



Family Day Care Home Information

Name: Maria Bules Family Day Care Home Inc
ID Number: F05HE0073
Address: 2507 Matheson Ave, Spring Hill FL 34608-4304
Phone Number: (386) 383-4106 **Capacity:** 10
Owner/Director/Staff Responsible: Maria Bules

DCF Standards
 DCF & SR Standards
 SR Standards

Inspection Information

Type: Renewal **Date:** 05/09/2019 **Arrival/Departure Time:** 03:55 PM to 05:30 PM
Staff Present: 1 **Children Present:** 3 **Onsite Visit:** Yes
 [School Readiness Inspection]

INSPECTION CHECKLIST

LICENSED FAMILY

01. Licensed Capacity/ Ratio 402.302(8), F.S. (Form OEL-SR-6206, Section 3 Ratios/Group Size, Page 12)	Compliance
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Compliance Comments

During todays inspection, 1 staff and 3 children were observed in the following manner:

- 2's [1]
- 3's [2]

A family day care home may provide care for one of the following groups of children, which shall include household children under 13 years of age: A. A maximum of four children from birth to 12 months of age.

- B. A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.
- C. A maximum of six preschool children if all are older than 12 months of age.
- D. A maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age.

02. Child Discipline FDCH/LFCCH Handbook, Section 2.3 (Form OEL-SR-6206, Section 8 Child Discipline, Pages 16-17)	Compliance
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Compliance Comments

- A. Operators shall adopt a discipline policy consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited.
- B. All home operators, employees, substitutes, and volunteers must comply with the family day care homes written disciplinary and expulsion policies.
- C. Verification that the home has provided the parent or guardian a written copy of the disciplinary and expulsion policies used by the home must be documented on the enrollment form with the signature of the custodial parent or legal guardian.
- D. Active play, both indoor and outdoor, must not be completely withheld from children who misbehave. For example, a child being placed in time-out the entire time the rest of the children go outside to play would be unacceptable. Time-outs may be used during indoor or outdoor play provided an age appropriate time limit has been established.
- E. A copy of the written disciplinary and expulsion policies must be available for review by the parents or legal guardian and the licensing authority. Providers must have a comprehensive discipline policy that includes developmentally appropriate socialemotional and behavioral health promotion practices as well as discipline and intervention procedures that provide specific guidance on what child care personnel should do to prevent and respond to challenging behaviors. Preventive and discipline practices should be used as learning opportunities to guide childrens appropriate behavioral development.
- F. The following discipline techniques shall be prohibited in the home:
 1. The use of corporal punishment/including, but not limited to:
 Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
 Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
 Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
 Exposing a child to extremes temperatures;
 Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a childs head.
 2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised.
 3. Binding, tying or restrict movement, or taping the mouth;
 4. Using or withholding food or beverages as a punishment;
 5. Toilet learning/training methods that punish, demean, or humiliate a child;
 6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
 7. Any abuse or maltreatment of a child;
 8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or childs family;
 9. Placing a child in a crib/portable crib for a time-out

03. Transportation FDCH/LFCCH Handbook, Section 2.4 (Form OEL-SR-6206, Section 4 Supervision, Page 13),(Form OEL-SR-6206, Section 5 Transportation (If Applicable, Pages 14-15)	Not Applicable
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Not Applicable Comments

Provider states she does not provide transportation.

STAFFING REQUIREMENTS



04. Operator/Advertising 402.318 F.S. and FDCH/LFCCH Handbook, Section 3.1 (Form OEL-SR-6206, Section 1 Operators, Page 10) Compliance

Compliance Comments

- A. The operator must be at least 18 years of age.
- B. The operator must reside in the home where the care is provided. In the event of rental or leased property, the operator shall be the individual who occupies the residence.
- C. The operator may not work outside of the home during the hours the family day care home or large family child care home is operating.

05. Substitute FDCH/LFCCH Handbook, Section 3 (Form OEL-SR-6206, Section 2 Substitutes/Employees, Page 11) Compliance

Compliance Comments

- The operator must have a written plan to provide at least one substitute, 18 years of age or older, to be available on a temporary/emergency basis.
- A. The substitutes information (including name, date of birth, telephone number, address, anticipated number of hours worked and whether or not this person substitutes for another home) must be provided on the CF-FSP Form 5133, Application to License a Family Child Care Home.
 - B. The written plan must be kept current and include the name, address, telephone number of the substitute.
 - C. Any changes to the plan must be reported to the licensing office within 5 working days. All hours worked by the substitute must be documented in writing and maintained for 12 months.
 - D. Substitutes may not work for the operator more than 40 hours per month on average over a 6 month period in any single home for which they have been identified as the designated substitute.
 - E. The operator must document the hours worked on a monthly basis. The operator must sign a statement attesting to the number of hours that the substitute works in the operators home. The statement must be placed in the substitutes file.
 - F. The operator must keep written record of the number of hours worked by the substitute and this documentation must be maintained for a 12 month period.

