heaters.
(5) Portable electric heaters.

♦ Intent:
To prevent burns and potential fires.

■ 470 IAC 3-4.7-106 Heat, light, ventilation, and air conditioning
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 106. (a) Installation, testing, and maintenance of heating, ventilation, air conditioning, fire alarm, and sprinkler systems shall comply with the rules of the FPBSC under 675 IAC.
(b) When natural light is insufficient, it shall be supplemented by artificial light so that the following minimum levels of illumination are maintained:
(1) All food service areas shall have a minimum of seventy (70) foot-candles.
(2) All food storage areas, including refrigerators, shall have a minimum of twenty (20) foot-candles.
(3) Desks, table top work areas, reading areas, locked medication storage areas, and art rooms shall have a minimum of fifty (50) foot-candles.
(4) Gymnasiums, large muscle equipment areas, bathrooms, locker rooms, and diaper changing areas shall have a minimum of thirty (30) foot-candles.
(5) Hallways, corridors, stairwells, storage rooms, and food storage areas shall have a minimum of twenty (20) foot-candles.
(6) Rest and nap areas shall have a minimum of five (5) foot-candles in all areas.
(c) All light intensity measurements shall be at the level of work. If no work is done in a room or hallway, the measurement shall be at a height of thirty (30) inches above the floor.

♦ Intent:

To ensure that all areas of the Center shall have glare-free natural and/or artificial lighting that provided adequate illumination and comfort for Center activities, as specified. Too little light, too much glare and confusing shadows are commonly experienced lighting problems. Inadequate artificial lighting has been linked to eye strain, to headache and to non-specific symptoms of illness. Natural lighting is the most desirable lighting of all.

(d) The child care center shall be ventilated.
(e) The center shall maintain a temperature of not less than sixty-eight (68) degrees Fahrenheit.
(f) All child care centers initially licensed after the effective date of this rule shall maintain a temperature not more than seventy-eight (78) degrees Fahrenheit.
(g) All outside doors and windows shall be screened with sixteen (16) gauge mesh screen when open.
(h) The center shall keep all screens in good repair and all unscreened windows and doors closed.
(i) The center shall make heating units, including water pipes and baseboard heaters, hotter than one hundred ten (110) degrees Fahrenheit inaccessible to children by barriers such as guards or other devices.

♦ Intent:

To ensure that the Center has appropriate lighting, adequate exchange of air in and out of the Center 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 Center, 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 Center for conditions as specified.

■ 470 IAC 3-4.7-107 Hallways, stairways, and exits
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 107. (a) The center shall keep all hallways, stairways, corridors, aisles, and exits lighted and free from obstructions at all times.
(b) All exterior and interior stairways shall comply with the rules of FPBSC under 675 IAC.
(c) Exit signs shall be installed and maintained in accordance with the rules of the FPBSC under 675 IAC.
(d) The center shall provide emergency lighting in all interior hallways, stairways, and corridors.
(e) All portions of the means of egress shall comply with the rules of the FPBSC under 675 IAC.

♦ Intent:
To protect the safety of children. The Center shall have written documentation of compliance with the rules of the FPBSC in areas specified.

■ 470 IAC 3-4.7-108 Doors
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 108. (a) Exit doors shall comply with the rules of FPBSC under 675 IAC.
(b) Exit doors shall be openable from the inside without the use of a key or any special knowledge or effort. Exit doors shall not be locked, chained, bolted, barred, latched, or otherwise rendered unusable.
(c) The center shall make all interior room and closet doors such that children can open the doors from the inside with a simple twisting motion or the equivalent.
(d) The center shall not provide locking or latching devices on child bathroom doors.
(e) All interior locked doors shall be designed to permit opening by the staff. The key or other opening device shall be readily accessible to staff.
(f) Automatic door closures must be adjusted properly.

♦ Intent:
To ensure that the Center is in compliance with applicable rules of the FPBSC for exit doors and door locks and latches. Further to prevent children from being locked in a room and to ensure that doors can be opened by staff.
○ Assessment Method:

- Child bathroom door locks shall be designed to permit opening a locked door from the outside in an emergency. The opening device shall be readily accessible to the staff.
- Additionally, every interior door shall be such that children can open the door from the inside.
- Manually operated flush bolts, surface bolts, eye hooks and/or any other latching/locking device installed on the door are not permitted.

■ 470 IAC 3-4.7-109 Garbage and refuse
Authority: IC 12-13-5-3

Affected: IC 12-17.2-4
Sec. 109. (a) The center shall keep all interior garbage, dirty diapering supplies, food products, and disposable meal service supplies in tight seamed, easily cleanable trash containers and cover them with tight fitting lids pending removal.
(b) Staff shall remove all garbage and refuse within the child care center daily to an outside tightly covered trash receptacle that will not permit the transmission of disease or provide harborage for insects, rodents, or other pests.
(c) Staff shall clean trash containers when soiled.

♦ Intent:

To ensure that both inside and outside garbage (food products, diapers, etc.) are stored in tightly covered receptacles and stored in locations where children cannot have access to them. Trash (paper towels, tissues, paper, etc.) containers shall be maintained in clean condition.

○ Assessment Method:

Observe conditions as specified.

■ 470 IAC 3-4.7-110 Indoor space
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 110. (a) Each child care room/area shall have a minimum of thirty-five (35) square feet of usable indoor play space per child at all times.

♦ 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.

(b) Usable indoor play space is exclusive of the kitchen, toilet rooms, isolation areas, office, staff rooms, hallways, stairways, storage areas, lockers, cubbies, the teacher's desk, laundry areas, the furnace room, and floor space occupied by permanent built-in cabinets.
(c) Separate play rooms or separated areas in play rooms shall be provided for the various types of activities required by the child care program and for the separation of children according to age and class size.

♦ Intent:

The intent of this rule is to assure that the Center 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.
- As a part of the proposed Center review, 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.
  5. This formula applies to most rooms/areas with the following exceptions:
     a. Rooms/areas that serve infants must have a maximum capacity of eight (8) and must have 50 square feet of space per child.
     b. Rooms/areas that serve toddlers must have a maximum capacity of ten (10) children regardless of size.
     c. Rooms/areas that serve children 30 to 48 months of age must have a capacity of fourteen (14) regardless of size.

Note:

Areas will be measured at initial licensure and re-measured when space use changes or equipment or storage is added or deleted which affects the amount of usable play area.

■ 470 IAC 3-4.7-111 Indoor furnishings

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4

Sec. 111. (a) Furnishings and equipment shall be durable, safe, and scaled to the size of the children.
(b) The center shall provide tables and chairs in each child care area as follows:
(1) Child-sized chairs made so that when a child sits in a chair their feet touch the ground and their back touches the chair back.
(2) A minimum of one (1) chair and table space per child regularly cared for in the room/area.
(3) Child-sized tables made so that when a child sits in a child-sized chair their elbows rest on the table top.
(c) Staff shall not stack tables or chairs in the class room/area while children are awake.

♦ Intent:

To clarify that chairs may be stacked during rest time even though all children may not be asleep.

(d) The center shall provide space for each child's personal belongings to keep them separate from other children's belongings.

♦ Intent:

To ensure the understanding that personal belonging space shall be such that one child's clothing does not touch that of another child.

(e) The center shall construct, locate, install, and design coat hooks in a manner that does not pose a hazard to children.

♦ Intent:

To protect children from injury, to ensure that furnishings and equipment are developmentally sized for comfort and to prevent the spread of disease by safe storage of children's personal belongings.

○ Assessment Method:

- Check furnishings and equipment with children in them to determine sufficient quantity and correct fit.
- Check storage space to ensure that personal belongings for each do not touch those of other children.

▲ Threshold of Compliance:

The Center is in compliance if furnishings and equipment meet the conditions specified.

■ 470 IAC 3-4.7-112 Holiday decorations

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 112. All child care centers shall comply with the rules of the FPBSC under 675 IAC regarding holiday decorations and Christmas trees.

■ 470 IAC 3-4.7-113 Bathrooms

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 113. (a) The child care center shall provide a minimum of one (1) sink and one (1) flush toilet per fifteen (15) children two (2) years of age and older. Infant and toddler restrooms count only for their rooms.
(b) When the licensing capacity exceeds sixty (60) children, the center may substitute one (1) urinal for a toilet in the school age area only/
(c) School age children of the opposite sex shall not use the same restroom.
(d) Partitions shall separate toilets for school age children if there is more than one (1) toilet in a room.
(e) Stalls used by school age children shall have doors.
(f) If fifteen (15) or fewer school age children are present, only one (1) toilet and sink is required for their use.

♦ Intent:

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

○ Assessment Method:

Observe that the required number of sinks and toilets are provided for the number of children.

(g) The center shall locate the toilet for children two (2) years of age no more than ten (10) feet from their room/area.

Intent:

To ensure that toilets are readily accessible for young children involved in toilet training.

(h) Toilet paper on a dispenser shall be available and within reach of the children by each toilet.
(i) Mild soap shall be available, dispensed in a sanitary manner, and within reach of the children at each sink.
(j) Disposable towels in a dispenser or electrical hand dryers that operate at a maximum temperature of one hundred twenty (120) degrees Fahrenheit shall be within reach of the children by the sinks. If the center uses electrical hand dryers, they must provide one (1) for each sink.

♦ Intent:

To facilitate the maintenance of personal cleanliness in the interest of preventing the spread of disease causing organisms.

○ Assessment Method:

- Check for soap, toilet paper and disposable paper towels or electrical hand dryers (one per sink).

(k) Toilet facilities for staff shall be furnished, separate from those facilities used for children. Staff shall not use children's toilets
(l) The center must seal all hand washing sinks to the wall.
(m) The center must seal all walls and floors in restrooms.
(n) All items in the restroom must be sanitizable.

♦ Intent:

To ensure the understanding that bathrooms cannot be used for storage of other items unrelated to toileting. Plungers, toilet bowl brushes and brooms should not be stored in children's bathrooms.

(o) If toilets and sinks are not child-sized, the center must provide safe, sanitizable steps or platforms for each toilet and sink.
(p) The center shall control toilet and bathroom odors by ventilation and sanitation. If a screened window is not present, there shall be mechanical exhaust vents. Existing centers shall have ventilation added if sanitation measures fail to control odors.

♦ Intent:

To ensure that staff do not share children's toilet facilities, that furnishings are safe, cleanable and able to be sanitized and accessible to the children if not child size. Further to ensure the toilet room maintains proper ventilation by an openable, screened window or mechanical ventilation. A window should be openable to 45% of the window space.

○ Assessment Method:

Check for conditions as specified.

▲ Threshold of Compliance:
The Center is in compliance if all conditions are met.

■ 470 IAC 3-4.7-114 Water supply and plumbing
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 114. (a) The center shall maintain a safe and sanitary water supply.
(b) If the center uses a private water supply or well instead of a public water supply, the center shall supply written records of current test results indicating that the water supply is safe for drinking. The water system must meet the water quality and construction standards of the IDEM.
(c) The center shall provide hot and cold running water at all hand washing sinks.
(d) The center shall use an antiscald valve approved by ISDH to maintain water temperature between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit on all hot water supplied to sinks, bathing, and washing facilities used by children.
(e) If water faucets have hoses connected to them that are not in use, such faucets must have vacuum breakers (back-flow preventives).
(f) All plumbing fixtures shall discharge into a public sanitary sewer whenever available within a reasonable distance or if soil conditions prohibit the construction of an approved on-site system.
(g) All sewage disposal and any sewage treatment system shall meet the requirements of ISDH.
(h) All plumbing fixtures shall be in good repair.
(i) All plumbing equipment shall meet the requirements of the FPBSC under 675 IAC, ISDH, and IDEM.

♦ Intent:
To ensure that the Center has a safe and adequate supply of water, meeting the standards of IDEM, to ensure that children have drinking water available to meet their needs, and adequate plumbing, in compliance with the requirements of the FPBSC, ISDH and IDEM.

