

**STANDARDS
FOR
LICENSED FAMILY DAY HOMES
WITH INTERPRETATION
GUIDELINES**

Interpretation Guidelines updated March, 2011

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES**

**STANDARDS
FOR
LICENSED FAMILY DAY HOMES**

Adopted by the State Board of Social Services

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Division of Licensing Programs

801 E. Main Street

Richmond, Virginia 23219

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FOREWARD

Attaining and maintaining compliance with these standards are prerequisites for issuance and maintenance of a license or certificate to operate. Failure to maintain substantial compliance with standards or applicable requirements of the *Code of Virginia* constitutes grounds for revocation of a license or for lesser sanctions. These *Standards for Licensed Family Day Homes* were promulgated in compliance with the provisions of Virginia's Administrative Process Act (§ 9-6.14:1 et. seq. of the *Code of Virginia*) in accord with the statutory authority of the State Board of Social Services to promulgate regulations.

Supplementary material is inserted following many sections and is intended to:

- Clarify the standards by including the intent of the standard and interpretation (technical assistance);
- Provide facility personnel and licensing inspectors with the methods for determining compliance;
- Facilitate consistent and equitable interpretation and application of the standards; and
- Serve as an ongoing resource for staff training and development.

Supplementary material was updated March, 2011. Inserted language is underlined. Sections in the Table of Contents with updated supplementary material are noted with an asterisk (*).

LEGAL BASE

The Department of Social Services (DSS) is responsible for licensing certain child welfare agencies and facilities in Virginia, as specified in § 63.2-100; § 63.2-203; § 63.2-217; and pertinent portions of Chapter 17 and 18 of Title § 63.2 of the *Code of Virginia*.

**STATE BOARD OF SOCIAL SERVICES
STANDARDS FOR LICENSED FAMILY DAY HOMES
CHAPTER 111**

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STANDARDS FOR LICENSED FAMILY DAY HOMES

Part I.

GENERAL PROVISIONS

22 VAC 40-111-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accessible" means capable of being entered, reached, or used.

"Adult" means any individual 18 years of age or older.

"Age-appropriate" means suitable to the chronological age and individual needs of a child.

"Assistant" means an individual who helps the provider or substitute provider in the care, protection, supervision, and guidance to children in the home.

"Body fluids" means urine, feces, vomit, blood, saliva, nasal discharge, and tissue discharge.

"Caregiver" means an individual who provides care, protection, supervision, and guidance to children in the home and includes the provider, substitute provider, and assistant.

"Child" means an individual under 18 years of age.

"Child day program" means a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period.

"Child with special needs" means a child with developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who requires special health surveillance or specialized programs, interventions, technologies, or facilities.

"Cleaned" means treated in such a way as to remove dirt and debris by scrubbing and washing with soap and water or detergent solution and rinsing with water.

"Commissioner" means the Commissioner of the Virginia Department of Social Services.

"Department" means the Virginia Department of Social Services.

"Department's representative" means an employee or designee of the Virginia Department of Social Services, acting as the authorized agent of the commissioner.

"Evacuation" means movement of occupants out of the building to a safe area near the building.

"Family day home" means a child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation.

Interpretation of "family day home": A family day home serving six to 12 children, exclusive of the provider's own children and any children who reside in the home, is required to be licensed.

A family day home caring for more than four children under the age of two, including the provider's own children and any children who reside in the home, is required to be licensed or voluntarily registered.

A family day home where the children in care are all grandchildren of the provider is not required to be licensed.

If more than 12 children are in care, exclusive of the provider's own children and any children who reside in the home, a child day center license is required. Code of Virginia § 63.2-100

"Good character and reputation" means knowledgeable and objective people agree that the individual (i) maintains business, professional, family, and community relationships that are characterized by honesty, fairness, and truthfulness; and (ii) demonstrates a concern for the well-being of others to the extent that the individual is considered suitable to be entrusted with the care, guidance, and protection of children. Relatives by blood or marriage, and people who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective references.

"High school program completion or the equivalent" means an individual has earned a high school diploma or General Education Development (G.E.D.) certificate, or has completed a program of home instruction equivalent to high school completion.

"Inaccessible" means not capable of being entered, reached, or used.

Interpretation of "inaccessible": Inaccessible to children means:

- a) Storage in a room or closet with a locked lock on the door of the storage room or closet, or a child safety device over the doorknob of the storage room or closet while children are in care; or
- b) Storage in areas or cabinets secured by a functioning child safety lock or latch that is used appropriately. If the safety lock/latch is broken or not in use, the items are accessible and the home will be cited for noncompliance; or
- c) Storage out of the reach of children. "Out of reach" means a child who is observed in or using that space cannot reach the item while his feet are on the floor.

Exceptions would be if any item (such as a step stool or box) is close enough to allow the child to climb on and access the prohibited item.

"Infant" means a child from birth up to 16 months of age

"Nighttime care" means care provided between 7 p.m. and 6 a.m.

