



Department of
Job and Family Services

Family Child Care Home Orientation Training for Child Care Staff Members



One thing worse than training people
and losing them,
is not training them and keeping them.

-Zig Ziglar



Welcome to the Ohio
Department of Job and Family
Services Family Child Care
Home Orientation Training for
Child Care Staff Members.

All new child care staff
members (CCSM) are
required to complete this
orientation training within 30
days of beginning
employment.

Before You Begin



Before you begin the training, obtain a copy of the OAC 5101:2-13 Family Child Care (FCC) Licensing Rules. You will need these to reference.

The rules are available at:
[Family Child Care Manual](#)

Getting Started

This training has been designed as a Web-Based Training (WBT). WBTs are self-paced. This means that you can spend as much or as little time as you need with a training in order to understand the information completely.

You can stop the training at any point and return to where you left off at a later time. You will review the content portion of each module on your own. After you have completed each module there will be information to review with the FCC provider. The information to review with the FCC provider will be discussed in more detail later in the training.

Click on the
Resource Tab for:

**Getting
Started**

Getting Started

- Before the training begins, it is helpful to understand the functions of the training module. First, you will see that there is a **Menu** tab on the upper left hand side that will display all the slides in this module. This tab contains a clickable listing of all modules and lessons.
- First time users should take the training in the order presented.
- Once you have completed a module, if you want to go back and review it, just click on the module title.

Getting Started

The second tab is for the **Notes**. All training notes will be listed here so you have the ability to read the text in this tab or on the slide itself. The information is the same.

There is also a **Previous** and **Next** button located at the bottom right of the module. You may advance to the next slide when you have completed the current slide you are on.

Getting Started

As part of this training, you are *required* to complete **Policy and Procedure Reviews (P&PR)** with your administrator or training designee. In the top, left hand portion of the module, you will notice the “**Resources**” tab. You can click on “Resources” to access the required P&PR (as well as the optional “**Activities and Assignments**” (A&A). Each are labeled with the module number.

This is also where you will find the **printable handouts** that are noted on certain slides, as well as the list of web links that are included in the training.

Please note, during the module quizzes you will need to click on various items to complete the quiz. Please follow the written prompts on the slide to navigate through those interactive quiz slides.

What It Means

Throughout the modules you will find information that is a licensing requirement. These must be followed in order to maintain compliance. Other information is identified as a recommendation or best practice. These are ideas that you can use to help you maintain compliance and to promote the health and safety of the children in your care. Recommendations and best practice suggestions are not required to be followed.



Indicates a
licensing requirement

*Example: When talking about forms, a prescribed form **must** be used when the rule states a form number.*



Indicates a
recommendation or
best practice

*Example: A sample form **may** be used when no form number is referenced in rule. Sample forms are suggested to be used to help FCC homes maintain compliance with the rules more easily.*

What It Means

You will also be provided with links to forms or resources related to the content.

Link Alert

Underlined words indicate that there is a link to a form or other resource. Click on the underlined word(s) to take you to the link

This indicates you are able to click on the Resource tab to find printable information

Resource available to print

What It Means



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ODJFS has determined that all non-compliances pose a risk to the health and safety of children. However some non-compliances pose a greater risk. Moderate risk and serious risk non-compliances present the greatest risk of harm to children. All non-compliances that are not listed as moderate or serious, are categorized as low risk.

The beginning of each module lists the moderate and serious risk non-compliances related to each topic area.

What to Expect

At the completion of each module there will be instructions detailed in the “Finishing Up” slides that will include an explanation of:

- The Module Quiz
- Activities and Assignments
- Program-Specific Policies and Procedures

Click on the
Resources Tab for:

Instructions
for
Completing
Modules

What to Expect

In addition to licensing rules and best practice suggestions, each module will contain the following important information:

- Five Essential “Take-Aways”
- A list of resources to provide you with additional information related to the content area



Let's Go!

FCC Home Orientation Training for CCSM

Congratulations on your new position!

Working as a child care professional can be both rewarding and challenging. This training has been developed to inform you about family child care licensing rules, which *must* be followed, and to provide you with some additional ideas to help you be more successful in keeping all children in your care safe and happy.

"An investment in knowledge pays the best dividends."

Benjamin Franklin



Essential Responsibilities of a Child Care Professional

Licensing requirements are the minimal standards for providing care to children. You and the FCC provider are encouraged to go above and beyond these requirements whenever possible.

Knowledge of, and maintaining licensing requirements is the foundation for fulfilling your essential responsibilities as a child care professional.



Essential Responsibilities of a Child Care Professional



The following are the three essential responsibilities of a child care professional:

Protecting children from harm and promoting their healthy development.

Knowing the licensing rules and understanding your role in implementing your program's policies and procedures for maintaining licensing compliance.

Understanding, and if necessary, fulfilling your role to report suspected child abuse and neglect.

The training has been organized into eight modules based on the topic areas required to be covered in rule.



**Module One:
Active Supervision of Children**



**Module Two:
Emergencies and Evacuations**



**Module Three:
Routines and
Responsibilities**



**Module Four:
Child Abuse Reporting &
Child Management Techniques**

**Module Five:
Medication Policies**



**Module Six:
Communicable Disease
Policies**



**Module Seven:
Field/Routine Trip Safety**



**Module Eight:
Parent Information &
Licensing Rules and Laws**





Module 1

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Active Supervision of Children

Protecting Children From Harm and
Supporting Their Healthy Development

This module has been divided into the following content areas:

✓ Active Supervision

- Arrival and Departure
- Outdoor Play Space
- Nap Time
- School-Age Policies

✓ Staff/Child Ratios

✓ Group Size

✓ Attendance



“I’m really curious and love to explore, but I need you to protect me as I learn about the world. Please make sure you are always aware of where I’m at and are close enough to intervene quickly if I need you.”

5 Essential Take-Aways

- 1 All children must be supervised at all times. Supervision means the children in care are within sight or hearing of the FCC provider or CCSM at all times.
- 2 Staff/child ratios and maximum group size must be maintained at all times. CCSM should be knowledgeable in which children count in group size.
- 3 Each CCSM shall care for no more than six children at any one time. No more than three of those children may be under two years of age.
- 4 If a child does not arrive as expected, from a location other than with their parent, the FCC provider or CCSM must determine the whereabouts of the child.
- 5 The FCC provider or CCSM shall not exceed the license capacity at any time when caring for children during the FCC home hours of operation, and shall ensure that the required staff/child ratios are maintained at all times, including during routine trips and field trips.

If the FCC home is out of compliance with any of the following rules related to the active supervision of children, it is a moderate or serious risk non-compliance



- ✓ The FCC provider or CCSM are under the influence of a substance which impairs their ability to supervise children.
- ✓ A child is left unattended.
- ✓ Child(ren) are not protected from harm which results in a serious incident or injury.

Active Supervision



Supervision includes:

- Being able to see or hear each child without the use of mechanical devices such as baby monitors, video cameras, walkie-talkies or mirrors
- Having knowledge of a child's needs and accountability for his or her care at all times
- Having awareness of the activities of each child
- Being near enough to respond and reach children immediately, including responding to the child's basic needs and protecting them from harm
- Not permitting children to be exposed to inappropriate language or media

Active Supervision

If you leave children unattended or are not aware of the location or activities of children, you will not be able to assist or intervene when the potential for harm occurs.

You may never leave children unattended. You need to be able to hear or see all of the children in your care, at all times.

 Supervision must be appropriate to the age of the child. Younger children often require closer supervision than older children.



Active Supervision

 You cannot be under the influence of any substance that would impair your ability to properly supervise children. You should notify the FCC provider if you are taking medication which may impair your ability to supervise. You should also notify the FCC provider if you suspect another staff member is under the influence.

 Because children are naturally curious about their environment, they easily forget safety rules. It is not enough to tell a young child “Don’t climb up on the table and jump off” or “Don’t run out of the yard.” You must follow up safety rules with close supervision.

Active Supervision

You not only need to have the children in your sight or hearing at all times, but you also need to be actively supervising the children in your care.

You should not be preoccupied with activities which take your attention off the children in your care such as:

- Making personal phone calls or texting
- Heavy cleaning (vacuuming, mopping floors, washing the walls, steam cleaning the carpet, etc.)
- Answering the phone (other than for brief informational calls to parents, the FCC provider or other employees)
- Leaving the children to answer the door in another room
- Extended conversations with parents, the FCC provider or other employees
- Extensive lesson planning

Supervision at Arrival/Departure

You must assure that children are properly supervised while they are arriving or departing from the FCC home. Because these can be busy times of day, it is important to assure that you are aware of all children in your care.



You must review your arrival and departure policies with parents/guardians. It is important that the adult who is dropping off or picking up the child maintains supervision of the child until they have been signed in or out of the FCC home.

Supervision at Arrival/Departure

- Procedures for appropriate supervision must be created for the arrival and departure of children from the FCC home.
- Children can only be released to their parent or within the requirements of a determined custody agreement unless prior approval has been established.
- If a child is scheduled to arrive from another program or activity, the FCC home must have a follow-up plan for what to do if the child does not arrive as expected.

Outdoor Play Supervision

Children like to test their abilities and skills. This is especially true when playing outside, where the potential risk of harm is elevated.

- Even on the safest outdoor play space, you must be actively supervising children to assure they are not taking risks which could lead to injury.
- You should be aware of any blind spots included in the outdoor play space, including equipment that children could be climbing in or around, which may make it difficult for you to see them. Pay special attention to these areas.

Naptime Supervision

The CCSM must supervise children when they are sleeping or are in sleeping areas.

Children sleeping on cots must be placed in such a position so that you can see them while they are resting. You may think a child is asleep, but they may actually be awake and in need of attention.

Rest or nap areas shall be lighted to allow for visual supervision of all children at all times.



School-Age Supervision

School-age children in care at a FCC home can be supervised differently than other children in care.

School-age children may be permitted in the approved outdoor play space without the FCC provider or CCSM as long as the children remain within sight and hearing of the FCC provider or CCSM if both of the following occur:

- The children are not engaged in higher risk activities.
- The provider or child care staff member can intervene if needed.

School-Age Supervision

With written parent permission, school-age children may leave the FCC home for specific activities, including:

- Walking to and from the FCC home or school
- Walking home or to another destination from the FCC home

***[Link to the JFS 01225 Routine Permission Slip \(sample form\)](#)

If the FCC home is out of compliance with any of the following rules related to the staff/child ratios, it is a moderate or serious risk non-compliance



- ✓ The FCC home exceeds the staff /child ratios.
- ✓ The FCC provider shall not exceed the license capacity at any time when caring for children during the FCC home hours of operation. This means that a licensed Type A Home shall never have more than twelve children at any one time and a licensed Type B Home shall never have more than six children at any one time.

