

THE FULL TEXT OF THE PROPOSED RULE IS:

4J-6.001 Medical Panel Advisory Review.

Specific Authority 624.308, 766.308(2) FS. Law Implemented 766.301-.316 FS. History--New 6-25-00, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Eugenia Tyus, Division of Insurer Services, Department of Insurance

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Michelle Newell, Director, Division of Insurer Services, Department of Insurance

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 18, 2002

PUBLIC SERVICE COMMISSION

DOCKET NO. 030045-EU

RULE TITLE: Electric Utility Procedures for Generating Capacity Shortage Emergencies

RULE NO.: 25-6.0183

PURPOSE AND EFFECT: To adopt the revised and updated amendment generating capacity shortage emergency plan.

SUMMARY: Rule 25-6.0183, F.A.C., is amended to adopt the August, 2002, version of the Florida Reliability Coordinating Council's Generating Capacity Shortage Plan.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A SERC was not prepared for the proposed rule because there should be no additional costs other than the costs to promulgate a rule and no significant negative impacts on utilities, small businesses, small cities, or small counties.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 350.127(2), 366.05 FS.

LAW IMPLEMENTED: 366.04(2)(c),(f),(5) FS.

Written comments or suggestions on the proposed rule may be submitted to the FPSC, Division of the Commission Clerk and Administrative Services, within 21 days of the date of this notice for inclusion in the record of the proceeding.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jeanette Sickel, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, Florida 32399-0862, (850)413-6461

THE FULL TEXT OF THE PROPOSED RULE IS:

25-6.0183 Electric Utility Procedures for Generating Capacity Shortage Emergencies.

The Commission adopts the Florida Reliability Coordinating Council's ~~Florida Electrical Emergency Contingency Plan~~, Generating Capacity Shortage Plan Element, dated August 2002 ~~July 1997~~ as the Commission's plan to address generating capacity shortage emergencies within Florida. A copy of the Generating Capacity Shortage Plan Element may be obtained from the Director, Division of Economic Regulation Safety & Electric Reliability, Florida Public Service Commission.

Specific Authority 350.127(2), 366.05 FS. Law Implemented 366.04(2)(c),(f),(5) FS. History--New 2-12-91, Amended 3-19-98, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Tom Ballinger

NAME OF SUPERVISOR OR PERSONS WHO APPROVED THE PROPOSED RULE: Florida Public Service Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 18, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: Vol. 28, No. 41, October 11, 2002

AGENCY FOR HEALTH CARE ADMINISTRATION

Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals

RULE TITLE: Florida Hospital Uniform Reporting System (FHURS)

RULE NO.: 59E-5.102

PURPOSE AND EFFECT: The Agency intends to make substantive revisions to Chapter IV, Appendix A of the Florida Hospital Uniform Reporting System (FHURS) Manual, Entitled Glossary of Healthcare Terminology (Definitions) and Pages 3.9 & 3.10 in the Section entitled Description of Accounts. The manual is being amended to comply with the statutory provisions of Chapter 409.911(1), F.S., to provide a consistent set of definitions for the reporting of financial information to the Agency and for use in allocating Medicaid disproportionate share funds. The FHURS Manual is incorporated by reference in Rule 59E-5.102, F.A.C.

The 2002 Legislature enacted changes to Chapter 409.911(1), F.S. adding the statutory definitions to the FHURS manual. The Governor signed the legislation into law on June 7, 2002.

SUMMARY: The 2002 Session of the Florida Legislature amended Chapter 409.911(1), F.S., to add the statutory definitions to the FHURS manual. The proposed changes being made to the Agency's Florida Hospital Uniform Reporting System are necessary to implement the intent of Chapter 409.911(1), F.S.

SPECIFIC AUTHORITY: 408.15, 409.919 FS.

LAW IMPLEMENTED: 409.911(1) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Chris Augsburger, Regulatory Analyst Supervisor, Bureau of Health Facility Regulation/Financial Analysis, 2727 Mahan Drive, MS #28, Tallahassee, FL 32308-5403

THE FULL TEXT OF THE PROPOSED RULE IS:

59E-5.102 Florida Hospital Uniform Reporting System. (FHURS)

(1) The Agency for Health Care Administration hereby adopts and establishes a uniform system for hospital reporting by adopting and incorporating by reference the Florida Hospital Uniform Reporting System (FHURS) Manual, Version 92-1, April 9, 1992. This manual, which includes reporting forms, has the force and effect of the Agency for Health Care Administration's rules.

(2) A copy of the FHURS Manual may be obtained, upon payment of the cost of reproduction, by writing to: The Agency for Health Care Administration, Supervisor of Financial Analysis, Bureau of Health Facility Regulation, Director of Public Information, 2727 Mahan Drive, Mail Stop #28, 325 John Knox Road, 301 The Atrium, Tallahassee, Florida 32308-5403 ~~32303~~.

Specific Authority 408.15 FS. Law Implemented 408.061(2), 408.07(22) FS. History--New 6-11-92, Formerly 10N-5.102, Amended 2-24-94, _____.

MATERIAL ADDED TO THE FLORIDA HOSPITAL UNIFORM REPORTING SYSTEM MANUAL AND INCORPORATED BY REFERENCE IN RULE 59E-5.102

APPENDIX A
GLOSSARY OF HEALTHCARE TERMINOLOGY
(DEFINITIONS)

iv-iii

GLOSSARY OF HEALTHCARE TERMINOLOGY

Accrual Reporting

The recognition and reporting of the effects of transactions and other events on the assets and liabilities of the hospital entity in the time period to which they relate rather than only when cash is received or paid, in accordance with generally accepted accounting principles.

Active Medical Staff

Physicians, other than residents, who have been accepted as members of the medical staff organization of the hospital, and who are also voting members of the medical staff, holding positions which will entitle them to voting staff privileges.

Actual Audited Data

"Audited Actual Experience", "Audited Actual Data", or "Audited Financial Statements" means data contained within financial statements examined by an independent,

Florida-licensed, certified public accountant in accordance with generally accepted auditing standards and including an opinion on the audited financial statements. However, for the purposes of the Medicaid program, "Actual Audited Data" or "Actual Audited Experience" means data reported to the Agency for Health Care Administration which has been audited in accordance with generally accepted auditing standards by the Agency for Health Care Administration or representatives under contract with the agency.

Acute Care

Inpatient general routine care provided to patients who are in an acute phase of illness but not to the degree, which requires the concentrated and continuous observation and care provided in the intensive care units of an institution.

Adjusted Admissions

Adjusted admissions are the sum of acute admissions and the intensive care admissions divided by the ratio of inpatient revenues generated from acute, intensive, ambulatory and ancillary patient services to gross revenues, as defined in s. 408.07(22), F.S. [407.002(1), F.S.] The formula for computation of adjusted admissions is as follows:

$$\frac{\text{The Total of Acute \& Intensive Care Admissions}}{\text{Divided by the Quotient of (Total Inpatient Revenue - Sub Acute Inpatient Revenue) / Gross Revenue}}$$

Adjusted Patient Days

Adjusted patient days are the sum of acute patient days and the intensive care patient days divided by the ratio of inpatient revenues generated from acute, intensive, ambulatory and ancillary patient services to gross revenues, as defined in s. 408.07(22), F.S. The formula for computation of adjusted patient days is as follows:

4.1

Adjusted Patient Days (continued)

$$\frac{\text{The Total of Acute \& Intensive Care Patient Days}}{\text{Divided by the quotient of (Total Inpatient Revenue - Sub Acute Inpatient Revenue) / Gross Revenue}}$$

Admission, Inpatient

A person who has been admitted to a hospital for bed occupancy for purposes of receiving inpatient hospital services. An inpatient is a patient that is defined in subsection 59E-7.011(4), F.A.C., Agency For Health Care Administration. (See Page 4.8) The formal acceptance by an institution of a patient who is to be provided with room, board, continuous nursing service, and other institutional services while lodged in the institution.

Ambulatory Care Services

Health services rendered to persons who are not confined overnight in a health care institution. The essential characteristic of “Ambulatory Services” is that the patients come or are brought to a facility of the hospital for a purpose other than admission as an inpatient. Ambulatory services include emergency services, clinical services, ambulance services, and home health services. Ancillary services, such as laboratory, physical therapy, and radiology are also provided in an ambulatory setting. Ambulatory care services are often referred to as “outpatient” services.

Ancillary Services

Diagnostic or therapeutic services performed by specific facility departments as distinguished from general or routine patient care such as room and board charges. Ancillary services generally are those specific services for which charges are customarily made in addition to routine charges and include such services as surgery, laboratory, radiology, pharmacy, and therapy.

Assets Whose Use is Limited

Assets Whose Use is Limited include the following:

(1) Proceeds of debt issuances and funds of the health care entity deposited with a trustee and limited to use in accordance with the requirements of an indenture or similar document.

(2) Other assets limited to use for identified purposes by an agreement between the healthcare entity and an outside party other than a donor or grantor. Examples include assets set aside under agreements with third-party ~~payers~~ payors to meet depreciation funding arrangements and assets set aside under self-insurance funding arrangements.

(3) See Board Designated Assets

Available Beds

Licensed hospital beds that are staffed and ready for use with necessary supporting services. Beds in labor rooms, post anesthesia / postoperative recovery rooms, outpatient surgery centers, observation beds and other such areas, which are regularly maintained and utilized for only a portion of the stay of patients, primarily for special procedures and not for inpatient lodging, would not be deemed a “bed” for these purposes.

4.2

Average Daily Inpatient Census

The total number of inpatient days divided by the number of days in the period. For example: A hospital with 109,500 inpatient days during a given year of 365 days has an average daily inpatient census of 300. ($109,500 / 365 = 300$). If the reporting period is more or less than 365 days, inpatient days would be divided by the number of days in that reporting period.

Average Length of Stay

The number of days of that the average inpatient remains in the hospital. For example: A hospital with 25,000 inpatient admissions and 125,000 inpatient days during a given year or other reporting period has an average length of stay of 5.0 days. ($125,000 / 25,000 = 5.0$)

Base Medicaid Per Diem

The hospital’s Medicaid per diem rate initially established by the Agency for Health Care Administration on January 1, 1999. The base Medicaid per diem rate shall not include any additional per diem increases received as a result of the disproportionate share distribution. (Applicable only to the Medicaid Disproportionate Share program).

Board Certified

This term refers to a physician who has met all educational and residency requirements of a medical specialty governing authority (i.e. The American College of Cardiology, The American College of Surgeons, etc.) and who has passed the required national examination.

Board Designated Assets

Assets set aside by the governing Board for identified purposes and over which the Board retains control and at its discretion subsequently may use for other purposes.

(Also see: Assets Whose Use Is Limited)

Board Eligible

This term refers to a physician who has met all educational and residency requirements of a medical specialty governing authority (i.e. The American College of Cardiology, The American College of Surgeons, etc.) and is or has been eligible to take the national examination but has not passed it.

Boarder Baby

A newborn infant is retained in the nursery while the mother is not an inpatient of the hospital.

Case-Mix

A calculated index for each hospital, based on financial accounting and patient data collection as defined set forth in [s. 408.07(10), F.S.] ~~reflecting the relative costliness of the mix of cases of that hospital compared to a state or national mix of cases, [s. 400.07(10), F.S.] [407.002(5), F.S.]~~

4.3

Charity Care or Uncompensated Charity Care

Medical care provided by a healthcare entity to a person who has insufficient resources or assets to pay for needed medical care without utilizing his resources, which are required to meet his basic need for shelter, food, or clothing.

“Charity care” or uncompensated charity care”: means that portion of hospital charges reported to the Agency for Health Care Administration for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment; for care provided to a patient whose family income for the twelve months preceding the determination is less than or equal to 200 percent of the federal poverty level,

unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four (4) times the federal poverty level for a family of four be considered charity. ~~No patient shall be considered charity care whose family income, as applicable for the twelve months preceding the determination, exceeds 150 percent of the federal poverty guidelines, unless the amount of the hospital charges due from the patient exceeds 25 percent of annual family income.~~

Charity Care Days

(5950 Column 4 + 5960 Column 4) / GRAPD

(See page 4.6 for definition of GRAPD)

Charity Care Days, Disproportionate Share Program

((5950 Column 4 + 5960 Column 4) - ((9130 Column 1 + 9132 Column 1) / 2)) / GRAPD

Computerized Tomography (CT)

Diagnosis of disease through visualization of the transverse plane of internal body structure by means of a pinpoint radiographic beam resulting in the production of a precise reconstruction image of the area through a computerized analysis of the variance in tissue absorption rates.

Contract Services

Services performed in whole or in part by an outside individual or organization on a contractual basis.

Contractual Adjustments (Allowances)

Difference between revenue at full, established rates and amounts realized from third-party payors ~~payors~~ under contractual agreements.

Controlling Organization

The organization, which operates a hospital and has control of the plant, property, and equipment, but does not have legal title to the aforementioned assets.

Daily Inpatient Census

The number of inpatients present at the census taking time each day, plus any inpatients who were both admitted and discharged after the census taking time the previous day. Generally the inpatient census is taken each midnight. However, a facility may designate and consistently use any other specified hour for census taking.

4.4

Deductions from Revenue

Reductions in gross revenue arising from bad debts, contractual adjustments, charity care, administrative, courtesy, and policy discounts, and other deductions.

Diagnosis Related Groups (DRG)

A method of patient classification that categorizes patients who are medically related with respect to diagnoses and treatment and are statistically similar in their length of stay.

Direct Expense

The cost of any goods or services that contributes to, and is readily ascribable to, the output of a product or service. Direct expenses include salaries and wages, employee benefits, professional fees, supplies, purchased services, and other direct expenses.

Direct Assignment of Cost

The process of identifying and assigning costs directly to the functional cost center generating those costs.

Discharge

The termination of lodging and the formal release of an inpatient by the institution. Since deaths are a termination of lodging, they are also inpatient discharges.

Discrete Unit

A separately organized, staffed, and equipped unit of the institution.

Disproportionate Share Percentage

Means a rate of increase in the Medicaid per diem rate as calculated under Chapter 409.911, F.S.

Donated Commodities

Gifts of supplies and other materials such as medicines, blood, linen, and office supplies which are normally purchased by the institution, and are reported at their fair market value at the time of donation, regardless of when actual receipt takes place.

Donated Services

The services performed by personnel who receive no compensation or partial compensation for their services. The equivalent of an employer-employee relationship must exist between the institution and the individual donating the services. The term is usually applied to services rendered by members of religious orders, societies, or groups to an institution operated by or affiliated with such an order, society, or group.

Employee

As distinguished from an independent contractor, an employee is a person who performs services subject to the will and control of an employer with respect to what he does and how he does it and is on the payroll of the institution.

4.5

Employee Benefits

A pension provision, retirement allowance, insurance coverage, or other cost representing a present or future value to an employee, which is paid for by the employer.

Encounter

A face-to-face contact between a patient and a provider who has primary responsibility for assessing and treating the condition of the patient at a given contact and who exercises independent judgment in the care of the patient.

Expense

Expired cost; any item or class of cost of (or loss from) carrying on an activity; a present or past experience defraying a present operating cost or representing an unrecoverable cost or loss.

Fringe Benefit

See employee benefit.

Full Time Equivalent (FTE) Employees

An objective measurement of the personnel employment of an institution in terms of full labor capability. To calculate the number of full time equivalent employees, sum all hours for which employees were paid (whether worked or not) during the year and divide by 2080 (in leap years divide by 2088).

Function

A collection of activities having related purposes.

Functional Reporting

Reporting of revenue and expense according to type of activity performed.

Generally Accepted Accounting Principles

“Generally accepted accounting principles” (GAAP) means the term as defined in Rule 61H1-20.007, F.A.C., Department of Business And Professional Regulation, Board of Accountancy.

Generally Accepted Auditing Standards

“Generally accepted auditing standards” (GAAS) means the term as defined in Rule 61H1-20.008, F.A.C., Department of Business and Professional Regulation, Board of Accountancy.

Gross Revenue

The sum of daily hospital service charges, ambulatory service charges, ancillary service charges and other operating revenue. Gross revenue does not include contributions, donations, legacies, or bequests made to a hospital without restriction by the donors. [s. 408.07(22), F.S.] [~~407.002(12), F.S.~~]

Gross Revenue Per Adjusted Patient Day (GRAPD)

Gross revenue divided by total adjusted patient days.

4.6

Health Care Facility

Means a hospital, long-term care hospital, skilled nursing facility, or intermediate care facility for the developmentally disabled. A facility relying solely on spiritual means through prayer for healing is not included as a health care facility. [s. 408.032(8), F.S.] [~~381.702(7), F.S.~~]

Health Related Care

Care, other than medical that is performed by qualified personnel and pertains to protective, preventive, personal and social services.

Hill-Burton Program

Federal program of financial assistance created by the Hospital Survey and Construction Act of 1946 for the construction and modernization of health care facilities.

Home Health Agency

A public or private organization that provides, either directly or through arrangements with other organizations, health services such as nursing, therapy, health related homemaker, or social services in the patient’s home.

Hospital:

(1) General, Short – Term Acute Care

Any establishment, licensed under chapter 395, that offers services more intensive than those required for room, board, personal services, and general nursing care, and offers facilities and beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy; and regularly makes available at least clinical laboratory services, diagnostic radiology services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent. [s. 395.002(13)(a)(b), F.S.] [~~395.002(6)(a)(b), F.S.~~]

(2) Specialty

Any facility which meets the provisions of section (1), and which regularly makes available either: the range of medical services offered by a general hospital, but restricted to a defined age or gender group of the population; or a restricted range of services appropriate to the diagnosis, care, treatment of patients with specific categories of medical or psychiatric illnesses or disorders, or Intensive residential treatment programs for children and adolescents as defined in subsection 395.002(16). [s. 395.002(29)(a)(b)(c), F.S.] [~~395.002(14)(a)(b)(e), F.S.~~]

(3) Long Term

A facility, which treats patients requiring less intense treatment than those, defined in section (1), and in which the majority of those patients will have lengths of stay greater than sixty (60) days.

(4) Rural

An acute care hospital licensed under Chapter 395, having 100 licensed beds ~~of 85 beds~~ or less and an emergency room that meets the criteria established in Section 408.07(42)(a)(b)(c)(d)(e), F.S. [~~407.002(24), F.S.~~]

(5) Teaching

Any hospital formally affiliated with an accredited medical school that exhibits activity in the area of medical education as reflected by at least seven different resident physician specialties and the presence of 100 or more resident physicians. [s. 408.07(44), F.S.] [~~407.002(27), F.S.~~]

4.7

Hospital-Based Physician

A physician who spends the predominant part of his practice time within one or more hospitals rather than in an office setting. Such a physician has either a special financial arrangement with the hospital (salary or a percentage of fees collected) or bills patients separately for his/her services. Such

physicians include directors of medical education, pathologists, anesthesiologists and radiologists, as well as physicians who staff hospital emergency rooms and outpatient departments or clinics.

Inpatient

“Inpatient” means a patient who has an admission order given by a licensed physician or other individual who has been granted admitting privileges by the hospital. Observation patients are excluded unless they are admitted. [Rule 59E-7.011(4), F.A.C.] A patient who is provided with room, board, and continuous general nursing service in an area of the hospital where patients stay overnight.

Intangible Assets

A nonphysical, noncurrent asset such as goodwill, a trademark, or capitalized interest cost. It is amortized over a period not to exceed forty (40) years.

Intensive Care

Services provided in an inpatient care unit to patients, who require extraordinary observation and care on a concentrated, exhaustive and continuous basis.

Intermediate Care Facility

An institution, other than an intermediate care facility for the developmentally disabled (ICF/DD) mentally retarded, which has six beds or less and provides health – related care and services on a regular basis to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but because of their mental or physical condition, require health – related care and services above the level of room and board. [s. 381.702(14), F.S.]

Invoice Cost

Cost incurred by a buyer and reflected on an invoice, which unless otherwise specified, is net after deducting trade discounts.

Length of Stay

The number of calendar days that elapse between an inpatient’s admission and discharge; counting the day of admission and not counting the day of discharge. An admission and discharge on the same day is counted as a single day.

Lithotripsy

Extra corporeal Shockwave Lithotripsy (ESWL) is a noninvasive procedure by which renal and urethral calculi are pulverized using electro hydraulic shock waves.

4.8

Long-Term Psychiatric Care

Psychiatric care rendered in a licensed unit of a general hospital or a psychiatric facility with an average length of stay of 60 days or more.

Maintenance

Effort expended to keep assets in proper condition to serve their intended purpose. This effort is ordinary and recurring and does not improve the asset or add to its useful life.

Magnetic Resonance Imaging (MRI)

Refers to a noninvasive method of graphically representing the distribution of water and other hydrogen rich molecules in the human body.

Major Organ Transplantation

A major organ transplant is generally considered to be the acquisition of a healthy heart, kidney, liver, or lung either from a living donor or a cadaver, which is used to replace a diseased organ of a patient. The transplantation of a major organ system is highly resource intensive, due to the extremely complex and sophisticated surgical techniques involved.

Medicaid Days

For the purpose of the Medicaid program, means the number of actual Medicaid days attributable to Medicaid patients as determined by the Agency for Health Care Administration.

For the purpose of prior year reports, Medicaid days are the number of days attributable to Medicaid patients reported by a hospital.

Multi-hospital Organization Chain Organization

A healthcare or other organization consisting of a group of two or more facilities, which are owned, leased, or through any other arrangement, is controlled by one business entity.

Net Operating Revenue

Net operating revenue means gross revenue minus deductions from revenue. [s. 395.701(d), F.S.]

Net Revenue per Adjusted Patient Day (NRAPD)

Net operating revenue divided by total adjusted patient days

Non-operating Expense

The expenses of a hospital, which are not directly related to patient care, patient services, or the sale of related goods. For example, non-operating expenses include losses on the sale of hospital property and expenses for retail operations.

Non-operating Revenue

Revenue not directly related to the entity’s ongoing or principal operations is classified as non-operating and may include unrestricted gifts, unrestricted income from endowment funds, gain on sale of hospital properties, and income and gains from investments of general funds.

4.9

Non-revenue Producing Cost Centers

These are overhead units, such as dietary and plant operations and maintenance that provide necessary support services to revenue producing centers.

Occasion of Service

Any examination, consultation, treatment, or procedure performed in any of the service facilities of a hospital.

On-Call Pay

Compensation paid to an employee for being available to work.

Operating Expenses

Operating expenses include all necessary and proper costs that are appropriate in developing and maintaining the operation of the patient care facilities and activities. Necessary and proper costs related to patient care are those costs which are common and accepted occurrences in the hospital operation.

Operating Revenue

Operating revenue is that revenue resulting from the entity's ongoing central operations. For example, revenue for the care of patients or residents of a hospital or nursing home would be considered operating revenue.

Other Operating Revenue

Other operating revenue normally includes revenue from the services other than healthcare provided to patients and residents, as well as sales and services to persons other than patients. Such revenue arises from the normal day-to-day operations of most healthcare entities and is accounted for separately from health care service revenue.

Outpatient

A hospital patient who received services in one or more of the facilities of the hospital that is not an inpatient (as defined in subsection 59E-7.011(4), F.A.C.) of the hospital at the time services were rendered.

Owner

The person or organization having legal title to the plant, property, and equipment of a hospital.

Patient Care Services Revenue

The hospital's full-established charges for services rendered to patients regardless of amounts actually paid to the hospital by or on behalf of patients.

4.10

Patient Day

A unit of measure denoting lodging facilities provided and services rendered to one inpatient between the census-taking hour on two successive days. The day of admission, but not the day of discharge or death, is counted as a patient day. If both admission and discharge or death occur on the same day, the day is considered a day of admission and counts as one patient day.

Pediatric Patient

Any patient of a hospital who is less than 15 years of age. A patient less than 14 years of age.

Periodic Interim Payment (PIP)

A plan under which the hospital receives cash payments from third-party ~~payors~~ payers (usually Medicare) in constant amounts each period.

Procedure

A unit of activity for a cost center. For example, a procedure in a radiology cost center may include a series of pictures that constitute an exam.

Professional Component

The professional services provided to patients by hospital-based physicians, as opposed to the education, research, and administrative duties performed by the hospital-based physicians.

Reclassification

The process of recasting a hospital's revenue and expense accounts into a new structure e.g. moving from a responsibility to a functional arrangement. For purposes of the Florida Hospital Uniform Reporting System (FHURS), the process of converting the hospital's accounts so as to comply with the prescribed reporting principles, definitions, listing of accounts and formats found in this manual. A record of the conversion process must be maintained.

Reporting Manual

The Florida Hospital Uniform Reporting System Manual is a handbook of accounting policies, principles, and concepts, including a chart of accounts with definitions and standard units of service. The Manual establishes guidelines and specific requirements based on statutory regulations for Florida hospitals reporting to the Florida Agency for Health Care Administration.

Registration

The process of formally entering a patient's name on the institution's records for service in an outpatient care service area.

4.11

Related Party

A provider which to a significant extent is associated or affiliated with, or has control of, or is controlled by the organization furnishing the services, facilities, or supplies.

Relative Value Unit

An index number assigned to various procedures based upon the relative amount of labor, supplies, and capital needed to perform the procedure. The unit value represents the cost of performing a service relative to some other service that is used as a base; i.e., the base has a unit value of one.

Resident

A recent graduate physician/dentist employed by a hospital that is serving an advanced period of postgraduate training. This may represent the first year of training or any year thereafter.

Restricted Funds

Funds restricted by donors or grantors for specific purposes. Restricted funds generally fall into three categories: Plant Replacement and Expansion Fund, Specific Purpose Fund, and

Endowment Fund. The accounts within each restricted fund are self-balancing, as each fund constitutes a separate accounting entity.

Revenue Center

An account for accumulating revenue consistent with the functional definition of the matching cost center.

Revenue Producing Cost Centers

Health facility activities providing direct services to patients (such as nursing, physical therapy, and laboratory) and thereby generating revenue.

Self-Insurance

The assumption by a hospital of risks arising out of the ownership of property or from other causes.

Skilled Nursing Facility (SNF) / Skilled Nursing Unit (SNU)

An institution, or distinct part of an institution, which is primarily engaged in providing to inpatients, skilled nursing and related services to patients who require medical or nursing care, or rehabilitation services for injured, disabled, or sick persons. [s. 408.032(16), F.S.] [~~s. 381.702(17), F.S.~~]

Standard Unit of Measure

A uniform statistic for measuring and comparing hospital costs and productive output as defined in this manual. (See Appendix B)

4.12

Subacute Care Services

Services provided to patients, who require a level of hospital care less than that defined as acute care, including for example, residential care, and chemical dependency that does not require detoxification.

Subprovider

A portion of a general hospital that has been issued subprovider identification number because it offers a clearly different type of service from the remainder of the facility, for example: Long-term psychiatric care unit, substance abuse unit, or rehabilitation unit.

Teaching Program (Approved)

A medical residency training program approved by the Council on Medical Education of the American Medical Association, or in the case of an osteopathic hospital, approved by the Committee on Hospitals of the Bureau of Professional Education of the American Osteopathic Association. Residency programs in the field of dentistry must have the approval of the Council on Dental Education of the American Dental Association.

Teaching Program (Non-approved)

A medical internship or residency training program is not approved unless it has been recognized by the Council on Medical Education of the American Medical Association, or in

the case of an osteopathic hospital, approved by the Committee on Hospitals of the Bureau of Professional Education of the American Osteopathic Association. A residency program in the field of dentistry is not approved unless approval has been received from the Council on Dental Education of the American Dental Association.

Tertiary Health Services

A health service which due to its high level of intensity, complexity, specialized or limited applicability, and cost, should be confined to a limited number of hospitals to ensure the quality, availability, and cost effectiveness of such service. Examples of such services include, but are not limited to, organ transplantation, specialty burn units, neonatal intensive care units, comprehensive rehabilitation, and medical or surgical services which are experimental or developmental in nature, to the extent that the provision of such services are not yet considered within the commonly accepted course of diagnosis or treatment for the condition. [s. 408.032(17), F.S.] [~~s. 381.702(18), F.S.~~]

Third-Party Payer

Any agency that contracts with either hospitals or patients to pay for the health care services provided to covered patients. Examples of third party payers are: the Medicare and Medicaid Programs, health maintenance organizations (HMO's), or commercial insurers.

Unrestricted Funds

Funds which bear no external restrictions as to use or purpose; i.e., funds which can be used for any legitimate purpose designed by the Governing Board as distinguished from funds restricted externally for specific operating purposes, for plant replacement and expansion, and for endowment.

4.13

When the difference between the amount of a patient's bill and the payment received by the hospital from a third-party agency is recoverable from the patient, any resulting uncollected amount should be reported in the appropriate bad debt or uncompensated care category and should not be reported in contractual adjustments.

5950 CHARITY CARE – HILL BURTON

Account 5950 shall be used to report the charges applicable to any charity services that are being used to comply with the requirements of the Hill-Burton Hospital and Medical Facilities Construction Plan.

5960 CHARITY CARE – OTHER

Account 5960 shall be used to report “Charity care” or “uncompensated charity care” which means that portion of hospital charges reported to the Agency for Health Care Administration for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment, for care provided to a patient whose family income for the twelve months preceding the determination is less than or equal to 200 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four (4) times the federal poverty level for a family of four be considered charity.