"Parent" means the biological, foster or adoptive parent, legal guardian, or any individual with responsibility for, or custody of a child enrolled in or in the process of being enrolled in a family day home.

"Physician" means an individual licensed to practice medicine in any of the 50 states or the District of Columbia.

"Preschool" means children from two years up to the age of eligibility to attend public school, age five by September 30 of that same year.

"Programmatic experience" means time spent working directly with children in a group that is located away from the child's home. Work time shall be computed on the basis of full-time work experience during the period prescribed or equivalent work time over a longer period. Experience settings may include, but not be limited to, a child day program, family day home, child day center, boys and girls club, field placement, elementary school, or a faith-based organization.

"Provider" means an individual who is issued the family day home license by the Department of Social Services and who has primary responsibility in providing care, protection, supervision, and guidance of children in the family home.

Interpretation of "provider": Provider does not include co-providers such as husband/wife. A family day home license may only be issued in one name.

"Relocation" means movement of occupants of the building to a safe location away from the vicinity of the building.

"Residence" means principal legal dwelling or abode that is occupied for living purposes by the provider and contains the facilities necessary for sleeping, eating, cooking, and family living.

Interpretation of "residence": For licensing purposes, a residence means the provider's principal, legal dwelling place. The person's legal dwelling place can be verified by:

- a) Confirming with neighbors or other collateral contacts that the person lives in a certain location;*
- b) Observing the home to see if it contains indicators of someone living there (furnishings, household items, clothing); and*
- c) Viewing the individual's voter registration card or driver's license.*

The Uniform Statewide Building Code considers buildings that are unattached to the residence to be accessory buildings for storage and does not consider them to be dwelling places. Unattached buildings may be used by children in care for some activities, e.g., location of large gross motor skill activities on rainy days, but may not be used for child care for the majority of time children are in care.

"Sanitized" means treated in such a way as to remove bacteria and viruses from inanimate surfaces through first cleaning and secondly using a solution of one tablespoon of bleach mixed with one gallon of water and prepared fresh daily or using a sanitizing solution approved by the U.S. Environmental Protection Agency. The surface of the item is sprayed or dipped into the sanitizing solution and then allowed to air dry.

Interpretation of "Sanitized": Sanitized means treated to remove small amounts of germs (bacteria and viruses) from surfaces. Disinfected means treated to kill the germs (bacteria and viruses) on a surface. A disinfected surface is "better than" a sanitized surface.

If a product is registered by the U.S. Environmental Protection Agency (EPA) as a hospital grade germicide or disinfectant, it may be used as a sanitizing solution. These products will have an EPA registration number and may be used if instructions are followed exactly. It is a good practice to encourage the provider to keep the Material Safety Data Sheets (MSDS) on file. The MSDS are available at: <http://www.epa.gov/oppad001/chemregindex.htm>

"School age" means eligible to attend public school, age five or older by September 30 of that same year.

"Serious injury" means a wound or other specific damage to the body such as, but not limited to, unconsciousness; broken bones; dislocation; deep cut requiring stitches; poisoning; concussion; and a foreign object lodged in eye, nose, ear, or other body orifice.

"Shelter-in-place" means movement of occupants of the building to designated protected spaces within the building.

"Substitute provider" means an individual who meets the qualifications of a provider; is designated by the provider; and who provides care, protection, supervision, and guidance for children in the family day home when the provider is absent from the home for more than two hours.

Interpretation of "Substitute provider": A substitute provider must provide care in the licensee's family day home.

"Time out" means a discipline technique in which a child is moved for a brief time away from the stimulation and reinforcement of ongoing activities and other children in the group to allow the child who is losing self-control to regain composure.

"Toddler" means a child from 16 months of age up to 24 months of age.

Interpretation of "Toddler": Toddler age is 16 months through 23 months of age. Once the child is 24 months of age, the child meets the definition of "preschool."

22 VAC 40-111-20. (Reserved.)

22 VAC 40-111-30. Operational responsibilities.

A. The provider shall ensure compliance with these standards and the terms of the current license issued by the department and with relevant federal, state or local laws, and other relevant regulations.

B. The provider will ensure compliance with the home's policies that have been disclosed to the parents as required by 22VAC-40-111-70.

C. The provider shall give evidence of financial responsibility.

Interpretation of § 30 C: The financial responsibility of the provider must be evaluated by the Division of Licensing Programs as part of the application for licensure. This is a

Interpretation of § 30 C (continued): requirement of § 63.2-1702 of the Code of Virginia. The financial records of the provider are not subject to inspection if the provider submits a current balance sheet and income statement accompanied by a letter from a certified public accountant certifying the accuracy of the balance sheet and income statement and also submits three credit references.

D. The provider shall be of good character and reputation. Character and reputation investigation includes, but is not limited to, background checks as required by §§ 63.2-1702 and 63.2-1721 of the Code of Virginia.

Compliance Determination for § 30 D: References and background checks must be evaluated by the Division of Licensing Programs as part of the application for licensure.

