



SUPPLEMENT TO HEALTH PROGRAM FORM INFANT - TODDLER

State Form 45878 (R6 / 2-15)

IF THIS IS A PROPOSED (NEW SITE OR NEW OWNER) FACILITY, YOU MUST SUBMIT AN APPLICATION FOR LICENSURE PRIOR TO SUBMITTING THIS PROGRAM.

Instructions for completion:

Supplemental Health Program forms are to be used by Child Care Centers with children of ages from six (6) weeks to two (2) years (Infant-Toddler) for the purpose of reporting the development of their written health program in compliance with regulations for licensure.

All items in the forms must be carefully studied and completed by the authorities responsible for the development of the health program. A number of attachments, which are identified in the health program forms, are required. The health program will be reviewed to determine compliance with the licensing requirements of 470 IAC 3-4.7.

You must send one (1) original program, one (1) original set of attachments to the Family and Social Services Administration, 402 West Washington St., Room W361, Indianapolis, IN 46204.

If the health program is not in substantial compliance with regulations, both forms and attachments will be returned to the child care center for corrections and resubmittal.

The following forms have been included for your use:

- 1. Recommended Handwashing Procedure*
- 2. Weekly Record of Daily Needs*
- 3. Suggested Feeding Plan*
- 4. Procedure For Skin Care - Diapering*

Return the original program and an original set of attachments to:

MS02
Family and Social Services Administration
302 W. Washington St., Room W361
Indianapolis, IN 46204



SUPPLEMENTAL HEALTH PROGRAM FOR CHILD CARE CENTERS PROVIDING INFANT - TODDLER CARE

State Form 45878 (R6 / 2-15)

		Date (month, day, year)
Name of child care center		
Location		County
City	ZIP code	Telephone number (with Area Code) ()
Mailing address (if different from above - number and street, city, state, and ZIP code)		
Name of director		Name of owner
Number of infants licensed for		Number of toddlers licensed for
Definite and specific arrangements have been made for an MD, DO, or NP to provide consultation and help maintain an adequate health program. The medical consultation will be provided by:		
Original Signature of health care consultant		Date signed (month, day, year)

470 IAC 3-4.2-6 PROGRAM OF INFANT-TODDLER CARE

1. ☐ Yes ☐ No In order to assure consistency of care in the child's home and the center, a program of care for each child is planned and written prior to his admission by the director or person in charge of the infant-toddler section in cooperation with the experienced child care worker and the child's parent.

Daily activities for infants and toddlers will provide for:

- a. ☐ Yes ☐ No When awake, infants shall be out of their cribs and engaged in appropriate activity.
b. ☐ Yes ☐ No Toddlers shall be taken out of doors daily when weather permits.

2. ☐ Yes ☐ No A chart for recording daily information on each child is posted in a conspicuous place in each infant and toddler room.
☐ Yes ☐ No This chart is kept for at least one month.

The type of information recorded on the chart for each child should include the following:

- a. ☐ Yes ☐ No Medication given
b. ☐ Yes ☐ No Time and amount of food and fluid intake
c. ☐ Yes ☐ No If still hungry or refusing feeding
d. ☐ Yes ☐ No Urine and bowel movements
e. ☐ Yes ☐ No Vomiting, diarrhea, constipation
f. ☐ Yes ☐ No Sleep/nap record
g. ☐ Yes ☐ No Nose bleeds, injuries
h. ☐ Yes ☐ No Mood of child
i. ☐ Yes ☐ No Skin condition, elevated temperature
j. ☐ Yes ☐ No Awake activities

ATTACH A COPY OF THE FORM USED TO RECORD THE DAILY NEEDS CHART.

3. ☐ Yes ☐ No Parents shall be informed of any important information regarding their child on the day of occurrence.

PHYSICAL CARE

4. ☐ Yes ☐ No All soiled bedding and terry cloth washcloths are laundered for twenty-five (25) minutes in 160 °F water or one (1) cup bleach added to the load.
5. ☐ Yes ☐ No Handwashing procedures are posted. All child care personnel wash their hands before and after giving feedings, bathing, diapering or changing clothing for infants and toddlers.
6. ☐ Yes ☐ No Caregivers' outer garment coverings shall be changed when soiled.