○ Assessment Method:
Check for approval of the water system, sewage disposal and treatment systems and plumbing fixtures.

■ 470 IAC 3-4.7-115 Drinking water
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 115. (a) Drinking water shall be freely available to all children during all hours.
(b) Drinking fountains or disposable cups for individual use shall be provided and dispensed in a sanitary manner.
(c) Drinking fountains shall have a guarded angled stream with water pressure regulated so that the stream rises at least two (2) inches above the guard but does not splash on the floor.
(d) Drinking water shall not be obtained from a toilet room sink.
(e) Children shall not go into the kitchen to obtain drinking water.

♦ Intent:

To ensure that children shall have drinking water readily available to meet their needs.

○ Assessment Method:
Check for approved drinking fountains, water coolers and single service cups.

■ 470 IAC 3-4.7-116 Kitchen and food preparation areas
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 116. (a) The center shall operate the kitchen, all food preparation areas, and all food service areas in compliance with 410 IAC 7-24 or most current rule, a copy of which shall be in the kitchen at all times for reference.
(b) The kitchen must have at least three (3) floor-to-ceiling walls. The fourth serving wall and all doors must be a minimum of three (3) feet in height .
(c) Walls and ceilings must meet the requirements of 410 IAC 7-24 or most current rule and FPBSC under 675 IAC.

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

(d) The kitchen and other food preparation areas shall be separate from areas used for any other purpose.
(e) The center shall locate the kitchen in a way to prevent usage as a throughway. No one shall use the kitchen as a throughway to other rooms or areas during food preparation and dish washing.
(f) The kitchen shall not be used:
(1) for children's activities or naps;
(2) as a dining or recreational area for adults; or
(3) as an office.
(g) The center shall not allow unauthorized persons in the kitchen.

♦ Intent:
To prevent contamination of food and to prevent children from wandering into food preparation areas and the chance of accidental injury.

○ Assessment Method:
- Ask Director and food service staff about procedures to ensure that kitchen is not used for other purposes as specified.
- Observe that this area has lockable doors, gates or other means to deter children and others from entering the kitchen.

(h) Counter surfaces shall be smooth, free from breaks or chips, and sealed to the wall.
(i) All food preparation surfaces and eating surfaces shall be sanitized:
(1) before and after use; and
(2) when there is a potential for cross contamination.

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

(j) Floors shall be of smooth, nonabsorbent materials and free of cracks that would prevent cleaning. The center shall not carpet the kitchen or food preparation areas
(k) All equipment must be easily movable, elevated, or sealed to the floor and the wall so that cleaning under and around equipment will be possible.

♦ 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 of 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.

(l) Whenever washing and sanitizing are conducted mechanically, the center shall provide spray type dish washing machines that meet the specifications of 410 IAC 7-24 or most current rule.
(m) When manually washing and sanitizing dishes and utensils, the center must use a three (3) compartment sink with either drain boards or movable dish tables.

♦ Intent:

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

(n) Staff must store dishes, pots, pans, and utensils in a manner that protects them from contamination.
(o) If disposable utensils and supplies are used, they shall be stored in closed containers away from any cleaning compounds and toxic or hazardous materials.

♦ Intent:

To prevent the spread of infection.

(p) The center shall properly install a hand washing sink in the kitchen. The center shall supply soap and disposable towels from a dispenser or an electric hand dryer by the sink.
(q) The center shall locate the hand washing sink at least twenty-four (24) inches away from the area used for dish sanitizing or air drying, or install a protective barrier, at least twenty-four (24) inches in height, between the sanitizing area and the hand washing sink.

♦ Intent:

To ensure good hygiene. The kitchen shall have a hand washing sink separate from the sink used for food preparation and dish washing, in accordance with specifications in (q) to prevent contamination of food.

(r) Work and cleaning schedules shall be written, posted, and followed for all the food storage and preparation and service areas.
(s) The center shall place an accurate, easily readable thermometer in each compartment of the refrigerator and freezer in position for daily monitoring.
(t) The center must provide a stove if they prepare meals. If the stove is of the commercial type, it must comply with the rules of the FPBSC.

○ 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

■ 470 IAC 3-4.7-117 Manual dish washing
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 117. (a) Staff shall thoroughly wash multi-use utensils and equipment in a detergent solution in the first compartment of the sink.
(b) Staff shall rinse the equipment free of detergent solutions in clean water by immersing in the second compartment of the sink.
(c) All eating and drinking utensils and the food contact surfaces of all other equipment and utensils are sanitized in the third compartment as specified in 410 IAC 7-24 or most current rule.
(d) The center shall post instructions for proper manual dish washing in the kitchen if dishes are washed and sanitized manually.
(e) Dishes and utensils shall always be air-dried.
(f) The center may use sturdy, single-use, disposable utensils and dishes as an alternative to dish washing. If the center uses any cooking or serving utensils or dishest that are not disposable, they must have and use approved dish washing facilities.

♦ Intent:

To clarify that these may be returned to the vendor for washing and sanitizing on a daily basis.

This rule is intended to protect health and prevent the spread of infection.

○ Assessment Method:

Observe manual dishwashing to determine compliance.

■ 470 IAC 3-4.7-118 Pest prevention
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 118. (a) The center shall take adequate measures to prevent entry of insects and rodents. These measures shall include the following:
(1) Installing sixteen (16) mesh screen on outside openings.
(2) Sealing cracks and holes.
(3) Sealing around pipes, plumbing, and ducts.
(b) The center shall employ an exterminator if other measures fail to rid the child care center of pests.
(c) Proper cleaning shall be provided to minimize attraction of insects to food sources.
(d) Children shall not be present during pest extermination procedures.

♦ Intent:

To protect health. To deter insects form entering the Center, all openable windows and outer doors shall have screening that is in good repair. Pipes and plumbing must sealed as well as all cracks and holes in the foundation.

○ Assessment Method:

- Check all windows that are opened and outer doors for screening. Note the condition of the screen.
- Observe other conditions as specified.

■ 470 IAC 3-4.7-119 Office and staff areas

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 119. (a) The center shall provide office space separated from the areas used by the children.
(b) Office space and equipment shall be adequate for the administrative and staff needs of the child care center.
(c) Telephone service must be provided on site.
(d) An area separated from the office space and areas used by the children shall be provided for the use of the staff. This area must be a room in child care centers licensed after the effective date of this rule.

■ 470 IAC 3-4.7-120 Infant/toddler requirements

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 120. (a) The child care center shall meet all the requirements of this rule and be specifically licensed for infant or toddler care prior to providing care for any infant or toddler.
(b) The specific rules for infants and toddlers shall prevail if there is a difference between this rule and the rules for all ages of children.

♦ Intent:

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 licensed only for children ages 24 months and above, the infant and toddler rules are not applicable to this group.

■ 470 IAC 3-4.7-121 Infant/toddler room personnel

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 121. (a) Caregivers shall have had training specifically related to infant/toddler development.
(b) Caregivers shall have means available to communicate with other staff and summon assistance without leaving children unattended.
(c) The director shall assign a primary caregiver for each infant and toddler.
(d) All caregivers shall interact with and address the needs of all children in their room.
(e) Staff person in charge of an infant/toddler group shall be at least twenty-one (21) years of age. If all the children in the group are at least twenty-four (24) months of age, the staff person in charge shall be at least eighteen (18) years of age.

♦ Intent:

To ensure that staff providing care for infants and toddlers have 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.
- Check that each child is assigned a primary caregiver.
- Ask Director and staff about methods in place to communicate with other staff and to call for assistance to ensure that children are never left alone and about implementation of these methods.

▲ Threshold of Compliance:

The Center is in compliance if all rules are being met as specified.

■ 470 IAC 3-4.7-122 Infant/toddler charts and records

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 122. (a) The center 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 center shall keep charts on file for at least one (1) month.

♦ 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 Center and to be shared with parents on a daily basis.

○ 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.

■ 470 IAC 3-4.7-123 Infant physical care
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 123. Caregivers shall:
(1) greet the infant and their parent as they arrive and help the child separate from the parent;
(2) engage in many one-to-one, face-to-face interactions with infants;
(3) talk in a pleasant, soothing voice, using simple language and frequent eye contact;
(4) provide regular hugs and affection;
(5) talk with, sing, and read to infants;
(6) hold and carry infants frequently and talk to the infants before, during, and after moving the infant around;
(7) drape a diaper, towel, or pad across their shoulder when holding an infant using a different cloth for each infant;
(8) respond quickly to infants' cries or calls of distress; and
(9) respond to infants' needs for food and comfort.

♦ Intent:

To ensure that caregivers are responsive to the needs of infants and to establish a positive, nurturing bond between the two. This is essential for healthy development and for the children to feel secure in the Center, to know their needs will be met and they are loved.

Positive interaction on the part of caregivers with the children normally happens as they play with the children but should occur during routine activities such as diaper changing, feeding and other times. These activities provide an opportunity for one-on-one attention and nurturing for each child. Talking, holding them, singing and reading to them, encouraging them to make sounds and praising them for their efforts helps them to develop their own language skills.

Infants need the emotional security and stimulation of being held and rocked, and caregivers should be encouraged to provide close physical contact to infants.

○ Assessment Method:

- Ask Director and staff about training and procedures/program plans to ensure that infants are cared for in compliance with the requirements.
- Observe infant care to determine compliance with all provisions of the rule.

▲ Threshold of Compliance:

The Center is in compliance if all the requirements are being met.

■ 470 IAC 3-4.7-124 Toddler physical care
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 124. Caregivers shall:
(1) greet the toddler and their parent as they arrive;
(2) help the child separate from the parent and become a part of a small group or the activities in process;
(3) provide regular hugs and affection;
(4) engage in many one-to-one, face-to-face conversations with toddlers;

(5) let toddlers initiate language, even from children whose language is limited;
(6) name objects, describe events, and reflect feelings to help children learn new words;
(7) respond quickly to toddlers' cries or calls for help;
(8) respect the toddler's desire to carry favored objects around with them, to move objects like household items from one (1) place to another, and to roam around, or sit and parallel play with toys and objects; and
(9) help children to feel increasingly competent and in control of themselves.

♦ Intent:

To ensure that caregivers interact with toddlers in a caring manner appropriate to their developmental stage and provide activities that are developmentally appropriate to stimulate their growth and allow them to develop confidence and self control. Toddlers should have a wide variety of experiences to foster healthy development. They need help to separate from their parent and become part of the group.

Positive interaction on the part of caregivers with the children should happen throughout the daily schedule. Caregivers should provide many opportunities for one-on-one attention and nurturing for each child. Talking, singing, hugging and reading to them, encouraging them to initiate language, providing opportunities for them to learn through naming, describing objects and expressing feeling helps them to develop their one language skills.

○ Assessment Method:

- Ask Director and staff for procedures and program plans to ensure that toddlers are cared for in a developmentally appropriate and caring manner in compliance with these requirements.
- Observe the care of toddlers for conditions specified.

▲ Threshold of Compliance:

The Center is in compliance if all provisions of this rule are being met.

■ 470 IAC 3-4.7-125 Infant/toddler program; general
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 125. Caregivers shall:
(1) provide a daily program that is designed to meet the developmental needs of infants and toddlers;
(2) write and engage in a developmentally appropriate individual activity with each child daily;
(3) respect the individual child's schedule with regard to eating, sleeping, and diapering;
(4) dress children for the weather and type of play;
(5) set flexible time schedules dictated more by children's needs than by adults;
(6) provide many opportunities for active, large muscle play, both indoors and outdoors;
(7) provide toys that are reachable by the children without assistance from the caregiver; and

♦ Intent:

To clarify that the toys should be within the children's sight as well.

(8) provide a variety of music.

♦ Intent:

To ensure that the Center creates a developmentally appropriate environment for infants and toddlers. Priority shall be given to the individual eating and sleeping needs of the child. Meals should be served in relation to the child's sleeping schedule rather than the schedule of the Center. There shall be no specifically scheduled nap time for all infants as a group. As children begin to mature, a child's schedule can be changed to slowly eliminate the morning nap and slowly integrate the child into the Center schedule.

