



**Indiana Family and Social Services Administration
Office of Early Childhood and Out-of-School Learning**

**Memorandum – Key Indicator Policies and Procedures
Version 1.0
February 26, 2019**

To:

Ms. Lisa Clifford, Office of Early Childhood and Out-of-School Learning
Ms. Dawn Downer, Office of Early Childhood and Out-of-School Learning

From:

Ronald Melusky, NARA Consultant

CC:

Ms. Becky Fleming-Siebenaler, NARA Consultant and Project Manager
Dr. Richard Fiene, NARA Consultant
Ms. Vicki Flynn, NARA Consultant

Dear Ms. Clifford and Ms. Downer,

This memorandum accompanies *NARA's Policies and Procedures for Key Indicator System Application for Childcare Centers, Childcare Homes, Legally Licensed Exempt Homes, Ministry Child Care Development Fund settings, and Registered Ministries, Version 1.0.*, hereafter "procedures."

As previously discussed, these procedures are structured so as to be applicable to all types of childcare settings regulated by your agency; to that end, the procedures include generic terms and definitions as opposed to the terminology used in your rules. This format is meant to simply your review of the procedures. Since the procedures will be equally-applicable regardless of the type of setting to which they are applied, you will only need to review and comment on a single document.

While it is recommended that you retain a "single version" format for the final procedures, you may elect to adopt procedures that are specific to each type of setting. This can easily be accomplished after review and finalization of the base procedures presented here.

You will note that Appendix D is marked "[Placeholder]" pending the identification of "prohibitive violations." This section also includes applicable feedback from the February 13-14, 2019 focus group sessions.

Please pay particular attention to Section V-4 of the procedures, which relate to informing providers of provisional eligibility for an Indicator Inspection. NARA's consultants have identified costs and benefits to such notification, and we do not have consensus about whether this should occur. I have elected to include them as a future discussion point.

Finally, in response to the focus group question "what facilities should be eligible to receive an abbreviated visit," you will note that many responses mirror what is proposed in these procedures. However, focus group participants also suggested that FSSA Quality Levels 3 or 4 be a criterion for indicator eligibility. This recommendation was not added to the procedures pending additional discussion about the relationship of Levels of Quality to the regulatory process and the potential impact to the number of eligible providers if this criterion were adopted.



Indiana Family and Social Services Administration Office of Early Childhood and Out-of-School Learning

Key Indicator System Application for Childcare Centers, Childcare Homes, Legally Licensed Exempt Homes, Ministry Child Care Development Fund settings, and Registered Ministries

Policy and Procedures
Version 1.0
February 26, 2019

I. Purpose

The purpose of this document is to establish policy and procedures for the application and administration of the Indiana Family and Social Services Administration's Office of Early Childhood and Out-of-School Learning's Key Indicator System (KIS).

II. Legal Authority

Please see Appendix A for applicable Indiana statutes and rules that support KIS use.

III. Definitions

For purposes of this document¹, the following words and terms have the following meanings, unless the context clearly indicates otherwise:

Applicant – An individual, agency, organization, corporation, or board of directors who seeks to obtain a license, certificate, or approval for program enrollment.

Inspection - The process of measuring a provider's compliance with requirements for licensure, certification, or program participation.

- a. *Initial Inspection* – An inspection conducted for purposes of determining whether to license, certify, or enroll an applicant.
- b. *Full Inspection* – An inspection where compliance with all applicable rules are measured.
- c. *Partial Inspection* – An inspection where compliance with a subset of rules are measured.
- d. *Indicator Inspection* – A type of Partial Inspection where compliance with Key Indicators is measured that is conducted in lieu of a Full Inspection.

Key Indicators (KI) – A subset of rules that predict compliance with all of the rules.

¹ The definitions used here are for purposes of these policies and procedures only and do not supersede, replace, or modify any statutory or rule definition.

Key Indicator System (KIS) – A type of targeted measurement where compliance with Key Indicators is measured for purposes of determining total compliance without the need for a Full Inspection².

OEC – Office of Early Childhood and Out-of-School Learning in the State of Indiana.