Staff/Child Ratio

Maintaining staff/child ratio is important because it allows you to appropriately supervise children, give each child individual attention and focus on building warm, nurturing relationships.



“It’s important that you make sure you have all of us. It only takes a second for me to wander away from you as I explore the world around me.”

Staff/Child Ratio

The following FCC home maximum staff/child ratio must never be exceeded.

Family Child Care Provider Type	CCSM to Children	Maximum number of children under 24 months old present
Licensed Type A & B Home	1:6	3

Staff/Child Ratio

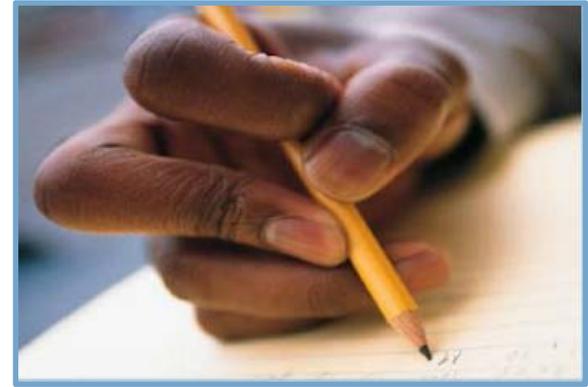
- Type B FCC Home: regardless of how many CCSM are present in the licensed Type B FCC home, there shall never be more than six children at any one time, and no more than three of those children may be under two years of age.
- Type A FCC Home: a CCSM in a licensed Type A FCC home can only care for up to six children at any one time with no more than three of those children under two years of age. Once there is a seventh child in care in the licensed Type A FCC home, there must be an additional CCSM, and there shall never be more than twelve total children in care at any one time.

Group Size

Children present in the home meeting any of the following criteria shall be counted in the FCC home group size and as being in your care.

- All children under six years old, including those related to the FCC provider, the FCC provider's own children and residents of the FCC home
- Children six years old through fourteen years old who are not related to the provider
- Children six years old up to fifteen years old who are related to the FCC provider and for whom care is privately or publicly funded
- Children fifteen years old through seventeen years old who are authorized to the FCC provider for publicly funded child care
- Foster children shall be counted as a child not related to the FCC provider, so they are included in group size

Attendance Requirements



- Attendance must be recorded upon a child's arrival and departure from the FCC home care group. It is the responsibility of the CCSM in charge of the child to record the hour and minute times of the child's attendance. Parent sign-in/out sheets cannot be used to fulfill the requirement of the attendance sheet.

***[Link to the JFS 01208 Weekly Attendance \(Sample form\)](#)

Attendance Requirements

The attendance records for the FCC home must include all of the following information:

- Names and birth dates of each child in the group
- Names of the CCSM responsible for the group
- The child's weekly schedule
- The time (hours and minutes) of the child's arrival and departure to the group

Attendance Requirements

Attendance records must remain with the group at all times throughout the day including during:

- Outdoor play
- Emergency evacuations
- Field trips

Attendance records shall be updated throughout the day as children enter or leave the group

A copy of the attendance records must remain at the home at all times and shall be kept for a period of one year.

Additional Resources

Caring for Our Children, 3rd Edition, from the National Resource Center for Health and Safety in Child Care and Early Education, is a collection of 686 national standards that represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies that should be followed in today's early care and education settings.



[Caring for Our Children](#)

ODJFS has developed a guide, which provides systems that FCC providers can use to help achieve and maintain compliance with licensing regulations regarding supervision and staff/child ratio.

[Link to JFS 01564 Systems Guide for Maintaining Staff/Child Ratios and Supervision](#)

Finishing Up



After you have reviewed the FCC policies and procedures, you can either leave the training and resume at another time, or proceed to additional modules to continue the training.

Click on the Assignment tab on the top right of the screen. Locate “Module One: Program Policies and Procedures.” Print and review it with the FCC provider. If required, locate “Module One: Activity and Assignment,” print it, complete it and review it with the FCC provider. You may then proceed to the next module.



Module 2



Emergencies & Evacuations

Protecting Children From Harm and
Supporting Their Healthy Development

“It’s important that you are familiar with emergency procedures before you start taking care of me. The best time to plan for the unexpected is before something happens.”

This module has been divided into the following content areas:

- ✓ Emergency Procedures
- ✓ Evacuation Procedures
- ✓ Preventative Practices
- ✓ First Aid Procedures
- ✓ Incident/Injury Reporting Requirements



5 Essential Take-Aways

1

The best way to avoid accidents and injuries is to make sure you are properly supervising children at all times.

2

You need to become familiar with the FCC provider's written disaster plan.

3

You need to know where emergency supplies are located and practice evacuations so you can be prepared in the event of an unexpected emergency.

4

The medical/dental/general emergency plan, which is posted in a noticeable location on every level of the home, contains critical information on what to do in the event of an emergency and a list of all CCSM trained in first aid.

5

An incident/injury report must be completed and given to the person picking up the child, whenever a child receives first aid treatment or an unexpected event occurs which threatens the safety of children.

There are no moderate or serious risks non-compliances that are associated with emergencies and evacuations



Emergency Procedures

Although minor accidents are a natural part of childhood, it is important to realize that your most important job responsibility is to keep children as safe as possible while in your care. It is essential that you are aware of ways to prevent accidents from occurring and how to respond quickly and appropriately in the event of an emergency.

- Children are naturally curious and may not yet have learned that certain actions may be harmful to them. Because of a child's natural curiosity, supervision is critical at all times in order to avoid accidents and injuries.

Emergency Procedures



 You should know where the following emergency equipment is located and how to use it:

- First aid kits
- Fire extinguishers
- Telephones
- Electrical fuse boxes
- Alarm system panels

Emergency Procedures

JFS 01242
“Medical/Dental/General
Emergency Plan”
(Prescribed form)

While tornados, fire, natural disasters and terrorist or other threats occur infrequently, it is nevertheless important to be prepared. You must be aware of, understand, and regularly practice the FCC home’s plans for emergency preparedness.

- ☑ A copy of the JFS 01242, “Medical/Dental/General Emergency Plan,” must be posted in a noticeable location on every level of the home in use for child care.
- ☑ Fire and weather alert plans which include evacuation routes must be posted in each space used by the children.
- ☑ Fire drills are required to be completed monthly.
- ☑ Weather drills are required monthly from March through September.
- ☑ Emergency/lockdown drills are required to be completed quarterly.
- ☑ Cots or other equipment cannot be placed in front of evacuation doors.

Evacuation Procedures

💡 Modified evacuation plans may be needed if the FCC home is serving children with special needs or infants.

💡 It is a good idea for the FCC home to create a diagram which shows how cots should be arranged for naptime.



Preventative Practices

Know when and where accidents are most likely to occur:

- When CCSM are not paying attention to children
- When children are engaged in climbing activities
- When children are tired or hungry
- When unsafe materials and equipment are accessible to children
- During times of transition (room to room in the home, to and from the outdoor play area, lunch, etc.)
- On field trips
- When playing outdoors

First Aid Procedures

The FCC home must have at least one CCSM with current and valid training in first aid and CPR. The CPR training must be appropriate for all age groups that the FCC home is serving.

- A copy of the JFS 01201, “Dental First Aid Chart” must be posted in a location readily available to parents, CCSM and substitutes.

[JFS 01201 Dental First Aid Chart \(Prescribed form\)](#)

Incident/Injury Reporting

***Link to the [JFS 01299 Incident/Injury Report \(Prescribed form\)](#)

The CCSM in charge of the child must complete an incident/injury report when any of the following occur:

- An illness, accident, or injury which requires first aid treatment
- A bump or blow to the head
- Child is transported for emergency assistance
- An unusual or unexpected event which jeopardizes the safety of children or CCSM, such as a child leaving the FCC home unattended, a vehicle accident (with or without injuries) or exposure of children to a threatening person or situation

The FCC home must give the incident/injury report to the parent or the person picking up the child on the day that the incident/injury occurs.

Serious Incident/Injury Reporting

What is a Serious Incident ?

- The death of a child at the home
- A child receives a bump or blow to the head that requires first aid or medical attention
- An incident, injury, or illness requires a child to be removed by the parent or emergency services from the home for medical treatment, professional consultation or transportation for emergency treatment
- An unusual or unexpected incident which jeopardizes the safety of a child or employee of a FCC home
- An incident defined as a serious risk noncompliance in Appendix A to rule 5101:2-13-03 of the Administrative Code

Serious Incident/Injury Reporting

If a Serious Incident/Injury occurs:

- The FCC provider must log in to <http://oclqs.force.com> by the next business day and complete the JFS 01156 “Serious Incident Reporting for Child care” to report the incident.

- Reporting a Serious Incident in the OCLQS does not replace notifying the public children’s services agency if there is a concern of child abuse or neglect.

Safe Kids USA – organizations working to prevent childhood Injuries

<http://www.usa.safekids.org/>



Additional Resources

Ohio Department of Health – injury prevention

<http://www.healthy.ohio.gov/vipp/injury.aspx>

National Resource Center for Health and Safety in Child Care and Early Education

<http://nrckids.org/>

Finishing Up



After you have reviewed the FCC policies and procedures, you can either leave the training and resume at another time, or proceed to additional modules to continue the training.

Click on the Assignment tab on the top right side of the screen. Locate “Module Two: Program Policies and Procedures.” Print and review it with the FCC provider. If required, locate “Module Two: Activity and Assignment.” Print it, complete it and review it with the FCC provider. You may then proceed to the next module



Module 3

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Routines and Responsibilities

Protecting Children From Harm and Supporting Their Healthy Development



“Your most important responsibility is to assure that I am safe and that where I spend my day is a safe and healthy environment.”

This module has been divided into the following content areas:

- ✓ Daily Schedules
- ✓ Safe Environment
- ✓ Sanitary Environment
- ✓ Outdoor Play Area
- ✓ Nap Time
- ✓ Snacks and Meal Time

5 Essential Take-Aways

1

It is important to routinely check the environment for anything within the reach of children which could be hazardous to them.

2

The outdoor play space should be inspected frequently to ensure that the outside equipment and environment are safe for children.

