ARTICLE 1. DEFINITIONS


“Child” means a person who is under 18 years of age who is being provided care and supervision in a child care facility.


§ 100000.2. Child Care Facility.

“Child care facility” means a facility which provides nonmedical care to children under 18 years of age in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual on less than a 24-hour basis. Child care facility includes child care centers and family child care homes.


§ 100000.3. Child Care Center.

“Child care center” means any child care facility other than a family child care home, and includes infant centers, preschools, and extended child care facilities.


§ 100000.4. Family Child Care Home.

“Family Child Care Home” means a home which regularly provides care, protection, and supervision of 14 or fewer children, in the provider’s own home, for periods of less than 24 hours per day, while the parents or guardians are away, and includes the following:

(a) “Large family child care home” means a home that provides family child care for 7 to 14 children, inclusive, including children under the age of 10 years who reside at the home, as set forth in Section 1597.465 of the Health and Safety Code and as defined in Chapter 3 of Division 12 of Title 22 of the California Code of Regulations.

(b) “Small family child care home” means a home that provides family child care to eight or fewer children, including children under the age of 10 years who reside at the home,
as set forth in Section 1597.44 of the Health and Safety Code and as defined in Chapter 3 of Division 12 of Title 22 of the California Code of Regulations.


§ 100000.5. Child Care Provider.

“Child care provider” means a person who provides care to children in a child care facility that is licensed pursuant to Chapter 3.5 (commencing with Section 1596.90) or Chapter 3.6 (commencing with Section 1597.30) of the Health and Safety Code.


§ 100000.6. Training Program.

“Training program” means a program that applies to the Emergency Medical Services Authority (EMS Authority) for review and approval of its child care pediatric first aid, CPR, and/or preventive health and safety training program.


§ 100000.7. Approved Training Program.

“Approved training program, or approved program”, means a training program that is approved by the EMS Authority to provide pediatric first aid, CPR, and/or preventive health and safety training to child care providers.


§ 100000.8. Affiliate Program.

“Affiliate program” means the training program that provides an approved child care pediatric first aid, CPR, or preventive health and safety training because of its association with a training program approved by the EMS Authority.

§ 100000.9. Training Program Director.

“Training program director” means the person who is named in the EMS Authority review and approval application as being the director of a pediatric first aid, CPR and/or preventive health and safety training program. This person is responsible for the administration of the child care pediatric first aid, CPR or preventive health and safety training program that has been approved by the EMS Authority.


§ 100000.10. Training Program Instructor.

“Training program instructor” means a person who teaches the approved child care pediatric first aid, CPR, or preventive health and safety training to child care providers, pursuant to the Health and Safety Code Section 1596.866.


§ 100000.11. Pediatric First Aid.

“Pediatric first aid” means the recognition of, and immediate care for injury or sudden illness, including medical emergencies, to an infant or child, prior to the availability of medical care by licensed or certified health care professionals.


“Pediatric cardiopulmonary resuscitation” or “pediatric CPR” means establishing and maintaining, on an infant or child, an open airway, ensuring adequate respiration either spontaneously or by use of rescue breathing, and ensuring adequate circulation either spontaneously or by means of closed chest cardiac compression. Pediatric CPR includes adult CPR for purposes of children over eight years of age.


§ 100000.13. Preventive Health and Safety.

“Preventive health and safety” means the course required for child care providers that encompasses study in recognition, management, and prevention of infectious diseases,
including immunizations, and prevention of childhood injuries among children in child care facilities.


“Certificate of approval” means the certificate that is issued by the EMS Authority to the approved training program. The certificate shall state that the program is approved to provide child care pediatric first aid, CPR, or preventive health and safety training.


§ 100000.15. Course Completion Document.

“Course completion document” means the card, certificate, or other written document issued by an approved training program to a student who has completed the child care pediatric first aid, pediatric CPR, or the preventive health and safety training.


§ 100000.16. Course Completion Sticker.

“Course completion sticker” means the EMS Authority sticker that is purchased by the approved training program and its affiliate for pediatric first aid, CPR, or the preventive health and safety training. An appropriate sticker shall be affixed to each course completion document issued by approved training programs and their affiliates for the pediatric first aid, CPR, or preventive health and safety training.


