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INTRODUCTION

The Compliance Guide for Family Child Care Home I and II regulations attempts to answer frequently asked questions, indicate the intent of regulations, and provide assistance in complying with regulations. Providers are also encouraged to contact their Child Care Resource Specialist with any questions regarding the regulations or procedures.

Since most family child care takes place in the home of the provider, each family child care business offers its customers a personal style to meet individual needs. Family Child Care Home I and II regulations preserve that which is most special about family child care and at the same time insure that minimum standards for the safety of children are being met by licensed providers.

In developing the rules and regulations for Family Child Care Homes I and II, it was necessary to make additional information available to providers that would help them meet the regulations. The Compliance Guide includes interpretations of the regulations as well as a number of appendixes containing valuable information.

A Child Care Resource Specialist, Fire Inspector, and Health Inspector may make visits to your facility to measure compliance with Family Child Care Home regulations. It is advisable to request identification from these individuals prior to allowing anyone into your home. Agency representatives have identification that they will provide upon your request.

The Department of Health and Human Services Regulation and Licensure hopes that you will find the Compliance Guide a useful resource. If you require additional information, please contact your Child Care Resource Specialist.

COMMON DEFINITIONS

The following definitions apply to all child care/preschool programs:

Agency Representative - Any person employed by or under contract with the Nebraska Department of Health and Human Services, Nebraska Department of Health and Human Services Regulation and Licensure, State Fire Marshal, or their designated agents.

Ages of Children -

1. Infant - A child age 6 weeks to 18 months of age.
2. Toddler - A child age 18 months to 36 months.
3. Preschooler - A child age 36 months to school-age.
4. School-age - A child who attends grades kindergarten and above.

Child Care - The provision of care -

1. To four or more children under age 13 at any one time from families other than that of the provider;
2. For on the average of less than 12 hours per day;
3. For compensation, either indirect or direct;
4. On a regular basis; and
5. By a person other than their parents/guardians (Section 71-1910, Nebraska Revised Statutes).

Child Care Resource Specialist - A Department staff person responsible for measuring compliance with licensing regulations, and who provides consultation and technical assistance to child care providers.

Crib - Federally-approved infant equipment with a mattress.

Department - The Nebraska Department of Health and Human Services Regulation and Licensure.

Family - Individuals who are not household members and have one or more children enrolled in the child care program.

Fence - A barrier at least 36 inches in height, and flush with the ground.

Household Member - Any person residing in or regularly present in the child care home including children and youth for whom 24-hour care is provided.

Infant - A child age six weeks to 18 months.

Own Children - The term "own children" includes biological, adoptive, foster children and grandchildren below age eight.

Parent - The natural parent, adoptive, or step parent(s), guardian, or other legally responsible person.

Premises - The home/facility, including areas of the home/facility not used for child care/ preschool, all attached and all outbuildings, and all areas included within the lot boundaries.

Preschooler - A child age 36 months to school-age.

Recreation Camp - Programs or services that are recreational, social, or instructional and that are provided on a time-limited or irregular schedule and are not for the purpose of providing child care services.

Regulation - A requirement or policy having the force and effect of law.

School-age Child - A child who attends kindergarten or above.

Swimming Pool - Any artificial basin with more than 12 inches of water which has been designed for the purpose of swimming.

Toddler - A child age 18 months to 3 years.

Wading Pool - A portable, above-ground basin filled with 12 or fewer inches of water, and designed for the purpose of wading.

These definitions are specific to a Family Child Care Home I:

Family Child Care Home I - A child care operation in the provider's place of residence which serves at least four but not more than eight children at any one time. A Family Child Care Home I provider may be approved to serve no more than two additional school-age children during non-school hours.

Overnight Care - Care provided for children between the hours of 9:00 p.m. and 6:00 a.m.

Primary Provider - A person age 19 or older responsible for the daily operation of the Family Child Care Home I and to whom the license is issued; also referred to as child care provider.

Registration - The process by which the child care provider self-certifies that s/he has complied with the rules as contained in the Family Child Care I publication.

Registration Clerk - The staff person responsible for processing Family Child Care Home I license applications.

Substitute - A person age 16 or older who provides care in the absence of the primary provider in a Family Child Care Home I.

These definitions are specific to a Family Child Care Home II:

Family Child Care Home II - A child care operation either in the provider's place of residence or a site other than the residence, serving twelve or fewer children at any one time.

Licensee - The owner of the child care program and the person(s) to whom the license is issued.

Overnight Care - Care provided for children between the hours of 9:00 p.m. and 6:00 a.m.

Primary Provider - A person age 19 or older responsible for the daily operation of the Family Child Care Home II and to whom the license is issued, also referred to as the licensee; OR a person age 19 or older responsible for the daily operation of the Family Child Care Home II program and hired by the licensee.

Secondary Provider - A person age 16 or older providing direct care with the primary provider and needed to meet appropriate child/staff ratio as defined in the "Ratio/Capacity for Family Child Care Homes."

Substitute - A person age 16 or older who provides care in the absence of the primary provider in a Family Child Care Home II.

POLICIES

PUBLIC ACCESS TO LICENSING FILES

Public Access to Licensing Files: Department staff shall release information regarding the name of the child care/preschool provider, address, telephone number, type of license, license capacity, hours and days of care, ages of children served, and license effective dates upon verbal or written request.

The following forms, reports, correspondence and documents will be released upon either verbal or written request:

- Application/Affidavit
- Alternative Compliance Request
- Registration Referral Form - Fire Safety Inspection/Fire Marshal
- Registration Referral Form - Sanitation Inspection/Department of Health and Human Services Regulation and Licensure
- Rules Compliance Checklist
- Closure Form
- Noncompliance Report/Compliance Review
- Fire Safety Inspection Reports and Correspondence
- Sanitation Inspection Reports and Correspondence
- Letters initiating revocation, denial, suspension, extension of a license, or probationary license status
- Licensing Agreements
- Emergency Closing Orders
- Order of License Reinstatement
- Finding and Order resulting from an appeal hearing
- Declaratory Ruling resulting from a failure to appeal

Information Released to Other Governmental Entities: Copies of the following documents may be sent to other governmental entities:

- Warning letters
- Noncompliance Reports/Compliance Reviews
- Extensions of provisional licenses
- Issuances of probationary licenses
- Letters initiating action to deny, suspend, revoke, extend a license or place on probationary license status
- Emergency Closing Orders

If the above information includes any reference to specific names of children, their parents, Child Protective Services reports or records or law enforcement investigative reports, these references must be deleted before release.

Information Not Released: The following information documents or forms will NOT be released:

- Names, addresses and phone numbers of complainants
- Names of enrolled children and their parents/guardians
- Child Protective Services reports or records, Adult Protective Services reports or records, Nebraska Child Abuse and Neglect Central Registry and Nebraska Adult Protective Services Central Registry information or law enforcement investigative reports
- Felony/misdemeanor statements
- Reference release statements

Reference letters
Enrollment/Attendance Form
Internal Department correspondence
Investigative reports and notes
Documentation regarding unlicensed care investigations
Medical records/Health Information Reports

Department staff shall not release information until the licensee has received the information or a reasonable effort has been made to provide the licensee with the information.

Requested information will be available five working days after the request is received.

If a determination is made to deny a request for information and the requesting party objects or further insists on production, Department staff shall consult with Legal Services for assistance in preparation of a written response as required by Nebraska Revised Statutes, Section 84-712.04.

Child Care/Preschool Provider Access to Licensing Files: Child care/preschool providers must receive a statement describing non-compliance(s) and/or complaint(s) specific to child care/preschool licensing regulations during the child care/preschool licensing visit.

Child care/preschool providers must have the opportunity to provide written comment about all non-compliances and complaints in the following ways:

1. The child care/preschool provider may indicate comments and/or clarification on the agency documentation at the time of the visit.
2. The child care/preschool provider may submit a written letter or memo to the appropriate Department staff. Department staff shall attach the letter or memo to the non-compliance documentation and forward to the file.
3. A written confirmation will be sent to the provider indicating that the information has been placed in the file.

Providers shall have the right to review their child care/preschool program licensing file that is retained in the Department Central Office, Lincoln, Nebraska. Requested information will be available for review in Lincoln Central Office, 301 Centennial Mall South, Lincoln, Nebraska from 9:00 a.m. to 4:00 p.m. on weekdays except for state holidays, ten business days after the request is received.

Restricted Information: All information contained in this file may be reviewed with the exception of the following:

1. Any information that identifies person(s) who made complaints or alleged non-compliance with regulations;
2. Child Protective Services reports and records, Nebraska Child Abuse and Neglect Central Registry information, Adult Protective Services reports and records, Nebraska Adult Protective Services Central Registry information and law enforcement investigative reports;
3. Reference letters;
4. Internal Department correspondence;
5. Investigative reports and notes; and
6. Documentation regarding unlicensed care investigations.

Death of a Child: Upon notification of a death of a child attending any child care/preschool facility, Child Protective Services must be notified, and Department staff shall determine if the child care/preschool facility is licensed. If the child care/preschool program is licensed, a clearance with the Nebraska Child Abuse and Neglect Central Registry will be completed for the following individuals: all caregivers, household members, other involved parties, and the deceased child. A review of relevant licensing files, if applicable, will also be completed by Department staff.

If the Nebraska Child Abuse and Neglect Central Registry and/or file indicate possible concerns, Department staff shall inform the appropriate Child Protective Services supervisor and local law enforcement agency by telephone followed by written notice. Documentation of contact must be placed in the licensing file if the incident occurred in a licensed facility. The documentation must be filed separately if the incident occurred in an unlicensed facility.

One of the following sources may be used when obtaining verification of such incidents:

1. Law enforcement reports and County Attorney records, including Coroner's report;
2. Death certificate via Department of Health and Human Services, Vital Statistics.

Should documentation reveal that death is attributed to S.I.D.S. (Sudden Infant Death Syndrome), that information will be filed. A telephone call offering support and resource information may be made by Department staff.

Should documentation reveal that the death was of a nature other than S.I.D.S. and was not the result of any law violation, that information will be filed. A telephone call offering support and resource information may be made by Department staff.

Should documentation reveal that the death was crime-related, the information will be reviewed to determine non-compliance with licensing regulations and a negative action will be initiated.

Notification of Parents When an Emergency Closing Order Is Issued: Whenever the Director of the Nebraska Department of Health and Human Services Regulation and Licensure finds that an emergency exists requiring immediate action to protect the physical well-being and safety of children in a child care/preschool program, the Director may issue an "Emergency Closing Order" declaring the existence of an emergency and requiring that action be taken as the Director deems necessary. Any licensed child care/preschool provider to whom the Emergency Closing Order is directed shall comply immediately.

Department staff shall inform the parents of enrolled children of the issuance of the Emergency Closing Order by telephone and in writing.

Parents and appropriate Department staff must be informed of the following:

1. An Emergency Closing Order issued by the Director of the Nebraska Department of Health and Human Services Regulation and Licensure to protect the physical well-being and safety of the children in care at the facility;
2. The date and time the order is effective;
3. A general description of the circumstances which endangered the health and safety of the children;
4. An explanation of how parents may obtain information regarding the facility's compliance with licensing standards;

5. The names and telephone numbers of resources that could assist parents in locating another provider, if necessary; and
6. The name and work number of the appropriate Department staff.

Appropriate Department staff must be notified when a decision has been made to issue an Emergency Closing Order and when the Order has been delivered.

Lifting of an Emergency Closing Order: If an Emergency Closing Order is lifted, written notice will be immediately provided.

The Department shall inform the parents of enrolled children in writing when an Emergency Closing is lifted.

COMPLIANCE GUIDE FOR FAMILY CHILD CARE HOME I AND II
CHILD CARE PROVIDER REQUIREMENTS

PROVIDER

1. THE CHILD CARE PROVIDER SHALL BE AT LEAST 19 YEARS OF AGE.

No further interpretation.

2. THE CHILD CARE PROVIDER SHALL PROVIDE A VALID SOCIAL SECURITY NUMBER AS VERIFICATION OF CITIZENSHIP OR LAWFUL RESIDENCE STATUS IN THE UNITED STATES.

A Federal I. D. number is also acceptable. Providers do not need to submit social security cards. The number should be indicated on the application.

3. THE CHILD CARE PROVIDER MUST UNDERSTAND AND BE FAMILIAR WITH THE RULES FOR FAMILY CHILD CARE HOMES.

No further interpretation.

4. THE CHILD CARE PROVIDER SHALL PAY AN INITIAL LICENSE FEE AND ANNUALLY THEREAFTER.

No further interpretation.

5. PARENTS SHALL HAVE ACCESS TO THEIR CHILDREN AT ALL TIMES THAT CHILDREN ARE IN CARE.

Parents must be allowed to enter the family child care home whenever their children are in attendance. The child care provider shall not make arrangements for children to be cared for at a location other than the provider's home without the parent(s)' knowledge.