06. Background Screening Requirements FDCH/LFCCH Handbook, Section 4 (Form OEL-SR-6206, Section 18.4 Background Screening, Pages 38-39),(Form OEL-SR-6206, Section 4 Supervision, Page 13) Compliance

Compliance Comments

All screening and rescreening must be processed using the Background Screening Clearinghouse. [Link for DCF BGS page- <http://www.dcf.state.fl.us/programs/backgroundscreening/> and AHCA pg <https://apps.ahca.myflfamilies.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal%2f>]

07. Staff Training FDCH/LFCCH Handbook, Section 5 (Form OEL-SR-6206, Section 12.4 First Aid and Cardio Pulmonary Resuscitation, Page 25-26 and Section 17 Training Requirements, Pages 32-35) Compliance

08. Supervision FDCH/LFCCH Handbook, Section 6 (Form OEL-SR-6206, Section 18.4 Background Screening, Pages 38-39),(Form OEL-SR-6206, Section 4 Supervision, Page 13)(Form OEL-SR-6206, Section 5 Transportation (If Applicable, Pages Compliance

Compliance Comments

- A. The operator shall remain responsible for the supervision of the children in care and capable of responding to emergencies and the needs of the children at all times. The operator or substitute should directly supervise children, both indoors and outdoors, by sight and sound. Children must never be left inside or outside the home, in a vehicle, or at a field trip location by themselves.
- B. Bedroom doors must remain open while children are napping or sleeping. When children are napping or sleeping, the operator or substitute may supervise by sound with frequent visual checks.
- C. No person shall be an operator, substitute or employee in a home while using or under the influence of narcotics, alcohol, or other drugs that impair an individuals ability to provide supervision and safe child care.
- D. A child who has been placed in an isolation area due to illness must be within sight and hearing of the operator.
- E. Children must be attended at all times when being diapered or when changing clothes. Children must receive supervision as required by their age or required needs when toileting or bathing. A safety strap or harness should not be used on the diaper changing table/surface.
- F. Infants must be held for bottle feedings until they are developmentally ready to sit in an age appropriate chair with good head control. There must not be any propped bottles. If a child cannot hold the bottle, the operator, substitute or employee must hold the bottle during feeding.
- G. A child shall never be left unattended on a table or countertop.
- H. Constant and active supervision is required when any child is in or around water, including bathing and swimming activities. During wading and/or water play activities on site or during a field trip, the operator or substitute must be within an arms length providing touch supervision.
- I. If the home provides services to drop children off at different locations, the driver must ensure to drop the child off at the appropriate location. Each child transported must be dropped at the designated location and released to an authorized individual as agreed upon by the provider and the custodial parent/legal guardian.
- J. When transporting children in a vehicle or on foot, a telephone or other means of instant communication must be available to staff. Cellular phones, two-way radio devices, citizen band radios, and other means of instant communications are acceptable.
- K. Children may only be released to adults authorized by parents or legal guardians as indicated on the enrollment form obtained during the enrollment process. Prior to releasing a child, the identification of the individual picking up must be verified by photo identification and be confirmed as an authorized adult for pick up.
- L. During feeding times, children must be individually fed and provided their own tableware. Children must be supervised appropriately for their ages and developmental abilities, to monitor the size of food and that children are eating accordingly.

HEALTH REQUIREMENTS

09. Animal Vaccinations FDCH/LFCCH Handbook, Section 7.1 (Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21) Not Applicable

Not Applicable Comments

Counselor observed no animals in the home.



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Type: Renewal Date: 05/09/2019

10. Toxic Substances, Hazardous Materials and Hazardous FDCH/LFCCH Handbook, Section 7.2 (Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21) Compliance

Compliance Comments

- A. All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored and in a locked area or must be inaccessible and out of a child's reach.
- B. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled and used according to manufacturers recommendation.
- C. Narcotics, alcohol, or other impairing drugs must be kept inaccessible to children at all times.
- D. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as wiping the table after lunch, soaking toys in a tub on the countertop, sweeping. This does not include cleaning with hazardous materials or any cleaning which poses a risk of slipping or falling.

11. Smoking on Premise FDCH/LFCCH Handbook, Section 7.3 (Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21) Not Applicable

Not Applicable Comments

Does not apply.

12. Firearms and Weapons FDCH/LFCCH Handbook, Section 7.4 (Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21) Not Applicable

Not Applicable Comments

Does not apply.