ARTICLE 2. TRAINING REQUIREMENTS FOR CHILD CARE PROVIDERS

§ 100000.17. Training Requirements for Child Care Providers.

(a) The training requirements for pediatric first aid and CPR for child care providers shall be satisfied by maintaining current certification in pediatric first aid and CPR. Current certification is demonstrated by possession of the following:

(1) A current pediatric first aid course completion card issued either by the American Red Cross or by a training program that has been approved by the EMS Authority, and
(2) A current pediatric CPR course completion card issued either by the American Red Cross or the American Heart Association, or by a training program that has been approved by the EMS Authority.

(b) Retraining in pediatric first aid and CPR shall occur at least every two years.

(c) The training requirements for preventive health and safety for child care providers may be satisfied by completion of a course and certification in preventive health and safety. Certification in preventive health and safety is demonstrated by a child preventive health and safety course completion document issued by an approved training program.

(d) The requirement for taking the preventive health and safety training is one time only.


ARTICLE 3. TRAINING PROGRAM APPROVAL

§ 100000.18. Application Process for Program Review and Approval.

Training programs in pediatric first aid, pediatric CPR, and preventive health and safety shall submit to the EMS Authority the following information when applying for program review and approval:

(a) Name of the program, name of the business (if it is different than the name of the program), business address, telephone number and program director of the training program, institution, organization, or agency;

(b) A resume of the director's education and experience in methods, materials, and evaluation of instruction in the areas of child care training (pediatric first aid, CPR, and preventive health and safety);

(c) Completed application (Form EMS-App100-1/95 for the pediatric first aid and CPR program or Form EMS-App 102-1/99 for the child preventive health and safety program incorporated by reference) with the following attachments:

(1) A copy of the training course curriculum, including any workbooks, videos, textbooks, or handouts if used in the course;

(2) A detailed plan for evaluation of trainee competency;

(3) A detailed plan for evaluation of instructor competency;

(4) A detailed curriculum for instructor training in the pediatric first aid, and CPR, or the preventive health and safety training for child care providers;
(5) A list of all affiliated training programs;

(6) A copy of the business license (if licensed); and

(7) The required fees for program review and EMS Authority course completion stickers.

(d) All program materials specified in this chapter shall be subject to periodic review, evaluation and monitoring by the EMS Authority.


§ 100000.19. Program Approval Documentation.

(a) The EMS Authority shall notify the training program within twenty working days of receiving its request for training program approval, that the request was received and contains the information requested in Section 100000.18 of this Chapter or shall specify what information is missing from the request.

(b) Program approval or disapproval shall be made in writing by the EMS Authority to the applying training program within sixty days of receiving all application information. The training program shall complete all modifications to an application or program required by the EMS Authority before approval can be given.

(c) The EMS Authority shall establish the effective date of training program approval in writing once the training program is reviewed and found in compliance with all program requirements. The EMS Authority shall issue a program approval certificate with the effective date and an expiration date.

(d) Program approval shall be for two years from the last day of the month in which the approval is given.

(e) Approved training programs shall notify the EMS Authority in writing, and within thirty days of any change in course content, hours of instruction, or program director. Advance notice shall be given whenever possible. All changes shall be reviewed and approved by the EMS Authority.

(f) Directors of training programs shall provide a copy of the EMS Authority certificate of training program approval to all of their affiliate programs.

(g) All training programs and their affiliate programs shall show a copy of their EMS Authority certificate of approval to students who are taking their child care provider first aid, CPR, or preventive health and safety training, and to the prospective child care training students who inquire about these training programs.

§ 100000.20. Withdrawal of Program Approval.

Failure to comply with any requirement for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in probation, suspension, revocation, or denial of renewal of program approval by the EMS Authority following the provisions of the Administrative Procedure Act, Section 11500 et. Seq. of the Government Code. An approved training program shall have no more than thirty (30) days from date of written notice to comply with this chapter.