3

Infants under twelve months old can only be placed on their backs to sleep, unless they have the required written permission on file from a physician. Nothing which could present a suffocation or strangulation risk can be placed in a crib with an infant. No blankets are to be placed in the crib or playpen for infants under twelve months old.

4

Keeping the program clean is important to prevent the spread of communicable disease and to create an inviting, safe environment for children.

5

If children participate in the evening or overnight care, those children under five years of age can only sleep on the same floor level as the FCC provider and/or CCSM.

If the FCC home is out of compliance with the following rules related to routines and responsibilities, it is a moderate or serious risk non-compliance



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Safe Equipment and Environment

✓ The FCC home shall maintain a safe environment:

- Chemicals shall not be accessible to children
- Firearms shall not be accessible to children
- Space heaters shall not be used in type A FCC homes without approval from the state fire marshal or local fire safety inspector.
- Space heaters shall not be used in type B FCC homes unless they are vented and a nonflammable guard is provided to protect children from open flames and hot surfaces.
- Indoor climbing equipment, more than 3 feet high shall have landing mats as least 1 ½ inches thick
- Children shall be protected from equipment and conditions which threaten their health, safety and well-being
- Illegal drugs and substances shall not be on the premises. Alcohol cannot be in any area used or approved for use for child care

If the program is out of compliance with the following rules related to routines and responsibilities, it is a moderate or serious risk non-compliance

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Safe Equipment and Environment

- ✓ The FCC home shall maintain a safe outdoor environment:
 - Equipment and/or ropes shall be securely anchored
 - Machinery and sharp tools shall not be used or stored where children have access to them
 - Equipment shall not pose entrapment hazards
 - Platforms 30 inches or more from the ground shall have a protective barrier
 - Children shall be protected from unsafe items, conditions or situations
 - “S” hooks must be closed appropriately
 - Equipment must be securely anchored
 - Climbing equipment must have a protective resilient fall surface under and around them



If the FCC home is out of compliance with the following rules related to routines and responsibilities, it is a moderate or serious risk non-compliance

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Programs Caring for Infants

- ✓ Infants under 12 months old must be placed on their backs to sleep unless there is a complete JFS 01235, "Sleep Position Waiver" on file signed by a physician
- ✓ Cribs must be stable, meet the size requirements and the Consumer Product Safety Commission standards
- ✓ Children shall not be placed in cribs with objects or items which could pose a strangulation or suffocation risk

Programs Providing Evening and Overnight care

- ✓ Children under 5 must sleep on the same floor level as the FCC provider and/or CCSM
- ✓ The FCC provider or CCSM must stay awake until all children are asleep

Daily Schedules

- Click on Resources Tab for:

**Daily
Schedule
Ideas**

In order for children to be able to grow and learn to their potential, they must be provided with appropriate activities throughout the day, based on their age and developmental level.

- The schedule for the day must provide for both quiet and active play and should be well balanced with a variety of activities and opportunities available.
- The schedule must be posted in a visible place in the FCC home. It is important to periodically review the schedule for any needed changes. As the year progresses, or as seasons change, appropriate adjustments may need to be made in order to best meet the needs of the children.

Safe Environment

As a CCSM you are responsible for making sure the equipment, outside play area and all care spaces in the FCC home are safe for the children who spend their time with you. The key to maintaining a safe environment is to understand both how children interact with their environment and what their abilities are in order to be able to recognize and react to potentially unsafe situations.



Safe Environment



As you observe the indoor and outdoor spaces for potential hazards, it is advisable to look at the space through the eyes of a child.

- Children are active learners – they want to see, touch and taste everything, especially if it's new to them.
- Children forget – even if you've told them the rules many times, young children are often not able to remember rules and warnings.
- Children lack self control – they cannot always stop themselves, even when they know they should.



Safe Environment

- Children do not recognize danger – as an adult you have learned the consequences of touching a hot burner, a child has not yet had this experience.
- Children focus on their own needs – they cannot yet predict the results of their own actions.
- Children love to imitate adults – if they see you using a knife or standing on a chair to reach something, they want to try it for themselves.
- Children may have developed abilities that adults are not aware of – a child who previously could not pull themselves up in their crib, may have developed the ability to do so now.

Safe Environment



It is recommended that you develop a checklist of items that should be reviewed on a regular basis in order to assure that the environment is safe for children.

- Resources on where to locate samples of this type of checklist can be found in the Additional Resources section of this module.
- Keep in mind that any sample checklists may need revisions in order to assure that all rule related items are included.

- Click on Resources Tab for:

**Removing
Safety
Hazards**

Safe Environment

The examples below outline areas of the FCC home where you should pay special attention to safety issues:

- Closets/cabinets: If items are stored in a closet or cabinet, make sure these areas are either locked or that items are placed high enough that they cannot be reached by children.
- Non-child care Spaces: If other parts of the home not used for are accessible at all to the children, make sure any storage spaces are also free of hazards. Remember that children may not make the distinction of “care” space verses “non-care” space.
- Cleaning Products: When using cleaning products during the day (such as for diaper changing area, cleaning up bodily fluids, disinfecting the table before lunch, etc.) these products must be out of reach of children, not left on a counter or table top.

Safe Environment

Special Attention areas continued:

- Bathrooms: If there is a storage space in the bathroom for hazardous items, make sure it is locked or that hazardous items are placed high enough so that children cannot reach them, It is especially important to maintain safe space under sinks.
- Hallways: Make sure items are not left in hallways or other areas that children may walk through.



Sanitary Environment

[Required Cleaning and Sanitizing
Schedule
5101-2-13-13
Appendix A](#)

Keeping the FCC home clean is important to prevent the spread of communicable disease and to create an inviting, safe environment for children. Because children's activities are often very messy, this can present a challenge.

- A required cleaning schedule has been developed which outlines both cleaning and sanitizing requirements.

- You are not permitted to conduct cleaning activities in rooms which are occupied by children except for general clean-up which does not interfere with proper supervision. Some examples of general clean-up include: wiping off a table, broom sweeping under a table after an activity or meal, putting cots away in the room, sanitary cleaning in the vicinity of diapering within the room, putting away materials during transitioning.

Naptime, Outdoor Play Safety, Meals and Snacks



Naptime

Most young children need a time to rest during the day in order to energize their bodies.

- Children who want to rest, nap or sleep while at the FCC home must be provided with a quiet space in which to do so.
- Toddler, preschool and school-age children must sleep on stable and sanitary; cots, mats, beds or other comfortable furniture.
- Children who does not fall asleep during a designated nap time shall have the opportunity to engage in quiet activities.

Naptime

- ✓ Each infant in attendance must have a separate crib or playpen which meets the requirements detailed in the rules. They may not sleep in car seats, swings, or bouncy chairs.
- ✓ Infants under twelve months old must be placed on their back to sleep unless they have a JFS 01235, “Sleep Position Waiver Statement for Child Care” signed by a physician on file.
- ✓ Infants who are able to roll-over are not permitted to be swaddled.

JFS 01235, “Sleep Position Waiver Statement for Child Care”
(Prescribed Form)



Naptime

- Infants under twelve months old may only wear a one-piece sleeper or wearable blanket. Only children who are not yet able to roll-over are permitted to be swaddled using a wearable swaddling blanket.
- You must individually assign each crib or playpen and complete the required cleaning and sanitizing process prior to re-assigning it to another child.
- Cribs and playpens shall be used with the mattress supports in their lowest positions and the sides in the highest positions.

Naptime

- You may not use bumper pads in cribs or playpens. You may not place anything inside or on the sides of the cribs which would obstruct your view of the sleeping child.
- You may not put a child in a crib or playpen with a bib around their neck or any other items in the crib which could present a suffocation or strangulation risk.
- You cannot put a child in a crib or playpen with a bottle.

Outdoor Play Safety

Playing outside is essential for providing children with fresh air and exercise, but it can also present safety risks. You must always appropriately supervise children and regularly check equipment and the environment for any safety risks.



Outdoor Play Safety

 When you have children playing outside, you must be actively supervising them. You should be aware of any blind spots present in the outdoor play area and position yourself so that you can monitor those spots. You should continually be moving throughout the outdoor space.

 It is important to remember that children are not always aware of dangerous situations and often try to exceed their own physical abilities when trying to master a new skill.

Outdoor Play Safety

☑ It is your responsibility to assure that the outdoor play space is free from any potential hazards. Any broken equipment or other hazards should immediately be reported to the FCC provider, and removed from the children's access.

☑ Outdoor play equipment designated for climbing, swinging, balancing and sliding shall have a fall zone of protective resilient material on the ground under and around the equipment.



Outdoor Play Safety

- You or the FCC provider must remain outdoors with infants, toddlers and preschoolers at all times.

- School-age children may be permitted in the approved outdoor play space without you or the FCC provider as long as:
 - The children remain within sight and hearing.
 - They are not engaged in higher risk activities.
 - You or the FCC provider are able to intervene if needed.

Outdoor Play Safety



Teaching children how to safely use the outdoor play space can cut down on accidents. Develop a list of rules that can be reviewed periodically, especially when a new child enrolls. Some suggestions include:

- Never push or pull others off of equipment
- Always go down the slide feet first and never climb up the slide
- Do not jump or climb outside of the guardrails
- Do not take backpacks or toys onto the climbing equipment
- Always sit on swings, don't stand or jump off of them
- Do not use wet or slippery equipment
- If your shoes are untied, either tie them or ask for help tying them
- No eating or drinking unless sitting down in a designated area
- Jump with your feet first and make sure no one is below you before jumping

Outdoor Play Safety

✓ Children are required to participate in outside play every day, weather permitting. Suitable weather is at a minimum twenty-five to ninety degrees Fahrenheit. On days when programs are unable to go outside due to weather conditions, indoor gross motor play is required to be provided.



- Click on Resources Tab for:

**Outdoor
Play
Temperature
chart**



This link provides additional information about outdoor play for young children
<http://cfoc.nrckids.org/StandardView/3.1.3.2>

Outdoor Play



Just as it is important for children to come prepared for outside play each day, it is also important that you come prepared, especially in cold weather. As long as children are appropriately dressed, getting fresh air and exercise is beneficial for children.

Benefits of outdoor play - even in the winter months:

Builds up children's immune systems

Stimulates the imagination

Promotes problem solving skills

Provides exercise

Provides vitamin D

Meal and Snack Time

Healthy, nutritious meals and snacks are important to give children the energy they need to grow and learn.

☑ Depending on the amount of time the children are at the FCC home, they are required to receive certain meals and/or snacks which meet specific nutritious requirements.