ATTACH A COPY OF THE HANDWASHING PROCEDURES.

PHYSICAL CARE (continued)

7. ☐ Yes ☐ No An adult caretaker shall be present in an infant or toddler room at all times and child-staff ratios shall be maintained.
a. ☐ Yes ☐ No Even if all infants are asleep.
8. ☐ Yes ☐ No Bed clothing will be changed immediately when wet or soiled, otherwise once a day.
9. ☐ Yes ☐ No A changing table shall include a soft, washable, plastic-covered pad on the sanitizable table and a clean strip of disposable, waterproof paper shall be used to cover the entire pad.
a. ☐ Yes ☐ No The pad is sanitized after each use.
b. ☐ Yes ☐ No A fresh, clean strip of waterproof, disposable paper shall be placed over the entire pad after each change.
10. ☐ Yes ☐ No The consulting physician has specified procedures on how to cleanse the child's skin.

ATTACH A COPY OF THE SKIN CARE PROCEDURES THAT CONTAIN THE HEALTH CARE CONSULTANT'S ORIGINAL SIGNATURE AND DATE.

- a. ☐ Yes ☐ No These are posted by the changing table and easily seen in each infant/toddler room.
- b. ☐ Yes ☐ No Disposable medical gloves are worn if blood is present.
- c. ☐ Yes ☐ No Gloves are to be removed after the skin is cleansed and before the clean diaper is tabbed/pinned.
- d. ☐ Yes ☐ No Soiled diapers are placed in a tightly covered container in a plastic bag, tied tightly and removed from the center at the close of each day.
- e. ☐ Yes ☐ No Cloth diapers laundered by a laundry service or furnished by parents will be kept separate from the other diapers and linens.
- f. ☐ Yes ☐ No Clean diapers are stored in an area inaccessible to children and off the floor.
- g. ☐ Yes ☐ No Clean clothing and soiled clothing are kept in separate, closed containers.

470 IAC 3-4.2-7 - HEALTH REQUIREMENTS

11. ☐ Yes ☐ No Arrangements have been made for each infant and toddler to have a written statement from an MD, DO, or NP which includes current information on immunization status and health examination.
12. ☐ Yes ☐ No A current feeding plan is available for each infant.
13. ☐ Yes ☐ No The child shall be excluded if the health requirements are not met.

ATTACH A COPY OF THE FORM USED FOR THE FORMULA/FOOD PLAN.

470 IAC 3-4.2-5 - ACCIDENTS AND SUDDEN ILLNESS

14. ☐ Yes ☐ No All staff members who have direct contact with infants and toddlers shall have current first aid training and current knowledge of the treatment for choking, seizure, hemorrhaging, poisoning, artificial respiration and shock.
15. ☐ Yes ☐ No All staff members who have direct contact with infants and toddlers shall have current training in first aid procedures prior to giving care.

470 IAC 3-4.2-9 - EQUIPMENT

16. ☐ Yes ☐ No There will be at least three (3) feet between all cribs and cots.
17. ☐ Yes ☐ No Only children under thirty (30) inches tall shall use a portacrib (*see definition of portacrib*).
18. ☐ Yes ☐ No Only children who are under thirty-five (35) inches tall shall use a full size crib (*see definition of a full size crib*).
19. ☐ Yes ☐ No Crib mattresses are firm and securely covered with waterproof material not dangerous to children.
20. ☐ Yes ☐ No Mesh cribs, play pens and bassinets of any type are prohibited for sleeping.
21. ☐ Yes ☐ No All surfaces are easily sanitized.
22. ☐ Yes ☐ No Diaper bags brought from home are prohibited in the children's room.
23. ☐ Yes ☐ No All areas, surfaces and items with which infants and toddlers will come in contact will be clean and easily sanitized.
24. ☐ Yes ☐ No All articles which the infant or toddler is given to handle are nontoxic, washable, too large to swallow, without rough edges or sharp corners and sanitized on a regular basis.

470 IAC 3-4.2-9 - EQUIPMENT (continued)

24. ☐ Yes ☐ No There is a rocking chair in the infant room for each caregiver.

