

Health Requirements for Child Care Centers



City of Chicago
Department of Public Health

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HEALTH REQUIREMENTS FOR CHILD CARE CENTERS

The following Rules and Regulations govern the conduct of all child care centers.

1. **General Statement**

Child care programs shall be planned, staffed and directed to meet the needs of the individual child and involve all areas of functioning – physical, cognitive, social and emotional. Child care programs shall encourage the child to explore, make choices and develop age appropriate skills. The child shall engage in program experience actively, rather than being a passive recipient, and programs must include a balance of active and quiet activities.

II. **Policies**

A. Each child care center is required to have written policies that are reviewed and updated annually. These written policies must be available to the Department of Public Health for review.

The required policies must include the following:

1. Admission
 2. Safety Plan
 - a. Transportation
 - b. Drop off of children
 - c. Release of children
 3. Emergency evacuation plan, drill procedures, and schedule
 4. Emergency medical treatment, including procedures to follow in the event of poisoning
 5. Notification of parents for emergencies
 6. Discipline Policy
 7. Parent participation
 8. Sanitation Plan/Universal Precautions
 - a. Diapering/Toileting
 - b. Hand washing
 - c. Spilled waste (body fluids)
 - d. Pets and animals
 9. Attendance policy including exclusion for illness
 10. Medication Policy
 11. Facilities and equipment maintenance plan indoors and outdoors
- B. There shall be a policy, which states that child care centers must report exposure to contagious/communicable diseases to the parents, public health authorities and staff.
- C. There shall be a policy, which states that the use of tobacco, in any form, is prohibited in the child care center.
- D. There shall be a policy, which states that the use of alcohol, drugs, and controlled substances is prohibited in the Child Care Center.
- E. There shall be a policy, which states that evidence of child abuse must be reported to authorities as required by the Abused and Neglected Child Reporting Act. (Illinois Revised Statute 1991 Chapter 23, Pars. 2051-et. seq.).

III. **General Records**

- A. Every child care center shall maintain records in a confidential manner. All active records shall be kept in the child care center at all times and shall be available to the Department of Public Health for review. Records must be current, complete and legible.
- B. Records on children and/or employees no longer in the child care center shall be placed in an inactive file. The file shall be maintained by the child care center for a period of five years.

IV. **Staff**

- A. **Staffing Patterns**
There must be a minimum of two staff on site at all times. Appropriate child: staff ratios and group sizes must be maintained at all times. See table 1 for Required Staff/child Ratios and Table 2 for the Maximum Group Sizes.

Table 1: Required Staff/Child Ratios		
Age of Children	Number of Staff	Number of Children
Infants (6 weeks to 15 months)	1	4
Infants/Toddlers	1	4
Toddlers (15 months to 2 years)	1	5
2 years	1	8
3 years	1	10
4 years	1	10
5 years and kindergarten	1	20
School Age	1	20
Mixed Ages	Number of Staff	Number of Children
2-3 years	1	8
2-5 years	1	8
3-4 years	1	10
3-5 years	1	10
4-5 years	1	10
School age	1	20

Table 2: Maximum Group Sizes	
Age of Group	Maximum Size
Infants	12
Infants/Toddlers	15
Toddlers	15
Two to three year olds	16
Two to four year olds	16
Two to five year olds	16
Three to four year olds	20
Three to five year olds	20
Four to six year olds	20
Six year olds and older	30

B. Personnel Records

Files are to be maintained in the child care center for each employee and must contain a written record listing the following:

1. Name of employee
2. Home address and telephone number
3. Age and birth date
4. Health appraisal data
5. Authorizations for and results of the background check required by 89 Ill. Adm. Code 385, background checks, shall be maintained in a separate and confidential file.

C. Medical Records for Staff

1. The license shall require the following certification from a physician or nurse practitioner before employment of any staff member, substitute or student teacher.
 - a. Evidence of a physical examination within 6 (six) months prior to employment including a statement as to whether the staff person has any physical or psychological limitations in working with children. This physical examination shall be valid for two (2) years from the date the staff person was examined and shall be renewed every (2) years thereafter.
 - b. If born after 1956 need evidence of immunity for measles, mumps and rubella in accordance with current Illinois Department of Public Health regulations.
 - c. Must include an evaluation for tuberculosis status. The skin test should be by mantoux. If history of positive mantoux, need chest x-ray if chest x-ray is negative there shall be annual review for symptoms.
 1. Negative tuberculin skin test or negative mantoux.
 2. Certification of disease free status if prior history of positive tuberculin skin test.
2. Immunizations are not required for any person who provides documentation that an immunization is medically contraindicated.
3. Volunteers are to have the same medical examination as required for the employees.

4. An employee diagnosed or suspected of having a contagious or infectious disease shall not be on duty until such time as a written statement is obtained from a physician that the employee is no longer contagious, or is found to be non-infectious.
5. Reports of any serious occurrences, involving injuries to an employee shall be on file and available for review.
 - a. These occurrences include injuries requiring medical care or hospitalization; death; arrest; alleged abuse or neglect; fire or other emergency situations.
 - b. Reports of all incidents and injuries, which involve an employee shall be prepared and maintained. The reports must include the time, place and details of how the incident and/or injury occurred.

V. **Child Care Records**

A. **General Records**

A card file, alphabetical ledger or file folder shall be maintained with the following information on each child:

1. Name of child
2. Address and telephone number
3. Birth date
4. Name of parents or guardian, address and telephone number (address and telephone number of place of employment).
5. Name, address, telephone number and relationship of person or persons authorized to receive the child.
6. Name, address and telephone number of family physician.
7. Name, address and telephone number of person to be notified in case of an emergency.
8. Date of enrollment
9. This record is to be signed by the parent or guardian enrolling the child in the child care center.

B. **Medical Records for Child Care Enrollees**

A file is kept on each child, which includes the following:

1. Child's physical examination record, including recommendations by the physician for specific care when indicated.
2. Reports of any serious occurrences, involving injuries to a child shall be on file.
 - a. These occurrences include injuries requiring medical care or hospitalization; death; arrest, alleged abuse or neglect; fire or other emergency situations.
 - b. Reports of all incidents and injuries, which involve a child shall be prepared and maintained. The report must include the time, place, and details of how the incident and/or injury occurred.
 - c. The report is to be written by the person who is responsible for the child at the time.
 - d. A statement signed by the physician attending the child, or one involved in an injury on the premises, describing the nature of the illness or injury, and the extent of the injuries received must be maintained.
3. Signed parental consent for the treatment of the child in the event of an emergency.

C. **Child Health Requirements**

1. Each child admitted to a child care center must be given a thorough health assessment/physical examination not more than six (6) months prior to admission and every two years thereafter. In the event that a child transfers from one center to another the health assessment/physical examination may be used at the new center if the assessment/examination is less than one year old. If a health problem is suspected, additional documentation of health status may be required.

2. A report on the health of each child and physician's or nurse practitioner's report of a recent physical examination must be on file. Any special health care needs must be noted in the child's health record.
3. The examination records must be dated and signed by the examining physician or nurse practitioner must indicate that the child is:
 - a. Capable of being enrolled in a child care environment based upon his/her health, neurological development, behavior and immune status.
 - b. Immunized against those diseases that are preventable childhood communicable disease as identified by the Illinois Department of Public Health. These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, varicella (if did not have the disease,) tetanus and hemophilus influenza B.
 1. If immunizations are not given because of a parent's religious belief, a signed waiver shall be on file.
 2. If immunizations are contraindicated because of a medical condition, a physician's statement shall be on file.
 - c. All children must be screened for risk of TB infection prior to entering Day Care. If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the mantoux method shall be repeated when children in the high-risk group begin elementary and secondary school.
 - d. Screened for lead poisoning or obtains within two months of admission, a lead screening and annually thereafter.
4. The record must also identify additional comments about the management of health problems and health related data shall be provided on the medical report.
5. The record must also identify the name, address and phone number of the physician responsible for the health care of each child.

VI. Health Preparedness

- A. A minimum of one child care worker per center shall receive training and certification in the Recognition and Prevention of Communicable Disease, CPR, First Aid, Preventing Care of Ill Children through a Chicago Department of Public Health approved course. This certification shall be good for three years.
- B. A child care provider shall not be required to exclude from care a child with minor illness unless one or more of the following conditions exists:
 1. The illness prevents the child from participating comfortably in the program activities or;
 2. The illness results in a greater care need than the child care staff can provide without compromising the health and safety of other children.