ARTICLE 4. TRAINING PROGRAM DIRECTOR AND INSTRUCTOR REQUIREMENTS

§ 100000.21. Director Requirements.

Each training program shall have an approved program director who shall be qualified by education and experience in methods, materials, and evaluation of instruction. Duties of the program director shall include but not be limited to:

(a) Administering the training program.

(b) Approving course content.

(c) Approving all written and skills examinations.

(d) Coordinating all instructional activities related to the course.

(e) Approving and monitoring instructor training.

(f) Approving, monitoring, and evaluating all instructors and affiliate program directors.

(g) Notifying in writing their affiliate programs of all policies, curriculum changes, and regulations that are issued by the EMS Authority.

(h) Assuring that all aspects of the training program are in compliance with this Chapter and other related laws.


§ 100000.22. Requirements for Instructor Training for Pediatric First Aid and CPR.

(a) Only instructors who possess a current pediatric first aid and CPR card shall teach EMSA-approved pediatric first aid and CPR training program courses.
(b) Approved training programs shall determine which of the following hours of training are required for instructors, based on competency in essential knowledge and skills and previous hours of training in relevant courses.

(1) Eight hours of training in the approved program curriculum are required for instructor certification/authorization after completion of first aid and CPR training and/or demonstrated competency in essential skills.

(2) Thirty-two hours of training are required for instructor certification/authorization if applicant has no prior training and/or demonstrated competency in essential skills.

(c) This training shall be provided by the approved training program that is hiring, franchising, or affiliating with an instructor. The training shall be given as a condition of hiring, franchising, or affiliating with an instructor, and shall include, but not be limited to, the course content specified in Section 100000.23 of this chapter.

(d) Each training organization shall maintain written verification of instructor qualifications for each certified instructor.


§ 100000.23. Required Course Content for Pediatric First Aid and CPR Instructor Training.

(a) The training program for instructors shall include, but not be limited to, the following topics:

(1) Teaching methods;

(2) Teaching presentation and student assessment;

(3) Child development impact and issues;

(4) Administrative and quality assurance;

(5) Participant health and safety, including care and use of manikins;

(6) Issues of cultural sensitivity;

(7) Assurance that child care context is part of all content areas; and

(8) Topics and skills specified in Section 100000.30(a).

(b) The training program for instructors shall also assess and evaluate an instructor's ability to teach the following essential skills:
(1) Primary assessment, including management of suspected head and neck injuries;

(2) Rescue breathing;

(3) Techniques for response to choking (conscious and unconscious children);

(4) Techniques for controlling bleeding;

(5) Pediatric CPR; and

(6) Splinting of fractures and sprains.

(c) The training program shall assess and evaluate an instructor's teaching presentation and competency at assessing student skills.


(a) Only instructors who possess a current pediatric first aid and CPR card shall teach approved child preventive health and safety training program courses. In addition, all child preventive health and safety instructors shall have completed a minimum of twenty-four hours of child preventive health and safety training that included, but is not limited to, the course content specified in Section 100000.30(b) of this chapter, within twelve months prior to beginning to teach an approved program. Until January 1, 2001, the twenty-four hours of training may include preventive health and safety training given by the instructor.

(b) Approved training programs shall determine which of the following hours of training are required for instructors, based on competency in essential knowledge and skills and previous hours of training in relevant courses.

(1) Eight hours of training in the approved program curriculum are required for instructor certification/authorization if applicant has previous instructor training after completion of first aid, CPR, and preventive health and safety training and/or demonstrated competency in essential skills.

(2) Twenty-four hours of training are required for instructor certification/authorization if applicant has no prior instructor training and/or demonstrated competency in essential skills.

(c) The training required in subsection (b) of this section shall be provided by the approved training program that is hiring, franchising or affiliating with an instructor. The training shall be given as a condition of hiring, franchising or affiliating with an instructor,
and shall include, but not be limited to, the course content specified in Section 100000.25 of this chapter.

(d) Each training organization shall maintain written verification of instructor qualifications for each certified instructor.


§ 100000.25. Required Course Content for Child Preventive Health and Safety Instructor Training.