Infants and toddlers need many opportunities music and for active, large muscle activities throughout the day and toys that they can reach on their own.

○ Assessment Method:

- Examine written plans for group or individual children to evidence of age-appropriate variety of activities, respecting the children's individual eating, sleeping and diapering needs and other conditions specified.
- Ask staff about implementation of this rule.
- Observe variety of activities in classroom, arrangement of toys and children getting them, attention to individual schedules for eating, sleeping and diapering.
- Observe outdoor time and how children are dressed.

▲ Threshold of Compliance:

The Center is in compliance there is evidence that all parts of the rule are met.

■ 470 IAC 3-4.7-126 Infant program

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 126. Caregivers shall:
(1) arrange space so children:
(A) can enjoy moments of quiet play by themselves;
(B) have space to roll over; and
(C) can crawl toward interesting objects;
(2) provide safe areas for infants to freely explore their environment;
(3) change the child's focus of play periodically during the day from the floor to give infants different perspectives on people and places; and
(4) not place awake children in cribs, except for a short period of time when going to sleep or awakening.

♦ 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:

- Examine the written plans for the infant program
- 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.

■ 470 IAC 3-4.7-127 Toddler program
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 127. Caregivers shall:
(1) speak to children in complete sentences, avoiding long explanations and not using baby talk;
(2) play pretend and singing games with the children;
(3) make toys available on low, open shelves so children can choose their own selections;
(4) permit children to carry toys and move about in the environment as they choose;
(5) frequently read to toddlers, individually or in groups of two (2) or three (3);
(6) sing and do finger plays with toddlers;
(7) act out simple stories with children participating actively;
(8) provide a variety of art media, such as large crayons, watercolor markers, and large paper, to toddlers;
(9) permit toddlers to explore and manipulate art materials;
(10) permit toddlers to produce their own art products; and
(11) frequently offer alternatives and redirection to avoid saying "no".

♦ Intent:

To ensure that the toddler program is age-appropriate and provides a wide opportunity of experiences to foster healthy development. As with infants, the intent is not encourage whole group, academic activities; rather most of the activities should be informal, spontaneous and responsive to the children's level of interest and readiness. There should be evidence of careful thought and planning about the kinds of activities available to toddlers. Many types of activities should be possible within each area of development, depending on their ages and developmental levels.

The program shall comply with all requirements of this rule and provide toddlers many opportunities to demonstrate their new found independence, cognitive, language, fine and large motor and social development.

○ Assessment Method:

- Examine the written plans for the toddler program.

- Ask Director and staff about implementation of the program and all requirements of the rule.
- Observe the toddler room (s), learning centers and toddlers at play to determine if the requirements of the rule are met.

■ 470 IAC 3-4.7-128 Infant/toddler room furnishings; general
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 128. (a) Caregivers shall decorate the room at the children's eye level.
(b) Storage space for supplies and personal belongings of each child shall be in each room.
(c) Staff shall not store furnishings or equipment in cribs

♦ Intent:
To ensure the understanding that cribs shall not be used for storage even if no infant is assigned for that crib.

(d) Furniture that could be pulled over by a child shall not be accessible to the children.
(e) Indoor climbing structures and steps that are safe for exploration shall be provided in each room.

♦ Intent:
To ensure the understanding that any piece of equipment that carries a warning about not being safe on carpet or hard surfaces shall not be used for compliance with this rule.

- Climbing equipment is meant to be in each classroom area for infants through 2 year olds.
- Indoor climbing equipment for children under 2 years of age does not have to meet CPSC guidelines unless it is playground equipment. The Center must follow the manufacturer's recommendations for the indoor climbing equipment.

(f) All electrical cords shall be inaccessible to children.

♦ Intent:
To provide a safe, age-appropriate environment in infant/toddler rooms. Decorations shall be at the children's eye level and furnishings shall be safe for exploration and to prevent pulling over by the children. Indoor climbing equipment shall be safe on carpet and hard surfaces and all electrical cords shall be covered or inaccessible to children. Personal belongings shall be safely stored so as not to touch the belongings of other children, i.e., individual cubbies or cloth bags.

○ Assessment Method:
Observe the infant/toddler rooms for conditions as specified.

▲ Threshold of Compliance:
The Center is in compliance if all parts of the rule are met.

■ 470 IAC 3-4.7-129 Infant room furnishings

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 129. (a) The center shall equip each infant room with the following furnishings:
(1) A crib and individual bed clothes for each infant.
(2) A sanitizable rocking chair/glider for each care worker with no more than two (2) rocking chairs/gliders required per room.
(3) A sanitizable changing table unless caregivers change all infants in their individual cribs.
(4) Shatterproof mirrors placed where infants can observe themselves.
(5) Stable, low, and open shelves.
(b) Mesh cribs, mesh play pens, cradles, bean bag chairs, and bassinets of any type are prohibited.

♦ 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 2 per room.

■ 470 IAC 3-4.7-130 Toddler room furnishings
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 130. (a) The center shall equip each toddler room with the following furnishings:
(1) Stable, low, and open shelves.
(2) Child-sized tables and chairs.
(3) At least one (1) sanitizable rocking chair/glider. This is not required if all the children in the room are at least twenty-four (24) months of age.
(4) A sanitizable changing table.
(5) Cots.
(b) Caregivers may substitute cribs for cots, but may not count crib space in square footage.

♦ Intent:

To ensure that the toddler rooms have equipment appropriate to their needs, permitting safe, healthy care. Cribs may be substituted for cots for the younger toddlers, but cannot be counted in determining the square footage.

○ Assessment Method:

Check the furnishings in toddler rooms as specified.

■ 470 IAC 3-4.7-131 Infant/toddler equipment; general
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 131. (a) The center shall provide indoor and outdoor play materials and equipment for caregivers to use with infants and toddlers to stimulate learning, growth, health, and development.

(b) Equipment and play materials shall be durable and free from characteristics that may be hazardous or injurious to infants and toddlers. Hazardous or injurious characteristics include, but are not limited to:
(1) sharp edges;
(2) rough edges;
(3) toxic paint; and
(4) objects small enough for children to swallow.
(c) Diaper bags and car seats from home shall not be allowed in the infant and toddler rooms.
(d) All articles that are used by infants or toddlers shall be sanitizable and sanitized daily and whenever soiled.

♦ Intent:

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

(e) All articles an infant chews on shall be sanitized after each child's use.
(f) Caregivers shall not attach pacifiers, if used, near or around the child's neck.
(g) Caregivers shall sanitize pacifiers when contaminated.
(h) The indoor and outdoor environment shall include ramps and steps that are the correct size for children to practice newly acquired skills.
(i) The infant and toddler outdoor play space must be separate from that of older children.
(j) Infants and toddlers shall have indoor/outdoor small climbing equipment that they can go in and out of, over, and around.

♦ Intent:

To ensure the understanding that any piece of equipment that carries a warning about not being safe on carpet or hard surfaces shall not be used to comply with this rule.

- Climbing equipment is meant to be in each classroom area for infants through 2 year olds.
- Indoor climbing equipment for children under 2 years of age does not have to meet CPSC guidelines unless it is playground equipment. The Center must follow the manufacturer's recommendations for the indoor climbing equipment.

This rule is intended to ensure play equipment and materials as needed to carry out a program of activities which meets the needs of infants and toddlers as specified in 470 IAC 3-4.7-125-130. Children need a variety of toys that are safe, durable and sanitizable. This rule also intends to protect infants/toddlers from injury. Toys and equipment should be carefully selected for safety and regularly inspected and maintained in good repair. Broken toys and equipment shall be discarded or repaired.

○ Assessment Method:

- Observe equipment and toys in infant/toddler rooms for appropriateness to their developmental needs and ages and other conditions.
- Ask Director and staff about plans and their implementation for routine safety inspection of equipment ant toys.

▲ Threshold of Compliance:

The Center is in compliance if all parts of the rule are being met.

■ 470 IAC 3-4.7-132 Infant equipment

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 132. (a) Each room shall have, as a minimum, the following:
(1) Books for caregivers to read and sturdy picture books for children.
(2) Fine motor or manipulative toys.
(3) Gross motor or large muscle equipment.
(4) Sensory items.
(5) A source for playing recorded music.
(b) Caregivers shall provide duplicate toys.
(c) Equipment shall be routinely rotated in and out of the environment.
(d) Television is prohibited in infant areas.

♦ Intent:

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

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

○ Assessment Method:

- Examine sample plans for infant program for evidence of age-appropriate variety of equipment and toys and plans for rotation
- Ask staff about implementation of this rule.
- Observe variety of equipment in infant rooms.

■ 470 IAC 3-4.7-133 Toddler equipment

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 133. (a) Caregivers shall:
(1) provide duplicate toys;
(2) provide an art easel with paint and paper in each toddler room;
(3) have a shatterproof, full body mirror in each toddler room;
(4) have riding toys available and regularly used in the room; and

♦ Intent:

To clarify that riding toys are not required to be present in the room at all times but they are required to be available to the children several times throughout the day. If the Center has an indoor gross motor room that the toddlers use, the riding toys can be used in this room instead of in the classrooms.

(5) routinely rotate equipment in and out of the environment.
(b) Each room shall have, at a minimum, the following:
(1) Dramatic play equipment.
(2) A sand/water/sensory table or container with equipment for measuring and pouring.
(3) Gross motor or large muscle equipment.
(4) Art materials.
(5) Blocks and accessories.
(6) A book corner with comfortable seating, cardboard books, and cloth books.
(7) Musical instruments.
(c) Television is prohibited in toddler areas.

♦ Intent:

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

- Language stimulation: picture books.
- Fine motor development: sorting and stacking toys, mobile pull toys, boxes, push toys, 3 and 4 piece wooden or plastic inlay puzzles, puzzle blocks.
- Building activities: lightweight blocks, cars, trains, boats.
- Activities designed to encourage social interaction: simple, realistic props including stuffed animals, washable dolls, toy telephones.
- Large muscle activities: low climber, fabric, foam or soft plastic balls, riding/rocking toys.
- Activities designed to encourage problem-solving and intellectual development: activities from all of the above categories.

○ Assessment Method:

- Examine sample plans for infant program for evidence of age-appropriate variety of equipment and toys and plans for rotation
- Ask staff about implementation of this rule.
- Observe variety of equipment in infant rooms.

■ 470 IAC 3-4.7-134 Infant feeding
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 134. (a) The center shall provide food that meets the dietary needs of each infant as based on the National Research Council-Recommended Daily Dietary Allowance (NRC-RDA).
(b) Prior to admission, the child's parent shall establish a feeding plan, based on the recommendation of the child's physician, for each infant.
(c) The feeding plan for each infant shall include and list the following:
(1) The specified kind and amount of food or formula to be offered.

(2) The scheduled hours that food or formula are to be offered.
(d) The parent shall update the feeding plan as the child's food intake changes.
(e) Any changes or restrictions from the recommended feeding plan for children for more than forty-eight (48) hours must have a physician's written order.
(f) The center shall post a copy of the child's feeding plan for use by food preparation personnel and the person responsible for feeding the child.
(g) Caregivers shall adjust to infant's individual feeding schedules.
(h) Caregivers shall feed infants in their own rooms.
(i) Caregivers shall wash their hands before each feeding of individual children.
(j) Caregivers shall hold infants while feeding them bottles.
(k) Caregivers shall provide a clean sanitized training cup for each child who is old enough and ready to drink from it.

♦ Intent:

Feeding is important to an infant not only because it provides essential nutriments 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 Center will work closely with the child's parents and physician in establishing the child's feeding plan.

○ 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.
- Observe that all specified conditions are met.

▲ Threshold of Compliance:

The Center is in compliance if all parts of the rule are met.