- C. Every child care center shall designate a space within the facility for the purpose of providing temporary isolation/comfort for a child who becomes ill while attending the child care facility.
- D. Thermometers, preferably disposable, for assessing elevated temperatures shall be available at each center.
- E. Physician's note shall be required for readmission to the child care facility in the following instances:
 - 1. After absence due to an illness of five or more days.
 - 2. After any length of absence due to a reportable communicable disease defined by the Illinois Department of Public Health and enforced by the Chicago Department of Public Health.
 - 3. At the discretion of the Child Care Director.

VII. Medications

Medication may be administered to a child at a child care center when the following criteria are adhered to:

- A. A copy of the Child Care Center Medication policy must be available for review by the Chicago Department of Public Health.
- B. Medications must be maintained in a locked cabinet or equivalent at all times.
 - 1. The cabinet or container shall not be used for any other purpose.
 - 2. Refrigerated medications may be kept in a separate, properly identified container and may be kept in the food preparation area.
- C. Parents of children on chronic medication therapy to be administered by the child care staff during the child's stay are to secure the following information before the procedure is considered ongoing:
 - 1. Letter from the prescribing physician or printout from the pharmacy, which includes a statement regarding the side effects of the prescribed medication.
 - 2. Parental consent to administer medication.
- D. Any medication brought in the facility by the parent or guardian of a child shall be in the original container labeled with the child's first and last name, the date the prescription was filled, the medication's expiration date and have legible instructions for administration.
- E. A medication record shall be maintained and shall include:
 - 1. Instructions for storage and administration
 - 2. Administration log
 - 3. Checklist for medication brought to the program by parents including such information as condition of bottle, expiration date, date dispensed, dosage, and date the medication was discontinued and/or disposed of.

VIII. Animals, Pets and Plants

- A. Domestic animals, birds or fowls shall not be permitted at any time in areas where foods are prepared or maintained.
- B. Small animals can be permitted in the child care center when properly inoculated and certified by a qualified veterinarian as free of disease that might endanger the health of children. When animals and/or pets are on the premises, a responsible staff person shall be assigned to its care.

There must be careful supervision of children who are permitted to handle and care for animals. This includes appropriate hand washing after handling of animals by staff and children.

- C. Immediate treatment for children sustaining bites, scratches or any injury from the animals and/or pets shall be the responsibility of the child care center.
- D. Animals and/or pets must be properly caged, fed and maintained in a safe, clean and sanitary condition at all times by staff.
- E. The child care facility shall be free of stray animals which may cause injury and/or disease to children.
- F. The presence of ferrets, turtles, psittacine birds (birds of the parrot family), or any wild or dangerous animal is prohibited in a child care center.
- G. Poisonous or potentially harmful plants on the premises shall be inaccessible to children.

IX. **Laundry**

- A. Disposable diapers are recommended.
- B. Department of Public Health must approve procedure for on-site laundering of diapers and linens used.

X. **Physical Arrangement**

- A. General
 - 1. The Task Force Inspection Team shall ensure that the physical plant layout matches the blueprint submitted for the initial application to operate. Maximum capacity will be determined when building measurements are confirmed at the Department of Public Health.
 - 2. The location and intended purpose of space and fixed equipment is to be shown and includes:
 - a. Isolation room or space
 - b. Children's toilet rooms
 - c. Teacher's toilets (optional)
 - d. Kitchen
 - e. Indoor play areas
 - f. Outdoor play areas
 - g. Sufficient administrative office space for clerical, financial and managerial functions, interviewing of applicants, for discussion with parents, etc.
 - h. Space as needed for necessary housekeeping and maintenance equipment of child care center
 - i. Locked or inaccessible janitor's closet to include sink and space for storage of cleaning supplies
 - j. Storage space for linens and cots
 - k. Storage space for excess supplies
 - l. Storage space for transportation toys and outdoor equipment

3. Walls and flooring shall be washable and free of lead based paint. Lead free paint shall be used on all painted surfaces including painted furniture and equipment
 4. Electrical outlets accessible to children shall have protective coverings. No extension cords shall be used in areas accessible to children. Extension cords not in use shall be unplugged.
 5. An easily visible clock must be provided at the center.
- B. Heating/cooling System**
1. The heating system must be capable of maintaining a temperature no less than 68° F and not more than 74° F within three feet of the floor throughout the children's section of the building. Relative humidity shall be maintained at between 35 and 60 percent.
 2. Radiators, heat registers; steam and hot water pipes and electrical outlets must have protective covering or insulation.
 3. Electric fans if used, shall be mounted high on the wall or ceiling or shall be guarded to limit the size of the opening in the blade guard to less than ½ inch.
- C. Floors**
1. All floors are to be kept free from cracks and finished so that they can be cleaned easily, properly, and efficiently.
 2. Floors must be kept clean, in a non-slippery condition, and free from tripping hazards, including throw or scatter rugs.
- D. Windows and Doors**
1. The child care center is required to be maintained so as to prevent the entrance and harborage of rats, mice, flies, other insects/vectors.
 2. All doors and non-stationary windows shall be equipped with tight mesh screens or combination type storm and screen windows, provided that the entire window area is effectively protected from April to November, except in air-conditioned areas. Screens do not prevent falls and will not be considered as window guards.
 3. All areas of the facility shall be lighted to meet the following levels of illumination:
 - a. Reading, painting and other close work areas
 - b. Work and play areas
 - c. Stairs, walkways, landings and entrances
 - d. Sleeping, napping areas:
 4. Adjustable shades, or equivalent, are to be provided for protection from glare and to promote an atmosphere conducive to sleep at naptime. Strings and cords long enough to encircle a child's neck (6 inches or more) shall not be accessible to children.
- E. Washrooms**
1. Toilets and hand washing sinks shall be located in close proximity to all inside and outdoor play areas used by the children.

2. Hand washing sinks and toilets shall be easily accessible for use and supervision by staff and children. (See Table 3 for requirements)
3. It is recommended that lavatory water temperatures shall not exceed 120° F.

Table 3: Child/Toilet and Hand Washing Sink Ratios	
Number of Children	Number of Toilets/Sinks
1-10	1
11-25	2
26-50	3
51-75	4
76-110	5
101-125	6
126-150	7
151-175*	8

*One additional toilet is required for each 30 children or fraction thereof in excess of 175 children.

4. Toilets and hand washing sinks shall be proportionate to the size of the child.
5. Steps or platforms are to be provided for use of small children to encourage self-help and independence if child size toilet and hand washing sinks are not provided.
6. Toilet room fixtures must be sanitized daily by scrubbing with soap and water followed by a chlorine rinse of 50 parts per million.
7. At least one enclosed toilet shall be provided.
8. Access to and use of toilets and toilet training equipment will be under direct supervision of the caregivers.
9. Toilet rooms shall have at least one waste receptacle.

F. Sleeping Accommodations

1. If the children remain longer than five hours, a supervised nap period shall be provided.
2. Individual cots or beds marked with the child's name shall be provided.
3. There shall be at least two feet of space between the cots. Aisles between cots are to be clear of all obstruction while cots are occupied.
4. Separate bed linen and individually marked blankets shall be provided for each child by the day care center.
5. Bed linens shall be changed at least once a week, and when wet or soiled.

6. All cots shall be wiped clean as often as necessary and cleaned with a germicidal solution.
7. Rubber sheeting or impervious covers shall be provided for cots of enuretic children.
8. Each child shall remove his/her shoes before napping.
9. Adequate storage space shall be provided for cots and bedding. When cots are not in use, they shall be stored so that the sleeping surface or bed linens of the cots do not touch the floor or each other.

G. Isolation area

Every child care center shall provide a suitable area, approved by the Chicago Department of Public Health, to be used for any child who requires seclusion and/or health observation for fatigue, illness, injury, or emotional upset. The isolation area need not be kept vacant, but shall not be used as a storage room and must be equipped with a cot/crib. It is required that the cot/crib is sanitized after each use.

H. Indoor Play Area

A minimum of 35 square feet of play space per child is required. The area designated for play space should not include kitchens, isolation area or toilet areas.