Each hospital will determine which patients are charity care patients by a verifiable process subject to the following provisions:

Documentation shall include one of the following forms:

- 1) W-2 withholding forms
- 2) Paycheck stubs
- 3) Income tax returns
- 4) Forms approving or denying unemployment compensation or worker’s compensation.
- 5) Written verification of wages from employer
- 6) Written verification from public welfare agencies or any governmental agency which can attest to the patient’s income status for the past twelve (12) months
- 7) A witnessed statement signed by the patient or responsible party, as provided for in public law 770-725, as amended, known as the Hill-Burton Act, except that such statement need not be obtained within the 48 hours of the patients’ admission to the hospital as required by the Hill-Burton Act. The statement shall include an acknowledgement that, in accordance with Section 817.50, F.S., providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second (2nd) degree.
- 8) A Medicaid remittance voucher which reflects that the patient’s Medicaid benefits for that Medicaid fiscal year have been exhausted.

3.9

Charges applicable to account 5950 should not be reported in this account. Contractual adjustments should not be reported in this account. When the hospital receives lump-sum grants or subsidies (rather than specific payments for an individual patient’s bill) from governmental or voluntary agencies for the care of medically indigent patients, the amount of the lump-sum grant or subsidy must be reported under “Restricted Donations and Grants for Indigent Care” (Account 5995).

5980 ADMINISTRATIVE, COURTESY AND POLICY DISCOUNTS

This account shall be used to report write-offs of debit or credit balances in patient’s accounts in which the cost of billings or refunding exceeds the amount of the account balance. In addition, reductions in the nature of courtesy allowances must be reported in this account.

5981 EMPLOYEE DISCOUNTS

This account shall be used to report employee discounts from the hospital’s full established rates for services rendered.

5990 OTHER DEDUCTIONS FROM REVENUE

Other deductions from revenue which are not included elsewhere must be reported in this account.

5995 RESTRICTED DONATIONS AND GRANTS FOR INDIGENT CARE

This account is used to report voluntary and governmental agency grants or subsidies for the care of nonspecified medically indigent patients during the current reporting period.

5010-5890 – OTHER OPERATING REVENUE

This group of accounts is used to report all operating revenues other than those that are directly associated with patient care.

5020 TRANSFERS FROM RESTRICTED FUNDS FOR RESEARCH EXPENSES

This account reflects the amount of transfers from restricted funds to the Operating Fund to match expenses incurred in the current period by the Operating Fund for restricted fund research activities.

3.10

NAME OF PERSON ORIGINATING PROPOSED RULE:
Christopher J. Augsburger, Regulatory Analyst Supervisor
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jeffrey N. Gregg, Bureau Chief, Health Facility Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 13, 2003
 DATE PROPOSED RULE PUBLISHED IN FAW: August 2, 2002

DEPARTMENT OF MANAGEMENT SERVICES

Division of Facilities Management

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Leases for Real Property	60H-1
RULE TITLES:	RULE NOS.:
Division Approval; When Required	60H-1.002
Standard Lease Agreement Form	60H-1.003
Right-to-Terminate Clause Required	60H-1.007
Notice of Renewal	60H-1.009
Leases of 5,000 Square Feet or More	60H-1.015
Prior Approval of Space Need	60H-1.022
Legal Review	60H-1.027
Rental Rate Guidelines for Privately Owned Space	60H-1.030

PURPOSE, EFFECT AND SUMMARY: These amendments conform the rules to the current statute and provide that the Department may exempt certain leases from the required right to terminate clause.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost was prepared.

Any person who wishes to provide information regarding regulatory costs or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days after this notice.

SPECIFIC AUTHORITY: 255.249, 255.25, 255.503 FS.
 LAW IMPLEMENTED: 255.249, 255.21, 255.25, 255.254, 255.503 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 10:00 a.m., March 31, 2003
 PLACE: The Department of Management Services, Room 260L, 4050 Esplanade Way, Tallahassee, Florida
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Randall C. Baker, Chief, Real Property Management, Department of Management Services, 4050 Esplanade Way, Building 4030, Suite 380, Tallahassee FL 32399-0950, (850)488-6519, bakerr@dms.state.fl.us

THE FULL TEXT OF THE PROPOSED RULES IS:

60H-1.002 Division Approval; When Required.

(1) General. No agency shall lease a building or any part thereof unless prior approval of the lease conditions and the need therefor is first obtained from the Division.

(2) Exceptions:

(a) The Division's approval need not be obtained for a lease of less than 5,000 ~~3,000~~ square feet of space within a privately owned building or renewal of such a lease, provided the agency head has filed with the Bureau a certificate of compliance in accordance with Rule 60H-1.003, F.A.C.; provided further that such a lease which is for a term extending beyond the end of a fiscal year shall be subject to the provisions of Section 216.311, Florida Statutes.

(b) This rule shall not apply to any lease having term of less than 120 consecutive days for the purpose of securing the one-time special use of the leased property.

(c) This rule shall not apply to any lease for nominal or no consideration. As used herein, "nominal consideration" means consideration for \$1 or less.

Specific Authority 255.25, 255.249, 255.503(11) FS. Law Implemented 255.249(2)(j),(k),(3), 255.25(2)(b),(7), 255.503 FS. History--New 8-11-75, Amended 4-25-79, Formerly 13D-7.02, Amended 3-18-86, Formerly 13M-1.002, Amended 2-21-96,_____.

60H-1.003 Standard Lease Agreement Form.

(1) All agency leases shall be on the Department of Management Services' Standard Lease Form (FM Form 4054, effective August 11, 1975, as revised May, 2001, incorporated by reference in this rule).

(2) No change.

(3) Certificate of Compliance. Within 30 days after executing a lease of less than 5,000 ~~3,000~~ square feet of space within a privately or publicly owned building, the agency head shall file with the Bureau on a form provided by the Bureau (FM 4113, effective May 1996, as revised January, 2003, incorporated by reference in this rule) a certificate stating that the lease is in compliance with all leasing criteria provided by Chapter 255, Florida Statutes. The certificate shall further state that the agency has determined that the lease is in the best interest of the State. As used herein the phrase "the best interest of the state" shall mean:

(a) The agency has filed a Request for Prior Approval of Space Need pursuant to Rule 60H-1.022, F.A.C., and either

1. The Division has approved the Request or has not responded to the agency's request within 10 working days of receipt of the request; or

2. If state owned space is available in the same geographic region, the agency has enunciated reasons why such space would not enable the agency to fulfill its statutory duties;

(b) The rental rate for the space in the privately owned building is within the rental rate guidelines established by the Bureau;

(c) The space to be leased is the most cost effective space available to meet the agency's needs.

(4) Exceptions. This rule shall not apply to:

(a) Any agency lease having a term of less than 120 consecutive days for the purpose of securing the one-time special use of the leased property.

(b) Any agency lease for nominal or no consideration. As used herein, "nominal consideration" means consideration for \$1.00 or less. Nominal or no consideration leases shall be filed with the Bureau on a form provided by the Bureau (FM Form No. 4108, effective July 1995, as revised January, 2003, incorporated by reference in this Rule).

(5) Change of Ownership. If ownership of a leased facility changes during the term of the lease, the Bureau of Property Management must be furnished certain pertinent information; i.e., a copy of the deed or other legal document effecting transfer of facility and disclosure form (FM Form No. 4114, effective June 1995, as revised January, 2003, incorporated by reference in this Rule) completed by the new owner.

(6) through (7) No change.

Specific Authority 255.249(3), 255.25(2) FS. Law Implemented 255.249(2)(j),(k),(3), 255.25(2)(a),(b) FS. History—New 8-11-75, Amended 4-25-79, Formerly 13D-7.03, Amended 3-18-86, Formerly 13M-1.003, Amended 9-30-96, _____.

60H-1.007 Right-to-Terminate Clause Required.

Article XXI of the Standard Lease Agreement, the right-to-terminate clause, allowing the agency to terminate the lease with notice if public space becomes available, shall be a part of any lease for a term exceeding one year, ~~and~~ may not be omitted from an agency's lease for any reason and Article XXI shall be deemed a part of any lease and given full legal force and effect. However, prior to or during the term of any lease, extensions(s) thereof, or any replacement lease of 5,000 square feet or greater, the Department of Management Services, at the written request of the user Agency, may exempt any lease, extensions(s) thereof, or any replacement lease from the requirements of this rule if the cumulative cost of the new lease, extension(s) or replacement lease being proposed by the existing Lessor, is at least 10 percent less than the current market value of a comparable lease in the private sector as determined by an independent market analysis performed by the Agency, plus documented moving costs. A present value analysis index shall be used in calculating lease costs.

Specific Authority 255.25 FS. Law Implemented 255.25(2) FS. History—New 8-11-75, Amended 4-25-79, Formerly 13D-7.07, 13M-1.007, Amended _____.

60H-1.009 Notice of Renewal.

(1) If an agency elects to renew an agency lease, a copy of the notice of renewal, with the date the notice was received by certified or registered mail by the lessor clearly marked thereon, shall be furnished to the Bureau.

(2) If the space of the lease to be renewed is less than 5,000 3,000 square feet in a privately owned building, the agency shall provide a Certificate of Compliance in the same manner provided in Rule 60H-1.003, F.A.C.

(3) The agency shall obtain the Bureau's approval prior to exercising its option to renew in the manner in which it obtains approval to procure a new lease.

Specific Authority 255.249(2), 255.25 FS. Law Implemented 255.25(2) FS. History—New 8-11-75, Amended 4-25-79, Formerly 13D-7.09, Amended 3-18-86, Formerly 13M-1.009, Amended 2-21-96, _____.

60H-1.015 Leases of 5,000 3,000 Square Feet or More.

(1) No agency shall enter into a lease for 5,000 3,000 square feet or more of space in a privately owned building except upon advertisement for and receipt of competitive bids and award to the lowest and best bidder. No agency shall enter into, within any 12-month period, more than one lease for space of a total of 5,000 3,000 square feet or more in the same privately owned facility or complex except upon the solicitation of competitive bids.

(a) Exceptions:

1. This rule shall not apply to renewal of leases pursuant to Article XX of the Standard Lease Agreement.

2. This rule shall not apply to any lease having a term of less than 120 consecutive days for the purpose of securing the one-time special use of the leased property.

3. This rule shall not apply to any lease for nominal or no consideration. As used herein, "nominal consideration" means consideration for \$1.00 or less per year.

4. This rule shall not apply to buildings or facilities of any size leased for the purpose of providing care and living space for persons, provided the agency has filed with the Bureau a certificate of exemption demonstrating that the lease is exempt from competitive bidding under Section 255.249 or 255.25, Florida Statutes.

5. The Division may approve extensions of an existing lease of 5,000 3,000 square feet or more space if such extensions are determined to fit the needs of the agency, but in no case shall the total of such extensions exceed 11 months. If at the end of the period granted by the extension(s), the time of such extension(s) equal(s) 11 months, and the agency still needs space, the agency shall solicit competitive bids in accordance with this chapter. All agency requests for an extension under this clause shall be submitted in writing to the Bureau within a reasonable period of time before a lease is to end. The agency shall furnish a statement of justification for the extension. The Division director shall review the request and issue a written decision.

6. An agency may enter into a modification of a lease for less than 5,000 3,000 square feet to increase the square footage if the modification is upon the same terms and conditions of the approved lease, provided the total additional square footage of the lease modification is less than 5,000 3,000 square feet. An agency may enter into, within any 12-month period, more than one modification of a lease for 5,000 3,000 square feet or more to increase the square footage, provided the total space acquired by modification within the 12-month period is less than 5,000 3,000 square feet.

(2) through (6) No change.

Specific Authority 255.249(2) FS. Law Implemented 255.249(2)(b), 255.21, 255.25(3),(5), 255.254 FS. History–New 4-25-79, Amended 4-19-83, Formerly 13D-7.092, Amended 3-18-86, Formerly 13M-1.015, Amended 2-21-96,_____.

60H-1.022 Prior Approval of Space Need.

The Division shall not authorize any agency to enter into a lease agreement in a privately owned building when suitable space is available in a state owned or other publicly owned building located in the same geographic region, unless the agency files with the Bureau a statement explaining why the public space does not fit the needs of the agency. If the Division director approves the request, or does not respond to the agency’s request within 10 working days of receipt of the request, the agency may then proceed to:

- (1) Negotiate a lease for space in a state owned or other publicly owned building.
- (2) Negotiate a lease for private sector space of less than 5,000 ~~3,000~~ square feet.
- (3) Solicit competitive bids in accordance with Chapter 255, Florida Statutes, and this chapter, in a privately owned building. The term "state owned or other publicly owned building" as used in this section means any state owned or other publicly owned facility regardless of use or control.
- (4) Negotiate a lease of any size for the purpose of providing care and living space for persons.

Specific 255.249, 255.25 FS. Law Implemented 255.25(2)(b),(3),(4) FS. History–New 3-18-86, Formerly 13M-1.022, Amended 2-21-96,_____.

60H-1.027 Legal Review.

- (1) A lease of less than 5,000 ~~3,000~~ square feet of space in a privately owned building shall be reviewed as to form and legality by the agency’s attorney or member of agency’s legal staff and approval thereof indicated in the space provided on the lease.
- (2) A lease of 5,000 ~~3,000~~ square feet or greater of space in a privately owned building shall be approved by the Department of Management Services office of General Counsel and approval thereof indicated on the lease.
- (3) This rule shall not apply to leases for less than 120 consecutive days.

Specific Authority 255.249(2)(a),(e) FS. Law Implemented 255.249(1),(3), 255.25(2) FS. History–New 4-25-79, Formerly 13D-7.17, 13M-1.027, Amended 2-21-96,_____.

60H-1.030 Rental Rate Guidelines for Privately Owned Space.

- (1) The maximum rental rates are established each June by the Bureau for space in privately owned and in publicly owned buildings according to the zone and to the category of services furnished. These rates are provided to each Agency immediately upon development and are available to other interested parties upon request.
- (2) If the rental rate for any proposed lease of 5,000 ~~3,000~~ square feet or greater or any proposed lease of less than 5,000 ~~3,000~~ square feet is more than 10% above the maximum rental

rate for the zone and category of services furnished, then that lease shall be presented by the user agency for approval by the Department of Management Services.

Specific Authority 255.249(2)(f) FS. Law Implemented 255.25(2), 255.249(2)(e) FS. History–New 4-1-85, Formerly 13D-7.20, Amended 3-18-86, Formerly 13M-1.030, Amended 2-21-96, 9-30-96,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Randall C. Baker, Chief, Real Property Management,
Department of Management Services
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Simone Marsteller, Interim
Secretary, Department of Management Services
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: February 6, 2003
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: February 28, 2003

**DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION**

Board of Funeral Directors and Embalmers

RULE TITLE: _____ RULE NO.:

State Examination for Funeral Industry Professionals 61G8-16.0001

PURPOSE AND EFFECT: To create an examination that encompasses all funeral industry professionals, to set the criteria for passing the examination, and to establish the subjects covered by the examination.

SUMMARY: The Board proposed to establish one examination for all funeral industry professionals, set minimum passing score, and explain the subjects covered by the examination.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.217, 470.005, 470.006, 470.009 FS.

LAW IMPLEMENTED: 455.217, 470.006, 470.009, 470.007, 470.011 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Leon Biegalski, Executive Director, Board of Professional Surveyors and Mappers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-16.0001 State Examination for Funeral Industry Professionals.

(1) In addition to all other requirements, any person desiring to be licensed, whether initially or by endorsement, as an embalmer, funeral director or direct disposer, in the state of Florida shall:

(a) Apply to the Board to take the examination prepared and administered by the Department of Business and Professional Regulation.

(b) Pass the examination prepared and administered by the Department of Business and Professional Regulation with a score of 75% or more. A fraction of a percentage point of one-half (.5) or higher on this examination shall be raised to the next highest whole number.

(2) The state examination shall cover the following laws:

(a) Chapters 245, 382, 406, 470, 497 and 872, Florida Statutes, and

(b) 10 U.S.C. §§ 1481-1488, 16 U.S.C. §17 E, 18 U.S.C. §710, 38 U.S.C. §2303, 42 U.S.C. §248, 42 U.S.C. §300aaa-3; and the following rule chapters:

(c) 64V-1, 11G, 61G8, Florida Administrative Code.

(3) The examination shall cover the following topics in the percentage ranges that follow:

Practice Laws 40-50%, Preneed Contracts 16-20%, Medical Examiner 4-6%, Vital Statistics 10-16%, Disposition 10-16%, Federal Laws 4-6% and Offenses 8-16%.

Specific Authority 455.217, 470.005, 470.006, 470.009 FS. Law Implemented 455.217, 470.006, 470.009, 470.007, 470.011 FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Funeral Directors and Embalmers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Directors and Embalmers

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 12, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 24, 2003

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLE: Examination for Embalmer Applicants RULE NO.: 61G8-16.001

PURPOSE AND EFFECT: Rule 61G8-16.001 is amended to address changes made by 61G8-16.0001, F.A.C.

SUMMARY: The Board proposes to amend the rule to delete language now covered by Rule 61G8-16.0001.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY 455.217, 470.005, 470.006 FS.

LAW IMPLEMENTED 455.217, 470.006 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Leon Biegalski, Executive Director, Board of Professional Surveyors and Mappers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-16.001 Examination for Embalmer Applicants.

(1) Any person desiring to be licensed as an embalmer shall apply to the Department and successfully pass the required licensure examinations as provided by Section 470.006, F.S. (1995).

(2) The following shall constitute successful passage of the required licensure examination for embalmer applicants:

(a) Attaining a score of seventy-five percent (75%) on the Funeral Services Science section of the National Board Examination prepared by the Conference of Funeral Service Examining Boards, and

(b) Attaining a score of seventy-five percent (75%) on the examination prepared and administered by the Department of Business and Professional Regulation as set forth in Rule 61G8-16.0001, F.A.C. encompassing local and state laws and rules relating to the disposition of dead bodies provided; however, that a fraction of a percentage point of one-half (.5) or higher in a department examination score will be raised to the next highest whole number.

~~(3) The areas of competency to be covered by the examinations as provided above shall be the theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, public health and sanitation and the local state laws and rules relating to the disposition of dead bodies.~~

~~(4) The content of that portion of the Department examination testing competency in the areas of local and state laws and rules relating to the disposition of dead human bodies shall be extracted from:~~

- ~~(a) Chapter 245, F.S.— 20%;~~
- ~~(b) Chapter 382, F.S., Chapter 10D-49, F.A.C.— 15%;~~
- ~~(c) Chapter 406, F.S., Chapter 11G, F.A.C.— 5%;~~
- ~~(d) Chapter 470, F.S., Chapter 61G8, F.A.C.— 60%.~~

Specific Authority 455.217, 470.005, 470.006 FS. Law Implemented 455.217, 470.006 FS. History—New 11-11-79, Amended 6-3-81, Formerly 21J-16.01, Amended 5-9-88, Formerly 21J-16.001, Amended 5-1-96, 10-29-97, 2-16-98,

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral Directors and Embalmers
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Directors and Embalmers
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 12, 2003
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 24, 2003

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLE: Examination for Funeral Director Applicants
RULE NO.: 61G8-16.002
PURPOSE AND EFFECT: The rule is amended to delete sections now covered by the examination established in Rule 61G8-16.0001, F.A.C.

SUMMARY: The Board proposes to amend this rule to delete language which is now addressed by Rule 61G8-16.0001, F.A.C.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.217, 470.005, 470.009 FS.

LAW IMPLEMENTED: 455.217, 470.009 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Leon Biegalski, Executive Director, Board of Professional Surveyors and Mappers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-16.002 Examination for Funeral Director Applicants.

(1) Any person desiring to be licensed as a funeral director shall apply to the Department and successfully pass the licensure examination prepared and administered by the Department, pursuant to Rule 61G8-16.0001, F.A.C. as provided by Section 470.009, F.S. (1995).

(2) Additionally, the successful applicant will have attained The following shall constitute successful passage of the required licensure examination for funeral director applicants:

(a) Attaining a score of seventy-five percent (75%) on the funeral service arts section of the National Board Examination prepared by the Conference of Funeral Service Examining Boards, attained attaining a score of seventy-five percent (75%) on the funeral service science section of the NBE prepared by the Conference of Funeral Service Examining Boards,; and

(b) Attaining a score of seventy five percent (75%) on the examination prepared and administered by the Department encompassing local and state laws and rules relating to the disposition of dead bodies provided, however, that a fractional percentage score of one half (.5) point or higher in an examination score will be raised to the next highest whole number.

(3) The areas of competency to be covered by the examinations as provided above shall be the laws and rules of the state and the law and rules of the federal government relating to the disposition of dead bodies extracted from:

- (a) Chapter 470, F.S., Chapter 61G8, F.A.C. 46%;
(b) Chapter 497, F.S. 15%;
(c) Chapter 406, F.S., Chapter 11G, F.A.C. 5%;
(d) Chapter 382, F.S., Chapter 10D-49, F.A.C. 15%;
(e) Chapter 245, F.S. 11%;
(f) Chapter 872, F.S. 5%;
(g) 10 U.S.C. §§1481-1488, 16 U.S.C. §17E, 18 U.S.C. §710, 38 U.S.C. §2303, 42 U.S.C. §248, 42 U.S.C. §300aaa-3 -3%.

Specific Authority 455.217, 470.005, 470.009 FS. Law Implemented 455.217, 470.009 FS. History-New 11-11-79, Amended 6-4-80, 6-3-81, 6-15-82, Formerly 21J-16.02, 21J-16.002, Amended 1-8-95, 5-13-96, 10-29-97, 2-16-98,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral Directors and Embalmers
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Directors and Embalmers
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 12, 2003
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 24, 2003

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLE: Examination for Licensure by Endorsement for Funeral Directors
RULE NO.: 61G8-16.004

PURPOSE AND EFFECT: The purpose of the rule amendment is to eliminate language that is covered by Rule 61G8-16.0001, F.A.C.

SUMMARY: The Board proposes to amend this rule to include passing the examination established by Rule 61G8-16.0001 as a qualification to being licensed by endorsement.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 470.005, 470.011, 455.217 FS.

LAW IMPLEMENTED: 470.011, 455.217 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Leon Biegalski, Executive Director, Board of Professional Surveyors and Mappers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-16.004 Examination for Licensure by Endorsement for ~~Funeral Directors~~.

(1) Any person desiring to be licensed as a funeral director or embalmer by endorsement, as provided in Chapter Section 470.011, F.S. (1995), shall apply to the Department, have passed the appropriate national examinations and pass the examination required in Rule 61G8-16.0001, F.A.C. and successfully pass the required licensure examination.

~~(2) Attaining a score of seventy five percent (75%) on the examination prepared and administered by the Department with a fractional percentage score of one half (.5) point or higher raised to the next highest whole number.~~

~~(3) The areas of competency to be covered by the examination for licensure by endorsement for funeral directors shall be extracted from the state and federal laws and rules specified in Rule 61G8-16.002(3).~~

Specific Authority 470.005, 470.011, 455.217 FS. Law Implemented 470.011, 455.217 FS. History—New 11-11-79, Amended 6-3-81, Formerly 21J-16.04, Amended 5-24-89, Formerly 21J-16.004, Amended 10-29-97, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral Directors and Embalmers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Directors and Embalmers

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 12, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 24, 2003

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLE: Continuing Education for License Renewal

RULE NO.: 61G8-17.0034

PURPOSE AND EFFECT: This rule is amended to include language that states the changes in continuing education requirements for funeral directors, embalmers, and direct disposers.

SUMMARY: The rule is amended to change the continuing education requirements for funeral directors and embalmers to 12 hours and the requirements for direct disposer are 3 hours.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.2226, 470.005(1), 470.015(1), 470.018 FS.

LAW IMPLEMENTED: 455.2124, 455.2226, 470.015, 470.018 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Leon Biegalski, Executive Director, Board of Funeral Directors and Embalmers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-17.0034 Continuing Education for License Renewal.

(1) through (3) No change.

(4) No license shall be renewed unless the licensee has completed the required continuing education hours together with completion of a single board approved course on communicable diseases, including HIV/AIDS, which course shall contain the subject area requirements set out in Rule 61G8-17.0042(3), F.A.C. Courses approved in communicable diseases shall meet the requirements of Sections 455.2226, 470.015, 470.018 and 470.0201, F.S.

(a) Funeral Directors and Embalmers shall complete twelve (12) hours of continuing education.

(b) Registered Direct Disposers shall complete three (3) hours of continuing education.

(5) through (6) No change.

Specific Authority 455.2226, 470.005(1), 470.015(1), 470.018 FS. Law Implemented 455.2124, 455.2226, 470.015, 470.018 FS. History—New 4-10-94, Amended 3-14-95, 7-25-95, 9-25-95, 9-25-97, 11-11-99, 11-20-00, 6-24-01, 11-29-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral Directors and Embalmers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Directors and Embalmers
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 12, 2003
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 20, 2002

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLE: Examination Requirements
 RULE NO.: 61G8-23.002
 PURPOSE AND EFFECT: Rule 61G8-23.002, F.A.C., is amended to include Chapter 497, F.S., among the subject areas tested.

SUMMARY: The Board proposes to amend the rule to include the information covered by Chapter 497, F.S., among the subject areas tested for licensure.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 470.017 FS.

LAW IMPLEMENTED: 470.017 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Leon Biegalski, Executive Director, Board of Professional Surveyors and Mappers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-23.002 Examination Requirements.

(1) No change.

(2) The area of competency to be covered by the examination as provided above shall be:

(a) through (b) No change.

(c) With respect to disposition of dead human bodies, the following state and federal laws and rules, or relevant portions thereof will be included: Chapter 245, Chapter 382, Chapter 406, Chapter 455, Chapter 470, Section 872.06 and Chapter 497 of the Florida Statutes; Chapter 64V-1, Chapter 11G-2, Chapter 61G8-20, Chapter 61G8-22, Chapter 61G8-23 of the Florida Administrative Code; 10 U.S.C. 1481-1488.

(3) No change.

Specific Authority 470.017 FS. Law Implemented 470.017 FS. History—New 2-13-80, Amended 7-2-81, 8-23-83, Formerly 21J-23.02, 21J-23.002, Amended 10-13-97, 2-16-98, 6-14-00,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral Directors and Embalmers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Directors and Embalmers

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 12, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 12, 2002

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DOCKET NO.: 03-07R

RULE CHAPTER TITLE: Generic Permits
 RULE CHAPTER NO.: 62-621

RULE TITLES: Scope/Applicability 62-621.100
 Permits 62-621.300

DEP announces proposed amendments to Rule 62-621, F.A.C., incorporating a new generic permit to address the regulation of Phase II MS4s under the NPDES stormwater program. In addition, DEP announces proposed amendments to Rule 62-621, F.A.C., incorporating a new generic permit to address the regulation of construction operations disturbing at least one (1) acre, but less than five (5) acres, under Phase II of the NPDES stormwater program. The full text of this notice is published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button entitled “Official Notices.”

The person to be contacted regarding the propose rule is: Fred Noble, P.E., NPDES Stormwater Section, Florida Department of Environmental Protection, Mail Station 2500, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DOCKET NO.: 03-08R

RULE CHAPTER TITLE: Municipal Separate Storm Sewer Systems
 RULE CHAPTER NO.: 62-624

RULE TITLES: Policy and Purpose 62-624.100
 Definitions 62-624.200

General Provisions 62-624.300
 General Conditions 62-624.310
 Application Procedures for New MS4 Permits 62-624.400
 Re-application Procedures for MS4 Permits 62-624.420
 Contents of Re-application for MS4 permit 62-624.440
 Application Processing 62-624.460

Standards for Issuing or Denying Permits	62-624.500
Annual Report	62-624.600
Transfer of Operational Authority	62-624.700
Regulated Phase II MS4s	62-624.800
Permit Application Procedures for Phase II MS4s	62-624.810

DEP announces proposed amendments to Rule 62-624, F.A.C., incorporating unregulated "Phase II MS4s".

The full text of this notice is published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button entitled "Official Notices."

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Fred Noble, P.E., NPDES Stormwater Section, Florida Department of Environmental Protection, Mail Station 2500, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.

**DEPARTMENT OF HEALTH
Board of Chiropractic Medicine**

RULE TITLE:	RULE NO.:
Continuing Education During Initial Licensure Period	64B2-13.007

PURPOSE AND EFFECT: The Board proposes to update the existing rule text.

SUMMARY: The Board proposes to allow licensees to obtain five hours of continuing education credits by attending a Board meeting at which disciplinary hearings are conducted.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 456.013(6), 460.405, 460.408 FS.

LAW IMPLEMENTED: 456.013(6) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Board Executive Director, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3259

THE FULL TEXT OF THE PROPOSED RULE IS:

64B2-13.007 Continuing Education During Initial Licensure Period.

During the initial biennium of licensure, practitioners are required to obtain five hours of continuing education in the subject area of risk management by attending one full day or 8 hours at a Florida Board of Chiropractic Medicine meeting at which disciplinary hearings are conducted as provided in

subsection 64B2-13.004(8), F.A.C. Once the hours required by Rule 64B2-13.0045, F.A.C., have been met, licensed practitioners shall not be required to complete any other the continuing education requirements during the biennium in which they receive initial licensure.