■ 470 IAC 3-4.7-135 Infant food preparation and storage
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 135. (a) The parent or the center may provide formula.
(b) All canned formula must be unopened, commercially prepared, and ready-to-feed strength.

♦ Intent:

To clarify that if powdered formula is used, a doctor's statement, stating the medical reason for the required formula, shall be on file. Mixing non-ready to feed formula is considered food preparation and must be mixed in an area with a 2 compartment sink and used for food preparation only.

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

♦ Intent:

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

(e) Caregivers shall thoroughly stir food heated in a microwave after heating and before feeding to children.
(f) A refrigerator shall be located in the infant food preparation room.
(g) If a day's supply of bottles is prepared at one (1) time, each bottle shall be covered and labeled with the child's name, date, and time poured.
(h) Staff shall refrigerate prepared bottles and use them within twenty-four (24) hours.
(i) Staff shall cover and refrigerate portions of formula that remain in open original containers that are labeled with date and time opened and shall discard this formula after forty-eight (48) hours if unused.
(j) Staff shall discard any formula remaining in a bottle after a feeding.
(k) Parents may supply filled bottles as follows:
(1) The bottles shall be sterilized.
(2) The nipple must be covered.
(3) The bottle shall be labeled with the child's name and date prepared.
(4) The bottles must be brought to the child care center in a clean, insulated container that keeps the formula at forty-one (41) degrees Fahrenheit or below.
(5) Staff shall return all unused bottles daily.
(6) The parent shall provide one (1) unopened can of ready to feed formula.

♦ Intent:

To protect the health of infants by ensuring that infant food, formula and milk are handled in a safe manner to prevent contamination and ensure proper cleaning and storage.

○ Assessment Method:

- Ask Director and infant caregivers about procedures and their implementation for preparation, cleaning, heating and storage of infant foods and formula or milk.
- Observe the preparation and feeding of infants for conditions specified.

■ 470 IAC 3-4.7-136 Breast milk
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 136. (a) Prior to serving breast milk to an infant, the center shall have on file a written parent agreement as follows:
(1) The parent shall agree to provide breast milk in sterilized bottles or sterile nurser bags.
(2) The parent shall agree to store the milk in a single serving size.
(3) The parent shall assume responsibility for maintaining the milk at forty-one (41) degrees Fahrenheit or below during home storage and transport to the child care center.
(b) The center or the mother must supply sterilized bottles or disposable nurser bags.
(c) The mother shall store her milk in a bottle or bag and refrigerate the milk.
(d) The milk must be labeled with the child's name and the date and time collected.
(e) The bottles must be brought to the child care center in a clean, insulated container that keeps the milk at forty-one (41) degrees Fahrenheit or below.
(f) The center shall use fresh, refrigerated breast milk within forty-eight (48) hours of the time expressed.
(g) Staff shall not thaw or warm breast milk in a microwave oven.
(h) Staff shall discard any breast milk remaining in a bottle after a feeding.
(i) Centers shall support mothers who are breast feeding.

♦ Intent:

To ensure that breast milk is handled safely to prevent contamination. Human milk is the best source of milk for infants for at least the first 12 months of age and thereafter, for as long as mutually desirable. Breastfeeding protects infants from many acute and chronic diseases and has advantages for the mother, as well.

This rule is intended to promote, support and advocate feeding human milk by a mother because of the overwhelming benefits for infants. Using caution, providers can safely and properly serve and store expressed human milk transported to the Center.

○ Assessment Method:

- Check for written agreement with parent with conditions specified.
- Ask Director and infant caregiver about procedures for use of breast milk and for ensuring safe usage and storage.
- Observe the preparation, feeding and storage of breast milk.

▲ Threshold of Compliance:

It is important to find evidence that all parts of this rule are met for compliance.

■ 470 IAC 3-4.7-137 Infant milk

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 137. (a) At feeding time, milk shall be poured from the original container directly into the sterilized bottle or sanitized training cup.
(b) All unused portions of an individual feeding shall be discarded.
(c) The center shall store milk at forty-one (41) degrees Fahrenheit or below.

♦ Intent:

To prevent contamination of milk.

■ 470 IAC 3-4.7-138 Bottle sterilizing procedures

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 138. (a) If bottles are to be washed and sterilized in the infant room, the center must provide a two (2) compartment sink for this purpose only.
(b) The center shall post procedures for bottle sterilization where the sterilization takes place.
(c) Staff shall sterilize permanent ware bottles, nipples, collars, caps, expanders, and tongs as follows:

♦ Intent:

Centers may apply for a variance to use another method for bottle sterilization. The approved method from Caring for Our Children National Health and Safety Standards is: “Bottles, bottle caps, nipples and other equipment used for bottle feeding shall not be reused without first being cleaned and sanitized by washing in a dishwasher or by washing, rinsing and boiling for one minute.”

(1) Prewash all items in hot detergent water.
(2) Scrub bottles and nipples inside and out with bottle and nipple brush.

(3) Squeeze water through the nipple hole during washing.
(4) Rinse items well with clean, hot water.
(5) Boil in clear water as follows:
(A) Bottles for five (5) minutes.
(B) Nipples, caps, collars, and tongs for three (3) minutes.
(d) A commercial bottle sterilizer used according to manufacturer instructions may be substituted for the boiling procedures
in this subdivision.
(e) All items shall be air-dried.
(f) Staff shall store all items separately in clean, covered, and labeled containers, away from food, and in compliance with 410 IAC 7-24 or most current rule concerning food service sanitation requirements.
(g) Hands shall be clean and care taken in handling technique to prevent contamination of clean bottles and nipples.

♦ Intent:

To protect infants from contaminated milk. Infant feeding bottles are contaminated by the child's saliva during feeding. Formula and milk promote growth of bacteria.

○ Assessment Method:

- Ask Director and infant staff about procedures for sterilizing bottles.
- Observe bottle cleaning and sterilizing or sanitizing and check for 2 compartment sink used exclusively for bottles in infant room, if bottles are sterilized there.
- Check for written variance, observe process used and expiration date.
- Check for posting of bottle sterilization procedure, as specified.

▲ Threshold of Compliance:

The Center is in compliance if bottles are sterilized/sanitized as required.

■ 470 IAC 3-4.7-139 Infant solid foods
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 139. (a) Caregivers shall not use a nurser or nurser-type equipment to feed children food unless by written orders from a physician.
(b) Staff shall cover, date, and refrigerate open containers of food. Caregivers shall use or discard the contents of opened jars within twenty-four (24) hours.
(c) Caregivers may serve food from jars or from a separate serving dish using a separate jar or serving dish for each infant.
(d) If caregivers feed children from jars, they shall discard any leftovers in the jars. Caregivers shall discard any leftovers from serving dishes.
(e) Food shall be cut up in small pieces no larger than one-fourth (¼) inch cube.

♦ Intent:

To protect infants from contaminated food. The external surface of a commercial container may be contaminated with disease-causing microorganisms during shipment or storage and may contaminate the food product during feeding.

- A dish should be cleaned and sanitized before use, thereby reducing the likelihood of surface contamination.

- Uneaten food should not be put back into its original container for storage because it may contain potentially harmful bacteria from the infant's saliva.
- 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 Center shall not use this type or equipment without a written order from a physician.

○ Assessment Method:

- Ask Director and staff about procedures for feeding infants solid food.
- Observe the feeding of solid food to infants for conditions specified.

■ 470 IAC 3-4.7-140 Toddler feeding
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 140. (a) The center shall provide food that meets the dietary needs of each toddler as based on the National Research Council-Recommended Daily Dietary Allowance (NRC-RDA).
(b) Caregivers shall wash their hands before feeding of toddlers.
(c) Caregivers shall assist and assure that each toddler washes their hands before each meal.
(d) Caregivers shall feed toddlers in their own room.
(e) Tables and chairs of appropriate height and size, high chairs with a broad base, or feeding tables shall be provided according to the age and development of the child.
(f) Caregivers shall always use safety belts for securing the children when the children are in high chairs and feeding tables.
(g) Caregivers shall remove children from their chair after eating.
(h) Caregivers shall provide a clean sanitized training cup for each child who is old enough and ready to drink from it. Caregivers must cover unused refrigerated training cups.

○ *Assessment Method:*

- *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.*

(i) Caregivers shall allow and encourage children to feed themselves. Caregivers shall maintain supportive help to children for as long as they need such help.
(j) Staff shall serve and have food ready to eat before calling children to meals so they do not have to wait.

♦ Intent:

To clarify that food can be individually plated in the kitchen and transported to the classroom in a sanitary manner or plated in the room in a sanitary manner one at a time as each child is called to the table.

(k) Caregivers must provide appropriate size eating utensils.
(l) When a child is able and seems ready to adjust to eating with others at a table, he or she may be placed at a child's table.

(m) At all meals, adults shall be seated at each table to supervise.
(n) Water shall be offered between meals and snacks to each toddler.
(o) Food must be cut up in no larger than one-half (½) inch cubes.

♦ Intent:

To ensure that toddlers are offered a nutritionally adequate diet in a safe environment which helps the child establish positive attitudes toward eating.

- 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.
- 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 Director and staff about the procedures for feeding toddlers.
- Observe at mealtime to see how toddlers are seated; not whether safety straps are in use.
- Observe other conditions as specified.

■ 470 IAC 3-4.7-141 Infant/toddler sleeping
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 141. (a) The needs of individual children shall determine the sleeping periods.
(b) Caregivers shall place infants on their backs or sides in their cribs for sleeping.

♦ Intent:

To ensure that centers follow Safe Sleep Practices. Parents may not request a waiver for this unless there is a documented medical reason signed by a physician. When infants turn over on their own, it is permissible to leave them on their stomachs rather than awakening them, however all infants shall be placed on back or sides when placed in the crib. It is expected that infants that fall asleep in other locations, such as a swing or seat, be promptly moved to their crib.

Note:

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

(c) Only children under thirty (30) inches tall may use a port-a-crib.
(d) Only children under thirty-five (35) inches tall may use a full-sized crib.
(e) The fifty (50) square feet of required space per child includes space for a crib for each infant.
(f) All cribs shall meet the following guidelines:
(1) Cribs shall be of sturdy construction.

(2) There shall be no corner posts higher than one-sixteenth (1/16) inch.
(3) There shall be no cut-outs in the headboard.
(4) Spaces between the bars of the crib and between the bars and the end panels of the crib shall not exceed two and three eighths (2d) inches.
(5) Each crib shall have a firm mattress at least two (2) inches thick that is securely covered with a waterproof material not dangerous to children.
(6) The gap between the mattress and the interior perimeter of the crib shall not exceed one (1) inch.
(7) Drop-side latches shall be safe and securely hold the sides in the raised position.
(8) Latches shall not be reachable by a child in the crib.
(g) Full-sized cribs shall meet the following guidelines:
(1) The interior dimension shall be greater than fifty-one and three-fourths (51¾) inches in length, and twenty-seven and three eighths (27d) inches in width.
(2) With the mattress support in its lowest position and the crib side in its highest position, the vertical distance from the upper surface of the mattress support to the upper surface of the crib side and end panel shall not be less than twenty-six (26) inches.
(h) Port-a-cribs shall meet the following guidelines:
(1) The interior dimension is smaller than fifty and three-eighths (50d) inches in length but not less than thirty-six (36) inches in length, and smaller than twenty-six (26) inches in width but not less than twenty-four (24) inches in width.
(2) With the mattress support in its lowest position, the vertical distance from the upper surface of the mattress support to the upper surface of the crib side and end panel shall not be less than twenty-two (22) inches.

♦ 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.

(i) Caregivers shall provide at least three (3) feet of space between cribs when occupied.

♦ Intent:

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

(j) Tiered or stacked cribs are prohibited.
(k) Cribs shall be located away from heaters, drafts, and cords from window coverings.
(l) When a child is in a crib, caregivers shall extend the sides to their fullest height.
(m) Staff shall sanitize all cribs as often as necessary and at least daily.
(n) Staff shall sanitize cribs or cots and change bedding between each child's use if they allow two (2) part-time children to share the same crib or cot.
(o) All bedding shall be changed immediately when wet or soiled, and otherwise once each day.
(p) 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.
(q) Soiled bedding shall not accumulate for longer than twenty-four (24) hours before laundering.