The training program for instructors shall include, but not be limited to the following topics:

(a) Teaching methods for adult students;
(b) Teaching presentation and student assessment;
(c) Child development impact and issues;
(d) Administrative and training quality assurance;
(e) Topics and skills specified in Section 100000.30(b);
(f) Issues of cultural awareness and sensitivity;
(g) Assurance that child care context is part of all content areas;
(h) Knowledge of child care; and
(i) Knowledge of child care statutes and regulations.


Methods to evaluate instructor competence shall include, but not be limited to, the following:

(a) Demonstration of mastery in all curriculum areas;
(b) Essential knowledge and skills assessment; and
(c) Use of problem solving scenarios as teaching tools.
§ 100000.27. Instructor Certification/Authorization Requirements.

(a) Approved training programs shall issue certification cards that document certification of instructors. Certification cards shall contain an expiration date not to exceed two years from the date of instructor certification.

(b) Approved training programs shall evaluate their instructors, determine the number of retraining hours needed, and provide retraining to their instructors in any of the course content specified in Sections 100000.23 and 100000.25.

(c) Approved training programs shall issue recertification cards upon expiration of original certification, to document recertification of qualified instructors. These recertification cards shall contain an expiration date not to exceed two years from the date of instructor recertification.

§ 100000.28. Monitoring of Instructors.

(a) Methods to monitor certified instructors by training organizations shall include, but not be limited to, review of student evaluations and periodic direct observation of provider training.

(b) Training organizations shall have an agreement of understanding with their program instructors specifying that the instructors shall teach according to the stated organization standards. These agreements shall be signed by the program instructor and program director.

§ 100000.29. Course Hours and Class Size Requirements.

(a) The initial course of instruction shall consist of not less than eight hours in pediatric first aid and pediatric CPR. Training programs teaching pediatric first aid only are allowed with instruction in pediatric first aid to consist of not less than four hours in addition to a minimum of four hours of pediatric CPR. The eight hour course shall consist of no less than four hours of pediatric first aid and no less than four hours of pediatric CPR. Training programs may teach these four hour courses in pediatric first aid and pediatric CPR separately.
(b) Retraining in pediatric first aid and CPR shall consist of no less than four hours of pediatric first aid and no less than four hours of pediatric CPR. Retraining in pediatric first aid and CPR shall be completed at least every two years.

(c) The course of instruction in child preventive health and safety shall consist of no less than seven hours. The requirement for taking this course is one time only.

(d) The class size ratio for pediatric first aid and pediatric CPR shall not exceed one instructor to twelve students for the skills practice and evaluation components of the curriculum.

(e) The class size ratio for preventive health and safety training shall not exceed one instructor to thirty students.


§ 100000.30. Required Course Content.

(a) The course content for pediatric first aid and CPR shall include instruction to result in competence in the following topics and skills, which shall prepare personnel within the child care setting to recognize and treat the ill or injured child, as follows:

(1) Patient examination and injury assessment principles;

(2) Orientation and access to the emergency medical services system;

(3) Recognition and treatment of:

(A) Burns;

(B) Environmental exposure;

(C) Bleeding:

(D) Bites and stings (including human, animal, snake, insect and marine life);

(E) Fainting and seizures;

(F) Dental emergencies;

(G) Diabetic emergencies;

(H) Eye injuries and irritants;

(I) Head and neck injuries;
(J) Respiratory distress (including use of inhaled medications and nebulizers for children with lung diseases);

(K) Fractures and sprains;

(L) Exposure and response to toxic substances;

(M) Shock management; and

(N) Wounds (including cuts, bruises, scrapes, punctures, slivers, penetrating injuries from foreign objects, amputations and avulsions).

(4) Assembly and use of first aid kits and supplies;

(5) Understanding of standard precautions and personal safety in giving emergency care;

(6) First aid action plan within a group care setting (including classroom management while caring for an injured or ill child);

(7) Injury reporting;

(8) Reassuring parents and children in an emergency situation; and

(9) How to talk to young children about emergencies and instructing children in the emergency action plan.