Provider - The individual, agency, organization, corporation, or board of directors responsible for compliance with statutes and rules required for licensure, certification, or program participation.

Regulator – An agent of the OEC authorized to complete inspections.

Regulated Setting – The building and grounds operated by a provider subject to compliance with applicable rules.

Rules – The requirements for licensure, certification, or program participation with which Childcare Centers, Childcare Homes, Legally Licensed Exempt Homes, Ministry Child Care Development Fund settings, and Registered Ministries must comply.

Sanction – A formal penalty for noncompliance with applicable rules, including but not limited to a provisional license, revocation, or emergency closure.

IV. Eligibility for Indicator Inspections

In order to be eligible for an Indicator Inspection, a provider must meet all of the following criteria:

1. The provider must be operated by the same individual, agency, organization, corporation, or board of directors for a period of no less than three (3) consecutive years.
2. The provider must have received at least one Full Inspection following the Initial Inspection.
3. The provider may not have been subject to sanctions within the past three (3) years.
4. The provider may not have been cited for violating any of the applicable KIs³ within the past year or since the most recent full inspection, whichever is greater, even if the provider subsequently corrected the violation(s).
5. No prohibitive rule violations⁴ were cited within the past year or since the most recent full inspection, whichever is greater, even if the provider subsequently corrected the violation(s).
6. The provider is not currently under investigation by OEC or any other oversight agency.
7. The inspection would otherwise be a Full Inspection.

V. Procedures for Conducting Indicator Inspections

1. Determine if the provider is eligible for an Indicator Inspection based on the criteria in Section IV above.
 - a. The provider may not be notified in advance that an Indicator Inspection will be conducted in lieu of a Full Inspection.

² Please see Appendix B for additional information about Key Indicator Systems.

³ Please see Appendix C for the Key Indicators by provider type.

⁴ Please see Appendix D for the rules that, when violated, are prohibitive

2. Prior to conducting the inspection, the regulator responsible for conducting the Indicator Inspection will select five (5) rules to be measured in addition to the KIS and prohibitive rules. The additional rules should be selected randomly using a consistent selection process; regulators should not select rules based on personal preference, ease of compliance measurement, or similar standard.
3. Upon arrival at the regulated setting, the regulator will:
 - a. Perform all standard activities for arrival based on applicable OEC policy for the type of regulated setting, e.g. "Greet provider and show ID," "Note time of arrival," etc.
 - b. Conduct a brief walkthrough of the setting to identify any immediate health and safety risk or blatant rule violations.
 - i. If an immediate health and safety risk is identified, the regulator will take appropriate action in accordance with OEC policy.
 - ii. If one or more blatant rule violations are identified, the provider will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
4. If following the walkthrough at Section 3-c above the provider is eligible for an Indicator Inspection, the regulator will:
 - a. Briefly describe the OEC's KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted.
 - b. Inform the provider that the provider is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings;
 - c. Proceed with the Indicator Inspection as described below.
5. During the course of the inspection, the regulator will measure compliance with all of the following:
 - a. The KI rules;
 - b. The prohibitive rules; and
 - c. The five (5) rules identified at Section 2 above.

If no violations of the above rules are identified, the regulated setting will be determined to be in full compliance with all rules, and the inspection will end.

If one or more violations of the above rules are identified, the Indicator Inspection will cease, and a Full Inspection will be conducted in accordance with OEC policy.

VI. Ongoing Activities

1. No provider may receive more than two (2) consecutive Indicator Inspections.
2. KIs will be recalculated at least every three (3) years.

VII. OEC Discretion

1. OEC is under no obligation to conduct an Indicator Inspection even if the provider meets all of the eligibility criteria at Section IV above.
2. Indicator Inspections are a privilege, not an entitlement; the decision not to complete an Indicator Inspection even if the provider meets all of the eligibility criteria at Section IV above is not subject to appeal.
3. These policies and procedures shall not be construed to reduce, limit or restrict OEC's authority to enforce applicable statutes and rules, and does not establish a precedent or otherwise bind OEC in any other action and shall not be construed as evidence of OEC practice, policy or interpretation with respect to any dispute or issue not addressed herein.