(r) Staff shall have a reserve supply of bedding and wash cloths available at all times in case of delays in laundry pickup or delivery.
(s) Each toddler shall have individual bedding with their separate cot or crib.
(t) Caregivers shall assure that at least three (3) feet of space is between toddler cots.

♦ Intent:

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 Center shall use cribs that meet US Consumer Product Safety Commission (CPSC) crib safety standards.

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

○ Assessment Method:

- Ask Director and staff about procedures and their implementation for ensuring safe sleep equipment and for cleaning and sanitizing sleep equipment and bedding.
- Observe infant/toddler sleep equipment and sleeping children for conditions specified. Measurement of the distance between slats may be necessary.

Note:

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

■ 470 IAC 3-4.7-142 Infant room size
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 142. (a) Each newly licensed infant room under this rule shall have a minimum of fifty (50) square feet of usable space per child. This space is exclusive of storage areas, entryways, lockers, and floor area occupied by built-in cabinets.
(b) Any infant room shall have a minimum of thirty-five (35) square feet of usable space per child provided that the same room remains licensed for infants. This space is exclusive of storage areas, entryways, lockers, and floor area occupied by permanent built in cabinets.

♦ Intent:

To prevent injuries and provide sufficient space for activities. Crowding has been shown to be associated with increased risk of developing upper respiratory infections. Also, having sufficient space will reduce the risk of injury.

○ Assessment Method:
Measure space as specified using the method described in 470 IAC 3-4.7-110

■ 470 IAC 3-4.7-143 Infant/toddler rooms; general
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 143. (a) All portions of the means of egress shall comply with the rules of the FPBSC under 675 IAC.
(b) Each infant and toddler room shall have floor-to-ceiling walls on all sides and full doors.

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

(c) No one shall use the infant or toddler rooms as throughways.
(d) The floor covering in infant and toddler rooms shall meet the following standards:
(1) It shall be safe and easily cleaned.
(2) Throw rugs are not permitted.
(3) Staff shall vacuum carpeting daily when children are not present and shampoo the carpeting as frequently as necessary to keep it clean.
(4) Staff shall mop non carpeted flooring daily when children are not present and as frequently as necessary to keep it clean.
(5) The floor covering under and two (2) feet around the area used for diapering, feeding, and preparation of food shall be noncarpeted and easily cleaned.
(e) A sink must be in the infant room or in a room that opens directly into the infant room. If the infant room has a toilet, it must be in a room with a door.
(f) A sink must be in the toddler room or in a room that opens directly into the toddler room.
(g) A toilet must be in a room with a door that opens directly into the toddler room.

♦ 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.

■ 470 IAC 3-4.7-144 School age staffing
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 144. (a) The child care center that enrolls school age children shall have at least one (1) caregiver qualified by training or experience to work with this age group.

(b) The caregivers serving school age children shall receive in-service training that relates to the specific needs of the children served.

♦ Intent:

To ensure that staff have an understanding of the needs of school age children and the knowledge and maturity to plan and administer activities appropriate for school –age children. The rule also ensures that caregivers receive in-service training applicable to school age care.

- Caregiver (s) should have training or course work in child and youth development and/or school-age programming and experience working with school-aged children in licensed or unlicensed school-age care settings.
- Caregivers serving this age group shall have in-service training in school–age programming

○ Assessment Method:

- Check personnel file for qualifications and experience of caregivers of school-age children.
- Check training file for age-appropriate in-service training.

Threshold of Compliance: The Center is in compliance if at least one caregiver meets the qualifications and experience as specified and if in-service training is focused on the needs of school-aged children.

■ 470 IAC 3-4.7-145 School age grouping

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 145. (a) The center shall keep school age children separated from younger children at all times except as in subsection (d) and section 49(f) of this rule.
(b) School age children shall have a clearly defined separate room/area that does not interfere with the care of younger children.

Intent:

To ensure that school age children have a space properly equipped with age appropriate equipment and that they are separated from the younger, smaller children to reduce the risk of injury to the younger children. This does not prohibit the center from using the space for other age groups when the school age children are not present.

(c) Outdoor play areas shall not be used by both preschool and school age children at the same time unless separate, clearly defined play areas are provided.
(d) School age children may choose to interact with children two (2) years of age and preschool children under direct caregiver supervision with the following conditions:

♦ Intent:

To ensure the understanding that this must be voluntary and does not preclude the requirement for a separate area for school-agers.

(1) Caregivers shall permit only one (1) school age child per group of children two (2) years of age or preschool children at any given time.

(2) This shall be a voluntary educational experience and not used as a disciplinary measure or to correct child/staff ratios.
(3) Caregivers shall permit only one (1) school age child per group per day.
(4) School age children shall be counted as children when determining the child/staff ratio.
(5) School age children shall not lift a child.
(6) School age children shall not assist in snack or meal times.
(7) School age children shall not assist in rest time.
(8) School age children shall not assist in supervision of restroom usage or diapering.
(9) School age children shall not be asked to assume responsibility for the care and safety of other children.

♦ Intent:

To protect the safety of younger children and space for the older children to move freely in activities appropriate to their age. Their space shall be separate both indoors and outdoors for the safety of all age groups. This rule also intends to protect the younger child if a school-aged child elects to interact with younger children.

○ Assessment Method:

- Ask Director and staff about the school-age program and procedures to ensure that care is provided in separate spaces, both indoors and outdoors.
- Ask about procedures if and when school age children volunteer to be in a group with younger children to ensure compliance with the specified rules.
- Observe school-age care for conditions specified.

▲ Threshold of Compliance:

The Center is in compliance if all parts of the rule are met.

■ 470 IAC 3-4.7-146 School age program and equipment
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 146. (a) The center shall provide a program and activities that recognize the developmental and educational needs of school age children.
(b) Caregivers shall seek child input in the development of program activities.
(c) Children who have been in school all day shall have time set aside for relaxation and recreation immediately upon arrival from school.
(d) Indoor and outdoor equipment shall be age and physical size appropriate.

♦ Intent:

To ensure that school age care programs meet the developmental, physical, educational and social needs of this age group. Children need time to relax and have fun, as well as a snack. as soon as they arrive at the Center from school.

- The program shall be designed to ensure that school-aged children have the opportunity to use their skills of independence, more sophisticated thinking and ability to plan meaningful activities. Children should be permitted to help plan their program.

- Children should be provided a wide range of appropriate experiences both at the Center and in the community.

○ Assessment Method:
- Ask Director and staff about the school-age program.
- Review written program plans for compliance with the rule.
- Observe program for conditions specified.

▲ Threshold of Compliance:
The Center is in compliance if there is evidence that the school-age program

■ 470 IAC 3-4.7-147 Special needs staffing
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 147. (a) Caregivers serving children who require special program services shall receive in-service training that relates to the specific needs of the children served.
(b) A consulting resource person shall be available to caregivers to provide assistance when necessary.
(c) Directors shall be certified in special needs care by the division within six (6) months of employment as provided by or approved by the division.

♦ Intent:
If a director chooses to be certified in special needs care by an entity other than the entity provided by the Division, the director shall submit a variance request to the Division prior to contemplating the training.

(d) Staff shall have special needs care training by a certified director or the division.

♦ Intent:
To ensure that caregivers serving children who require special program services have the knowledge and experience to meet their needs and provide appropriate care. It is important for Directors to be certified in special needs care and that a resource is called upon to provide assistance to the staff.

○ Assessment Method:
- Check personnel file for qualifications of Director of special program services for compliance.
- Check Director personnel file for certification in special needs and variance, if applicable.

■ 470 IAC 3-4.7-148 Special needs program
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 148. (a) The center shall form a resource team that maintains communication regarding the child's special needs and progress that consists of the following:
(1) Parent.
(2) Child care center director.
(3) Direct caregivers.
(4) Speech pathologists, physical and occupational therapists, educators, and other technical and professional personnel.

(b) The center shall implement recommendations made by the resource team and incorporate the recommendations into a program plan for the child.
(c) The center shall review, evaluate, and document all program recommendations from resource persons related to a child's special needs at least twice a year.

♦ Intent:

To ensure that the Center works closely with parents and the specialists working with the child, maintaining regular communication. This is important to appropriately implement, monitor, review and evaluate the recommendations from the resource persons for each child.

○ Assessment Method:

- Ask Director and staff about the resource team for each child and for procedures to ensure close communication with them.
- Review written program plans for each child.
- Observe the care.

■ 470 IAC 3-4.7-149 Extended hours of operation
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 149. (a) If a child care center is open for business twenty-four (24) hours per day, the center shall contact the SFM for additional fire safety rules.
(b) The center shall have the approval of the SFM and division prior to operating extended hours.

♦ Intent:

To ensure the Center has appropriate approvals for extended hours of care, including operating for 24 hours per day.

■ 470 IAC 3-4.7-150 Night care approval
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 150. (a) The center shall meet all the requirements of this rule and be specifically approved for "Night Care" prior to providing care for any child between the hours of 7 p.m. and 6 a.m.
(b) The specific rules for "Night Care" shall prevail if there is a difference between this rule and the rules for all times of care.

♦ Intent:

To ensure that the Center meets the rules prior to providing night care.

■ 470 IAC 3-4.7-151 Night care staffing
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 151. (a) There shall always be at least two (2) caregivers on duty at all times regardless of the child/staff ratio.
(b) Caregivers counted for purposes of meeting child/staff ratio requirements shall be awake at all times.

♦ Intent:

To protect the safety of children and ensure adequate supervision of children at all times during night care.

○ Assessment Method:

- Check the staffing schedules for caregivers assigned to night care.
- Ask Director and staff about procedures to ensure compliance with child/staff ratio and awake at all times.
- Observe night care.

■ 470 IAC 3-4.7-152 Night care
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 152. (a) Caregivers may combine infants, toddlers, and children two (2) years of age only during evening sleeping hours.
(b) Caregivers shall determine maximum group size by the age of the youngest child.
(c) Caregivers may permit preschool and school age children to sleep in separate areas in the same room during evening hours. Caregivers may make exceptions for siblings.

♦ Intent:

To allow flexibility in assignment of children in night care and to protect the safety of the younger children.

○ Assessment Method:

- Ask Director and staff about mixing of groups as specified.
- Observe night care.

■ 470 IAC 3-4.7-153 Night care program and equipment
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 153. (a) Each child shall have an individual cot, bed, or crib equipped with bedding and maintained in sanitary and safe condition.
(b) Each group must have a posted schedule of evening activities.

♦ Intent:

To ensure the health and comfort of the children and to ensure that parents and staff all have knowledge of the schedule.

○ Assessment Method:

- Observe the area for cots, beds, and cribs, sheets, pillows, pillow cases and blankets for each child.
- Check for posted schedule.

■ 470 IAC 3-4.7-154 Night care food service
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 154. (a) Staff shall serve an evening meal at a regular time each evening to all children that are in attendance and make the meal available to other children who may arrive later.
(b) Staff shall serve a bedtime snack to each child.

(c) Staff shall serve breakfast to all children that have been at the child care center throughout the night and are present at 6:30 a.m.

♦ Intent:

To ensure that the nutritional needs of children in night care are met. Good nutrition is essential for the child's health and growth and it is important to give children a nice evening meal, bedtime snack and breakfast, if there at 6:30 am.

○ Assessment Method:

- Ask the Director and food service about meals for night care to ensure compliance with the rule.
- Check menus for night care.
- Observe mealtime during night care.

■ 470 IAC 3-4.7-155 Ill child care space requirement

Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 155. (a) The center shall use the ill child care room exclusively for ill children and not use the room for any other purpose.
(b) There shall be toilet, hand washing, and diapering facilities used exclusively for ill child care.
(c) The ill child care room shall have a separate entrance from the outside.
(d) The ill child care room shall have separate heating, air conditioning, and ventilation.
(e) The center must contact the child care health section for additional criteria.