25. ☐ Yes ☐ No Floors are cleaned/vacuumed daily when children are not present and carpets shampooed as frequently as necessary to keep it clean.

THE ABOVE INFORMATION AND ATTACHMENTS ARE CORRECT, ACCURATE AND SERVE AS A WRITTEN COMMITMENT TO FOLLOW CONTENT AND PRACTICES REFERRED TO WITHIN.

Signature of: (check one) ☐ Owner ☐ President of Board of Directors ☐ Director

Date signed (month, day, year)

HAVE YOU ATTACHED:

1. The skin care procedures that contain the consulting physician's original signature and date.
2. A copy of the handwashing procedures.
3. A copy of the form used to record the child's daily needs.
4. A copy of the form used for formula and other food requirements.



**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE
SUGGESTED FEEDING PLAN**

State Form 49963 (R3 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

INSTRUCTIONS:
Prior to admission, a feeding plan shall be established and written for each infant (age six (6) weeks to twelve (12) months) in consultation with the parents and based on the written recommendation of the child's medical provider. Feeding plans must be continually updated by the child's medical provider or parent. [470 IAC 3-4.7 (b)]

The following feeding plan has been recommended for this child.

Name of child			Date of birth (month, day, year)	
Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Medical Provider
Signature of MD, DO, NP			Date signed (month, day, year)	

FEEDING PLAN GUIDELINES

INSTRUCTIONS: This is a guideline. Each child will grow at a different rate.

1. Formula and juice may be offered in a training cup when a child is ready.
2. Formula is used until twelve (12) months unless otherwise stated by a physician.
3. Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.
4. Most children are ready for foods of coarser consistency between nine (9) to ten (10) months of age. Mashed or chopped table foods may be used.
5. Strained or mashed foods may be introduced at six (6) months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is able to decline food by leaning back or turning away.
6. Finger foods may be offered between nine (9) to twelve (12) months when infant is developing finger / hand coordination.
7. The serving of juice to children under twelve (12) months of age is discouraged.

2 MONTHS - 5 MONTHS				
TIME INTERVAL	AMOUNT EACH FEEDING			
	Month 2	Month 3	Month 4	Month 5
6:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
6:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.

6 MONTHS - 12 MONTHS					
	Month 6	Month 7	Month 8	Month 9	Months 10, 11, and 12
Total Amount of Formula Per 24 Hours	30 - 48 oz.	30 - 32 oz.	29 - 31 oz.	26 - 31 oz.	24 - 32 oz.
7:00 a.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T baby cereal *	7 - 8 oz. formula 3 - 5T baby cereal *	7 - 8 oz. formula ** 4 - 6T baby cereal * 2 - 4T fruit	6 - 8 oz. formula ** (1cup) 1/4 - 1/2 baby cereal * 2 - 4T fruit
9:00 a.m.	5 - 8 oz. formula	6 oz. formula	1/2 cup Vitamin C fortified fruit or juice 1/4 dry toast or 1 cracker	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers
12:00 Noon	5 - 8 oz. formula 1/2 dry toast or 2 crackers	6 oz. formula 2 - 3T strained vegetable	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit	7 - 8 oz. formula ** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit
3:00 p.m.	5 - 8 oz. formula	6 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula ** 1/2 dry toast or 2 crackers	6 - 8 oz. formula ** (1 cup) 1/2 dry toast or 2 crackers
6:00 p.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal *	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 2 - 5T baby cereal *	7 - 8 oz. formula ** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal *	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit
9:00 p.m.	5 - 8 oz. formula	May start sleeping through the night.			

* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

** Formula may be offered in a training cup.



SUPPLEMENTAL HEALTH PROGRAM FOR CHILD CARE CENTERS PROVIDING INFANT-TODDLER CARE HANDWASHING PROCEDURE

State Form 49961 (R4 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

STEPS TO FOLLOW

1. Wet hands with warm running water.
2. Use plenty of soap to make a good lather.
3. Keep fingers pointed toward the drain.
4. Scrub front and backs of hands; wash wrists, between fingers, around fingernails and rings for at least twenty (20) seconds.
5. Rinse well with running water.
6. Dry hands with clean disposable towel or wall-mounted drying device.