- A. THE CHILD CARE PROVIDER SHALL PERMIT ANNOUNCED AND UNANNOUNCED VISITS BY AGENCY REPRESENTATIVES DURING THE HOURS OF OPERATION.

Agency representatives must be allowed to enter the child care home during the hours listed on the provider's license. (See definition of agency representatives.)

- B. DENIAL OF IMMEDIATE AND UNRESTRICTED ACCESS TO THE PREMISES TO AGENCY REPRESENTATIVES WILL BE BASIS FOR SUSPENSION OR REVOCATION OF THE LICENSE.

Agency representatives shall have access to the premises (the home, outbuildings and the surrounding grounds) in order to measure compliance with regulations. This may include areas not used for child care (i.e., basement, second floor, garages). (See definition of premises.)

- C. DENIAL OF IMMEDIATE AND UNRESTRICTED ACCESS TO THE LICENSED PREMISES TO PARENTS WILL BE BASIS FOR SUSPENSION OR REVOCATION OF THE LICENSE.

No further interpretation.

6. THE CHILD CARE PROVIDER SHALL ASSUME RESPONSIBILITY FOR PROVIDING ADEQUATE AND APPROPRIATE SUPERVISION AT ALL TIMES CHILDREN ARE IN ATTENDANCE. ANY DESIGNATED SUBSTITUTE SHALL HAVE THE SAME RESPONSIBILITY FOR PROVIDING ADEQUATE AND APPROPRIATE SUPERVISION. ULTIMATE RESPONSIBILITY FOR SUPERVISION WILL BE WITH THE CHILD CARE PROVIDER.

When parents are not on the premises, ultimate responsibility for supervision will be with the **PRIMARY** child care provider in Family Child Care Homes I and II.

Every situation will differ, however, it is expected that providers will use good judgment to assess the supervision needs of children in care. It is inappropriate for children to be left unattended inside the home during non-napping periods. It is acceptable to use a monitor while **infants** are sleeping inside and other children are outside with the provider. Monitors **DO NOT** replace supervision, therefore, children must be checked often, and it is only acceptable to use a monitor while a provider is **on the premises**. Ideas for providing appropriate supervision include: remaining in the same room as children, keeping children within visual and/or hearing range, reducing distractions and interruptions (i.e., telephone calls, television, etc.), providing interesting and stimulating activities for children, and understanding children's developmental needs. Proper supervision can reduce the chances of accidents, inappropriate behavior and provider stress.

7. ALCOHOL OR CONTROLLED SUBSTANCES AS DEFINED IN NEBRASKA REVISED STATUTES, SECTION 28-401 THROUGH 403 AND 28-439, WILL NOT BE CONSUMED IN ANY AREA OF THE HOME DESIGNATED FOR CHILD CARE DURING THE HOURS OF OPERATION. PROVIDER AND/OR DESIGNATED SUBSTITUTE SHALL NOT CONSUME OR BE UNDER THE INFLUENCE OF ALCOHOL OR CONTROLLED SUBSTANCES WHILE PROVIDING CARE. CONTROLLED SUBSTANCES WILL NOT BE IN ANY AREA OF THE CHILD CARE PROGRAM.

This includes alcohol and illegal drugs. Legally prescribed medications are not included.

8. THE CURRENT LICENSE WILL BE PROMINENTLY POSTED SO THAT IT IS CLEARLY VISIBLE TO PARENTS AND OTHERS.

For example, the license could be posted on the wall, a door used by parents, the refrigerator, etc. It should be posted where it can be easily seen by parents.

9. THE CHILD CARE PROVIDER SHALL ENSURE THAT THE MAXIMUM NUMBER OF CHILDREN STATED ON THE LICENSE IS NOT EXCEEDED AT ANY TIME.

See child-staff ratio p. 22.

10. THE CHILD CARE PROVIDER SHALL NOT ENGAGE IN ANY OTHER EMPLOYMENT WHICH INTERFERES WITH THE CARE OF CHILDREN.

Caring for children should be the provider's primary concern. Any business or employment that takes time away from supervision, etc., would be interfering with care.

11. A "CHILDREN'S RECORD" WILL BE COMPLETED BEFORE ENROLLMENT, AND KEPT CURRENT FOR EACH CHILD IN CARE.

“Children’s Record” forms (DSS-0363) are contained in the Parent Handbook. At least one form must be on file for each family. All blanks must be completed by the parent/guardian prior to enrollment. It is recommended that providers review child record forms with parents to ensure they are accurate, and that forms are updated as needed.

12. THE CHILD CARE PROVIDER SHALL GIVE PARENTS PLACING A CHILD(REN) IN THE FAMILY CHILD CARE HOME A DEPARTMENT PARENT HANDBOOK AND SHALL RETAIN THE RECEIPTS ON THE PREMISES. THE RECEIPTS WILL BE AVAILABLE FOR REVIEW UPON REQUEST.

Parent Handbooks for Family Child Care Home I providers are available through your registration clerk (see Appendix for registration clerk list). Family Child Care Home II providers, contact your Child Care Resource Specialist (see map in Appendix). It is important that parents receive the Parent Handbook so that they can review the regulations.

13. THE CHILD CARE PROVIDER SHALL REPORT THE FOLLOWING CHANGES TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE: ADDRESS, HOUSEHOLD COMPOSITION, CHILDREN RESIDING IN THE HOME, AND DAYS AND HOURS OF CARE.

Changes should be reported within 10 working days. Marriage, separation, the birth or adoption of a child, and the addition of a foster child, are examples of family composition changes that must be reported to the registration clerk. The registration clerk will provide a new application for you to submit if you are a Family Child Care Home I provider. Family Child Care Home II providers should contact their Child Care Resource Specialist. A felony/misdemeanor statement must be completed if the person entering the household is age 19 or older. If the provider is moving, this change should be reported **prior** to the move.

A fire inspection is required for any new address.

14. THE CHILD CARE PROVIDER SHALL REPORT TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE WITHIN 24 HOURS OR NEXT BUSINESS DAY WHEN THE FOLLOWING CONDITIONS OCCUR WITHIN THE CHILD CARE PROGRAM: 1) THE DEATH OF ANY CHILD; 2) ANY ACCIDENT TO CHILDREN WHICH REQUIRES HOSPITALIZATION OR TREATMENT AT A MEDICAL FACILITY.

If an accident occurs on the premises, it must be reported regardless of who seeks medical attention (i.e., parent). Providers do not need to report when a child becomes ill, has doctor appointments or other types of non-accidental circumstances/situations. (See policy section regarding death of a child.)

15. THE CHILD CARE PROVIDER WHO HAS REASON TO BELIEVE CHILD ABUSE OR NEGLECT MAY BE OCCURRING IN THE FAMILY CHILD CARE HOME, IN THE CHILD’S HOME, OR ELSEWHERE, SHALL IMMEDIATELY FILE A REPORT WITH THE CHILD ABUSE-NEGLECT HOTLINE (1-800-652-1999) AND/OR APPROPRIATE LOCAL LAW ENFORCEMENT AGENCY.

Nebraska law requires that anyone who has information that a child may be a victim of abuse, neglect or sexual abuse is required to report this to authorities responsible for investigating these situations. These authorities include the Department of Health and Human Services System, Child Protective Services Division (CPS) and Law Enforcement Agencies. You may report these cases to

Child Protective Services by contacting your local Department of Health and Human Services, or by calling the Hotline described in the regulation. You also have the option of notifying your local Law Enforcement Agency to report your concerns.

Many providers are concerned about making reports of suspected child abuse due to the possibility that their concerns are unwarranted. It is important to keep in mind that trained personnel will conduct an investigation to determine whether or not maltreatment occurred. Not all calls are accepted for investigation and it is therefore, important to provide the agencies with as much specific information as possible.

You have the option of making an anonymous report, but you will be asked if you are willing to leave your name and telephone number. Your identity will not be released, and will be kept confidential. When reports are made in good faith, the complainant is protected by law from liability charges.

HEALTH EXAMINATIONS

16. THE CHILD CARE PROVIDER SHALL SUBMIT A COMPLETED "HEALTH INFORMATION REPORT" OR A REPORT CONTAINING ALL INFORMATION REQUIRED IN THE "HEALTH INFORMATION REPORT" CURRENT WITHIN SIX MONTHS, AS PART OF THEIR INITIAL LICENSE APPLICATION. A CHILD CARE PROVIDER SHALL HAVE A HEALTH INFORMATION REPORT COMPLETED EVERY TWO YEARS AFTER INITIAL LICENSURE AND RETAINED ON THE PREMISES. THE HEALTH INFORMATION REPORT, PART B, WILL BE COMPLETED BY A MEDICAL PRACTITIONER.

A medical practitioner includes a certified nurse practitioner, registered nurse, physician's assistant or a physician. Potential sources for completing this form include your local health department or clinic. A complete physical is not required.

SUBSTITUTES AND HOUSEHOLD MEMBERS

17. WHEN CHILD CARE IS BEING PROVIDED IN THE RESIDENCE OF THE PROVIDER, THE CHILD CARE PROVIDER SHALL NOTIFY THE DEPARTMENT BY COMPLETING AN APPLICATION WHEN THERE IS A CHANGE IN HOUSEHOLD MEMBERS RESIDING IN THE HOME.

No further interpretation.

18. SUBSTITUTE PROVIDERS MUST BE AT LEAST 16 YEARS OF AGE. ALL FAMILY CHILD CARE HOME REGULATIONS REGARDING SUPERVISION AND CARE OF CHILDREN WILL APPLY TO SUBSTITUTE(S).

It is recommended that the provider familiarize any substitutes with emergency procedures, daily routines, the children, and the regulations. It is further recommended that substitutes complete first-aid and CPR courses. Substitutes are not required to complete in-service hours.

19. THE CHILD CARE PROVIDER SHALL SUBMIT THE NAMES OF REGULARLY IDENTIFIED SUBSTITUTE(S) ON THE APPLICATION OR AN AMENDMENT TO THE APPLICATION. ALL REGULATIONS REGARDING BACKGROUND CHECKS WILL APPLY TO REGULARLY IDENTIFIED SUBSTITUTE(S).

A felony/misdemeanor statement is required. If a provider has not identified a regular substitute on the application on file and identifies one during the course of the license, s/he needs to submit a new application reflecting that change.

20. EXCEPT IN EMERGENCY SITUATIONS, THE CHILD CARE PROVIDER SHALL INFORM PARENTS IN ADVANCE OF THE PLANNED USE OF A SUBSTITUTE PROVIDER.

This may be done verbally or in writing.

BACKGROUND CHECKS

21. WHEN CHILD CARE SERVICES ARE BEING PROVIDED IN THE PROVIDER'S RESIDENCE, THE CHILD CARE PROVIDER SHALL SUBMIT:
- A. A COMPLETED APPLICATION INCLUDING THE NAMES OF ALL PERSONS RESIDING IN THE HOME. THOSE PERSONS AGE 13 AND OLDER MUST BE CLEARED AGAINST THE NEBRASKA CHILD ABUSE AND NEGLECT CENTRAL REGISTRY AND NEBRASKA ADULT PROTECTIVE SERVICES CENTRAL REGISTRY (AGE 18).
 - B. FELONY/MISDEMEANOR STATEMENTS FOR ALL HOUSEHOLD MEMBERS AGE 19 AND OVER, INCLUDING ANY CRIMES FOR WHICH A JUVENILE HAS BEEN ADJUDICATED AS AN ADULT.
 - C. A COMPLETED APPLICATION AND FELONY/MISDEMEANOR STATEMENT WHEN THERE IS A CHANGE IN HOUSEHOLD MEMBERS RESIDING IN THE HOME WITHIN TEN DAYS OF THE CHANGE.

No further interpretation.

FELONY/MISDEMEANOR STATEMENT

22. BEFORE THE ISSUANCE OF A LICENSE, THE CHILD CARE PROVIDER SHALL SUBMIT A "FELONY/MISDEMEANOR STATEMENT", SIGNED AND DATED BY ALL HOUSEHOLD MEMBERS AGE 19 AND OLDER, WHICH INCLUDES THE FOLLOWING INFORMATION:
- A. FELONY AND/OR MISDEMEANOR ARRESTS RELATED TO CRIMES AGAINST CHILDREN;
 - B. MISDEMEANOR TICKETS, OTHER THAN TRAFFIC VIOLATIONS;
 - C. FELONY AND/OR MISDEMEANOR CONVICTIONS;
 - D. ANY PENDING CRIMINAL CHARGE(S);
 - E. CURRENT PAROLE OR PROBATION STATUS.

THIS STATEMENT WILL INCLUDE ALL LAW ENFORCEMENT CONTACTS, REGARDLESS OF PROSECUTION.

These forms are provided to Family Child Care Home I providers by the registration clerk, and to Family Child Care Home II providers by a Child Care Resource Specialist.

23. THE CHILD CARE PROVIDER AND/OR HOUSEHOLD MEMBERS SHALL NOT ENGAGE IN OR HAVE A HISTORY OF BEHAVIOR INJURIOUS TO OR WHICH MAY ENDANGER THE HEALTH OR MORALS OF CHILDREN.

