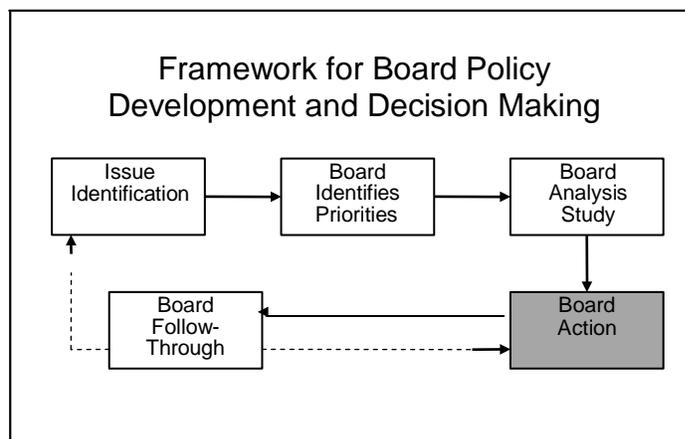


# Iowa State Board of Education

## Executive Summary

May 15, 2014



**Agenda Item:**

Update on Child Care Standards

**Iowa Goal:**

Goal 1: All children will enter school ready to learn.  
Goal 2: All PK-12 students will achieve at a high level.

**State Board Role/  
Authority:**

Iowa Code chapter 279.49 allows child care programs that are located on school property and operated or contracted by a board shall either meet standards for child care programs adopted by the state board of education or shall be licensed by the department of human services. If the program is not located on property owned or leased by the board, it must be licensed by the department of human services.

**Presenters:**

Mary Delagardelle, Associate Division Administrator  
Division of Learning and Results

Jennifer Adkins, Consultant  
Bureau of School Improvement

**Attachments:**

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**Recommendation:**

It is recommended that the State Board approve the Before/After School-Aged Childcare Program Standards and Criteria.

**Background:**

This is a follow-up to previous conversations with the State Board regarding the standards for before and after school childcare for school-aged children. The guidelines that were approved previously do not address some age groups and are not comprehensive in terms of both safety and operations. To develop these standards, the staff relied on the previous guidelines, the Council of Accreditation Standards, Department of Human Services rules, and the Iowa After School Alliance Standards. We have a number of schools inquiring about the standards so it is important to have more comprehensive guidance for the school districts.

# IOWA BEFORE/AFTER SCHOOL-AGED CHILDCARE PROGRAM STANDARDS AND CRITERIA

## PROGRAM STANDARD 1 — PROGRAM ADMINISTRATION

	Criteria	DHS Reference Number
<b>Administration Compliance</b>		
1.1.	The program possesses relevant licenses and/or certificates and displays them publicly.	<i>441 IAC 109.4(6)</i>
1.2.	The program meets applicable regulations and guidelines including required postings of: <ul style="list-style-type: none"> <li>a. notice of exposure of children to communicable disease;</li> <li>b. mandatory reporter requirements;</li> <li>c. nonsmoking signs at every entrance and in vehicles used to transport children; and</li> <li>d. a telephone number for reporting complaints (insert contact number)</li> </ul>	<i>441 IAC 109.4(3)</i>  <i>441 IAC 109.10(11)</i>
1.3.	Program develops a long-term plan for sustaining the afterschool program; involves participants, families, staff, and board members in long-term decision making and planning.	
1.4.	The program regularly communicates information with families, community partners, and schools to coordinate support and opportunities for youth; staff, families, and schools share information to encourage and support the development of children and youth.	
1.5.	Personnel know and follow an appropriate code of ethics in making decisions and fulfilling their professional responsibilities.	
1.6.	If the program participates in or allows research of children and/or families, it maintains expectations established by the district and/or the research institution's ethic review board.	
1.7.	The program maintains an annual operating budget with a record keeping system for revenues and expenses and supports the program's mission and goals.	
1.8.	The program monitors and regularly evaluates its financial status.	
1.9.	The program documents and conducts a regular review of policies and practices focused on risk prevention and documentation while regularly reviewing incidents, accidents, and grievances related to: <ul style="list-style-type: none"> <li>a. serious illnesses and injuries;</li> <li>b. facility safety;</li> <li>c. administering or storing medications;</li> <li>d. situations where a person was determined to be a danger to him/herself or others; and</li> <li>e. activities or other practices that involve risk.</li> </ul>	