Appendix A Applicable Statutes and Rules

General

IC 12-17.2-2-1 Duties of division

Sec. 1. The division shall perform the following duties:

(1) Administer the licensing and monitoring of child care centers or child care homes in accordance with this article.

IC 12-17.2-2-6 Monitoring of licensed entities

Sec. 6. (a) The division shall monitor entities licensed under this article for the continued compliance with this article and the rules adopted by the division.

(b) The division shall conduct monitoring activities that include onsite inspections, record reading, observation, and interviewing.

(c) The division shall conduct an onsite licensing study at least one (1) time a year in announced or unannounced visits.

(d) The division is entitled to access to the premises, personnel, children in care, and records, including case records, foster care records, personnel files, corporate and fiscal records, and board minutes. Access shall also be provided to personnel from other state agencies or other persons who provide inspections at the request of the division.

Childcare Centers

12-17.2-4-15 - Inspections

Sec. 15. The division and the state fire marshal shall do the following:

(1) Make annual onsite inspections

470 IAC 3-4.7-9 Inspections

Authority: IC 12-13-5-3

Affected: IC 12-17.2-4

Sec. 9.

(a) The division may, at any time, monitor, visit, or inspect the child care center.

(b) The center shall provide the division access to the premises, personnel, children in care, and records.

(c) The center shall provide access to personnel from other state agencies or other persons who provide inspections at the request of the division.

Childcare Homes

IC 12-17.2-5-15 - Inspections

Sec. 15. The division shall do the following:

(1) Make annual onsite inspections.

470 IAC 3-1.1-29 Relicensure

Authority: IC 12-13-5-3

Affected: IC 5-2-12; IC 12-17.2

Sec. 29.

(b) The COFC shall do the following:

(3) Schedule a visit to the home during normal business hours and complete a child care home inspection checklist.

Legally Licensed Exempt Homes

IC 12-17.2-3.5-16 - Decertification and revocation of eligibility

Sec. 16. (a) The division may, according to rules adopted under IC 4-22-2, decertify a provider for any of the following reasons:

- (1) The provider fails to comply with this chapter.
- (2) The provider refuses to allow, during normal business hours, the division or an agent of the division to inspect the facility where the provider operates a child care program.

Ministry Child Care Development Fund

IC 12-17.2-3.5-16 - Decertification and revocation of eligibility

Sec. 16. (a) The division may, according to rules adopted under IC 4-22-2, decertify a provider for any of the following reasons:

- (1) The provider fails to comply with this chapter.
- (2) The provider refuses to allow, during normal business hours, the division or an agent of the division to inspect the facility where the provider operates a child care program.

470 IAC 3-18-27 Grounds for decertification

Authority: IC 12-13-5-3; IC 12-17.2-3.5-15

Affected: IC 12-17.2-3.5

Sec. 27. Any of the following constitute sufficient grounds for decertification as a CCDF program provider:

- (1) Failure to meet any of the requirements of this rule.
- (2) Failure to allow the verifying agency access to the facility during normal business hours.

Registered Ministries

IC 12-17.2-6-4 Applicant inspection; periodic inspection of registered child care ministry

Sec. 4. (a) The division shall inspect a child care ministry for which a registration application is made under section 2 of this chapter to ensure that the child care ministry complies with the rules of the division adopted under IC 12-17.2-2-5(a).

(b) The division shall make an inspection of a registered child care ministry:

- (1) at least semiannually; and
- (2) additionally as determined necessary by the division, but not more than four (4) inspections per year per child care ministry

Appendix B

Key Indicator Systems: How they Work, why they Work, and the Benefits of Using Them

Targeted measurement tools are licensing inspection methods that increase the effectiveness and efficiency of a regulatory oversight agency without producing recurring operational costs. In other words, targeted measurement tools maximize performance while minimizing costs.

Regulatory oversight agencies nationwide are moving towards targeted measurement as an effective alternative to traditional licensing methods. Instead of measuring every rule during every inspection in every licensed setting every year, targeted measurement allows agencies to devote more resources to struggling licensees by shifting resources away from high-performing providers while still ensuring that safe, high-quality care is provided in all settings. **Key Indicator Systems**, or KIS, are a kind of targeted measurement tool.