I. Outdoor Play Area and Equipment

1. The facility shall be equipped with an outdoor play area that directly adjoins the indoor facilities. A minimum of 75 square feet of space of safe outdoor play area per child playing in the outdoor area shall be available.
2. Proposed use of park areas or other alternatives will be considered on an individual basis and must be approved by the Chicago Department of Public Health.
3. The outdoor play area shall be arranged so that all areas are visible to staff at all times.
4. The outdoor play area shall be well fenced, adequately protected from traffic or other potential hazards such as water, electrical transformers, toxic fumes or gases, or railroad tracks.
5. Playgrounds shall be laid out to ensure ample clearance space for the use of each item. The recommended clearance space is 9 feet around fixed items and 15 feet around any moving part.
6. Play space must allow for maximum amount of sunshine, shade and air; and must be in a well-drained area. Metal equipment shall be placed in a north-south alignment or in a shaded area.
7. Sandboxes shall permit drainage, shall be covered tightly and securely when not in use, and shall be kept from cat or other animal excrement.
8. Anchored play equipment shall not be placed over, or immediately adjacent to hard surfaces, as defined by the U.S. Consumer Product Safety Commission – “Handbook for Public Playground Safety”. Copyright 1991.

9. Outdoor play equipment shall be of safe design and in good repair.
10. The maximum height of any piece of playground equipment shall be no greater than 5 ½ feet if children up to the age of 6 are given access to it, and no higher than 3 feet if the maximum age of children is 3 years.

J. Furniture, Equipment, and Toys

1. Equipment, materials, and furnishings shall be safe and sturdy and free of sharp points or corners, splinters, protruding nails or bolts, loose rusty parts, hazardous small parts, or paint that contains lead or other poisonous materials. The area shall be kept free from small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child.
2. Durable furniture shall be child sized or adapted for children's use.
3. Equipment, furnishings, toys and play materials shall be easy to clean.
4. Equipment shall be placed so as to help prevent collisions and accidents while still permitting freedom of action by the children.
5. Play equipment and materials shall be appropriate to the developmental needs, individual interests, and the ages of the children. Adequate amounts of play equipment and materials shall be available. Projectile toys shall be prohibited.
6. A minimum of two readily available first aid kits shall be maintained by each child care center, one to be taken on field trips and outings away from the center. Each kit shall be a closed container for storing first aid supplies, accessible to child care staff members at all times, but out of reach of children. First aid kits shall be restocked after use and inventory shall be conducted at least monthly. (See Appendix I)
7. Family style seating arrangements with four to six children per table with an adult are preferable to one table for the whole group.
8. Individual lockers, compartments or separate hooks placed at a level, which a child can reach with ease, shall be provided for outdoor clothing. Lockers, closets, and compartments accessible to children shall have internal release mechanisms so that the door can be opened by a child inside the door.
9. Adequate shelf space easily accessible to the children is to be provided for toys and supplies.

K. Maintenance

1. Every child care center shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies to maintain the center in good repair and free from the following:
 - a. Cracks in the floors, walls or ceilings
 - b. Peeling wall paper or paint
 - c. Warped or loose boards

- d. Warped, broken, loose or cracked floor covering such as tile or linoleum.
- e. Loose or broken windowpanes and other similar hazards.
- 2. Maintain all electrical, water supply, heating, and sewage disposal systems in safe, clean functioning condition.
- 3. Maintain the interior finishes of the child care center as needed to keep it attractive and clean. (Painting, washing, etc)
- 4. Maintain all furniture and furnishings in good repair, safe, clean, and in proper condition for use.
- 5. Maintain the ground and outdoor play area in a safe, clean and presentable condition.
- 6. The building and grounds shall be kept free of any possible infestations of insects and rodents by conducting preventive programs.
- 7. If infestations occur the following are required:
 - a. When a commercial structural pesticide applicator is used, that entity must be a licensed pesticide applicator;
 - b. If approved over-the-counter pesticides are used as an alternate, they must be used in strict compliance with the label's instructions;
 - c. No pesticide applications may be performed while children are present;
 - d. Pesticides shall be stored in their original containers;
 - e. No restricted use pesticides (non over-the-counter) may be stored in the Child Care Center.

L. Housekeeping

- 1. The room or rooms used for a child care center are to be in a clean, neat condition.
- 2. Rooms shall not be cleaned while occupied by children. Dry sweeping and dry dusting is prohibited. Buckets and pails of water shall be emptied immediately after use.
- 3. All garbage is to be kept in plastic liners inserted in covered metal or plastic container. Containers are to be properly cleansed after each use. All garbage and other waste materials are to be stored in covered receptacles. The garbage and trash must be removed from the premises as frequently as necessary, to prevent nuisance and unsightliness.
- 4. All cleaning compounds, pesticides, fertilizers, and all other potentially hazardous flammable, corrosive, or explosive compounds or agents must be stored in original containers, with legible labels in a locked room.
- 5. Hazardous items such as plastic bags and sharp tools or instruments, cigarettes, matches and lighters, shall not be in an area accessible to children.
- 6. Housekeeping and service rooms and storage space must be provided.

- a. A janitor's closet shall be provided, which is equipped with a janitor's sink, storage shelves for cleaning supplies and hooks for storage of mops, brooms, etc. This closet shall be kept locked.
- b. Adequate storage space must be provided for excess possessions of children and staff.
- c. Adequate storage space is to be provided for linens, indoor and outdoor equipment, supplies and other items.
7. Humidifiers, dehumidifiers, and air handling equipment that involves water shall be cleaned and disinfected at least once a week.

M. **Telephone**

Every child care facility must have a non coin operated unlocked telephone that is readily accessible. **There shall be a direct line for incoming calls; calls are not to go into a recorder's voice mail system.** A list of emergency numbers shall be prominently posted by the telephone: police, fire, doctor, ambulance, hospital, poison control center. All staff shall be instructed in the proper use of 911.

RECOMMENDED HEALTH PRACTICES FOR CHILD CARE CENTERS

1. **Recommended Practices: Health Education**

A. **Health Education for Children**

1. Child care workers should talk about healthful behaviors while carrying out routine daily activities.
2. Age appropriate health education materials should be utilized. Health education activities shall be geared to the developmental age of the child.
3. Health Education should include physical, oral, mental and social health and shall be integrated daily into the program activities.
4. Staff should model healthy behavior and attitudes in their contact with children, including eating nutritious foods.

B. **Health Education for Staff**

1. Staff should be provided with opportunities to learn about basic preventive health practices, safety, first aid and CPR.
2. Staff training opportunities should address physical, oral, mental and social health.
3. All staff shall receive training in Infectious Disease Control, particularly Universal Precaution Practices.
4. Staff health, welfare, and safety are determinants of staff's ability to provide care for the children, therefore, measures to decrease staff stress should be implemented such as appropriate breaks, training and resources.

C. **Health Education for Parents**

1. Parents should be provided opportunities to observe staff modeling of healthy behavior and child development.
2. Regular health education programs should be provided for parents and designated to meet the unique needs of the parents and/or children enrolled in the program.

II. **Recommended Practices: Oral Health**

A. Parents should be encouraged to obtain a dental examination and related preventive services for their child at age 3 and annually thereafter.

- B. Child care programs are encouraged to implement a daily tooth-brushing program. Where such programs exist the following procedures shall be followed:
1. Children older than two (2) years shall brush their teeth with fluoride toothpaste after each meal or snack.
 2. Each child shall have a personally labeled toothbrush.
 3. Toothbrushes shall be stored so that they do not drip on other toothbrushes, and shall be separated from one another, bristles up, exposed to the air to dry and not in contact with any other surface.

FOOD SANITATION REQUIREMENTS FOR CHILD CARE CENTERS

(Municipal Code 4-72)

I. **General**

- A. Every child care center where cooking and serving food is performed on the premises shall comply with the requirements as set forth in the Municipal Code of Chicago, Chapter 4-72 and as such hereafter amended by the City of Chicago.
- B. Facilities dispensing or serving food shall employ and have present on the premises at all times food is being handled, a person who holds a valid Certificate of Registration in food handling and sanitation.
- C. No live domestic animal, bird or fowl is permitted at any time in areas where foodstuffs are kept or prepared.
- D. None of the operations connected with food preparation can be conducted in a room used for living, sleeping or laundry purposes.

II. **Staff**

- A. Only food handling staff shall be permitted in the kitchen.
- B. All persons who are employed in any capacity in which they handle food, dishes or receptacles are required to wear clothing which is clean and of washable character.
- C. In addition, employees preparing and handling food are required to use hairnets, headbands, or caps and shall not expectorate or use tobacco in any form, in any area in which food is prepared or served. The hands and outer clothing of all persons are to be kept clean while persons are engaged in handling of food, drink, utensils or equipment.