♦ Intent:

To protect the health of children by preventing the spread of infection. Transmission of infectious diseases in child care settings may be influenced by the design, construction and maintenance of the physical environment.

- Providing a separate area for children with any illness that requires the child to be sent home allows the staff to give extra attention to hygiene and sanitation, thus minimizing the spread of infection.
- Maintaining the space for ill children exclusively for this care with its own entrance and separate heating, air conditioning, ventilation and toileting facilities, is necessary to prevent the spread of infectious disease.
- In addition, the Center shall contact the Division's health section for other criteria to ensure the protection of children.

○ Assessment Method:

- Ask the Director and staff about the space arrangements for ill child care and procedures to ensure compliance with this rule and others required by the Division child care health section.
- Observe the ill child care space for conditions specified.
- Check for approved sanitation inspection plans to confirm that heating, air conditioning and ventilation requirements are being met.

▲ Threshold of Compliance:

- The Center is in compliance if there is evidence that all parts of this rule are being met although if may be difficult to observe the actual care of ill children in this space.

- Noncompliance with this rule may be the result of a complaint.

■ 470 IAC 3-4.7-156 Existing licensed child care centers
Authority: IC 12-13-5-3
Affected: IC 12-17.2-4
Sec. 156. Existing child care centers licensed under 470 IAC 3-4.1 or 470 IAC 3-4.2, or both, at the time this rule is effective shall have one (1) calendar year to comply with this rule unless specifically stated otherwise.

IC 12-17.2-4
Chapter 4. Regulation of Child Care Centers

■ IC 12-17.2-4-1
Operation of center without proper licensure; prohibition
Sec. 1. (a) A person may not operate a child care center without a license issued under this article.

♦ Intent:
To ensure the understanding that all approvals must be in the data base and verbal approval must be given by a licensing supervisor before a center may open.

(b) The state or a political subdivision of the state may not operate a child care center without a license issued under this article.
(c) A person may not operate a child care center where:
(1) the number of children maintained on the premises at any one (1) time is greater than the number authorized by the license; and
(2) the children are maintained in a building or place not designated by the license.

♦ Intent:
To establish that only child care center operations in Indiana that meet the definition of “child care center” shall be licensed. To further establish that child care is to be provided only in the space approved by the Division.

■ IC 12-17.2-4-2
Conditions for licensing; waivers and variances
Sec. 2. (a) A license may be issued only if a child care center is in compliance with food, health, safety, and sanitation standards as determined by the division under rules adopted by the division under IC 12-17.2-2-4 or in accordance with a variance or waiver approved by the division under IC 12-17.2-2-10.

♦ Intent
To establish that these recommendations must be made and entered into the licensing data base before a license may be issued.

(b) A license may be issued only if the child care center is insubstantial compliance with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under IC 12-17.2-2-4 or in accordance with a variance or waiver approved by the division under IC 12-17.2-2-10.

♦ Intent

To establish that this recommendation must be made and entered into the licensing database before a license may be issued.

(c) The division may issue a waiver or variance regarding a determination by the division or the state fire marshal under subsections (a) and (b).

♦ Intent:

To establish that a representative from the Center must first apply for a variance or waiver in writing before it can be considered.

(d) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care center shall be present at all times when a child is in the care of a child care center.

♦ Intent:

To establish that it is necessary for the Center to have more than one person certified in CPR to meet this regulation.

- All staff shall be aware of persons on site who are CPR certified.
- All infant and toddler caregivers shall be annually certified in infant/child CPR.

(e) An individual who: (1) is employed; or (2) volunteers; as a caregiver at a child care center shall maintain current certification in first aid applicable to all age groups of children cared for by the child care center.

♦ Intent:

To clarify that only employees and volunteers who are counted in the child/staff ratio must be trained in first aid.

(f) Upon request, the county office of family and children shall provide, within forty-eight (48) hours, excluding weekends and holidays, copies of substantiated noncompliances and other substantiated complaints filed with the division of family resources concerning a licensed child care center.

♦ Intent:

To establish the conditions required for licensing of child care centers - substantial compliance with food, health, safety and sanitation standards determined by the Division and fire and life safety rules determined by the state fire marshal or in accordance with a variance or waiver approved by the Division.

■ IC 12-17.2-4-3

Applying for licenses

Sec. 3. (a) An applicant must apply for a child care center license on forms provided by the division.

♦ Intent:

To clarify that these forms are received by new applicants at Orientation II training. Licensing consultants may send applications to current programs that

are considering opening a new center. Renewal applications will be sent to programs from the central office.

(b) An applicant must submit the required information as part of the application.

♦ Intent:

To establish that the application and attestation form must be signed by the same person. The information for the FBI fingerprint must be for the person who signs the application and attestation.

(c) The applicant must submit with the application a statement attesting that the applicant:
(1) has not been convicted of:
(A) a felony;
(i) related to the health or safety of a child;
(ii) that is a sex offense (as defined in IC 11-8-8-5.2);
(iii) that is a dangerous felony; or
(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;
(B) a misdemeanor relating to the health or safety of children;
(C) a misdemeanor for operating a child care center without a license under section 35 of this chapter; or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child or
(D) a misdemeanor for operating a child care home without a license under IC 12-17.2-5-35; or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child and during the pendency of the application.
(2) has not been charged with:
(A) a felony;
(B) a misdemeanor relating to the health or safety of children;
(C) a misdemeanor for operating a child care center without a license under section 35 of this chapter; or
(D) a misdemeanor for operating a child care home without a license under IC 12-17.2-5-35; during the pendency of the application.
(d) An applicant shall, at no expense to the state, submit:
(1) the necessary information, forms, or consents and
(2) the applicants fingerprints:
for a national criminal history background check by the Federal Bureau of Investigation.
(e) Subject to section 3.3 of this chapter, the applicant must, at no expense to the state, do the following:
1)Require an employee or volunteer of the applicant who has direct contact with a child who is receiving child care from the applicant to submit fingerprints for a national criminal history background check by the Federal Bureau of Investigation.
(2) Report to the division any:
(A) police investigations;
(B) arrests; and
(C) criminal convictions;
of which the applicant is aware regarding the applicant or an employee or volunteer described in subdivision (1).
An applicant shall require an individual described in subdivision (1) to apply for a

national criminal history background check before the individual is employed or allowed to volunteer and every three (3) years thereafter that the individual is continuously employed or allowed to volunteer.

♦ Intent:

To protect children from a caregiver or other employees and volunteers in the Center who present risk due to their criminal activity. The statute compels employees and volunteers who have access to children in a Center to comply with a criminal history check.

- Criminal history records must be accessible to licensing consultants to review on site.

○ Assessment Method:

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

■ IC 12-17.2-4-3.3

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

■ IC 12-17.2-4-3.5

Drug testing

Sec. 3.5. (a) A child care center shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for an individual who:
(1) is employed; or
(2) volunteers; as a caregiver at the child care center. The drug testing results required under this subsection must be obtained before the individual is employed or allowed to volunteer as a caregiver.

♦ 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 center 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. Licensees 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.

For initial applications, drug tests are good for 60 days prior to application received date.

Note:

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

(b) A child care center shall maintain a written policy specifying the following:
(1) That the:
(A) use of:
(i) tobacco; or
(ii) a potentially toxic substance in a manner other than the substance's intended purpose; and
(B) use or possession of alcohol or an illegal substance; is prohibited in the child care center when child care is being provided.
(2) That drug testing of individuals who serve as caregivers at the child care center will be:
(A) performed based on a protocol established or approved by the division; and
(B) required if an individual is suspected of noncompliance with the requirements specified under subdivision (1).

♦ Intent:
To clarify that the center must have a policy to address this issue.

(c) If:
(1) the drug testing results obtained under subsection (a) or (b) indicate the presence of a prohibited substance described in subsection (b)(1)(A)(ii) or (b)(1)(B); or
(2) an individual refuses to submit to a drug test; the child care center shall immediately suspend or terminate the individual's employment or volunteer service.
(d) A child care center that suspends an individual described in subsection (c) shall maintain a written policy providing for reinstatement of the individual following rehabilitation and drug testing results that are negative for a prohibited substance described in subsection (b)(1)(A)(ii) or (b)(1)(B).
(e) Drug testing results obtained under this section are confidential and may not be disclosed for any purpose other than the purpose described in this section.
(f) A child care center that does not comply with this section is subject to:

♦ Intent:
To establish that documentation of drug screening is required in all staff files and will be reviewed by licensing consultants.

(1) denial of an application for a license; or
(2) suspension or revocation of a license issued; under this chapter.

♦ Intent:
To protect children from harm by requiring licensees to develop and implement a written policy regarding the use of tobacco, alcohol, potentially toxic substances and illegal substances. The written policy is developed under the guidance of the Division and includes termination or suspension of employment or volunteer service of individuals refusing drug testing or testing positive. Employee and volunteers' right to confidentiality and due process are required.

■ IC 12-17.2-4-5
Grounds for denial of license applications
Sec. 5. (a) The following constitute sufficient grounds for a denial of a license application:
(1) A determination by the department of child services established by IC 31-25-1-1 of child abuse or neglect (as defined in IC 31-9-2-14) by:
(A) the applicant;
B) an employee of the applicant who has direct contact, on a regular and continuous basis, with children who are under the direct supervision of the applicant; or
(C) a volunteer of the applicant who has direct contact, on a regular and continuous basis, with children who are under the direct supervision of the applicant.
(2) A criminal conviction of the applicant, an employee of the applicant who has direct contact with children who are receiving child care from the applicant, or a volunteer of the applicant who has direct contact with children who are receiving child care from the applicant, of any of the following:
(A) A felony:
(i) related to the health or safety of a child;
(ii) that is a sex offense (as defined in IC 11-8-8-5.2);
(iii) that is a dangerous felony; or
(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest
(B) A misdemeanor related to the health or safety of a child.
(C) A misdemeanor for operating a child care center without a license under section 35 of this chapter, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.
(D) A misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.
(3) A determination by the division that the applicant made false statements in the applicant's application for licensure.
(4) A determination by the division that the applicant made false statements in the records required by the division.
(5) A determination by the division that the applicant previously operated a:
(A) child care center without a license under this chapter; or
(B) child care home without a license under IC 12-17.2-5.
(b) Notwithstanding subsection (a)(2), if:
(1) a license application is denied due to a criminal conviction of an employee or a volunteer of the applicant; and
(2) the division determines that the employee or volunteer has been dismissed by the applicant; the criminal conviction of the former employee or former volunteer does not require denial of a license application.

♦ Intent:
To protect children from harm by prohibiting licensure of a child care center that includes a caregiver or volunteer who has a history that includes substantiated child abuse/ a felony conviction, a misdemeanor related to the health or safety of children, a misdemeanor related to the operation of an unlicensed child care center. The statute allows the Division to prohibit licensure of an applicant who falsifies an application or has operated an unlicensed child care program. If an

applicant or licensee moves to protect he children by terminating the employment or services of an employee or volunteer with child abuse or neglect or criminal history, the child care center may continue licensure. This statute provides the Division grounds for an enforcement action against a licensee or applicant.

- The applicant or licensee must provide written documentation to the Division of dismissal of an employee or former volunteer with a criminal conviction.

■ IC 12-17.2-4-6
Incomplete applications
Sec. 6. The division may not act on an incomplete application. The division shall return an incomplete application with a notation as to omissions. The return of an incomplete application shall be without prejudice.

♦ Intent:

This statute is procedural in nature and directs the actions of the Division. The statute prohibits the Division from acting on an incomplete application and requires that it be returned to the applicant.

- The applicant may resubmit the application with all necessary documentation.