Specific Authority 456.013(6), 460.405, 460.408 FS. Law Implemented 456.013(6) FS. History--New 1-25-88, Formerly 21D-13.007, 61F2-13.007, 59N-13.007, Amended 11-13-01.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Chiropractic Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Chiropractic Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 7, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 27, 2002

**DEPARTMENT OF HEALTH
Division of Disease Control**

RULE TITLES:	RULE NOS.:
Notifiable Diseases or Conditions to be Reported, Human Notification by Laboratories	64D-3.002
Notification by Others	64D-3.003
Notifiable Disease Case Report Content	64D-3.0031
Quarantine, Requirements	64D-3.004
Public Health Emergency	64D-3.007
Diseased Animals	64D-3.0071
Procedures for Control of Specific Communicable Diseases	64D-3.012
	64D-3.013

PURPOSE AND EFFECT: The purpose of these amendments is to update provisions for reporting of diseases and to implement provisions in CS/SB 1262 regarding public health emergencies.

SUMMARY: The amendments to the rule will update the list of reportable diseases to add Creutzfeldt-Jakob disease, glanders, melioidiosis, saxitoxin poisoning, staphylococcus enterotoxin B, typhus fever, and vaccinia disease; further define other diseases on the list; add provisions related to notification by laboratories; and clarify confidentiality of case report information. Quarantine provisions are revised to clarify the scope of quarantine orders and to change the incorporated materials regarding zoonotic quarantines. A new section of rule adds reporting requirements specific to zoonotic diseases. A second new section of rule related to public health emergencies defines "practical method of quarantine" and provides circumstances for quarantine in private homes. Other changes are made related to control of rabies and requirements for food service establishments.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost has been prepared.

SPECIFIC AUTHORITY: 381.0011(6)(a),(13), 381.003(2), 381.0031(6), 381.006 (16), 384.25(2), 384.33, 392.66 FS.

LAW IMPLEMENTED: 381.0011(4),(6), 381.003(1), 381.0012, 381.0031, 381.00315(1)(b)4., 384.23, 384.25, 384.27, 385.202, 392.53 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED IN WRITING, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 2:00 p.m., Thursday, March 27, 2003

PLACE: Department of Health, Conference Room 310A, 2585 Merchants Row Blvd., Prather Building, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Rowe E. Rogero, Division of Disease Control, Department of Health, 4052 Bald Cypress Way, Bin A09, Tallahassee, FL. 32399, (850)245-4322, rowe_rogero@doh.state.fl.us

THE FULL TEXT OF THE PROPOSED RULES IS:

64D-3.002 Notifiable Diseases or Conditions to be Reported, Human.

(1) The following notifiable diseases or conditions are declared as dangerous to the public's health or of public health significance.

(a) Acquired Immune Deficiency Syndrome (AIDS).

(b) Animal Bite: Includes a bite or other significant exposure to a human by an animal that is:

1. Infected with or suspected of being infected with rabies,

or

2. Capable of transmitting herpes B viruses (includes exposures from nonhuman primates).

~~Animal Bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis, or by a nonhuman primate.~~

(c) Anthrax (T).

(d) Botulism (T).

(e) Brucellosis (T).

(f) Campylobacteriosis.

(g) Cancer (except non-melanoma skin cancer).

(h) Chancroid.

(i) Chlamydia trachomatis.

(j) Ciguatera.

(k) Congenital Anomalies.

(l) Creutzfeldt-Jakob Disease (CJD).

~~(m)(4)~~ Cryptosporidiosis.

~~(n)(m)~~ Cyclosporiasis.

~~(o)(n)~~ Dengue

~~(p)(o)~~ Diphtheria (T).

(q) Eastern equine encephalitis (EEE).

~~(r)(p)~~ Ehrlichiosis.

~~(s)(q)~~ Encephalitis, non-arboviral (T).

(t) Encephalitis, other arboviral.

~~(u)(r)~~ Enteric disease due to *Escherichia coli* O157:H7 (T).

~~(v)(s)~~ Enteric disease due to other pathogenic *Escherichia coli* (including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, and enteroaggregative strains).

~~(w)(t)~~ Giardiasis (acute).

~~(x)~~ Glanders.

~~(y)(u)~~ Gonorrhea.

~~(z)(v)~~ Granuloma Inguinale.

~~(aa)(w)~~ *Haemophilus influenzae*, invasive disease (T).

~~(bb)(x)~~ Hansen's Disease (Leprosy).

~~(cc)(y)~~ Hantavirus Infection (T).

~~(dd)(z)~~ Hemolytic Uremic Syndrome.

~~(aa)~~ Hemorrhagic Fever (T).

~~(ee)(bb)~~ Hepatitis, viral A (T), B ; C, non-A non-B, and other including unspecified.

~~(ff)(ee)~~ Hepatitis, viral, Hepatitis B Surface Antigen (HBsAg)-positive in a pregnant woman or a child < or = 24 months of age.

~~(gg)(dd)~~ Herpes simplex virus (HSV) in neonates and infants to six (6) months of age.

~~(hh)(ee)~~ Human Immunodeficiency Virus (HIV).

~~(ii)(ff)~~ Human papillomavirus (HPV) in neonates and children through twelve (12) years of age.

~~(jj)(gg)~~ Lead Poisoning.

~~(kk)(hh)~~ Legionellosis.

~~(ll)(ii)~~ Leptospirosis.

~~(mm)(jj)~~ Listeriosis (T).

~~(nn)(kk)~~ Lyme Disease.

~~(oo)(ll)~~ Lymphogranuloma Venereum.

~~(pp)(mm)~~ Malaria.

~~(qq)(nn)~~ Measles (T).

~~(rr)~~ Melioidiosis.

~~(ss)(oo)~~ Meningitis, bacterial and mycotic.

~~(tt)(pp)~~ Meningococcal Disease (includes meningitis and meningococcemia) (T).

~~(uu)(qq)~~ Mercury Poisoning.

~~(vv)(rr)~~ Mumps.

~~(ww)(ss)~~ Neurotoxic Shellfish Poisoning (T).

~~(xx)(tt)~~ Pertussis (T).

~~(yy)(uu)~~ Pesticide-Related Illness and Injury.

~~(zz)(vv)~~ Plague (T).

~~(aaa)(ww)~~ Poliomyelitis (T).

~~(bbb)(xx)~~ Psittacosis.

~~(ccc)(yy)~~ Q Fever (T).

~~(ddd)(zz)~~ Rabies (T).

- ~~(eee)(aaa)~~ Rocky Mountain Spotted Fever, R. rickettsii.
- ~~(fff)(bbb)~~ Rubella, including congenital.
- (ggg) St. Louis Encephalitis (SLE).
- ~~(hhh)(eee)~~ Salmonellosis.
- (iii) Saxitoxin poisoning (paralytic shellfish poisoning).
- ~~(jjj)(ddd)~~ Shigellosis.
- ~~(kkk)(eee)~~ Smallpox (T).
- ~~(lll)(fff)~~ Staphylococcus aureus, glycopeptide (vancomycin) intermediate (GISA/VISA, MIC= or > 8 micrograms per milliliter ~~8ug/ml~~ and = or < 32 micrograms per milliliter) (T).
- ~~(mmm)(ggg)~~ Staphylococcus aureus, glycopeptide (vancomycin) resistant (GRSA/VRSA, MIC>32 micrograms per milliliter ~~mg/ml~~) (T).
- (nnn) Staphylococcus enterotoxin B.
- ~~(ooo)(hhh)~~ Streptococcal Disease, invasive, Group A.
- ~~(ppp)(iii)~~ Streptococcus pneumoniae, invasive disease.
- ~~(qqq)(jjj)~~ Syphilis.
- ~~(rrr)(kkk)~~ Tetanus.
- ~~(sss)(HH)~~ Toxoplasmosis, acute.
- ~~(ttt)(mmm)~~ Trichinosis.
- ~~(uuu)(nnn)~~ Tuberculosis.
- ~~(vvv)(ooo)~~ Tularemia (T).
- ~~(www)(ppp)~~ Typhoid Fever (T).
- (xxx) Typhus fever.
- (yyy) Vaccinia disease.
- (zzz) Venezuelan equine encephalitis (VEE).
- ~~(aaaa)(qqq)~~ Vibrio cholerae (T).
- ~~(bbbb)(rrr)~~ Vibrio Infections, other.
- (cccc) Viral hemorrhagic fever (includes Ebola, Marburg, Lassa and Machupo).
- (dddd) West Nile virus disease (includes WNV encephalitis and WNV fever).
- (eeee) Western equine encephalitis (WEE).
- ~~(fff)(sss)~~ Yellow Fever (T).
- ~~(gggg)(ttt)~~ Any disease outbreak in a community, a hospital, or other institution, or a foodborne, or waterborne outbreak (T).
- (hhhh) Any grouping or clustering of patients having similar diseases, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism (T).
- (2) No change.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031 (1), (2), (6), 384.23, 384.25, 385.202, 392.53 FS. History–New 12-29-77, Amended 6-7-82, 11-6-85, Formerly 10D-3.62, Amended 2-26-92, 9-7-93, 11-1-94, 7-21-96, Formerly 10D-3.062, Amended 11-2-98, 7-5-99, 6-4-00,_____.

64D-3.003 Notification by Laboratories.

(1) through (7) No change.

(8) In addition to the reporting requirements pursuant to subsection 64D-3.003(1), F.A.C., each laboratory that obtains a human isolate of *Escherichia coli* O157:H7, or *Neisseria meningitidis* or *Haemophilus influenzae* from a sterile site or *Staphylococcus aureus* with a vancomycin minimum inhibitory concentration (MIC) = or > 8 micrograms per milliliter from any a sterile site shall retain a subculture of the isolate on suitable media for at least six months after receipt of the specimen in the laboratory. In lieu of retaining this subculture, the laboratory is permitted to send the subculture to the Florida Department of Health Central Laboratory, which will maintain a record indicating the date that these subcultures were submitted to the Central Laboratory.

(9) through (10) No change.

(11) Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, pursuant to subsection 64D-3.003(4), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.66, Amended 2-26-92, 7-21-96, Formerly 10D-3.066, Amended 11-2-98, 7-5-99, 6-4-00,_____.

64D-3.0031 Notification by Others.

In addition to the individuals required to report under s. 381.0031, F.S., the following persons are required to report animal bites to humans as well as conditions that they diagnose or suspect in animals pursuant to subsection 64D-3.012(2), F.A.C.:

(1) Animal control officers operating under s. 828.27, F.S.,

(2) Animal disease laboratories licensed under s. 585.61, F.S., and

(3) Wildlife officers operating under s. 372.07, F.S.

Specific Authority 381.0031(6) FS. Law Implemented 381.0031(2),(6) FS. History–New _____.

64D-3.004 Notifiable Disease Case Report Content.

(1) No change.

(2) Information contained in such a report and in related investigatory notes is confidential as provided in Section 381.0031(4), F.S., and will only be released as determined as necessary by the State Health Officer or designee for the protection of the public's health due to the highly infectious nature of the disease, the potential for further outbreaks, and/or the inability to identify or locate specific persons in contact with the cases.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1),(4),(5), 384.25, 392.53 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.68, 10D-3.068, Amended 7-5-99, 6-4-00,_____.

64D-3.007 Quarantine, Requirements.

(1) Orders regarding quarantine shall be in writing, include an expiration date, and restrict or compel movement or actions by or regarding persons, animals or premises consistent with the protection of public health and accepted health practices except as otherwise governed by (4). Quarantine is an official order that limits the freedom of movement and actions of persons or animals which is deemed necessary in order to prevent the spread of a notifiable disease or other disease condition. The county health department director or administrator or the State Health Officer shall determine which persons or animals are subject to quarantine and shall issue appropriate instructions in writing, including an expiration date.

(2) For the purpose of orders regarding quarantine, the term "actions" encompasses isolation, closure of premises, testing, destruction, disinfection, treatment, and preventive treatment, including immunization. Quarantine orders shall be in effect for a time period in accord with accepted public health practice, and shall be no more restrictive nor longer in duration than is reasonably necessary to protect the public's health.

(3) Subjects or objects of quarantine orders shall be accessible at all times to the Department or its designees for purposes related to declaration, enforcement, maintenance, modification or abolition of such orders. The county health department decisions regarding the testing and euthanasia of animals maintained in quarantine for the purposes of human disease control and prevention shall be made according to the guidelines as set forth in the document "Rabies Prevention and Control in Florida, 2000," incorporated by reference as indicated in subparagraph 64D-3.013 (2)(c)2., F.A.C. Such an order shall be issued in writing and shall be enforced by local officials as required in s. 381.0012(5), F.S.

(4) For zoonosis control and prevention, any animal determined by the department to be a significant threat to human health shall be humanely euthanized in accordance with the American Veterinary Medical Association's 2000 Report of the AVMA Panel on Euthanasia, which is incorporated herein by reference. Such an order shall be issued in writing.

Specific Authority 381.0011(6)(a),(13), 381.003(2), 384.33 FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4., 384.28, FS. History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.81, Amended 7-21-96, Formerly 10D-3.081, Amended 6-4-00, _____.

64D-3.0071 Public Health Emergency.

(1) Solely for purposes of Section 381.00315(1)(b)4., Florida Statutes:

(a) "Quarantine" refers to the isolation and closure aspects of quarantine under Section 381.0011(6), Florida Statutes. See Rule 64D-3.007, F.A.C.

(b) "Practical method of quarantine" means a location where a person infected with or exposed to a communicable disease that threatens public health will have food, clothing,

and shelter as necessary while isolated from contact with people who have not been infected with that disease or immunized against that infection.

(2) Where quarantine is used pursuant to Section 381.00315(1)(b)4., Florida Statutes, the subject individual may choose isolation in their domicile and such closure as needed to ensure that isolation, unless the Department determines that the subject individual's domicile is not a practical method of quarantine.

Specific Authority 381.0011(6)(a),(13), 381.003(2) FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4. FS. History--New _____.

64D-3.012 Diseased Animals.

(1) No person shall bring into this state or offer for sale domestic or feral animals infected with a disease communicable from animals to humans.

(2) Any grouping or clustering of animals having similar diseases, symptoms or syndromes that may indicate the presence of a threat to humans including those for biological agents associated with terrorism shall be reported.

Specific Authority 381.0011(4),(6),(13), 381.003(2), 381.0031(6) FS. Law Implemented 381.0011(6),(10), 381.003(1), 381.0031(1), 823.04 FS. History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.90, 10D-3.090, Amended _____.

64D-3.013 Procedures for Control of Specific Communicable Diseases.

(1) No change.

(2) Rabies.

(a) Reporting of Suspected Human Exposure to Rabies – Any person having knowledge of an incident in which a person is bitten by or otherwise exposed to any known or suspected rabid animal shall notify the county health department director or administrator or designee within 24 hours of exposure (or the next business day) by telephone, other electronic means, or in writing.

(b) No change.

(c) Rabies Control in Animals.

1. No change.

2. The county health department director or administrator or the designee shall cause to be captured, confined, or seized capture, confine or seize suspected rabid animals and isolate and quarantine or humanely euthanize and provide for laboratory examination, as outlined in the guidebook, Rabies Prevention and Control in Florida, 2003 2000; incorporated by reference in this rule. This includes animals involved in human exposure (bite and non-bite) and animals exposed to rabid or suspected rabid animals. Other methods of controlling rabies in domestic or wild animals shall be administered by order of the county health department director or administrator or the designee according to recommendations of the Florida Rabies Advisory Committee published in the "Rabies Prevention and Control in Florida"; incorporated by reference in this rule. This

document may be obtained from the Department of Health, Bureau of Epidemiology, Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720.

- 3. No change.
- (d) No change.
- (3) through (6) No change.

(7) All food service establishments serving raw oysters shall display, either on menus, or on table placards, ~~or elsewhere in plain view of all patrons~~, the following notice: "Consumer Information: There is risk associated with consuming raw oysters. If you have chronic illness of the liver, stomach or blood or have immune disorders, you are at greater risk of serious illness from raw oysters, and should eat oysters fully cooked. If unsure of your risk, consult a physician."

Specific Authority 381.0011(6),(13), 381.003(2), 381.006(16), 384.25(2), 384.33 FS. Law Implemented 381.0011(4),(6),(8), 381.003(1), 381.0031, 384.25, 384.27 FS. History--New 12-29-77, Amended 6-14-78, 6-7-82, 11-6-85, Formerly 10D-3.91, Amended 7-5-87, 7-19-89, 2-26-92, 10-20-93, 11-1-94, 7-21-96, Formerly 10D-3.091, Amended 7-5-99, 6-4-00, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Don Ward, Bureau of Epidemiology, Department of Health
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Landis K. Crockett, M.D., M.P.H., Division Director, Disease Control, Department of Health
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 12, 2003
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 18, 2002

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self-Sufficiency Program

RULE TITLE: Food Stamp Program Income and Expenses
RULE NO.: 65A-1.603
PURPOSE AND EFFECT: The Food Stamp Act of 1977 was amended to allow multiple levels of utility allowances in the Food Stamp Program and to disallow the use of actual utility expenses. The Farm Security and Rural Investment Act of 2002 (P.L. 107-171 – the Farm Bill) eliminated the requirement to prorate utility allowances. This proposed rule amendment states that actual utility expenses are not allowed and clarifies budgeting of standard and basic allowances. Disallowing actual utility expenses is a positive change for most clients, because with this change they will no longer be required to verify their actual utility expenses. Eliminating the requirement to prorate utility allowances will improve efficiency in budgeting by making the process less error prone.
SUMMARY: Due to changes in the Food Stamp Act of 1977, as amended, an actual utility deduction is no longer available in budgeting utility expenses. This rule amendment limits Food Stamp assistance groups to one of three possible utility deductions: the standard utility allowance, the basic utility allowance or the telephone standard. In addition, due to

changes in the 2002 Farm Bill, this rule amendment: makes changes to the budgeting of utilities when expenses are shared; changes budgeting for the basic utility allowance; and, changes budgeting for the telephone standard. Further this rule amendment, deletes utility expenses for an unoccupied home and revises the shelter standard estimate for the homeless.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 414.45 FS.

LAW IMPLEMENTED: 414.31 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 10:00 a.m., March 24, 2003

PLACE: Building 3, Room 100, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Audrey Mitchell, Program Administrator, 1317 Winewood Boulevard, Building 3, Room 421, Tallahassee, FL 32399-0700, (850)488-3090

THE FULL TEXT OF THE PROPOSED RULE IS:

65A-1.603 Food Stamp Program Income and Expenses.

- (1) No change.
- (2) Standard Utility Allowance.

(a) A standard utility allowance (SUA) must be used by the Assistance Groups (AGs) who actually incur or, within the next 12 months, expect to incur, either heating or cooling costs or both separate and apart from their rent or mortgage payment. The AGs that must use the SUA include those that:

1. Are billed by their landlord for actual usage of cooling and/or heating utilities, or are charged a flat rate for heating and cooling, separate and apart from their rent or mortgage;
2. Receive direct or mortgage assistance authorized by the Low Income Home Energy Assistance Act of 1981 (LIHEAP); and,
3. Share a utility meter and incur a heating cost, a cooling cost or both. The standard utility allowance contains both a heating and a cooling component. Assistance Groups AGs who are residents of public housing and are billed only for excess utility expenses are entitled to the full SUA will not have the standard utility allowance applied. Actual utility expenses are not allowed. When multiple residences share a common utility meter, only the AGs which are directly billed for a residence may have the standard utility allowance applied. All other residences may, based on their circumstances, have either the full basic utility allowance or the full telephone allowance

~~applied. For multiple AGs living in the same residence, the standard utility allowance is divided by the number of AGs in the residence who contribute toward payment of the utility expense. If more than one AG shares in any of the utility expenses of the dwelling that incurs or has the ability to incur heating or cooling expenses, the full SUA will be allowed for each AG sharing in any of the utility costs of the dwelling. An individual living with others and not sharing in the utility costs of the dwelling, is not entitled to the SUA. When the SUA standard utility allowance is budgeted, no additional utility costs, including the separate telephone expense, will be budgeted. The amount of the standard utility allowance is \$198 194.~~

(2)(b) Basic Utility Allowance.

~~A basic utility allowance (BUA) will be budgeted for AGs that do not have the ability to incur either heating or cooling expenses, but that have the ability to incur utility costs, other than telephone, separate and apart from their rent or mortgage. Actual expenses are not allowed, households who incur utility expenses other than a telephone expense, but do not incur heating or cooling expenses separate and apart from their rent or mortgage payment. The use of this basic utility allowance is mandatory for all such AGS households who incur a utility expense other than a telephone, including AGs who:~~

~~1. Do not incur heating or cooling costs, but pay for other utilities such as electricity, fuel, water, sewage, or garbage pickup; are billed only for excess utility expenses; or~~

~~2. Are billed by their landlord for actual usage or are charged a flat rate for utilities separate and apart from their rent and the charges do not include heating and cooling costs; and, share a utility meter with another AG; or,~~

~~3. Share a utility meter and pay for utilities, but do not incur heating or cooling costs. If more than one AG shares in paying any of the utility expenses of the dwelling that does not incur or have the ability to incur either heating or cooling costs, the full BUA will be allowed for each AG sharing in the utility costs. An individual living with others and not sharing in the utility expenses of the dwelling is not entitled to share the BUA. The basic utility allowance is \$178 144. If the basic utility allowance is budgeted, no other utility expenses including the separate telephone expense, will be budgeted. pay only a flat rate for utilities For multiple AGs living in the same residence, the basic utility allowance is divided by the number of AGs in the residence who contribute toward payment of the utility expense.~~

(3)(e) Telephone Standard.

~~AGs whose only allowable utility expense is for a telephone, will be offered a separate standard telephone allowance for use in the food stamp budget. If more than one AG shares in payment of the telephone expense and that is the only utility expense of the dwelling, the full telephone standard will be allowed for each AG sharing in the telephone expense. The amount of the standard telephone allowance is \$14.~~

~~(4)(d) To use any of the allowances, verification must be obtained that the AG actually incurs, or expects to incur, the types level of utility expenses leading to allow the specific allowances. A utility deposit receipt is acceptable verification that an AG incurs a utility expense. When an AG expects to incur an expense, verification of past use of the utility or equipment must be provided. When verification is requested, it must be received within 30 days of the date of the request, or the ESS public assistance specialist will determine the AG's eligibility and allotment without allowing the appropriate allowances. In instances of lack of verification due to the season or when the AG has not lived at its current residence long enough to incur the expense, the applicant's statement will be acceptable unless questionable. If the applicant's statement is questioned by the public assistance specialist, Verification must be provided prior to budgeting the appropriate allowance.~~

~~(3) Utility Expenses for an Unoccupied Home. The utility expenses for a home temporarily unoccupied because of employment or training away from the home, illness, or abandonment caused by a natural disaster or casualty loss, are allowable. For expenses to be included, the assistance group must intend to return to the home and the current occupants of the home, if any, must not be claiming the shelter costs or expenses for food stamp purposes. In addition, the home must not be rented or leased during the absence of the assistance group. An AG is not entitled to claim utility expenses in both temporary housing and the unoccupied home. However, the greater of the two expenses will be allowed in the food stamp budget. Verification as stated in rule subparagraph (2)(d) above must be provided.~~

~~(5)(4) Shelter Standard Estimate for the Homeless. Homeless individuals who incur shelter costs during a month shall have a shelter standard estimate of \$143 included in their food stamp budget, if the individual so desires. The federal shelter standard estimate specified in 7CFR 273.9(d)(5) will be allowed.~~

Specific Authority 414.45 FS. Law Implemented 414.31 FS. History--New 1-31-94, Formerly 10C-1.603, Amended 1-12-99, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Rodney McInnis, Operations Review Specialist
 NAME OF SUPERVISOR OR PERSON WHO APPROVED
 THE PROPOSED RULE: Audrey Mitchell, Program
 Administrator, Public Assistance Policy
 DATE PROPOSED RULE APPROVED BY AGENCY
 HEAD: February 19, 2003
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAW: September 13, 2002

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Developmental Services Program

RULE TITLE: Intelligence Tests to be Administered
 RULE NO.: 65B-4.032

PURPOSE AND EFFECT: This rule specifies the intelligence tests to be used in the determination of Mental Retardation for the purpose of imposition of the sentence in felony cases.

SUMMARY: This rule specifies the tests to be administered to determine Mental Retardation in Death Penalty trials. Chapter 921, Florida Statutes has provisions prohibiting the imposition of the death penalty in cases which the defendant is mentally retarded.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 921.137 FS.

LAW IMPLEMENTED: 921.137 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 10:00 a.m. – 12:00 p.m., March 28, 2003

PLACE: 1317 Winewood Blvd, Building 3, Room 313, Tallahassee, FL 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Charles Ball or Michael Hemingway, Developmental Disabilities Program Office, 1317 Winewood Blvd., Building 3, Room 303, Tallahassee, Florida 32399, (850)488-4257

THE FULL TEXT OF THE PROPOSED RULE IS:

65B-4.032 Intelligence Tests to be Administered.

(1) When a defendant convicted of a capital felony is suspected of having or determined to have mental retardation, intelligence tests to determine intellectual functioning as specified in (a) below shall be administered by a qualified professional licensed pursuant to Chapter 490, 491, 458 or 459 Florida statutes. Further, the examiner shall have two or more years of verifiable experience in the administration of intelligence tests. The evaluation shall consist of an individually administered test, which is valid and reliable for the purpose of determining intelligence. If in the opinion of the evaluator, these tests are not appropriate, then said professional shall select an appropriate alternative instrument and the evaluator shall state in writing the reason the instruments specified in (2) below were inappropriate and the justification for the alternative instrument or instruments selected.

(2) Unless determined to be inappropriate in accordance with (1) above, one of the following tests shall be used in capital felony cases.

(a) The Stanford-Binet intelligence scale

(b) Wechsler Intelligence Scale.

Specific Authority 921.137 FS. Law Implemented 921.137 FS. History—New

NAME OF PERSON ORIGINATING PROPOSED RULE: Charles Ball and Michael Hemingway

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jim Clark

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 24, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 21, 2003

Purchase Order No.: S 6001 HA0561

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Family Safety and Preservation Program

RULE TITLES:	RULE NOS.:
Application; Gold Seal Certificate	65C-20.008
Staffing Requirements	65C-20.009
Health Related Requirements	65C-20.010
Health Records	65C-20.011
Enforcement	65C-20.012
Large Family Child Care Homes	65C-20.013

PURPOSE, EFFECT AND SUMMARY: The rule modifications contained in this document will establish noticing requirements for gold seal accredited providers; incorporate competency based testing requirements; clarify cardiopulmonary resuscitation procedures training requirements; clarify health and safety requirements; incorporate safety standards for swimming pools and other potential water hazards; delete the requirement for documentation of a negative tuberculosis test for child care personnel; clarify licensing requirements; establish standards for training prior to providing child care; clarify record retention requirements; incorporate standards for parental consent; and clarify disciplinary guidelines.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 402.305 FS.

LAW IMPLEMENTED: 402.305 FS.

A HEARING WILL BE HELD AT THE TIME, DATES AND PLACES SHOWN BELOW:

TIME AND DATE: 10:00 a.m., April 2, 2003

PLACE: State Regional Service Center, Hurston South Tower, 1st Floor, Room D, 400 West Robinson Street, Orlando, Florida 32801

TIME AND DATE: 10:00 a.m., April 3, 2003

PLACE: Florida Department of Children and Families, District 4 Office, Auditorium 2nd Floor, 5920 Arlington Expressway, Jacksonville, Florida 32211

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Vikki Griffin, Management Analyst, 1317 Winewood Blvd. Building 6, Room 387, Tallahassee, FL 32399, (850)921-0701

THE FULL TEXT OF THE PROPOSED RULES IS:

65C-20.008 Application; Gold Seal Certificate.

(1) Application for a license or for renewal of a license to operate a family day care home shall be made on CF-FSP Form 5133, ~~Jan. 2003 Oct. 1996~~, Application for a License to Operate a Family Day Care Home, which is incorporated by reference and can be obtained at the Department of Children and Families local district service center or the local licensing agency.

(2) A completed application for renewal of an annual license must be submitted to the department or local child care licensing agency at least 45 days prior to the expiration date of the current license to ensure that a lapse of licensure does not occur. The renewal application and required forms may be obtained from the local child care licensing office.

(3) Child Care providers accredited by one of the recognized gold seal accrediting agencies as referenced in s. 402.281, F.S., shall notify the department or local licensing agency within 30 days of receipt of their accreditation. Gold Seal providers shall post the current Gold Seal certificate in a conspicuous location at the home.

Specific Authority 402.313, 402.281 FS. Law Implemented 402.313, 402.281 FS. History—New 7-2-98, Amended _____.

65C-20.009 Staffing Requirements.

(1) Personnel.

(a) The family day care home license shall be issued in the name of the operator who must be at least 18 years of age and a resident of the family home. The operator of a family day care may not work out of the home during the hours when the family day care is operating. In the event of rental or leased property the operator shall be the individual who occupies the residence.

