

65C-22.004 Health Related Requirements.

(1) Communicable Disease Control.

(a) Children in care shall be observed on a daily basis for signs of communicable disease. Any child, child care personnel or other person in the child care facility suspected of having a communicable disease shall be removed from the facility or placed in an isolation area until removed. Such person may not return without medical authorization or until the signs and symptoms of the disease are no longer present. A child's condition shall be reported to the custodial parent or legal guardian. Signs and symptoms of a suspected communicable disease include the following:

1. Severe coughing, causing a child to become red or blue in the face or to make a whooping sound,
2. Difficult or rapid breathing,
3. Stiff neck,
4. Diarrhea (more than one abnormally loose stool within a 24 hour period),
5. Temperature of 101 degrees Fahrenheit or higher when in conjunction with any other signs of illness,
6. Pink Eye,
7. Exposed, open skin lesions,
8. Unusually dark urine and/or gray or white stool,
9. Yellowish skin or eyes, or
10. Any other unusual sign or symptom of illness.

(b) A child identified as having head lice shall not be permitted to return until the following day, and only provided that treatment has occurred and has been verified. Verification of treatment may include a product box, box top, empty bottle, or signed statement by a custodial parent or legal guardian that treatment has occurred. The child care facility must also treat areas, equipment, toys, and furnishings with which the child has been in contact.

(c) Isolation Area. Each facility shall have a designated isolation area for a child who becomes ill at the facility. Such space shall be adequately ventilated, heated, and equipped with a bed, mat, or cot, and materials that can be cleaned and sanitized or disinfected easily. Linens shall be changed after each use, and used linens shall be kept in a closed container in the isolation area until cleaned. Disposable items shall be kept in a closed container in the isolation area until thrown away. The isolated child must be within sight and hearing of a staff person at all times. The child must be carefully observed for worsening conditions.

(d) Outbreaks. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease in accordance with Chapter 64D-3, F.A.C., Communicable Disease Control, and must follow the health department's direction. A suspected outbreak occurs when two or more children or employees have the onset of similar signs or symptoms, as outlined in subparagraphs (1)(a)1.-10., above, within a 72-hour period or when a case of a serious or reportable communicable disease is diagnosed or suspected in a child or employee.

(2) First Aid, Cardiopulmonary Resuscitation and Emergency Procedures.

(a) Each child care facility must have at least one staff member with current and valid certificate(s) of course completion for first aid training and infant and child cardiopulmonary resuscitation (CPR) procedures. One staff member satisfying these training requirements shall be present at all times that children are in care at the facility, on field trips, and during all transportation activities.

(b) Certificate(s) of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years. CPR courses must include an onsite instructor-based skills assessment by a certified CPR instructor. Documentation of completion of the online course and onsite assessment must be maintained at the facility and available for review by the licensing authority. Documentation that identifies staff members who have met the first aid and infant and child cardiopulmonary resuscitation (CPR) training requirement shall be kept on file at the child care facility.

(c) At least one first aid kit must be maintained on the premises of the child care facility at all times. A first aid kit must also accompany child care staff when children are participating on field trips. Each kit shall be in a closed container and labeled "First Aid." The kits shall be accessible to the child care staff at all times and kept out of the reach of children. If the first aid kit is stored in the food preparation area it shall be stored in a manner to prevent contamination of food, food contact surfaces, or first aid supplies. Each kit must, at a minimum, include:

1. Soap, (to be used with water) and or hand sanitizer (for use when water may not be available),
2. Band-aids or equivalent,
3. Disposable non-porous gloves,
4. Cotton balls or applicators,
5. Sterile gauze pads and rolls,

6. Adhesive tape,
7. Thermometer,
8. Tweezers,
9. Pre-moistened wipes,
10. Scissors; and,
11. A current resource guide on first aid and CPR procedures.

(d) Emergency Procedures and Notification.

1. Emergency telephone numbers, including ambulance, fire, police, poison control center, Florida Abuse Hotline, the county public health unit, and the facility's address, and directions to the facility, including major intersections and local landmarks, must be posted on or near all facility telephones, and shall be used to protect the health, safety and well-being of any child in care.

2. Custodial parents or legal guardians shall be notified immediately in the event of any serious illness, accident, injury or emergency to 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 facility owner will contact those persons designated by the custodial parent or legal guardian to be contacted under these circumstances, and shall follow any written instructions provided by the custodial parent or legal guardian on the enrollment form.

3. All accidents and incidents which occur at a facility or while a child is in the care of facility staff must be documented on the day they occur. This documentation must be shared with the custodial parent or legal guardian on the date of occurrence. Documentation shall include the name of the affected party, date and time of occurrence, description of occurrence, actions taken and by whom, and appropriate signatures of facility staff and custodial parent or legal guardian. The documentation must be maintained for one year. 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.

(3) Medication. Child care facilities are not required to give medication; however, if a facility chooses to do so, the following shall apply:

(a) The facility must have written authorization from the custodial parent or legal guardian to dispense prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and must contain the child's name; the name of the medication to be dispensed; and the date, time and amount of dosage to be given. This record shall be initialed or signed by the facility personnel who gave the medication.

(b) Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with staff, and posted with stored medication.

(c) Prescription and non-prescription medication brought to the child care facility by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician, child's name, name of the medication, and medication directions. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label.

(d) In the event of an emergency, non-prescription medication that is not brought in by the custodial parent or legal guardian can be dispensed only if the facility has written authorization from the custodial parent or legal guardian to do so.

(e) Any medication dispensed under these conditions must be documented in the child's file and the custodial parent or legal guardian must be notified on the day of occurrence.

(f) The facility must maintain a record for each child receiving medications that documents the full name of the child, the name of medication, the date and time the medication was dispensed, the amount and dosage, and the name of the person who dispensed the medication. The record shall be maintained for a minimum of four months after the last day the child received the dosage.

(g) All medicine must have child resistant caps, if applicable, and shall either be stored in a locked area or must be inaccessible and out of a child's reach. If medication is stored in the food preparation area it must be stored in a manner to prevent contamination of food, food contact surfaces, or medication.

(h) Medication which has expired or is no longer being administered shall be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled at the facility.