■ IC 12-17.2-4-7
Investigations of applicants
Sec. 7. The division shall investigate a person seeking licensure to determine whether the person is in compliance with this article and the rules adopted under this article. The investigation shall be conducted at a reasonable time and in a reasonable manner, in announced or unannounced visits. Activities may include onsite inspections, record reading, observation, and interviewing. The division may require that evidence of compliance with the rules be presented in a form and manner specified in the rules.

♦ Intent:

This statute is procedural in nature and directs the actions of the Division. The statute provides the authority for the Division to conduct a thorough investigation of any person seeking licensure. It allows the Division to make both announced and unannounced visits to investigate a Center. It also establishes the Division's authority to set the standards for evidence of compliance with the rules.

- These investigations address both initial applicants and applicants applying for licensing renewal.

■ IC 12-17.2-4-8
Issuance of licenses
Sec. 8. The division shall issue a license to a person who meets all of the license requirements when an investigation shows the applicant to be in compliance under this article.

♦ Intent:

This statute is procedural in nature and directs the actions of the Division. The statute requires the Division to issue a license to an applicant who meets all of the rules.

■ IC 12-17.2-4-9

Eligibility for variances
Sec. 9. A child care center may be eligible to receive a variance from the requirements of this chapter by complying with IC 12-17.2-2-10.

♦ Intent:
This statute establishes the right of an applicant or licensee to apply for a waiver or variance from these rules.
- A representative from the center must first apply for a variance or waiver in writing before it can be considered.

■ IC 12-17.2-4-10
Denial of licenses
Sec. 10. (a) The division shall deny a license if an applicant fails to meet the requirements for a license.
(b) The division shall send written notice by certified mail that the application has been denied and give the reasons for the denial.
(c) An administrative hearing concerning the denial of a license shall be provided upon written request by the applicant. The request must be made within thirty (30) calendar days after receiving the written notice under subsection (b).
(d) The administrative hearing shall be scheduled within sixty (60) calendar days after receiving the written request.
(e) The administrative hearing shall be held in accordance with IC 4-21.5-3.
(f) The division shall issue a decision within sixty (60) calendar days after the conclusion of the hearing.

♦ Intent:
This statute is procedural in nature and directs the actions of the Division regarding the denial of a license. It establishes the responsibility of the Division to provide due process to the applicant or licensee and establishes timelines for the due process procedure.

■ IC 12-17.2-4-11
Investigation of unlicensed premises
Sec. 11. The division shall investigate any premises that the division has reason to believe are being used for child care without a license in circumstances where a license is required.

♦ Intent:
This statute is procedural in nature and directs the actions of the Division regarding allegations of unlicensed care.

■ IC 12-17.2-4-12
Expiration, transferability, display, and renewal of licenses; other information
Sec. 12. (a) A license for a child care center expires two (2) years after the date of issuance, unless revoked, modified to a probationary or suspended status, or voluntarily returned.

♦ Intent:
To establish that the date of the license expiration is printed on the license.

(b) A license issued under this chapter:
(1) is not transferable;

♦ Intent:
To clarify that a new owner must apply for a new license and is issued a new license ID number.
- The Center must notify the Division in writing in advance of a change in ownership, as required in **470 IAC 3-4.7-11.**

(2) applies only to the licensee and the location stated in the application; and

♦ Intent:
To establish that the license may not be used for a different address.

(3) remains the property of the division.

♦ Intent:
To establish that the license is to be returned to the Division if the Center ceases operation.

(c) A current license shall be publicly displayed.

♦ Intent:
To further define the terms of the license and the requirement that the license must be displayed in order that the public may read the license.
- The license must be displayed in a prominent place regularly viewed by parents.

(d) When a licensee submits a timely application for renewal, the current license shall remain in effect until the division issues a license or denies the application.

♦ Intent:
To allow a licensee to continue to operate even if his/her license has expired provided that the licensee has submitted a complete application for the renewal of the license within the required timeframes.

(e) A licensee shall publicly display and make available, as a handout, written documentation of:
(1) any changes in the status of the licensee's license;

♦ Intent:
To clarify that this refers to a Center receiving from the Division and posting a probationary license for the public to see.

(2) a telephone number and an Internet site where information may be obtained from the division concerning:

♦ Intent:
To ensure the understanding that this information is posted on the license. The website is www.childcarefinder.in.gov

(A) the current status of the licensee's license;
(B) any complaints filed with the division concerning the licensee; and
(C) violations of this article by the licensee; and
(3) a telephone number of the office of the Indiana child care resource and referral program of the county in which the child care center is located.

♦ Intent:
To allow parents to be informed consumers of child care services by ensuring they have access to pertinent information about the child care center.
- This number is also posted on the license.

■ IC 12-17.2-4-13
Provisional licenses
Sec. 13. (a) The division may grant a provisional license to an applicant who is not able to demonstrate compliance with a rule because the child care center is not in full operation.

♦ Intent:
To clarify that provisional licenses are granted to all newly licensed Centers.

(b) A provisional license shall be granted for a limited period not to exceed one (1) year and is subject to review every three (3) months.

♦ Intent:
This statute is procedural in nature and directs the actions of the Division.

■ IC 12-17.2-4-14
Probationary licenses
Sec. 14. (a) The division may grant a probationary license to a licensee who is temporarily unable to comply with a rule if:
(1) the noncompliance does not present an immediate threat to the health and well-being of the children;
(2) the licensee files a plan with the division or the state fire marshal to correct the areas of noncompliance within the probationary period; and
(3) the division or state fire marshal approves the plan.

♦ Intent:
To clarify that the probationary license will not be issued until the plan of action is approved.

(b) A probationary license is valid for not more than six (6) months. The division may extend a probationary license for one (1) additional period of six (6) months.

♦ Intent:
To clarify that a probationary license may be issued in 3 month increments.

(c) An existing license is invalidated when a probationary license is issued.
(d) At the expiration of the probationary license, the division shall reinstate the original license to the end of the original term of the license, issue a new license, or revoke the license.

(e) Upon receipt of a probationary license, the licensee shall return to the division the previously issued license.

♦ Intent:

To clarify that the original license should be returned to the division within 10 calendar days. The probationary license shall be posted in a prominent place regularly viewed by parents.

(f) The division shall:
(1) upon issuing a probationary license under this section, provide written notice to the licensee that the division will provide the notice required under subdivision (2); and
(2) not more than seven (7) days after issuing a probationary license under this section, publish notice under IC 5-3-1 and provide written notice to the parent or guardian of each child enrolled in the child care center of the:
(A) issuance of the probationary license; and
(B) reason for the issuance of the probationary license.

♦ Intent:

This statute is procedural in nature and directs the actions of the Division.

■ IC 12-17.2-4-15
Inspections
Sec. 15. The division and the state fire marshal shall do the following:
(1) Make annual onsite inspections.
(2) Keep written records of their monitoring activities and inspections.

♦ Intent:

This statute is procedural in nature and directs the actions of the Division.

■ IC 12-17.2-4-16
Cooperation by licensees
Sec. 16. The licensee shall cooperate with the division and the state fire marshal in carrying out these activities, including permitting the division and the state fire marshal to conduct announced or unannounced inspections.

♦ Intent:

To compel the licensee to cooperate with the Division and the Department of Homeland Security (state fire marshal's office) including permitting them access to the Center.

- Representatives from the Division and the Department of Homeland Security shall be allowed access to all areas of the licensed Center and to all records.

■ IC 12-17.2-4-17
Unscheduled visits by parents and guardians
Sec. 17. Unscheduled visits by a custodial parent or guardian of a child shall be permitted at any time the child care center is in operation.

♦ Intent:

To protect the children in care by allowing their parents to visit the Center any time the center is in operation. Allowing parents access to the Center is essential in order that parents are able to protect their children and be informed consumers of child care.

- This must be a written part of the Center's enrollment policies.

■ IC 12-17.2-4-17.5
Supervision of children
Sec. 17.5. A licensee shall ensure that a child in the licensee's care is continually supervised by a caregiver

♦ Intent:

To protect children by establishing that it is the responsibility of the licensee to ensure that children are continually supervised by a caregiver.

- This means that qualified caregivers have all children in sight; are alert to any problems that may occur; and are taking an active supervisory role with the children.

■ IC 12-17.2-4-18
Records
Sec. 18. (a) A licensee shall keep records regarding each child in the control and care of the licensee as the division requires and shall report to the division, upon request, the facts the division requires with reference to children.

♦ Intent:

To ensure the understanding that these records must be maintained on site where the children attend.

(b) The division shall keep records regarding children and facts learned about children and their parents or relatives confidential.

♦ Intent:

To protect children and their families, this rule mandates the Division to maintain the confidentiality of records and facts about children and their families.

(c) The following are permitted access to records regarding children and facts learned about children:
(1) A state agency involved in the licensing of the child care center.
(2) A legally mandated child protection agency.
(3) A law enforcement agency.
(4) An agency having the legal responsibility to care for a child placed at the child care center.
(5) The parent, guardian, or custodian of the child at the child care center.

♦ Intent:

To protect the confidentiality of children and their families by specifying who may access records in the Center.

■ IC 12-17.2-4-18.1
Immunizations

Sec. 18.1. (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care center where the licensee provides child care that the child has received complete age appropriate immunizations, including:

♦ Intent:
To ensure the understanding that the ISDH/CDC immunization schedule will be used to determine compliance.

(1) conjugated pneumococcal vaccine; and

♦ Intent:
To clarify that this vaccine is also referred to as PCV.

(2) varicella vaccine or a demonstrated immunity to varicella.

♦ Intent:
To clarify that this vaccine is also known as the chicken pox vaccine.

The state department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations.
(b) A licensee meets the requirement of subsection (a) if:
(1) a child's parent:
(A) objects to immunizations for religious reasons; and
(B) provides documentation of the parent's objection;
(2) the child's physician provides documentation of a medical reason the child should not be immunized; or
(3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations; and the licensee maintains and annually updates the documentation provided by the parent or physician under this subsection.

♦ Intent:
To protect children from exposure to vaccine preventable illnesses by establishing the minimum immunizations required for children in the care of a home. Exemptions for medical and religious reasons are provided.

- Documentation as required in (b) (1) and (2) from parent and physician shall be kept in the child's file on site and not sent to the Division.

○ Assessment Method:

- Observe each child's record to determine if immunizations are current.
- If they are not current, determine if there documentation of a religious exemption or medical documentation regarding the child's immunization status.

■ IC 12-17.2-4-18.5
Duties of child care centers regarding missing child reports
Sec. 18.5. (a) Upon receiving a report under IC 31-36-1-4, a child care center shall thoroughly inspect the report. If the child care center finds that a child on the report required under IC 31-36-1-4 is enrolled at the child care center, the child care center shall immediately notify the Indiana clearinghouse for information on missing children.

(b) Upon receiving a report under IC 31-36-1-4, a child care center shall attach a notice to the child's enrollment records stating that the child has been reported missing. The child care center shall remove the notice when the center is notified under IC 31-36-2-6 that the child has been found.
(c) If a request for the enrollment records of a missing child is received, the child care center shall:
(1) obtain:
(A) the name, address, and telephone number of the person making the request; and
(B) the reason that the person is requesting the school records; and
(2) immediately notify the Indiana clearinghouse for information on missing children.
(d) The child care center may not issue a copy of the enrollment records of a child reported missing without authorization from the Indiana clearinghouse for information on missing children and may not inform the person making the request that a notice that the child has been reported missing has been attached to the child's records.

♦ Intent:

To protect children by ensuring that child care centers receive notice regarding missing children and cooperate with any investigation regarding a possible missing child in the care of the Center.

- The Division maintains blank forms for the center to use The Center sends completed forms to the Division which sends them to the Indiana State Police.

○ Assessment Method:

Interview the Director to determine if the report is received and if she or he is aware of the Center's responsibilities.