No further interpretation.

REGISTRY CHECKS

24. THE NAMES OF THE CHILD CARE PROVIDERS, SUBSTITUTES, AND ALL HOUSEHOLD MEMBERS AGE 13 AND OLDER MUST BE CHECKED AGAINST THE NEBRASKA CHILD ABUSE AND NEGLECT CENTRAL REGISTRY AND THE NEBRASKA ADULT PROTECTIVE SERVICES CENTRAL REGISTRY (AGE 18 AND OLDER).
25. WHEN CHILD CARE IS BEING PROVIDED IN THE RESIDENCE OF THE PROVIDER, ANY HOUSEHOLD MEMBERS AGE 13 OR OLDER APPEARING AS A PERPETRATOR OF PHYSICAL ABUSE/NEGLECT ON THE NEBRASKA CHILD ABUSE AND NEGLECT CENTRAL REGISTRY AND/OR NEBRASKA ADULT PROTECTIVE SERVICES CENTRAL REGISTRY AND/OR ADJUDICATION IN ADULT OR JUVENILE COURT SHALL NOT BE ON THE PREMISES DURING THE HOURS OF OPERATION.

The Central Registry for Child Abuse and Neglect and the Registry for Adult Protective Services are computerized listings of individuals who have had contact with the Department of Health and Human Services and abuse or neglect has been substantiated. A license will not be issued to a provider whose name appears on either registry as a perpetrator. If care is provided in the home, and any household member appears on either registry as a perpetrator of abuse or neglect, that person shall not be on the premises during the hours of operation. A license will not be issued if care is provided in the home, and any household member is listed on either registry as a perpetrator of sexual abuse.

REPORT OF LAW ENFORCEMENT RECORD

26. THE CHILD CARE PROVIDER IS RESPONSIBLE FOR REPORTING ANY ARRESTS, MISDEMEANOR TICKETS OTHER THAN TRAFFIC VIOLATIONS, PENDING CRIMINAL CHARGES AND/OR ANY FELONY/MISDEMEANOR CONVICTIONS ON THEMSELVES, SUBSTITUTES, SECONDARY PROVIDERS AND/OR HOUSEHOLD MEMBERS WHEN CARE IS PROVIDED IN THE PLACE OF RESIDENCE.

Contact your Child Care Resource Specialist or registration clerk with this information. All law enforcement contact must be reported.

CHILD CARE PROVIDER TRAINING

PRE-SERVICE TRAINING

27. BEFORE THE ISSUANCE OF A PROVISIONAL LICENSE, THE PROVIDER SHALL COMPLETE TRAINING IN THE FOLLOWING AREAS:

- A. ORIENTATION TO CHILD CARE LICENSURE, ONE HOUR PROVIDED BY THE DEPARTMENT. THIS DOES NOT APPLY TO THE SECONDARY PROVIDER OF A FAMILY CHILD CARE HOME II.

Orientation will be counted toward annual inservice training.

- B. CARDIOPULMONARY RESUSCITATION (CPR); and
- C. FIRST AID.

It is recommended that the training course include infant and child CPR when possible. The number of years credit granted by the certified trainer is that which will be considered current. First Aid training resources include: American Red Cross, a licensed health professional (i.e., physician, physician assistant, nurse, EMT) or a certified instructor in First Aid.

Child Care Resource Specialists will ask to view cards during their visit.

PROVISIONAL YEAR TRAINING

28. A CHILD CARE PROVIDER SHALL OBTAIN A MINIMUM OF 12 HOURS OF TRAINING. TWO HOURS OF CPR AND ONE HOUR OF FIRST AID WILL BE COUNTED IN THE YEAR THAT EACH IS TAKEN TOWARDS THE REQUIRED TRAINING. TRAINING HOURS OBTAINED IN THE CALENDAR YEAR PRIOR TO PROVISIONAL LICENSURE WILL BE COUNTED IF THE TRAINING TAKEN INCLUDES TOPIC AREAS LISTED IN #30.

Providers have one year from their license effective date to complete 12 hours of training. For Family Child Care Home II, this also applies to the secondary provider. Providers with current CPR/ First Aid certification will be allowed to apply the three-hour credit (two hours CPR; one hour First Aid) to the 12 clock hours of training.

29. WRITTEN DOCUMENTATION OF ALL TRAINING WILL BE MAINTAINED ON THE FAMILY CHILD CARE HOME PREMISES AND AVAILABLE FOR REVIEW UPON REQUEST.

Providers should keep all documentation of training completed in the provisional year. Since the provider has an entire year to complete and document the training required, it will be reviewed at the completion of that year. For example, Mary Smith receives a provisional license effective 7-1-98. Mary Smith will complete and document 12 clock hours of training between 7-1-98 and 7-1-99. Licensing staff will review this documentation during their visit.

ANNUAL IN-SERVICE TRAINING

30. CHILD CARE PROVIDERS SHALL OBTAIN A MINIMUM OF 12 CLOCK HOURS OF IN-SERVICE TRAINING ANNUALLY. SECONDARY PROVIDERS WHO WORK 20 HOURS OR LESS WILL BE REQUIRED TO COMPLETE SIX HOURS OF TRAINING.

Providers have one year from their license effective date to complete 12 clock hours of training.

CHILD CARE PROVIDERS LICENSED BEFORE IMPLEMENTATION OF THESE REGULATIONS SHALL MEET THE FOLLOWING REQUIREMENTS:

CALENDAR YEAR 1997 - 10 CLOCK HOURS OF IN-SERVICE TRAINING*
CALENDAR YEAR 1998 - 12 CLOCK HOURS OF IN-SERVICE TRAINING*

*SECONDARY PROVIDERS WHO WORK 20 HOURS OR LESS WILL BE REQUIRED TO COMPLETE HALF OF THE CLOCK HOURS LISTED.

This applies to providers licensed prior to 5/20/95.

Beginning January 1999, the calculation of in-service training will convert from a license year to a calendar year. All Family Child Care Home providers, including those who are provisional, will be required to complete the **equivalent** of one hour per month of in-service training for a total of 12 hours per year. However, providers are not **required** to obtain one hour of in-service each month.

For example: If Mary Q. Public received a provisional license from August, 1998 to August 1999, she will be expected to complete 12 hours of in-service during this time period. After August of 1999, she will be required to obtain four hours of in-service from September, 1999 through December, 1999. Beginning January 1, 2000, she will need to obtain 12 hours for that year or the (equivalent) of one hour per month. Providers holding an operating license from January 1, 1998 on will be required to have 12 hours on in-service by December 31, of each year.

IN-SERVICE TRAINING WILL INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING TOPIC AREAS:

These are CDA approved topics for appropriate practice with children. Child Development Associate (CDA) is a credential awarded to those who demonstrate satisfactory performance in six competency core areas established by the Child Development Associate Consortium. A Child Development Associate (CDA) works as a child care provider or early childhood educator.

- A. SAFE ENVIRONMENT
To promote a safe environment that prevents and reduces injuries.
- B. HEALTHY ENVIRONMENT
To promote good health, nutrition and the prevention of illness.
- C. LEARNING ENVIRONMENT
To promote the use of space, relationships, materials, and routines as resources for constructing an interesting, secure, and enjoyable environment that encourages play, exploration, and learning.
- D. PHYSICAL DEVELOPMENT
To promote a variety of equipment, activities, and opportunities to enhance the physical development of children.
- E. COGNITIVE LEARNING
To promote activities and opportunities that encourage curiosity, exploration and problem solving appropriate to the developmental levels and learning styles of children.

- F. **COMMUNICATION**
To promote communication with children and provide opportunities and support for children to understand, acquire, and use verbal means of communicating thoughts and feelings.
 - G. **CREATIVE LEARNING**
To promote opportunities that stimulate children to play with sound rhythm, language, materials, space and ideas in individual ways and to express their creative abilities.
 - H. **SELF-ESTEEM**
To promote physical and emotional development and emotional security for each child and helps each child to know, accept, and take pride in himself/herself and to develop a sense of independence.
 - I. **SOCIAL DEVELOPMENT**
To promote helping each child to feel accepted in the group, to learn to communicate and get along with others, encourage feelings of empathy and mutual respect among children and adults.
 - J. **GUIDANCE**
To promote a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals and as a group.
 - K. **FAMILY RELATIONSHIPS**
To promote an open, friendly, and cooperative relationship with each child's family encouraging their involvement in the program and supporting the child's relationships with his/her family.
 - L. **PROGRAM MANAGEMENT**
To promote use of all available resources to ensure an effective operation (organization, planning, record keeping, communicating, team building).
 - M. **PROFESSIONALISM**
To promote decision making based on knowledge of early childhood theories and practices; promoting quality in child care services and taking advantage of opportunities to improve competence both for personal and professional growth and for the benefit of children and their families.
31. **WRITTEN DOCUMENTATION OF ANNUAL IN-SERVICE TRAINING WILL BE MAINTAINED ON THE FAMILY CHILD CARE HOME PREMISES AND AVAILABLE FOR REVIEW UPON REQUEST.**

Providers should keep **ALL** documentation of training received. Once the documentation has been reviewed by a Child Care Resource Specialist, the provider has the option of discarding the documentation.

Training is measured in clock hours (the actual amount of time spent in training). Reading materials will be counted according to the following formula: 50 pages = 1 clock hour. Videotapes are counted using their actual time.

Participation in staff meetings or support groups will be counted as in-service training **ONLY** if there is a formal presentation on an approved topic. (Approved topics include training related to the care of children.) Participation on a professional child care committee **does not** count toward in-service training. Written documentation should include the date, length, topic and presenter, if applicable.

(See Appendix for training opportunities and sample in-service documentation and record forms.) It is recommended that no more than one quarter of the required in-service training be achieved through self-study (books, videotapes, etc.). Training hours may not be carried over to the next year.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID TRAINING

32. THE CHILD CARE PROVIDER SHALL COMPLETE CERTIFIED CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID TRAINING:

First Aid training resources include: American Red Cross, a licensed health professional (i.e., physician, physician assistant, nurse, EMT), or an instructor certified in First Aid.

- A. CARDIOPULMONARY RESUSCITATION (CPR) TRAINING WILL BE CERTIFIED THROUGH ONE OF THE FOLLOWING: AMERICAN HEART ASSOCIATION; AMERICAN RED CROSS; NATIONAL SAFETY COUNCIL; OR EMERGENCY MEDICAL PLANNING AMERICA (MEDIC FIRST AID).

It is recommended that the training course include infant and child CPR, when possible. It is also recommended that providers call these agencies to verify that an instructor is actually CERTIFIED by one of the above.

- B. THE CHILD CARE PROVIDER SHALL MAINTAIN CURRENT CPR AND FIRST AID CERTIFICATION AS LONG AS THE PROVIDER IS LICENSED.

In a Family Child Care Home II, if the secondary provider is ever left alone with the children, or is providing transportation, s/he shall also obtain CPR/First Aid training.

- C. THE CPR CARD AND FIRST AID CERTIFICATE WILL BE AVAILABLE FOR REVIEW UPON REQUEST.

No further interpretation.

- D. TWO HOURS OF CPR AND ONE HOUR OF FIRST AID WILL BE COUNTED IN THE YEAR THAT EACH IS TAKEN TOWARD THE REQUIRED IN-SERVICE TRAINING.

No further interpretation.

THE EFFECTIVE DATES OF THE CPR TRAINING WILL BE DETERMINED BY THE CERTIFIED INSTRUCTION PROGRAM. THE EFFECTIVE DATES OF THE FIRST AID TRAINING WILL BE DETERMINED BY THE INSTRUCTION PROGRAM. IF DATES ARE NOT INDICATED ON THE FIRST AID CERTIFICATE, THE TRAINING WILL BE CONSIDERED VALID FOR THREE YEARS.

LICENSE CAPACITY AND CHILD-STAFF RATIO

33. CHILD-STAFF RATIO AND LICENSE CAPACITY INCLUDES THE PROVIDER'S OWN CHILDREN BELOW AGE EIGHT.

It is **NOT** necessary to submit a new application when a child turns eight. Secondary providers' own children (ages 6 weeks to 13 years) count in the child care capacity.

LICENSE CAPACITY

34. THE MAXIMUM LICENSE CAPACITY FOR A FAMILY CHILD CARE HOME I IS EIGHT CHILDREN. A FAMILY CHILD CARE HOME I PROVIDER MAY BE APPROVED TO SERVE NO MORE THAN TWO ADDITIONAL SCHOOL-AGE CHILDREN DURING NON-SCHOOL HOURS.

License capacity and child-staff ratio must be met at all times, however, there is no limit to the number of children who may be enrolled in a program. Care may be provided for two additional school-age children, under certain conditions.

(See definition of non-school hours on page 23.)