☑ The FCC home is required to post current dated menus detailing all food served at meal and snack time. Any changes must be documented on the menu.



Meal and Snack Time

FCC providers set their own policies regarding whether meals/snacks are provided by the FCC home or by the parent/guardian.

If the parent/guardian is responsible for providing a child's meal/snack, the FCC home is responsible for:

- Providing a safe storage area for the children's food
- Providing written information regarding daily dietary allowances to parents and making one available at the home
- Ensuring that no child goes more than four hours without at least a snack if parents fail to send food for the day

Meal and Snack Time

If a child is on a modified diet, the following conditions apply:



- If administering a food supplement or an entire food group is eliminated, the child's parent must provide written instructions from the child's physician
- If a special diet is required due to cultural or religious reasons, the FCC home must have written, dated, and signed instructions from the parent/guardian
- If a child is unable to drink the type of milk required for their age, the child's parent must provide written instructions for substitution from a physician, physician's assistant or certified nurse practitioner

Meal and Snack Time

Preparing and serving food in a sanitary environment helps prevent food contamination and cuts down on the spread of communicable diseases.

- Food cannot be placed on bare tables, except that food for infants can be placed on an individual highchair tray if the tray is removed, washed and sanitized after each use.
- All eating utensils and dishes should be suitable to the age and developmental level of the child
- Surfaces, appliances and equipment used for food preparation in the kitchen and other areas shall be kept clean and in good repair.

Meal and Snack Time

☑ Cups, dishes and silverware must either be discarded or cleaned and sanitized after each use. Dishes, cups and silverware sent by the parent/guardian must be sent home for cleaning.

☑ Tables used for eating must be washed and sanitized before and after food is served.



☑ Individual labeled containers of water can be used throughout the day but must be washed and sanitized before being used again on another day.

☑ There can be no “screens” (televisions, computers, etc.) in use during meal or snack time.

Meal and Snack Time

 You will play an important role in helping children develop good eating habits. Some tips to remember:



- Serve children age appropriate servings and let them ask for more if they are still hungry, do not require them to eat everything on their plates
- Introduce new foods and encourage children to try new foods; if they refuse, try again in a few weeks
- Do not use food as a reward or punishment
- Encourage children to talk and be social at meal time, giving them ample time to eat, do not make meal times rushed
- When age appropriate, have children help set up and clean up after meals

Meal and Snack Time

☑ You are also responsible for the safety of children during mealtime. You must be aware of what is a choking hazard and what is developmentally appropriate in size amount and texture.

- Do not permit children to walk around while eating or drinking
- Do not serve food cut in rounds (hot dogs, grapes, carrots, etc.) to children under three years of age



To educate yourself on common choking hazards for young children, check out:

***Link to [Caring For Our Children: Foods that are choking hazards](http://cfoc.nrckids.org/StandardView/4.5.0.10)
<http://cfoc.nrckids.org/StandardView/4.5.0.10>



Additional Resources

Meals and Snacks:

<https://www.healthychildren.org>

<https://www.choosemyplate.gov/>

Safe Sleep:

[Healthy Child Care America Back to Sleep](#)

[CJ Foundation – Education Materials](#)
(some in Spanish)

Playground Safety:

[CPSC Handbook for Playground Safety](#)

[National Program for Playground Safety](#)

General Safety:

www.cdc.gov/SafeChild

www.safekids.org

www.healthychildren.org

www.aap.org



Finishing Up



After you have reviewed the FCC policies and procedures, you can either leave the training and resume at another time, or proceed to additional modules to continue the training.

Click on the Assignment Tab on the top right side of the screen. Locate Module Three: Program Policies and Procedures, print it off and review with the FCC provider. If required, locate Module Three: Activity and Assignment. Print it off, complete and review with the FCC provider. You may then move on to the next module.



Module 4

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Child Abuse Reporting and Child Management Techniques

Protecting Children From Harm and
Supporting Their Healthy Development

“I’m learning about myself and how I fit with others. Sometimes this can be hard for me and you, but I need you to have patience and help me make good choices.”

This module has been divided into the following content areas:

- ✓ Reporting Requirements
- ✓ Child Management Techniques
 - A Word About Time-Out
- ✓ Developmental Expectations
 - Understanding Behavior



5 Essential Take-Aways

- 1 You may not abuse, neglect, or endanger a child. This includes verbal abuse. You may never use corporal punishment.
- 2 You are required to immediately report any suspicions of child abuse or neglect to your local children's services agency.
- 3 It is your responsibility to be aware of prohibited child management techniques. The techniques which you use must be age appropriate, consistent and explained to the child.
- 4 It is important to understand developmentally appropriate behavior and reasons why a child may be behaving in a particular way. Many times the behavior can be changed with a change in the environment, schedule, or teacher expectations.
- 5 It is important to work with the child's family to assure consistent techniques are being used at home and at the FCC home with children who may be exhibiting behavior issues.

If the FCC home is out of compliance with the following rules related to child abuse reporting and child management techniques, it is a moderate risk non-compliance



-
- ✓ The FCC provider uses any of the following prohibited disciplinary techniques
 - Abuse, neglect, endangerment
 - Utilizing cruel, harsh, extreme techniques, or any form of corporal punishment
 - Using physical restraints on a child
 - Restraining children by any other means than holding them for a short period of time, such as in a protective hug, so that the child may regain control (there can be no type of prone position physical or mechanical restraints utilized)
 - Placing a child in a confined or locked area
 - Withholding food, rest or toilet use
 - Subjecting children to verbal abuse
 - Confining children to equipment such as cribs or high chairs
 - Isolating and restricting children from all activities for an extended period of time

If the FCC home is out of compliance with the following requirements related to child abuse reporting and child management techniques, it is a serious risk non-compliance



- ✓ The FCC provider is required to immediately report their suspicions of child abuse and neglect to their local children's protective services agency.
- ✓ Physical abuse/neglect/endangerment by any employee, CCSM, or the FCC provider
- ✓ Substantiated public children's services agency finding of abuse or neglect for any employee, CCSM, or the FCC provider

Reporting Requirements

There are several reasons why people don't report suspected abuse or neglect:

- They feel they must have solid proof
- They feel the child could be lying or exaggerating the truth
- They are afraid they may get the parent in trouble if it's not true
- They are fearful of getting the authorities involved
- They feel like it's a private matter occurring in the family and strangers shouldn't get involved

Reporting Requirements

You must call and make a report if you suspect that child abuse or neglect is occurring. The reporting requirement is based on a **suspicion** of abuse or neglect. It is not your responsibility to investigate or make a determination before reporting. The responsibility of investigation and determination is with the trained children's services employee.

- The reporting requirement is not fulfilled by telling the FCC provider or another CCSM.

- Every FCC provider, CCSM, and substitute is required to complete a prescribed one hour child abuse overview training.

Reporting Requirements



In the event you ever have to make a report to Children's Services, it will help to have the following information (if known) already gathered and ready to share with the intake worker. Any information you provide will remain confidential.



- First and last name and address of the child
- Birthdate and age of the child
- Names/address/contact information for the child's parent or guardian
- A description of the alleged abuse or neglect: who observed it, what did they observe, where and what exactly was observed
- Name and address of alleged perpetrator (if known)

Reporting Requirements

If the need to report ever occurs, it is important to understand the steps in the reporting process and what will happen once a report occurs. If the need to report occurs, call your county public children services agency or 1-855-O-H-CHILD (855-642-4453). The number automatically links callers directly to a child welfare or law enforcement office in their county.

- The Children's Service hotline can be contacted 24 hours a day, seven days a week. Each county has a Children's Services hotline, the telephone number can be found on the FCC home's Medical/Dental/General Emergency Plan which is required to be posted in a noticeable location on every level of the home.
- If Children's Services determines there is sufficient reason to suspect abuse or neglect, an investigation will be conducted.

Reporting Requirements

After conducting an investigation, the public children services agency investigation worker will make a determination of one of the following:

- *Substantiated* – confirmation deemed valid or professional judgement that the child was abused or neglected
- *Indicated* – indicators of abuse or neglect are found, but not confirmed
- *Unsubstantiated* – no evidence of abuse or neglect is found at the time of the investigation and the case is closed

Child Management Techniques

- ☑ Shaking a baby is a prohibited discipline technique

Shaken Baby Syndrome (SBS) usually happens when a parent or other caregiver shakes a baby or toddler very hard because they are very frustrated with them. The number one reason given for shaking a baby is “I just wanted the baby to stop crying”. Forceful shaking may stop the baby crying, not because it has calmed them, but because it has caused a head injury. It may only take 1 or 2 hard shakes to seriously injure a small child.

Always remember:

- Crying is how babies communicate
- It's OK to walk away and have another CCSM take your place
- Never, ever shake a baby!
- Never leave a baby alone with someone who may lose control
- If you think a baby may be injured, seek medical help at once

Child Management Techniques

In supporting children's healthy development, children have to be taught how to solve problems.

- As a CCSM you are responsible for the guidance and management of the children in your care. The guidance/management measures you use must be age appropriate, consistent, and explained to the child.
- You must intervene, when needed, as quickly as possible to ensure the safety of the children.

Click on the
Resources Tab for:

Behavior
Management
Techniques

Child Management Techniques

A Word About “Time-Out”

☑ If the FCC home uses developmentally appropriate separation as part of its guidance and management techniques, it is important to remember the following:

Click on the
Resources Tab for:

Developmental
Expectations

- The separation should last no more than one minute for each year of age of the child (Example: a four year old would receive a time-out no longer than 4 minutes in length.)
- Separation may not be used for infants (children under 18 months)
- When the child returns to the activity, you must review the reason for the separation as well as what behavior is expected
- The child must be supervised during all times of the separation

Child Management Techniques

Click on the
Resources Tab for:

**Behavior
Causes and
Solutions**



There may be instances when you have tried various techniques and they have not worked. It is often helpful to seek the advice of the FCC provider. They may be able to offer suggestions which have worked for them in the past.

- Be sure to notify the FCC provider of any on-going concerns with behavior.
- You should discuss on-going problem behaviors with the child's parent or guardian. You should work with the family to make sure you are addressing behavior issues consistently.
- You can also seek out training(s) on behavior management techniques if you find you do not have enough tools to manage children's behavior in a positive way.