13. Indoor Play Areas FDCH/LFCCH Handbook, Section 7.5 (Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21) Compliance

Compliance Comments

- A. Operators must promote developmentally appropriate active play for all children, including infants and toddlers, every day.
- B. All areas of the home including the play areas shall be in good repair, clean and free from litter, nails, glass, and other hazards.
- C. Strings and cords long enough to encircle a child's neck, such as those on toys and window coverings, shall not be accessible to children.
- D. Bathtubs, buckets, diaper pails, and other open containers of water must be emptied immediately after use.
- E. All accessible electrical outlets must be tamper-resistant electrical outlets that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have tamper-resistant electrical outlets, outlets shall have safety covers.

14. Outdoor Time, Fencing and Play Area Requirements FDCH/LFCCH Handbook, Section 7.6 (Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21 and Section 10 Equipment and Furnishings, Pages 21-22) Compliance

Compliance Comments

- A. Outdoor Play areas shall be clean, in good repair and free from litter, nails, glass, and other hazards.
 - B. Tubs, buckets, and other open containers of water should be emptied immediately after use.
 - C. The outdoor play areas must be enclosed with fencing or walls a minimum of 4 feet in height. The fence must not prevent the supervision of children. The fence must be in good condition and conform to applicable local building codes. These areas must have at least two exits, with at least one being remote from the buildings. If an outdoor play area was approved for usage by the Department prior to the effective date of this rule, no new exits are required to be added to meet this standard. However, if outdoor play area fencing is changed then the standard would apply and two exits must be provided.
 - D. Homes caring only for infants under 12 months of age shall not be required to have an outdoor play area; however, infants in care shall be provided opportunities for outdoor time each day that weather permits.
 - E. For all homes, including those providing evening care, the outdoor play area shall maintain safe and adequate fencing or walls, a minimum of four feet in height, if the family day care home property borders a public road/street or laned road/street with public access with a speed limit of 25 miles per hour or greater.
 - F. Fencing, including gates, must be continuous, and shall not have opening or gaps larger than 3 1/2 inches that would allow children to exit the outdoor play area. The bottom or base of the fence must remain at ground level and free from erosion or buildup to prevent inside or outside access by children or animals.
 - G. The fence, decking and gates must be constructed to discourage climbing.
 - H. Outdoor play areas must be free from unsecured bodies of water. All water hazards must be inaccessible to children and enclosed with a fence that is 4 to 6 feet high or higher and the bottom or base of the fence must remain at ground level.
 - I. All homes play activities shall be suitable to each child's age and development. All playground equipment, if provided, shall be securely anchored, unless portable or stationary by design, in good repair, maintained in safe condition, and placed to ensure safe usage by the children.
 - J. Maintenance shall include checks at least every other month of all supports above and below the ground, all connectors, and moving parts. Documentation must be maintained for a 12 month period.
 - K. Permanent or stationary playground equipment must have a ground cover or other protective surface under the equipment that provides resilience and is maintained to reduce the incidence of injuries to children in the event of falls. Equipment used for climbing must not be placed over, or immediately next to hard surfaces not intended for use as surfacing for climbing equipment. All permanent/anchored playground equipment must be placed over a shock absorbing material that is either the unitary or the loose fill type extending beyond the perimeter of the stationary equipment. Untreated organic materials that support colonization of molds and bacteria shall not be used.
 - L. All equipment, fences, and objects on the homes premises shall be free from sharp, broken and jagged edges and properly placed to prevent overcrowding or safety hazards in any one area.
 - M. All equipment used in the outdoor play area shall be constructed to allow for water drainage and maintained in a safe and sanitary condition. Any open containers with water must be emptied immediately after use, i.e. pots, toys, or other equipment that collects water.
 - N. The outdoor play areas and equipment shall be inspected prior to usage daily for basic health and safety, including, but not limited to:
 - 1. Missing or broken parts;
 - 2. Protrusion of nuts and bolts
 - 3. Rust and chipping or peeling paint
 - 4. Sharp edges, splinters, and rough surfaces;
 - 5. Stability of handholds
 - 6. Visible cracks
 - 7. Stability of non-anchored large play equipment (e.g. playhouses);
 - 8. Wear and deterioration;
 - 9. Vandalism or trash
- Any problems noted shall be corrected before the playground is to be used by



15. Swimming Pools FDCH/LFCCH Handbook, Section 7.7 (Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21) Not Applicable