35. THE MAXIMUM LICENSE CAPACITY FOR A FAMILY CHILD CARE HOME II IS TWELVE CHILDREN.

This number corresponds with the limit under Federal Life Safety Codes for fire safety. If a provider wishes to care for 13 or more children, s/he should contact a Child Care Resource Specialist and local fire marshal concerning Child Care Center regulations.

36. THE MAXIMUM LICENSE CAPACITY WILL BE DETERMINED BY DEPARTMENT STAFF BASED ON ACTUAL AVAILABLE SPACE IN THE HOME AND THE NUMBER AUTHORIZED BY THE STATE FIRE MARSHAL.

The license capacity will be limited to the lesser number as determined by the above agencies. See page 32 regarding fire safety regulations. Providers should be aware that school-age children who engage in activities outside the home without direct supervision (see regulation #119) will continue to count in capacity unless they will not be returning to the home.

CHILD-STAFF RATIO

37. THE CHILD CARE PROVIDER SHALL MAINTAIN COMPLIANCE WITH THE CHILD/STAFF RATIO AS INDICATED BELOW. THE FOLLOWING CHART DESCRIBES CHILD/STAFF RATIO FOR FAMILY CHILD CARE HOMES:

Please see Appendix, page 54, for scenarios and frequently asked questions regarding ratio/capacity.

RATIO/CAPACITY FOR FAMILY CHILD CARE HOMES

Age Groups and Number of Children:	Family Child Care Home I Number of Providers Required:	Family Child Care Home II Number of Providers Required:
Infant Only:		
4	1	1
5-8	N/A	2
9-12	N/A	3
Mixed Age:		
8	1	1
9-10	1* (see Reg #40)	1*
9-12	N/A	2
School-Age Only:		
9-10	1	1
11-12	N/A	1** (see Reg #41)

Infant only providers are defined as follows:

FCCH I - A provider serving four infants at any one time or a provider who limits care to four or fewer total children.

FCCH II - A program serving all infants or a program that has seven or more infants in care.

INFANT ONLY

38. FAMILY CHILD CARE HOME I AND II PROVIDERS SERVING INFANTS ONLY MAY EXCLUDE THEIR OWN SCHOOL-AGE CHILDREN IN THE RATIO/CAPACITY.

If a provider is defined as an infant only provider, the primary provider's own school-age children are not counted.

MIXED AGE

39. FAMILY CHILD CARE HOME I AND II PROVIDERS SERVING MIXED AGES MAY PROVIDE CARE FOR NO MORE THAN THREE INFANTS (UNDER 18 MONTHS) PER ADULT AS LONG AS NO MORE THAN TWO INFANTS PER ADULT ARE UNDER 12 MONTHS OF AGE. IN THE EVENT OF MULTIPLE BIRTHS, AN ALTERNATIVE COMPLIANCE MAY BE CONSIDERED.

A Family Child Care Home I has only one provider and is limited to three infants when serving mixed ages. In a Family Child Care Home II, two or three caregivers may be used.

Family Child Care Home I providers (or Family Child Care Home II providers working alone) may not serve more than eight children when three infants are in care. (See following regulations.)

40. *FAMILY CHILD CARE HOME I AND II PROVIDERS SERVING MIXED AGES MAY PROVIDE CARE FOR NO MORE THAN TWO ADDITIONAL SCHOOL-AGE CHILDREN DURING NON-SCHOOL HOURS AS LONG AS NO MORE THAN TWO CHILDREN ARE UNDER 18 MONTHS OF AGE.

If a provider chooses to use the option of caring for three infants (one over 12 months), they will be limited to a maximum of eight children in care during the time the three infants are in care. A provider may use different staff/child ratios as long as they are not used simultaneously.

A Family Child Care Home II provider **may not** care for two school-age children in addition to the license capacity of 12. If a Family Child Care Home II provider serves eight preschoolers and two school-age children, only one provider is needed. If more than eight preschoolers are served, a second caregiver is needed.

Non-school hours are defined as any time a school-age child is not in school (i.e. summer vacation, school holidays, before and after Kindergarten, weather days, ill child sent home, or any time home-school is not in session).

SCHOOL-AGE

41. **FAMILY CHILD CARE HOME II PROVIDERS MAY CARE FOR UP TO 12 SCHOOL-AGE CHILDREN, HOWEVER, THEIR OWN CHILDREN UNDER THE AGE OF EIGHT MUST BE COUNTED IN THE CHILD/STAFF RATIO.

This situation applies when all children in care are school-age.

FACILITY

OVERALL

42. THE CHILD CARE PROVIDER SHALL ENSURE THAT AT LEAST 35 SQUARE FEET OF INDOOR SPACE PER CHILD (EXCLUDING AREAS NOT DESIGNATED FOR CHILD CARE) IS AVAILABLE.

Only activity areas are counted in square footage. Bathrooms, hallways, and food preparation areas are not counted as activity space. Bedrooms will be counted if used by children. Adequate square footage must be available for the maximum number of children indicated on the license. Areas will be measured wall-to-wall, therefore furniture may be included.

43. THE CHILD CARE PROVIDER SHALL ENSURE THAT AT LEAST 50 SQUARE FEET OF OUTDOOR PLAY SPACE PER CHILD IS AVAILABLE.

Adequate square footage must be available for the maximum number of children indicated on the license. For example, if the provider will care for a total of 10 children, she/he needs to have a minimum of 500 square feet available for outdoor play.

44. THE CHILD CARE PROVIDER SHALL ENSURE THAT ALL CLEANING AGENTS AND POISONS ARE KEPT IN LOCKED STORAGE.

This includes items stored throughout the home (including basement, second floor, etc.). Child proof latches, hook and eye, sliding bolt locks, or other restraining devices are **NOT** acceptable for storing these items.

Acceptable locking devices include: bicycle locks, locking file cabinets/suitcases, doors to closets, rooms, etc., that are locked from the inside, padlocks, magnetic locks, or combination locks. (See Appendix for items needing lock and key storage and examples of acceptable locks.)

*Note that cleaning agents and poisons kept in garages and outbuildings must be locked if the garage or outbuilding is accessible to children (i.e., used by children, connected to the home, in the play area).

45. THE CHILD CARE PROVIDER SHALL ENSURE THAT ALL ROOMS USED FOR CHILD CARE ARE CLEAN AND DRY.

No further interpretation.

46. THE CHILD CARE PROVIDER SHALL ENSURE THAT ALL FLOORS, WALLS, CEILINGS, AND FURNITURE ARE CLEAN AND IN GOOD REPAIR.

This is to ensure that surfaces children come in contact with are clean and sanitary and pose no accident hazards. For example, tears in furniture or equipment should be repaired and all surfaces should be smooth and cleanable.

47. THE FACILITY MUST BE FREE OF EXPOSED LEAD-BASED PAINT SURFACES WHICH ARE FLAKING, PEELING OR CHIPPED. WHEN LEAD-BASED PAINT IS DETERMINED TO BE PRESENT IN A CONDITION LISTED ABOVE, A REFERRAL WILL BE MADE TO THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE OR LOCAL HEALTH AUTHORITY FOR CONSULTATION ON PROPER ABATEMENT PROCEDURES.

FAILURE TO TAKE APPROPRIATE ACTION TO ABATE THE LEAD-BASED PAINT WITHIN A REASONABLE TIME, NOT TO EXCEED SIX MONTHS, WILL RESULT IN THE INITIATION OF REVOCATION/SUSPENSION ACTION.

Areas of particular concern include any surface with which children come in contact. For example, window sills, doorways, and baseboards. Exterior surfaces accessible to children will also be checked. Contact your local health department or Health and Human Services Regulation and Licensure before beginning abatement procedures (see Appendix for listing of Health Departments).

48. THE CHILD CARE PROVIDER SHALL ENSURE THAT AN OPERABLE TELEPHONE IS AVAILABLE ON THE PREMISES OF THE CHILD CARE FACILITY. EMERGENCY PHONE NUMBERS, INCLUDING FIRE, RESCUE, POLICE (OR 911 OR LOCAL EQUIVALENT), AND POISON CONTROL, WILL BE PROMINENTLY POSTED.

It is recommended that these be near a telephone in the child care area for immediate access. Poison Control: 1-800-955-9119. Numbers must be posted; programming into the phone is not acceptable. Cellular phones, if used, must be on at all times when children are in care.

49. THE CHILD CARE PROVIDER SHALL ENSURE THAT PLAY MATERIALS, EQUIPMENT, AND FURNISHINGS ARE EASILY CLEANABLE, KEPT CLEAN AND IN GOOD REPAIR, HAVE NO SHARP EDGES, AND HAVE NO RUSTY OR LOOSE PARTS.

Toys with broken pieces or exposed, sharp edges must be repaired or discarded. Outdoor equipment, such as gliders, teeter totters, swing sets, slides, etc., must be securely anchored and checked for exposed bolts, sharp edges and broken seats. Bolts may be sawed off, filed flush, capped or covered. Riding toys (trikes, big wheels, etc.) must have pedals. Shared dress up clothes and accessories should be cleaned regularly. (See Appendix for toy and equipment sanitizing suggestions).

50. THE CHILD CARE PROVIDER SHALL ENSURE THAT TOYS AND OBJECTS WITH A DIAMETER OF LESS THAN ONE INCH OR LESS THAN ONE AND ONE-HALF INCHES IN LENGTH ARE USED ONLY UNDER PROVIDER SUPERVISION WITH CHILDREN WHO ARE BELOW THREE YEARS OF AGE.

Small toys and objects present a potential choking hazard to young children. It is expected that providers serving mixed ages closely supervise when older children are playing with small toys and younger children are present.

51. THE CHILD CARE PROVIDER SHALL ENSURE THAT BUILDINGS THAT ARE USED FOR CHILD CARE ARE CONSTRUCTED TO PREVENT RODENTS FROM ENTERING.

Facilities must not have holes in windows, screens, or doors. Cracks or holes both inside or outside in the foundation must be repaired.

52. THE CHILD CARE PROVIDER SHALL ENSURE THAT DOORS OPENING TO THE OUTSIDE ARE SELF-CLOSING (EXCEPT FOR SLIDING DOORS), AND ALL WINDOWS USED FOR VENTILATION ARE SCREENED.

To prevent insects and rodents from entering the home, screen doors must swing shut and close tightly. Spring attachments, hydraulic closures, or self-closing hinge attachments may be used on decorative doors when a screen door is not present. Screens on windows and doors must have no holes or tears. If a sliding door is used for ventilation, it must have a screen.

53. THE CHILD CARE PROVIDER SHALL ENSURE THAT HEATING, VENTILATING, AND LIGHTING FACILITIES ARE ADEQUATE FOR THE PROTECTION OF THE HEALTH OF CHILDREN.

No further interpretation.

54. THE CHILD CARE PROVIDER SHALL ENSURE THAT ELECTRICAL OUTLETS WITHIN THE REACH OF CHILDREN ARE COVERED WITH SAFETY CAPS, GROUND FAULT INTERRUPTERS, OR HAVE SAFETY OUTLETS INSTALLED.

If school-age care only is being provided, outlets do not need to be covered. Ground fault interrupters are available at hardware stores. They require replacing the receptacle. These allow for immediate electrical shut-off to the outlet in the case of a short (for example, if a child is shocked by the outlet, the electrical current will cease).

55. TORNADO DRILLS WILL BE PRACTICED WITH THE CHILDREN A MINIMUM OF FOUR TIMES PER YEAR FROM MARCH THROUGH SEPTEMBER. A WRITTEN TORNADO SAFETY PLAN AND DOCUMENTATION OF DRILLS WILL BE AVAILABLE FOR REVIEW UPON REQUEST.

The plan may either be a diagram or written. If a basement is available for tornado safety, it is expected that the children physically go into the basement when conducting a drill. If there are not two exits from the basement, the provider must ensure that once the drill is completed, all children return to the licensed area of the home.

Documentation shall include date and time of day drills were practiced. (See Appendix for sample plan and drill record form). A calendar that has a record of tornado drill practices may also be used, as long as the calendar is available to be viewed.

56. ALL GARBAGE AND REFUSE WILL BE COLLECTED, STORED, AND DISPOSED OF IN A MANNER WHICH WILL NOT ATTRACT RODENTS OR INSECTS.

This regulation pertains to both outdoor and indoor garbage cans. Lids are not required for inside or outdoor garbage cans; however, your community may have ordinances regarding the disposal, storage, and collection of outdoor garbage.

57. THE GROUNDS WILL BE KEPT CLEAN AND FREE FROM RODENTS AND ACCIDENT HAZARDS.

No further interpretation.

58. ACCIDENT HAZARDS, SUCH AS FLAMMABLE MATERIALS, DEEP POOLS, FARM AND LAWN EQUIPMENT, WILL BE INACCESSIBLE. POTENTIAL ACCIDENT HAZARDS SUCH AS UNCOVERED WELLS, BROKEN GLASS, BOARDS CONTAINING NAILS, AND OTHER DEBRIS WILL BE ELIMINATED.