Additional Resources

Child Abuse Prevention:

[Preventing or Reducing the Risk for Child Abuse](#)

[The Role of Child Care Providers in Preventing and Responding to Abuse and Neglect](#)

[Caring For Our Children- Handling Physical Aggression, Biting and Hitting](#)



Ages and Stages of Development:

[Healthy Children: Ages and Stages](#)

[PBS Parents – Child Development Tracker](#)

Finishing Up



After you have reviewed the FCC policies and procedures, you can either leave the training and resume at another time, or proceed to additional modules to continue the training.

Click on the Assignment Tab on the top right side of the screen. Locate Module Four: Program Policies and Procedures, print it off and review with the FCC provider. If required, locate Module Four: Activity and Assignment. Print it off, complete and review with the FCC provider. You may then move on to the next module.



Module 5

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Medication Policies

Protecting Children From Harm and
Supporting Their Healthy Development

This module has been divided into the following content areas:

- ✓ Obtaining Permission
- ✓ Receiving Medication
- ✓ Storing Medication
- ✓ Administering Medication
- ✓ Medication Errors



“Sometimes I don’t feel well and I need medicine to make me feel better. It’s important I get the right amount at the right time, so I don’t feel even worse. Always remember to write down when you gave me my medicine, so others don’t give it to me again.”

5 Essential Take-Aways

- 1 You must obtain written permission from the child's parent/guardian prior to administering any medication.
- 2 Before giving a child medication, double check to make sure you are giving the *correct dosage* of the *correct medication* to the *correct child* at the *correct time*.
- 3 Before administering prescription medication, make sure the container includes a prescription label and/or that Box 2 of the JFS 01217 has been completed.
- 4 If an over-the-counter medication label indicates a physician should be contacted for the correct dosage, based on the age and weight, Box 2 of the JFS 01217 must be completed prior to administering.
- 5 You must document each time you administer medication to a child.

If the FCC home is out of compliance with the following rules related to the administration of medication, it is a moderate or serious risk non-compliance



- ✓ Any time medication is administered, an Administration of Medication form (JFS 01217) must be completed and kept on file.
- ✓ Medication must be inaccessible to children.
- ✓ All prescription medication must have a complete prescription label attached, or must have Box 2 of the Administration of Medication (JFS 01217) completed by a licensed physician, advance practice nurse, or dentist (this includes sample medication without a label).
- ✓ The dosage indicated on the prescription label or manufacturers instructions cannot be exceeded.
- ✓ Written instructions must be obtained in Box 2 of the Administration of Medication form (JFS 01217) if the manufacturers instructions indicate a physician should be consulted for the correct dosage.
- ✓ Medication must be in its original container
- ✓ Medication must be administered only to the child for whom the medication was intended

Establishing Policies & Procedures

FCC providers are able to set their own policies as to whether or not they will administer medication to the children in their care. Once a FCC provider determines under what circumstances they will administer medication, all CCSM and parents must be made aware of the medication policies. The policies must be outlined in the parent information.

 It is strongly recommended that the FCC provider limit the number of individuals who are designated to administer medication. The fewer people who are involved in receiving and administering medication, the less chance there is for error in this process.

Establishing Policies & Procedures



Policies could include the following:

- The types of medications which will be administered
- If administration is limited to certain times of the day
- If the FCC home will only administer emergency medication



It is the responsibility of the FCC provider to ensure that no medication, food supplement, medical food, or topical product is administered until the child has received the first dose or application at least once prior to having it administered at the FCC home.

Obtaining Permission

JFS 01217, "Request for the Administration of Medication"
(Prescribed Form)

Before any medication is administered the FCC home must obtain written permission from the parent/guardian. This permission must be obtained in Box 1 of the JFS 01217, "Request for Administration of Medication" form.

This includes the following types of medication:

- Emergency medications needed for children with health conditions
- Prescription medications
- Over-the-counter medications
- Topical ointments (both preventative and to treat a skin condition)
- Medications which school age children may carry

Receiving Medication

- All medication must be in the original container.
- All prescription medication must either have a prescription label attached or there must be written instructions from a physician, advance practice nurse, or dentist completed on the JFS 01217, “Request for Administration of Medication” form.



Receiving Medication

- The prescription label must contain the following information:
 - The child's full name
 - A current dispensing date within the last 12 months
 - The exact dosage to be given
 - Directions for use

- If the medication is a sample medication, the medication must be labeled with the child's name and the physician, advance practice nurse, or dentist must complete Box 2 of the JFS 01217, "Request of the Administration of Medication" form.

Receiving Medication

JFS 01236, “Child
Medical/Physical Care Plan”
(prescribed form)

- Over-the-counter medication must be labeled with the child’s name. The over-the-counter medication must contain information regarding the correct dosage based on the child’s age and weight.

- If the manufacturer’s directions indicate that a physician must be consulted for the correct dosage, written instructions from a physician, advance practice nurse, or dentist must be completed Box 2 of the JFS 01217 “Request of the Administration of Medication” form.

- If the medication is being used to treat a child who has a health condition which requires a medical procedure, the parent must also complete a JFS 01236, “Child Medical/Physical Health Care Plan”.

Receiving Medication



ODJFS has developed sample “Prescription Pads” to help FCC homes safely administer medication. The pads are designed to be given to parents/guardians after they have completed the JFS 01217. The parent/guardian checks off all of the required elements on the pad and gives it to the CCSM receiving the medication to double check all required elements are complete.

[JFS 01580, “Your Prescription for Safely Administering Prescription Medication”](#)
(sample form)

[JFS 01581, “Your Prescription for Safely Administering Non-Prescription Medication”](#)
(sample form)

[JFS 01582, “Your Prescription for Safely Caring for Children With Special Health Conditions”](#)
(sample form)

Storing Medication

- ☑ Medication must be stored out of reach of children. This includes topical ointments such as diaper cream and sunscreen.
- ☑ If a medication requires refrigeration, the storage within the refrigerator must not contaminate other food items.
- ☑ If the refrigerator is located in an area which is accessible to children, the medication must be secured so that a child opening the refrigerator does not have access to it.
- 💡 All FCC homes should have a designated space to store medication. It is a good idea to label this area.



Storing Medication

[JFS 01585 Medication Label](#)

[\(sample form\)](#)

It is recommended that medication be stored with the JFS 01217, “Administration of Medication” form.

If the child requires a medical/physical health care plan, it is also recommended that a copy of the form be stored with the medication.

An identifying label can be affixed to a plastic bag which would contain the medication, dosing spoon (if needed) and any required paperwork.

Child's Name _____

Name of Medication(s)

Items included in bag:

- Medication
- Dosing spoon (if needed)
- Administration of Medication Form (JFS 1217)
- Medical/Physical Health Care Plan (if needed)

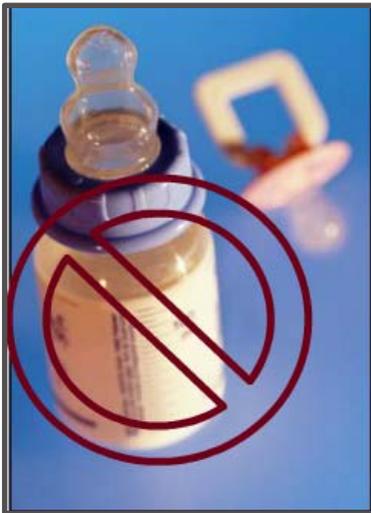
Expiration Date:

Administering Medication

- You must wash your hands both before and after administering medication.
- You must verify that the information the parent/guardian has provided on the JFS 01217, “Request for the Administration of Medication” form is the same as the information provided on the prescription label or manufacturer’s instructions.
- You must review the expiration date on the medication to assure the medication is still current.

Administering Medication

- 💡 Medication should only be given using a dosing spoon, not an eating utensil. Medication must always be measured, not estimated.



- 💡 Medication should never be given in a bottle or cup, mixed with formula, milk, or juice unless there are physician's instructions on file to do so.

Administering Medication

Every time you administer medication, you must document that you have done so in Box 3 on the JFS 01217, “Request for the Administration of Medication” form. This information is the FCC home’s documentation that you correctly administered the medication and prevents over-medicating a child.

The only exception to this rule is if the medication is a topical product or lotion. A completed JFS 01217 must be obtained, but administration of the product is not required to be documented each time it is applied.

 It is also important to document if medication was not given and the reason why it was missed, or if the medication was not given on time.

Medication Errors

[JFS 01299,](#)
[“Incident/Injury Report for Child Care”](#)
[\(prescribed form\)](#)

- In the event that a medication was given to the wrong child or an overdose was given, Poison Control should be immediately contacted and the child’s parent/guardian notified.
- The JFS 01299, “Incident/Injury Report for Child Care” must also be completed.
- The FCC provider must also log in to <http://oclqs.force.com> by the next business day and complete the JFS 01156 “Serious Incident Reporting for Child care” to report the incident.

Click on the
Resources Tab for:

**The Five R’s
of
Medication**

Additional Resources

ODJFS has developed [JFS 01566, “Systems Guide for the Proper Administration of Medication”](#). This guide provides suggestions for systems that programs can use to help achieve and maintain compliance with licensing regulations regarding the administration of medication.



Finishing Up



After you have reviewed the FCC policies and procedures, you can either leave the training and resume at another time, or proceed to additional modules to continue the training.

Click on the Assignments Tab on the top right side of the screen. Locate Module Five: Program Policies and Procedures, print it off and review with the FCC provider. If required, locate Module Five: Activity and Assignment. Print it off, complete and review with the FCC provider. You may then move on to the next module.



Module 6

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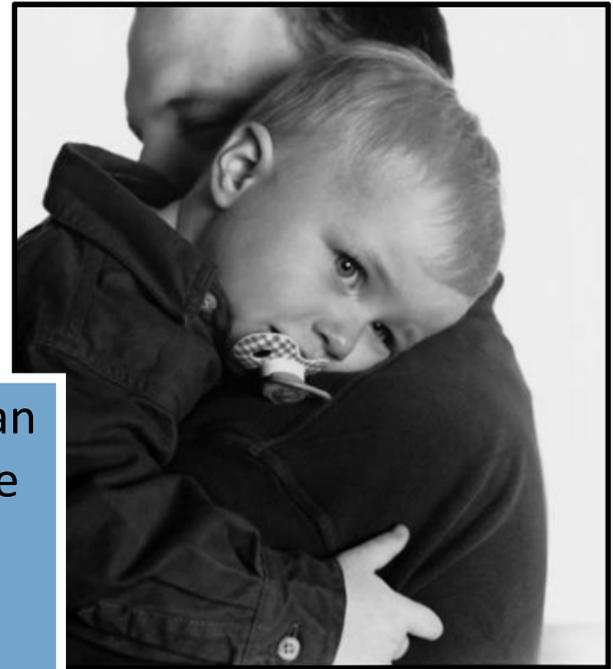
Communicable Disease Policies

Protecting Children From Harm and
Supporting Their Healthy Development

This module has been divided into the following content areas:

- ✓ Preventing Communicable Disease
- ✓ Managing Illness
- ✓ Reporting to Health Department
- ✓ Handwashing
- ✓ Diapering

“Sometimes I don’t feel well and may have an illness that I could give to my friends. Please make sure you send me home when you should, and teach my friends why it’s so important that we all wash our hands .”