Not Applicable Comments

- A. All in-ground swimming pools and above-ground swimming pools more than one-foot deep shall have either a fence or barrier on all four sides, at a minimum of four feet in height, separating the home from the swimming pool, or a pool alarm that is operable at all times when children are in care. The fence or barrier shall not have any gaps or openings that would allow a young child to crawl under, squeeze through, or climb up the barrier.
- B. All spas and hot tubs must meet the same barrier requirements for in-ground and aboveground swimming pools, or spas and hot tubs may be covered with a safety cover that meet the requirements of Section 515.25(1), F.S. at all times when children are in care. The exterior wall of the home with an ingress and egress does not constitute a fence or barrier.
- C. All doors or gates in the fence or barrier shall be locked at all times when children are in care and when the pool is not being used by the children in care.
- D. In addition to the fence, barrier or pool alarm, the operator shall ensure that all exterior doors leading to the pool, spa, or hot tub area remain locked at all times while children are in care.
- E. Barriers may be temporary in nature, but must be sturdy and meet all the above requirements, and be in place during all times when children are in care. The wall of an above-ground swimming pool may be used as its barrier; however, such structure must be at least four feet in height.
- F. In addition, any ladder or steps that are the means of access to an above-ground pool must be removed at all times while children are in care and when the pool is not being used by the children in care.
- G. If a home has a swimming pool, it shall be maintained by using chlorine or other suitable chemicals. Wading pools are prohibited.
- H. If the home uses a swimming pool that exceeds three feet in depth at the family day care home site, one person who has completed a basic water safety course such as offered by the American Red Cross, YMCA or other organization, must be present when children have access to the swimming area.
- I. If the home uses swimming pools not at the family day care home site or takes the children to water areas such as a beach or lake for swimming activities, the family day care home operator must provide one person with a certified lifeguard certificate or equivalent who must be present when children are in the swimming area, unless a certified lifeguard is on duty.
- J. Providers must ensure that all pools have drain covers that are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act, as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by in 65C-22.001(7)(v), F.A.C..
- K. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherds hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be trained on the proper

16. Appropriate, Safe and Sanitary Bedding FDCH/LFCCH Handbook, Section 7.8 (Form OEL-SR-6206, Section 9.4 Nap and Sleep Space(s)/Safe Sleep Practices, Pages 19-20 and Section 11.4 Bedding and Linens, Pages 23-24) Compliance

Compliance Comments

- A. A home must include a designated area where each child can sit quietly or lie down to rest or nap. Each child in care must be provided safe and sanitary bedding to be used when napping or sleeping. All bedding and linens must be thoroughly cleaned and sanitized before use by another child.
- B. Operators must have a written plan for safe sleep practices as recommended by the America Academy of Pediatrics (AAP) as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by reference in 65C-22.001(7)(v), F.A.C. Cribs, play yards, bassinets, and playpens must have tight fitting sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, pillows, stuffed animals and cushions.
- C. Before purchase and use, cribs and play yards must be in compliance with regulations as outlined in Title 16, Parts 1219, 1220 & 1221 Code of Federal Regulations, 2014, which is incorporated by reference in 65C-22.001(7)(w), F.A.C.
- D. Children must not be placed in the cribs, playpens, play yards or other sleeping and napping bedding with items that could pose a strangulation or suffocation risk. Cribs, playpens, play yards other napping and sleeping bedding must be placed away from window blinds, draperies or any window treatment/cover that pose a strangulation hazard.
- E. When napping or sleeping, young infants who are not capable of rolling over on their own shall be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternative position is authorized in writing by a physician. Written documentation from a physician of this authorization shall be maintained in the child's record. Documentation must include the child's name, child's date of birth, description of sleep position required, description of any equipment needed, and length of time authorization is valid.
- F. Sleep bedding includes beds, cribs, or mattresses. Nap bedding includes sleep bedding, cots, playpens, play yards or floor mats. Air and foam mattresses are prohibited. Floor mats must be at least one-inch thick, and covered with an impermeable surface cleaned, and sanitized or disinfected after each use.
- G. Bedding must be appropriate for the child's size.
- H. Nap bedding is not required for school-age children; however, the family day care home provider shall provide an area as described below for those children choosing to rest.
- I. Children one year of age or older may nap or sleep on beds used by the family, provided individual linens are provided for each child. Each child shall have a separate bed, cot, crib, and playpen, play yard mattress or floor mat, except that two sibling preschool children may share a double bed.
- J. The operator must prepare a written plan outlining the sleeping arrangements of the children in care to be provided to the licensing counselor upon request.
- K. If the children are sleeping overnight, the operator must ensure accepted bedtime routines, such as brushing teeth and washing face and hands, are followed. Toothbrushes, towels and wash cloths may not be shared.
- L. Napping spaces shall not be in kitchens, bathrooms, utility rooms, or garages.
- M. Napping spaces shall not be under furniture, against furniture that may create a hazard, or blocking exit routes. A minimum distance of 18 inches must be maintained around individual napping spaces, except a maximum of two sides of a napping space may be against a solid barrier, such as a wall. The solid side of a crib does not meet the requirement of a solid barrier.