Many people mistakenly believe that KIS identify the most “serious” rules (that is, the rules which, if violated, pose the greatest risk to children in care, e.g. leaving children unattended or water temperatures that are too hot). In actuality, KIS identify a subset of licensing rules that statistically predict compliance with the entire set of rules.

How Key Indicator Systems Work

Research has shown that some violations are usually identified during the licensing inspections, even at the most highly-compliant settings. Highly-compliant settings and settings with low compliance share some regulatory violations, but certain violations tend to appear more frequently in settings with low compliance. KIS development includes establishing what it means for a setting to be “high compliance” (few total violations during inspections) or “low compliance” (many violations during inspections), testing the statistical relationship between individual violations and overall compliance in historical inspection data, and identifying the violations that have the closest relationship between “individual” compliance and total compliance. Consider the following illustration:

Rule	High Compliance Setting	Low Compliance Setting
x	Compliant	Violation
y	Compliant	Violation
z	Violation	Violation

In this illustration, analysis of rules x and y found that high compliance settings are usually compliant with the rules, while low-compliance settings are usually not compliant with the rule. Moreover, rule z is usually found to be in violation at both high and low compliance settings. This tells us that rule z is probably not a good indicator of overall compliance, but rules x and y may be indicators of overall compliance. Next, we analyze the statistical relationship between the rules and the settings’ levels of compliance to determine if rule compliance really is a good predictor of overall compliance. The results of the testing might look like this:

Rule	High Compliance Setting	Low Compliance Setting	Strength of Relationship
x	Compliant	Violation	Close relationship (Good predictor)
y	Compliant	Violation	Moderate relationship (Poor predictor)
z	Violation	Violation	No relationship (Terrible predictor)

What this means is, if a setting is in compliance with rule x, **then we can be very confident that the setting is in compliance with all the other rules as well**, whereas compliance with rules y and z tell us nothing about overall compliance. Knowing this, we can conduct an abbreviated inspection where only rule x is measured to determine overall compliance.

The above illustration is a simplified example. KIS usually identify between 20-30 rules that are good predictors of overall compliance, but the principle is the same: if there are, say, 500 rules, we can predict overall compliance by measuring compliance with only 30 of those rules.

Additionally, there are safeguards in place to ensure that KIS do not inadvertently result in harm to children in care. One such safeguard is the development of eligibility criteria for participation in an indicator (i.e. abbreviated) inspection. Not all licensed settings are eligible for KIS inspections. Factors that generally preclude indicator

inspection eligibility include a recent history of licensing enforcement action, the identification of a “serious” violation during the most recent inspection, operation of a setting by an owner for less than 2-3 years, or an open complaint of noncompliance during the scheduled inspection period. Another safeguard is expanding the inspection to include all rules in the event that a key indicator rule is found to be noncompliant during an inspection. Using the example above, if a setting was found to be out of compliance with rule x during an indicator inspection, the surveyor would then measure compliance with all rules to determine the full scope of noncompliance. A third safeguard is the identification of rules that will always be measured during every inspection, even if the rule is not a key indicator. For example, research has found that noncompliance with swimming or water-related rules frequently leads to harm or even death. As a result, it is recommended that such rules be measured during all inspections.

Why we know Key Indicator Systems Work

The National Association for Regulatory Administration (NARA) has been developing and refining qualitative and quantitative targeted measurement tools, especially KIS, for over 30 years. NARA’s professional services and educational curricula have been used by dozens of states and provinces for program-specific research, training, and customized technical assistance for child day and residential care settings, care settings for older adults, and care settings for persons with mental illness and intellectual disabilities. NARA’s methods are time-tested and proven to maximize agency performance without sacrificing the health and safety of persons in care. Additionally, although each state’s key indicator rules are different, independent research conducted by Dr. Richard Fiene, an early-child education professional and NARA consultant, has found patterns in key indicators of compliance/quality in childcare programs, suggesting that certain areas of regulatory oversight function as key indicators nationwide (these include: child abuse reporting and clearances, proper immunizations, staff-to-child ratio and group size, director and teacher qualifications, staff training, supervision/discipline, fire drills, administration of medication, emergency contact/plan, outdoor playground safety, inaccessibility of toxic substances, and handwashing/diapering).