5 Essential Take-Aways

1

Handwashing is the single best way to prevent and manage the spread of communicable disease.

2

Cleaning toys and equipment regularly, especially frequently mouthed toys, is important in preventing communicable disease.

3

When a child is sent home due to illness, they should be isolated until they are picked up. They must continue to be properly supervised until picked up.

4

You should be aware of symptoms of communicable disease. The communicable disease chart should be followed in regards to dismissal, management and return to the FCC home.

5

Proper diapering procedures must be followed at all times. This includes remaining with a child whenever they are placed on a changing table

There are no moderate or serious risks non-compliances that are associated with communicable disease policies



Preventing Communicable Diseases

Illness is very common in young children. This is especially true for children who spend time together with equipment and space that is shared. Young children often put toys and their hands in their mouths which allows germs to be easily spread. They are still learning the importance of washing their hands.

You must complete training in the management of communicable disease prior to being left alone with children. You are also required to keep this training current.

Preventing Communicable Diseases

You play an important role in managing the spread of communicable disease in a FCC home.

☑ The FCC home must have a communicable disease policy. This written policy must be in the parent information and be given to families upon enrollment. The policy must also be reviewed with all CCSM.

- Children should be taught to sneeze or cough into a tissue or their elbow.
- Children need to be taught when and how to appropriately wash their hands.
- You must be cleaning and sanitizing equipment and toys regularly, particularly those that are mouthed by children.



Managing Illness

☑ If a child in care is observed with any of the following signs or symptoms of a communicable disease you must immediately notify the parent/ guardian. The child must be immediately isolated and discharged to their parent/guardian.

- Temperature of at least 101° F (or 100° when taken using the axillary/armpit method) when combined with any other signs or symptom of illness
- Diarrhea (three or more abnormally, unexpectedly or unexplained loose stools within 24 hours)
- Severe coughing, causing the child to become red or blue in the face or to make a whooping sound
- Difficult or rapid breathing
- Yellowish skin or eyes

(continued on next slide)

Managing Illness

List of signs or symptoms of communicable disease continued:

- Redness of the eye or eyelid, thick purulent (pus) discharge, matted eyelashes, burning, itching or eye pain
- Untreated infected skin patches, unusual spots or rashes
- Unusually dark urine and/or grey or white stool
- Stiff neck with an elevated temperature
- Evidence of untreated lice, scabies, or other parasitic infestations
- Sore throat or difficulty swallowing
- Vomiting more than one time or when accompanied by any other sign or symptom of illness

Managing Illness

When a child is isolated due to having a communicable disease, you must make sure the child:

- Is appropriately supervised at all times
- Is cared for in another room or part of the room away from other children
- Is provided with a cot or mat and made comfortable

After use, the cot or mat must be sanitized. If it is soiled it must be cleaned with soap and water and then sanitized.



Managing Illness



It is recommended that you provide the parent some type of written documentation of the child's illness when a child is being released due to suspected communicable disease. The documentation could include:

- The exact symptoms observed in the child
- The time the symptoms were noticed or occurred
- The FCC home's policy regarding when a child may return, including a date and time, and if a physician's note is required for re-admittance
- Notification if any other children have the same symptoms or have been diagnosed with a communicable disease with symptoms similar to those of the child being released
 - Note: it is important not release the name of the child with the illness, only a note that another child in the FCC home had the symptoms

Managing Illness

The Ohio Department of Health has developed the JFS 08087, “Communicable Disease Chart”. This chart lists the communicable diseases along with the symptoms, incubation periods, methods of transmission, control measures, and other information relevant to the disease.

It is required that this chart be posted somewhere in the FCC home for easy reference.

[JFS 08087, “Communicable Disease Chart”](#)
(prescribed form)

Managing Illness

☑ It is required that if you have a communicable disease or are too ill to perform your job duties that you must be immediately released.



The FCC home should have established procedures regarding what you should do if you become ill or have a suspected communicable disease and are unable to work. The procedures should include the means of obtaining a substitute, if needed, in order to maintain group size.



Managing Illness

☑ Any time a child has been exposed to a communicable disease the FCC home must notify their parents before the end of the next day that child care services are offered.



Some suggestions for parental notification include:

- Written notification posted on a parent bulletin board
- Written notification sent home with the child
- An email sent to the parents
- Verbal communication with the parent

The FCC home should choose a parental notification system that meets the needs of both the FCC provider and the families served.

Reporting to Health Department

There are some communicable diseases that must be reported to the local Health Department. The diseases which must be reported are detailed on the JFS 08087, “Communicable Disease Chart”.

It should be noted that closing a FCC home is not usually recommended because parents may place their child in another child care setting which could facilitate the spread of the disease.

Handwashing

Research shows that handwashing is the single most effective way to reduce the spread of infection. Proper handwashing procedures must always be followed by both adults and children.

Click on the
Resources Tab for:

**Handwashing
Steps**



Handwashing

You must wash your hands with liquid soap and running water at the following times:

- Upon arrival at the FCC home, and when returning from outdoor play
- After toileting or assisting children with toileting
- After changing diapers or pull-ups
- After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids
- After taking off disposable gloves
- After cleaning or sanitizing or using any chemical products.
- After handling pets, pet cages or other pet objects that have come in contact with the pet
- Before eating, serving or preparing food or bottles or feeding a child
- Before and after completing a medical procedure or administering medication

Handwashing

☑ Children must be instructed and assisted as needed, to wash their hands at the following times :



- Upon arrival for the day
- When visibly soiled
- After toileting/diaper change
- After contact with bodily fluids
- After returning inside after outdoor play
- After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity
- Before eating or assisting with food preparation
- After water activities

Handwashing

☑ When children are old enough to stand, handwashing should be done at a sink with running water.

- The sink that children use for handwashing must be at the appropriate height.
- Children should be able to position their hands under the stream of water.
- If the sink is not the correct height, a sturdy, slip resistant stool should be supplied for children's use.

☑ If children are too young to stand at the sink, you will need to assist them with handwashing.

- You should wipe the child's hand with a wet paper towel with a drop of liquid soap on it.
- Then use a clean, wet paper towel to rinse off the soap and then dry off the child's hand with another clean paper towel. The towels should be discarded after use.
- After assisting children with handwashing, you should then wash your own hands.

Handwashing

- Liquid soap is required to be used. Disposable wipes do not effectively clean hands and do not take the place of hand washing.
- Hand sanitizer is permitted after wiping children's noses, when you are outside or alone in a room and needed in the staff/child ratio, and running water is not available. You must thoroughly wash hands with soap and running water as soon as staff/child ratio allows or upon re-entry to the FCC home.
- It is required that liquid soap, a handwashing facility and individually assigned or disposable paper toweling or air dryers be provided with all bathrooms.

Handwashing

You cannot use handwashing facilities for formula or food preparation or for washing dishes or bottles.



It is important to remind other adults in the FCC home of the importance of handwashing. Parents and adults picking up or dropping off children should also follow handwashing procedures when they are at the FCC home.

Diapering

Proper diapering procedures will help reduce the possibility of contamination of surfaces that staff and children will come into contact with throughout the day.



Diapering

You must make sure you are appropriately supervising children while they are on the changing table.

- Children are never to be left alone on the changing table



It is important to keep a hand on children at all times, even if the table comes manufactured with a safety belt. If an emergency occurs in the room while changing a diaper, you should first remove the child from the changing table before attending to the emergency.

Diapers must be checked regularly.

- A child's parent or guardian must complete the "Diapering Statement" on the JFS 01234, "Child Enrollment and Health Information" form to indicate if they want to follow the FCC home's diaper check policy or prefer a different diaper check frequency for their child
- Diapers must be changed when they are found to be wet or soiled

Diapering



If the diapering and handwashing facilities are located in a space other than where the children are receiving care, the following precautions are recommended:

- The CCSM should assure that children are engaged in safe, sanitary and age appropriate activities while diapers are being changed
- If a bathroom is used for diapering, infants and toddlers who are unable to walk should not be placed directly on the floor while waiting to be diapered
- The CCSM should be able to intervene if unsafe or unsanitary conditions occur

Additional Resources

**Caring for Our Children 3rd Edition,
Infectious diseases:**

<http://cfoc.nrckids.org/StandardView/7.1>



Centers for Disease Control and Prevention:

<http://www.cdc.gov/>

Ounce of Prevention:

<http://ohioaap.org/projects/ounce-of-prevention/>

Pandemic Flu Information:

<http://jfs.ohio.gov/cdc/H1N1.stm>

Finishing Up



After you have reviewed the FCC policies and procedures, you can either leave the training and resume at another time, or proceed to additional modules to continue the training.

Click on the Assignment Tab on the top right side of the screen. Locate Module Six: Program Policies and Procedures, print it off and review with the FCC provider. If required, locate Module Six: Activity and Assignment. Print it off, complete and review with the FCC provider. You may then proceed to the next module.



Module 7

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Field/Routine Trip Safety

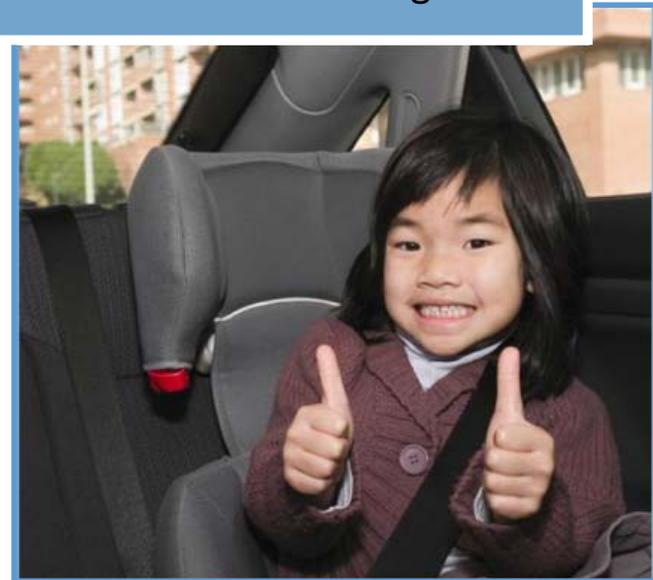
Protecting Children From Harm and
Supporting Their Healthy Development

If the FCC home does not participate in trips or swimming activities you are not required to complete this module and may proceed to Module 8: Parent Information and Licensing Rules and Laws.