17. Vermin/Pest Control FDCH/LFCCH Handbook, Section 7.9 (Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21) Compliance

Compliance Comments

Rodents and vermin must be exterminated. Pest control shall not take place while rooms are occupied by children. A home must adopt an integrated pest management program to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations.

18. Toys, Furnishings, Equipment and Plumbing FDCH/LFCCH Handbook, Section 7.10 (Form OEL-SR-6206, Section 10 Equipment and Furnishings, Pages 21-22),(Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21 and Section 13.1 Fire Safety, Page 27) Compliance



19. Smoke Detector, Fire Extinguisher, Telephone, Lighting, Temperature and Ventilation FDCH/LFCCH Handbook, Sections 7.11 & 7.12 (Form OEL-SR-6206, Section 10 Equipment and Furnishings, Pages 21-22),(Form OEL-SR-6206, Section 9 Physical Environment, Pages 17-21 and Section 13.1 Fire Safety, Compliance

Compliance Comments

- A. It is the responsibility of the operator to ensure all areas of the home are free from fire hazards such as lint and dust build up in heating and air vents, filters, exhaust fans, ceiling fans, and dryer vents.
- B. The home shall have an operable smoke detector(s) and fire extinguisher with a current certificate.

- A. The home shall have at least one operable corded telephone.
- B. At all times and appropriate for the activity, lighting in family day care homes must be sufficient enough to allow for safe movement and egress, and permit the operator to visually observe and supervise children in care.
- C. The home must have proper ventilation, and the temperature must be maintained between 65 and 82 degrees Fahrenheit.

20. Nutritious Meals and Snacks Provided FDCH/LFCCH Handbook, 7.13 and 7.14 (Form OEL-SR-6206, Section 16 Food and Nutrition, Pages 29-32)(Form OEL-SR-6206, Section 16.1 Food Hygiene, Page 30) Compliance

Compliance Comments

Each child's food allergies shall be posted prominently in the kitchen or wherever food is served with permission of the parent/guardian, and shared with substitute or volunteer working in the home. Each child with a food allergy should have a written care plan that includes: Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food; A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. Specific symptoms that would indicate the need to administer one or more medications. Based on the child's care plan and prior to caring for the child, the operator and substitute should receive training for and implement measures for preventing exposure to specific food(s) to which the child is allergic; recognizing the symptoms of an allergic reaction; treating allergic reactions. The written care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transportation out of the home setting. The operator or substitute shall notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The operator or substitute should contact the emergency medical services system immediately whenever epinephrine has been administered.

21. Hygiene and Sanitation FDCH/LFCCH Handbook, Section 7.15 & 7.16 (Form OEL-SR-6206, Section 9.6 - Bathrooms and Sinks, Page 20, Section 11.2 - Handwashing, Page 23, and Section 11.3 - Diapering, Page 23)(Form OEL-SR-6206, Section 16 Food and Nutrition, Pages 29-32) Compliance

Compliance Comments

- A. Soiled items shall immediately be placed in plastic lined, securely covered containers that are not accessible to children. The container shall be emptied, cleaned and sanitized or disinfected daily. Children's wet or soiled clothing and crib sheets shall be changed promptly.
- B. Potty chairs, if used, shall be cleaned and sanitized or disinfected after each use.
- C. The operator shall provide and maintain toilet and bath facilities that are easily accessible and at a height usable by the children. Platforms or stools are acceptable when they are safely constructed, with impervious surfaces, and can be easily cleaned and sanitized or disinfected.
- D. Running water, soap, trash receptacles, toilet paper and individual towels/disposable towels shall be available and within reach of children using the toileting home.
- E. Single service paper or plastic plates, utensils, and cups shall not be reused.
- F. Plates, utensils, cups, bottles and sippy cups provided by the family day care home that are not disposable shall be washed, rinsed, and sanitized between uses.
- G. All bottles and sippy cups prepared and used continuously throughout the day shall be individually labeled with the child's first and last name. This does not limit any type of identification system in addition to names. Sippy cups or bottles brought from home shall be individually labeled with the child's first and last name and returned to the custodial parent or legal guardian daily.

22. Individually Labeled Towels and Wash Cloths FDCH/LFCCH Handbook, Section 7.17 (Form OEL-SR-6206, Section 9 Physical Environment, Page 20) Compliance

Compliance Comments

Each child shall have his own individually labeled towel and wash cloth. If disposable towels are used, they shall be discarded after each use.

23. Diapering Area Clean and Sanitized FDCH/LFCCH Handbook, Section 7.18 (Form OEL-SR-6206, Section 11.3 Diapering, Page 23) Compliance

Compliance Comments

When children in diapers are in care, there shall be a diaper changing area with an impermeable surface that is cleaned and sanitized or disinfected after each use.

