CHAPTER 65C-25
SPECIALIZED CHILD CARE FACILITIES FOR THE CARE OF MILDLY-ILL CHILDREN

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” – means a child care facility that provides child care for more than five mildly ill children unrelated to the operator, and receives a payment, fee, or grant for any of the children receiving care. 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) “Contagious disease” means an 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) “Health Provider Consultant” means a Florida licensed pediatric physician; a Florida licensed family practitioner; a physician’s assistant; an advanced registered nurse practitioner (ARNP) with 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) “Immediate” means occurring, acting, or accomplished without loss or interval of time.

(6) “Isolation area” – means a room or a series of rooms within the child care facility for mildly ill children that 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.

(7) “Licensed Health Caregiver” means, 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.

(8) “Mildly Ill children” – means 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 the Child Care Facility Handbook, Section 6.1.D., incorporated by reference in Rule 65C-22.001, 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.

(9) “Sanitize” as it refers to linen, means 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.

(10) “Single-service articles” – means 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.

Rulemaking Authority 402.305 FS. Law Implemented 402.305 FS. History – New 5-21-00, Amended 7-13-03, 11-26-19.

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(4), 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(7), F.A.C. The licensed health caregiver shall be responsible for performing the written physical assessment and 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 records, 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(7), 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 12 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(6), F.A.C., 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 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. Children exhibiting the following symptoms, 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, flu, or 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° 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.

Rulemaking Authority 402.305 FS. Law Implemented 402.305 FS. History—New 5-21-00, Amended 11-26-19.

65C-25.003 General Information.
(1) Application.
(a) Application must be made on CF-FSP Form 5237, Dec. 2019, Application For A License To Operate a Specialized Child Care Facility for Mildly Ill Children, which is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-11410.
(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 CF-FSP Form 5237 must be signed by the individual owner, prospective owner, or the designated representative of a partnership, association, or corporation. Child care facilities that have a well system must maintain current written records indicating the well system meets the requirements of the Department of Health on an annual basis.
(d) A completed CF-FSP Form 5237 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. Failure to submit a completed CF-FSP Form 5237 at least 45 days prior to the expiration date of the current license constitutes a licensing violation. The Department shall impose an administrative fine of $50.00 for the first occurrence, $100.00 for the second occurrence, and $200.00 for each subsequent occurrence within a five-year period.

(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. The license is non-transferable between owners and locations.
(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), 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.
   (f) The child care facility for mildly ill children must include their license number in any advertisement about their services.

(3) Child care facilities for mildly ill children shall meet all health and safety standards in the Child Care Facility Handbook, incorporated by reference in Rule 65C-22.001, F.A.C., except where standards in Chapter 65C-25, F.A.C., are more stringent.

(4) Ratios.
   (a) The following staff to child ratios are based on primary responsibility for the supervision of children and apply at all times when mildly ill children are in care:
      1. For children from birth to 1 year of age, there must be one child care personnel for every three children.
      2. For children 1 year of age 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.

(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.
   (c) The facility shall not participate in field trips or water activities.

(6) 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 personnel from any other component of the regular licensed child care facility.
   (c) Child care facilities for mildly ill children that serve children with contagious diseases, as defined in Rule 65C-25.001, 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) No animals shall be allowed on the premises of programs caring for mildly ill children.
   (f) No narcotics, alcohol, or other impairing drugs shall be present or allowed on the premises, unless prescribed for any of the children in care.

(7) Toilet and Bath Facilities.
   (a) The facility shall provide a minimum of one toilet and one wash basin for every 10 children.
   (b) 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.
   (c) Toilet and bath facilities shall provide privacy to all users.

(8) Minimum Personnel 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:

(a) No person under the age of 18 shall be allowed to provide care for mildly ill children.

(b) In addition to the required training outlined in Section 402.305(2)(e), F.S., and the Child Care Facility Handbook, section 4, all child care personnel in facilities for mildly ill children shall:

1. Have current certification in pediatric cardiopulmonary resuscitation and first aid prior to caring for the children at the facility; and

2. Complete 10 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 two hours of training relating to sick children as part of their 10 hours annual in-service training.

(9) Health and Safety Requirements.

(a) 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.

(b) Only single-service articles 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.

(c) Diapering Requirements.

1. 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.

2. 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.

(d) Indoor Equipment.

1. All washable toys, equipment, and furniture used for one group of children with similar diagnoses in a child care facility for mildly ill children shall be washed and disinfected before being used by another group of children.

2. Non-washable toys brought from home may not be shared, and shall be sent home daily.

(10) Fire Safety. 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 child care personnel during a drill or actual evacuation and be used to account for all children.

(11) Emergency Procedures and Notification.

(a) 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.

(b) 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.

(c) 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.

(d) 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.

(12) Dispensing of Medication. Medication shall be returned to the parent or legal guardian at the end of each day.

(13) Food and Nutrition.

(a) 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.

(b) A kitchen area may be shared with other components of the facility; however, child care personnel providing child care for the mildly ill children shall not be involved in food preparation.
(14) Children’s Records.

(a) 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 2019, Application for Enrollment in Specialized Child Care Facilities for Mildly Ill Children, which is incorporated by reference and available at [http://www.flrules.org/Gateway/reference.asp?No=Ref-11411](http://www.flrules.org/Gateway/reference.asp?No=Ref-11411), 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 cell 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.
10. Special areas of concern and special needs of assistance.
11. Diapering requirements.

(b) 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 child care personnel communication with parents and health care providers.
6. Discipline and expulsion policies.


65C-25.004 Physical Environment.

Rulemaking Authority 402.305 FS. Law Implemented 402.305 FS. History–New 5-21-00, Amended 7-13-03, Repealed 11-26-19.

65C-25.005 Personnel Requirements.

Rulemaking Authority 402.305 FS. Law Implemented 402.305 FS. History–New 5-21-00, Repealed 11-26-19.

65C-25.006 Health and Safety.

Rulemaking Authority 402.305 FS. Law Implemented 402.305 FS. History–New 5-21-00, Amended 7-13-03, Repealed 11-26-19.

65C-25.007 Food and Nutrition.

Rulemaking Authority 402.305 FS. Law Implemented 402.305 FS. History–New 5-21-00, Amended 7-13-03, Repealed 11-26-19.

65C-25.008 Record Keeping.


65C-25.009 Enforcement.

(1) Child care facilities for mildly ill children are subject to enforcement pursuant to Rule 65C-22.010, F.A.C.
(2) Violations of specific licensing standards are described in form CF-FSP 5445, Oct 2019, Specialized Child Care Facilities for the Care of Mildly-Ill Children Classification Summary, which is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-11226.