This module has been divided into the following content areas:

- ✓ Types of Trips
- ✓ Transportation
- ✓ Staff/Child Ratio
- ✓ Supervision
- ✓ Advance Planning
- ✓ Required Items
- ✓ Vehicle Requirements
- ✓ Swimming Safety

“I get really excited on field trips or when we go swimming, and sometimes I forget the rules. It’s easy for me to get distracted. I’m counting on you to keep me safe when we’re on the go.”



5 Essential Take-Aways

- 1 Because children are at increased risk whenever they are away from the FCC home, supervision is critical during all types of trips.
- 2 Never leave children unattended in a vehicle. Before leaving the vehicle always visually check every seat to make sure all children have exited.
- 3 You must maintain ratio at all times, during all trips and swimming activities. Children shall be assigned to the provider or specific CCSM for all trips.
- 4 Constant, intense supervision is critical to assuring the safety of children while they are participating in swimming activities.
- 5 If you are a driver used for transporting children, you must complete the prescribed transportation training in order to assure you are familiar with all safety rules and practices.

If the FCC home is out of compliance with the following rules related to transportation, it is a moderate or serious risk non-compliance.

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- ✓ Children must never be left alone in a vehicle.
- ✓ All drivers must be: 18 years old, have a driver's license and be free from the influence of any substance which will impair their ability to drive.
- ✓ JFS 01236, "Medical/Physical Care Plan" must be taken on all routine or field trips for any child with a health condition which could require procedures or precautions to be taken.
- ✓ The supplies needed to treat a child with a health condition must be taken.

(continued on next slide)

Moderate or serious risk non-compliance list continued:



- ✓ Vehicles used for transporting children must have weekly inspections followed by any necessary repairs or other appropriate actions.
- ✓ Seat belts and restraint systems must be used properly. Only one child can be secured in each seat belt.
- ✓ Children younger than 12 cannot sit in the front seat, and no one is permitted to stand or sit on the floor when the vehicle is in motion.
- ✓ Children may only exit and enter the vehicle from the curb.

Trip Safety

Each FCC home must set its own policy regarding transportation, field/routine trips, and swimming. Some FCC homes may drive children to and from school, others may take regularly scheduled trips designed to enhance learning experiences. Some FCC homes may only participate in field/routine trips to which the children can walk, while others choose to use vehicles to transport the children. Whatever the type and reason for a field/routine trip, you must understand your role in assuring the experience is a safe one.



Types of Trips

- ☑ There are two different types of trips.

Field trips: infrequent or irregularly scheduled excursions from the FCC home. Requirements vary depending on how the children get there.

- Field trip in vehicle
- Field trip walking

Routine trips: frequent or regularly scheduled excursions from the FCC home, including going to and from the child's home or school, or walking trips in the vicinity of the home that are part of the FCC home's curriculum

- Routine trip in vehicle
- Routine trip walking

Transporting Children

- If you are going to be responsible for transporting children, you are required to complete the ODJFS driver training prior to transporting children.
- Verification of completion of the driver training must be documented in your file at the FCC home.
- CCSM must perform a weekly safety check, which is documented and on file for review at the FCC home.

Link to Driver Training

http://jfs.ohio.gov/cdc/Licensing_Training.stm

Transporting Children

If you are driving on a trip, you must meet the following requirements:

- Be an employee or CCSM
- Be at least 18 years of age or older
- Hold a valid driver's license required for the vehicle driven
- Be free from the influence of any substance which could impair driving abilities

Whenever you are driving on a trip, you must ensure:

- All children and adults who are transported use seat belts and child safety seats in accordance with Ohio Law
- No child is ever left alone in a vehicle
- No child under 12 years old rides in the front seat of any vehicle



Staff/Child Ratio

In order to provide safe field/routine trip and transportation experiences, it is essential that the FCC home have in place careful, proactive practices. It is critical to have systems in place to assure supervision and ratio requirements are being met when children are away from the FCC home.

- Staff/child ratios must be met during all walking and routine field trips.
- Only individuals who are CCSM at the FCC home can be used to count in ratio.
- If parents, guardians or adults (authorized by the family child care provider) are going to transport children during a field trip, staff/child ratios must be maintained upon arrival at the destination.

Staff/Child Ratios

☑ If the FCC home participates in daily walking trips, for example to take the children to a bus stop a few blocks away from the FCC home, the following requirements must be met:

- Staff/child ratios must be maintained
- Each child must have a permission slip from parent on file at the FCC home

The following would not be needed: health/enrollment information, first aid kit, identification on the children

Note: With written parent permission, school-age children may leave the FCC provider's home for specific activities, including:

- Walking to and from the provider's home or school.
- Walking home or to another destination

Supervision

You need to make sure you are aware of the location of children at all times during a field or routine trip. Children are excited about being away from the FCC home, and they often forget basic safety rules. It is your responsibility to remind children of these rules. It is easy for children to wander off. Many trips involve a destination where large groups of people are present.

You must ensure that all children are properly supervised throughout the trip. Children must be assigned to the family child care provider or specific CCSM



You should count children often, not only during arrival and departure times, but throughout the trip activity.

Supervision

In addition to assuring proper supervision during a trip, it is also critical to make sure children are never left alone in a vehicle. ***An adult must always be present in the vehicle with children.***



It is recommended that you use a checklist to record documentation of attendance and attendance checks while on field trips. A sample form has been developed for that purpose.

[JFS 01232,](#)
[“Field Trip Check List”](#)
[\(sample form\)](#)

Advanced Planning



Once the FCC provider has selected a location for a trip, it is suggested someone visit and/or contact the destination prior to the day of the trip. This allows the following to be checked:

- Route to be taken
- Drop off and pick up locations for children
- Any special entry procedures for a group
- Restrooms and food locations
- Special rules or procedures that must be followed

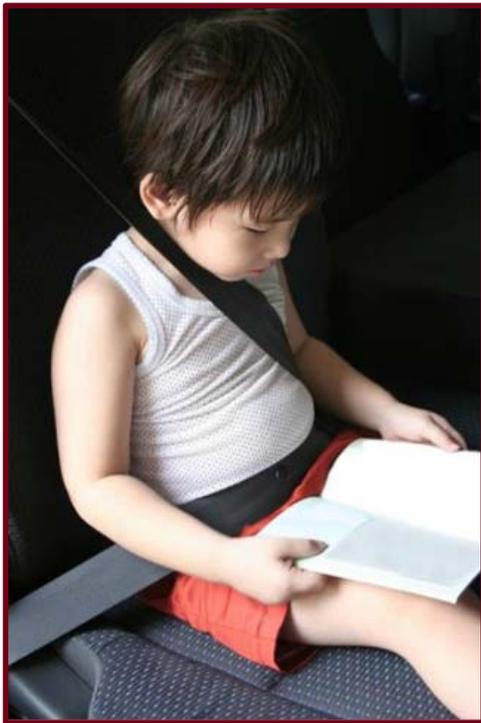
Click on the
Resources Tab for:

Advance
Trip
Planner

Required Items

- ☑ The following items are required on all field and routine trips:
 - First aid supplies
 - Written and signed permission from the parent before transporting or escorting a child away from the home
 - JFS 01234, “Child Enrollment and Health Information” (except for routine walks)
 - Identification on children (except for children being transported to and from school or to and from home)
 - Working cellular phone or other means of immediate communication
 - (Cellular phones shall not be used by a driver while the vehicle is in motion)
 - Medication, JFS 01217, “Request for Administration of Medication” form, and JFS 01236, “Child Medical/Physical Care Plan” for any children who may require medication or have a health condition which may require you to complete a medical procedure or take certain precautions for their health

Required Items



Permission slips must be kept on file for one year. Permission slips for routine trips must be updated annually.

[JFS 01225](#)
[“Routine Trip Permission Slip”](#)
(sample form)

[JFS 01226](#)
[“Field Trip Permission Slip”](#)
(sample form)

Vehicle Requirements

- The FCC provider or CCSM must perform a weekly vehicle inspection on any vehicle operated by the FCC provider or CCSM to transport children for routine trips or field trips.
- These inspections must be followed up by addressing any needed repairs to identified safety concerns discovered through the weekly inspection process.

Vehicle Requirements

The weekly vehicle inspections must be documented and on file for review at the FCC home.



It may be helpful for the FCC provider to create an inspection form similar to the JFS 01230, “Vehicle Inspection Report” form used by child care centers.

[JFS 01230](#)
[“Vehicle Inspection Report”](#)
[\(prescribed child care center form\)](#)

Swimming

According to the National Center for Health Statistics (2014) drowning is the leading cause of accidental death for children 1-4 years of age, and is the second leading cause for children age 5-9 years of age.

A child can drown in a very short period of time, with a staff person looking away for only a few minutes.

Drowning can happen quickly and quietly anywhere there is water (such as bathtubs, swimming pools, buckets), and even in the presence of lifeguards. Constant, intensive supervision is critical to assuring the safety of children while in the water.



If the FCC home is out of compliance with the following rules related to swimming, it is a moderate or serious risk noncompliance



- ✓ Children must be actively supervised while participating in water activities.
- ✓ A certified lifeguard must supervise activities in bodies of water more than eighteen inches in depth.
- ✓ If a lifeguard is a CCSM, they cannot be used in ratio.
- ✓ Children may not have access the swimming sites unless accompanied by a CCSM.
- ✓ Children may not swim in lakes, rivers, ponds, creeks, or other bodies of water.

Swimming

- CCSM and other adults accompanying children must *actively supervise** children. You must be able to see all parts of the swimming area, including the bottom of the pool.

***Active supervision:** means having knowledge of each child's needs and being accountable for his/her care at all times. It includes the awareness of and responsible for the activity of each child, as well as being near enough to respond and reach children immediately to protect them from harm. You must be aware of the location of all children and maintain visual contact with them at all times.



You should not wear headphones, use cell phones, or read while responsible for supervising children. You must be near enough to quickly intervene and respond to a child in distress.