- A. The diaper changing area shall be located separate from the food preparation, food service and feeding area.
- B. Items unrelated to diaper changing shall not be stored in the diaper changing area nor shall they be placed on the diaper changing table.



24. First Aid Kit FDCH/LFCCH Handbook, Section 7.19 (Form OEL-SR-6206, Section 12 Health Related Requirements, Pages 25-26) Compliance

Compliance Comments

At least one first aid kit must be maintained on the premises of the home at all times and on activities away from the home. The first aid kit shall be kept out of the reach of children and must be accessible to the operator and substitute. First aid kits or supplies must be restocked after each use. The kit must be clearly labeled First Aid and must, at a minimum, include:

- A. Liquid Soap and/or hand sanitizer (to be used with supervision if hands are not visibly soiled and if no water is present),
- B. Adhesive bandages,
- C. Disposable non-porous gloves,
- D. Cotton balls or applicators,
- E. Sterile gauze pads or rolls,
- F. Adhesive tape,
- G. Digital thermometer,
- H. Tweezers,
- I. Pre-moistened wipes,
- J. Scissors,
- K. Bottled water (for cleaning wounds or eyes), and
- L. A current resource guide on first aid and CPR procedures.

25. Emergency Information FDCH/LFCCH Handbook, Section 7.20 (Form OEL-SR-6206, Section 14 Emergency Procedures and Notification, Page 28) Compliance

26. Emergency Procedures and Notification FDCH/LFCCH Handbook, Section 7.20 (Form OEL-SR-6206, Section 14 Emergency Procedures and Notification, Page 28) Compliance

Compliance Comments

The operator shall have a procedure for responding when an immediate emergency medical response is required. Emergency procedures must be posted and readily accessible. The operator shall develop contingency plans for emergencies or disaster situations when it may not be possible to follow standard emergency procedures. All providers and staff must be trained to manage in an emergency.

- A. Emergency telephone numbers (including ambulance, fire, police, poison control center, Florida Abuse Hotline, the county public health unit); the homes address, and directions to the home (including major intersections and local landmarks) must be posted on or near all telephones and shall be used to protect the health, safety and well-being of any child in care.
- B. To meet the immediate needs of the child, family day care home operators shall call 911 or other emergency numbers in the event of an emergency.
- C. Custodial parents or legal guardian shall be notified immediately in the event of any serious illness, accident, injury or emergency involving their child and their specific instructions regarding action to be taken under such circumstances shall be obtained and followed. If the custodial parent or legal guardian cannot be reached, the family day care home operator will contact those persons designated by the custodial parent or legal guardian to be contacted under these circumstances, and shall follow the written instructions provided by the custodial parent or legal guardian.
- D. All accidents, incidents, and observed health related signs and symptoms which occur at a home, on field trips or during transportation must be documented on the day they occur. Documentation shall include the name of the affected party, date and time of occurrence, description of occurrence, actions taken, and signature of operator and custodial parent or legal guardian. This documentation must be shared with the custodial parent or legal guardian on the date of occurrence.
- E. Records of accidents, incidents, and observed health related signs and symptoms must be maintained for one year.
- F. If the parent or legal guardian does not pick up the child on the date of occurrence of the accident or incident, the individual authorized to pick up the child must sign and be provided a copy of the accident/incident form.
- G. After the occurrence of an incident that involved the serious injury or death of a child, the operator must notify the licensing authority immediately in order for the licensing authority to ensure health standards are met for continued operation as a family day care home.
- H. The home must have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff or volunteers to the licensing authority. The following types of incidents must be addressed:
 - 1. Lost or missing child;
 - 2. Suspected maltreatment of a child;
 - 3. Injuries or illness requiring hospitalization or emergency treatment;
 - 4. Death of child or staff member;
 - 5. Presence of a threatening individual who attempts or succeeds in gaining entrance to the home.

27. Fire Drills/Emergency Preparedness FDCH/LFCCH Handbook, Section 7.21 & 7.22 (Form OEL-SR-6206, Section 13 Fire Safety and Emergency Preparedness and Response, Pages 26-28) Compliance

Compliance Comments

During todays inspection, per the written record, the counselor observed that the last fire drill was conducted on 5/6/19, a drill using an alternate route was conducted on 4/4/19, a drill during nap time was conducted on 1/18/19, and a drill with counselor present was conducted on 11/13/18. A hurricane drill was conducted on 5/6/19, and a lock down drill was conducted on 1/18/19.

REMINDER: Fire drills shall be conducted monthly at various dates and times when children are in care during the licensure year. At minimum they should include a nap time fire drill, an alternate exit fire drill, and a fire drill with the Counselor. Up to three emergency preparedness drills can be used as a substitution for the required monthly fire drills.