	<b>Criteria</b>	<b>DHS Reference Number</b>
1.10.	The program is adequately insured with documentation of insurance coverage readily available.	
1.11.	The program protects confidential and sensitive information by limiting access, keeping records in secure locations, and maintaining appropriate safeguards of electronic data.	
1.12.	Program and child files are updated annually or when the center becomes aware of a change. Files are maintained with current information.	441 IAC 109.9(2)
1.13.	The program maintains files for all children which include: <ul style="list-style-type: none"> <li>a. A registration form;</li> <li>b. Emergency contact information;</li> <li>c. Family preferences for medical and dental emergencies;</li> <li>d. Information regarding child specific health and/or medical needs;</li> <li>e. Record of accidents, incidents, and injuries;</li> <li>f. Signed permission or consent forms;</li> <li>g. Pick up information and authorization; and</li> <li>h. An annual statement of health status signed by a parent or legal guardian verifying the child is free of communicable diseases.</li> </ul>	
1.14.	Access to confidential files is limited to parents or legal guardians, relevant program personnel and regulatory agencies.	
1.15.	The program participates in continuous quality improvement activities including: <ul style="list-style-type: none"> <li>a. Creating program goals and objectives aligned with program mission;</li> <li>b. Maintaining a professional development plan for program staff;</li> <li>c. Regularly assessing and collecting formal/informal feedback of program satisfaction from stakeholders; and</li> <li>d. Sharing evaluation and program planning goals publicly.</li> </ul>	

# IOWA BEFORE/AFTER SCHOOL-AGED CHILDCARE PROGRAM STANDARDS AND CRITERIA

## Program Standard 2-Human Resources

	Criteria	DHS Reference Number
<b>Recruitment and Selection</b>		
2.1.	The program maintains a set of human resources policies and procedures addressing: <ul style="list-style-type: none"> <li>• job descriptions</li> <li>• hiring criteria</li> <li>• recruitment procedures</li> <li>• terms of employment</li> </ul>	
2.2.	The program requires employees, contractors and direct service providers to have: <ul style="list-style-type: none"> <li>• Federal and state criminal record checks</li> <li>• Child abuse and neglect registry checks</li> <li>• Sex offender registry checks</li> </ul>	441 IAC 109.6(237A)
<b>Training and Professional Development</b>		
2.3.	The program maintains training and professional development for personnel.	
2.4.	Required written policies. The program owner, board or director shall: <ul style="list-style-type: none"> <li>• Develop and implement a written plan for ongoing training and staff development in compliance with professional growth and development requirements established by the Department of Human Services in rule 441—109.7(237A).</li> <li>• Training plans. Training shall supplement educational requirements in rule 441—109.6(237A) and shall enhance the staff's skill in working with the developmental and cultural characteristics of the children served.</li> <li>• Develop and implement a written plan for staff orientation to the program's policies and to the provisions of 441—Chapter 109 where applicable to staff.</li> </ul>	441 IAC 109.7(237A)  441 IAC 109.6(237A)
2.5.	The program director, on-site supervisor, and all staff shall meet the following minimum staff training requirements during their first year of employment: <ul style="list-style-type: none"> <li>• Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department of Education. A valid certificate indicating the date of training and expiration date shall be maintained.</li> </ul>	441 IAC 109.7

	<b>Criteria</b>	<b>DHS Reference Number</b>
2.5. (cont.)	<ul style="list-style-type: none"> <li>• Certification in child and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the Department of Education. A valid certificate indicating the date of training and expiration date shall be maintained.</li> <li>• Ten contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. Training received for cardiopulmonary resuscitation (CPR), first aid, mandatory reporting of child abuse, and universal precautions shall not count toward the ten contact hours.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Training must include requirements and procedures for mandatory reporting of suspected child abuse as defined in Iowa Code section 232.69 shall be posted where they can be read by staff and parents. Methods of identifying and reporting suspected child abuse and neglect shall be discussed with all staff within 30 days of employment.</li> <li>• At least four hours of the ten contact hours of training shall be received in a sponsored group setting. Program directors and on-site supervisors shall receive all ten hours of training in a sponsored group setting.</li> <li>• Staff who has completed a comprehensive training package of at least ten contact hours within six months before initial employment shall have the first year's ten contact hours of training waived.</li> </ul>	
2.6.	<p>Ongoing Professional Development</p> <ul style="list-style-type: none"> <li>• Maintain current certification for Iowa's training for mandatory reporting of child abuse.</li> <li>• Receive ten contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. At least four of the ten contact hours shall be in a sponsored group setting.</li> </ul>	<p><i>441 IAC 109.7(237A)</i></p> <p><i>441 IAC 109.7(7)</i></p>
<b>Staff Requirements</b>		
2.7.	<p>Persons counted as part of the staff ratio shall meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Be at least 16 years of age. If less than 18 years of age, the staff shall be under the direct supervision of an adult.</li> <li>• Be involved with children in programming activities.</li> <li>• At least one staff person on duty in the center and outdoor play area when children are present and present on field trips shall be over the age of 18 and hold current certification in first aid and cardiopulmonary resuscitation (CPR) as required in rule 441—109.7(237A).</li> </ul>	<p><i>441 IAC 109.7(237A)</i></p>