III. **Kitchen Construction**

A. **General**

- 1. A sink with three compartments is required for dish washing when food is prepared and served on the premises. A two-compartment sink may be substituted for the three-compartment sink requirement provided that food is catered to the establishment and a complete disposal service is used, or other method approved by the Chicago Department of Public Health.
- 2. An exposed lavatory must be provided in the kitchen for hand washing.
- 3. In child care centers serving only juice and milk in single use disposable containers, a refrigerator capable of maintaining a constant temperature of 40°F in good operating condition is required, in lieu of Municipal Code of Chicago, Chapter 4-72, Department of Public Health Rules and Regulations, Kitchen Requirements.
- 4. Kitchens must be provided with mechanical ventilation so as to render the kitchen reasonably free from disagreeable odors and condensation. Ranges must be hooded so that the cooking odors may be effectively carried off by a stack exhaust fan. When an unlicensed kitchen is used an unhooded stove for warming is allowed. No food preparation may occur using this appliance.

5. An adequate supply of running hot and cold water under pressure is to be available to rooms in which food is prepared or dishes washed.
6. All counters, shelves, tables and other work surfaces, refrigeration equipment, stoves, mixers and similar equipment must be constructed and located so as to be easily cleaned.
7. No new mechanical/food dispensing equipment such as dish machines, dishwashing machines, ice machines, soft serve, frozen dessert machines, etc. may be installed unless the equipment or complete drawing thereof has been submitted to the Chicago Department of Public Health for approval prior to installation as provided in Chapter 4-72, Section 110 of the Municipal Code of Chicago.

B. Floors

The floors of rooms in which food is stored, prepared or served or in which dishes are washed shall be smooth, in good repair, free from litter, and as waterproof and grease resistant as possible. Floors with cracks, holes, broken or poorly fitted planks, or which otherwise fail to be tight, are not acceptable. Floors are to be kept clean and free of litter.

- C.** The walls and ceilings of food handling rooms must be painted or finished in light color; be refinished as often as necessary; have a smooth, washable surface; and kept clean and in good repair.

D. Lighting

All rooms in which food or drink is prepared, or in which utensils are washed, are to be well lighted so that a minimum of 50-foot candles of light is available on all working surfaces of such rooms. A minimum of 20-foot candles of light is to be provided at a distance of 30 inches from the floor of all rooms used for the storage of food. A protective shield shall cover fluorescent light fixtures.

IV. Food

- A. All readily perishable foods or fluids must be stored at or below 40°F except when being prepared or served. This includes all custard fillings and cream filled pastries, milk and milk products, egg products, meat, fish, shell fish, gravy, poultry stuffing, sauces, dressings, and salad containing meat, fish, eggs, milk or milk products. A reliable thermometer shall be kept in the refrigerator for determining its temperature.
- B. All hot foods shall be stored at a temperature of 140°F or above at all times prior to service.
- C. All frozen foods shall be kept frozen stored at 0°F or less.
- D. Each facility shall have a reliable thermometer, which shall be kept for determining temperatures.
- E. All food stored, prepared, or served in the child care center must be kept clean, wholesome, free from spoilage and so prepared as to be safe for human consumption.
- F. All foods are to be stored so that they are protected from contamination by flies, roaches, rodents, etc.
- G. Milk served for drinking is to be poured directly from the individual, original container received from the dairy into the child's glass at mealtime or from approved milk dispensers.

V.

Utensils

- A. A sufficient supply of food service equipment must be available to serve all child care participants and staff during one meal without reusing any of the equipment.
- B. Dishes, glassware, cooking utensils and all food service equipment are to be in good repair and free of breaks, cracks, chipped places, corrosion, and open seams.
- C. Adequate work area and equipment is to be provided for satisfactory preparation of meals.
- D. Single service containers, cups, spoons, forks, plates and drinking straws cannot be used a second time. All such single service items shall be discarded immediately after use.

VI.

Sanitation

- A. After bactericidal treatment, utensils and containers are to be stored at a sufficient height above the floor in a clean, dry place protected from flies, splash, dust, overhead leaking and condensation, and other contamination. Containers and utensils must be inverted, covered, or otherwise protected from contamination until used for serving.
- B. Drain racks, trays and shelves are to be made of non-corrodible materials and shall be kept clean.
- C. Dishes and utensils must not be handled by the surfaces, which come in contact with food or drink.

VII. Poison

Poisonous compounds, including polishes, cleaning fluids or compounds containing any matter or substance deleterious to health, must be kept only in containers to which are affixed a label, conspicuous in appearance, containing the word "POISON" printed in red ink in letters at least 3/8" in height, and containing an imprint of a skull and cross bones.

All poisonous compounds

shall be used with extreme caution and shall not be stored in kitchen or food preparation rooms or areas, and shall be kept in a locked place. Compounds harmless to humans are to be substituted for poisonous compounds whenever possible.

VIII. Flies, insects, and rodents

A. The child care center shall be maintained free from insect or rodent infestation. The premises are to be maintained in a rat-proof condition and all necessary measures for the elimination or extermination of insects and/or rodents are to be carried out using precautions and safeguards to avoid exposure. Extermination procedures shall not be carried out when children are on the premises.

B. When flies are prevalent, all openings to the outer air are to be effectively screened with 16-mesh wire or plastic cloth. All doors must be self-closing and screen doors to the outer air shall swing in direction of egress. In case of other protected openings, fans of sufficient power or other approved means to prevent the entrance of flies shall be used.

IX. Garbage

All garbage is to be kept in plastic liners inserted in covered metal or plastic container. Containers are to be properly cleansed after each usage. All cans, trash and other waste materials are to be stored in covered receptacles. The garbage and trash must be removed from the premises as frequently as necessary, to prevent nuisance and unsightliness.

X. Sanitizing multi-use eating and drinking utensils

A. Hand washing

Hand washing of all multi-use eating and drinking utensils is to be accomplished by the use of warm water at a temperature from 110°F to 120°F containing an adequate amount of soap or detergent effective to remove grease or solids. The water must be changed at sufficiently frequent intervals to keep it reasonably clean. Dishes and other equipment shall be scraped or pre-rinsed to remove gross particles of food before washing. After cleaning, all such utensils are to be effectively subjected to one or more of the following, or other equivalent approved, bactericidal processes:

1. Immersion for at least two minutes in clean, hot water at a temperature of at least 180°F or for one-half minute in boiling water. An approved thermometer shall be installed in the vat used for bactericidal treatment. Whenever practicable, bactericidal treatment shall be accomplished through the use of hot water. For this method of bactericidal treatment at least two adjacent deep sinks shall be provided and fitted with drain boards made of porcelain, metal, or other impervious materials. After washing in the first sink, dishes, glasses, etc. are to be placed in metal baskets and immersed in hot water in the second sink, used for the bactericidal treatment, for the required period of time. The baskets may be lined with wooden strips to prevent marking of the chinaware. Upon

removal of the basket from the second sink, dishes or other utensils must remain in the basket until dry. Where hot water is used for bactericidal treatment, a hot water heater mechanically controlled so as to maintain a water temperature of at least 180°F in the vat, at all times, is to be provided. Water at such temperature is to be available, at all times, while utensils are being washed and given bactericidal treatment. When large numbers of utensils are submerged at one time, provisions are to be made for compensating for heat loss to such utensils. Glasses, cups, and other equipment are to be placed in baskets in a venting position so that the air will not be trapped.

2. Immersion for at least two minutes in a lukewarm chlorine bath containing at least 50 parts per million of available chlorine, if hypochlorites are used; or a concentration of equal bactericidal strength, if chloramines are used. The bath should be made up at a strength of 100 parts per million (3 tbsp chlorine per gallon of water) or more of hypochlorites, and is not to be used after the strength has been reduced to 50 parts per million. Bactericidal treatment by chemical means is not to be used until the utensils have been thoroughly cleansed. Chlorine or other chemical solutions once used cannot again be used for bactericidal treatment on any succeeding day.
3. Exposure in a steam cabinet equipped with an indicating thermometer, located in the coldest zone, at a temperature of at least 180°F for at least 15 minutes, or to a temperature of not less than 200°F for 20 minutes.
4. Exposure to a properly designed oven or hot air cabinet equipped with an indicating thermometer, located in the coldest zone of hot air, at a temperature of at least 180°F for not less than 20 minutes.
5. Equipment that is too large to be immersed can be treated (a) with live steam from a hose, in the case of equipment in which steam can be confined; or (b) by boiling rinse water, or (c) by spraying or swabbing with chlorine solution of approved strength.