Deep pools are natural pools of water such as ponds, etc. Grills are not considered accident hazards, however, close supervision is expected. If accident hazards are present, they may be made inaccessible by placing them outside the children's fenced play area.

59. BARNYARD ANIMALS AND/OR FOWL WILL NOT BE ALLOWED IN THE OUTDOOR PLAY AREA.

No further interpretation.

60. SMOKING WILL BE PROHIBITED IN ALL AREAS OF THE HOME DESIGNATED FOR CHILD CARE DURING THE HOURS OF OPERATION.

Whenever children are in care, smoking is prohibited in the areas used for child care. Smoking is not regulated in outdoor areas.

It is important to remember that going to another area to smoke while children are in care may compromise the provider's ability to supervise the children.

61. THE CHILD CARE PROVIDER SHALL INFORM PARENTS OF ALL ENROLLED CHILDREN IF ANY HOUSEHOLD MEMBER, INCLUDING THE PROVIDER, SMOKES IN THE HOME. THIS INFORMATION WILL BE PROVIDED TO PARENTS BEFORE ACCEPTING A CHILD INTO CARE.

This can be written or verbal.

BATHROOMS

62. THE CHILD CARE PROVIDER SHALL ENSURE THAT A TOILET, WHICH IS CONVENIENTLY LOCATED, CLEAN, AND IN GOOD REPAIR IS AVAILABLE TO THE CHILDREN.

No further interpretation.

63. THE CHILD CARE PROVIDER SHALL ENSURE THAT A SINK WITH HOT AND COLD RUNNING WATER AND SOAP IS AVAILABLE.

No further interpretation.

64. THE CHILD CARE PROVIDER SHALL ENSURE THAT SINKS AND TOILETS ARE OF A SUITABLE HEIGHT FOR CHILDREN, OR A SAFE STEPSTOOL OR PLATFORM IS PROVIDED.

Young children should be encouraged to wash their own hands after toileting, eating, etc., therefore, a safe stepstool is necessary. Child-sized toilets are not required, only a safe stepstool to reach the toilet.

WATER SUPPLY

65. THE CHILD CARE PROVIDER SHALL ENSURE THAT NO COMMON DRINKING CONTAINER IS USED. DRINKING WATER MUST BE PROVIDED BY SANITARY DRINKING FOUNTAINS; INDIVIDUAL OR DISPOSABLE CUPS.

No further interpretation.

66. THE CHILD CARE PROVIDER SHALL ENSURE THAT THE WATER TEMPERATURE OF THE BATHROOM SINK IS AT LEAST 100 DEGREES FAHRENHEIT, BUT NO GREATER THAN 120 DEGREES FAHRENHEIT.

It is important that children are encouraged to wash hands on their own; however, water above 120 degrees **will** cause scalds within seconds. Water temperature can be regulated directly at the water heater, by placing a mixing valve under the sink, or by installing a regulator on the faucet. Mixing valves and regulators are available at hardware stores.

67. THE CHILD CARE PROVIDER SHALL ENSURE THAT DRINKING WATER FROM A PRIVATE WATER SUPPLY SYSTEM MEETS CURRENT STANDARDS SET BY THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE AS THEY MAY BE AMENDED FROM TIME TO TIME. WATER SAMPLE TEST VERIFICATIONS WILL BE SUBMITTED ANNUALLY.

See Appendix for Health Department listing. Water testing kits can be obtained through the Department of Health and Human Services Regulation and Licensure State Laboratory (402-471-2122), and may also be available at local health departments or county extension offices. The Department of Health and Human Services Regulation and Licensure will mail kits to providers, who will then return the water sample for testing. Water is tested for nitrate concentration and bacteria content. If water fails to meet Department of Health and Human Services Regulation and Licensure standards, an alternative compliance can be requested to use bottled water for drinking and cooking.

68. THE CHILD CARE PROVIDER SHALL ENSURE THAT THERE IS NO OPEN SEWAGE DISCHARGE ON THE CHILD CARE PREMISES. WHEN THE DEPARTMENT DETERMINES THAT THERE MAY BE OPEN SEWAGE PRESENT ON THE CHILD CARE PREMISES, A REFERRAL WILL BE MADE TO THE NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY FOR AN INSPECTION.

Contact the Nebraska Department of Health and Human Services Regulation and Licensure for more information.

PERSONAL CARE ITEMS

69. COMMON USE OF GROOMING ITEMS WILL BE PROHIBITED.

It is not acceptable for children to share toothbrushes, combs, hair brushes, etc.

70. THE CHILD CARE PROVIDER SHALL ENSURE THAT INDIVIDUAL TOWELS AND WASHCLOTHS AND FACILITIES FOR THEIR STORAGE ARE AVAILABLE. COMMON USE OF TOWELS AND WASHCLOTHS IS PROHIBITED.

Paper towels, washcloths or individual towels must be available for use by the children. A provider must use individual washcloths, towels, etc., when children wash after meals, playing outdoors, etc. Keep in mind that running water and soap are the most effective way to eliminate germs. Wet wipes cannot be used.

71. THE CHILD CARE PROVIDER SHALL ENSURE THAT WATERPROOF STORAGE IS PROVIDED FOR STORING SOILED AND/OR WET CLOTHING.

Plastic bags, bread sacks, diaper pails with tight fitting lids, etc., may be used.

WATER SAFETY

72. THE CHILD CARE PROVIDER SHALL ENSURE THAT ABOVE-GROUND AND IN-GROUND SWIMMING POOLS ARE ENCLOSED WITH A FENCE THAT IS AT LEAST 4 FEET HIGH AND THE FENCE FLUSH WITH THE GROUND.

A swimming pool is defined as any artificial basin of water with a depth of more than 12 inches of water and which has been designated for the purposes of swimming. (See Appendix, page 66 on preventing children from drowning.) See following regulation to determine if a fence is needed.

73. THE CHILD CARE PROVIDER SHALL ENSURE THAT ABOVE-GROUND POOLS WILL HAVE NON-CLIMBABLE SIDE WALLS THAT ARE 4 FEET HIGH OR WILL BE ENCLOSED WITH AN APPROVED FENCE AS DESCRIBED ABOVE.

If the pool walls are 4 feet high and non-climbable, a fence is not needed. When a fence is used, it must completely enclose the pool. If a door leads from the home to the pool deck and is **NOT** a second exit, this door must be locked.

74. THE CHILD CARE PROVIDER SHALL ENSURE THAT WHEN ABOVE-GROUND AND IN-GROUND POOLS ARE COVERED, THIS COVER WILL MEET OR EXCEED THE STANDARDS OF THE AMERICAN SOCIETY FOR TESTING AND MATERIALS.

A cover is not required, but if used, covers meeting these standards will have a label indicating such. Other materials such as boards, tarps, etc., should not be used. These may allow water to accumulate and could pose a risk of drowning.

75. IF CHILDREN ARE ALLOWED TO USE ABOVE-GROUND OR IN-GROUND SWIMMING POOLS, THE FOLLOWING CONDITIONS WILL BE MET:

- A. WRITTEN PERMISSION FROM PARENTS WILL BE AVAILABLE FOR REVIEW.

See permissions in Parent Handbook.

- B. EQUIPMENT NEEDED TO RESCUE A CHILD OR ADULT WILL BE READILY ACCESSIBLE.

Examples include a "ring boy" or a long pole. Contact Health and Human Services Regulation and Licensure for more information.

- C. THE CHILD CARE PROVIDER SHALL COMPLY WITH ALL NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE REQUIREMENTS REGARDING SWIMMING POOLS.

It is recommended that local city ordinances regarding swimming pools also be consulted.

76. THE CHILD CARE PROVIDER SHALL ACCOMPANY AND DIRECTLY SUPERVISE THE CHILDREN DURING SWIMMING AND WADING ACTIVITIES.

Accompany means the provider will be outside with the children.

77. THE FOLLOWING RATIOS WILL BE MAINTAINED WITH THE USE OF ABOVE-GROUND OR IN-GROUND POOLS ON THE CHILD CARE PREMISES:

	Children	Provider/Secondary Provider
INFANTS	1	1
TODDLERS	2	1
PRESCHOOLERS	4	1
SCHOOL-AGE	6	1

See definitions for age ranges of infants, toddlers, etc. In order to determine the number of staff necessary, providers should group children according to the above ratios. For example, one infant, three toddlers, four preschoolers and one school-age child are swimming. One staff is needed for the infant and one staff for two of the toddlers. The third toddler is grouped with one of the preschoolers (meeting the 2:1 ratio for toddlers) requiring one staff, and the remaining three preschoolers are grouped with the school-age child (meeting the 4:1 ratio for preschoolers) requiring one staff. Four staff would be necessary when this group is swimming.

78. IF THE DEPTH OF THE WATER IS OVER FOUR FEET, A PERSON WHO HAS SATISFACTORILY COMPLETED AN APPROVED LIFE-SAVING COURSE SHALL BE ON DUTY AT ALL TIMES THE POOL IS IN USE.

Verification of current certification in a life saving and water safety course must be available upon request.

79. WADING POOLS MUST BE DRAINED DAILY AND INACCESSIBLE TO CHILDREN WHEN NOT IN USE.

Since stagnant water quickly accumulates bacteria, wading pools must be drained daily. It is important that pools also be inaccessible, since any collected water poses a risk of drowning.

PROHIBITED WATER SOURCES

80. THE CHILD CARE PROVIDER SHALL NOT ALLOW CHILDREN TO USE:

A. NATURAL BODIES OF WATER;

These include ponds, lakes, rivers, creeks, etc. Children should not use such for swimming, boating, etc. If children are near natural bodies of water (i.e., fishing activities), the use of life jackets is recommended.

B. HOT TUBS, SPAS, OR SAUNAS; AND/OR

C. LIVESTOCK TANKS.

These may be available for use by the provider’s family; however, **child care children** may not use them.

ANIMALS

81. IF THERE ARE ANIMALS ON THE PREMISES, THE CHILD CARE PROVIDER SHALL ENSURE THAT:

- A. ALL HOUSEHOLD PETS WILL BE VACCINATED. PROOF OF CURRENT VACCINATIONS AS DOCUMENTED BY A VETERINARY CLINIC WILL BE KEPT ON THE CHILD CARE PREMISES.

This includes at least rabies vaccinations for all cats and dogs that come into contact with children. Farm cats do not need to be vaccinated, but it is recommended that they not be accessible to children. Verification will be available upon request.

- B. ALL ANIMAL WASTE WILL BE IMMEDIATELY REMOVED FROM CHILDREN'S AREAS AND PROPERLY DISPOSED OF.

No further interpretation.

82. THE CHILD CARE PROVIDER SHALL ENSURE THAT NO ANIMALS ARE ALLOWED IN THE FOOD PREPARATION, FOOD STORAGE, AND SERVING AREAS DURING FOOD PREPARATION AND SERVING TIMES.

No further interpretation.

83. THE CHILD CARE PROVIDER SHALL ENSURE THAT ANIMALS WHICH HAVE BITTEN OR ATTACKED A PERSON WITHOUT PROVOCATION ARE NOT ALLOWED ON THE CHILD CARE PREMISES.

No further interpretation.

84. THE CHILD CARE PROVIDER SHALL ENSURE THAT EXOTIC OR UNUSUAL ANIMALS ARE NOT ON THE CHILD CARE PREMISES DURING THE HOURS OF CARE.

See Appendix, page 67 for list of exotic or unusual animals.

WEAPONS

85. THE CHILD CARE PROVIDER SHALL ENSURE THAT FIREARMS, OTHER POTENTIALLY HAZARDOUS WEAPONS, WEAPON ACCESSORIES, AND AMMUNITION ARE KEPT IN LOCKED STORAGE. FIREARMS WILL BE UNLOADED AND AMMUNITION WILL BE STORED SEPARATELY FROM FIREARMS.

Guns, ammunition, hunting knives, bows and arrows, BB guns, etc., must be stored in locked storage. These items must remain in locked storage whenever children are present. Dismantled weapons and decorative antique weapons do not need to be locked. Guns and ammunition **MUST** be **LOCKED** separately, so that children would need to unlock two locks to get to weapons and ammunition.

FENCES

86. IF THERE ARE UNSAFE AREAS, SUCH AS DRAINAGE DITCHES, WELLS, HOLES, HEAVY MACHINERY, RAILROAD TRACKS, BODIES OF WATER, HEAVY STREET TRAFFIC, OR OTHER HAZARDS IN OR NEAR THE OUTDOOR PLAY AREA, A FENCE IS REQUIRED.

Please refer to the definition of a “fence”. The area used for outdoor play must be completely enclosed if there are dangerous areas in or near the outdoor play area. If there are dangerous items such as heavy machinery, building supplies, etc., it may be possible to provide the children with a safe place to play by enclosing the dangerous items with a fence.