	Criteria	DHS Reference Number
<b>Program Administrators and/or Directors Requirements</b>		
2.8.	Program administrators and/or directors receive training in: <ul style="list-style-type: none"> <li>• program administration and management;</li> <li>• staff supervision; and</li> <li>• legal topics relevant to program operations, management, and oversight.</li> </ul>	
2.9.	Program administrators and/or directors who oversee the program must be a licensed teacher and/or administrator per 279.49(3)	
2.10.	Program director requirements. <ul style="list-style-type: none"> <li>• The director shall ensure services are provided for the children within the framework of the program’s statement of purpose and objectives.</li> <li>• The program director shall have overall responsibility for carrying out the program and ensuring the safety and protection of the children.</li> <li>• Programs that have multiple sites shall have a program director or on-site supervisor in each center.</li> <li>• On-site director/supervisor. The on-site director/supervisor is responsible for the daily supervision of the program and must be on site daily either during the hours of operation that children are present or a minimum of eight hours of the program’s hours of operation.</li> </ul>	441 IAC 109.6(1)
<b>Volunteers and Substitutes Requirements</b>		
2.11.	All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following: <ul style="list-style-type: none"> <li>• A conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.</li> <li>• A communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.</li> </ul>	441 IAC 109.6(5)
2.12.	The program shall have the volunteer or substitute: <ul style="list-style-type: none"> <li>• complete a criminal background check;</li> <li>• complete a child abuse registry check; and</li> <li>• sign a statement indicating the volunteer or substitute has been informed of the volunteer’s or substitute’s responsibilities as a mandatory reporter.</li> </ul>	441 IAC 109.6(5)
2.13.	Volunteers are supervised by program personnel at all times.	
2.14.	The program maintains essential information about volunteers, including identifying information and emergency contact information.	

# IOWA BEFORE/AFTER SCHOOL-AGED CHILDCARE PROGRAM STANDARDS AND CRITERIA

## PROGRAM STANDARD 3—PROGRAMMING AND SERVICES

	Criteria	DHS Reference Number
<b>Program Mission</b>		
3.1.	Program has a written statement of mission, vision, and goals.	
<b>Registration and Orientation</b>		
3.2	During registration or orientation, children and youth and their families are informed about: <ul style="list-style-type: none"> <li>• program goals, activities, and hours of operation;</li> <li>• their rights, including any obligations the program has to them;</li> <li>• rules, responsibilities, expectations, and any factors that can result in discharge from the program; and fee policies and financial agreements.</li> </ul>	
3.3.	Child's File: Centers shall maintain sufficient information in a file for each child, which shall be updated at least annually or when the parent notifies the center of a change or the center becomes aware of a change, to ensure that: <ul style="list-style-type: none"> <li>• A parent or an emergency contact authorized by the parent can be contacted at any time the child is in the care of the center.</li> <li>• Appropriate emergency medical and dental services can be secured for the child while in the center's care.</li> <li>• Information is available in the center regarding the specific health and medical needs of a child, including information regarding any professionally prescribed treatment. Information shall include a physical examination report as required at sub-rule 109.10(1). For a center serving school-age children that operates in the same school facility in which the child attends school, documentation shall include a statement signed by the parent that the immunization information is available in the school file.</li> <li>• A child is released only to authorized persons.</li> <li>• Documentation of injuries, accidents, or other incidents involving the child is maintained.</li> <li>• Parent authorization is obtained for a child to attend center-sponsored field trips and non-center activities. If parental authorization is obtained on an authorization form inclusive of all children participating in the activity, the authorization form shall be kept on file at the center</li> </ul>	441 IAC 109.9(2)