28. Communicable Disease Control FDCH/LFCCH Handbook, Section 7.23 (Form OEL-SR-6206, Section 12 Health Related Requirements, Pages 24-26) Compliance

29. Medication FDCH/LFCCH Handbook, Section 7.24 (Form OEL-SR-6206, Section 15 Medication, Page 29) Not Applicable

Not Applicable Comments

Provider states that no children enrolled are on medication. Counselor observed forms are available for parents/guardians to complete.



30. Documentation of Dispensed Medication FDCH/LFCCH Handbook, Section 7.24 (Form OEL-SR-6206, Section 15 Medication, Page 29) Not Applicable

Not Applicable Comments

Provider states that no children enrolled are on medication. Counselor observed forms are available for parents/guardians to complete.

CHILDREN'S RECORDS

31. Immunization Records FDCH/LFCCH Handbook, Section 8.1 (Form OEL-SR-6206, Section 18.2 Record Keeping/Childrens Files, Pages 36-38) Compliance

Compliance Comments

- A. The operator is responsible for obtaining for each child in care a current, complete and properly executed Florida Certification of Immunization form, Parts A-1, B, and/or C, DH 680 (July 2010), or the Religious Exemption from Immunization form, DH 681 (July 2008), which are incorporated herein by reference in 65C-22.001(8)(o) and (p), F.A.C., from the custodial parent or legal guardian, within 30 days of enrollment. DH Form 680 and DH Form 681 may be obtained from the local health department. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations.
- B. Immunizations received out-of-state are acceptable; however, immunizations must be documented on the Florida Certification of Immunization form and must be signed by a physician practicing in the State of Florida.
- C. Providers may receive additional information on immunization requirements by obtaining the most current edition of the Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes as referenced in Rule 64D-3.011, F.A.C.
- D. It is recommended that child care personnel are current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by in 65C-22.001(7)(v), F.A.C.

32. Health Records FDCH/LFCCH Handbook, Section 8.2 (Form OEL-SR-6206, Section 18.2 Record Keeping/Childrens Files, Pages 36-38) Compliance

Compliance Comments

- A. The operator is responsible for obtaining for each child in care a current, complete and properly executed DH 3040, Student Health Examination form, incorporated by reference in 65C-22.001(8)(q), F.A.C. and may be obtained from the local county health department, or a signed statement by an authorized professional that indicates the results of the components of the form are included in the health examination from the custodial parent or legal guardian, within 30 days of enrollment.
- B. The Student Health Examination shall be completed by a person given statutory authority to perform health examinations.
- C. The Student Health Examination form or signed statement is valid for two years from the date the physical was performed and must be on file as long as the child is in care.
- D. If the custodial parents or legal guardians fail to provide the above required documentation within 30 days of enrollment, the home shall not allow the child to remain in the program.
- E. School-aged children attending public or nonpublic schools are not required to have student health examination and immunization records on file at the home as such records are on file at the school where the child is enrolled.
- F. If the custodial parents or legal guardians need assistance concerning these requirements, the home shall refer them to the Department of Health or to the child's physician.
- G. Medical records in this section are the property of the custodial parent or legal guardian and must be returned when the child is no longer in care. The medical records are transferable if the child is placed in a different child care.
- H. Any child who has or is at an increased risk for a chronic physical, developmental, behavioral or emotional condition and require additional services must have a current Emergency Care Plan included in the child's file and readily accessible for those caring for the child. Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency.

33. Enrollment Information FDCH/LFCCH Handbook, Section 8.3 & 8.4 (Form OEL-SR-6206, Section 18.2 Record Keeping/Childrens Files, Pages 36-38) Compliance

Compliance Comments

Reviewed all 4 of 4 children files.

- A. The operator shall obtain enrollment information from the child's custodial parent or legal guardian prior to accepting the child into care. This information shall be documented on CF-FSP Form 5219, Child Care Application for Enrollment, which is incorporated by reference in 65C-22.001(8)(f), F.A.C., or an equivalent that contains all the information required by the departments form. CF-FSP Form 5219 may be obtained from the departments website at www.myflfamilies.com/childcare.
- B. Enrollment information shall be kept current and on file for each child in care and available for licensing to review.
- C. The enrollment information shall include, in writing, permission for the home to release the child to any person(s) authorized or in the manner authorized by the custodial parent or legal guardians. The name, address and phone number of authorized persons must be in the enrollment information.
- D. There shall be signed statements from the custodial parents or legal guardian that the family day care home or large family child care home has provided them with the following information: The Department of Children and Families family day care home brochure, CF/PI 175-28, September 2007, Selecting a Family Day Care Home Provider, which is incorporated by reference in 65C-20.008(7)(b), F.A.C. This brochure may be obtained from the departments website at www.myflfamilies.com/childcare.
- E. Annually, during the months of August and September, the home must provide parents with information detailing the causes, symptoms, and transmission of the influenza virus. To assist providers, the department developed a brochure, CF 175-70, June 2009, Influenza Virus, Guide to Parents, incorporated by reference in 65C-22.001(8)(n), F.A.C., which may be obtained from the departments website at www.myflfamilies.com/childcare.
- F. Enrollment information shall include parental/guardian consent for child care personnel to have access to child's records.