(b) ~~Substitutes Arrangements~~. There shall be a written plan to provide at least one other competent adult, who must be at least 18 years of age, to be available to substitute for the operator on a temporary or emergency basis. This plan shall include the name, address and telephone number of the designated substitute.

(c) Physical Exams. A physical exam completed by a health care provider, which includes physicians, nurse practitioners, and physician's assistants, must be completed within 30 days of licensure or employment and demonstrate that the health of the individual is such that they would be able to provide supervision and care for children. After the initial physical exam, staff shall have exams conducted by their health care provider at least every three years.

(2) Staff Training.

(a) ~~After October 1, 1999, P~~prior to licensure, all family day care home operators must successfully complete ~~training in~~ the department's 30-clock-hour Family Child Care Home Training course, as evidenced by passage of a competency based examination with a seventy (70) percent or better score. All family day care home operators who have successfully completed the mandatory 30-clock-hour Family Child Care Home training prior to the availability of the competency examinations will not be required to complete the competency based testing documented on the department's CF-FSP Form 5194, May 97, Family Child Care training certificate, which is incorporated by reference. The operator providing care to the children in the family day care home must have a valid training certificate attesting to completion of the Family Child Care Training course.

(b) Documentation. The 30-clock-hour Family Child Care Home training must be documented on the department's CF-FSP Form 5194, July 2002, Family Child Care Home Training certificate. Training certificates shall be issued by training coordinating agencies upon successful completion of training.

(c) ~~Family day care home substitutes who work 40 hours or more a month must successfully complete the 30-clock-hour Family Child Care Home training, as evidenced by passage of a competency based examination with a seventy (70) percent or better score, documented on the department's CF-FSP Form 5194, July 2002. All family day care home substitutes who have completed the 30-clock-hour Family Child Care Home training prior to the availability of the competency examination will not be required to complete the competency based testing.~~ Family day care home substitutes who work less than 40 hours a month shall complete the department's 3-clock-hour Fundamentals of Child Care training as ~~course~~, documented on the department's CF-FSP Form 5155, July 2002 Jan. 98, Fundamentals of Child Care Training certificate, which is incorporated by reference, ~~and must complete infant and child cardiopulmonary resuscitation and first aid training prior to taking care of children.~~ Family day care substitutes who have successfully completed the 30-clock-hour Family Child Care Home training will not be required to complete the 3-clock-hour Fundamentals of Child Care training. The operator of the family day care home must sign a statement attesting to the number of hours the substitute works in their home, which shall be placed in their file.

~~2. Family day care substitutes who work 40 hours or more a month must complete the 30 clock hour Family Child Care Training course, documented on the department's CF-FSP Form 5194, May 97, Family Child Care training certificate, which is incorporated by reference and must complete infant and child cardiopulmonary resuscitation and first aid training prior to taking care of children.~~

3. The operator of the family day care home must sign a statement attesting to the number of hours that the substitute works in their home which will be placed in their file.

~~(d)~~(b) Prior to initial licensure, family day care home operators must have a valid certificate of course completion for infant and child cardiopulmonary resuscitation procedures and first aid training. The substitute, prior to caring for person providing care to the children in the family day care home, must have a valid certificate of course completion for infant and child cardiopulmonary resuscitation procedures and first aid training. Certificates of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years. On-line CPR courses are not acceptable to meet this standard. CPR training must be done by classroom instruction.

(3) Supervision ~~by Staff.~~

(a) At all times, which includes when the children are sleeping, the operator shall remain responsible for the supervision of the children in care and capable of responding to the emergencies and needs of the children. During the daytime hours of operation, children shall have adult supervision which means watching and directing children's activities, both indoors and outdoors, and responding to each child's needs.

(b) A child who has been placed in an isolation area due to illness must be within sight and hearing of the operator.

Specific Authority 402.313 FS. Law Implemented 402.313 FS. History--New 7-2-98, Amended 5-21-00, 7-1-02, _____.

65C-20.010 Health Related Requirements.

(1) General Requirements.

(a) Animals, pets or fowl must be properly immunized, if immunizations are available for the type of animal, pet or fowl, and free of disease.

(b) All areas and surfaces accessible to children shall be free of toxic substances and hazardous materials. All potentially harmful items including cleaning supplies, flammable products, poisonous and toxic materials must be labeled. These items as well as knives, and sharp tools and other potentially dangerous hazards shall be stored in locations inaccessible to the children in care.

(c) All family day care home operators shall inform parents in writing, if someone living in the home smokes. Pursuant to Chapter 386, Florida Statutes, while children are in care, smoking is prohibited within the family day care come and all outdoor play areas. There shall be no smoking in a room where children are present.

(d) At all times when children are in care, fFirearms shall be stored in a location inaccessible to children and in accordance with s. 790.174, F.S.

(e) Play areas shall be clean, free of litter, nails, glass and other hazards.

(f) Family day care homes caring only for infants under 12 months of age, shall not be required to have an outdoor play area; however, infants in care shall be provided opportunities for outdoor time each day that weather permits. For all other family day care homes, including those providing evening care, tThe outdoor space shall be fenced, a minimum of 4 feet in height, if the family day care home property borders any of the following:

1. Laned road or laned street open to travel by the public;

2. Road or street open to travel by the public divided by a median;

3. Road or street open to travel by the public where the posted or unposted speed limit is equal to or greater than 25 miles per hour; by municipal or county ordinance, pursuant to s. 316.189, F.S.

~~4. Road or street open to travel by the public where the speed limit, although unposted, is limited to no more than 25 miles per hour by municipal or county ordinance, pursuant to s. 316.189, F.S.; or~~

~~4.5. Lake, ditch, pond, brook, canal or other water hazard.~~ All in-ground swimming pools and above-ground sSwimming pools, more than one foot deep, shall have either a fence or barrier on all four sides be fenced, a minimum of 4 feet in height, separating the home from the swimming pool. The exterior wall of the home does not constitute a fence or barrier. All doors or gates in the fence or barrier shall be locked at all times when children are in care. In the absence of a fence or barrier, swimming pools must be equipped with a pool alarm that is operable at all times when children are in care. In addition to the fence, barrier or pool alarm, the family day care home operator shall ensure that all exterior doors leading to the pool area remain locked at all times while children are in care, and locked to keep the water hazard inaccessible to children, except during the time water related activities are being conducted as a program function. Barriers may be temporary in nature but must meet all the above requirements and be in place during all times when children are in care.

(g) If a family day care home uses a swimming pool, it shall be maintained by using chlorine or other suitable chemicals. If the family day care home uses a swimming pool, which exceeds three (3) feet in depth at the family day care home site, one person who has completed a basic water safety course such as one offered by the American Red Cross, YMCA or other organization, must be present when children have access to the swimming area. If the family day care home uses swimming pools not at the site of the family day care home, or takes the children to beach or lake areas for swimming activities, the family day care home operator must provide one person with a certified lifeguard certificate or equivalent, who must be present when children are in the swimming area, unless a certified lifeguard is on duty.

(h) A family day care home must include a designated area where each child can sit quietly or lie down to rest or nap.

(i) When napping, each child in care must be provided safe and sanitary bedding. Bedding means a cot, bed, crib, mattress, playpen or floor mat. Mats must be at least one inch thick and covered with an impermeable surface.

(j) Children one year of age or older may sleep on beds used by the family provided individual linens are provided for each child. Each child shall have a separate bed, cot, crib, playpen, mattress or floor mat, except that two (2) sibling preschool children may share a double bed. When children remain overnight, playpens and mats are not acceptable.

(k) Children up to one (1) year of age must be in their own crib, portacrib or playpen with sides. When napping or sleeping, young infants that are not capable of rolling over on their own shall be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternative position is authorized in writing by a physician. The documentation shall be maintained in the child's record.

(l) A minimum distance of eighteen (18) inches must be maintained between individual napping space.

(m) Potable drinking water shall be available to children of all ages at all times. If disposable cups are used, they must be discarded after each use.

(n) Rodents and vermin shall be exterminated. Pest control shall not take place while rooms are occupied by children.

(o) All parts of the home, both indoors and outdoors, including the furnishings, equipment, and plumbing, and the premises shall be kept clean and sanitary, free of hazards, in an orderly condition and in good repair at all times. The family day care home shall have an operable smoke detector and fire extinguisher in compliance with the state fire code, a working telephone, and lighting that allows for safe movement and egress for children in care. At all times, lighting in family day care homes must be sufficient enough to allow the operator to visually observe and supervise children in care. Lighting at a minimum of 20 foot candles for supervision and entering and exiting. The home must have proper ventilation, and the temperature must be maintained between 65 and 82 degrees Fahrenheit.

(p) If the operator chooses to supply food, the operator shall provide nutritious meals and snacks of a quantity and quality to meet the daily nutritional needs of the children. The USDA Food Guide Pyramid for Young Children, March 1999, which is incorporated by reference, shall be used to determine what food groups to serve at each meal or snack and the serving size of the selected foods for children one year of age and older. The fats and sweets category within the USDA Food Guide Pyramid for Young Children cannot be counted as a food group. Copies of the USDA Food Guide Pyramid for Young Children may be obtained from the district child care licensing office or local licensing agency. Using the USDA Food Guide Pyramid for Young Children; breakfast shall consist of at least three different food groups; lunch and dinner

shall consist of at least four different food groups and snacks shall consist of at least two different food groups. If a special diet is required for a child by a physician, appropriate documentation shall be maintained in the child's file to include the physician's order, a copy of a diet and sample meal plan for the special diet. If the parent or legal guardian notifies the family day care home of any known food allergies, written documentation from a physician must be maintained in the child's file.

(2) Hygiene and Sanitation.

(a) Operators, substitutes, and children shall wash their hands with soap and running water, drying thoroughly, following personal hygiene procedures for themselves, or when assisting others.

(b) Soiled items shall be placed in plastic lined, securely covered containers which are not accessible to children. The container shall be emptied, cleaned and disinfected daily. Children's wet or soiled clothing and crib sheets shall be changed promptly.

(c) Potty chairs, if used, shall be cleaned and sanitized after each use.

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

(e) When children in diapers are in care, there shall be a diaper changing area with an impermeable surface which is cleaned with a sanitizing solution after each use. Children must be attended at all times when being diapered or when changing clothes.

(3) First Aid Kit and Emergency Procedures.

(a) The home shall contain a first aid kit that shall be accessible to the operator and kept out of the reach of children. The kit must be clearly labeled "First Aid" and must, at a minimum, include:

1. Soap,
2. Band-Aids or equivalent,
3. Disposable non-porous gloves,
4. Cotton balls or applicators,
5. Sterile gauze pads and rolls,
6. Adhesive tape,
7. Thermometer,
8. Tweezers,
9. In date syrup of ipecac, labeled "DO NOT INDUCE VOMITING UNLESS DIRECTED TO DO SO BY A PHYSICIAN OR POISON CONTROL" 1-800-222282-12223474,
10. Pre-moistened wipes,
11. Scissors, and
12. A current resource guide on first aid and CPR procedures.

(b) Emergency Procedures and Notification

1. Emergency telephone numbers, including ambulance, fire, police, poison control center, Florida Abuse Hotline, county public health unit, and the address of and directions to the home, must be posted on or near all telephones and shall be used to protect the health, safety and well-being of any child in care. To meet the immediate needs of the child, family day care home operators shall call 911 or other emergency numbers in the event of an emergency.

2. Custodial parents or legal guardian's shall be notified immediately in the event of any serious illness, accident, injury or emergency to their child and their specific instructions regarding action to be taken under such circumstances shall be obtained. If the custodial parent or legal guardian cannot be reached, the family day care home operator will contact those persons designated by the custodial parent or legal guardian to be contacted under these circumstances, and shall follow the written instructions provided by the custodial parent or legal guardian.

3. All accidents, incidents, and observed health related signs and symptoms which occur at a family day care home must be documented and shared with the custodial parent or legal guardian on the day they occur. Documentation shall include the name of the affected party, date and time of occurrence, description of occurrence, actions taken, and signature of operator and custodial parent or legal guardian. Records of accidents, incidents, and observed health related signs and symptoms must be maintained for one year.

4. Fire drills shall be conducted monthly and shall be conducted at various times when children are in care. A written record shall be maintained showing the date, time, number of children in attendance and time taken to evacuate the home. This record shall be maintained for six months.

5. After a fire or natural disaster, the operator must notify the licensing agency, within 24 hours, in order for the department or local licensing agency to ensure health standards are being met for continued operation as a family day care home.

~~(4) Tuberculosis:~~

~~(a) All family day care home operators, household members over twelve (12) years of age, and substitutes must have the results of a negative tuberculosis test administered within the past two years prior to the issuance or re-issuance of the license, or if positive, must provide written medical authorization to work around children.~~

~~(b) Documentation of the tuberculosis results must be maintained in the family day care home file.~~

~~(4)(5) Communicable Disease Control.~~

(a) The family day care home shall have an isolation area for a child who becomes ill. The child's condition shall be closely observed. Any child who is suspected of having a communicable disease or who has a fever, of 101 degrees Fahrenheit or higher, in conjunction with any other signs of or develops other signs and symptoms which include any of the

following: diarrhea, rash, pink eye, vomiting, or skin infection, shall be placed in the isolation area. Linens and disposables shall be changed after each use. The condition shall be reported to the parent or legal guardian and the child shall be removed from the family day care home. Such children shall not return to the home without medical authorization, or until the signs and symptoms of the disease are no longer present.

(b) A child who has head lice will not be permitted to return until treatment has occurred ~~been accomplished~~. The treatment shall include the removal of all lice, lice eggs and egg cases.

(c) An operator or household member who develops signs and symptoms of a communicable disease which include any of the following: fever (of 101 degrees Fahrenheit or higher), in conjunction with any of the other following signs, diarrhea, rash, pink eye, or skin infection shall leave the areas of the home occupied by the children and shall not return without medical authorization, or until the signs and symptoms are no longer present. If it is the operator who is ill, the substitute must assume the operator's responsibilities.

~~(5)(6) Medication.~~ Family day care homes are not required to give medication, however, if they choose to do so, the following shall apply:

(a) Prescription and non-prescription medication brought to the family day care home by the custodial parent or legal guardian must be in the original container. Prescription medication must have the label stating the name of the physician, child's name, medication and medication directions. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label. If the parent or legal guardian notifies the family day care home of any known allergies to medication, written documentation from a physician must be maintained in the child's file.

(b) Medicines shall be kept out of the reach of children.

(c) Medication which has expired or is no longer being administered shall be returned to the custodial parent or legal guardian.

(d) A written record documenting the child's name, the name of the medication, date, time and amount of dosage to be given, and the signature of the custodial parent or legal guardian shall be maintained by the family child care provider. This record shall be initialed or signed by the adult who gave the medication.

(e) This record shall be maintained for six months.

Specific Authority 402.313 FS. Law Implemented 402.313 FS. History--New 7-2-98, Amended 1-4-01, _____.

65C-20.011 Health Records.

(1) Immunizations. Within 30 days of enrollment, each child must have on file and keep up to date ~~current~~ a completed DH Form 680, Florida Certification of Immunization, Part A-1, B, and or C, (July 2001 ~~Aug. 1998 or Aug. 2000~~), or, DH

Form 681, Religious Exemption from Immunization (May 1999), which is incorporated by reference in subsection 64D-3.011(5), F.A.C., DH Forms 680 and 681 can be obtained from the local county health department. The DH Form 680, Florida Certification of Immunization Parts A-1, Certification of Immunization for K-12 Excluding 7th Grade Requirements or Part B, Temporary Medical Exemption, shall be signed by a physician or authorized personnel licensed under the provisions of Chapter 458, 459, or 460, Florida Statutes and shall document vaccination for the prevention of diphtheria, pertussis, tetanus, poliomyelitis, rubeola, rubella, mumps, Haemophilus influenzae type B (HIB), and effective July 1, 2001, completion of the varicella vaccination. The DH Form 680, Florida Certification of Immunization Part C, Permanent Medical Exemptions, shall be dated and signed by a physician licensed under the provisions of Chapter 458 or 459, Florida Statutes.

(2) Children's Student Health Examination.

(a) Within 30 days of enrollment, each child must have on file a completed DH Form 3040, (June 02 ~~Oct. 96~~), Student Health Examination, which is incorporated by reference, and copies of which are available from the local county health department or the child's pediatrician. The student health examination shall be completed by a person given statutory authority to perform health examinations. Certification that a health examination has been completed may be documented on the State of Florida, Department of Health, DH Form 3040, June 02, OR a signed statement by an authorized professional that indicates the results of the components included in the health examination.

(b) This Student Health Examination is valid for two (2) years from the date the physical was performed.

(3) Immunization and Health Records.

(a) Immunization and student health examination records are the property of the custodial parent or legal guardian when the child withdraws from care and are transferable to another child care arrangement.

(b) School-age children attending public or nonpublic schools are not required to have student health examination (DH Form 3040) and immunization records (DH 680 or 681) on file at the family day care home as such records are on file at the school where the child is enrolled.

(4) Enrollment and Medical Authorization.

(a) The operator shall obtain enrollment information from the child's custodial parent or legal guardian, prior to accepting the child in care. This information shall be documented on CF-FSP Form 5219, Dec. 02 ~~Dec. 97~~, Child Care Application for Enrollment, which can be obtained from the local Department of Children and Families district service center or the local licensing agency, and is incorporated by reference, or an equivalent that contains all the information required by the department's form.

(b) Enrollment information shall be kept current and on file for each child in care.

Specific Authority 402.313 FS. Law Implemented 402.313 FS. History--New 7-2-98, Amended 5-21-00, _____.

65C-20.012 Enforcement.

(1) Pursuant to section 402.313, F.S., family day care homes may be fined a maximum of \$100 per violation, per day ~~per violation~~ for noncompliance with any of the applicable provisions of sections 402.301-319, F.S.

(2) The operation of a family day care home is prohibited unless registered, or licensed, as required by county ordinance or resolution. The department or local licensing agency shall have the authority to seek an injunction in the circuit court where the home is located to stop the continued operation of a family day care home which is not licensed or registered. For licensed family day care homes, the department or local licensing agency shall also have the authority to seek an injunction in the circuit court where the home is located to stop the continued operation if the family day care home is in violation of the minimum standards.

(3) The family day care operator must allow access to the entire premises of the family day care home to inspect for compliance with family day care minimum standards.

Specific Authority 402.313 FS. Law Implemented 402.313, 402.319(5) FS. History--New 7-2-98, Amended _____.

65C-20.013 Large Family Child Care Homes.

(1) Large Family Child Care Homes. Large family child care homes shall meet all of the requirements in Rules 65C-20.008-.012, F.A.C., in addition to the requirements listed below.

(2) Definitions:

(a) "Full Time Employee," means one additional staff person at least 18 years of age, who is on the premises of a home operating as a large family child care home.

(b) "Hours of Operation," means the hours of the day or night that a large family child care home has enough children in care to meet the definition of a large family child care home.

(c) "Large Family Child Care Home," is defined by s. 402.3131, F.S., and for the purpose of this rule means a home which must have been licensed in the State of Florida as a family day care home for two consecutive years, with an operator who has had a child development associate credential or its equivalent for 1 year, and meet all the requirements of this rule. Large family child care homes must meet and comply with all standards of this rule at all times unless there are insufficient numbers of children in care to meet the definition of a large family child care home, in which case an additional employee is not required.

(d) "Operator," means the occupant and licensee of the large family child care home who is at least 21 years of age and responsible for the overall operation of the home.

(e) "Substitute," means a competent adult, at least 18 years of age, who is available to substitute for the operator or employee on a temporary or emergency basis.

(3) License.

(a) Application for a license or for renewal of a license to operate a large family child care home shall be made on CF-FSP Form 5238, Jan 2003 ~~Dec. 1999~~, Application for a License to Operate a Large Family Child Care Home, which is incorporated by reference and can be obtained at the Department of Children and Families local district service center or the local licensing agency. A license to operate a Large Family Child Care Home may be used to operate a Family Day Care Home, when the number of children in care meets the definition of a Family Day Care Home. A license to operate a Family Day Care Home cannot be used to operate a Large Family Child Care Home.

(b) A copy of the annual license shall be posted in a conspicuous location within the large family child care home.

(4) Personnel:

(a) The large family child care home license shall be issued in the name of the operator who must be at least 21 years of age and the occupant of the large family child care home. In the event of rental or leased property the operator shall be the individual who occupies the residence.

(b) The operator of the large family child care home may not work outside of the home during hours when the large family child care home is operating.

(5) Staff Training:

(a) In addition to the successful completion of the 30-clock-hour Family Child Care Home training completed prior to caring for children, large family child care home operators must successfully complete training in Within 90 days of licensure, all large family child care home operators shall begin training in the department's 40-clock-hour introductory course in group child care and shall complete such training within 1 year of the date that the training began. The training shall consist of the 30-clock-hour Family Child Care Training course, documented on the department's CF-FSP Form 5194, May 97 and one of the following 10-clock-hour specialized training modules within six (6) months of licensure:

1. Infant and Toddler Developmentally Appropriate Practices for infants and toddlers.
2. Preschool Developmentally Appropriate Practices for young children.
3. School-Age Developmentally Appropriate Practices for school-age children.
4. Special Needs Developmentally Appropriate Practices for children with special needs.

(b) Documentation. Training certificates are issued by training coordinating agencies upon the successful completion of training. The 10-hour specialized training must be

documented on CF-FSP Form 5166, July 2002 ~~Jan. 98~~, the Department's Specialized Training Module Certificates, which are incorporated by reference.

(c) Large family child care homes must have one person on the premises during all hours of operation who has a valid certificate of course completion for infant and child cardiopulmonary resuscitation procedures and first aid training.

(d) Employees in a large family child care home shall be at least 18 years of age and within 90 days of employment within the child care field, shall begin the 30-clock-hour Family Child Care Home tTraining course. The training shall be completed within one year of the date on which the training began. The Family Child Care Home tTraining Course must be documented on the department's CF-FSP Form 5194, July 2002 ~~May 97~~, Family Child Care Home tTraining certificate, which is incorporated by reference.

(e) Substitutes for the operator of large family child care homes shall be at least 18 years of age and shall have successfully completed the 30-clock-hour Family Child Care Home tTraining course, as demonstrated through passage of a competency examination with a seventy (70) percent or higher score. Completion of the 30 hour Family Child Care Home training shall be documented on the department's CF-FSP Form 5194, July 2002 ~~May 97~~, Family Child Care Home tTraining certificate, which is incorporated by reference prior to taking care of children. Substitutes for an employee at a large family child care home less than 40 hours a month shall complete the department's 3-clock-hour Fundamentals of Child Care tTraining course. Substitutes for an employee at a large family child care home who work more than 40 hours a month shall successfully complete the 30-clock-hour Family Child Care Home tTraining course, as demonstrated through passage of a competency examination with a seventy (70) percent or higher score, documented on the form referenced above prior to taking care of children. All large family child care home substitutes who have completed the 30-clock-hour Family Child Care Home training prior to the availability of the competency examination will not be required to complete the competency based testing.

(6) Supervision.

(a) In a large family child care home direct supervision must be maintained at all times during the hours of operation. Direct supervision means watching and directing children's activities within the area designated as usable indoor floor space or outdoor play space and responding to each child's need.

(b) Additional Supervision Requirements.

1. In addition to the number of staff required to meet staff to child ratios, if there are more than 6 preschoolers participating on field trips away from the large family child care home, there must be one additional adult present, per each 6 preschoolers, to provide direct supervision to the children. If

~~there are more than 6 preschoolers participating on field trips away from the large family child care home an additional adult must be present during the field trip for the purpose of safety and to assist in providing direct supervision.~~ Where some children remain in the home the adult supervision as required in s. 402.302(8), F.S., shall be maintained. At no time shall the total number of children exceed the capacity as defined in s. 402.3131, F.S.

1. An additional adult must be present during all water activities, for the purpose of safety, to assist in providing direct supervision. If a large family child care home uses a swimming pool which exceeds 3 feet in depth or uses beach or lake areas for water activities, the large family child care home must provide one person with a certified lifeguard certificate or equivalent, unless a certified lifeguard is on duty and present when children are in the swimming area.

(7) Transportation.

(a) When any vehicle is regularly used by a large family child care home to provide transportation, the driver shall have a current Florida driver's license in accordance with ss. 322.01-.70, Florida Statutes.

(b) All large family child care homes must maintain current insurance coverage on all vehicles used to transport children in care, and documentation thereof ~~comply with the inspection responsibilities and insurance requirements found in s. 316.615, F.S.~~

(c) The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory installed seat belts.

(d) Each child, when transported, must be in an individual factory installed seat belt or federally approved child safety restraint, unless the vehicle is excluded from this requirement by Florida Statute.

(e) An adult must remain within sight and sound of children being transported in a vehicle so as to be able to respond to the needs of the children at all times.

(f) Prior to transporting children and upon the vehicle(s) arrival at its destination the following shall be conducted by the driver(s) of the vehicle(s) used to transport the children:

1. A log shall be maintained for all children being transported in the vehicle. The log shall be retained for a minimum of six months. The log shall include each child's name, date, time of departure and time of arrival, signature of driver and signature of second staff member to verify driver's log and the fact that all children have left the vehicle.

2. Upon arrival at the destination the driver of the vehicle shall:

a. Mark each child off the log as the child departs the vehicle,

b. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle, and

c. Sign the log verifying that all children were all accounted for and that the visual sweep was conducted.

3. Upon arrival at the destination a second staff member shall:

a. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle, and

b. Sign the log verifying that all children were accounted for and drivers log is complete.

(g) Smoking is prohibited in all vehicles being used to transport children.

(8) Planned and Unplanned Activities.

Each age group or class must have a written and followed plan of scheduled activities posted in a place accessible to the parents. The written plan must meet the needs of the children being served and include scheduled activities which:

1. Promote emotional, social, intellectual and physical growth.

2. Include quiet and active play, both indoors and outdoors.

3. Include meals, snacks, and nap times, if appropriate for the age and the times the children are in care.

(b) A permission and transportation release form signed by the parent or legal guardian of the children in care must be on file for planned and unplanned activities.

1. A telephone or other means of instant communication shall be available to the operator, employee or other adult responsible for children during all field trips.

2. Emergency medical forms signed by the parent or legal guardian and emergency contact numbers must accompany the children on all field trips.

(9) Child Discipline.

(a) Large family child care homes shall adopt a discipline policy consistent with s. 402.305(12), F.S.

(b) All child care personnel ~~Each staff member~~ of the large family child care home shall comply with the facility's written disciplinary policy. Such policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.

(b) Copy of the discipline policy must be available for review by the licensing authority, ~~in order to determine compliance with s. 402.305(12), F.S.~~

(10) General Requirements.

(a) Fire Safety. Large family child care homes shall conform to state standards adopted by the State Fire Marshal, Chapter 4A-36, Florida Administrative Code, Uniform Fire Safety Standards for Child Care Facilities and shall be inspected annually.

(b) Indoor Floor Space and Indoor Equipment.

1. A large family child care home must have 35 square feet of usable indoor floor space per child which does not include bedrooms unless it can be demonstrated that these bedrooms are used as multipurpose activity rooms.

2. Usable indoor floor space refers to that space available for indoor play and activities. Usable indoor floor space is calculated by measuring at floor level from interior walls and by deleting space for stairways, toilets and bath facilities, permanent fixtures and non-movable furniture. Kitchens, offices, laundry rooms, storage areas, and other areas not used in normal day-to-day operations are not included when calculating usable indoor floor space.

3. Shelves or storage for toys and other materials shall be considered as usable indoor floor space if accessible to children.

4. Where infants are in care, they shall have open indoor floor space outside of cribs and playpens.

5. Large family child care homes shall make available toys, equipment and furnishings suitable to each child's age and development and of a quantity for each child to be involved in activities.

6. Toys, equipment and furnishings must be safe and maintained in a sanitary condition.

(c) Outdoor Play Space and Outdoor Equipment.

1. At all large family child care homes the outdoor play space shall be fenced, a minimum of 4 feet in height. Fencing, including gates, must be continuous and shall not have gaps that would allow children to exit the outdoor play area. The base of the fence must remain at ground level, free from erosion or buildup, to prevent inside or outside access by children or animals.

2. All large family child care homes must have a minimum of 270 square feet of usable outdoor play space located on their property and which is exclusively used for the children attending or residing at the large family child care home. Large family child care homes caring only for infants under 12 months of age, shall not be required to have an outdoor play space; however, infants in care shall be provided opportunities for outdoor time each day that weather permits.

3. All large family child care homes shall provide equipment and play activities suitable to each child's age and development.

4. All play equipment shall be securely anchored, unless portable by design, in good repair, maintained in safe condition, and placed to ensure safe usage by the children. Maintenance shall include ~~routine~~ checks at least every other month of all supports, above and below the ground, all connectors, and moving parts.

5. Permanent playground equipment must have a ground cover or other protective surface under the equipment which provides resilience and is maintained to reduce the incidence of injuries to children in the event of falls.

6. All equipment, fences, and objects on the large family child care home's premises shall be free of sharp, broken and jagged edges and properly placed to prevent overcrowding or safety hazards in any one area.

7. All equipment used in the outdoor play area shall be constructed to allow for water drainage and maintained in a safe and sanitary condition.