	Criteria	DHS Reference Number
3.4.	<i>Field trip emergency numbers.</i> Emergency telephone numbers for each child shall be taken by staff when transporting children to and from school and on field trips and non-center-sponsored activities away from the premises.	441 IAC 109.10(13)
3.5.	Informed, written consent is obtained from children and youth, and their parents or legal guardians, prior to recording, photographing, or filming.	
<b>Relationships</b>		
3.6.	Children and youth develop positive, supportive relationships with personnel.	
3.7.	Staff relates to all children and youth in positive and respectful ways; staff are dedicated to having fun and being involved; staff model personal interest in youth; allow for one-to-one time with all youth; staff connect in ways that support youths' feelings and ideas.	
3.8.	Staff is patient, fair, and listen to youth and each other; show respect for all staff and students and model positive relationships.	
3.9.	Staff is sensitive to the culture and language of children and youth; staff model inclusion/equity values in their work; program environment is affirming/inclusive of many identification groups.	
3.10.	Staff respond appropriately to the individual needs of children and youth; staff work to accommodate youths' needs through meetings with parents, teachers, and youth; program builds upon children and youths' individual strengths; staff interact with children and youth to help them learn; staff support children's success in learning.	
3.11.	Staff encourage youth to interact positively with peers, families, community, school, and afterschool staff; children demonstrate good conflict resolution skills; staff and youth develop a plan for policies for behavior; staff seek input from youth in order to determine both the cause and solution of conflicts and negative behavior; staff use positive techniques to guide the behavior of children and youth.	
3.12.	Staff provide opportunities for meaningful engagement of participants' family members; staff and families interact with each other in positive ways; staff provide regular communication and support services for parents; staff use arrival and departure as information-sharing time with parents	
3.13.	Discipline: The center shall have a written policy on the discipline of children which provides for positive guidance, with direction for resolving conflict and the setting of well-defined limits. The written policy shall be provided to staff at the start of employment and to parents at time of admission. For center employees that are employees of a district, an accredited nonpublic school, or an area education agency, the written policy shall comply with Iowa Administrative Code chapter 281—103. The center shall not use as a form of discipline: <ul style="list-style-type: none"> <li>• Corporal punishment including spanking, shaking, and slapping.</li> <li>• Punishment which is humiliating or frightening or which causes pain or discomfort to the child.</li> <li>• Children shall never be locked in a room, closet, box or other device. Mechanical restraints shall never be used as a form of discipline. When restraints are part of a treatment plan for a child with a disability authorized by the parent and a psychologist or psychiatrist, staff shall receive training on the safe and appropriate use of the restraint and shall only use the restraint in the manner authorized and not for punishment or discipline.</li> <li>• Punishment or threat of punishment associated with a child's illness, lack of progress in toilet training, or in connection with food or rest.</li> <li>• No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.</li> </ul>	441 IAC 109.12(2)