The Benefits of Key Indicator Systems

Key Indicator Systems do not just benefit the licensing agency; in fact, their use benefits *all* stakeholders.

- **The regulatory oversight agency** is able to spend more time monitoring and providing technical assistance to noncompliant providers by spending less time in compliant programs.
- **Providers** benefit from shorter inspections by maintaining compliance.
- **Persons in care** enjoy a higher degree of health and safety protection.
- **The public** is assured that strong licensing continues even if resources are reduced.

Appendix C Key Indicator Rules

Center Key Indicator Rules:

- 470 IAC 3-4.7-100 Poisons, chemicals, and hazardous items
- 470 IAC 3-4.7-101 Electrical safety
- 470 IAC 3-4.7-113 Bathrooms
- 470 IAC 3-4.7-114 Water Supply and Plumbing
- 470 IAC 3-4.7-116 Kitchen and Food Preparation Areas
- 470 IAC 3-4.7-13 Reporting Child Abuse & Neglect
- 470 IAC 3-4.7-135 Infant Food Preparation & Storage
- 470 IAC 3-4.7-32 Staff Orientation
- 470 IAC 3-4.7-36 Children's Admission Records
- 470 IAC 3-4.7-41 Staff, Substitutes & Volunteer Records
- 470 IAC 3-4.7-48 Staff Child Ratios and Supervision
- 470 IAC 3-4.7-60 Written Program Plans
- 470 IAC 3-4.7-63 Education Equipment & Materials
- 470 IAC 3-4.7-66 Playground & Outdoor Safety
- 470 IAC 3-4.7-99 Building Maintenance

Homes Key Indicator Rules:

- 470 IAC 3-1.1-28.5(c)(1) TB Test - The caregiver shall maintain and make available verification of the following: Annual Mantoux tuberculin test or chest x-ray for direct child care providers and all family members over eighteen (18) years of age.
- 470 IAC 3-1.1-32(a)(3) Criminal History - The licensee shall maintain the following documentation in the child care home for review by the COFC: Documentation of criminal history checks on employees, volunteers, and all household members who are at least eighteen (18) years of age.
- 470 IAC 3-1.1-32(a)(5) CPR/First Aid - The licensee shall maintain the following documentation in the child care home for review by the COFC: Documentation of certification of a current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers.
- 470 IAC 3-1.1-32(a)(6)(a) Enrollment - Enrollment form for each child receiving services which shall include the following: Child's name and date of birth.
- 470 IAC 3-1.1-32(a)(6)(d) Adults authorized to pick up - Enrollment form for each child receiving services which shall include the following: The names of adults authorized to pick the child up from the home.
- 470 IAC 3-1.1-33.5(b)(3) Training Child Abuse & Neglect - Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: Procedures for preventing, detecting, and reporting suspected child abuse and neglect.