Swimming

☑ The following are lifeguard requirements:

- Activities in water 18 inches or more in depth must be supervised by a lifeguard or water safety instructor currently certified by the American Red Cross or equivalent water safety program.



- If a CCSM is acting as a lifeguard, they cannot be used to count in ratio

Swimming

- All swimming sites must meet state and local guidelines for health inspections.
- Swimming activities are not permitted in lakes, rivers, ponds, creeks, or other similar bodies of water.
- The FCC provider may use wading pools with walls that are less than eighteen inches in height regardless of the amount of water put into it. The FCC provider or CCSM shall supervise children at all times while a wading pool is in use and shall be able to clearly see all parts of the wading area.

Swimming

You must obtain written permission from a child's parent/guardian prior to the child doing any of the following:



- Swimming in water 18 inches or more in depth
- Participating in activities near water 18 inches or more in depth
- Allowing infants and toddlers to use wading pools

Swimming

The written permission must be signed and dated by parent/guardian and be on file for review. The permission shall include the following:

- Child's name and birthdate
- Statement indicating whether the child is a non-swimmer or capable of swimming
- Location of water activities or swimming site by water 18 inches or more in depth
- Statement of whether or not the FCC home is providing additional adults or CCSM above the licensing ratio requirements for this activity
- A signature and date from the parent indicating permission for the activity

Swimming

 You should determine how you will make appropriate accommodations for swimmers versus non-swimmers. It is recommended that children be grouped together and assigned to a CCSM based on their swimming abilities. You should have a list of children for whom you are responsible and an indication as to whether or not they are able to swim.



Keep in mind, even though children may have participated in swimming lessons, or parents/guardians may indicate they have the ability to swim, you are still responsible for actively supervising all children.

Swimming



It is suggested that you set some additional easy to remember rules with the children that are reviewed each time children swim. Included in your supervision plan should be a system for you to check to ensure that each child is safe when in the water. Some suggestions include:

- No running or horseplay around the pool/water
- No eating, drinking, or chewing gum while in the water
- Swim with a buddy
- Do not push others into the water, no dunking, pulling, or pushing anyone under the water
- Do not scream for help unless you really need it
- If you need to leave the water to use the restroom or take a break, always tell a staff person
- Set rules regarding the use of slides/diving boards

Swimming

- The use of saunas, hot tubs, and spas by children is prohibited.
- Swimming pools, wading pools, and other swimming/wading sites must be made inaccessible to children when FCC provider or CCSM supervision is not available.
- Wading pools must be filtered or emptied daily. Portable wading pools must be sanitized daily, or more often if needed.

Swimming



It is recommended that emergency swimming procedures be developed. These procedures could include the following:

- Plan for locating a missing child (water should always be checked first)
- Location of emergency, life-saving equipment
- Location of first aid kit
- Location of telephone or cell phone
- Procedures for calling for assistance (including knowing your location)
- Supervision plan for children not involved in the emergency (evacuation from water, gathering location)
- Notification of parent/guardian
- Evacuation of water due to weather

Additional Resources

Caring For Our Children, 3rd Edition- Water Safety:

<http://cfoc.nrckids.org/StandardView/1.1.1.5>



National Highway Safety Administration:

<http://www.safercar.gov/parents/>

SAFE KIDS Worldwide:

<http://www.safekids.org/>

Safe Kids Worldwide is a global organization dedicated to protecting kids from unintentional injuries, the number one cause of death to children in the United States.

Finishing Up



After you have reviewed the FCC policies and procedures, you can either leave the training and resume at another time, or proceed to additional modules to continue the training.

Click on the Assignment Tab on the top right side of the screen. Locate Module Seven: Program Policies and Procedures, print it off and review with the FCC provider. If required, locate Module Seven: Activity and Assignment. Print it off, complete and review with the FCC provider. You may then proceed to the next module.



Module 8

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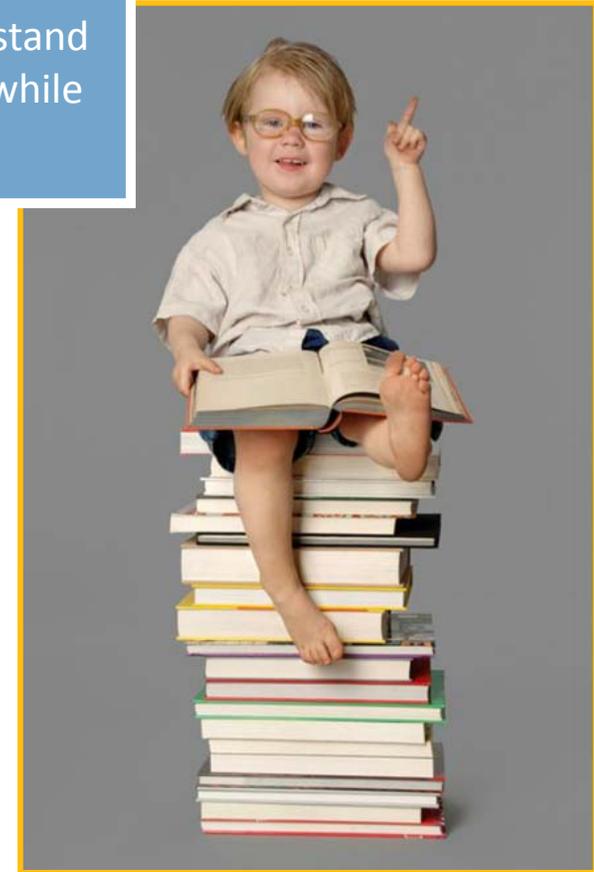
Parent Information and Licensing Rules and Laws

Protecting Children From Harm and
Supporting Their Healthy Development

“My parents put a lot of trust in you to nurture me and keep me healthy. It’s important that you understand all of the rules that are made to keep me safe while I’m with you.”

This module has been divided into the following content areas:

- ✓ Parent Information
- ✓ Licensing Laws
- ✓ Licensing Rules



5 Essential Take-Aways

- 1 You are required to allow the county agency and an ODJFS representative access to the FCC home, and provide truthful information.
- 2 You must know and follow the policies and procedures in the FCC home's parent information.
- 3 The current licensing rules must be available to you and the parents via a paper copy or electronically.
- 4 It is the responsibility of the FCC provider to remain knowledgeable about all rule changes and to make sure all CCSM are aware of all licensing rules.
- 5 You have the ability to review and comment on proposed rule changes before they are finalized.

If the FCC home is out of compliance with the following rules related to the parent handbook or licensing rules and laws, it is a moderate or serious risk non-compliance



- ✓ The FCC provider, CCSM and employees must allow the county agency and an ODJFS representative access to the FCC home for the purpose of determining compliance with licensing rules and the law.
- ✓ The FCC provider, CCSM, and employees must not present misleading or falsified information.

Parent Information

- Every FCC home must have written information which explains the FCC home's policies and procedures. It must be given to each family when they enroll in the FCC home and whenever there are changes or revisions to the information.
- The policies and procedures in the written information must be given to CCSM and parents.
- You must follow all of the policies and procedures in the written information.

Licensing Rules and Laws

Rules are written in order to assure that FCC homes are providing safe and healthy environments and experiences for children. The FCC home where you work will periodically receive a monitoring visit from a licensing specialist. During a licensing inspection, the specialist will observe the program and talk with the FCC provider, you and any other CCSM or employees in order to determine compliance with licensing rules.

The Department of Job and Family Services has authority, by Ohio Law, to develop and implement rules that set program requirements for child care programs. The authority in law is Chapter 5104. of the Revised Code. The rules for licensing centers and FCC homes are in Ohio Administrative Code Chapters 5101:2-12 (centers) and 5101:2-13 (homes).

Licensing Rules and Laws

The role of the licensing specialist also includes the following:

- Inspection for compliance with all rules
- Conducting complaint investigations
- Explaining rule requirements and compliance standards
- Providing technical assistance, information on best practices and resource referrals

All licensed programs receive at least two compliance inspections per year.

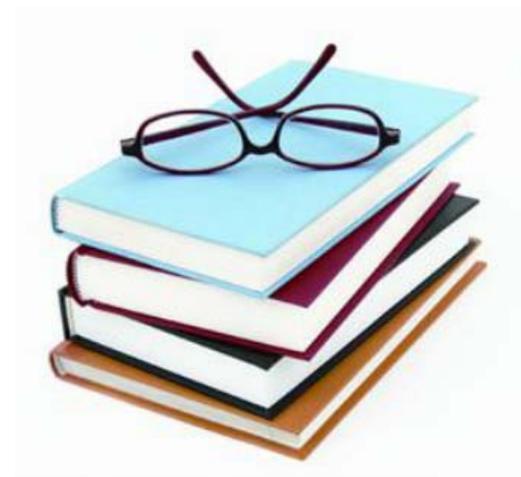
Note: Based upon rule non-compliances, FCC homes may receive additional inspections.

Licensing Rules and Laws

Licensing rules are periodically changed and updated. All rules are on a schedule to be reviewed at least every five years.

A rule may be changed for the following reasons:

- Five-year rule review requirement
- Change in law
- A change in department policy
- To make corrections and to change form dates
- To implement requirements to keep children safe



Licensing Rules and Laws

Whenever a rule is changed, it must go through a legal rule filing process. This process allows department staff, representatives from other agencies, child care providers, child care advocates and other interested parties, the opportunity to provide comment on proposed rule changes. When rules are open for review, individuals who would like to provide input or comment on proposed rules can do so at:
<http://innerapp.odjfs.state.oh.us/clara/public/clearance.aspx>

It is the responsibility of the FCC provider to be aware of any rule changes and to make sure they are in compliance with all current rules. It is also the responsibility of the FCC provider to keep all CCSM aware of the current rules.

Finishing Up



After you have reviewed the FCC policies and procedures, you can either leave the training and resume at another time, or proceed to previous modules to continue the training.

Click on the Assignment Tab on the top right side of the screen. Locate Module Eight: Program Policies and Procedures, print it off and review with the FCC provider. If required, locate Module Eight: Activity and Assignment. Print it off, complete and review with the FCC provider.



Department of
Job and Family Services

Family Child Care Home Orientation Training for Child Care Staff Members

Congratulations, you have successfully completed the prescribed staff orientation training.

Completion of the training should be documented on the JFS 01307, "Professional Development Documentation for Child Care" and kept with your staff records. The FCC provider must sign at the bottom of the JFS 01307 to attest that you have completed this training.

DISCLAIMER: This training does not replace the need for providers to read and use the licensing rules appropriately. This training is only an overview of licensing rules and may only be used as such.