	Criteria	DHS Reference Number
<b>Programming and Activities</b>		
3.14.	Program activities provide opportunities to build skills, explore interests, experience a sense of self-efficacy and belonging, and contribute to the community.	
3.15.	The daily schedule is flexible and offers a favorable social and emotional climate, physical security, independence, stimulation and youth centered/age-appropriate activities to meet the needs of all children and youth	
3.16.	Pets: Animals kept on site shall be in good health with no evidence of disease, be of such disposition as to not pose a safety threat to children, and be maintained in a clean and sanitary manner. Documentation of current vaccinations shall be available for all cats and dogs. Service animals under the Americans with Disabilities Act shall be permitted to the extent required by the ADA or other state and federal law. No ferrets, reptiles, including turtles, or birds of the parrot family shall be kept on site. Pets shall not be allowed in kitchen or food preparation areas.	441 IAC 109.10(14)
3.17.	Program materials are: <ul style="list-style-type: none"> <li>• in good condition;</li> <li>• sufficient for the number of children and youth in the program;</li> <li>• developmentally appropriate for the age range of the children and youth in the program; and</li> <li>• appropriate to the activities offered.</li> </ul>	
<b>Indoor and Outdoor Environment</b>		
3.18.	Facility Requirements: The center shall ensure that: <ul style="list-style-type: none"> <li>• The facility and premises are sanitary, safe and hazard-free.</li> <li>• Adequate indoor and outdoor program space that is adjacent to the center is provided. Centers shall have a safe outdoor program area with at least sufficient square footage to accommodate 30 percent of the enrollment capacity at any one time at 75 square feet per child. The outdoor area shall include safe play equipment and an area of shade. The program indoor room size shall be a minimum of 80 square feet of useable floor space or sufficient floor space to provide 35 square feet of useable floor space per child. In rooms where floor space occupied by cribs is counted as useable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby areas, storage areas and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as useable floor space.</li> <li>• Sufficient program space is provided for dining to allow ease of movement and participation by children to allow staff sufficient space to attend to the needs of the children during routine care and emergency situations.</li> <li>• Sufficient lighting shall be provided to allow children to adequately perform development tasks without eye strain.</li> <li>• Sufficient ventilation is provided to maintain adequate indoor air quality.</li> <li>• Sufficient heating is provided to allow children to perform tasks comfortably without excessive clothing.</li> <li>• Sufficient cooling is provided to allow children to perform tasks without being excessively warm or subject to heat exposure.</li> <li>• Sufficient bathroom and diapering facilities are provided to attend immediately to children's toileting needs and maintained to reduce the transmission of disease.</li> <li>• Equipment, including kitchen appliances, placed in a program area is maintained so as not to result in burns, shock or injury to children.</li> <li>• Sanitation and safety procedures for the center are developed and implemented to reduce the risk of injury or harm to children and reduce the transmission of disease.</li> </ul>	441 IAC 109.11(3) 441 IAC 109.11(1)

	Criteria	DHS Reference Number
3.19.	The outdoor play area meets the needs of children and youth, and the equipment allows them to be independent and creative; the outdoor play area is clean, safe, and hazard-free; access to outdoor program space is supervised during program hours.	
<b>Health and Nutrition</b>		
3.20.	<p>Food preparation, storage, and sanitation: Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the National Health and Safety Performance Standards and provide:</p> <ul style="list-style-type: none"> <li>a. Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria.</li> <li>b. Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent the transmission of disease, infestation of insects and rodents, and the spoilage of food. Staff preparing food who have injuries on their hands shall wear protective gloves. Staff serving food shall have clean hands or wear protective gloves and use clean serving utensils.</li> <li>c. Sanitary methods for dish-washing techniques sufficient to prevent the transmission of disease.</li> <li>d. Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents</li> </ul> <p>Centers participating in the USDA Child and Adult Care Food Program (CACFP) may have requirements that differ from those outlined in this rule in obtaining CACFP reimbursement and shall consult with a state CACFP consultant.</p>	441 IAC 109.15(5)
3.21.	Nutritionally balanced meals or snacks: The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program (CACFP) guidelines and shall ensure that staff provide supervision at the table during snacks and meals. Children remaining at the center two hours or longer shall be offered food at intervals of not less than two hours or more than three hours apart unless the child is asleep	441 IAC 109.15(1)

	<b>Criteria</b>	<b>DHS Reference Number</b>
3.22.	<p>Health Policies: The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:</p> <p><i>Quiet area for ill or injured.</i> The center shall provide a quiet area under supervision for a child who appears to be ill or injured. The parents or a designated person shall be notified of the child's status in the event of a serious illness or emergency.</p> <p>There are adequate supplies and facilities for hand washing, and personnel and children wash hands frequently, especially before preparing food or after using the toilet.</p> <p><i>Staff hand washing.</i> The center shall ensure that staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease. All staff shall wash their hands at the following times:</p> <ul style="list-style-type: none"> <li>a. Upon arrival at the center.</li> <li>b. Immediately before eating or participating in any food service activity.</li> <li>c. After diapering a child (who has diapering needs).</li> <li>d. Before leaving the rest room either with a child or by themselves.</li> <li>e. Before and after administering nonemergency first aid to a child if gloves are not worn.</li> <li>f. After handling animals and cleaning cages.</li> </ul> <p><i>Children's hand washing.</i> The center shall ensure that staff assist children in personal hygiene sufficient to prevent or minimize the transmission of illness or disease. When appropriate for a child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed at the following times:</p> <ul style="list-style-type: none"> <li>a. Immediately before eating or participating in any food service activity.</li> <li>b. After using the rest room or being diapered.</li> <li>c. After handling animals.</li> </ul>	<p>441 IAC 109.10(6) 441 IAC 109.14(2)</p>