(d) Emergency Procedures and Notification.

1. The operator shall prepare an emergency evacuation plan including a diagram of safe routes by which the operator, employee and children may exit each area of the home in the event of fire or other emergency requiring evacuation. This plan shall be posted or shared with the employees and parents.

2. In addition to conducting fire drills as specified in 65C-20.010(3)(b)4., F.A.C., the large family child care home shall maintain the fire drill record on the premises for twelve months.

(11) Enforcement. Pursuant to section 402.3131, F.S., the department or local licensing agency shall deny, suspend, revoke a license, or impose an administrative fine for the violation of any provision of ss. 402.301-402.319, F.S., or rules adopted thereunder.

Specific Authority 402.3131 FS. Law Implemented 402.3131, 402.302, 402.305 FS. History--New 5-21-00, Amended 1-4-01, 7-1-02,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Vikki Griffin, Management Analyst, 1317 Winewood Blvd., Building 6, Room 387, Tallahassee, FL 32399

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Deborah Russo, 1317 Winewood Blvd., Building 6, Room 389-A, Tallahassee, FL 32399

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 14, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 19, 2002

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Family Safety and Preservation Program

RULE TITLES:	RULE NOS.:
General Information	65C-22.001
Physical Environment	65C-22.002
Training	65C-22.003
Health Related Requirements	65C-22.004
Food and Nutrition	65C-22.005
Record Keeping	65C-22.006

PURPOSE, EFFECT AND SUMMARY: The rule modifications contained in this document will establish noticing requirements of gold seal accreditation; establish an exemption from licensure for programs providing child care for children in grades 6 and above; incorporate competency based testing standards; clarify health and safety requirements; incorporate safety standards for swimming pools and other potential water hazards; incorporate by reference updated documents including current Uniform Fire Safety Standards; delete the requirement for documentation of a negative tuberculosis test for child care personnel, clarify licensing

requirements; establish standards for training prior to providing child care; establish disciplinary standard guidelines; and incorporate standards for parental consent.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 402.305 FS.

LAW IMPLEMENTED 402.305 FS.

A PUBLIC HEARING WILL BE HELD AT THE TIME, DATES AND PLACES SHOWN BELOW:

TIME AND DATE: 10:00 a.m., April 2, 2003

PLACE: State Regional Service Center, Hurston South Tower, 1st Floor, Room D, 400 West Robinson Street, Orlando, Florida 32801

TIME AND DATE: 10:00 a.m., April 3, 2003

PLACE: Florida Department of Children and Family Services, District 4 Office, Auditorium 2nd Floor, 5920 Arlington Expressway, Jacksonville, Florida 32211

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Vikki Griffin, Management Analyst, 1317 Winewood Blvd. Building 6, Room 387, Tallahassee, FL 32399, (850)921-0701

THE FULL TEXT OF THE PROPOSED RULES IS:

65C-22.001 General Information.

(1) Application.

(a) Application must be made on CF-FSP Form 5017, Jan. 2003 Jan. 98, Application For A License To Operate A Child Care Facility, which is incorporated by reference.

(b) Each completed application must be submitted with the licensure fee.

(c) The completed application must be signed by the individual owner, or prospective owner, or the designated representative of a partnership, association, or corporation.

(d) A completed application for renewal of an annual license must be submitted to the department or local child care licensing agency at least 45 days prior to the expiration date of the current license to ensure that a lapse of licensure does not occur. The renewal application and required forms may be obtained from the local child care licensing office.

~~(e)(4)~~ In order to operate as an urban child care facility, the child care facility must provide documentation at the time of application that the outdoor play space requirement cannot be met, and must receive approval from the licensing authority. An urban child care facility will not be approved if outdoor space is found by the department or local licensing agency to be available.

(2) License.

(a) A child care facility license is issued in the name of the owner, partnership, association, or corporation.

(b) In compliance with Section 402.305(19), F.S., at least one week prior to changing ownership of a child care facility, one of the following methods of notification to parents or guardians must be observed:

1. Posting a notice in a conspicuous location at the facility.
2. Incorporating information in any existing newsletter.
3. Individual letters, or fliers.

(c) Child Care facilities accredited by one of the recognized gold seal accrediting agencies as referenced in s. 402.281, F.S., shall notify the department or local licensing agency within 30 days of receipt of their accreditation. Gold Seal providers shall post the current Gold Seal certificate in a conspicuous location at the facility.

(3) Minimum Age Requirements. In the absence of the operator, there must be a staff person at least 21 years of age in charge of the child care facility and on the premises at all times.

(4) Ratios.

(a) The staff-to-children ratio, as established in Section 402.305(4), F.S., is based on primary responsibility for the direct supervision of children and applies at all times while children are in care.

(b) Mixed Age Groups.

1. In groups of mixed age ranges, where children under 1 year of age are included, one staff member shall be responsible for no more than 4 children of any age group.

2. In groups of mixed age ranges, where children 1 year of age but under 2 years of age are included, one staff member shall be responsible for no more than 6 children of any age group.

(5) Supervision.

(a) Direct supervision means watching and directing children's activities within the same room or designated outdoor play area and responding to each child's need. Child care personnel at a facility must be assigned to provide direct supervision to a specific group of children and be present with that group of children at all times. When caring for school age children, child care personnel shall remain responsible for the supervision of the children in care and capable of responding to emergencies, and are accountable for children at all times, which includes when children are separated from their groups.

(b) During nap time, supervision means sufficient staff in close proximity, within sight and hearing of all the children. All other staff to meet the required staff-to-children ratio shall be within the same building on the same floor and be readily accessible and available to be summoned to ensure the safety of the children.

(c) No person who uses, or is under the influence of, narcotics, alcohol, or other impairing drugs, which affects their ability to provide supervision and safe child care, shall be an operator, owner, or employee in a child care facility.

(d) Additional Supervision Requirements.

1. In addition to the number of staff required to meet the staff to child ratio, one additional adult ~~An additional adult~~ must be present on all field trips away from the child care facility, for the purpose of safety, to assist in providing direct supervision.

2. An additional adult must be present during all water activities, for the purpose of safety, to assist in providing direct supervision. If a child care facility uses a swimming pool which exceeds 3 feet in depth or uses beach or lake areas for water activities, the child care facility must provide one person with a certified lifeguard certificate or equivalent, unless a certified lifeguard is on duty and present when any children are in the swimming area.

3. A telephone or other means of communication shall be available to staff responsible for children during all field trips. Cell phones, two-way radio devices, citizen band radios, and other means of instant communication are accepted.

(6) Transportation. For the purpose of this section, vehicles refer to those owned/operated or regularly used by the child care facility, and vehicles that provide transportation through a contract or agreement with an outside entity.

(a) When any vehicle is regularly used by a child care facility to provide transportation, the driver shall have a current Florida driver's license and an annual physical examination which grants medical approval to drive.

(b) All child care facilities must comply with the inspection responsibilities and insurance requirements found in Section 316.615, F.S.

(c) All vehicles regularly used to transport children shall be inspected annually, by a mechanic, to ensure proper working order. Documentation by the mechanic shall be maintained in the vehicle.

(d) The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory installed seat belts.

(e) Each child, when transported, must be in an individual factory installed seat belt or federally approved child safety restraint, unless the vehicle is excluded from this requirement by Florida Statute.

(f) When transporting children, staff to child ratios must be maintained at all times. The driver may be included in the staff to child ratio. Prior to transporting children and upon the vehicle(s) arrival at its destination the following shall be conducted by the driver(s) of the vehicle(s) used to transport the children:

1. A log shall be maintained for all children being transported in the vehicle. The log shall include each child's name, date, time of departure and time of arrival, signature of

driver and signature of second staff member to verify driver's log and the fact that all children have left the vehicle. The log shall be retained for a minimum of four months.

2. Upon arrival at the destination the driver of the vehicle shall:

a. Mark each child off the log as the child departs the vehicle,

b. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle, and

c. Sign the log verifying that all children were all accounted for and that the visual sweep was conducted.

3. Upon arrival at the destination a second staff member shall:

a. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle, and

b. Sign the log verifying that all children were accounted for and drivers log is complete.

(7) Planned Activities.

(a) Each age group or class must have a written and followed plan of scheduled activities posted in a place accessible to the parents. The written plan must meet the needs of the children being served and include scheduled activities which:

1. Promote emotional, social, intellectual and physical growth.

2. Include quiet and active play, both indoors and outdoors.

3. Include meals, snacks and nap times, if appropriate for the age and the times the children are in care.

(b) Parents must be advised in advance of each field trip activity. The date, time and location of the field trip must be posted in a conspicuous location at least 2 working days prior to each field trip. Written parental permission must be obtained, either in the form of a general permission slip, or prior to each field trip activity. If special circumstances arise where notification of an event cannot be posted for 2 working days then individual permission slips must be obtained from each parent.

(8) Child Discipline.

(a) Verification that the child care facility has provided, in writing, the disciplinary practices used by the facility shall be documented on the enrollment form, with the signature of the custodial parent or legal guardian.

(b) All child care personnel ~~Each staff member~~ of the child care facility must comply with the facility's written disciplinary practices. Such policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.

(c) A copy of the facility's current written disciplinary practices must be available to the licensing authority to review for compliance with Section 402.305(12), F.S.

(9) Access. A child care facility must provide the custodial parent or legal guardian access, in person and by telephone, to the child care facility during the facility's normal hours of operation or during the time the child is in care.

Specific Authority 402.305, 402.281 FS. Law Implemented 402.305, 402.3055, 402.308, 402.281 FS. History—New 6-1-97, Amended 3-17-99, 7-26-00, 1-4-01, _____.

65C-22.002 Physical Environment.

(1) General Requirements.

(a) Pursuant to Section 402.305(5), F.S., school age programs operated in public school facilities, regardless of the operator, shall follow the standards set forth by the Florida Building Code State Requirements ~~State Uniform Building Code~~ for Public Educational Facilities.

(b) All programs, regardless of the location, providing child care exclusively for children in grades 6 and above shall be exempt from licensure under this rule.

~~(c)(b)~~ All child care facilities must be in good repair, free from health and safety hazards, clean, and free from vermin infestation. During the hours that the facility is in operation, no portion of the building shall be used for any activity which endangers the health and safety of the children.

~~(d)(e)~~ All areas and surfaces accessible to children shall be free of toxic substances and hazardous materials.

~~(e)(d)~~ Animals must be properly immunized, free of disease, and clean.

~~(f)(e)~~ All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled. These items as well as knives and sharp tools shall be stored in locations inaccessible to the children in care.

~~(g)(f)~~ No firearms shall be kept on the premises.

~~(h)(g)~~ No narcotics, alcohol, or other impairing drugs shall be present on the premises.

~~(i)(h)~~ Pursuant to Chapter 386, Florida Statutes, ~~s~~Smoking is prohibited within the child care facility, ~~and~~ all outdoor play areas, and in vehicles when being used to transport children.

(2) Rooms Occupied by Children.

(a) All rooms must have and maintain lighting the equivalent of 20 foot candles at three feet from the floor to allow for supervision and for safe methods of entering and exiting each room. At all times lighting must be sufficient enough to visually observe and supervise children, including during naptime.

(b) An inside temperature of 65° to 82° F. must be maintained at all times.

(c) All rooms shall be kept clean, adequately ventilated and in good repair. Cleaning shall not take place while rooms are occupied by children except for general clean-up activities which are a part of the daily routine.

(d) Rodents and vermin shall be exterminated. Pest control shall not take place while rooms are occupied by children.

(3) Indoor Floor Space.

(a) A child care facility that held a valid license on October 1, 1992, must have a minimum of 20 square feet of usable indoor floor space for each child. A child care facility that did not hold a valid license on October 1, 1992, and seeks regulatory approval to operate as a child care facility, must have a minimum of 35 square feet of usable indoor floor space for each child.

(b) Usable indoor floor space refers to that space available for indoor play, classroom, work area, or nap space. Usable indoor floor space is calculated by measuring at floor level from interior walls and by deleting space for stairways, toilets and bath facilities, permanent fixtures and non-movable furniture. Kitchens, offices, laundry rooms, storage areas, and other areas not used in normal day-to-day operations are not included when calculating usable indoor floor space.

(c) Shelves or storage for toys and other materials shall be considered as usable indoor floor space if accessible to children.

(d) Where infants are in care, they shall have open indoor floor space outside of cribs and playpens. The space used for play may be interchangeable with space used for cribs and play pens.

(4) Outdoor Play Area.

(a) There shall be a minimum of forty-five (45) square feet of usable, safe and sanitary outdoor play area per child, one (1) year of age and older. A minimum outside play area shall be provided for one-half (1/2) of this identified population.

(b) The outdoor play area shall be calculated at the rate of forty-five (45) square feet per child in any group using the play area at one time.

(c) The outdoor play area shall be clean, free of litter, nails, glass and other hazards.

1. The outdoor play area shall provide shade.

2. During outdoor play, personnel must situate themselves in the outdoor play area so that all children can be observed and direct supervision provided.

(d) The facility's outdoor play area shall be ~~adequately~~ fenced in accordance with accepted safety practices and local ordinances to prevent access by children to all water hazards, within or adjacent to outdoor play areas, such as pools, ditches, retention and fish ponds.

(e) The outdoor play area shall have and maintain safe and adequate fencing or walls a minimum of four (4) feet in height. Fencing, including gates, must be continuous and shall not have gaps that would allow children to exit the outdoor play area. The base of the fence must remain at ground level, free

from erosion or build-up, to prevent inside or outside access by children or animals. A fence is not required if all the following conditions are met:

1. The children using the outdoor play area are in five-year-old kindergarten and grades one or above;

2. In addition to the established staff-to-children ratios, for the purpose of safety, an additional staff member is present, during all times of outdoor activities, to assist in providing direct supervision;

3. The outdoor play area is not located adjacent to a congested, heavily trafficked location or near any major intersections, crowded business areas, or water hazards; and

4. The department or local licensing agency has provided written authorization to the program to operate without a fence.

(f) For the purposes of a licensed urban child care facility, an additional minimum of 45 square feet of usable indoor play space for 25% of the licensed capacity shall be substituted for outdoor play space. The urban child care facility must provide this additional indoor space with equipment that provides physical activities appropriate for the age of the children.

(g) Infants in care shall be provided opportunities for outdoor time each day that weather permits.

(5) Napping and Sleeping Space. For the purposes of these standards, sleeping refers to the normal overnight sleep cycle while napping refers to a brief period of rest during daylight or early evening hours.

(a) Each facility must include a designated area where a child can sit quietly and lie down to rest or nap. When not in use, napping space and usable indoor floor space may be used interchangeably.

(b) When napping or sleeping, each child in care must be provided safe and sanitary bedding. Bedding means a cot, bed, crib, playpen, mattress or floor mat. Floor mats must be at least one inch thick and covered with an impermeable surface. Floor mats and playpens may not be used for care when children are sleeping. Bedding must be appropriate for the child's size. Bedding is not required for school age children, however, the program or facility shall provide an area as described in paragraph 65C-22.002(5)(a), F.A.C., for those children choosing to rest.

(c) Linens, if used, must be laundered at least once each week and more often if soiled or dirty. Linens, if used for more than one child shall be laundered between usage. Linens must be provided when children are sleeping and pillows and blankets must be available.

(d) Linens must be stored in a sanitary manner.

(e) A minimum distance of eighteen (18) inches must be maintained around individual napping and sleeping spaces. Exit areas must remain clear in accordance with fire safety regulations.

(f) Children up to one (1) year of age must be in their own crib, portacrib or playpen with sides. When napping or sleeping, young infants that are not capable of rolling over on

their own should be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternate position is authorized in writing by a physician. The documentation shall be maintained in the child's record. Crib sides must be raised and secured while an infant is in the crib. Cribs must meet the construction regulations as outlined in Title 16, Parts 1508 & 1509, Code of Federal Regulations.

(g) No double or multi-deck cribs, cots or beds may be used.

(6) Toilet and Bath Facilities.

(a) Each child care facility shall provide and maintain toilet and bath facilities, which are easily accessible and at a height usable by the children. Platforms are acceptable when safely constructed and easily cleaned and sanitized.

(b) For facilities having from one to fifteen children, there shall be one toilet and one wash basin. There shall be one additional toilet and basin for every thirty children thereafter.

1. If only diapered infants babies are cared for in the facility, there need be only one toilet plus two basins for each thirty infants.

2. Potty chairs, if used, shall be in addition to the toilet requirements and shall be cleaned and sanitized after each use.

(c) Toilet facilities shall not open directly into an area where food is prepared. A toilet facility may open directly into an area used by children where food is served.

(d) Children must receive supervision and care in accordance with their age and required needs and be accounted for at all times while bathing or toileting.

(e) At least one portable or permanent bath facility shall be provided and be available for bathing children, unless the program exclusively serves school age children.

(f) Running water, toilet paper, disposable towels or hand drying machines that are properly installed and maintained, soap and trash receptacles shall be available and within reach of children using the toileting facility.

(g) Each basin and toilet must be maintained in good operating condition and sanitized as needed, at least once per day.

(7) Fire Safety.

(a) Unless statutorily exempted, all child care facilities shall conform to state standards adopted by the State Fire Marshal, Chapter 4A-36, F.A.C., Uniform Standards for Life Safety and Fire Prevention in Child Care Facilities and shall be inspected annually. A copy of the current and approved annual fire inspection report by a certified fire inspector must be on file with the department or local licensing agency.

(b) There shall be at least one operable corded telephone in the child care facility which is neither locked nor located at a pay station and is available to all staff during the hours of operation, ~~even in the event of a power outage.~~

(c) Fire drills shall be conducted monthly and shall be conducted when children are in care. A current attendance record must accompany staff out of the building during a drill or actual evacuation and be used to account for all children.

(8) Health and Sanitation.

(a) General Requirements.

1. All buildings, when the windows or doors are open, must have and maintain ~~be~~ screened to prevent entrance of any insect or rodent. Screens are not required for open air classrooms and picnic areas.

2. Following personal hygiene procedures for themselves or when assisting others, employees, volunteers, and children shall wash their hands with soap and running water, drying thoroughly.

3. Safe drinking water shall be available to all children. If disposable cups are used, they must be discarded after each use.

4. If the children are sleeping overnight in the facility, child care staff must ensure accepted bedtime routines, such as brushing teeth and face and hand washing. Toothbrushes, towels and wash cloths may not be shared.

(b) Diapering Requirements.

1. Hand washing facilities which include a basin with running water, disposable towels or hand drying machines that are properly installed and maintained, soap, and trash receptacle shall be maintained available in the infant room or in an adjoining room which opens into the room where infants or children with special needs in diapers are in care. Hands shall be washed and dried thoroughly after each diapering or toileting procedure. Handwashing sinks shall not be used for food service preparation or food clean up.

2. When children in diapers are in care, there shall be a diaper changing area with an impermeable surface which is cleaned with a sanitizing solution after each use. Children must be attended at all times when being diapered or when changing clothes.

3. Diaper changing shall be in a separate area from the feeding or food service area.

4. There shall be a supply of clean diapers, clothing and linens at all times, which shall be changed or removed promptly when soiled or wet.

5. Soiled disposable diapers shall be disposed of in a plastic lined, securely covered container, which is not accessible to children. The container shall be emptied and sanitized at least daily.

6. Soiled cloth diapers shall be emptied of feces in the toilet and placed in a securely covered container which is not accessible to children. The container shall be emptied and sanitized daily.

(9) Equipment and Furnishings.

(a) Indoor Equipment.

1. A child care facility shall make available toys, equipment and furnishings suitable to each child's age and development and of a quantity for each child to be involved in activities.

2. Toys, equipment and furnishings must be safe and maintained in a sanitary condition.

(b) Outdoor Equipment.

1. A child care facility shall provide and maintain equipment and play activities suitable to each child's age and development.

2. All play equipment shall be securely anchored, unless portable by design, in good repair, maintained in safe condition, and placed to ensure safe usage by the children. Maintenance shall include ~~routine~~ checks at least every other month, of all supports, above and below the ground, all connectors, and moving parts.

3. Permanent playground equipment must have a ground cover or other protective surface under the equipment which provides resilience and is maintained to reduce the incidence of injuries to children in the event of falls.

4. All equipment, fences, and objects on the facility's premises shall be free of sharp, broken and jagged edges and properly placed to prevent overcrowding or safety hazards in any one area.

5. All equipment used in the outdoor play area shall be constructed and maintained to allow for water drainage and maintained in a safe and sanitary condition.

Specific Authority 402.301, 402.305 FS. Law Implemented 402.305 FS. History—New 6-1-97, Amended 7-2-98, 3-17-99, _____.

65C-22.003 Training.

(1) Definitions.

(a) "Training Coordinating Agencies" are authorized contract providers, designated by the department and responsible for the coordination of child care personnel training at the district/regional level.

(b) "CDA," Child Development Associate is a national credential, recognized throughout the United States and the world, issued by the Council for Early Childhood Professional Recognition in Washington, DC.

(c) "State Approved CDA Equivalency," is a training program that has been approved by the department as meeting or exceeding the criteria established for an equivalency program.

(d) "Director," for the purpose of this section and consistent with the statutory definition of operator, refers to the onsite administrator or individual of a child care facility who has the primary responsibility for the day-to-day operation, supervision and administration of the child care facility.

(e) "Director Credential," also referred to as "Florida Child Care and Education Program Administrator Credential," means a comprehensive credentialing program consisting of two levels of education and experiential requirements as outlined in subsection 65C-22.003(7), F.A.C.

(f) "Before-school and after-school sites," for the purposes of this section means, programs, no matter their location, providing child care for children who are five years old and above, when they are enrolled in and attending a kindergarten program or grades one and above, during the school district's calendar year. This is limited to programs providing care before and after the school day only, teacher planning days, holidays, and intercessions that occur during the school district's official calendar year.

(g) "Begin training for child care personnel," means to commence coursework or complete a competency examination for one of the statutorily mandated child care training modules. The begin date for training is the initial date an individual commences training in the child care field.

(2) Training Requirements.

(a) The 40 hour Introductory Child Care Training requirement is divided into two parts. Part I is outlined in Section 402.305(2)(d), F.S., and is comprised of 30 hours of training, consisting of the department's training modules, identified below:

1. State & Local Rules and Regulations.
2. Health, Safety, and Nutrition.
3. Identifying and Reporting Child Abuse & Neglect.
4. Child Growth & Development.
5. Behavioral Observation and Screening.

Part II is comprised of 10 hours of training, consisting of a selection of one of the department's specialized training modules, identified below. Part II consists of five specialized training modules any of which child care personnel can choose to attend and together with Part I will complete the 40 hour training requirement

1. Infant and Toddler Developmentally Appropriate Practices for infants and toddlers;
2. Preschool Developmentally Appropriate Practices for young children;
3. School-Age Developmentally Appropriate Practices for school-age children;
4. Special Needs Developmentally Appropriate Practices for children with special needs.
5. Owners/Operators of child care programs.

(b) Child care personnel hired on or after October 1, 1992, must successfully complete Part I and Part II of the department's 40 hour Introductory Child Care Training course requirement. Successful completion of the 40 hour training requirement is evidenced by passage of competency examinations with a seventy (70) percent or better score. Child care personnel who have completed the mandatory 40

hour Introductory Child Care Training prior to the availability of the competency examinations will not be required to complete the competency based testing.

(c) Documentation. Training certificates are issued by training coordinating agencies upon the successful completion of training.

1. Part I, Modules I through IV, must be documented on CF-FSP Form 5154, July 2002 Oct. 96, Part I, Module V, must be documented on CF-FSP 5243, July 2002 Sept. 2000, and Part II must be documented on CF-FSP Form 5166, July 2002 Oct. 96, the Department's Specialized Training Module Certificates (Part II), which are incorporated by reference.

2. The original certificate of completion is the property of the individual and a copy of the certificate must be included in the child care personnel record and maintained at each facility.

(3) Exemptions from Part I of the Introductory Child Care Training Course.

(a) Examination Exemptions.

(a) Child care personnel can be exempt from any of the 40 hour five (5) Introductory Child Care Training modules by successfully completing competency examinations module exemption tests with a seventy (70) percent or better score. Competency examinations Exemption tests will be offered by the training coordinating agency, or its designee.

(b) Educational Exemptions.

1. (b) Training coordinating agencies shall exempt child care personnel with one of the following educational qualifications, from the Health, Safety and Nutrition, module and the Child Growth and Development and Behavioral Observation and Screening Modules: module:

a. 1. Two year degree or higher with 6 college credit hours in early childhood/child growth and development.

b. 2. Child Development Associate credential, state-approved Florida CDA Equivalency course, or CDA Exemption Waiver certificate.

2. Training coordinating agencies shall exempt child care personnel with a B.A., B.S. or advanced degree in Early Childhood Education from the Infant and Toddler Appropriate Practices module or Preschool Appropriate Practices module.

3. Training coordinating agencies shall exempt child care personnel with a B.A., B.S. or advanced degree in Elementary Education from the School-Age Appropriate Practices module.

4. Training coordinating agencies shall exempt child care personnel with a B.A., B.S. or advanced degree in Exceptional Student Education from the Special Needs Appropriate Practices module.

(4) Trainer Qualifications. Qualified child care professionals approved eligible to teach the department's child care training modules introductory child care training course (Part I), the specialized training modules (Part II), 30-clock-hour Family Child Care Training course and the 3-Hour Fundamentals of Child Care training course, at a minimum must meet the following qualifications:

(a) Be at least 21 years old.

(b) Complete the 6-clock-hour Train-the-Trainer child care trainer course developed by the department.

~~(c) Complete each of the training modules (Part I and Part II).~~

~~(c)(4)~~ Meet one of the following educational experiential credentials verified by the training coordinating agency:

1. Four year college degree or higher with 6 college credit hours in early childhood/child growth and development, plus, 480 hours experience in a child care setting serving children ages birth through eight years of age or a teaching certificate.

2. A.S. or A.A. degree in child development, plus 480 hours experience in a child care setting serving children ages birth through eight years of age.

3. Associate degree with 6 college credit hours in early childhood/child growth and development, plus 960 hours experience in a child care setting serving children ages birth through eight years of age.

(5) Annual In-service Training.

(a) All child care facility personnel, must complete a minimum of 8-clock-hours of in-service training annually during the state's fiscal year beginning July 1 and ending June 30.

(b) The annual 8-clock-hour in-service training must be completed in one or more of the following areas:

1. Health and safety; including universal precautions;
2. CPR/first aid;
3. Nutrition;
4. Child development – typical and atypical;
5. Child transportation and safety;
6. Behavior management;
7. Working with families;
8. Design and use of child oriented space;
9. Community, health and social service resources;
10. Child abuse;
11. Child care for multilingual children;
12. Working with children with disabilities in child care;
13. Owner or operator training program;
14. Playground safety; ~~or~~
15. Literacy; or

~~16.15.~~ Other course areas relating to child care or child care management.

(c) Documentation of the in-service training must be recorded on CF-FSP Form 5130, Apr. 97, Child Care In-service Training Record, which is incorporated by reference, and included in the child care facilities' personnel records.

(6) Staff Credentials.

(a) Every licensed child care facility must have one member of its child care personnel for every 20 children with one of the following qualifications:

1. National Child Development Associate Credential.

2. Formal Educational Qualifications. Procedures for individuals with an associate level (2 year) degree or higher seeking the credentialing requirement are outlined on CF-FSP Form 5211, Oct. 01, Child Care Personnel Education/Employment History Verification Form, which is incorporated by reference.

3. Graduate of a state approved Florida CDA equivalency training program.

a. Early Childhood Education Training Programs seeking equivalency to the CDA should submit a completed CF-FSP Form 5191, July 02 ~~Sept. 98~~, Application for CDA Equivalency for Training Programs, which is incorporated by reference, to the department for approval.

b. The criterion for programs wishing to be recognized as a state approved CDA equivalency is determined by the department and is outlined on the Application for CDA Equivalency for Training Programs.

4. Employment History Recognition Exemption.

a. In addition to the requirements and time frames established in statute, employment history experience must include a minimum of 15 hours per week per year or 540 hours per year working with children in a licensed, registered or exempt child care program as defined in Section 402.301, F.S., or teaching experience in a public or private school.

b. Documentation of employment history recognition must include notarized letters indicating previous employment or other forms of documentation such as W-2 forms, licensing records, or income tax return forms for each place of employment.

5. Graduate of the approved Florida School-Age Certification Training Program.

a. Early Childhood Education Training organizations seeking to provide the Florida School-Age Certification Training Program, must utilize the Florida School-Age Certification Training Program as approved by the department. Organizations seeking to provide the Florida School-Age Certification Training Program, must apply for approval on CF-FSP Form 5257, July 02 ~~Oct. 01~~, Application to Provide the Florida School-Age Certification Training Program, which is incorporated by reference.

b. In order to receive the Florida School-Age Certification, a candidate must have completed the department's Florida School-Age Certification Training Program, which consists of the following:

(I) A total of 120 hours of training consisting of Part I of the Introductory Child Care Training Course, the department approved School-Age Developmentally Appropriate Practices For School-Age Children training module, and a minimum of 80-clock-hours of training using departmentally approved curriculum which focuses on the following six competency areas:

(A) Establishment and maintenance of a safe and healthy learning environment.

