



PLAN OF OPERATION FOR INFANT CARE

Children's Center Name _____ Telephone Number _____

Address of Center (Street, City, Zip Code) _____ Fax Number _____

Owner _____ Contact Telephone Number _____

Name of Director _____ Contact Telephone Number _____

Director Credential Certificate #: _____ Date of Expiration: _____

Directors Orientation for Infant Care was taken (Date): _____

I. ORGANIZATION

1. How many infants do you plan to care for? Infants _____ Toddlers _____

2. Indicate your plan for grouping infants at this beginning capacity. Infants _____ staff _____

Infants _____ staff _____

Infants _____ staff _____

Infants _____ staff _____

3. How many staff members meet the staff credentialing requirement? _____

4. What are your planned hours for infant care? _____ a.m. to _____ p.m. _____ days per week.

5. Do your plans include infants enrolled part-time? Yes No

II. ADMINISTRATION

1. Describe your plans for training all staff on safe sleep procedures including timeframes _____

2. Describe your plan for ensuring Infant Toddler Training (including UDAP) is completed within required timeframes for all staff who care for infants. _____

3. Submit your discipline/expulsion policy for the behavior management of infants and toddlers. Include required wording from the regulations on discipline. Describe how your staff will be informed of your policy for managing the behavior of toddlers. Label II-3 _____

4. How will you provide opportunities for each infant to build emotionally secure relationships with a limited amount of staff? _____

5. How will you promote consistency of care for infants? _____

6. How will you train and monitor staff compliance with regulations regarding time limits in swings, bouncers, etc. and the requirements for the use of safety straps on high chairs? _____

7. If providing care for children under the age of 1, submit a copy of your written policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. Label II.7.

III. DIAGRAM OF INDOOR AND OUTDOOR SPACE

1. Submit a diagram for each infant room including measurements. Include location of built-in cabinets or shelves, cribs, play area, feeding area, diapering area with sink (with hot & cold running water), outdoor exit. Diagrams must show placement of cribs/cots meeting regulations and hot water diapering sinks are adjacent to diapering table. Label III-1
2. Submit a diagram of outdoor play space for infants. Include measurements, type of ground cover, and location of permanent equipment. Label III-2
3. Describe how floor space will be utilized to promote movement skills _____

4. Describe procedure for transporting infants to the outdoor play area. _____

IV. INVENTORY OF EQUIPMENT

1. Submit an inventory of equipment for each infant room, indicating ages of infants using room. Label IV-1
2. Submit an inventory of equipment for outdoor use. Label IV-2

V. FIRE, SANITATION, AND SAFETY

1. What are your plans for evacuating infants in case of emergencies. Include route and method of transporting infants.

2. Submit an evacuation diagram and include location emergency records. Label V-2 Have the evacuation plans been reviewed by the Fire Department or other authorities? Yes No

3. Describe plan for communication between infant room and office. _____

4. Describe the procedure for ensuring that infant rooms are maintained daily in a safe and sanitary condition. Include plans for sanitizing walls, floors, diaper changing area, counter tops, sinks, toys, and sheets, crib and crib mattress. _____

5. What are your plans for storage and labeling of clothing, diapers, and accessories? Who will provide these items? _____

6. Describe your plans for the diapering of infants. Include locations, plans for supervision and procedures for diapering, the location for storage of soiled diapers and supplies such as soap, paper towels, and sanitizing solution. Also include a copy of the diapering procedures and note where they will be posted. Label V-6. _____

7. How will you inform your families/staff about the requirement of placing infants on their back to sleep and having nothing in the crib but the baby to reduce the risk of Sudden Infant Death Syndrome (SIDS). How will you ensure that these regulations are being followed? _____

8. If a physician authorizes an alternate position for napping, how will you inform your staff of the physician's documentation of authorization? _____

VI. PHYSICAL HEALTH

1. How and where will you care for an infant who becomes ill? _____

2. What specific precautions would you establish if two or more infants had symptoms of diarrhea?

3. Submit form to be used for daily written report to parents. Label VI-3

VII. FOOD SERVICE AND NUTRITION

1. In centers where the parent provides the food (if applicable):
 - a. Describe food preparation area: location of sink, refrigerator, and equipment for warming food. Do you have thermometers in all classroom refrigerators/freezers? What are the acceptable temperature readings for each? _____

 - b. Describe procedures for handling formula/expressed breast milk/baby food; include plans for labeling of containers, storage/heating of food, providing drinking water, providing utensils.

2. In centers where the food is provided by the center (if applicable):
 - a. Describe food preparation area. _____

 - b. Describe procedures for handling formula/expressed breast milk/baby food; include plans for feeding, storage/heating of food and bottles, and sanitizing bottles.

3. Where will you have information for staff to use if they are not provided information about using breastmilk and/or formula by parents?

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- 4.. What are your procedures for feeding infants 2 months – 12 months? _____

 5. What are your procedures for feeding 1 year olds? _____

 6. Submit menu for snacks and lunch foods acceptable for 1 year olds. Label VII-6. Be aware of required food sizes. _____

VIII. ACTIVITIES

1. Submit a sample Daily Written Plan for infants under 1 year of age. Include requirements of nurturing individualized care, social experiences (with caregiver and other infants), activities that enhance motor, language, and cognitive development, napping time and daily outdoor time. Label it VIII-1
2. Submit a Daily Schedule for 1 year old children. Label it VIII-2

IX. INSPECTIONS

Submit Certificates of Approval (building form C-0109, fire form C-0110, and electrical form C-0111; and final approved health inspections to the License Board office. Label IX

Plan of Operation was reviewed with the director on _____
Date

Signature of Applicant

Signature of Licensing Specialist