(b) The course content for preventive health and safety training shall include instruction to result in competence in the following topics and skills, which shall prepare personnel to recognize, manage, and prevent infectious diseases and childhood injuries as follows:

(1) Prevention of Infectious Disease.

(A) Standard precautions.

1. Sanitation;
2. Hand washing; and

3. Use of gloves.

(B) Hygiene for children and care givers.

1. Hand washing; and

2. Diapering.
(C) Childhood immunizations; i.e., age and type requirements.

(D) Maintenance of health records and forms.

(E) Process for review of medical form information, including medication administration, allergies, immunizations, and health insurance; and

(F) Infectious disease policies.

1. Notices for exposure to disease;

2. Guidelines for the exclusion/inclusion of sick children;

3. Diseases that should be reported to local health agencies and to child care facility children's parents;

4. Guidelines for managing mildly ill children; and

5. Guidelines for staff health regarding potential risk of infectious diseases, including but not limited to cytomegalovirus (CMV) and Hepatitis B.

(G) Community Resources, to include information on local resources for services that deal with children's health and the prevention of infectious disease shall be given to trainees by the training instructor.

(2) Child Injury Prevention

(A) Risk of injury related to developmental stages (i.e., falling, choking, head injuries);

(B) Establishing and adhering to safety policies in the child care setting;

(C) Procedures to reduce the risks of Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome;

(D) Managing children's risky behaviors that can lead to injury;

(E) Regular assessments for the safety of indoor and outdoor child care environments and play equipment; and

(F) Transportation of children during child care.

1. Motor vehicle safety;

2. Child passenger safety;
3. Field trip safety; and

4. School bus safety.

(G) Community resources, to include information on local resources for services that deal with children's health and the prevention of childhood injuries shall be given to trainees by the training instructor.

(H) Child abuse resources, i.e., where to go in your community for help and information regarding child abuse.

(c) The course content for preventive health training may include instruction in the following:

1) Children's nutrition, i.e., age-appropriate meal planning to ensure nutritional requirements and the correct portions of food for monitoring children's food intake.

(A) The food pyramid and how to apply it to children;

(B) Appropriate eating behaviors for children (i.e., snacking); and

(C) Specialized diets, including diet restrictions based upon medical needs. These medical needs include but are not limited to food allergies and diabetes.

(D) Awareness of feeding/growth problems such as failure-to-thrive.

(E) The connection between diet and dental decay in children.

2) Environmental sanitation.

(A) Vector prevention;

(B) Kitchen cleanliness and sanitation practices;

(C) Toilet and diapering area sanitation.

3) Air quality.

(A) Hazards of smoking (including, second hand smoke);

(B) Importance of keeping air filters clean;

(C) Importance of fresh air;

(D) Hazards of use of fireplaces; and
The connection between allergens and children's respiratory illnesses, and how to reduce airborne allergens.

(4) Food quality.

(A) Safe food practices;

(B) Safe food handling;

(C) Cooking safety;

(D) Preparing foods safely (i.e., washing produce; keeping raw meats and utensils used on raw meats away from cooked foods or foods that will be eaten raw; the importance of keeping cold foods cold, and hot foods hot);

(E) Safe storage of food (including prevention of lead poisoning);

(F) Fully cooking meats and eggs;

(G) Use of only pasteurized fruit juices; and

(H) Dangers of e. coli and salmonella.

(5) Water quality.

(6) Children with special needs.

(A) Knowledge of resources for services for children with special health care needs; and

(B) Knowledge of the Americans with Disabilities Act, and how it pertains to children with special needs in child care.

(7) Community resources, knowledge of city, county and state resources, both non-profit and governmental, for services for children.

(8) Child abuse identification and prevention.

(A) Child abuse mandated reporting requirements;

(B) Signs of child abuse and neglect; and

(C) Care giver stress and the relation of this to abuse issues.

(9) Procedures to reduce the risks of the following injuries, including but not limited to: burns, choking, falls, poisonings (lead, iron, acetaminophen, and other medications), oral injury, suffocation, drowning, injuries from weapons, and injuries from animals.
(10) Earthquake and emergency preparedness.

