



Rev. 06/18 CCAP SCHOOL CHILD CARE PROVIDER ASSURANCES FOR CCDF STATE PLAN COMPLIANCE WITH HEALTH AND SAFETY REQUIREMENTS

School Representative Name:		TIPS #:		
School Provider Name:		Telephone:		
Facility Address:				
Email Address:				
Parish:				
	PURPOSE			
 The purpose of these assurances is to make you aware of, agree to and establish a method of compliance with the Child Care Development Block Grant Act of 2014 wherein was added a new provision to the CCDF State Plan specifying that States must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that addresses these health and safety topics: Prevention and control of infectious diseases (including immunization) Prevention of sudden infant death syndrome and use of safe sleeping practices (Not applicable since CCAP School providers do not care for infants) Administration of medication, consistent with standards for parental consent Prevention of and response to emergencies due to food and allergic reactions Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic Prevention of shaken baby syndrome and abusive head trauma (Not applicable since CCAP School providers do not care for infants) Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a mancaused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. S195a(a)(1)) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants Precautions in transporting children (if applicable) First aid and cardiopulmonary resuscitation (CPR) certification These CCDF State Plan requirements identified above are also contained in the provisions of State Board of Elementary and Secondary Education (BESE) Bulletin 139 – Louisiana				
ADMINISTRATION OF THESE REQUIREMENTS				
The provisions of these requirements including policies and practices to ensure compliance of these health and safety requirements for Public CCAP School Based Providers are covered in BESE Bulletin 135 – Safety and Health, Bulletin				





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741 – (Public) Handbook for School Administrators and Bulletin 119 – School Transportation Specifications & Procedures; and Non-Public CCAP School Based Providers in Bulletin 741 (Non-public) Handbook for School Administrators.

Specific sections contained in these bulletins relative to the state plan ten health and safety topics are identified below:

BESE Bulletin	Section	Description	Health/Safety Topic (see front page for listing)
Public CCAP Schools			1
135	301	Health Screening	1, 3
135	303	Immunizations	3, 10
135	305	Administration of Medication	1
135	309	Communicable Disease Control	1, 3, 4
135	313	Non-Complex Health Procedures	9
119	501-507	Instructional Program for School Bus Drivers	9
119	701	Vehicle Inspection and Maintenance	9
119	901-915	Vehicle Operations	9
119	1101-1105	Emergency Evacuations	9
119	1301-1305	Student Instruction	9
119	1901-1907	Transporting Students	9
119	2101-2111	Transporting Students with Special Needs	9
741 (Public)	339	Emergency Planning and Procedures	7
741 (Public)	1501-1505	Plant Operations and Maintenance	5, 8
741 (Public)	2103	School Food Services	4
Non-Public CCAP Schools			
741 (Non-public)	121	Emergency Planning and Procedures	7
741 (Non-public)	519	Health Records	1, 3
741 (Non-public)	1101	Immunization	1
741 (Non-public)	1501	Building and Maintenance	5, 8
741 (Non-public)	1903	School Food Service	4
741 (Non-public)	3001-3017	Health and Safety Rules and Regulations for Approved Non-public School Three-Year-Old Programs	1, 3, 4, 5, 7, 8,10
CCDF State Plan health a the aforementioned requ	and safety require	ontained in the aforementioned bulletins that cor ments. By my signature below, I am indicating a	greement with all o

 Date:
 School Representative Signature:
 Print Name:

Please sign and return to us by email, fax or mail:

CCAP Provider Certification P. O. Box 2510 Baton Rouge, LA 70821 FAX: 225-342-4180 earlychildhood@la.gov