87. THE CHILD CARE PROVIDER MUST ACCOMPANY AND SUPERVISE CHILDREN UNDER AGE FOUR IN PLAY AREAS NOT REQUIRING A FENCE. CHILDREN AGE FOUR AND OLDER MUST BE SUPERVISED AT ALL TIMES.

If a provider is not **required** to have a fence, and chooses not to provide the children with a completely enclosed safe play area, s/he must physically be outside with children under the age of four, supervising their play. Children who are four or older may play outside without accompaniment, but the child care provider must provide supervision at all times. This means that any child, regardless of age, should not be outside playing unless the provider is in visual and/or hearing distance of the children. Keep in mind that this regulation speaks to situations where an enclosed fenced-in area is not provided for outdoor play. If the provider wishes to have a second caregiver accompany and/or supervise children during outdoor play, this individual must be at least 16 years old.

88. THE CHILD CARE PROVIDER MUST ACCOMPANY AND SUPERVISE CHILDREN UNDER AGE TWO IN FENCED PLAY AREAS. CHILDREN AGE TWO AND OLDER MUST BE SUPERVISED AT ALL TIMES IN THE FENCED PLAY AREA.

When a provider has a completely enclosed fenced play area, he/she must physically be outside with children under age two, supervising their outdoor play. Older children may play outside without accompaniment, but the provider must ensure that they are being supervised at all times. The provider should be in visual and/or hearing distance of the children during outdoor play. If the provider wishes to have a second caregiver accompany and/or supervise children during outdoor play, this individual must be at least 16 years old.

If a provider is not **required** to have a fence, and chooses to provide the children with a completely enclosed, safe play area, s/he shall accompany and supervise children under age two. Children age two and older will be supervised during outdoor play.

Accompany shall mean that the provider will be outside with the children. Supervision refers to the provider being inside while the children play outside, but that s/he will be supervising the children at all times.

FIRE SAFETY

FIRE SAFETY RULES ARE CONTAINED IN REGULATIONS ADOPTED BY THE STATE FIRE MARSHAL, SPECIFICALLY THE NATIONAL FIRE PROTECTION ASSOCIATION'S LIFE SAFETY CODE. LOCAL FIRE REGULATIONS MAY BE MORE RESTRICTIVE. FIRE CODE REQUIREMENTS DIFFER DEPENDING ON THE NUMBER OF CHILDREN CARED FOR. THE FOLLOWING IS A DESCRIPTION OF THESE REGULATIONS:

Fire regulations may vary across the state. Please contact your local fire marshal to determine what is acceptable in your area. (See Appendix, page 70 for the fire marshal listing).

89. THE CHILD CARE PROVIDER SHALL ENSURE THAT A FIRE SAFETY APPROVAL IS MAINTAINED FOR THE CHILD CARE FACILITY FOR THE LICENSE TO BE EFFECTIVE.

No further interpretation.

90. THERE WILL BE AT LEAST TWO UNBLOCKED EXITS APPROVED BY THE STATE FIRE MARSHAL FROM EVERY FLOOR ON WHICH CHILD CARE IS PROVIDED.

Consult with your local fire marshal regarding acceptable exits in your area.

91. FURNACES, FIREPLACES, WOOD-BURNING STOVES AND OTHER HEATERS WILL BE INACCESSIBLE TO CHILDREN WHEN IN USE.

Consult with your local fire marshal regarding acceptable barriers in your area.

92. ALL STORAGE AREAS WILL BE FREE OF EXCESSIVE COMBUSTIBLES OR HIGHLY FLAMMABLE MATERIALS.

Providers should read labels on products to determine if they are flammable. (Petroleum-based products are extremely flammable). Newspapers, plastics, etc., stored in bulk could pose a fire hazard.

93. BATHROOM AND CLOSET DOORS WILL BE DESIGNED SO THEY CAN BE UNLOCKED FROM THE OUTSIDE.

Restraints (sliding bolt locks, hook and eye, etc.) placed on the inside of the door are not acceptable, as they cannot be unlocked from the outside. Providers should be able to demonstrate their ability to open locks on doors.

94. FIRE DRILLS WILL BE PRACTICED WITH THE CHILDREN A MINIMUM OF SIX TIMES PER YEAR IN ALTERNATING MONTHS. A WRITTEN EVACUATION PLAN AND DOCUMENTATION OF DRILLS WILL BE AVAILABLE FOR REVIEW UPON REQUEST.

The plan may be written or a diagram showing exit routes. Documentation shall include the date and times the drills are practiced. (See Appendix, pages 68,69 for sample plan and drill record form.)

95. OPERATING, PROPERLY MOUNTED SMOKE DETECTION EQUIPMENT WILL BE REQUIRED IN CHILD CARE AREAS. SMOKE DETECTION EQUIPMENT WILL BE U. L. (UNDERWRITERS LABORATORIES) LISTED OR BEAR THE APPROVAL OF ANOTHER MAJOR TESTING LABORATORY SUCH AS FACTORY MUTUAL.

Consult your local fire marshal regarding the type (battery or hard-wired), number and location of smoke detectors required in your area. **Heat** detectors **do not** take the place of smoke detectors. It is recommended that smoke detectors be checked monthly.

BY THE AUTHORITY FOUND IN NEBRASKA REVISED STATUTES, SECTION 81-502, THE FIRE MARSHAL HAS THE POWER TO ASK FOR ADDITIONAL REQUIREMENTS FOR SPECIALLY CONSTRUCTED FACILITIES. IN ACCORDANCE WITH NEBRASKA REVISED STATUTES, SECTION 81-505.01, THE NEBRASKA STATE FIRE MARSHAL WILL CHARGE AN INSPECTIONS FEE FOR STATE LICENSURE INSPECTIONS IN HEALTH CARE, LIQUOR, MOBILE TRAILER COURTS, AND CHILD CARE FACILITIES. THE STATE FIRE MARSHAL MAY BE CONTACTED FOR FEE SCHEDULE: (402) 471-2027.

CHILD HEALTH

FIRST AID KIT

96. THE CHILD CARE PROVIDER SHALL HAVE A FIRST AID KIT INCLUDING THE FOLLOWING SUPPLIES: TWEEZERS, FEVER THERMOMETER, SOAP, BAND-AIDS, GAUZE, TAPE, SCISSORS, DISPOSABLE LATEX GLOVES. THESE SUPPLIES WILL BE INACCESSIBLE TO CHILDREN.

The provider is not required to have a commercially purchased “kit”. The above listed supplies must be stored in one place, such as a box, bag, or cabinet.

The First Aid Kit does not have to be locked if the kit does not contain medication. See regulation #98 regarding storage of medication. Disposable gloves should not be re-used under any circumstances.

MEDICATIONS

97. THE CHILD CARE PROVIDER SHALL ADMINISTER ORAL OR TOPICAL MEDICATION, BOTH PRESCRIPTION AND NON-PRESCRIPTION, ONLY WITH PRIOR WRITTEN PERMISSION **AND** WRITTEN INSTRUCTIONS FROM A PARENT. MEDICATIONS WILL BE IN THE ORIGINAL CONTAINER, STORED ACCORDING TO INSTRUCTIONS, CLEARLY LABELED FOR A NAMED CHILD, AND RETURNED TO THE PARENT WHEN NO LONGER NEEDED. DOSAGE WILL NOT EXCEED THAT WHICH IS PRINTED ON THE LABEL.

If medication is required to be administered on an ongoing basis (examples would include Ritalin, vitamin supplements, etc.), a long-term written permission and instruction is adequate. It is recommended that this would be updated at least once a year. If the instructions regarding administration change at any time, an accurate permission/instruction form is required. Medication prescribed for a specific child should not be shared with other children (this includes siblings). Medication prescribed for another individual (i.e., parent) should not be given to a child.

If medication is to be given in emergency situations (asthma treatments, Tylenol for fever, etc.), a long-term permission form is adequate as long as specific instructions are included. All medication permission instructions should be dated. (See Appendix page 81 for sample permission form.)

If a physician or parent indicates that dosage for an over-the-counter medication should exceed that which is printed on the label, the provider shall receive the **physician’s written instructions** for administration on the physician’s letterhead/prescription pad.

98. THE CHILD CARE PROVIDER SHALL ENSURE THAT ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATION WILL BE KEPT IN LOCKED STORAGE. SEPARATE LOCKED STORAGE WILL BE PROVIDED FOR MEDICATIONS REQUIRING REFRIGERATION.

Medications throughout the facility, **whether they are in the child care area or not**, need to be locked. Child proof restraints or other restraining devices are not acceptable for storing medication. Acceptable locking devices include bicycle locks, locking file cabinets/suitcases, doors to closets or rooms that lock from the inside, padlocks, magnetic locks, or combination locks. Ideas for locking medication in the refrigerator include small tackle boxes with a padlock, a locking bank deposit bag, cosmetic bag, camera bag, or lunch bag that can be locked.

99. OVER-THE-COUNTER LIP BALM, PETROLEUM JELLY, SUNTAN LOTION, AND DIAPER OINTMENTS WILL BE KEPT OUT OF THE REACH OF CHILDREN.

These items do not need to be kept under lock and key but must be kept out of the reach of children.

100. THE CHILD CARE PROVIDER SHALL MAINTAIN A RECORD AS TO THE TIME AND AMOUNT OF MEDICATION GIVEN OR APPLIED.

The provider must keep an independent record of all medications given or applied. (Written permission or documentation is not needed for items listed in regulation 99). This documentation must be made **EACH** time any medication is given. All documentation regarding the administration of medication must be available to agency representatives upon request. A provider may choose how long these records are maintained but it is expected that if any child is taking medication on any specific day, documentation of such is available. (See Appendix, page 80 for sample record forms.)

OUTBREAK OF COMMUNICABLE DISEASES

101. THE CHILD CARE PROVIDER SHALL NOTIFY PARENTS OF ALL ENROLLED CHILDREN OF A CASE OF ANY COMMUNICABLE DISEASE ON LIST "A" ON THE SAME DAY THE PROVIDER IS INFORMED OF OR OBSERVES THE ILLNESS. (SEE COMPLIANCE GUIDE FOR LIST "A" OF COMMUNICABLE DISEASES.) PROPER NOTIFICATION OF PARENTS WILL INCLUDE:

- A. NOTIFICATION TO PARENTS OF CHILDREN IN ATTENDANCE.

This may be done verbally or in writing. A provider may telephone parents prior to children arriving, inform parents as they are bringing or picking up children, or send a written notice home with children.

- B. PHONE NOTIFICATION TO PARENTS OF ENROLLED CHILDREN WHO ARE NOT IN ATTENDANCE ON THAT DAY.

Parents whose children are not present, but were present or will attend during the time the disease is communicable, should be telephoned concerning the outbreak. If parents do not have a telephone or cannot be reached, a written notice should be sent.

- C. POSTING NOTICE OF THE OUTBREAK IN A CONSPICUOUS PLACE.

Written information regarding the disease outbreak may be posted on a bulletin board or the door routinely used by parents. Providers may choose to continue to care for children who are ill.

When notifying parents, the name of the ill child(ren) should not be included. This information is considered confidential. (Providers should say, for example, "We were exposed to chicken pox on 11-20-94, an outbreak was noted on a child.") It is only important for parents to know if their child was exposed. Also, parents do not need to be notified of each new case during the outbreak, only if there is a **new** outbreak.

It is not necessary to notify any health authority (Local Department of Health or State Health and Human Services Regulation and Licensure) of the outbreak of diseases on list "A".

1. Notification: Diseases, List A (Notification to parents only)

Chickenpox (varicella);
 Conjunctivitis/pink eye (acute bacterial conjunctivitis; adenoviral hemorrhagic conjunctivitis;
 enteroviral hemorrhagic conjunctivitis);
 Head or body lice (Pediculosis);
 Influenza;
 Pin worm (Enterobiasis);
 Ring worm (tinea, dermatophytosis);
 Scabies (sarcoptic itch, Acariasis).

102. THE CHILD CARE PROVIDER SHALL NOTIFY THE LOCAL HEALTH AUTHORITY BY PHONE OF A CASE OF THE COMMUNICABLE DISEASES ON LIST "B" ON THE SAME DAY THE PROVIDER IS INFORMED OR OBSERVES THE ILLNESS. (SEE COMPLIANCE GUIDE FOR LIST "B" OF SERIOUS COMMUNICABLE DISEASES.)

In this situation, the provider should telephone only the local or state health authority; this is **not** a doctor or nurse at a local hospital or clinic (see list on Pg. 38). The provider should tell them what disease was noted, the name(s) of the child(ren), the name(s) and telephone number(s) of the diagnosing physician, and the name(s) and the telephone number(s) of the ill child's parent(s).

The health authority will notify parents, and take actions to control the disease. Names of ill children should not be released to other parents. The provider should notify the health authority of each new case they identify. Health authorities will provide direction to the provider and parents of infected children regarding disease control measures. Health authorities will determine if there is a need to notify other parents of the outbreak. They will also determine how parents will be notified and what the notification will contain, including recognition of symptoms, treatment, and prevention of spread of disease.