	Criteria	DHS Reference Number
<b>Safety</b>		
3.23.	<p>Environmental hazards:</p> <ul style="list-style-type: none"> <li>a. Within one year of being issued an initial or renewal license, centers operating in facilities built before 1960 shall conduct a visual assessment for lead hazards that exist in the form of peeling or chipping paint.</li> <li>b. Within one year of being issued an initial or renewal license, centers operating in facilities that are at ground level, use a basement area as program space, or have a basement beneath the program area shall have radon testing performed as prescribed by the state Department of Public Health at 641—Chapter 43.</li> <li>c. To reduce the risk of carbon monoxide poisoning, all centers shall, on an annual basis before the heating season, have a professional inspect all fuel-burning appliances, including oil and gas furnaces, gas water heaters, gas ranges and ovens, and gas dryers, to ensure the appliances are in good working order with proper ventilation. <i>*All centers shall install one carbon monoxide detector on each floor of the center that is listed with Underwriters Laboratory (UL) as conforming to UL Standard 2034.</i></li> <li>d. Centers that operate before and after school programs and summer-only programs that serve only school-age children and that operate in a public school building are exempted from testing for lead, radon, and carbon monoxide.</li> <li>e. Regular safety checks (indoors and outdoors) of equipment conducted; daily upkeep of all routine care furnishings; indoor and outdoor equipment meet safety standards and are inspected, modified, and documented.</li> </ul>	441 IAC 109.11(7)
3.24.	<p>The program develops an emergency response plan that addresses:</p> <ul style="list-style-type: none"> <li>a. training personnel on how to respond in case of emergency;</li> <li>b. training children and youth on how to respond in case of emergency;</li> <li>c. coordination with emergency responders;</li> <li>d. coordination and communication with the families of children and youth;</li> <li>e. coordination with appropriate local, state, and federal governmental authorities;</li> <li>f. evacuation of persons with mobility challenges and other special needs;</li> <li>g. accounting for the whereabouts of children, youth, and personnel; and</li> <li>h. maintaining a readily accessible telephone for incoming and outgoing calls.</li> </ul>	

	Criteria	DHS Reference Number
3.25.	<p>Medications: The center shall have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications, including the following:</p> <ul style="list-style-type: none"> <li>a. All medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public in locked containers. Nonprescription medications shall be labeled with the child's name.</li> <li>b. Staff who are required to administer medication or special health procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedures by the prescribing health care provider.</li> <li>c. For every day an authorization for medication is in effect and the child is in attendance, there shall be a notation of administration including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the medication was not given.</li> <li>d. In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.</li> </ul>	
3.26.	<p>If children and youth are transported as part of program activities, transportation requirements include:</p> <ul style="list-style-type: none"> <li>a. the use of age-appropriate passenger restraint systems;</li> <li>b. adequate passenger supervision, as mandated by statute or regulation;</li> <li>c. proper maintenance of vehicles;</li> <li>d. current registration and inspection of vehicles;</li> <li>e. annual validation of licenses and driving records; and</li> <li>f. proper insurance for vehicles and passengers.</li> </ul> <p>(IAC 281, Chapters 43 <i>Pupil Transportation</i>, and Chapter 44 <i>Minimum Standards for School Buses</i>)</p>	
3.27.	<p>Medical and dental emergencies: The center shall have sufficient information and authorization to meet the medical and dental emergencies of children. The center shall have written procedures for medical and dental emergencies and shall ensure, through orientation and training, that all staff are knowledgeable of and able to implement the procedures.</p>	441 IAC 109.10(2)
3.28.	<p>Recording incidents: Incidents involving a child, including minor injuries, minor changes in health status, or behavioral concerns, shall be reported to the parent on the day of the incident. Incidents resulting in an injury to a child shall be reported to the parent on the day of the incident. Incidents resulting in a serious injury to a child or significant change in health status shall be reported immediately to the parent.</p> <p>A written report shall be provided to the parent or person authorized to remove the child from the center. The staff member who observed the incident shall prepare the written report and a copy shall be retained in the child's file.</p>	441 IAC 109.10 (10)