B. Machine Dishwashing

1. Dishes and other eating and drinking utensils washed in a dishwashing machine, after being scraped and pre-rinsed shall be washed in water containing a machine detergent at a temperature of 120°F to 140°F. Bactericidal treatment must consist of exposure of all surfaces and utensils being washed to a rinse of clean water at a temperature in both the wash and rinse water lined, and so located as to be readily visible to the operator.
2. In machine washing multi-use eating and drinking utensils are to be stacked in racks or trays so as to avoid over crowding and so as to permit the wash and rinse waters to reach all surfaces of each utensil.
3. Dishwashing machines must be kept clean. The pumps and the wash and rinse sprays or jets must be designed that a forceful stream of water will reach all surfaces of the utensils when they are properly racked. The parts are to be readily accessible for inspection and cleaning.

4. The water in the wash tank shall be changed during operation as often as is necessary to keep it reasonably clean. An effective concentration of detergent in the wash water must be maintained at all times.
5. Where an installation does not provide water at a temperature of 180°F in the rinse compartment of a dishwashing machine, a thermostatically controlled booster heater shall be provided to insure rinsing at the required temperature, or other method of sanitizing approved by the Chicago Department of Public Health.
6. Low temperatures or chemical sanitizing dish machines must be approved by the Chicago Department of Public Health in lieu of Municipal Code of Chicago Chapter 4-72.
7. When multi-use eating and drinking utensils have been washed and subjected to bactericidal treatment by above methods, they cannot show an average plate count in excess of 100 bacteria per utensil when swab tested by the latest standard method for bacteriological examination of food utensils of the American Public Health Association (Municipal Code, Chapter 4-72-010 thru 4-72-180).

XI. Catering

- A. If food is to be catered rather than prepared on the premises, a dated contract with the food catering company specifying the number of orders of food to be delivered is to be available for review.
- B. Food requiring cooking or other preparation must be prepared in the child care center in a Chicago Department of Public Health approved kitchen or purchased from a licensed catering facility.

NUTRITION REQUIREMENTS FOR CHILD CARE CENTERS

1. **Menus**

- A. Adequate and appropriate food shall be served in accordance with the time the child spends at the child care center. The center is obliged to provide 1/3 to 2/3 of the daily nutrient needs of the child, depending on length of stay. Nutrient requirements are based on current recommended dietary allowances as set by the Food and Nutrition Board of the National Research Council.
- B. Duplicate copies of 15 varied, consecutive daily meal plans are to be mailed to the Chicago Department of Public Health upon request.
- C. Menus are to be planned at least one week in advance and available for review. If substitutions occur, menus shall be corrected to reflect menus as served. Substitutions are to be nutritionally equal to the food on the menu, which is being replaced. Corrected menus are to be on file for one year available for review.
- D. Menus shall be posted in the kitchen and the classroom. Efforts should be made to make menus available to parents to take home.
- E. Menus are to be planned with consideration for cultural and ethnic patterns but shall be nutritionally equivalent to the above requirements.

II. **Food Sources/Food Brought From Home**

- A. Food consumed by children under the supervision of the child care center must be:
 - 1. provided by the center, and
 - 2. prepared at the Day Care Center in an approved kitchen, or purchased from a licensed catering facility.
- B. Home prepared food shall not be permitted in the center except in the case of special food needs that cannot be met by the center as outlined in Section III below.
- C. Upon agreement of the child care staff, commercially prepared foods may be brought in occasionally by parents as part of holiday or birthday celebrations. Food brought in for group celebration must arrive in an unopened form as packaged by the manufacturer.

III. **Special Diets (Medically prescribed diets, diet for religious reasons, food allergies)**

- A. Information on special diets must be obtained in writing from the parents and/or medical providers and must be maintained on file at the child care center.
- B. Special diets shall be provided for children as ordered by the child's medical provider. Records of food intake are to be maintained when indicated by the physician.
- C. When the provision of special diets places undue hardship or expense upon child care staff, meals shall be provided by the parent or guardian upon written agreement between the parent and the child care staff.
- D. Special food provided by parents or guardians shall not be shared by other children. Special foods brought into the facility must have a label showing the child's name, date, and the identity of the food.
- E. Potentially hazardous and perishable food shall be refrigerated immediately.

IV. **Meal Service, Seating, and Supervision**

- A. All foods, including snacks to be served to the children on a given day, are to be on the premises of the child care center in sufficient time for prompt, safe and wholesome service.
- B. Children shall be offered food at intervals of not less than two hours and not more than three hours apart unless the child is asleep. Breakfast must be served at least 2 ½ hours before lunch.
- C. All foods are to be suitable for children and prepared by methods designed to conserve nutrient value, flavor and appearance. Hot food shall be maintained at a temperature of 140°F, or above, and cold foods at a temperature of 40°F or below, until serving of such foods.
- D. An adult shall sit at the table with the children during mealtimes, share the meals with children, provide supervision, and demonstrate good mealtime practices.
- E. Children are to be seated comfortably with sufficient room to manage food and eating utensils.
- F. Meals shall provide time for socialization and shall be relaxed and unhurried. Allow approximately 30 minutes for lunch and 15minutes for breakfast and snacks.
- G. Children are not be forced or bribed to eat. Food shall not be used as a punishment or reward.
- H. Children shall be encouraged to serve themselves. Supportive help shall be provided from the staff for as long as the child needs such help.
- I. Toddlers and preschoolers shall be permitted to have one or more additional servings to meet the needs of the individual child.
- J. Children's food shall be served on plates or other sanitary holders. Fruit or dessert at the noon meal must be served in a separate dish and not on plates containing hot food unless sectional dishware is used and fruit/dessert is separate from other food.
- K. Tables, chairs, dishes, glasses and eating utensils are to be of a design size suitable for use by young children. Eating utensils must be of sturdy material to prevent breakage and injury to children. The child care center shall comply with the request of the Nutrition Section of the Chicago Department of Public Health to provide sturdier eating utensils if utensils in use are judged unsafe for small children. Unbreakable flatware must be used. Forks are not acceptable.
- L. Adequate number of appropriate dishes, glassware and eating utensils of satisfactory type to serve all of the children at one meal without washing shall be provided, shall be in good repair and be free of breaks, cracks or chips.
- M. Safe drinking water must be readily accessible and served to children during the time they are on the premises. Department of Public Health approved drinking fountains and/or disposable cups for individual use are to be provided.
- N. Portions of potentially hazardous foods that have been served but not eaten shall not be reserved. Unserved food shall be promptly covered to be protected from contamination, refrigerated or frozen immediately and shall be used within 30 days.
- O. Foods provided by the child care center must be consumed on the premises of the child care center with the exception of foods for field trips and picnics.

Table 4: Feeding Frequency	
Time Present	Number of Meals and Snacks
2 Up to 3 Hours	1 Snack
3 Up to 5 Hours	1 Snack and 1 Meal or 2 Meals
5 Up to 10 Hours	2 Meals and 1 Snack or 1 Meal and 2 Snacks
More than 10 Hours	2 Meals and 2 Snacks, or 1 Meal and 3 Snacks

V. Toddlers and Preschoolers

A. Meals and snacks provided by the program shall contain, at a minimum, the food components shown in Table 5. Special occasion menus, bag lunches and catered meals must also meet the following requirements:

1. Milk: Milk served shall be Grade A pasteurized, fortified, fluid milk. Because low fat (2%, 1%) and skim milks may provide inadequate levels of calories and essential fatty acids, these milks shall not be offered to children under two years of age unless requested by a physician.
2. Meat or meat alternate: Meat or meat alternates consist of a serving of edible protein such as meat, fish or chicken. Other protein sources such as eggs, cheese, dried beans or peas may be used. Peanut butter may not be used as the only source of protein for lunch or supper. A casserole or mixed dish may be served but it must contain the required amount of protein per serving.
3. Vegetable: Vegetables may be cooked or raw. Vegetables rich in vitamin A should be served three times a week. Good to excellent sources are spinach, greens, kale, sweet potatoes, pumpkin, broccoli and winter squash. High vitamin A fruits such as apricots, cantaloupe, and purple plums may also be used to meet vitamin A requirements. Each child is to have two servings of vegetables for lunch.
4. A good source of vitamin C shall be offered daily. These include citrus fruits, melons, strawberries, and other fruits and their juices, which contain a minimum of 30 mg of vitamin C per serving. Juice must be full strength and contain no added sugar.
5. Bread or bread alternate: An equivalent serving of cornbread, biscuits, rolls, muffins, bagels, or tortillas made of enriched or whole grain meal or flour may be substituted for sliced bread. Bread alternates include enriched rice, macaroni, noodles, pasta, stuffing, crackers, breadsticks, dumplings, pancakes, waffles and hot or cold cereal.
6. Butter or margarine shall be available for children who desire it as a spread for bread.
7. Fruit or dessert: Dessert shall consist of a serving of fruit, cooked or raw, or milk based pudding. Occasionally gelatin with fruit added may be served provided the dessert consists of one half fruit by volume. Ice cream or cake may be offered for dessert on special occasions such as birthday celebrations but not to exceed once per month.
8. Soups: Soups shall not take the place of any of the above foods.