2. Notification: Diseases, List B

(Notification to Health Authority only--they will contact parents and/or provide direction to the provider regarding notification)

- (1) Amebiasis (*Entamoeba histolytica*);
- (1) Campylobacteriosis (**Camphylobacter** species);
Diphtheria (**Corynebacterium diphtheriae**);
- (1) **Escherichia coli** 0157H7 (E. coli 0157H7);
- (2) Fifth Disease/human parvovirus infection (*Erythema infectiosum*);
- (1) Giardiasis (**Giardia lamblia**);
Haemophilus influenzae b (invasive disease only, including meningitis, epiglottitis, bacteremia and cellulitis);
- (1) Hepatitis A (IgM antibody-positive or clinically diagnosed in an outbreak);
Hepatitis B (surface antigen or IgM core antibody positive);
Meningitis, all infectious types (bacterial, fungal, viral);
- (2) Measles (rubeola);
Mumps;
Pertussis/whooping cough (**Bordetella pertussis**);
- (2) Rubella
- (1) Salmonellosis; including typhoid fever (**Salmonella species**);
- (1) Shigellosis (**Shigella** species);

Tuberculosis (*Mycobacterium tuberculosis*);
Unusual clusters or outbreaks of health problems, infectious or other, including suspected food poisoning.

- (1) - tend to be food borne, characterized by nausea, vomiting, and/or diarrhea
- (2) - rash, fever illness

Contact these agencies concerning diseases on list "B".

For Douglas County:

Epidemiology Section
Douglas County Health Department
1819 Farnam, Room 401
Omaha, Nebraska 68183
(402) 444-7472

For Lancaster County:

Communicable Diseases
Lincoln/Lancaster County Health Department
3140 "N" Street
Lincoln, Nebraska 68502
(402) 441-8000

For All Other Counties:

Communicable Disease Division
Nebraska Department of Health and Human Services Regulation and Licensure
P. O. Box 95007
Lincoln, Nebraska 68509-5007
(402) 471-2937

THE CHILD CARE PROVIDER SHALL MAINTAIN A RECORD OF THE DATE AND TIME OF ALL SUCH NOTIFICATIONS WHICH SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.

Records should be kept of all notifications to health authorities. Keep this with other child care records (see Appendix, page 64 for sample form).

ISOLATION OF CHILDREN WHO ARE ILL

103. IN THE CASE OF MORE SEVERE ILLNESS, THE CHILD CARE PROVIDER SHALL:

A. SEPARATE THE CHILD FROM OTHER CHILDREN;

This can be accomplished by keeping the ill child in a separate room if available. If not available, the child can be cared for in the same room as others, as long as some attempt is made to restrict contact with other children in care.

B. PROPERLY ATTEND TO THE CHILD'S NEEDS UNTIL ARRANGEMENTS ARE MADE FOR RETURN TO THE CHILD'S HOME.

The parent and provider may determine whether the child should remain in care or return home. Please keep in mind that no regulation addresses ill child care. The provider should determine policies (i.e., sending home with temperature, etc.) and review with parent (s).

IMMUNIZATIONS

104. THE CHILD CARE PROVIDER SHALL MAINTAIN COPIES OF CHILDREN'S IMMUNIZATION RECORDS. THESE COPIES WILL BE AVAILABLE FOR REVIEW UPON REQUEST.

A record must be available for EACH child enrolled. See Appendix, page 76 for sample record form. A form is also available on the "Children's Record" form.

105. THE CHILD CARE PROVIDER SHALL COMPLY WITH ALL NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REQUIREMENTS REGARDING IMMUNIZATION STATUS OF ALL ENROLLED CHILDREN.

The Nebraska Department of Health and Human Services requires Child Care providers to submit a report that verifies the immunization status of enrolled children. This is done on a yearly basis (usually in November). Providers may also be required to submit copies of children's immunization records. Providers are encouraged to keep copies of information submitted, particularly if enrollment is the same year to year.

The contact number for current immunization regulations is (402) 471-2937, with the Nebraska Department of Health and Human Services. Contacting the Department of Health and Human Services may be helpful if providers are having difficulty obtaining immunization records.

FOOD PREPARATION AND SERVING

FOOD PREPARATION AREA

106. THE CHILD CARE PROVIDER SHALL ENSURE THAT ALL FOOD PREPARATION, SERVING, AND STORAGE AREAS, EQUIPMENT, AND UTENSILS ARE EASILY CLEANABLE AND IN GOOD REPAIR.

No further interpretation.

107. THE CHILD CARE PROVIDER SHALL ENSURE THAT DISHES AND UTENSILS WILL BE PROPERLY CLEANED, RINSED, SANITIZED, AND AIR DRIED.

Sanitizing of clean dishes and utensils is accomplished by rinsing them in a bleach and water solution. Commercial sanitizing agents are also acceptable. (See Appendix, page 65 for sanitizing suggestions).

108. THE CHILD CARE PROVIDER SHALL ENSURE THAT ALL PERISHABLE FOODS ARE STORED IN A COVERED CONTAINER IN AN OPERATING REFRIGERATOR WITH A MAXIMUM TEMPERATURE OF 40 DEGREES.

No further interpretation.

109. THE CHILD CARE PROVIDER SHALL ENSURE THAT DEEP FREEZERS WHICH CANNOT BE OPENED FROM THE INSIDE ARE LOCKED OR STORED IN A LOCKED ROOM.

Upright or chest-type freezers which latch must be kept locked or in a locked room. Those which close with a magnetic strip do not need to be locked.

110. THE CHILD CARE PROVIDER SHALL ENSURE THAT NO HOME CANNED FOODS ARE SERVED TO CHILDREN IN CARE.

Fresh and frozen fruits, vegetables, etc., grown by the provider are acceptable if they are prepared in a safe and sanitary manner. No home-canned foods should be used.

111. THE CHILD CARE PROVIDER SHALL ENSURE THAT ONLY PASTEURIZED GRADE A MILK AND MILK PRODUCTS ARE SERVED TO CHILDREN. DRY MILK AND MILK PRODUCTS MUST BE MADE FROM PASTEURIZED MILK AND MILK PRODUCTS.

No further interpretation.

MEALS AND SNACKS

112. THE CHILD CARE PROVIDER SHALL SERVE AT LEAST THE FOLLOWING NUMBER OF MEALS AND SNACKS WHEN CHILDREN ARE PRESENT:

- A. 2 1/2 TO 4 HOURS--ONE SNACK;
- B. 4 TO 8 HOURS--ONE SNACK AND ONE MEAL;
- C. 8 TO 10 HOURS--TWO SNACKS AND ONE MEAL; AND
- D. 10 OR MORE HOURS--TWO SNACKS AND TWO MEALS.

No further interpretation.

113. EACH MEAL SERVED WILL INCLUDE SERVINGS FROM EACH OF THE FOOD COMPONENTS (FLUID MILK; MEAT OR MEAT ALTERNATIVES; VEGETABLES AND/OR FRUITS, AND BREAD OR BREAD ALTERNATIVES). (BREAKFAST DOES NOT NEED TO INCLUDE A MEAT OR MEAT ALTERNATIVE.)

Children are not required to eat all food, but providers must offer all components to children. It is recommended that providers follow USDA guidelines (see Appendix, page 73).

114. EACH SNACK SERVED WILL INCLUDE A SERVING FROM TWO OF THE ABOVE FOOD GROUPS.

No further interpretation.

115. THE CHILD CARE PROVIDER SHALL WASH ALL FRESH OR RAW FRUITS AND VEGETABLES THOROUGHLY WITH WATER BEFORE USE.

No further interpretation.

116. THE CHILD CARE PROVIDER SHALL PROVIDE WEEKLY MENUS TO PARENTS UPON REQUEST.

This may be verbally, in writing, or posted. This gives parents and the provider opportunity to discuss an important part of the child's day.

DAILY ACTIVITIES

INDOOR/OUTDOOR PLAY

117. THE CHILD CARE PROVIDER SHALL HAVE KNOWLEDGE OF WHERE EACH CHILD IN CARE IS AT ALL TIMES.

No further interpretation.

118. ENOUGH AGE-APPROPRIATE PLAY MATERIALS WILL BE AVAILABLE SO THAT, AT ANY ONE TIME, EACH CHILD CAN PLAY INDIVIDUALLY.

It is recommended that children be provided toys that are interesting, age appropriate, and stimulating. See Appendix, page 60 for age-appropriate toys list.

119. THE CHILD CARE PROVIDER SHALL OBTAIN WRITTEN PERMISSION FROM PARENTS TO ALLOW SCHOOL-AGE CHILDREN TO ENGAGE IN ACTIVITIES OUTSIDE THE CHILD CARE HOME WITHOUT DIRECT PROVIDER SUPERVISION.

Activities would involve situations such as going to a neighbor's to play, swimming lessons, Boy Scouts, etc. Written permission is required if the child leaves the provider's home to engage in an activity without provider supervision. Written permission is not required for children who are being cared for before and after school to attend school. Permission forms are available in the parent handbook. Children engaged in activities outside the home must still be counted in capacity unless they will not be returning to the provider's home.

NAPS AND REST PERIODS

120. A REGULAR REST PERIOD WILL BE MADE AVAILABLE FOR CHILDREN AS AGREED UPON BETWEEN PARENT AND CHILD CARE PROVIDER.

Children are not required to sleep.

121. THE CHILD CARE PROVIDER SHALL HAVE CLEAN BEDS, CRIBS, MATS, WASHABLE SLEEPING BAGS, SOFAS, OR COTS FOR NAPPING FOR EACH CHILD OVER TWELVE MONTHS OF AGE. THE TOP LEVEL OF BUNK BEDS WILL NOT BE USED FOR CHILDREN BELOW FIVE YEARS OF AGE. FUTONS WILL NOT BE USED FOR INFANTS UNDER 13 MONTHS OF AGE; WHERE ALLOWED, FUTONS WILL CONFORM TO THE DEFINITION IN THE COMPLIANCE GUIDE. WATERBEDS WILL NOT BE USED FOR CHILDREN UNDER 36 MONTHS OF AGE.

Individual beds, cribs, mats, etc., are needed for each child.

Futon Definition: A pillow-like cushion placed directly on the floor for napping or sleeping.

Infants under 12 months old must nap in federally-approved cribs and playpens. Children must have had their fifth birthday to use top levels of bunkbeds.

DISCIPLINE

122. THE CHILD CARE PROVIDER AND/OR HIS/HER DESIGNATED SUBSTITUTE IS PROHIBITED FROM USING THE FOLLOWING AS A MEANS OF PUNISHMENT:

- A. SPANKING, SLAPPING, PUNCHING, SHAKING, STRIKING WITH ANY INANIMATE OBJECT, HANDLING ROUGHLY, OR BITING;
- B. DENYING FOOD OR FORCED NAPPING;
- C. SUBJECTION TO DEROGATORY REMARKS ABOUT THEMSELVES OR THEIR FAMILIES, ABUSIVE OR PROFANE LANGUAGE, YELLING OR SCREAMING, OR THREATS OF PHYSICAL PUNISHMENT.

It is recommended that discipline issues be thoroughly discussed with parents **PRIOR** to care beginning, and as the child develops. A major factor contributing to the quality of child care is a partnership between the parents and the provider. It is important for parents to discuss the type of guidance they prefer to be used with their child(ren); however, these must be within the regulations. (See Parent Handbook for guidance page.)

Discipline issues should be viewed as an opportunity to teach children appropriate behavior, rather than punish a behavior.

Several alternatives to the prohibited methods exist. Information about age-appropriate alternative techniques or resources for these are available from your Child Care Resource Specialist (see Appendix for training opportunities).

The provider may want to consider not using the above methods of punishment with their own children as well. This would allow consistency in applying rules and similar consequences for all children. Punishing own children with these methods may be frightening for the children in care.

THE CHILD CARE PROVIDER SHALL NOT PUNISH ANY CHILD FOR TOILET TRAINING ACCIDENTS.

Punishment is not allowed for **ANY** toileting accidents regardless of age.

WHILE CHILDREN ARE IN CARE AND WHEN PARENTS ARE NOT PRESENT, THE RESPONSIBILITY FOR DISCIPLINE LIES ONLY WITH THE CHILD CARE PROVIDER OR DESIGNATED SUBSTITUTE.

It is not appropriate for any individual other than the provider to discipline the children. Although the provider may rely on others for assistance in daily activities, responsibility for discipline lies solely with the provider, or designated substitute.

DIAPERING AND TOILETING

123. THE CHILD CARE PROVIDER SHALL CHANGE CHILDREN'S DIAPERS WHEN NEEDED.

No further interpretation.

124. THE CHILD CARE PROVIDER SHALL USE INDIVIDUAL WASHCLOTHS, TOWELS, OR DISPOSABLE TOWELETTES TO CLEANSE CHILDREN DURING DIAPERING.

No further interpretation.