(B) The advancement of physical and intellectual competence.

(C) The support of social and emotional development and provision of positive guidance.

(D) The establishment of positive and productive relationships with families.

(E) Ensuring a well-run, purposeful program responsive to participant's needs.

(F) The maintenance of a commitment to professionalism.

(II) A portfolio containing an autobiographical statement, written examples demonstrating mastery of each of the school-age competency subject areas, and a collection of resource materials as identified in the department's Florida School-Age Certification Training Portfolio and Resource Materials Checklist, CF-FSP Form 5258, Oct. 01, which is incorporated by reference.

(III) Formal observation working with children in a school-age setting during the course of the program by a qualified observer.

(IV) 480 hours of direct contact with children in a school-age setting within the past five years,

c. Individuals who are enrolled in an existing school-age certification training program in Florida, prior to January 1, 2002, and who graduate from this training program by January 1, 2003, will be recognized as having met the Florida School-Age Certification requirement.

d. Individuals who successfully complete a school age training program offered by the U.S. Military will be recognized as having met the Florida School-Age Certification requirement.

~~e.~~ Early Childhood Education Training organizations that provide the Florida School-Age Certification Training Program must complete a CF-FSP Form 5259, Oct. 01, Confirmation of Completion of the Florida School-Age Certification Training Program, which is incorporated by reference, for each graduate. The Early Childhood Education Training Organizations must submit the completed CF-FSP Form 5259 for each graduate, to the local training coordinating agency for processing upon completion of all components of the Florida School-Age Certification Training Program.

~~f.~~ The training coordinating agency must issue CF-FSP Form 5256, July 02 Oct. 01, Florida School-Age Certification Training Program Certificate, which is incorporated by reference, to all graduates of the Florida School-Age Certification Training Program.

~~g.~~ To maintain a valid Florida School-Age Certification, candidates must complete and document the satisfactory completion of 4.5 Continuing Education Units (CEUs) or one three-hour college-credit course in any school-age child care curriculum area, every five years. Coursework completed to renew a State of Florida Teaching Certificate satisfies the

coursework requirement for renewal of the Florida School-Age Certification. This documentation must be submitted to the local training coordinating agency to verify completion of the required coursework. The local training coordinating agency will issue a new Florida School-Age Certification Training Program Certificate upon verification of the documentation.

(b) Periods of Transition. Child care personnel meeting the credentialing requirement in (a)1.-5. of this section, must work at the facility during normal periods of time excluding opening, closing, nap time, lunch and free time. A credentialed person must be on-site a minimum of 75% of the facility's operating hours per week ~~20 hours per week~~.

(c) Verification of Education and Employment History.

1. Child care personnel seeking satisfaction of the staff credentialing requirement, in (a)1.-5. of this section, ~~must submit all documentation to the child care owner or operator for whom they are presently employed. Child care owners or operators~~ are responsible for completing and submitting to their local Training Coordinating Agency, verifying and having notarized CF-FSP Form 5211, Oct. 01, Child Care Personnel Education and Employment History Verification Form, including education and employment history documentation. ~~Child care owners and operators seeking satisfaction of the credentialing requirement must submit all documentation to their local training coordinating agency for processing.~~

2. Upon receipt of the completed forms, the training coordinating agency will issue CF-FSP Form 5206, July 02 Oct. 01, Child Care Personnel Professional Development Confirmation Form, which is incorporated by reference, to the child care personnel, owner or operator who submitted the application.

3. A copy of the Child Care Personnel Professional Development Confirmation Form must be maintained on-site at the facility, in the employee personnel file, for review by child care licensing staff. The original is the property of the child care personnel.

(d) Calculation of Number of Personnel Necessary.

1. Child care facilities with 19 or less children or which operate less than (8) hours per week are not subject to the credentialing requirement.

2. For every 20 children, a child care facility must have one child care personnel who meets the credentialing requirement. Based on this formula, child care facilities with 20-39 children must have one credentialed staff member, facilities with 40-59 children must have 2 credentialed staff members, and so on.

3. Volunteers who meet the credentialing requirement will be included in calculating the credentialing ratio.

4. The department will calculate the number of credentialed personnel required based on daily attendance.

5. In addition to CF-FSP Form 5206, ~~July 02~~ ~~Oct. 01~~, Child Care Personnel Professional Development Confirmation Form, child care facilities must have available written documentation of credentialed personnel's work schedules. Examples of written documentation are employee time sheets, personnel work schedules, and employment records.

6. Children who are five years old and above, when they are enrolled in and attending a kindergarten program or grades one and above, are excluded from the calculation for purposes of determining the number of personnel necessary to meet the credentialing ratio.

(7) Director Credential.

(a) Pursuant to Section 402.305(2)(g)(~~f~~), F.S., every child care facility director must have a director credential by January 1, 2004~~3~~, which consists of the foundational level or the advanced level. As of January 1, 2004~~3~~, every applicant for a license to operate a child care facility or a license for a change of ownership of a child care facility, must document that the facility director has a director credential, prior to issuance of the license to operate the facility. As it relates to the director credential, the following exceptions apply:

1. A credentialed director is not required during evening hours as defined in section 402.302(6), F.S. for facilities offering child care during the evening hours as defined in Section 402.302(6), F.S.

2. Pursuant to Section 402.305(1)(c), F.S., a credentialed director holding a foundational or advanced level Florida director credential may supervise multiple before-school and after-school sites. As of January 1, 2004~~3~~, every applicant for a license to operate a child care facility must document that the facility director has a director credential, prior to issuance of the license to operate the facility.

(b) The foundational level applicants must meet the following educational and experiential requirements:

1. High school diploma or GED; and

2. The ~~department's~~ Department of Children and Family Services 30-clock-hour Introductory Child Care Training course (Part I); and

3. The ~~department's~~ ~~departmental module~~ Special Needs Developmentally Appropriate Practices module or a minimum of for Children with Special Needs, one 8-hours of in-service training or course in serving children with disabilities or accumulation of 8 hours of in-service training in serving children with disabilities that meets the statutory requirement for licensing; and

4. One of the following staff credentials: a Child Development Associate (CDA) Credential; ~~an~~ state-approved Florida CDA Equivalency; the ~~approved~~ Florida School-Age Certification; a formal education exemption qualification (~~waiver~~); or a documented employment history recognition exemption; and

5. One course in the curriculum content area "Overview of Child Care Center Management," which must be met by one approved three-hour college level course, offered for credit or 4.5 Continuing Education Units (CEUs) through continuing education or one approved Post Secondary Adult Vocational course offered through a vocational-technical institution in Florida; and

6. One year experience on-site as a child care director. For those candidates who have met the educational requirements of this level but have not completed the one year experiential requirement a temporary credential, ~~not to exceed one year,~~ will be granted.

(c) The advanced level applicants must meet the following educational and experiential requirements:

1. High school diploma or GED; and

2. The Department of Children and Family Services 30-clock-hour Introductory Child Care Training course (Part I); and

3. The ~~department's~~ ~~departmental module~~ Special Needs Developmentally Appropriate Practices module or a minimum of for Children with Special Needs, one 8-hours of in-service training or course in serving children with disabilities, or accumulation of 8 hours of in-service training in serving children with disabilities that meets the statutory requirement for licensing; and

4. One of the following staff credentials: a Child Development Associate (CDA) Credential; ~~a state-an~~ approved Florida CDA Equivalency; the approved Florida School-Age Certification; a formal education exemption qualification (~~waiver~~); or a documented employment history recognition exemption; and

5. Three approved courses in child care education program administration. The coursework requirement must be taken for college credit and must be from the following curriculum areas: Overview of Child Care Center Management, Child Care and Education Organizational Leadership and Management, Child Care and Education Financial and Legal Issues, Child Care and Education Programming; and

6. Two years of experience on-site as a child care director. For those candidates who have met all the educational requirements of this level but have not completed the two year experiential requirement a temporary credential, ~~not to exceed two years,~~ will be granted.

(d) All applications and documentation will be verified and credentials issued through the Florida Children's Forum. Applications may be obtained from:

~~Director Administrator~~ Credential Coordinator
 Florida Children's Forum
 2807 Remington Green Circle
 Tallahassee, Florida 32308

(e) Exceptions: For the foundational level, Directors who have attained another state's approved Director Credential shall receive credit towards the, "Overview of Child Care

Management”, educational component of the credential. For the advanced level credential only, an educational exception will be granted to individuals who meet subparagraphs 65C-22.003(7)(c)1.-4. and 6., F.A.C., and any of the following:

1. An A.S. degree in child care center management, or
2. An A.S., B.A., B.S. or advanced degree in early childhood education/child development, family and consumer sciences (formerly home economics/child development), school-age child care or elementary education with at least three credit hours in child care management/administration, business administration or educational administration, or
3. A B.A., B.S. or advanced degree other than those degree areas in number 2. above, with three credit hours in early childhood/child development or school-age child care and three credit hours in child care management/administration, business administration or educational administration, or
4. Five or more years of experience as an administrator or director in a licensed child care facility, or a facility that is legally exempt pursuant to Sections 402.3025 and 402.316, F.S., and with three college credit hours in early childhood/child development or school-age child care and three college credit hours in child care management/administration, business administration or educational administration. All coursework for this exception must have been completed within the last ten years.

(f) Testing. For the advanced level credential only, individuals who meet the requirements for the educational exception but do not have coursework in early childhood education or administration may opt to take a competency-based test to meet the three credit hour course requirement in early childhood education/child development or the three credit hour course requirement in administration, or both. This process will require the candidate to complete a written test at a local community college with a minimum score of 70 percent.

(g) Renewal.

1. To maintain a valid temporary Director Credential or Director Credential at either level, every 5 years, candidates must complete and document 4.5 Continuing Education Units (CEUs) or one three-hour college credit course in any one of the curriculum areas listed in subparagraph 65C-22.003(7)(c)5., F.A.C. Coursework completed to renew a State of Florida Teaching Certificate also satisfies this coursework requirement for renewal of a Director Credential. Candidates must also demonstrate professional contributions in the field through any one of the following.

- a. Serve in a professional organization related to the field of early childhood or school age programs;
- b. Make presentation or provide training in the field of early childhood or school age programs;

c. Serve as a validator or advisor for a Florida-recognized accreditation program, ~~or as a CDA advisor, or as a school-age certification representative for the Florida School-Age Certification Training Program;~~

- d. Advocate for an issue in the field of early childhood or school age programs;
- e. Publish an item related to the field of early childhood or school-age program;
- f. Document program improvements by completing a Florida-recognized accreditation program;
- g. Serve as a consultant or mentor to another early childhood or school age program;
- h. Participate in an educational research or innovation project related to early childhood or school age programs; or
- i. Participate in a creative production that relates to the field of early childhood or school programs.

2. A ~~Director Credential~~ issued prior to January 1, 2004~~3~~, will have an initial renewal date of January 1, 2009~~8~~, and every 5 years thereafter. A ~~Director Credential~~ issued after January 1, 2004~~3~~, will have an initial renewal date after 5 years and every 5 years thereafter.

(h) Coursework Recognition and Approval.

1. The department is responsible for reviewing existing and developing coursework, offered through vocational-technical schools, community colleges and universities, to determine if it meets the requirements for the Florida’s Director Credential. Vocational-technical schools, community colleges and universities shall submit CF/FSP Form 5247 for course review and approval, hereby incorporated by reference. Course work will be reviewed and approved according to the guidelines found in “Florida Child Care and Education Program Director Administrator Credential, Curriculum Areas,” hereby incorporated by reference, and copies of which can be obtained from the Florida Children’s Forum.

~~2. The department is responsible for reviewing out of state adopted director credentials to determine if they meet the requirements for Florida’s credential found in paragraph 65C-22.003(7)(a)-(e), F.A.C.~~

~~2.3. A list of approved courses and approved out of state credentials must be maintained and will be available through the Florida Children’s Forum.~~

(i) Before-school and after-school sites.

1. A director holding a foundational or advanced ~~level Florida Director Credential~~ may supervise multiple before-school and after-school sites as follows:

- a. Three sites regardless of the number of children enrolled, or

b. More than three sites if the combined total number of children enrolled at the sites does not exceed 350. In calculating the total number of children enrolled, the number of children in the before-and after-school program shall be calculated and viewed as separate programs.

c. In counties where the public school district has included 4-year-old children in public before-school and after-school programs, the school district may participate in the multi-site supervision option. Public school districts which serve 4-year old children in the before-school and after-school programs are required to have a credentialed staff person pursuant to the credentialing requirements in subparagraph 65C-22.003(6)(a), F.A.C., in order to accommodate the 4-year old's.

2. When a Florida credentialed director is supervising multiple sites, the person ~~individual~~ left in charge of the site during the director's absence must meet the following requirements:

- a. Be at least 21 years of age;
- b. Have completed the department-approved 40-clock-hour Introductory Child Care Training Course (Parts I and II), and;

c. Have completed the department's basic training in serving children with special needs, by completing the either as part of the Introductory Child Care Course, Part II, specialized training module, Special Needs Developmentally Appropriate Practices for Children with Special Needs, or through completion of a minimum of the annual 8 hours of inservice training in serving children with disabilities, or

d. Have completed the department's School Age Developmentally Appropriate Practices for School-Age Children, specialized training module, separately, or as part of the Introductory Child Care Course, Part II.

Specific Authority 402.305 FS. Law Implemented 402.305, 402.302 FS. History—New 6-1-97, Amended 7-2-98, 3-17-99, 7-26-00, 10-10-01, 4-2-02,

65C-22.004 Health Related Requirements.

(1) Communicable Disease Control.

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

- 1. Severe coughing, causing the child to become red or blue in the face or make a whooping sound,
- 2. Difficult or rapid breathing,
- 3. Stiff neck,
- 4. Diarrhea (more than one abnormally loose stool within a 24 hour period),

5. Temperature of 101 degrees Fahrenheit or higher when in conjunction with any other signs of illness,

- 6. Conjunctivitis (pink eye),
- 7. Exposed, open skin lesions,
- 8. Unusually dark urine and/or gray or white stool,
- 9. Yellowish skin or eyes, or
- 10. Any other unusual sign or symptom of illness.

(b) A child who has head lice shall not be permitted to return until treatment has occurred. Treatment shall include the removal of all lice, lice eggs, and egg cases.

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

(d)(e) Outbreaks. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease in accordance with Chapter 64D-3, F.A.C., Communicable Disease Control. A suspected outbreak occurs when two or more children or employees have the onset of similar signs or symptoms, as outlined in (2)(a)1.-10., within a 72-hour period or when a case of a serious or reportable communicable disease is diagnosed or suspected on a child or employee.

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

(a) Each child care facility must have at least one staff member with a valid certificate of course completion for first aid training and infant and child cardiopulmonary resuscitation procedures. One staff member satisfying these training requirements shall be present at all times that children are in the care of the facility, both on-site and on field trips. A field trip includes all activities away from the facility excluding regular transportation to and from the facility, i.e., pick-up and drop-off.

(b) Certificates of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years. On-line CPR courses are not acceptable to meet this standard. CPR training must be done by classroom instruction.

(c) At least one first aid kit containing materials to administer first aid must be maintained on the premises of all child care facilities at all times. A first aid kit must also accompany child care staff when children are participating on field trips. Each kit shall be in a closed container and labeled "First Aid". The kits shall be accessible to the child care staff at all times and kept out of the reach of children. Each kit must include:

1. Soap,
2. Band-aids or equivalent,
3. Disposable latex gloves,
4. Cotton balls or applicators,
5. Sterile gauze pads and rolls,
6. Adhesive tape,
7. Thermometer,
8. Tweezers,
9. In date syrup of ipecac, labeled "DO NOT INDUCE VOMITING UNLESS DIRECTED TO DO SO BY A PHYSICIAN OR POISON CONTROL" 1(800)222282-12223174,
10. Pre-moistened wipes,
11. Scissors, and
12. A current resource guide on first aid and CPR procedures.

(d) Emergency Procedures and Notification.

1. Emergency telephone numbers, including ambulance, fire, police, poison control center, Florida Abuse Hotline, and the address of and directions to the facility, must be posted on or near all facility telephones and shall be used as necessary to protect the health, safety and well-being of any child in day care.

2. Custodial parents or legal guardians shall be notified immediately in the event of any serious illness, accident, injury or emergency to their child and their specific instructions regarding action to be taken under such circumstances shall be obtained and followed. If the custodial parent or legal guardian cannot be reached, the facility owner will contact those persons designated by the custodial parent or legal guardian to be contacted under these circumstances, and shall follow any written instructions provided by the custodial parent or legal guardian on the enrollment form.

3. All accidents and incidents which occur at a facility must be documented and shared with the custodial parent or legal guardian on the day they occur.

4. After a fire or natural disaster, the operator must notify the licensing agency within 24 hours, in order for the department or local licensing agency to ensure health standards are being met for continued operation.

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

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

allergies to medication, written documentation from a physician must be maintained in the child's file. Special restrictions to medication must be shared with staff and must be posted in the classroom.

(b) Medicines shall be stored separately and locked or placed out of a child's reach.

(c) Medication which has expired or is no longer being administered shall be returned to the custodial parent or legal guardian.

Specific Authority 402.302, 402.305 FS. Law Implemented 402.302, 402.305 FS. History--New 6-1-97, Amended 3-17-99, 7-26-00, 4-2-02,_____.

65C-22.005 Food and Nutrition.

(1) Nutrition.

(a) If a facility chooses to supply food, they shall provide nutritious meals and snacks of a quantity and quality to meet the daily nutritional needs of the children. The USDA Food Guide Pyramid for Young Children, March 1999, incorporated by reference, shall be used to determine what food groups to serve at each meal or snack and the serving size of the selected foods for children one year of age and older. The fats and sweets category within the USDA Food Guide Pyramid for Young Children cannot be counted as a food group. Copies of the USDA Food Guide Pyramid for Young Children may be obtained from the district child care licensing office or local licensing agency. Using the USDA Food Guide Pyramid for Young Children; breakfast shall consist of at least three different food groups; lunch and dinner shall consist of at least four different food groups and snacks shall consist of at least two different food groups.

(b) If a facility chooses not to provide meals and snacks, arrangements must be made with the custodial parent or legal guardian to provide nutritional food for the child.

(c) If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet shall be maintained in the child's facility file. If the parent or legal guardian notifies the child care facility of any known food allergies, written documentation from a physician must be maintained in the child's file. Special food restrictions must be shared with staff and must be posted in the classroom.

(d) Meal and snack menus shall be planned, written, and posted at the beginning of each week. Menus shall be dated and posted in the food service area and in a conspicuous place accessible to parents. Any menu substitution shall be noted on the menu.

(2) Food Preparation Area. All licensed child care facilities approved by the Environmental Health Section, to prepare food shall meet the applicable requirements as specified in Chapter 64E-11, F.A.C., Food Hygiene.

(3) Food Service.

(a) Children shall be individually fed or supervised at feeding and offered foods appropriate for their ages.

(b) There shall be no propped bottles. There shall be no automatic feeding devices unless medically prescribed. Formula shall be refrigerated and handled in a sanitary manner before and after use. All bottles shall be individually labeled.

(c) Heated foods and bottles must be tested before feeding to ensure heat is evenly distributed and to prevent injury to children.

~~(d)(e)~~ Facilities shall provide sufficient seating so that children are seated at tables for meals.

~~(e)(d)~~ Single service paper or plastic plates, utensils, and cups shall not be reused.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 6-1-97, Amended 3-17-99, 7-26-00, 1-4-01, _____.

65C-22.006 Record Keeping.

(1) All required records shall be maintained pursuant to Section 402.305(9), F.S., and available at the facility during the hours of operation for the licensing authority to review.

(2) Children's Health Requirements.

(a) Within 30 days of enrollment, unless statutorily exempted, each child shall have on file at the facility a completed DH Form 3040, June 2002 Oct. 96, Student Health Examination, which is incorporated by reference. Certification that a health examination has been completed may be documented on the State of Florida, Department of Health, DH Form 3040, OR a signed statement by authorized professionals that indicates the results of the components included in the health examination. The Student Health Examination shall be completed by a person given statutory authority to perform health examinations.

(b) The Student Health Examination is valid for two (2) years from the date the physical was performed.

(c) Within 30 days of enrollment, each child shall have on file and keep current a completed DH Form 680, Florida Certification of Immunization Part A-1, B, or C (July 2001 Aug. 1998), or DH Form 681, Religious Exemption from Immunization (May 1999). ~~Effective August 2000, within 30 days of enrollment, each child shall have on file and keep current a completed DH Form 680, Florida Certification of Immunization Part A-1, B or C (Aug. 2000), or DH Form 681, Religious Exemption from Immunization (May 1999).~~ DH forms 680 and 681 can be obtained from the local county health department. The DH Form 680, Florida Certification of Immunization Parts A-1, Certificate of Immunization for K-12 Excluding 7th Grade Requirements or Part B Temporary Medical Exemption, shall be signed by a physician or authorized personnel licensed under the provisions of Chapter 458, 459, or 460, F.S., and shall document vaccination for the prevention of diphtheria, pertussis, tetanus, poliomyelitis, rubeola, rubella, mumps, and Haemophilus influenza type B (HIB), and effective July 1, 2001, completion of the varicella vaccination. The DH Form 680, Florida Certification of Immunization Part C, Permanent Medical Exemption, shall be

dated and signed by a physician licensed under the provisions of Chapter 458 or 459, F.S. Immunizations received out of state are acceptable, however, immunizations must be documented on DH Form 680 and signed by a practicing physician in the State of Florida.

(d) School-aged children attending public or non-public schools are not required to have student health examination and immunization records on file at the child care facility as such records are on file at the school where the child is enrolled.

(e) Medical records are the property of the custodial parent or legal guardian when the child withdraws from the facility and are transferable if the child attends another facility.

(3) Medication Records.

(a) A written record documenting the child's name, the name of the medication, date, time and amount of dosage to be given, and signature of the custodial parent or legal guardian shall be maintained by the facility. This record shall be initialed or signed by the facility personnel who gave the medication.

(b) This record shall be maintained for a minimum of four months after the last day the child received the medication.

(4) Enrollment Information. The facility operator shall obtain enrollment information from the child's custodial parent or legal guardian, prior to accepting a child in care. This information shall be documented on CF-FSP Form 5219, Dec. 02 Dec. 97, Child Care Application for Enrollment, which is incorporated by reference, or an equivalent form that contains all the information required by the department's form.

(a) Enrollment information shall be kept current and on file.

(b) The child shall not be released to any person other than the person(s) authorized, or in the manner authorized in writing, by the custodial parent or legal guardians.

(c) There shall be signed statements that the child care facility has provided the following information to parents:

1. The department's child care facility brochure, CF/PI 175-24, March 2002 7/97, Know Your Child Care Center, which is incorporated by reference. Local licensing agencies may use an equivalent brochure approved by the department's district licensing office containing all the information required by the department.

2. The child care facility's written disciplinary practices.

(5) Personnel Records. Records shall be maintained and kept current on all child care personnel, as defined by Section 402.302(3), F.S., and household members if the facility is located in a private residence. These shall include:

(a) An employment application with the required statement pursuant to Section 402.3055(1)(b), F.S.

~~(b) Results of TB test.~~

(b)(e) Position and date of employment.

~~(c)~~(d) Signed statement that the employee understands the statutory requirements for professionals' reporting of child abuse and neglect.

~~(d)~~(e) Level 2 screening information documented on CF-FSP Form 5131, Oct. 02 Apr. 97, Background Screening and Personnel File Requirements. An employment history check for the previous two years or last three jobs is required as part of background screening.

~~(e)~~(f) Copies of training information and credentials.

~~(f)~~(g) Driver's license and driver physical examination documentation. The physician certification, or another form containing the same elements of the physician certification, granting medical approval to operate the vehicle must also be maintained in the driver's personnel file.

(g) Physical Exams. A physical exam completed by a health care provider, which includes physicians, nurse practitioners, and physician's assistants, must be completed within 30 days of licensure or employment and demonstrate that the health of the individual is such that they would be able to provide supervision and care for children. After the initial physical exam, staff shall have exams conducted by their health care provider at least every three years.

(6) Other Records.

(a) Daily attendance of children shall be taken and recorded by the child care facility personnel, documenting when each child enters and departs a child care facility or program. Such records shall be maintained for a minimum of four months.

(b) Record of accidents and incidents shall be documented daily and maintained for one year. Documentation shall include the name of the affected party, date and time of occurrence, description of occurrence, actions taken and by whom, and appropriate signatures of facility staff and custodial parent or legal guardian.

(c) The operator shall prepare an emergency evacuation plan including a diagram of safe routes by which the personnel and children may exit each area of the facility in the event of fire or other emergency requiring evacuation of the facility and post a copy of the plan in each room of the facility.

(d) The operator shall maintain a written record of monthly fire drills showing the date, number of children in attendance, and time taken to evacuate the premises. Each monthly record shall be maintained for a minimum of four months from the date of the fire drill.

(e) Documentation that identified staff members have met the first aid and infant and child cardiopulmonary resuscitation training requirement shall be kept on file at the child care facility.

(f) Documentation of parental permission for field trips shall be maintained for a minimum of four months from the date of each field trip.

(g) Daily meal and snack menus shall be maintained for a minimum of one month.

(h) Current specialized diet documentation shall be retained for each child requiring such specialized diet for as long as such child is in care.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 6-1-97, Amended 7-2-98, 3-17-99, 7-26-00, 1-4-01, _____.

65C-22.007 Evening Child Care.

(1) Hours of Care. Evening Child Care, as defined in Section 402.302(6), F.S., means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m.

(2) Supervision. During evening child care hours, staff must remain awake at all times. While children are awake, direct supervision as described in paragraph 65C-22.001(5)(a), F.A.C., must be provided. When children are sleeping, supervision, as defined in paragraph 65C-22.001(5)(b), F.A.C., is required.

(3) Exemptions. Child care standards, as outlined in Sections 402.301 through 402.305, F.S., and Rules 65C-22.001 through 65C-22.006, F.A.C., apply to Evening Child Care with the following exceptions:

(a) Outdoor Play Area. For centers which only provide evening child care, outdoor play space is not required. An open area within the existing indoor floor space designated for play that promotes the development of gross motor skills must be available.

(b) Child Development Associate or credentialed staff is not required for Evening Child Care staff.

Specific Authority 402.302, 402.305 FS. Law Implemented 402.302, 402.305 FS. History--New 7-2-98, Repromulgated _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Vikki Griffin, Management Analyst, 1317 Winewood Blvd. Building 6, Room 387, Tallahassee, FL 32399

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Deborah Russo, 1317 Winewood Blvd. Building 6, Room 389-A, Tallahassee, FL 32399

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 14, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 19, 2002

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Family Safety and Preservation Program

RULE TITLES:	RULE NOS.:
Definitions	65C-25.001
General Information	65C-25.003
Physical Environment	65C-25.004
Health and Safety	65C-25.006
Food and Nutrition	65C-25.007
Record Keeping	65C-25.008

PURPOSE AND EFFECT: The rule modifications contained in this document will establish a definition of Specialized Child Care Facilities for the Care of Mildly Ill Children, establish requirements governing discipline, establish requirements for napping, delete the requirement for documentation of a negative tuberculosis test for child care personnel, establish requirements for food and nutrition, food service, background screening and health appraisals for child care personnel.

SUMMARY: The rule modifications contained in this document will establish a definition of Specialized Child Care Facilities for the Care of Mildly Ill Children, establish requirements governing discipline, establish requirements for napping, delete the requirement for documentation of a negative tuberculosis test for child care personnel, establish requirements for food and nutrition, food service, background screening and health appraisals for child care personnel.

SPECIFIC AUTHORITY: 402.305(2) FS.

LAW IMPLEMENTED: 402.305(2) FS.

A PUBLIC HEARING WILL BE HELD AT THE TIME, DATES AND PLACES SHOWN BELOW:

TIME AND DATE: 10:00 a.m., April 2, 2003

PLACE: State Regional Service Center, Hurston South Tower, 1st Floor, Room D, 400 West Robinson Street, Orlando, Florida 32801

TIME AND DATE: 10:00 a.m., April 3, 2003

PLACE: Florida Department of Children and Family Services, District 4 Office, Auditorium 2nd Floor, 5920 Arlington Expressway, Jacksonville, Florida 32211

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Vikki Griffin, Management Analyst, 1317 Winewood Blvd., Building 6, Room 387, Tallahassee, FL 32399, (850)921-0701

THE FULL TEXT OF THE PROPOSED RULES IS:

65C-25.001 Definitions.

(1) "Child Care for Mildly Ill Children" – means the care of children with short term illness or symptoms of illness or disability, provided either as an exclusive service in a center specialized for this purpose, or as a component of other child care services offered in a distinct part of a regularly licensed child care facility, for a period of less than 24 hours per day.

(2) "Specialized Child Care Facilities for the Care of Mildly Ill Children" – Any child care facility, which provides child care for more than five mildly ill children unrelated to the operator and, which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether or not operated for profit, for a period of less than 24 hours per day. Specialized child care facilities may provide care for mildly ill children in a facility specialized for this purpose, or as a component of other child care services offered in a distinct and separate part of a regularly licensed child care facility.