- 470 IAC 3-1.1-33.5(d) Pediatric CPR Training Certification - At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training annually and shall be on the premises at all times.
- 470 IAC 3-1.1-34(a) Adult Physical Exam - Direct child care providers who work in the home more than three (3) times a month and all members of the household having direct contact with children receiving care shall have an initial physical examination by a physician or certified nurse practitioner indicating that they are free from communicable disease, have no physical or other condition which would endanger the health or welfare of children in care, and have an annual Mantoux tuberculin test or chest x-ray.
- 470 IAC 3-1.1-37(a)(1) Parent Sign Enrollment Form - Prior to acceptance of children, the caregiver shall have the parent or legal guardian: complete and sign an enrollment form for the child.
- 470 IAC 3-1.1-37(a)(2) Release Medical - Prior to acceptance of children, the caregiver shall have the parent or legal guardian: complete and sign a release for emergency medical care for the child.
- 470 IAC 3-1.1-37(b)(1) Child Participation Activities - Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child can participate in the child care homes activities.
- 470 IAC 3-1.1-37(b)(2) Immunizations - Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: That the child has had immunizations which are up-to-date for the child's age.
- 470 IAC 3-1.1-40(a) Trip Permissions - Caregiver shall obtain written parental permission before taking a child away from the child care home for field trips or any other activities.
- 470 IAC 3-1.1-41(a) Discipline Policy to Parents - The licensee shall provide the parent or legal guardian with a written copy of the discipline policy of the child care home.
- 470 IAC 3-1.1-45(a) Hazard Free - The licensee shall ensure that no conditions exist in the home or on the grounds where child care services are provided that would endanger the health, safety, or welfare of the children.
- 470 IAC 3-1.1-48(c)(1) Inaccessible Cleaning Supplies - Caregiver shall keep poisonous or hazardous materials that would harm children, including, but not limited to: cleaning supplies.
- IC 12-17.2-5-3(d)(2)&(e) Criminal History - An applicant must submit the necessary information, forms, or consents for the division to: obtain a national criminal history background check on the applicant through the state police department under IC 10-13-3-39.
- IC 12-17.2-5-3.5(a)(1) Drug Testing - A child care home shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for: the provider.

Registered Ministry Key Indicator Rules:

- 470 IAC 3-4.5-4(1) Surfaces Clean - All interior surfaces, equipment, materials, furnishings, and objects with which children will come in contact shall be well maintained, in a clean and sanitary condition, and of nontoxic durable construction.
- 470 IAC 3-4.5-4(2) Bathrooms, Sinks, Toilets - All restrooms shall be equipped with flush toilets and handwashing sinks and shall be ventilated to the outside. An adequate supply of water, under pressure, shall be provided at all handwashing sinks, as well as soap and disposable paper towels in dispensers. Toilet paper in dispensers shall be located at each toilet.
- 470 IAC 3-4.5-4(4) Screens in Windows - All open windows, doors which are kept open for other than entering and leaving, ventilators, and other outside openings shall be protected against insects by securely fastened 16 mesh screening. Cracks shall be sealed and sealing shall be in place around pipes, plumbing, and ducts.
- 470 IAC 3-4.5-5(a) Food Services Clean - Food Service. The kitchen and any other food preparation area shall be maintained in a clean and sanitary condition, separate from areas used for any other purpose, and shall be so located that it is not used as a throughway to other rooms or areas. The kitchen shall not be used for children's activities or naps, a dining or recreational area for adults, or as an office.
- 470 IAC 3-4.5-5(b) Food Safety - Food Safety. All foods provided by the facility, for children enrolled in the day care ministry, shall be from a food establishment, inspected and approved by a governmental agency. Food items shall be received at the facility in the original, unopened, undamaged packaging and shall be properly protected from damage and potential contamination. Food shall be free from spoilage, filth, or other contamination and shall be safe for human consumption. The temperature of all potentially hazardous food shall be 45 F. or below or 140 F. or above at all times. Frozen food shall be kept frozen and should be stored at a temperature of 0 F. or below.
- 470 IAC 3-4.5-5(c) Refrigerator & Freezer - Refrigerator and Freezers. Enough conveniently located refrigeration facilities shall be provided to assure the maintenance of potentially hazardous food at required temperatures during storage. Refrigerators and freezers shall be in good condition, clean, and shall maintain the proper temperatures. Each compartment of the refrigerator and freezer shall be provided with an accurate thermometer, in good position for daily monitoring.
- 470 IAC 3-4.5-(e)(2) Cleaning - immersion for at least one (1) minute in clean water which is at a temperature of at least 75 F. and which contains an approved sanitizing agent at an effective concentration. Cleaned and sanitized equipment and utensils shall always be air dried, never towel dried. An alternative to dishwashing is the use of sturdy, all disposable, single-service articles and utensils. Reuse of single-service articles and utensils is prohibited. All permanent ware infant feeding bottles and reusable nipples provided by the facility shall be washed and sanitized by the facility after each use as follows: Prewash in hot detergent water in a non-handwashing sink; scrub bottles and nipples inside and out with bottle and nipple brush; squeeze water through nipple hole during washing; and rinse well with clean, hot water. Boil in clear water bottles for five (5) minutes; nipples and caps, collars, and tongs for three (3) minutes; and air dry. Store each item separately in clean, covered, labeled container.