- B. Vegetarian meals may be served provided they meet protein requirements. The main dish shall contain one or more of the following: dairy products, eggs, legumes, grains, or peanut butter. Peanut butter shall not be used as the sole source of protein for lunch and supper.
- C. Whole grapes and berries, nuts, popcorn, candy, and raisins, shall be restricted from the diet of children under three. Hot dogs and raw carrots may be served to children under three only if cut into short, thin strips.
- D. Children shall wash their hands with warm running water and soap for at least ten seconds prior to food handling/eating.
- E. Meals shall be prepared so as to moderate fat and sodium content.

Table 5: Meal Patterns and Serving Sizes for Child Care Programs		
Meal	Age 1 up to 3 yrs	Age 3 up to 6 yrs
Breakfast		
Fluid Milk	1/2 cup	3/4 cup
Juice/fruit or vegetable	1/4 cup	1/2 cup
Bread or bread alternate, whole grain or enriched	1/2 slice or 0.5 oz	1/2 slice or 0.5 oz.
Or cereal cold/dry	1/4 cup	1/2 cup or 1/2 oz
Or cereal hot/cooked	1/4 cup	1/4 cup
Lunch or Dinner		
Lean meat, fish, or poultry	1 oz.	1 ½ oz.
Or cheese	1 oz.	1 ½ oz.
Or egg	1	1
Or cooked dry beans and peas	1/4 cup	3/4 cup
Or peanut butter*	2 tbsps.	3 tbsps.
Vegetables (2 or more total)	1/4 cup total	1/2 cup total
Bread or bread alternate whole grain or enriched	1/2 slice or 0.5 oz.	1 slice or 0.9 oz.
Fluid milk	1/2 cup	3/4 cup
Dessert	1/4 cup	1/2 cup
<i>* Spread thinly for 1-3 year olds or mix with other foods</i>		
Snacks (mid-morning or mid-afternoon supplement Select 2 of the 4 components		
Fluid milk	1/2 cup	1/2 cup
Bread or bread alternate, whole grain or enriched	1/2 slice or 0.5 oz.	1/2 slice or 0.5 oz.
Or cereal cold/dry	1/4 cup	1/3 cup
Or cereal hot/cooked	1/4 cup	1/4 cup
Lean meat, poultry or fish	1/2 oz.	1/2 oz.
Or cheese	1/2 oz.	1/2 oz.
Or cooked dry beans, peanut butter	1/8 cup	1/8 cup
Or peanuts, nuts, or seeds	1 tbsps.	1 tbsps.
Juice or fruit or vegetable (full strength juice)	1/2 cup	1/2 cup

RECOMMENDED NUTRITION PRACTICES FOR CHILD CARE CENTERS

1. **Recommended Practices: Nutrition Education**

A. **Nutrition Education for Children**

1. The childcare center should provide opportunities for children to develop knowledge and skills necessary to make food choices that will contribute to health and well being. Children, at a minimum shall experience the taste and smell of foods and explore their various textures and shapes.
2. Nutrition education opportunities should be integrated into the curriculum, including mealtimes, without interfering with the pleasure of eating.
3. Nutrition education activities shall be documented and maintained on file at the child care center.

B. **Nutrition Education for Staff**

Nutrition education should be provided to all staff, including administrative personnel. A minimum of 8 hours per year shall be set aside for program(s) to incorporate information on foods and nutrition, and their application to child development and family health including update and revision, according to staff needs.

C. **Nutrition Education for Parents**

Parents should be informed of the scope of nutrition learning activities provided in the program. Nutrition information/education programs should be conducted at least twice a year based on a needs assessment for nutrition information/education as perceived by families and staff.

II. **Recommended Feeding Practices**

- A. The child care program has a responsibility to avoid negligent feeding practices if they recognize them, even if parents want these practices followed. If the food provided by the parent consistently does not meet the nutritional, local, and state food safety requirements, the program shall provide or refer the parent for consultation by a registered dietitian, or to the child's primary source of health care.
- B. An individual daily food record should be kept on infants. This record shall include the amount and type of food eaten at the center.
- C. During the latter half of the year of life the infant is to be encouraged in cup feeding.
- D. Acceptable finger foods for infants over seven months include soft cooked vegetables, mild cheese, finely chopped table meats, fish without bones, soft fruits cut into bite sized pieces, crackers and bread.
- E. As children enter the second year of life, their interest in doing things for themselves should be encouraged by allowing them to hold and drink from a cup, eat with a spoon, and use their fingers for self-feeding.
- F. Meal service should be family style. Children should be encouraged to set the tables, serve themselves and cleanup.
- G. Provision to child care children of pastries, candy, sweet drinks and other highly sweetened food is discouraged because they take the place of nourishing foods.

III. **Recommended Practices: Nutrition Assessment**

- A. Nutrition assessment data should be obtained and documented in the health record. Nutrition assessment data is to include:
 - 1. Documentation of head circumference if less than 24 month old.
 - 2. Height and weight assessment according to the standards of the American Academy of Pediatrics. Growth assessment is to include height and weight for age as well as weight for height.
 - 3. Hemoglobin or hematocrit testing
 - 4. Dietary history
- B. Children at risk those identified as underweight, overweight, anemic, or having special eating/nutrition problems should be provided additional assessment and follow-up as needed.
Follow-up should include (1) a parent conference regarding the problem, and (2) referral to the program's health care provider.
- C. Documentation of follow-up services is to be maintained in the child's record.

IV. **Recommended Staff Qualifications**

Title: **Nutrition Consultant to Child Care Programs**

- A. Level of responsibility
Provides expertise to center Director and provides on-going guidance, consultation and in-service training to the program's child care nutrition personnel in implementing and evaluating all aspects of the nutrition component.
- B. Training Requirement
Current registration with Commission on Dietetic Registration, American Dietetic Association, or eligible for state licensure/certification, with minimum qualifications including or supplemented by course(s) in child growth and development, plus at least two (2) years of related experience as a nutritionist in a health program including services to infants and children.

HEALTH REQUIREMENTS FOR INFANTS AND TODDLERS IN CHILD CARE CENTERS

1. **The following Rules and Regulations governing the conduct of child care centers for infants and toddlers six weeks to two years of age are in addition to the rules and regulations governing child care centers for children two to six years of age.**

- A. Child care programs shall be planned, staffed and directed to meet the needs of the individual child and involve all areas of functioning physical, cognitive and social emotional. Child care programs shall encourage the child to explore, make choices and develop age appropriate skills. The child shall engage in program experience actively, rather than being a passive recipient, and programs must include a balance of active and quiet activities.
- B. The age grouping within a center shall be six weeks to fifteen months for infants and fifteen months to two years of age for toddlers. Mixed groups of infants and toddlers are allowed in accordance with Table 1 and 2.

II. **Staffing**

- A. The general day-to-day health program shall be under the supervision of the Child Care Director.
- B. There shall be one adult for every four infants and one adult for every five toddlers.
- C. A minimum of one child care worker per center shall receive training and certification in child development through a course approved by the Chicago Department of Public Health. Evidence of appropriate academic credentials will be sufficient.
- D. Staff must maintain weekly anecdotal/progress reports for each child, which identifies the accomplishment of appropriate developmental milestone.
- E. There shall be a licensed health care professional available once a month to:
 - 1. Observe the child care techniques of the staff
 - 2. Train staff in proper infection control techniques, observations skills, and developmental assessment.

III. **Infant and Toddler Health Requirements**

- A. All children are to be examined in accordance with the periodicity chart recommended by the American Academy of Pediatrics (See Appendix II)
- B. A report signed and dated by the child's physician for each periodic visit recommended by the American Academy of Pediatrics shall be on file.
- C. Age appropriate immunizations are required.