(3)(2) "Contagious disease" – for the purpose of this rule, refers to a type of infectious disease caused by receiving living germs directly from the person afflicted with the disease, or by contact with a secretion of the afflicted person, or by some object handled or used by an afflicted person.

(4)(3) "Health Provider Consultant" – for the purpose of this rule, means a Florida licensed pediatric physician; a Florida licensed family practitioner; a physician's assistant; an advanced registered nurse practitioner (ARNP) with appropriate pediatric experience; or a registered nurse with experience in pediatric nursing, who supervises or provides direction to the licensed health caregiver, and is available for consultation.

(5)(4) "Isolation area" – refers to a room or a series of rooms within the child care facility for mildly ill children, which provides separate airflow, and physical separation, from the rest of the facility. The isolation area must include a separate toilet, handwashing facility and diaper changing area. This area shall be utilized when caring for children with contagious diseases.

(6)(5) "Licensed Health Caregiver" – for the purpose of this rule, shall mean at a minimum a licensed practical nurse who has knowledge and experience in the routine medical needs of mildly ill children, is trained to perform the written physical assessment, and is under the direction of a health provider consultant.

(7)(6) "Mildly Ill children" – refers to children exhibiting illnesses or symptoms of illnesses which have caused or would cause them to be excluded from regular child care settings, as defined in subparagraph 65C-22.004(2)(a)1.-10., F.A.C., and who need special attention and supervision, and meet the admission criteria for mildly ill programs as described in Rule 65C-25.002, F.A.C., of this rule.

(8)(7) "Sanitize" – for the purpose of this rule, and as it refers to linen, shall mean adding one quarter cup of bleach per gallon of water, to the final rinse cycle of the wash, in an effort to eliminate children's exposure to disease microorganisms.

(9)(8) "Single-service articles" – any cups, containers, closures, plates, straws, place mats, napkins, doilies, spoons, stirrers, paddles, knives, forks, wrapping materials and all similar materials which are constructed wholly or in part from paper, paperboard, molded pulp, foil, wood, plastic, synthetic or any other readily destructible material, and are intended by the manufacturer to be for one-time, one-person use, and then to be discarded.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Amended _____.

65C-25.002 Admission and Assessment.

(1) General Requirements.

(a) A child care facility for mildly ill children shall have at a minimum an ongoing agreement with a Health Provider Consultant, as defined in subsection 65C-25.001(3), F.A.C., for continuing medical or nursing consultation. The health provider consultant shall perform the following services:

1. Oversee the development of written policies and procedures.
2. Review, approve, and update annually, such policies and procedures.
3. Provide at least quarterly on-site monitoring of the implementation of such policies and procedures.
4. Provide ongoing consultation to the facility in its overall operation and management.

(b) A child care facility for mildly ill children shall have at a minimum one licensed health caregiver, as defined in subsection 65C-25.001(5), F.A.C. The licensed health caregiver shall be responsible for performing the written physical assessment, and periodic child evaluations, per paragraphs 65C-25.002(2)(b),(c), and (d), F.A.C.; provide ongoing daily oversight; make decisions as to the exclusion of any child; and be present at the facility at all times during the hours of operation.

(2) Admission.

(a) No child shall be accepted to a child care facility for mildly ill children without written parental or guardian permission. However, permission may be obtained by telephone if a child in attendance at a regular child care facility becomes mildly ill and is admitted to that same facility's program for mildly ill children. Where the child is in care under telephone permission, written parental permission must be obtained prior to the child's admittance to the program for mildly ill children the following day.

(b) The program director or licensed health caregiver shall have the authority to require a written medical evaluation for a child to include diagnosis, treatment and prognosis, if such evaluation is necessary to determine the appropriateness of a child's attendance prior to admission and upon worsening of the child's symptoms.

(c) Prior to admission, the child care facility for mildly ill children shall require a written description, signed by the parent, of the child's current and recent illnesses; immunization history, habits, special diets, allergies, medication needs; symptoms requiring notification of parent or health care provider, and where and how the parent or health care provider is to be notified.

(d) An initial written physical assessment on each child shall be completed by the licensed health caregiver, as defined in subsection 65C-25.001(5), F.A.C., based on the inclusion and exclusion criteria outlined in subsections 65C-25.002(3)

and (4), F.A.C., to determine appropriateness of admission to the facility. A parent must remain on the premises until admission has been determined.

(e) The written physical assessment shall at a minimum include vital signs and observation of the child's general appearance, head, eyes, nose, mouth, ears, skin, abdomen, arms and legs, and breathing pattern for symptoms of illness.

(f) Once admitted, children shall be periodically monitored by the licensed health caregiver and evaluated according to policies and procedures established and approved by the facility operator and the health provider consultant. Evaluations on each child's condition shall be documented, and shall include the following plus additional information that the facility operator and the health provider consultant may add if they deem it is necessary to evaluate the children:

1. Temperature,
2. Respiration,
3. Pulse,
4. Amount of food or fluid intake,
5. Color, consistency and number of stools,
6. Color of urine and frequency of urination,
7. Skin color and alertness,
8. Activities such as amount of sleep, rest, and play.

(g) The condition evaluations must be maintained in each child's record and retained by the facility for a minimum of four months. Copies shall be provided to parents daily.

(h) Children with communicable illnesses (e.g., chicken pox) may be accepted in a child care facility for mildly ill children, only if there is an isolation area as defined in subsection 65C-25.001(4), F.A.C., of this rule, and provided the isolation area has a separate outside entrance from the rest of the child care facility.

(3) Inclusions. A child care facility for mildly ill children may consider for admission, and accept children exhibiting illnesses or symptoms for which they can be excluded from child care provided for well children, but who do not meet exclusion criteria as outlined in subsection 65C-25.002(4), F.A.C., of this rule. Children exhibiting the following symptoms or illnesses, or disabilities, shall be deemed eligible to participate in child care facilities for mildly-ill children:

(a) Not feeling well, unable to participate in regular child care activities, or has other activity restrictions;

(b) Recovering from prior day surgical procedure or hospital admission;

(c) Controlled fever of 102° orally; 101° axillary, or 103° rectally, or below. If the child's temperature is higher than the temperatures listed above a physician must give written approval for admission; or verbal approval with written follow up for admission;

(d) Respiratory infections such as cold or flu, virus;

(e) Vomiting less than three times without dehydration;

(f) Diarrhea (more than one abnormally loose stool within a 24 hour period) without signs of dehydration, and without blood or mucus in the stool;

(g) Gastroenteritis without signs of severe dehydration;

(h) Diagnosed asthma;

(i) Urinary tract infections;

(j) Ear infections;

(k) Orthopedic injuries;

(l) Diagnosed rash;

(m) Tonsillitis; or

(n) Strep throat or conjunctivitis after 24 hours of appropriate medication, if isolation is unavailable. Strep throat or conjunctivitis prior to 24 hours of appropriate medication is included only if isolation area is available.

(4) Exclusions. Any child exhibiting the following symptoms or combination of symptoms, shall be excluded from child care facilities for mildly ill children;

(a) Unresponsive temperature of 104^o orally;

(b) Undiagnosed or unidentified rash;

(c) Respiratory distress;

(d) Major change in condition requiring further care;

(e) Contagious diseases, if no isolation room is available;

1. Strep throat or Conjunctivitis prior to 24 hours of treatment,

2. Diarrhea due to diagnosed shigella, salmonella, rota virus, giardia, or campylobacter,

3. Chicken pox, mumps, measles, rubella, pertussis, diphtheria,

4. Head lice, scabies prior to 24 hours of treatment, or

5. Other conditions as determined by the director or health provider consultant.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Repromulgated _____.

65C-25.003 General Information.

(1) Application.

(a) Application must be made on CF-FSP Form 5237, Dec. 99, Application For A License To Operate a Specialized Child Care Facility for Mildly Ill Children, which is incorporated by reference.

(b) Each completed application must be submitted to the licensing authority, with the statutory licensing fee pursuant to Section 402.315(3), F.S.

(c) The completed application must be signed by the individual owner, prospective owner, or the designated representative of a partnership, association, or corporation.

(d) A completed application for renewal of an annual license must be submitted to the department or local child care licensing agency at least 45 days prior to the expiration date of the current license to ensure that a lapse of licensure does not occur. The renewal application and required forms may be obtained from the local child care licensing office.

(2) License.

(a) A license to operate a child care facility for mildly ill children is issued in the name of the owner, partnership, association, or corporation.

(b) Facilities providing both regular child care for well children and child care for mildly ill children must procure and maintain two separate licenses.

(c) Hospitals maintaining current Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) accreditation, operating hospital based child care for mildly ill children, shall be exempt from licensure under this rule.

(d) In compliance with Section 402.305~~(18)(19)~~, F.S., at least one week prior to changing ownership of a child care facility, one or more of the following methods of notification to parents or guardians must be observed:

1. Posting a notice in a conspicuous location at the facility.

2. Incorporating information in any existing newsletter.

3. Individual letters, or fliers.

(e) The license must be posted in a conspicuous location at the facility.

(3) Ratios.

(a) The following staff to child ratios are based on primary responsibility for the supervision of children and applies at all times, when mildly ill children are in care:

1. For children from birth up to 1 year of age, there must be one child care personnel for every three children.

2. For children 1 year of age up to 4 years of age, there must be one child care personnel for every four children.

3. For children 4 years of age and older, there must be one child care personnel for every six children.

(b) Mixed Age Groups.

1. In groups of mixed age ranges, where one or more children under 1 year of age are in care, one child care personnel shall be responsible for a maximum of three children of any age group.

2. In groups of mixed age ranges, where one or more children 1 year of age and older are in care, the staff to child ratio shall be based on the age of the largest numbers of children within the group. When equal numbers of children in each group are in care, the most restrictive staff to child ratio shall apply.

(4) Supervision.

(a) Direct supervision means watching and directing children's activities within the same room or designated outdoor play area and responding to each child's need. Child care personnel at a child care facility for mildly ill children must be assigned to provide direct supervision to a specific group of children and be present with that group of children at all times.

(b) No operator, owner or employee of a child care facility for mildly ill children shall be under the influence of narcotics, alcohol, or other impairing drugs, which affects their ability to provide supervision and safe child care.

(5) Schedule of Activities.

(a) The facility shall include a daily schedule tailored to each child's symptoms, energy level, and parent's instructions.

(b) The daily schedule shall be flexible and provide age appropriate activities without over stressing the children.

(6) Access.

(a) Child care facilities for mildly ill children, shall provide the custodial parent or legal guardian access to the facility in person and by telephone, during hours of operation and at all times that the child is in care.

(b) Access to the facility shall be provided to the licensing authority, pursuant to Section 402.311, F.S.

(7) Child Discipline.

(a) Child care facilities for mildly ill children shall adopt a discipline policy consistent with Section 402.305(12), F.S.

(b) All child care personnel ~~Each staff member~~ of the child care facility for mildly ill children must comply with the facility's written discipline policy. Such policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.

(c) A copy of the discipline policy must be available for review by the licensing authority, ~~in order to determine compliance with Section 402.305(12), F.S.~~

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Amended.

65C-25.004 Physical Environment.

(1) Sanitation and Safety.

(a) A child care facility for mildly ill children, if located in a regular licensed child care facility, shall utilize rooms or areas which are physically separated by floor to ceiling walls, from all other components of the regular licensed child care facility.

(b) The physical indoor and outdoor space, and equipment designated for use by the mildly ill children, shall not be used by children and child care staff from any other component of the regular licensed child care facility.

(c) Child care facilities for mildly ill children, which serve children with contagious diseases as defined in Rule 65C-25.002, F.A.C., shall have separate isolation areas, ventilation systems, and entrances.

(d) Child care programs for mildly ill children shall make provisions to prevent the participating mildly ill children from coming in contact with all other areas and components of the child care facility where well children are in care.

(e) Child care facilities for mildly ill children must be in good repair, free from health and safety hazards, and clean and free from vermin infestation. During the hours the facility is in operation, no portion of the building shall be used for any activity which could endanger the health and safety of the children.

(f) All areas and surfaces accessible to children shall be free of toxic substances and hazardous materials.

(g) No animals shall be allowed on the premises of programs caring for mildly ill children.

(h) All potentially harmful items including cleaning supplies, flammable products, and poisonous, toxic, and hazardous materials must be labeled. These items as well as knives and sharp tools must be stored in locations inaccessible to the children in care.

(i) No firearms shall be kept on the premises.

(j) No narcotics, alcohol, or other impairing drugs shall be present or allowed on the premises, unless prescribed for any of the children in care.

(k) Pursuant to Chapter 386, Florida Statutes, ~~s~~Smoking is prohibited within the child care facility and all outdoor play areas.

(2) Rooms Occupied by Children.

(a) All rooms must have lighting the equivalent of 20 foot candles at three feet from the floor to allow for supervision and for safe methods of entering and exiting each room. At all times lighting must be sufficient enough to visually observe and supervise children, including during naptime.

(b) An inside temperature of 65° to 82° F must be maintained at all times.

(c) All rooms shall be kept clean, adequately ventilated and in good repair. Cleaning shall not take place while rooms are occupied by children except for general clean-up activities which are a part of the daily routine.

(d) Rodents and vermin shall be exterminated. Pest control shall not take place while rooms are occupied by children.

(3) Indoor Floor Space.

(a) There shall be a minimum of 35 square feet of usable indoor floor space per child.

(b) Usable indoor floor space refers to that space available for indoor play, classroom, work area, or nap space. Usable indoor floor space is calculated by measuring at floor level from interior walls and by deleting space for stairways, toilets and bath facilities, permanent fixtures and non-movable furniture. Kitchens, offices, laundry rooms, storage areas, and other areas not used by children in normal day-to-day operations are not included when calculating usable indoor floor space.

(c) Shelves or storage for toys and other materials shall be considered as usable indoor floor space if accessible to children.

(4) Outdoor play space.

(a) Child care facilities for mildly ill children are not required to provide outdoor play space.

(b) Should a facility choose to provide outdoor play space, it shall be physically separated from that space provided for well children, and all equipment shall meet all safety requirements as outlined in paragraph 65C-25.006(3)(b), F.A.C.

(5) Napping and Sleeping Space. For the purpose of these standards, sleeping refers to the normal overnight sleep cycle while napping refers to a brief period of rest during daylight or early evening hours.

(a) Each child care facility for mildly ill children must include a designated area where a child can sit quietly and lie down to rest or nap. When not in use, napping space and usable indoor floor space may be used interchangeably.

(b) When napping or sleeping, each child in care must be provided safe and sanitary bedding. Bedding means a cot, bed, crib, or playpen. Playpens may not be used for care when children are sleeping. Bedding must be appropriate for the child's size.

(c) Linens, if provided by the facility, must be sanitized daily, per subsection 65C-25.001(7), F.A.C., and more often if soiled or dirty. Linens and blankets must be provided when children are napping or sleeping. Pillows must be available except for infants under 24 months of age. When napping or sleeping, young infants that are not capable of rolling over on their own should be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternate position is authorized in writing by a physician. The documentation shall be maintained in the child's record.

(d) Linens must be stored in a sanitary manner.

(e) A minimum of 3 feet separation between bedding must be maintained at all times bedding is in use. Exit areas must remain clear in accordance with fire safety regulations.

(f) Children up to one (1) year of age must be in their own crib, port-a-crib or playpen with sides. Crib sides must be raised and secured while an infant is in the crib. Cribs must meet the construction regulations as outlined in Title 16 code of Federal Regulations, Parts 1508 & 1509.

(g) No double or multi-deck cribs, cots or beds may be used.

(6) Toilet and Bath Facilities.

(a) Child care facilities for mildly ill children shall provide toilet and bath facilities, which are easily accessible and at a height usable by the children. Platforms are acceptable when safely constructed and easily cleaned and sanitized.

(b) The facility shall provide a minimum of one toilet and one wash basin for every ten children.

(c) Toilet and bath facilities shall be designated for the exclusive use of the mildly ill children in care and their caregivers, and shall be accessible from within the room where care is being provided. If the specialized child care facility for

mildly ill children is located within a child care facility, the toilet and bath facilities used by the mildly ill children and their caregivers shall be separate from those utilized by children and caregivers from other components of the child care facility.

(d) Toilet and bath facilities shall provide privacy to all users.

(e) Toilet facilities shall not open directly into an area where food is prepared. A toilet facility may open directly into an area used by children where food is served.

(f) Children must receive supervision and care in accordance with their age and required needs and be accounted for at all times while bathing or using the toilet facilities.

(g) At least one portable or permanent bath facility shall be provided and be available for bathing children.

(h) Running water, toilet paper, disposable towels, liquid soap and trash receptacles shall be available to and within reach of children using the toilet facility.

(i) Each basin and toilet must be maintained in good operating condition and sanitized after each use.

(j) Hand washing sinks shall not be used for food service preparation or food clean up.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History—New 5-21-00, Amended _____.

65C-25.005 Personnel Requirements.

(1) Minimum Requirements. All child care personnel in facilities for mildly ill children shall meet the requirements outlined in Section 402.305(2), F.S., and the following additional requirements.

(2) Minimum Age Requirements.

(a) Operators or Directors of a child care facility for mildly ill children shall be at least 21 years of age.

(b) In the absence of the operator or director, there must be a staff person in charge of the facility, who is at least 21 years of age and remains on the premises at all times during the hours of operation.

(c) No person under the age of 18 shall be allowed to provide care for mildly ill children.

(3) Minimum Training Requirements.

(a) All child care personnel caring for mildly ill children shall have current certification in child cardiopulmonary resuscitation and first aid prior to caring for the children at the facility.

(b) In addition to the required training outlined in Section 402.305(2)(d), F.S., and Rule 65C-22.003, F.A.C., all child care personnel caring for mildly ill children shall complete 8 hours of annual in-service training relating to care of sick children and the prevention of communicable diseases. Operators or Directors shall complete at least 2 hours of training relating to sick children as part of their 8 hours annual in-service training.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History—New 5-21-00, Repromulgated _____.

65C-25.006 Health and Safety.

(1) General Requirements.

(a) When window or doors of the child care facility for mildly ill children are left opened, they must be screened to prevent entrance of any insect or rodent. Screens are not required for open air classrooms and picnic areas.

(b) Following personal hygiene procedures for themselves or when assisting others, employees, volunteers, and children shall wash their hands with soap and running water, drying thoroughly with disposable towels. Only soap from a liquid soap dispenser shall be used for hand washing.

(c) A child care facility for mildly ill children shall ensure that safe drinking water and other fluids consistent with the child's physical condition are available at all times to all children in care. Drinking fountains shall not be used.

(d) Only single-service articles, per subsection 65C-25.001(8), F.A.C., may be used for eating and drinking. Children may bring labeled items for their exclusive use, which must be returned to the parent or legal guardian on a daily basis.

(e) If the children are sleeping overnight in the facility, child care staff must ensure accepted bedtime routines are maintained, such as brushing teeth and face and hand washing. Toothbrushes, towels and wash cloths may not be shared.

(2) Diapering Requirements.

(a) Hand washing facilities, which include a basin with running water, disposable towels, disposable gloves, liquid soap, and trash receptacle, shall be available in the infant room or in the room where children with special needs in diapers are in care. Hands shall be washed and dried thoroughly after each diapering or toileting procedure to prevent the transmission of diseases or illnesses to other children in the facility's care.

(b) When children in diapers are in care, there shall be a diaper changing area with an impermeable surface which is cleaned with a sanitizing solution after each use. Children must be attended at all times when being diapered or when changing clothes.

(c) Diaper changing shall be in a separate area from the feeding or food service area.

(d) There shall be a supply of clean disposable diapers, clothing and sanitized linens at all times, which shall be changed or removed promptly when soiled or wet.

(e) Soiled disposable diapers shall be disposed of in a plastic lined, securely covered container, which is not accessible to children. The container shall be emptied and sanitized at least daily.

(f) When children require cloth diapers, only those brought from the child's home may be used, and must be returned to the parent at the end of the day.

(g) Soiled cloth diapers shall be emptied of feces in the toilet and placed in a securely covered container which is not accessible to children. The container shall be emptied and sanitized daily.

(h) Disposable gloves shall be used during all diaper changing activities. Gloves shall be discarded after use on each child, following disposal of disposable diapers or rinsing and sanitizing of cloth diapers. After gloves are discarded, personnel shall wash their hands and the hands of the child prior to sanitizing the diaper changing station.

(3) Equipment and Furnishings.

(a) Indoor Equipment.

1. A child care facility for mildly ill children shall make available toys, equipment and furnishings suitable to each child's age and development and of a quantity for each child to be involved in activities.

2. Toys, equipment and furnishings must be safe and maintained in a sanitary condition.

3. All washable toys, equipment and furniture used for one group of children with similar diagnosis in a child care facility for mildly ill children shall be washed and disinfected before being used by another group of children.

4. Non-washable toys brought from home may not be shared, and shall be sent home daily.

(b) Outdoor Equipment.

1. If the facility chooses to provide outdoor play space, equipment shall be securely anchored, unless portable by design, in good repair, maintained in safe condition, and placed to ensure safe usage by the children. Maintenance shall include ~~routine~~ checks at least every other month of all supports, above and below the ground, all connectors, and moving parts.

2. Permanent playground equipment must have a ground cover or other protective surface under the equipment which provides resilience and is maintained to reduce the incidence of injuries to children in the event of falls.

3. All equipment, fences, and objects on the facility's premises shall be free of sharp, broken and jagged edges and properly placed to prevent overcrowding or safety hazards in any one area. Fencing, including gates, must be continuous and shall not have gaps that would allow children to exit the outdoor play area. The base of the fence must remain at ground level, free from erosion or build-up, to prevent inside or outside access by children or animals.

4. All equipment used in the outdoor play area shall be constructed to allow for water drainage and maintained in a safe and sanitary condition.

(4) Fire Safety.

(a) Unless statutorily exempted, all child care facilities for mildly ill children shall conform to state standards adopted by the State Fire Marshal, Chapter 4A-36, F.A.C., Uniform Standards for Life Safety and Fire Prevention in Child Care Facilities and shall be inspected annually. A copy of the current and approved annual fire inspection report by a certified fire inspector must be on file with the department or local licensing agency.

(b) There shall be at least one operable, corded telephone readily accessible telephone in the child care facility which is neither locked nor located at a pay station and is available to all staff during the hours of operation, even in the event of a power outage.

(c) Child care facilities for mildly ill children shall conduct monthly fire drills when children are in care. Subject to local fire authority's approval, evacuation of the premises shall not be required, however, facilities shall ensure that the children are taken at least to the point of exit. A current attendance record must accompany staff during a drill or actual evacuation and be used to account for all children.

(5) Emergency Procedures.

(a) At least one first aid kit containing materials to administer first aid must be maintained on the premises of all child care facilities for mildly ill children, at all times. Each kit shall be in a closed container and labeled "First Aid". The kit(s) shall be accessible to the child care staff at all times and kept out of the reach of children. Each kit must include:

1. Soap,
2. Band-aids or equivalent,
3. Disposable latex gloves,
4. Cotton balls or applicators,
5. Sterile gauze pads and rolls,
6. Adhesive tape,
7. Thermometer,
8. Tweezers,
9. In date syrup of ipecac, labeled "DO NOT INDUCE VOMITING UNLESS DIRECTED TO DO SO BY A PHYSICIAN OR POISON CONTROL 1-800-222282-12223474",
10. Pre-moistened wipes,
11. Scissors, and
12. A current resource guide on first aid and CPR procedures.

(b) Procedures and Notification.

1. Emergency telephone numbers, including ambulance, fire, police, poison control center, Florida Abuse Hotline, and the address of and directions to the facility, must be posted on or near all facility telephones and shall be used as necessary to protect the health, safety and well-being of any child in care.

2. Custodial parents or legal guardians shall be notified immediately in the event of any significant change in a child's illness or symptoms, accident or injuries sustained at the facility, which are more serious than minor cuts and scratches, and their specific instructions regarding action to be taken under such circumstances shall be obtained and followed. If the custodial parent or legal guardian cannot be reached, the facility operator will contact those persons designated by the custodial parent or legal guardian to be contacted under these

circumstances, and shall follow any written instructions provided by the custodial parent or legal guardian on the enrollment or registration form.

3. Child care facilities for mildly ill children shall make arrangements with the parent or legal guardian for obtaining medical evaluation or treatment for a child, if necessary as determined by the licensed health caregiver and program policies.

4. Child care facilities for mildly ill children shall obtain emergency medical treatment without specific parental instruction when the parent or legal guardian cannot be reached, and the nature of the illness or symptoms or injury is such that there should be no delay in obtaining medical treatment, as determined by the licensed health caregiver or other qualified health professional.

5. Child care facilities for mildly ill children shall call the parent or legal guardian immediately when a child's illness or symptoms worsen to the degree that the child meets criteria for exclusion from the program, as outlined in subsection 65C-25.002(4), F.A.C.

6. All accidents and incidents which occur at a facility must be documented and shared with the custodial parent or legal guardian on the day they occur.

(6) Dispensing of Medication.

(a) Prescription and non-prescription medication brought to the child care facility for mildly ill children by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician or ARNP, child's name, name of the medication, and medication directions. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label. If the parent or legal guardian notifies the family day care home of any known allergies to medication, written documentation from a physician must be maintained in the child's file. Special restrictions to medication must be shared with staff and must be posted in the classroom.

(b) Medicines shall be stored separately and locked or placed out of a child's reach.

(c) Medication shall be returned to the parent or legal guardian at the end of each day.

~~(7) Minimum Health Requirements—Tuberculosis.~~

~~(a) Upon hire, each employee of a child care facility for mildly ill children, must provide documentation of a tuberculosis test administered within the past two years and this documentation must be in the employee's personnel file within 10 days of employment. If results are positive, the employee must provide written medical authorization to work in a child care facility.~~

~~(b) All personnel in child care facilities for mildly ill children with previous negative tuberculosis test, must be re-tested for tuberculosis at least every two years and provide~~

documentation for their personnel file. If results are positive, the employee must provide written medical authorization to work in a child care facility.

~~(e) All personnel in child care facilities for mildly ill children with previous positive tuberculosis test, must be evaluated every two years for symptoms of tuberculosis, and provide written medical authorization to work in a child care facility.~~

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Amended _____.

65C-25.007 Food and Nutrition.

(1) Nutrition.

(a) If a child care facility for mildly ill children chooses to supply food, it shall provide nutritious meals and snacks of a quantity and quality to meet the daily nutritional needs of the children. The USDA Food Guide Pyramid for Young Children, March 1999, shall be used to determine what food groups to serve at each meal or snack and the serving size of the selected foods for children one year of age or older, if tolerated by the medical condition. The fats and sweets category within the USDA Food Guide Pyramid for Young Children cannot be counted as a food group. Copies of the USDA Food Guide Pyramid for Young Children may be obtained from the district child care licensing office or local licensing agency. Using the USDA Food Guide Pyramid for Young Children, breakfast shall consist of at least three different food groups; lunch and dinner shall consist of at least four different food groups and snacks shall consist of at least two different food groups.

(b) If a facility chooses not to provide meals and snacks, arrangements must be made with the custodial parent or legal guardian to provide nutritional food for the child.

(c) Child care facilities for mildly ill children shall ensure that menus for children can be modified to meet the individual needs of each child in care. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet shall be maintained in the child's facility file. If the parent notifies the child care facility of any known food allergies, written documentation from a physician must be maintained in the child's file. Special food restrictions must be shared with staff and must be posted in the classroom.

(d) Food Preparation Area.

(a) All licensed child care facilities for mildly ill children, approved by the Environmental Health Section to prepare food, shall meet the applicable requirements as specified in Chapter 64E-11, F.A.C., Food Hygiene.

(b) A kitchen area may be shared with other components of the facility, however, staff providing child care for the mildly ill children shall not be involved in food preparation.

(2) Food Service.

(a) Children shall be individually fed or supervised at feeding and offered foods appropriate for their ages and physical condition.

(b) There shall be no propped bottles. There shall be no automatic feeding devices unless medically prescribed. Formula shall be refrigerated and handled in a sanitary manner before and after use. All bottles shall be individually labeled.

(c) Heated foods and bottles must be tested before feeding to ensure heat is evenly distributed and to prevent injury to children.

~~(d)(e)~~ All meals and snacks provided for children participating in child care facilities for mildly ill children must be served on single-service articles, per subsection 65C-25.001(8), F.A.C.

Specific Authority 402.305 FS. Law Implemented 402.305 FS. History--New 5-21-00, Amended _____.

65C-25.008 Record Keeping.

(1) All required records in child care facilities for mildly ill children shall be maintained pursuant to Section 402.305(9), F.S., and available at the facility for the licensing authority to review during hours of operation.

(2) Children's Records.

(a) Each child's record shall contain a signed statement from the parent, attesting to the child's immunization status, either current or religiously exempt from immunization, as required by Chapter 64D-3, F.A.C.