- 470 IAC 3-4.5-5(f) Food Storage - Storage. Containers and packages of food, cleaned and sanitized utensils, equipment, and single-service articles shall be stored at least six (6) inches above the floor in a clean, dry location in such a way that protects them from contamination, cleaning compounds, and toxic or hazardous materials. This does not apply to cased food packaged in waterproof containers.
- 470 IAC 3-4.5-5(g) Hand Washing Hygiene - Hygiene. A sink used exclusively for handwashing shall be located in the kitchen and supplied with soap and disposable towels from a dispenser. Persons who prepare, handle, and serve food shall thoroughly wash their hands with soap and water and use disposable towels for drying. Handwashing shall be done before starting work and as often as necessary to keep them clean. Persons who prepare and handle food shall wear clean, washable garments (aprons or smocks) and effective hair restraints. All food preparation and eating surfaces shall be sanitized before and after use.
- 470 IAC 3-4.5-6(a) Cribs - Cots and Cribs. Cots and cribs shall be constructed of sturdy, cleanable material and sanitized after each use; weekly sanitation of a cot or crib is acceptable if the cot or crib is used exclusively by the same child each day. Not more than one (1) child may occupy a crib or cot at any one (1) time. Linens and coverings shall be kept clean.
- 470 IAC 3-4.5-6(b) Handwashing - Handwashing. Adults and children shall wash their hands after using the toilet and before eating.
- 470 IAC 3-4.5-6(c) Ill Children - Ill Children. Ill children shall be kept separate from others and all surfaces and items with which a sick child has come in contact with shall be cleaned and sanitized after each use. Individual belongings shall be kept separate.
- 470 IAC 3-4.5-6(d) Diapering - Diapers. The diapering process shall be done on a table, in a clean and sanitary manner. The diaper changing surface shall be sanitized after each use and materials used for skin cleansing shall be discarded after each use into a tightly covered, easily sanitized container. Individuals responsible for diaper changing shall wash their hands after each diaper change.
- IC12-17.2-6-11(a)(2) Immunizations - The parent or guardian of a child shall, when the child is enrolled in a child care ministry, provide the child care ministry with proof that the child has received the required immunizations against the following: Whooping cough.
- IC12-17.2-6-14(1) Criminal History Check - The child care ministry must do the following: Conduct a criminal history check of the child care ministries employees and volunteers.
- IC12-17.2-6-14(2)(c) Allegation of Child Abuse/Neglect - The child care ministry must do the following: is a person against whom an allegation of child abuse or neglect has been substantiated under IC 31-33.
- IC12-17.2-6-7 Enrollment Records - The operator of a child care ministry registered under section 2 of this chapter shall provide a notice to the parent or guardian of a child enrolled in the child care ministry. The notice must be signed by the parent or guardian when the child is enrolled in the child care ministry and must be kept on file at the child care ministry until two (2) years after the last day the child attends the child care ministry. This notice must be maintained by the child care ministry and made available to the division upon request.