KEY POINTS

1. The faucet should provide at least thirty (30) seconds of continuously running warm water.
2. Liquid soap is preferred, antibacterial soaps should be avoided in child care.
3. It is the friction from scrubbing which helps to remove much of the dirt and bacteria that is present.
4. Paper toweling is preferred. Some drying devices blow contaminants into the air where they can be inhaled. It is recommended that paper toweling be used to turn off manual faucets.

BOTH CHILDREN AND STAFF MUST WASH THEIR HANDS:

1. Before and after preparing meals or snacks
2. Before and after eating meals or snacks
3. After handling body fluids, sneezing or coughing into hands
4. After toileting or diaper changes
5. After handling animals

IN ADDITION, STAFF MUST WASH THEIR HANDS:

1. Before and after feeding infants and children
2. Before and after bathing infants and children
3. Before and after diapering an infant or assisting a child with toileting
4. Before and after wiping a child's nose

HANDWASHING IS RECOMMENDED:

1. After touching contaminated surfaces, such as taking out the trash
2. After coming in from the outdoors
3. Upon arrival at the child care center and before leaving
4. After sensory play involving water, sand, play dough, etc.
5. Before and after administering medication to a child



**SUPPLEMENTAL HEALTH PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE
WEEKLY RECORD OF DAILY NEEDS**

State Form 49960 (R3 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

COPY TO PARENT or discuss on daily or weekly basis.

Name of child
Special instructions for: (activity)
(other)

A - ate well R - refused S - spit up V - vomited	Food and Fluids Time and Amount	Urine	B.M.	Awake Activities	Sleep # of Hours & Time	Mood: Happy, Crying, Quiet, Playful, etc.	Other: fever, skin rash, won't eat, still hungry, injury
Monday							
Staff Sig.							
Tuesday							
Staff Sig.							
Wednesday							
Staff Sig.							
Thursday							
Staff Sig.							
Friday							
Staff Sig.							



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS PROCEDURE FOR SKIN CARE - DIAPERING

State Form 49971 (R3 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Objective: To cleanse baby's skin after urination and / or bowel movement.

To insure comfort to baby.

To prevent diaper rash.

Equipment: Waterproof paper (*wax paper*) * _____

Soap for cleaning after bowel movement

Paper towel **for drying only**

Diaper

Tightly covered sanitary waste containers, lined with plastic (*one for soiled diapers and one for washcloths*).

Disposable gloves

Sanitizing solution (*1% bleach solution or its equivalent*).

- Procedure:**
1. Wash hands with soap and warm water and dry with disposable paper towel.
 2. Gather equipment and put on diapering area.
 3. Spread wax paper on changing table. **Cover entire length and width of pad.**
 4. Pick up baby and place on diapering table.
 5. Put on gloves (*if blood is present, medical disposable gloves must be worn.*)
 6. Release diaper.
 7. Using ankle hold to insure safety, remove soiled diaper.
 8. Place soiled diaper on **wax paper** or into plastic bag.
 9. Gently wash baby's bottom with * _____ downward cleansing, and dry with towel.
Avoid hard rubbing. Baby's skin is very sensitive.
 - To cleanse girls, spread labia apart gently, wash and dry between skin folds (*cleaning **downward only** - cleaning cloth must not touch vaginal area if it has touched rectal area*).
 - To cleanse boys, merely wash and dry. In uncircumcised boy, **never** attempt to pull back the foreskin.
 - Use soap and rinse well if child had bowel movement.
 10. Remove gloves.
 11. Put diaper on child.
 12. Wash child's hands.
 13. Take child to safe area.
 14. If blood is present on diaper table, put medical gloves on.
 15. Discard soiled diaper, washcloth and towel, and wax paper into tightly covered sanitary waste container lined with plastic bag.
 16. Sanitize diaper changing pad and table.
 17. Remove gloves and discard in covered container.
 18. **Wash hands with soap and warm water and dry with disposable paper towel.**
 19. Record on child's record and note any unusual observations such as rash, loose bowel movement, bleeding, etc.

* State what you will use for skin cleansing (*i.e., disposable wipe, terry washcloth, etc.*) and to cover changing table pad.

Signature of health care consultant

Date signed (*month, day, year*)