IV. **Health Preparedness**

- A. A minimum of one child care worker per center shall receive training and certification in the Recognition and Prevention of Communicable Disease, CPR, First Aid, and Preventing Care of Ill Children through a Chicago Department of Public Health approved course.
- B. A child care provider shall not be required to exclude from care a child with minor illness unless one or more of the followings conditions exists:

1. The illness prevents the child from participating comfortably in the program activities or;
 2. The illness results in a greater care need than the child care staff can provide without compromising the health and safety of other children.
- C. Every child care center shall designate a space within the facility for the purpose of providing temporary isolation/comfort for a child who becomes ill while attending the child care facility.
- D. Thermometers, preferably disposable, for assessing elevated temperatures shall be available at each center.
- E. Physician's note shall be required for readmission to the child care facility in the following instances:
1. After absence due to an illness of five or more days.
 2. After any length of absence due to a reportable communicable disease defined by the Illinois Department of Public Health and enforced by the Chicago Department of Public Health.
 3. At the discretion of the Child Care Director.

V. Medications

Medication may be administered to a child at a child care center when the following criteria are adhered to:

- A. A copy of Child Care Centers Medication policy must be on file with the Chicago Department of Public Health.
- B. Medications must be maintained in a locked cabinet or equivalent at all times.
1. The cabinet or container shall not be used for any other purpose.
 2. Medicine cabinets cannot be located in rooms where foods are prepared or stored.
 3. Refrigerated medications may be kept in a separate, properly identified container and may be kept in the food preparation area.
- C. Parents of children on chronic medication therapy to be administered by the child care center staffs during the child's stay are to secure the following information before the procedure is considered ongoing:
1. Letter from the prescribing physician, which includes a statement regarding the side effects of the prescribed medication.
 2. Parental consent to administer medication.
- D. Any medication brought into the facility by the parent or guardian of a child shall be in the original container labeled with the child's first and last name, the date the prescription was filled, the medication's expiration date and have legible instructions for administration.
- E. Non-prescription medication shall not be dispensed.
- F. A medication record shall be maintained and shall include:
1. Specific, signed parental consent
 2. Physician prescription
 3. Instructions for storage and administration
 4. Administration log
 5. Checklist for medication brought to the program by parents including such information as condition of bottle, expiration date, date dispensed, dosage, and date the medication was discontinued and/or disposed of.

VI. **Physical Plant**

A. **Space requirements**

1. Infants six (6) weeks of age to fifteen (15) months of age:
 - a. Who play and sleep in the same room shall have a minimum of 55 square feet of space for each child: 30 square feet for cribs with two feet distance between cribs; and 25 square feet for play.
 - b. Who sleep in one room and play in another shall have a minimum of 30 square feet of space for cribs with two feet between cribs. In the playroom a minimum of 25 square feet of play space is required for each child.
2. Toddlers fifteen (15) months of age to twenty-four (24) months of age:
 - a. Who play and sleep in the same room shall have a minimum of 35 square feet of space for each child when using stackable cots, with two feet of space between cots.
 - b. When using cribs, a minimum of 30 square feet of space for cribs with two feet between cribs; and 25 square feet of play space for each child is required.

B. **Furniture**

1. An adequate number of feeding chairs, playpens, and rocking chairs must be provided by the center. High chairs if used shall have a wide base, T-shaped safety strap. All furniture must be sanitized between use.
2. Cribs
 - a. Individual cribs made of wood, metal, or plastic, with secure latching devices shall be provided. The cribs shall have slats spaced no more than 2 3/8 inches apart.
 - b. Crib mattresses must be covered with safe, water resistant, washable material and fitted so that no more than two fingers can fit between the mattress and the crib side.
 - c. No cords, strings, ribbons, etc. shall be attached to railings, posts, knobs or slats of the crib.
 - d. Each crib must have linen and equipment, which cannot be interchanged between infants.
 - e. Infant identification shall be on each crib.
 - f. Bed linens shall be changed at least twice per week, or when wet or soiled.
 - g. All cribs shall be wiped clean as often as necessary and cleaned twice a week with a germicidal solution.
3. Infant walkers are prohibited.
4. Equipment is to be limited to the furnishings and supplies necessary for the care of infants.

VII. **Toileting/Diapering and Toilet Training**

- A. Diapers worn by children shall be able to contain urine, and stool and minimize fecal contamination of the children, caregivers, environmental surfaces and objects of the child care center.
- B. Each child care center shall have a designated diapering area, which shall include at a minimum:

1. A hand-washing sink shall be accessible (within arm's reach) without barriers, such as doors.
 2. The diapering area shall never be located in food preparation areas and shall never be used for temporary placement or serving of food.
 3. Changing tables shall be available and shall have impervious, non-absorbent surfaces; changing tables shall be sanitized between each diaper change.
 4. Conveniently located, washable foot operated, plastic lined, tightly covered receptacles shall be within arm's reach of diaper changing tables for soiled diapers. Separate containers for disposable diapers, cloth diapers (if used) and soiled clothes and linens shall be available.
- C. Toilet training equipment shall be provided for children being toilet trained.
1. Child sized toilets or safe and cleanable step aids and modified toilet seats shall be available in the child care setting.
 2. Potty chairs are not recommended, however, if used they shall be cleaned and sanitized between each use.
 3. Hand washing sinks shall not be used for cleaning toilet training equipment.
 4. One child sized toilet or appropriate toilet training equipment for every three (3) toddlers being toilet trained shall be available.
 5. Toilet training equipment shall not be counted as toilets in the toilet: child ratio outlined in Table 3.
- D. Each child care center shall post in the diapering area, procedures for diapering changing consistent with those recommended by the Centers for Disease Control. What to do to Stop disease in Child Day Care Centers. (Appendix III)
- E. If cloth diapers are used, soiled cloth diapers and/or soiled training pants shall never be rinsed.
- F. Staff and children shall wash their hands after each diaper change or assisting a child in toileting.
- G. Diapers shall be checked for wetness or feces at least hourly and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. Diapers shall be changed when found to be wet or soiled.

VIII. **Pets and Plants**

- A. No animals or pets are allowed in the infant and toddler areas.
- B. Poisonous or potentially harmful plants shall not be permitted.

NUTRITION REQUIREMENTS FOR INFANTS AND TODDLERS IN CHILD CARE CENTERS

1. Nutritional Requirements for Infants and Toddlers

A. Infants

1. Adequate and appropriate food to meet the nutritional needs of the infant is to be served in accordance with the time the infant spends at the child care center. Foods in meals and mid session feedings must supply sufficient calories, proteins, minerals and vitamins in accordance with established nutrition standards based on the current recommended dietary allowances set by the Food Nutrition Board of the National Research Council.
2. At the time of admission, an interview shall be conducted to obtain information about the usual schedule of meals or feedings, food habits and feeding practices at home, as well as any special problems relating to food behavior, including special diets. This information shall be on file and include amounts and kinds of foods usually eaten in order to assure that the total food served the infant will provide an adequate intake of calories and all essential nutrients.
3. All food consumed by the infant while under the supervision of the child care center must be provided by the child care center with the exception of formula, breast milk and foods for special diets.
4. Special diets for infants must be obtained in writing from the medical provider or parent and maintained on file at the child care center. Special food needs that cannot be met by the center may be provided by the parent upon written agreement between the parent and the child care staff.
5. In accordance with the American Academy of Pediatrics recommendation, the introduction of solid foods shall be accomplished routinely between 4 and 6 months of age. The time of introduction is indicated by an individual child's nutritional and developmental needs after consultation with the parents.
6. The quantity, type and consistency of food offered to infants varies with age. See Table 6 for recommended guidelines for feeding infants. Parental request for modification of these basic food patterns shall be provided in writing and accompanied by a statement from the child's physician.