ENFORCEMENT



34. Access to the Premises/Misrepresentation FDCH/LFCCH Handbook, Section 9.1 (Form OEL-SR-6206, Section 19 Access and Section 20 Child Safety, Page 40) Compliance

Compliance Comments

- A. The operator must allow access to the entire premises of the home to inspect for compliance with family day care home and large family child care home minimum standards pursuant to s. 402.311, Florida Statute. The operator or substitute must not interfere with or prevent the licensing authority from copying records, photographing or recording a location/activity on the premises as documentation for the inspection.
- B. Access to the home also includes access by the parent, legal guardian, and/or custodian, to their child(ren) while in care.
- C. Pursuant to s. 402.319, Florida Statute, it is a first degree misdemeanor to make any misrepresentation, by act or omission, regarding the licensure or operation of a family day care home or large family child care home to a parent or guardian who has a child placed in the home, or is inquiring as to placing a child in the home, or to a representative of the licensing authority, or to a representative of a law enforcement agency, including, but not limited to, any misrepresentation as to:
1. The number of children at the family day care home or large family child care home;
 2. The part of the family day care home or large family child care home designated for child care;
 3. The qualifications or credentials of child care personnel;
 4. Whether a family day care home or large family child care home complies with the screening requirements of s. 402.305, F.S.; or
 5. Whether child care personnel have the training as required by s. 402.305, F.S.

35. Child Safety FDCH/LFCCH Handbook, Section 9.2 (Form OEL-SR-6206, Section 20 Child Safety, Page 40) Compliance

Compliance Comments

A child care facility must provide the custodial parent or legal guardian access, in person and by telephone, to the child care facility during the facility's normal hours of operation or during the time the child is in care. Acts or omissions that meet the definition of child abuse or neglect provided in Chapter 39, F.S. or Chapter 827, F.S., constitute a violation of the standards in section 402.301-.319, F.S., and will support imposition of a sanction, as provided in Section 402.310, F.S. Failure to perform the duties of a mandatory reporter pursuant to Section 39.201, F.S., constitutes a violation of the standards in Section 402.301-.319, F.S.

Pursuant to Florida Statute 39.604, the Rilya Wilson Act requires children from birth to school entry age who are under court ordered services and enrolled in a licensed early education or child care program to be enrolled to participate in a child care program five (5) days per week. Due to this legislature, there are reporting requirements for child care providers who service this population (birth to school entry age and under court ordered protective supervision) or in the custody of the Department of Children & Families or Community Based Care Lead Agency.

Report to Kids Central Incorporated (Marion, Lake, Sumter, Citrus and Hernando):
 RilyaWilson@kidscentralinc.org
 If further assistance is needed, please contact Kids Central Incorporated at:

901 Industrial Drive, Ste. 200
 Wildwood, FL 34785
 352-873-6332
 ATTN: Kevin Maloney

1. A child enrolled and identified under the Rilya Wilson Act may not be withdrawn from the program without the prior written approval of the Family Safety Program Office of the Department of Children and Family Services or the community-based lead agency.
2. If a child included in the Rilya Wilson Act is absent from the program on a day when he or she is supposed to be present and the person with whom the child resides, whether the parent or caregiver, fails to timely report the absence, the absence is considered to be unexcused. The program shall report any unexcused absence or seven consecutive excused absences of a child who is enrolled in the program and covered by this act to the local designated staff of the Family Safety Program Office of the Department of Children and Family Services or the community based lead agency by the end of the business day following the unexcused absence or the seventh consecutive excused absence. (Refer to CCF Handbook Sections 8).

SCHOOL READINESS

36. Planned Activities (Form OEL-SR-6206 Section 6 Planned Activities, Page 16) Compliance

Compliance Comments

During inspection, provider followed the home's planned activities.

Counselor Comments

NOTE: Counselor has educated the provider on what the Rilya Wilson Act is and what the responsibility of the provider when a child is protected under the Rilya Wilson Act. Also provided FLYER on the Distracted Driver (Getting in; Getting out).

Received by: Maria Bules
 Date: 05/09/2019

Inspected by: Cheryl Hester-Brown
 Date: 05/09/2019