■ IC 12-17.2-4-18.7
Violations posing immediate threat to life or well-being of child; orders
Sec. 18.7. (a) The division shall adopt rules under IC 4-22-2 to establish a list of violations of this article that would pose an immediate threat to the life or well-being of a child in the care of a licensee.
(b) If an employee or agent of the division determines that a violation described in subsection (a) exists, the division shall:
(1) issue an emergency or another temporary order under IC 4-21.5-4 requiring the licensee to immediately cease operation of the child care center; and
(2) contact the parent or guardian of each child enrolled in the child care center to inform the parent or guardian:
(A) that the division has issued an order to require the licensee to cease operation of the child care center; and
(B) of the reason for the order to cease operation; pending the outcome of proceedings conducted under sections 20 through 22 of this chapter.
(c) An emergency or another temporary order issued by an employee or agent of the division must be approved by the director.
(d) An approval under subsection (c) may be communicated orally to the employee or agent issuing the order. However, the division shall maintain a written record of the approval.

♦ Intent:

This statute is procedural in nature and directs the actions of the division. This statute gives the division the authority to issue a cease operation order when a center presents imminent danger to the children in care. Emergency closure regulations, which detail reasons for closure, are found in (470 IAC 3-4.8-1).

■ IC 12-17.2-4-19
Notice of enforcement actions; informal meetings
Sec. 19. Except as provided in section 18.7 or 29 of this chapter, the division shall give a licensee thirty (30) calendar days written notice by certified mail of an enforcement action. The licensee shall also be provided with the opportunity for an informal meeting with the division. The licensee must request the meeting within ten (10) working days after receipt of the certified notice.

♦ Intent:
This statute is procedural in nature and directs the actions of the Division regarding due process procedures.
- A request for an informal meeting must be made in writing.

■ IC 12-17.2-4-20
Administrative hearings
Sec. 20. (a) An administrative hearing concerning the decision of the division to impose a sanction under this chapter shall be provided upon a written request by the child care center. The request must be made within thirty (30) calendar days after receiving notice under section 18.7 or 19 of this chapter. The written request must be made separately from an informal meeting request made under section 19 of this chapter.
(b) The administrative hearing shall be held within sixty (60) calendar days after receiving the written request.

♦ Intent:
This statute is procedural in nature and directs the actions of the Division regarding due process procedures.

■ IC 12-17.2-4-21
Procedure for administrative hearings
Sec. 21. A hearing requested under section 20 of this chapter shall be held in accordance with IC 4-21.5-3.

♦ Intent:
This statute is procedural in nature and directs the actions of the Division regarding due process procedures.

■ IC 12-17.2-4-22
Issuance of decisions
Sec. 22. The division shall issue a decision within sixty (60) calendar days after the conclusion of the hearing.

♦ Intent:
This statute is procedural in nature and directs the actions of the Division regarding due process procedures.

■ IC 12-17.2-4-23

Cessation of operations upon suspension of license
Sec. 23. If a license is suspended, a licensed child care center shall cease operation and may not display the license.

♦ Intent:
This statute establishes that a licensee shall cease the operation of the child care center if the license is suspended. The license shall also be removed from public display.

■ IC 12-17.2-4-24
Reinstatement of suspended licenses
Sec. 24. To reinstate a suspended license the following must occur:
(1) The licensee must, within thirty (30) days of the notice of the suspension, submit a plan of corrective action to the division for approval.
(2) The plan must outline the steps and timetable for immediate correction of the violations that caused the division to suspend the license.
(3) The division must approve the plan.

♦ Intent:
This statute establishes the conditions that shall be meet in order for a license to be reinstated after suspension.

■ IC 12-17.2-4-25
Actions of division following suspensions of licenses
Sec. 25. Following the suspension, the division shall do one (1) of the following:
(1) Reinstate the license for the term of the original license.
(2) Revoke the license.
(3) Issue a new license.
(4) Deny a reapplication.

♦ Intent:
This statute is procedural in nature and directs the actions of the division regarding due process procedures.

■ IC 12-17.2-4-26
Cessation of operations upon revocation of license
Sec. 26. A child care center shall cease operation when the license of the child care center is revoked.

♦ Intent:
This statute establishes that a licensee shall cease the operation of the Center if the license is revoked.

Note:
Due process allows the licensee to continue operating through the appeal process. When the appeal process has been exhausted, the Center must cease operation.

- Once the licensee receives notice of the final appeal stage results, he/she must discontinue operating unless the Court grants a stay.
- The Consultant should go to the Center within ten days to verify that the Center is no longer operating.

■ IC 12-17.2-4-27
Notice of license revocation or suspension
Sec. 27. (a) After a license is revoked or suspended, the division shall publish notice under IC 5-3-1 and notify in writing each person responsible for the children in care that the license has been revoked or suspended.
(b) The written notice shall be sent to the last known address of the person responsible for the child in care and shall state that the license of the child care center has been revoked or suspended.

♦ Intent:
To ensure that the public and the parents of children who were in the care of a center are aware of the status of the license. Note: This information is sent once the provider has exhausted his/her appeal rights.

■ IC 12-17.2-4-28
Judicial review
Sec. 28. A final decision of the division made after a hearing is subject to judicial review under IC 4-21.5-5.

♦ Intent:
This statute establishes that a licensee has the right to appeal a decision of the division.

Note:
After a provider has exhausted his/her administrative appeal rights, the provider may file for a judicial review in civil court. The provider is not allowed to operate during this phase of the appeal procedure unless a judge has issued a stay.

■ IC 12-17.2-4-29
Investigation of unlicensed facilities; injunctions; civil penalties; removal of children
Sec. 29. (a) The division shall investigate a report of an unlicensed child care center and report the division's findings to the attorney general and to the division's attorney and the prosecuting attorney in the county where the child care center is located.
(b) The attorney general or the division's attorney may do the following:
(1) Seek the issuance of a search warrant to assist in the investigation.
(2) File an action for injunctive relief to stop the operation of a child care center if there is reasonable cause to believe that:
(A) the child care center is operating without a license required under this article; or
(B) a licensee's noncompliance with this article and the rules adopted under this article creates an imminent danger of serious bodily injury to a child or an imminent danger to the health of a child.
(3) Seek in a civil action a civil penalty not to exceed one hundred dollars ($100) a day for each day a child care center is operating without a license required under this article.
(c) The division may provide for the removal of children from child care centers described in subsection (b).
(d) An opportunity for an informal meeting with the division shall be available after the injunctive relief is ordered.

(e) The civil penalties collected under this section shall be deposited in the division of family resources child care fund established by IC 12-17.2-3-2.
(f) Section 34 of this chapter does not apply to the civil penalties imposed under this section.

♦ Intent:
This statute is procedural in nature and directs the actions of the division regarding due process procedures when investigating unlicensed care.

■ IC 12-17.2-4-30
Expiration of injunctions for operation without a license
Sec. 30. A court order granted under section 29(b)(2)(A) of this chapter expires when the child care center is issued a license.

♦ Intent:
This statute is procedural in nature and directs the court regarding the status of a case.

■ IC 12-17.2-4-31
Expiration of injunctions for creation of imminent danger
Sec. 31. A court order granted under section 29(b)(2)(B) of this chapter expires upon the later of the following:
(1) Sixty (60) calendar days after the order is issued.
(2) When a final division decision is issued under sections 20 through 22 of this chapter if notice of an enforcement action is issued under section 19 of this chapter.

♦ Intent:
This statute is procedural in nature and directs the actions of the division regarding due process procedures.

■ IC 12-17.2-4-32
Grounds for revocation of licenses
Sec. 32. (a) The following constitute sufficient grounds for revocation of a license:
(1) A determination by the department of child services of child abuse or neglect (as defined in IC 31-9-2-14) by:
(A) the licensee;
(B) an employee of the licensee who has direct contact, on a regular and continuous basis, with children who are under the direct supervision of the licensee; or
(C) a volunteer of the licensee who has direct contact, on a regular and continuous basis, with children who are under the direct supervision of the licensee.
(2) A criminal conviction of the licensee, an employee of the licensee who has direct contact with children who are receiving child care from the licensee, or a volunteer of the licensee who has direct contact with children who are receiving child care from the licensee, of any of the following:
(A) A felony:
(i) related to the health or safety of a child;
(ii) that is a sex offense (as defined in IC 11-8-8-5.2);
(iii) that is a dangerous felony; or
(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.
(C) A misdemeanor for operating a child care center without a license under section 35 of this chapter, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.
(D) A misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.
(3) A determination by the division that the licensee made false statements in the licensee's application for licensure.
(4) A determination by the division that the licensee made false statements in the records required by the division.
(5) A determination by the division that the licensee previously operated a:
(A) child care center without a license under this chapter; or
(B) child care home without a license under IC 12-17.2-5.
(b) Notwithstanding subsection (a)(2), if:
(1) a license is revoked due to a criminal conviction of an employee or a volunteer of the licensee; and
(2) the division determines that the employee or volunteer has been dismissed by the licensee; the criminal conviction of the former employee or former volunteer does not require revocation of a license.

♦ Intent:
This statute establishes the grounds the division may use to revoke a license.

■ IC 12-17.2-4-33
Disciplinary sanctions
Sec. 33. (a) A licensee shall operate a child care center in compliance with the rules established under this article and is subject to the disciplinary sanctions under subsection (b) if the division finds that the licensee has violated this article.
(b) The division may impose any of the following sanctions when the division finds that a licensee has committed a violation under subsection (a):
(1) After complying with the procedural provisions in sections
19 through 22 of this chapter:
(A) suspend the license for not more than six (6) months; or
(B) revoke the license.
(2) Seek civil remedies under section 29 of this chapter.

♦ Intent:
This statue establishes that the division may sanction a licensee for noncompliance.

■ IC 12-17.2-4-34
Civil penalty for violation of article
Sec. 34. (a) In addition to the other penalties imposed under this chapter, the division may impose a civil penalty of not more than one thousand dollars ($1,000) for the violation of this article.
(b) The division shall deposit the civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3.

♦ Intent:
This statute is procedural in nature and directs the actions of the division.

IC 12-17.2-4-35
Violations of chapter
Sec. 35. A person who knowingly or intentionally violates this chapter commits a Class B misdemeanor.

■ **IC 12-17.2-4-36**
Investigation of abuse or neglect; child care center
Sec. 36. (a) The department of child services shall conduct an investigation of a claim of abuse or neglect in a child care center.
(b) After an investigation under subsection (a), the department of child services shall make a determination of whether or not abuse or neglect occurred at the child care center.
(c) If the department of child services makes a determination under IC 31-33-8-12 that abuse or neglect at the child care center is substantiated, the department shall send a copy of its report to the appropriate licensing office of the division.

♦ Intent:

This statute is procedural in nature and directs the actions of the division.

The Division of Family Resources, Bureau of Child Care has the authority to deny and revoke licenses based upon substantiated abuse or neglect in Licensed Child Care Homes and Licensed Child Care Centers. Further, the Division has the authority to enter into Informal Consent Agreements with Licensed Child Care Homes and Licensed Child Care Centers once a negative licensing action has been issued. The purpose of these agreements is to allow a child care provider to continue to operate under terms that include specific safety plans designed to protect children and that may also improve their services. These agreements will include more rigorous supervision by the Bureau of Child Care.

The Bureau of Child Care will not issue licenses or enter into informal agreements with Licensed Child Care Centers if the center employs a staff person who was involved in a CPS substantiated case of sexual abuse that occurred at the Licensed Center.

Further, the Bureau of Child Care reserves the right to refuse or revoke a license or enter into Informal Provider Consent Agreements in any case of substantiated abuse or neglect of a child.

■ **Other Definitions**

IC 12-7-2-53.2
"Dangerous felony", for purposes of IC 12-17.2, means one (1) or more of the following felonies:
(1) Murder (IC 35-42-1-1).
(2) Attempted murder (IC 35-41-5-1).
(3) Voluntary manslaughter (IC 35-42-1-3).
(4) Involuntary manslaughter (IC 35-42-1-4).
(5) Reckless homicide (IC 35-42-1-5).
(6) Aggravated battery (IC 35-42-2-1.5).

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