Table 6: Infant Daily Food Requirements*							
Age	Birth to 3 weeks	3 weeks to 2 months	2-3 months	4-5 months	6- 7 months	8-9 months	10-12 months
Formula	2 ¼ oz – 4 oz, per feeding or 16-24 oz. total	4-6 oz. per feeding or 21-24 oz. total	5-7 oz. per feeding or 24-32 oz. total	5-7 oz. per feeding or 25-36 oz. total	6-8 oz. per feeding or 24-32 oz. Total	6-8 oz. per feeding or 24-32 oz. total	6-8 oz. per feeding or 16-24 oz. total
Cereal				2-5 Tbsp. total	3-5 Tbsp. total	4 Tbsp. or more total	4 Tbsp. or more total
Vegetables					1-3 Tbsp. Total	½ - 1 jar (1/4-1/2 cup) total	1-2 jars (1/2-1 cup) total
Fruits					1-3 Tbsp total	½-1 jar (1/4-1/2 cup) total	1-2 jars (1/2-1 cup) total
Meats						2-4 Tbsp total	½ jar or more (1/4 cup or more) total

* *These feeding recommendations are to be used as guidelines only. Food needs vary with each infant.*

** *Jar size equals 4.5 ounces.*

7. Infants must be removed from crib and held or seated for all feedings including bottle-feeding. Bottle propping and carrying of bottles by young children throughout the day and/or night shall not be permitted. Infants shall not be left unattended during feeding.
8. Staff shall wash their hands between feeding and handling infants.
9. Infants shall be fed a milk-based iron fortified formula unless otherwise indicated in writing by the child's physician.
10. Formula shall be provided by the child care program or by the parents in a factory sealed container. The formula shall be ready-to-feed strength or prepared from the powder or concentrate at the child care site. Formula should be diluted according to the instructions provided by the

- manufacturer using water from a source approved by the local health department. Only sanitized bottles and nipples shall be used.
11. Bottles and nipples reused by the child care program shall be sanitized by washing in a dishwasher or by boiling for 5 minutes or more just prior to refilling. Rinse nipples prior to washing.
 12. All filled bottles of breast milk or formula shall be refrigerated until immediately before feeding. Contents remaining after a feeding must be discarded.
 13. Bottles of breast milk and opened containers of unmixed concentrate shall be dated. When there is more than one bottle fed infant, all bottles shall be labeled with the child's name. Breast milk shall be used only for the intended child.
 14. Any formula prepared from powder, or concentrate, or an open container of ready to feed formula should be labeled and dated. If the prepared formula is not used within 24 hours, it should be discarded. Follow manufactures instructions for discarding open cans of powder, concentrate or ready-to-feed formula. Breast milk may be stored up to 48 hours in the refrigerator or up to two months in the freezer prior to discarding.
 15. Frozen breast milk shall be thawed under running water or in the refrigerator. Bottles of formula or breast milk shall be warmed by placing them in a pan of hot (not boiling) water for 5 minutes, followed by shaking the bottles well and testing the milk temperature before feeding.
 16. Bottles shall never be warmed or defrosted in a microwave oven.
 17. Commercially packaged baby food shall be served from a separate dish for each infant and not directly from the commercial container. Food left in the serving dish shall be discarded.
 18. Infants under one year of age shall not be fed berries, candies, raisins, corn, whole grapes, hot dogs, nuts, popcorn, peas, or peanut butter as these foods can cause choking. Raw carrots and bananas may be served to infants only if mashed, grated or pureed.
 19. The use of honey for sweetening infant foods is not allowed.
 20. No food other than formula, milk or water shall be placed in a bottle for infant feeding.
 21. Juice may be fed from a cup when the infant is old enough to drink from a cup (approximately 6 months). Juices shall be 100% fruit juice.
 22. Because low fat (2%, 1%) and skim milks may provide inadequate levels of calories and essential fatty acids, these milks shall not be offered to children under two years of age unless requested by a physician.
 23. When children are exclusively bottle fed or breast fed, supplemental water shall be offered.
- B. Toddlers (See table 5, Meal Pattern and Serving Sizes for Child Care Programs, P. 28, and nutrition requirements for toddlers and preschoolers, P, 28–29, Section V.).

APPENDIX I

REQUIRED FIRST AID KIT SUPPLIES

The first aid kit shall contain at least the following items:

- a) Disposable latex gloves
- b) Scissors
- c) Tweezers
- d) Bandage Tape
- e) Sterile gauze pads
- f) Flexible roller gauze
- g) Triangular bandages
- h) Safety pins
- i) Eye dressing
- j) Pen/pencil and note pad
- k) Cold pack
- l) Current American Academy Pediatrics or American Red Cross standard first aid text or equivalent first aid guide
- m) Coins for use in a pay phone
- n) Poison control center telephone number
- o) Water
- p) Soap
- q) Adhesive bandages

Appendix II

American Academy of Pediatrics/Practice and Ambulatory care RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore these Recommendations for Preventive Pediatric Health Care are designed for the children who are receiving competent parenting, have no manifestation of any important health problems, and growing and developing in satisfactory fashion. Additional visit may become necessary if circumstances suggest variations from normal. These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with the membership of the American Academy of Pediatrics through the Chapter Presidents. The committee emphasizes the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

A prenatal visit by the parents for anticipatory guidance and pertinent medical history is strongly recommended.

Health Supervision should begin with medical care of the newborn in the hospital.

Age ²	INFANCY						EARLY CHILDHOOD				
	By 1 mos.	2 mos.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	24 mos.	3 yrs	4 yrs
History Initial/Interval	•	•	•	•	•	•	•	•	•	•	•
Measurements Height/Weight	•	•	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•					
Blood Pressure	•	•	•	•	•	•				•	•
Sensory Screening Vision	S	S	S	S	S	S	S	S	S	S	O
Hearing	S	S	S	S	S	S	S	S	S	S	O
Devel./Behav Assessment	•	•	•	•	•	•	•	•	•	•	•
Physical Examination 5	•	•	•	•	•	•	•	•	•	•	•
Procedures 6 Hered./Metabolic 7 Screening	•										
Immunization 8		•	•	•			•	•	•		
Tuberculin Test						•			•		
Hematocrit or Hemoglobin 10					•				•		
Urinalysis 11					•				•		
Anticipatory 12 Guidance	•	•	•	•	•	•	•	•	•	•	•

	LATE CHILDHOOD					ADOLESCENCE			
Age ²	5 yrs.	6 yrs.	8 yrs.	10 yrs.	12 yrs	14 yrs.	16 yrs.	18 yrs.	20 yrs.
History Initial/Interval	•	•	•	•	•	•	•	•	•
Measurements Height/Weight	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•	•	•	•
Blood Pressure	•	•	•	•	•				•
Sensory Screening Vision	O	O	O	S	O	O	S	O	O
Hearing	S	S ³	S ³	S ³	O	S	S	O	S
DEVEL/BEHA ASSESSMENT	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATIONS 5	•	•	•	•	•	•	•	•	•
PROCEDURES 6 Hered./Metabolic 7 Screening	•								
Immunization 8	•					•			
Tuberculin Test	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin 10			•					•	
Urinalysis 11				•				•	
Anticipatory 12 Guidance	•	•	•	•	•	•	•	•	•
INITIAL DENTAL 13 REFERRAL									

“WHAT TO DO TO STOP DISEASE IN CHILD CARE”

APPENDIX III

DIAPERING PROCEDURES

IF YOU HAVE DIAPERED CHILDREN IN YOUR CENTER:

ALWAYS use this method for changing diapers. This is the best way to stop diseases that spread through the intestinal tract.

1. CHECK to make sure the supplies you need are ready.
 - Fresh diaper or clothes, and
 - Freshly dampened paper towels or premoistened towelettes.
2. PLACE roll paper or a disposable towel on the part of the diapering table where the child’s bottom will be.
3. HOLD the child AWAY from your body when you pick him up. When you know a child has soiled his diapers use only your hands to carry him. LAY the child on the paper or towel.
4. REMOVE soiled diaper or clothes.
 - Put disposable diapers in a plastic bag or a plastic lined receptacle.
 - Put soiled clothes in a plastic bag for parents to take home with the child at the end of the day.
Tell the parents that washing or rinsing clothes soiled with stool at the day care center might cause disease germs to spread.
5. CLEAN the child’s bottom with
 - a premoistened disposable towelette, or
 - a damp paper towel

Put the used towelette or paper towel in the plastic bag or a plastic-lined receptacle

If the child needs to be washed completely,

 - be sure to use running water, and
 - disinfect the sink immediately after you diaper the child.

6. REMOVE the paper or towel from beneath the child and dispose of it in the plastic bag or plastic-lined receptacle.
7. WIPE your hands with a premoistened disposable towelette or a damp paper towel and dispose of it in the plastic bag or plastic.
8. DIAPER and dress the child.
Now you can hold the infant close to you.
9. WASH the CHILD'S hands:

IMPORTANT: If you must walk from the diapering table to the sink
 - be sure the child cannot fall, or
 - carry him with you.
10. RETURN the child to his CRIB
11. CLEAN and DISINFECT
 - diapering area, and
 - equipment or supplies touched
 - soiled crib or cot, if necessary.
12. WASH your hands.

STANDARD GUIDELINES & RESOURCES

Listed below are the reference citations for the standards, guidelines and resources that were used in the preparation of the Health Care Requirements for Day Care Centers.

American Academy of Pediatrics, American Public Health Association, Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs. 1992.

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