Ministry CCDF Key Indicator Rules

- IC 12-17.2-3.5-10(b)(1) and (2) Fire Drills - Each provider shall have monthly documented fire drills including date/time/weather condition/name of person conducting drill/full evacuation time and maintained for previous 12 months.
- IC 12-17.2-3.5-6 TB Test - A provider shall have annual intradermal tuberculosis test and result. If medical exempt there must be an annual chest x-ray or a MD statement "free of TB Symptoms".
- IC 12-17.2-3.5-8 CPR - Each childcare provider shall have annual certification in Child and Infant CPR. Each childcare provider shall have current certification in First Aid.
- IC 12-17.2-3.5-5(a)(2) Running Water - The childcare facility shall have an approved source of running water from a sink that is in an area where childcare is provided.
- IC 12-17.2-3.5-11(a) Hazard Free - A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where a provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to children in the providers care: Fire arms, ammunition and other weapons Location. Poisons, chemicals, bleach cleaning materials and Medications Location.
- IC 12-17.2-3.5-4.1 Child Abuse Registry - Each childcare provider has provided evidence that they have not been named in the State Central Registry IC31-33-18.
- IC 12-17.2-3.5-12 Fingerprints - Each childcare provider, household member, employee, volunteer caregiver shall submit fingerprints for a national criminal history background check by the FBI or each childcare provider has local criminal check with documentation that national check is applied for.
- IC 12-17.2-3.5-11.1 Immunizations - Each child has age appropriate immunizations including Varicella and Pneumococcal vaccines. Documentation includes: -Attendance records of all children in attendance. -Immunization records for each child (includes month, day and year given for each immunization and child's birth date. or A medical exempt statement from a physician OR a religious belief exemption statement from the parent.
- IC 12-17.2-3.5-12.1 No Smoking/Drugs - A childcare provider shall have a written policy prohibiting: -use of tobacco, unintended use of toxic substances, use (homes) of alcohol; use or possession (centers & ministries) of alcohol; and use or possession of illegal substances in the facility where child care is operated when childcare is being provided.
- IC 12-17.2-3.5-5.5(a) Supervision - All children in care are continually supervised by a caregiver (must be within sight and sound at all times).
- IC 12-17.2-3.5-5.5(b) Infant/Toddler Training - A provider who cares for children who are less than 12 months of age shall complete a training course in safe sleep practices, approved by the Divison. Ensure that all caregivers of children who are less than 12 months of age follow safe sleep practices.
- IC 12-17.2-3.5-7(b) Discipline.

- IC 12-17.2-3.5-8(b)(3) Child Abuse and Neglect.
- IC 12-17.2-3.5-8(b)(4) Orientation.
- IC 12-17.2-3.5-5(c)&(d) Transportation.
- IC 12-17.2-3.5-5(c) Records.

LLEP Key Indicator Rules

- IC 12-17.2-3.5-8 CPR Certification - Each childcare provider shall have annual certification in Child and Infant CPR. Each childcare provider shall have current certification in First Aid.
- IC 12-17.2-3.5-4.1 State Registry - Each childcare provider has provided evidence that they have not been named in the State Central Registry IC31-33-18.
- IC 12-17.2-3.5-12 Finger Prints - Each childcare provider, household member, employee, volunteer caregiver shall submit fingerprints for a national criminal history background check by the FBI or each childcare provider has local criminal check with documentation that national check is applied for.
- IC 12-17.2-3.5-12.1 Drug Test - Each childcare provider shall have documentation of a Drug test and result does not show presence of illegal controlled substance(s). (Standard 5 or 8 panel urine test).
- IC 12-17.2-3.5-5.5(a) Supervision - All children in care are continually supervised by a caregiver (must be within sight and sound at all times).
- IC 12-17.2-3.5-7(b) Discipline.
- IC 12-17.2-3.5-8(b)(3) Child Abuse and Neglect.
- IC 12-17.2-3.5-8(c) Records.
- IC 12-17.2-3.5-5(e) Daily Activities - Daily activities appropriate to the age, development needs, interests and number of children in the care of the provider.
- IC 12-17.2-3.5-6 TB Test - A provider shall have annual intradermal tuberculosis test and result. If medical exempt there must be an annual chest x-ray or a MD statement "free of TB Symptoms"

Appendix D
Prohibitive Rule Violations

[Placeholder for Rules Selected by OEC]

Items for Consideration from the Focus Group Report:

Question: What do you believe are the most critical violations?

Evansville Session

- Ratios
- Safe Sleep (some of the conditions may not be necessary)
- Weapons locked
- Fire Safety
- Diapering
- Drug Screen
- Background Check

Indianapolis Session

- Background Checks – but make sure that the staff actually work at the facility
- Drug Screening
- Staff Training – and make sure the training is legitimate
- Safe Sleep
- Ratios
- Corporal punishment
- Feeding practices for infants