125. THE CHILD CARE PROVIDER SHALL WASH HIS/HER HANDS THOROUGHLY WITH SOAP AND WATER AFTER CHANGING THE DIAPER OF EACH CHILD AND AFTER HELPING CHILDREN TOILET.

Soap and running water must be used. Wiping hands with towelettes, sanitizer, etc., alone is not acceptable.

126. THE CHILD CARE PROVIDER SHALL ENSURE THAT SOILED DIAPERS ARE PROPERLY DISPOSED OF AND/OR STORED IN AIRTIGHT CONTAINERS.

Proper disposal of diapers includes placing them in a trash can. Plastic bags, bread sacks, diaper pails with tight-fitting lids, etc., may be used as airtight containers. Soiled diapers also include wet diapers.

127. POTTY CHAIRS MUST NOT BE USED OR STORED IN EATING AND PLAYING AREAS.
No further interpretation.

128. WHEN TOILET TRAINING IS CONDUCTED IN THE CHILD CARE HOME, TOILET TRAINING MUST BE CARRIED OUT IN A MANNER AGREED UPON BY THE CHILD CARE PROVIDER AND PARENT.

Resources that will help providers and parents determine a child's readiness for toilet training are available (see training appendix). Punishment/discipline cannot be used when toilet training a child regardless of parental request.

INFANT CARE

IN ADDITION TO COMPLYING WITH ALL OTHER RULES, A CHILD CARE PROVIDER WHO PROVIDES CARE FOR ANY INFANT SHALL COMPLY WITH THE FOLLOWING RULES:

1. THE CHILD CARE PROVIDER SHALL MEET THE EMOTIONAL AND PHYSICAL NEEDS OF INFANTS CONSISTENTLY AND PROMPTLY. THIS INCLUDES:

- A. TALKING TO, PLAYING WITH, HOLDING, AND ROCKING INFANTS, AND PROVIDING THEM WITH THE OPPORTUNITY TO EXPLORE OUTSIDE OF THEIR CRIBS AND/OR PLAYPENS.

Infants' development is enhanced when they are allowed movement outside of cribs and playpens. Exploration outside of car seats, highchairs, walkers, etc., is also beneficial.

- B. IMMEDIATELY INVESTIGATING THE CRIES OF INFANTS.

Providers should respond appropriately to the needs of infants who are crying.

2. THE CHILD CARE PROVIDER SHALL FEED INFANTS ACCORDING TO A PLAN AGREED UPON BY THE PARENT(S) AND THE PROVIDER.

No further interpretation.

3. THE CHILD CARE PROVIDER SHALL ENSURE THAT PREPARED FORMULA IS LABELED WITH THE APPROPRIATE CHILD'S NAME AND STORED IN THE REFRIGERATOR. UNUSED (PREPARED) FORMULA WILL BE DISCARDED AFTER 48 HOURS.

All bottles or other formula containers must be labeled for a specific child. It is not necessary when a provider has only one infant in care. Bottles should not be left out when not being used.

4. THE CHILD CARE PROVIDER SHALL HOLD INFANTS UNDER SIX MONTHS OF AGE AND THOSE NOT YET ABLE TO HOLD THEIR OWN BOTTLES DURING BOTTLE FEEDING.

No further interpretation.

5. THE CHILD CARE PROVIDER SHALL NOT PROP BOTTLES AND SHALL REMOVE BOTTLES FROM SLEEPING INFANTS.

Allowing infants to sleep with a bottle is a cause of serious tooth decay and could contribute to other health problems. It is recommended that if infants are put to sleep with a bottle, a bottle of water is used rather than a bottle of milk, juice, etc. It is extremely important that any bottle be removed once the child is asleep.

6. INFANTS WHO ARE CAPABLE OF FEEDING THEMSELVES, BUT CANNOT SIT IN CHILD-SIZE CHAIRS AT CHILD-SIZE TABLES, MUST BE SEATED IN HIGH CHAIRS WITH THREE-POINT SAFETY STRAPS.

Three point straps are needed to ensure that the child does not slip out of the chair. The use of straps are only required when children are not capable of safely sitting independently. Highchairs are not required.

7. THE CHILD CARE PROVIDER SHALL ENSURE THAT ONLY FEDERALLY APPROVED CRIBS AND/OR PLAYPENS ARE USED FOR INFANTS.

Federally approved cribs have slat openings no greater than 2 3/8 inches apart, do not contain lead-based paint, and have a mattress. Stacking cribs are not approved. All cribs sold in the U.S. since 1974 are federally approved. An infant must sleep in a crib or playpen until their first birthday.

- A. DROP-SIDE LATCHES WILL SECURELY HOLD SIDES IN THE RAISED POSITION.
- B. INFANTS MUST NOT BE LEFT UNATTENDED IN CRIBS WITH THE DROP-SIDE LOWERED.
- C. BUMPER PADS WILL BE PROVIDED FOR EACH CRIB IN WHICH A CHILD UNDER 6 MONTHS SLEEPS.

Playpens do not need bumper pads.

8. COTS, WATERBEDS, PILLOWS, MATS, FUTONS OR CUSHIONS WILL NOT BE USED FOR INFANTS UNDER 13 MONTHS OF AGE.

Children may use cots, mats, etc., after they have had their first birthday. Waterbeds should never be used by infants. A child must have had their third birthday to sleep in a waterbed.

TRANSPORTATION

WHEN TRANSPORTING CHILDREN IN CARE:

1. THE CHILD CARE PROVIDER SHALL POSSESS A CURRENT AND VALID DRIVER'S LICENSE AS VERIFIED BY THE DEPARTMENT OF MOTOR VEHICLES. IN LIEU OF THE CHILD CARE PROVIDER, THE PERSON PROVIDING TRANSPORTATION SHALL POSSESS A CURRENT AND VALID DRIVER'S LICENSE.

The provider should instruct anyone transporting children in lieu of the provider to follow **all** transportation regulations as compliance is the ultimate responsibility of the provider.

2. THE CHILD CARE PROVIDER SHALL OBTAIN PARENTS' WRITTEN PERMISSION TO TRANSPORT CHILDREN.

See parent handbook for permission form. It is also necessary to have written permission from parents whenever a person other than the provider transports children.

3. THE CHILD CARE PROVIDER SHALL MAINTAIN THE ADULT-CHILD RATIO WHEN TRANSPORTING CHILDREN.

The child/staff ratio is the same when transporting as when providing care at the Family Child Care Home. See child/staff ratio p. 22.

4. THE CHILD CARE PROVIDER SHALL NOT EXCEED THE SEATING CAPACITY OF THE VEHICLE, AS INDICATED BY THE VEHICLE MANUFACTURER.

No further interpretation.

5. THE CHILD CARE PROVIDER SHALL ENSURE THAT ALL DOORS ARE LOCKED WHEN THE VEHICLE IS IN MOTION.

No further interpretation.

6. THE CHILD CARE PROVIDER SHALL USE AN AGE-APPROPRIATE AND INDIVIDUAL SAFETY RESTRAINT FOR EACH CHILD TRANSPORTED. FAILURE TO PROPERLY RESTRAIN MAY RESULT IN REVOCATION.

A. NEBRASKA LAW REQUIRES THAT ALL CHILDREN UNDER FOUR YEARS OF AGE OR UNDER FORTY POUNDS BE CORRECTLY SECURED IN A FEDERALLY APPROVED CHILD SAFETY SEAT.

B. ALL CHILDREN AGES FOUR AND ABOVE OR CHILDREN WEIGHING FORTY POUNDS OR MORE MUST BE SECURED IN A SAFETY BELT OR FEDERALLY-APPROVED CHILD SAFETY SEAT RESTRAINTS.

C. RESTRAINTS ARE NOT REQUIRED FOR CHILDREN TRANSPORTED BY PUBLIC TRANSPORTATION OR SCHOOL BUS.

No further interpretation.

OVERNIGHT CARE

IN ADDITION TO THE OTHER REGULATIONS, CHILD CARE PROVIDERS WHO OFFER OVERNIGHT CARE SHALL COMPLY WITH THE FOLLOWING RULES:

1. THE CHILD CARE PROVIDER SHALL PROVIDE CLEAN COTS OR BEDS FOR EACH CHILD OVER TWELVE MONTHS OF AGE, FITTED WITH A FIRM, WATERPROOF MATTRESS. THE TOP LEVEL OF BUNK BEDS MAY NOT BE USED FOR CHILDREN BELOW FIVE YEARS OF AGE.

Children who have had their first birthday may sleep on a cot or bed. Couches may not be used.

2. INFANTS UNDER 13 MONTHS OF AGE SHALL SLEEP ONLY ON FEDERALLY APPROVED CRIBS AND/OR PLAYPENS. COTS, PILLOWS, MATS, FUTONS, OR CUSHIONS WILL NOT BE USED FOR INFANTS UNDER 13 MONTHS OF AGE. WATERBEDS WILL NOT BE USED FOR CHILDREN UNDER 36 MONTHS OF AGE.

Children who have not had their first birthday must sleep in a crib or playpen. A child must have had his or her third birthday to use a waterbed.

3. THE CHILD CARE PROVIDER SHALL BE AWAKE AND ALERT TO THE NEEDS OF CHILDREN UNTIL ALL CHILDREN ARE ASLEEP.

No further interpretation.

4. THE CHILD CARE PROVIDER SHALL SLEEP WITHIN HEARING DISTANCE OF THE SLEEPING CHILDREN.

No further interpretation.

5. OPERATING, PROPERLY MOUNTED, SMOKE DETECTION EQUIPMENT WILL BE AVAILABLE ON ALL FLOORS WHEREIN CHILDREN SLEEP. WIRED SMOKE DETECTION EQUIPMENT WILL BE U. L. (UNDERWRITER'S LABORATORIES) APPROVED.

Consult your local fire marshal regarding the type and acceptable placement of smoke detection equipment in your area.

6. THE CHILD CARE PROVIDER MAY GIVE EACH CHILD A SHOWER, TUB, OR SPONGE BATH IN A MANNER AGREED UPON BETWEEN THE PARENT AND THE PROVIDER.

This is only necessary if specifically requested by a parent, and a provider may choose not to bathe children.

FAMILY CHILD CARE HOME II

IN ADDITION TO COMPLYING WITH THE FAMILY CHILD CARE HOME I REGULATIONS, FACILITIES SERVING NINE TO TWELVE CHILDREN (FAMILY CHILD CARE HOME II), WILL ALSO COMPLY WITH THE FOLLOWING REGULATIONS:

ADMINISTRATION AND STAFFING

1. THE PRIMARY PROVIDER SHALL ENSURE THAT CURRENT FIRE SAFETY AND SANITATION APPROVAL IS MAINTAINED FOR THE LICENSE TO BE EFFECTIVE.

Fire and sanitation inspections must be completed PRIOR to license issuance.

2. THE PRIMARY PROVIDER SHALL MAINTAIN THE RECORDS FOR THE SECONDARY PROVIDER ON THE PREMISES AND AVAILABLE FOR REVIEW UPON REQUEST. THE RECORDS WILL INCLUDE, BUT ARE NOT LIMITED TO:

- A. NAME, ADDRESS, SOCIAL SECURITY NUMBER AND PHONE NUMBER.

No further interpretation.

- B. WITHIN 30 DAYS OF HIRING AND EVERY TWO YEARS THEREAFTER, THE SECONDARY PROVIDER SHALL PROVIDE A HEALTH INFORMATION REPORT (OR A REPORT CONTAINING ALL INFORMATION REQUIRED IN THE HEALTH INFORMATION REPORT) CURRENT WITHIN SIX MONTHS OF LICENSE APPLICATION OR HIRING. THE HEALTH INFORMATION REPORT, PART B, WILL BE COMPLETED BY A MEDICAL PRACTITIONER.

No further interpretation.

- C. DATE OF HIRE.

No further interpretation.

- D. SIGNED AND DATED FELONY/MISDEMEANOR STATEMENT.

This should be completed annually.

ALL REGULATIONS REGARDING BACKGROUND CHECKS WILL APPLY TO THE SECONDARY PROVIDERS, VOLUNTEERS AND SUBSTITUTES.

3. SECONDARY PROVIDERS SHALL BE AT LEAST 16 YEARS OF AGE.

No further interpretation.

4. BEFORE HIRING, THE PRIMARY PROVIDER WILL OBTAIN AT LEAST THREE NON-RELATIVE REFERENCES FOR THE SECONDARY PROVIDER. ONE OF THESE REFERENCES MUST BE FROM A PREVIOUS CHILD CARE EMPLOYER, IF APPLICABLE. A WRITTEN RECORD OF HAVING CONTACTED THESE REFERENCES WILL BE MAINTAINED ON THE PREMISES AND AVAILABLE FOR REVIEW UPON REQUEST.

See Appendix for sample employee records form.

5. THE PRIMARY PROVIDER OR A SECONDARY PROVIDER AT LEAST 16 YEARS OF AGE MUST BE PRESENT AND ON DUTY WHENEVER CHILDREN ARE IN CARE.

No further interpretation.