(b) Enrollment/Registration Information. The facility operator shall obtain enrollment information from the child's custodial parent or legal guardian, prior to accepting a child in care. This information shall be documented on CF-FSP Form 5241 Dec. 99, Application for Enrollment in Specialized Child Care Facilities for Mildly Ill Children, which is incorporated by reference, or an equivalent from that contains all the following information required by the department's form:

1. Child's name, age, date of birth, sex.
2. Parent or legal guardian's name.
3. Employer name.
4. Home, work and beeper telephone numbers.
5. Person and telephone number to call in case parent cannot be reached.
6. Child's physician and telephone number.
7. Allergies and type of reaction and specific interventions in case of allergic reaction.
8. Present and past prescriptions and childhood diseases.
9. Current Diet.
10. Special areas of concern and special needs of assistance.
11. Diapering requirements.

(c) The child shall not be released to any person other than the person(s) authorized, or in the manner authorized in writing by the custodial parent or legal guardians.

(d) Children’s files shall contain signed statements that the child care facility for mildly ill children has provided the following information to parents:

1. Admission policy.
2. The program’s infection control procedures.
3. Methods for the daily care of children, including the child’s progress.
4. Procedures for the care and referral for a medical evaluation for children who exhibit worsening symptoms, including a listing of those symptoms.
5. Policy and procedure for staff communication with parents and health care providers.
6. Discipline policy.

(3) Medication Records.

(a) A written record documenting the child’s name, the name of the medication, date, time, dosage to be given, and signature of the custodial parent or legal guardian, shall be maintained at the facility. This record shall be initialed or signed by and at the time the facility personnel dispenses the medication.

(b) This record shall be maintained for a minimum of four months after the last day the child received the medication.

(4) Personnel Records. Records shall be maintained and kept current on all child care personnel, as defined by Section 402.302(3)(8), F.S., and household members if the facility is located in a private residence. These shall include:

(a) An employment application with the required statement pursuant to Section 402.3055(1)(b), F.S.

~~(b) Results of TB test.~~

~~(b)(e) Position and date of employment.~~

~~(c)(d) Signed statement that the employee understands the statutory requirements for professionals’ reporting of child abuse and neglect.~~

~~(d)(e) Level 2 screening information documented on CF-FSP Form 5131, Oct. 02 Apr. 97, Background Screening and Personnel File Requirements. An employment history check for the previous two years or last three jobs is required as part of background screening.~~

~~(e)(f) Copies of all required training information or certificates and credentials.~~

~~(f) Physical Exams. A physical exam completed by a health care provider, which includes physicians, nurse practitioners, and physician’s assistants, must be completed within 30 days of licensure or employment and demonstrate that the health of the individual is such that they would be able to provide supervision and care for children. After the initial physical exam, staff shall have exams conducted by their health care provider at least every three years.~~

(5) Other Records.

(a) Daily attendance of children shall be taken and recorded by the child care facility’s personnel, documenting when each child enters and departs a child care facility for mildly ill children. Such records shall be maintained for a minimum of four months.

(b) Record of accidents and incidents shall be documented daily and maintained for four months. Documentation shall include the name of the affected party, date and time of occurrence, description of occurrence, actions taken and by whom, and required signatures of facility staff and custodial parent or legal guardian.

(c) The operator shall prepare an emergency evacuation plan, including a diagram of safe routes by which the personnel and children may exit each area of the facility in the event of fire or other emergency requiring evacuation of the facility, and shall post a copy of the plan in each room of the facility.

(d) The operator shall maintain a written record of monthly fire drills showing the date, number of children in attendance, and time taken to evacuate or simulate evacuation of the premises. Each monthly record shall be maintained for a minimum of a year from the date of the fire drill.

Specific Authority 402.305 FS. Law Implemented 402.305, 402.3055, 402.302 FS. History–New 5-21-00, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE: Vikki Griffin, Management Analyst, 1317 Winewood Blvd. Building 6, Room 387, Tallahassee, FL 32399

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Deborah Russo, 1317 Winewood Blvd. Building 6, Room 389-A, Tallahassee, FL 32399

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 14, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 19, 2002

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Children’s Mental Health

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Behavioral Health Services	65E-11
RULE TITLES:	RULE NOS.:
Definitions	65E-11.002
Scope of Behavioral Health Services	65E-11.003
Clinical Guidelines for Referral	65E-11.004
Practice Guidelines for Behavioral Health Services To Ensure Cost-Effective Treatment and to Prevent Unnecessary Expenditures	65E-11.007

PURPOSE AND EFFECT: Notice is hereby given that additional changes are being considered to the promulgated Rule 65E-11 F.A.C., in accordance with subparagraph 120.54(3)(d)1., F.S. These additional revisions are in response

to updates in required forms, program name change, refined program operations since the original rule publication, and technical rule citations changes as a result of these revisions.

SUMMARY: This rule was originally published in the Florida Administrative Weekly, Vol. 26, No. 36, September 8, 2000, and in Vol. 26, No. 47, November 22, 2000, as the first Notice of Change. The effective date of this rule was January 17, 2001.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 409.8135(6) FS.

LAW IMPLEMENTED: 409.8135 FS.

IF REQUESTED IN WRITING WITHIN 21 DAYS OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Michael Sorrell, Medical/Health Care Program Analyst, 1317 Winewood Blvd., Bld. 6, Room 297, Tallahassee, Florida 32399-0700

THE FULL TEXT OF THE PROPOSED RULE IS:

65E-11.002 Definitions.

Definitions as used in Chapter 65E-11, F.A.C.

(1) through (4) No change.

(5) “Behavioral Health Network” means the statewide network of Providers of Behavioral Health Services who serve non-Medicaid eligible children with mental or substance-related disorders who are determined eligible for the Title XXI part of the KidCare Program. This network includes providers who are managed behavioral health organizations, private and state funded mental health and substance-related disorders providers, and Lead Agencies. The Behavioral Health Network is administered by the Department of Children and Families, Children’s Mental Health State Program Office to provide a comprehensive behavioral health benefits package for children with serious mental or substance-related disorders. ~~“Behavioral Health Specialty Care Network” means the single entity or local alliance of Providers of Behavioral Health Services, who provide behavioral health services to children enrolled in the Behavioral Health Specialty Care Network.~~

(6) “Behavioral Health Services” means those services, contingent on the child’s presenting condition, that are provided to enrolled children in the Behavioral Health Network Behavioral Health Specialty Care Network for the treatment of mental or substance-related disorders.

(7) “Behavioral Health Network Coordinator” ~~“Behavioral Health Specialty Care Coordinator”~~ means the department’s designated representative for overseeing the enrollment and provision of care by a single entity or local alliance of Providers of Behavioral Health services who comprise a behavioral health care network.

~~(8) “Behavioral Health Specialty Care Network” means the statewide network of Providers of Behavioral Health Services who serve non-Medicaid eligible children with mental or substance related disorders who are determined eligible for the Title XXI part of the KidCare Program that includes providers who are managed behavioral health organizations, private and state funded mental health and substance related disorders providers, and Lead Agencies. The Behavioral Health Specialty Care Network is administered by the Department of Children and Families, Children’s Mental Health State Program Office to provide a comprehensive behavioral health benefits package for children with serious mental or substance related disorders.~~

~~(8)(9) “Benefits Package” means the required benefits and Alternative Services described in Rule 65E-11.003, F.A.C., that are made available to each child upon enrollment into the Behavioral Health Network Behavioral Health Specialty Care Network described in section 65E-11.003.~~

~~(9)(10) “Child” means any individual five (5) years of age and not yet (19) years of age who is enrolled in the Behavioral Health Network Behavioral Health Specialty Care Network.~~

(10)(11) No change.

(11)(12) “Eligible” means a child that has been screened by the behavioral health liaison as meeting the Behavioral Health Network Behavioral Health Specialty Care Network clinical and treatability criteria and by the department for Title XXI financial eligibility criteria but is not yet enrolled in the program to receive Behavioral Health Network Behavioral Health Specialty Care Network services.

(12)(13) No change.

(13)(14) “Enrollment” means a child is eligible for and receiving services in the Behavioral Health Network Behavioral Health Specialty Care Network after an official acceptance into the Behavioral Health Network Behavioral Health Specialty Care Network based on separate determinations of financial eligibility by the department that the child is eligible for the Title XXI component of KidCare and that the child is clinically eligible for enrollment.

(15) through (20) renumbered (14) through (19) No change.

~~(20)(21) “Reverification” means the redetermination of a child’s eligibility based on the criteria described in Rule 65E-11.004, F.A.C. the clinical eligibility criteria described in Section 65E-11.005, F.A.C., for the purpose of reverification of eligibility for the Behavioral Health Specialty Care Network.~~

(22) through (25) renumbered (21) through (24) No change.

~~(25)(26)~~ “Targeted Outreach” means the planned and coordinated efforts to communicate information about the Behavioral Health Network Behavioral Health Specialty Care Network with an overall intent to increase awareness, participation, and enrollment in the program.

~~(26)(27)~~ “Treatment Plan” means that identifiable section of the medical record that depicts goals and objectives for the provision of services with specific treatment environments. The treatment plan shall be developed by a team consisting of individuals with experiences and competencies in the provision of behavioral health services to children as described in subsection Section 65E-11.002(10)(17), F.A.C.; including, if deemed appropriate by the family, the child and family or family representatives; and other agencies, providers or other persons.

~~(27)(28)~~ No change.

Specific Authority 409.8135(6) FS. Law Implemented 409.8135 FS. History–New 1-17-01, Amended _____.

65E-11.003 Scope of Behavioral Health Services.

(1) through (6) No change.

(a) Alternative Services shall be approved so long as they are related to the child’s treatment services plan. Documentation of approved Alternative Services shall include the name of the district Behavioral Health Network Behavioral Health Specialty Care Coordinator with signature and shall contain the following elements:

1. through (11)(n) No change.

(o) Complete the Behavioral Health Network Screening and Eligibility Tracking form, March 1, 2002, version and the Behavioral Health Network Reverification and Request for Disenrollment form, March 1, 2002, version Behavioral Health Specialty Care Network Screening and Eligibility Tracking form, September 2000 version July 1, 1999 version hereby incorporated by reference as if fully set out here. The Behavioral Health Network Screening and Eligibility Tracking form and the Behavioral Health Network Reverification and Request for Disenrollment Behavioral Health Specialty Care Network Screening and Eligibility Tracking form may be obtained from the district Alcohol, Drug Abuse, and Mental Health Program Office. Upon completion, the Behavioral Health Liaison shall submit a copy of the Behavioral Health Network Screening and Eligibility Tracking form and the Behavioral Health Network Reverification and Request for Disenrollment form(s) Behavioral Health Specialty Care Network Screening and Eligibility Tracking form to the Children’s Medical Services area office and the district Alcohol, Drug Abuse, and Mental Health Program Office.

(12) through (13) No change.

Specific Authority 409.8135(6) FS. Law Implemented 409.8135 FS. History–New 1-17-01, Amended _____.

65E-11.004 Clinical Guidelines for Referral.

(1) Every child referred to the Behavioral Health Network a Behavioral Health Specialty Care Network shall be screened as a first step in determining the child’s ~~clinical~~ eligibility for services. If the screening indicates the child has the potential to meet the Behavioral Health Network Behavioral Health Specialty Care Network clinical eligibility criteria described in this section, ~~and there is available capacity within the network to enroll the child,~~ an assessment shall be conducted.

(2) A child shall be considered eligible for behavioral health services from the Behavioral Health Network Behavioral Health Specialty Care Network when the child is determined to be Title XXI eligible for the Florida KidCare Program, be at least five (5) years of age and not yet nineteen (19) years of age, and

(a) through (e) No change.

1. Criteria Set 1:

1.a. No change.

2.b. A child diagnosed with Attention-Deficit/Hyper Activity Disorder as the primary DSM-IV-R Axis I diagnosis does not qualify for Behavioral Health Network services, and Attention-Deficit and Disruptive Behavior disorders shall be excluded as DSM-IV Axis I mental disorders in determining clinical eligibility for the Behavioral Health Specialty Care Network, and

3.e. The child demonstrates a significant level of functional impairment as measured by the Children’s Global Assessment Scale (C-GAS), with a score of fifty or below. The child is experiencing significant functional impairment as a result of his or her condition, or

2. Criteria Set 2: The child is in a school-based program for children with serious emotional disturbance, or

3. Criteria Set 3: The child has been committed for the treatment of substance-related disorders under the Hal S. Marchman Act of 1993, Section 397.01, Florida Statutes, at least once within the last six months.

(3) Disenrollment Criteria. A child shall be considered disenrolled from the Behavioral Health Network at midnight of the last day of the current enrollment month if one of the following occurs: Ineligibility Criteria. A child shall be considered ineligible for Title XXI Behavioral Health Specialty Care Network behavioral health services if any one of the following criteria is met:

(a) The parent has neglected to pay the premium; The child does not meet the Title XXI eligibility criteria with regard to age, income, premium payment, and other insurance coverage or the child does not meet the following Behavioral Health Network criteria: Behavioral Health Specialty Care Network eligibility criteria described in Section 65E-11.004, F.A.C., above;

(b) The child turns 19 years old; The child is placed in long-term residential care exceeding 30 days;

(c) The child becomes Medicaid eligible or obtains other insurance coverage; The child moves out of the state of Florida;

(d) The child moves out of state;

(e) The child is placed in residential treatment exceeding thirty days;

(f) The child becomes an inmate of a public institution; or

(g) The child no longer meets the Behavioral Health Network's treatability or clinical eligibility criteria.

(4) When determining or reviewing a child's eligibility under the program, the applicant shall be provided with notice of changes in eligibility. When a transition from the Behavioral Health Network to another program is appropriate, the Behavioral Health Liaison shall notify the Children's Medical Services case manager in writing and shall ensure the affected family is afforded a transition which promotes continuity of behavioral health care coverage.

(5)(4) The department shall be the final authority on all admissions, transfers, and discharges of children into and from the Behavioral Health Network Behavioral Health Specialty Care Network and retains the right to override any decision of a Lead Agency with regard to a child's admission, transfer, and discharge.

(6)(5) In the case of any dispute between the department and a Lead Agency, an enrolled child shall remain in the Behavioral Health Network Behavioral Health Specialty Care Network and continue to receive care at the expense of the Lead Agency for the duration of the resolution of the dispute.

Specific Authority 409.8135(6) FS. Law Implemented 409.8135 FS. History--New 1-17-01, Amended _____.

65E-11.007 Practice Guidelines for Behavioral Health Services to Ensure Cost-effective Treatment and To Prevent Unnecessary Expenditures.

(1) Treatment Plan. A written treatment service plan shall be developed within 10 working days of enrollment into the Behavioral Health Network Behavioral Health Specialty Care Network for each enrolled child. At a minimum, the plan shall include clear time-limited treatment objectives, related interventions, clinical criteria for discharge, and evidence that the child and family, consistent with the statutes and rules of the department for family involvement, have been included in the development of the treatment plan.

(a) A board certified child psychiatrist or a Licensed Practitioner of the Healing Arts with experience treating children who have mental or substance-related disorders shall serve as the authorizing authority for necessary services. The Lead Agency shall communicate the details of the plan to the local Children's Medical Services Area Office. The plan shall be reviewed and updated no later than ninety (90) days apart.

(b) Notwithstanding paragraph 65E-11.007(1)(a), F.A.C., above, if the provider can demonstrate that a board certified child psychiatrist or a Licensed Practitioner of the Healing Arts

with experience treating children who have mental or substance-related disorders is not available for participation due to the lack of availability, a psychiatrist with experience treating children who have mental disorders or a medical doctor with experience treating children for substance-related disorders shall serve as the authorizing authority for necessary services.

(2) Behavioral health services financed through the Behavioral Health Network Behavioral Health Specialty Care Network shall not begin until after the child's enrollment as defined in Rule 65E-11.003, F.A.C.

(3) through (4)(c) No change.

(d) Collection of data to review the criteria and process used to evaluate services for medical necessity as described in subsection 65E-11.002(18)(19), F.A.C.,

(e) through (8)(b) No change.

(8)(b)1. The claim documents psychiatric admission for the treatment of Emergency Behavioral Health Care as defined in subsection 65E-11.002(12)(14), F.A.C., and includes the date of admission, reason for admission, location of the treatment facility, duration of service noted, and any Behavioral Health Services authorized by the referring Lead Agency.

2. through 3. No change.

(9) through (11) no change.

(12) Exceptions to the drive-time provision shall be made by the Behavioral Health Network Behavioral Health Specialty Care Coordinator to address the lack of specialty providers or other service constraints existing in rural areas.

(13) No change.

(a) No change.

(b) Urgent Care as defined in subsection Section 65E-11.002 (27)(29), F.A.C., shall be evaluated and delivered within twenty-four (24) hours.

(c) No change.

(14) No change.

Specific Authority 409.8135(6) FS. Law Implemented 409.8135 FS. History--New 1-17-01, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Michael Sorrell, Medical Health Care Program Analyst,
Mental Health

NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Sue Ross, Chief, Mental Health

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: December 9, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: July 27, 2001

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Children’s Mental Health

RULE TITLE: Integrated Children’s Crisis Stabilization Unit and Addictions Receiving Facility Demonstration Models
 RULE NO.: 65E-12.110

PURPOSE AND EFFECT: Amends Rule 65E-12, F.A.C., Public Mental Health Crisis Stabilization Units and Short-term Residential Treatment Facilities, to create demonstration models for integrated children’s crisis units and standards to run these units.

SUMMARY: This rule adds additional requirements with regard to Licensure and Designation, Unit Operating Policies and Procedures, Staffing Requirements, Case Records, Content of Records, Signatures and Entries, Facility Admissions, Provider Discharge Requirements, and Provider Universal Infection Control.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 394.499 FS.

LAW IMPLEMENTED: 394.499 FS.

IF REQUESTED IN WRITING WITHIN 21 DAYS OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Michael Sorrell, Medical/Health Care Program Analyst, 1317 Winewood Blvd., Bldg. 6, Room 297, Tallahassee, Florida 32399-0700

THE FULL TEXT OF THE PROPOSED RULE IS:

65E-12.110 Integrated Children’s Crisis Stabilization Unit and Addictions Receiving Facility Demonstration Models.

(1) All the requirements for licensure and operation as a Crisis Stabilization Unit (CSU) that are otherwise required by Chapter 65E-12, F.A.C., and Chapter 65E-5, F.A.C., shall apply, except as provided for in section 394.499, Florida Statutes, and this rule section. This section applies to integrated children’s crisis stabilization unit (CSU) and addictions receiving facility (ARF) services, hereafter referred to as “CSU/ARF.” The facilities will serve minors under the age of 18 years of age who present with a serious and acute mental illness or substance abuse impairment. These facilities shall provide integrated CSU/ARF services within the same facility, and shall provide services to each person based upon their

individual needs. This may include an emphasis on services that are typically provided in either an ARF or a CSU, as determined from the initial screening and assessment.

(2) Licensure and Designation. The facility shall be licensed as a Children’s CSU under Chapter 394, F.S., and Chapter 65E-12, F.A.C., by the Agency for Health Care Administration hereafter referred to as the “Agency.” The facility shall also be designated as a Children’s CSU and an ARF by the Department of Children and Families, hereafter referred to as the “department”. Proof of ARF designation must be submitted to the Agency prior to the CSU receiving substance abuse patients and upon renewal of an ARF designation. The facility shall be in compliance with CSU licensing requirements at all times. Patients may be admitted under the involuntary admission procedures of the Baker Act or Marchman Act and on a voluntary basis. Complaints received by the Department of Children and Families or by the Agency shall be jointly investigated whenever possible and passed on to the local Advocacy Councils within 24 hours of the complaint. Within 26 months from the date of approval by the department, the department shall make a determination to extend or not to extend the demonstration model.

(3) Special Provisions and Requirements.

(a) Unit Operating Policies and Procedures. Uniform policies and procedures and forms that provide for the integrated operation of CSU/ARF services shall be utilized. This shall include policies and procedures regarding admission, assessment, examination, physical health care, treatment, informed consent, referral, discharge planning, and aftercare that conform with national standards, rules and regulations, and best practices. These procedures shall include provisions that address use of the Baker Act and the Marchman Act in accordance with the person’s diagnosis. The unit’s operating policies and procedures shall be subject to the approval of the organization’s Medical Director and the advisory governing board.

(b) Staff Orientation and Training. Staff shall meet the training requirements of Rule 65E-5.330, F.A.C., and Rule 65D-30.004, F.A.C., as a prerequisite to providing services. In addition, staff shall receive training from qualified professionals in substance abuse, as defined in Section 397.311, F.S., that includes the etiology and characteristics of substance abuse, common street drugs and means of use, motivational stages, and principles of recovery and relapse.

(c) Staffing Requirements.

1. The CSU/ARF shall have a Medical Director licensed under Chapters 458 or 459, F.S., who is responsible for overseeing all medical services delivered at the facility. A Medical Director licensed under Chapters 458 or 459, F.S., who has been designated to oversee all medical services of the facility and has been given authority and responsibility for medical services delivered by the facility meets this requirement.

2. A registered nurse shall ensure that emergency medical services are provided immediately in accordance with the medical protocols established by the Medical Director. Such protocols shall include provisions to ensure that new arrivals are promptly assessed for symptoms of substance abuse intoxication, and are given prompt medical care and attention. In addition, protocols shall ensure that monitoring of psychiatric medication is provided and general health care needs are met.

3. In addition to the requirements of Rule 65E-12.105, F.A.C., minimum staffing for the facility shall include a qualified professional specializing in substance abuse. The qualified professional must be a physician licensed under Chapters 458 or 459, F.S., or a practitioner licensed under Chapters 490 or 491, F.S., or certified through a department recognized certification process as provided in Section 397.311, F.S., and Section 397.416, F.S. Individuals who are certified are permitted to serve in the capacity of a qualified professional, but only within the scope of their certification. This person shall be available on-call 24 hours per day, seven days per week. This person shall be on-site daily for at least 15 hours per week within the first six months of operation and at least eight hours per week thereafter. The provider's operating procedures shall include a description of those circumstances requiring the qualified professional to be on-site.

(d) In those cases where a child needs to be transported to other services, the provider shall arrange for such transportation.

(4) Case Records.

(a) Confidential Information. Each CSU/ARF shall ensure that information in case records and any other identifying information for children reflecting a substance abuse diagnosis be maintained in accordance with 42 Code of Federal Regulations, Part 2. The department and the Agency shall have access to confidential records, as needed, to conduct monitoring visits, surveys, complaint investigations, and other required site visits.

(b) Signatures and Entries. In those instances where case records are maintained electronically, a staff identifier code will be acceptable in lieu of a signature. Documentation within case records shall not be deleted. Amendments or marked through changes shall be initialed and dated by the individual making such changes.

(c) Content of Records. The CSU/ARF shall develop a uniform case record system regarding the content and format of case records pursuant to subsection 65D-30.004(13), F.A.C. and paragraph 65E-12.106(5)(c), F.A.C.

(5) Facility Admission. Each child determined to be in need of services shall provide a blood sample for laboratory testing pursuant to Rule 65D-30.004, F.A.C., or in accordance with the medical protocol developed by the medical director. The Medical Director shall develop medical protocols

including the circumstances under which the test on blood shall not be performed. In addition, a drug screen shall be required for each child determined to need services.

(6) Provider Discharge Requirements.

(a) Development of a discharge and aftercare plan shall commence upon admission. The plan shall include information on the need for continuation of prescribed psychotropic medications and other prescribed medications, such as methadone or other substance abuse maintenance medications, aftercare appointments for medication and case management, and shall be based upon the individualized needs of the child or adolescent. If the discharge is delayed, the CSU/ARF will notify the aftercare provider. The local Advocacy Council shall be notified if a child remains in the CSU/ARF beyond seven days. The CSU/ARF shall coordinate with the aftercare service provider and shall document the after care planning.

(b) Prescriptions for psychotropic medications shall be provided to a discharged child's legal guardian to cover the intervening days until the first scheduled aftercare appointment. Discharge planning shall address the availability of and access to prescription medication in the community.

(7) Provider Universal Infection Control.

(a) A written Universal Infection Control plan shall be developed which shall apply to all staff, volunteers, and children receiving services and shall be reviewed and approved by the Medical Director and medical staff.

(b) The CSU/ARF shall conduct a risk assessment and screening for each child who is determined to be substance abuse impaired, as required by Rule 65D-30.004, F.A.C.

(c) All infection control activities shall be documented.

Specific Authority 394.499 FS. Law Implemented 394.499 FS. History--New

NAME OF PERSON ORIGINATING PROPOSED RULE:
Michael Sorrell, Medical Health Care Program Analyst,
Mental Health

NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Sue Ross, Chief, Mental Health

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: December 9, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: April 5, 2002

**FISH AND WILDLIFE CONSERVATION
COMMISSION**

Marine Fisheries

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Billfish and Swordfish	68B-33
RULE TITLES:	RULE NOS.:
Swordfish: Recreational Bag and Possession Limits	68B-33.0034
Size Limits	68B-33.004
Billfish and Swordfish: Recreational Catch Reporting	68B-33.005

PURPOSE AND EFFECT: The limited purpose of this rulemaking is to conform state rules regarding swordfish and billfish to recent changes in federal regulations. Recent amendments to 50 C.F.R. §635.5 and 50 C.F.R. §635.22 impose reporting requirements on non-tournament recreationally-harvested billfish and swordfish and recreational bag and possession limits for swordfish. The proposed amendments to Rule Chapter 68B-33, F.A.C., conform the chapter to these requirements and also require that recreationally-harvested billfish be landed in a whole condition. The latter requirement is also a part of the current federal regulations, in 50 C.F.R. §635.30(b). The effect of this rulemaking will be to make federal and state regulations identical to provide for effective law enforcement in both jurisdictions.

SUMMARY: Proposed new Rule 68B-33.0034, F.A.C., establishes a recreational bag limit of one swordfish per day from state waters, with a maximum of three swordfish in possession aboard a vessel to which the rule applies. A new subsection (5) is added to Rule 68B-33.004, F.A.C., to require that all billfish be landed in a whole condition. Proposed new Rule 68B-33.005 requires the reporting of all non-tournament, recreationally-caught swordfish and billfish pursuant to federal regulations.

SPECIFIC AUTHORITY: Article IV, Section 9, Florida Constitution.

LAW IMPLEMENTED: Article IV, Section 9, Florida Constitution.

THIS RULEMAKING IS UNDERTAKEN PURSUANT TO SECTION 120.54(6), FLORIDA STATUTES.

WRITTEN COMMENTS MAY BE SUBMITTED WITHIN 14 DAYS OF THE DATE OF THIS NOTICE TO: James V. Antista, General Counsel, Fish and Wildlife Conservation Commission, 620 South Meridian Street, Tallahassee, Florida 32399-1600

Substantially affected persons may, within 14 days of the date of this notice, file an objection to this rulemaking with the agency. The objection shall specify the portions of the proposed rule to which the person objects and the specific reasons for the objection.

THE FULL TEXT OF THE PROPOSED RULES IS:

68B-33.0034 Swordfish: Recreational Bag and Possession Limits.

(1) Except as provided in subsection (2), no person shall harvest more than one swordfish per day or possess more than one swordfish while in or on the waters of the state; provided, however, that the possession of more than three swordfish aboard any vessel with three or more persons is prohibited.

(2) This rule shall not apply to persons fishing pursuant to a saltwater products license and a federal Limited Access Permit (LAP) for swordfish issued pursuant to 50 C.F.R. § 635.4(f).

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History--New _____.

68B-33.004 Size Limits.

(1) No person shall harvest, possess in or on the waters of the state, or land, any blue marlin with a lower jaw fork length less than 99 inches.

(2) No person shall harvest, possess in or on the waters of the state, or land, any white marlin with a lower jaw fork length less than 66 inches.

(3) No person shall harvest, possess in or on the waters of the state, or land, any sailfish with a lower jaw fork length less than 63 inches.

(4) No person shall harvest, possess in or on the waters of the state, or land, any swordfish that is less than 47 inches lower jaw fork length, 29 inches cleithrum to keel length, or 33 pounds dressed weight. A swordfish that is damaged by shark bites may be retained only if the remainder of the carcass is at least 47 inches lower jaw fork length, 29 inches cleithrum to keel length, or 33 pounds dressed weight.

(5) All billfish shall be landed in a whole condition. The possession, while in or on state waters, or landing, of any billfish that has been deheaded, sliced, divided, filleted, ground, skinned, scaled or deboned, is prohibited. Mere evisceration or "gutting" of such fish, or mere removal of gills, before landing is not prohibited.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History--New 8-26-99, Amended 10-1-02, _____.

68B-33.005 Billfish and Swordfish: Recreational Catch Reporting.

Any person harvesting a billfish in state waters pursuant to subsection 68B-33.003(1), F.A.C., or a swordfish pursuant to subsection 68B-33.0034(1), F.A.C., shall report each non-tournament landing of such fish as required by 50 C.F.R. § 635.5(c)(2). For purposes of this rule, the term "non-tournament landing" means any billfish or swordfish brought ashore that was harvested other than in a fishing competition in which participants must register or otherwise enter or in which a prize or award is offered for catching or landing such fish.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History--New _____.

Section III
Notices of Changes, Corrections and
Withdrawals

DEPARTMENT OF COMMUNITY AFFAIRS

Florida Building Commission

RULE CHAPTER NO.: RULE CHAPTER TITLE:

9B-3

Florida Building Commission –
Operational Procedures