	Criteria	DHS Reference Number						
<b>Family and Community Connections</b>								
3.29.	Staff provide opportunities for meaningful engagement of participants' family members; staff and families interact with each other in positive ways; staff provide regular communication and support services for parents; staff use arrival and departure as information-sharing time with parents.							
3.30.	A plan for family and community involvement is developed, activated, reviewed, updated, and supported; program involves families and community in program events and decision-making, planning, and implementing roles							
3.31.	Unlimited access: Parents shall be afforded unlimited access to their children and to the provider caring for their children during the center's hours of operation or whenever their children are in the care of a provider, unless parental contact is prohibited by court order. The provider shall inform all parents of this policy in writing at the time the child is admitted to the center.	441 IAC 109.5(1)						
3.32.	Program provides families with information about community resources to meet their needs; staff communicate with family about youth experiences and activities.							
3.33.	Existence of community linkages, partnerships, and connections support enhanced services; strong partnerships exist to support the program and services from which all partners benefit; long-term alliances ensure continued funding is in place.							
<b>Supervision</b>								
3.34.	<p>The program ensures the safety of children and youth by providing sufficient and appropriate supervision at all times.</p> <p><i>Staff ratio.</i> The staff-to-child ratio shall be as follows:</p> <table border="1" data-bbox="300 846 741 1081"> <thead> <tr> <th>Age of Children</th> <th>Min Ratio of Staff to Children</th> </tr> </thead> <tbody> <tr> <td>5-10 yrs</td> <td>1:15</td> </tr> <tr> <td>10 yrs and over</td> <td>1:20</td> </tr> </tbody> </table> <p>a. Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children.</p> <p>b. Every child-occupied program room shall have adult supervision present in the room.</p> <p>c. The minimum staff ratio shall be maintained at mealtimes and for any outdoor activities at the center.</p> <p>d. Only one adult is required when a center is transporting children in a center-owned vehicle with parent authorization for the sole purpose of transporting children to and from school.</p> <p>e. Any child care center-sponsored program activity involving five or more children conducted away from the facility shall provide a minimum of one additional staff over the required staff ratio for the protection of the children.</p>	Age of Children	Min Ratio of Staff to Children	5-10 yrs	1:15	10 yrs and over	1:20	441 IAC 109.8(2)
Age of Children	Min Ratio of Staff to Children							
5-10 yrs	1:15							
10 yrs and over	1:20							

	<b>Criteria</b>	<b>DHS Reference Number</b>
3.35.	The program ensures safety during arrivals and dismissals by: <ul style="list-style-type: none"> <li>a. working with parents or other appropriate family members;</li> <li>b. noting when children and youth arrive, when they leave, and with whom they leave;</li> <li>c. developing a system to keep unauthorized people from taking children and youth from the program; and</li> <li>d. establishing protocols for families or schools to contact the program if children and youth will be arriving late, leaving early, or absent.</li> </ul>	
3.36.	There is a plan to provide adequate staff coverage: <ul style="list-style-type: none"> <li>a. when regular personnel are absent; and</li> <li>b. in case of emergency.</li> </ul>	
3.37.	Children and youth, and their families, have the right to fair and equitable treatment including: <ul style="list-style-type: none"> <li>a. the right to be treated in a non-discriminatory manner; and</li> <li>b. the freedom to express and practice religious and spiritual beliefs.</li> </ul>	
3.38.	The program accommodates written and oral communication needs of children, youth, and their families by: <ul style="list-style-type: none"> <li>a. communicating, in writing and orally, in the languages of the major population groups served;</li> <li>b. providing, or arranging for, bilingual personnel or translators or arranging for the use of communication technology, as needed;</li> <li>c. providing telephone amplification, sign language services, or other communication methods for deaf or hearing impaired persons, to the extent possible;</li> <li>d. providing, or arranging for, communication assistance for persons with special needs who have difficulty making their needs known; and</li> <li>e. considering the person's literacy level.</li> </ul>	
3.39.	Policies for children requiring special accommodations: Reasonable accommodations, based on the special needs of the child, shall be made in providing care to a child with a disability. Accommodation can be a specific treatment prescribed by a professional or a parent, or a modification of equipment, or removal of physical barriers. The accommodation shall be recorded in the child's file.	441 IAC 109.12(3)
3.40.	Site is physically accessible to youth/staff/families with disabilities.	