(A) Preparing the child care for major disasters; and

(B) Community resources for gaining information regarding preparing for disasters and/or assistance in case of a disaster.


The pediatric first aid and CPR training program shall include practice and evaluation of the following skills:

(a) Primary assessment, including management of suspected head and neck injuries.

(b) Care for pediatric choking victims, both conscious and unconscious.

(c) Control of bleeding.

(d) Splinting and care for fractures, sprains, strains and dislocated joints.

(e) Pediatric CPR.

(f) Pediatric rescue breathing.


§ 100000.32. Methodology for Evaluation of Trainee Competency.

Each training program shall develop, and submit as part of the course, a plan for evaluating trainee competence in all content and skills areas. Following are methods which may be used to evaluate competency:

(a) Self-evaluation in conjunction with other methods.

(b) Demonstration of mastery other than written.

(c) Written skills test with option for oral testing.

(d) Use of problem solving scenarios.
ARTICLE 6. CLASS ROSTERS, COURSE COMPLETION DOCUMENTS AND STICKERS

§ 100000.33. Class Rosters.

Each EMS Authority-approved pediatric first aid and CPR training program and child preventive health and safety training program shall submit class rosters to the EMS Authority for each of the pediatric first aid and CPR training sessions and for each of the child preventive health and safety training sessions, within 30 calendar days of course completion. These class rosters shall include the name, address, and phone number of each student of the training. The rosters shall also include the serial number listed on the course completion sticker that is issued to each student upon the completion of the training.

§ 100000.34. Course Completion Documents and Stickers.

(a) Approved programs in pediatric first aid, CPR and preventive health and safety practices training shall place pre-printed stickers from the EMS Authority on their course completion documents. The stickers verify that the training program is EMS Authority-approved, indicate which training the student completed, and assigns a tracking number to the course completion document.

(b) Affiliate programs shall order their course completion stickers from the EMS Authority.

(c) Approved programs that have affiliate programs are responsible for providing a complete list of their affiliate programs, including the instructor names, program names, business addresses and business telephone numbers to the EMS Authority.

(d) Affiliate programs shall complete and submit to the EMS Authority the first page of the application (EMS-APP100-1/95, Rev. 3/99 and EMS-APP102-1/99, Rev. 10/99) and a course completion sticker order form (EMS-900, Rev. 8/99) and turn this into the EMS Authority prior to purchasing course completion stickers.

(e) Course completion documents with the appropriate EMS Authority course completion stickers for the child care training in pediatric first aid, CPR and preventive health and safety training shall be issued by the training program to the student within 21 calendar days after the training is completed.
(f) The course completion documents for pediatric first, CPR, and preventive health and safety training shall have the name of the program training director, the name and signature of the course instructor, the course completion date and expiration date.


ARTICLE 7. FEES

§ 100000.35. Fees.

Each training program submitting an application (Forms EMS-App 100-1/95, Rev. 3/99 and EMS-App 102-1/99, Rev. 10/99) for program review, shall be assessed a fee of:

(a) Two hundred and forty ($240) dollars for the initial training program review, for the pediatric first aid and CPR training course. Training programs that have been reviewed and approved by the EMS Authority will receive 40 course completion stickers, at no extra cost, for their $240 review fee.

(b) Two hundred and forty ($240) dollars for the initial training and program review of the preventive health and safety training course. Training programs that have been reviewed and approved by the EMS Authority will receive 40 course completion stickers, at no extra cost, for their $240 review fee.

(c) Two hundred and forty ($240) dollars for the biannual training review for the pediatric first aid and CPR training course. Training programs that have been reviewed and approved by the EMS Authority will receive 40 course completion stickers, at no extra cost, for their $240 review fee.

(d) Two hundred and forty ($240) dollars for the biannual training review for the preventive health training course. Training programs that have been reviewed and approved by the EMS Authority will receive 40 course completion stickers, at no extra cost, for their $240 review fee.

(e) Three dollars for each (pediatric first aid, pediatric CPR, and/or preventive health and safety) preprinted course completion sticker, to be issued by the approved program to students upon course completion.