E. The provider shall meet the requirements specified in 22 VAC 40-191, Background Checks for Child Welfare Agencies.

Interpretation of § 30 E: This regulation can be found at the following website: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

F. The provider shall ensure that the home's activities, services, and facilities are conducive to the welfare of children in care.

Interpretation § 30 F: This is a requirement of § 63.2-1707 of the Code of Virginia. The provider is responsible for providing an environment that reasonably protects the physical and mental well-being of children in care.

G. The provider shall be responsible for the home's day-to-day operation.

Interpretation of § 30 G: The provider is responsible for the supervision of the home's activities, services, and facilities at all times when the children are in the care of the provider or in the care of a substitute provider or assistant.

H. The provider shall ensure that any advertising is not misleading or deceptive as required by § 63.2-1713 of the Code of Virginia.

Interpretation § 30 H: The provider must not issue any information in any form about the home's services that contains a promise, assertion, representation or statement of fact that is untrue, deceptive, or misleading.

I. The provider shall meet the requirements specified in 22 VAC 40-80, General Procedures and Information for Licensure.

Interpretation § 30 I: This regulation can be found at the following website: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

22 VAC 40-111-40. Capacity.

A. The provider shall ensure that the total number of children receiving care at any one time does not exceed the maximum licensed capacity of the home.

Interpretation § 40 A: The home's licensed capacity is specified on the license.

B. When at least one child receives care for compensation, all children, exclusive of the provider's own children and children who reside in the home, who are in the care and supervision of a provider, count in the licensed capacity.

Interpretation § 40 B: The home's hours of operation or business hours are on the provider's application for licensure and listed on the department's public website.

Anytime the provider cares for at least one child for compensation (whether during the stated business hours or not), all children except the provider's own children and children who reside in the home are considered to be receiving care. If six or more children (except the provider's own children and children who reside in the home) are receiving care outside the home's business hours, the home is subject to the requirements of these standards.

C. The department will establish the home's maximum capacity based on the following factors:

1. The availability of adequate space to allow each child free movement and active play indoors and outdoors as required by 22 VAC 40-111-380;

Interpretation § 40 C 1: The provider shall specify the indoor and outdoor space available for play. The size of the areas will be considered in determining the number of children who may be in care.

Although it may be planned for children in care to occupy only a limited amount of space in the home, the entire area must be inspected at the initial inspection and annually thereafter because plans for use of space may change after the license is issued. It is not necessary to inspect basements and attics unless those areas have been converted to provide play areas or living accommodations or it is deemed necessary. The Code of Virginia § 63.2-1706 A gives the inspector the right to inspect the entire home.

2. The provider's responsibility to care for another individual who may require special attention or care, including but not limited to an elderly resident or a child with a serious physical, emotional, or behavioral condition; or

Interpretation of § 40 C 2: If a provider has responsibility for an individual who requires the provider's special attention or care because the individual cannot perform the essential activities of daily living (ADLs) (bathing, dressing, toileting, eating, transferring from bed to chair, or walking) or because of the individual's behavior, the licensed capacity of the home will be limited. The demands made upon the provider should determine whether the individual is to be considered the equivalent of one or two

Interpretation of § 40 C 2 (continued): children for the purposes of determining capacity. If the individual is totally dependent on the provider for performance of one to three of his ADLs, the individual is to be counted as one child. If the individual is totally dependent on the provider for performance of four or more of his ADLs, the individual is to be counted as two children.

3. The issuance of a special order to limit capacity pursuant to § 63.2-1709.2 of the Code of Virginia.

Interpretation of § 40 C 3: If the health, safety, or welfare of children in care is in jeopardy, this law allows the Commissioner to issue a special order to reduce licensed capacity when it is determined that the provider cannot make necessary corrections to achieve compliance with regulations except by a temporary restriction in the family day home's scope of services. See "General Procedures and Information for Licensure" 22 VAC 40-80-340 6 b.

22 VAC 40-111-50. General recordkeeping.

A. The family day home shall keep a written record of children in attendance each day.

Intent of § 50 A: The intent of this standard is to ensure that providers, emergency back-up caregivers (as allowed in § 800 A3), and emergency responders are aware of and can account for children in care at any one time each day. This is important in case of an emergency in which the provider is separated or could be separated from the children.

Interpretation of § 50 A: The child's attendance must be indicated on the written record within the first 30 minutes of his arrival at the family day home. Use of the daily USDA log would not be acceptable for complying with this standard because it is too hard to read to serve this purpose. If the provider and children have to evacuate or shelter in place, the written record of children in attendance is an "essential document" that must be available to the provider after the evacuation/sheltering so that the provider has a master list of all children in attendance that day (this is an addition to the emergency contact information for each child and staff as required by § 810 7 and § 820 6). Maintaining separate attendance sheets for each child does not meet the intent of § 50 A. The system the provider uses must enable any person to determine "at a glance" which children are in attendance that day.

The model form "Record of Daily Attendance" may be used to satisfy the requirement of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi This form only lists children in care. Providers may develop their own system to document if a child has left for the day or to check children in and out. The intent is that at any point in time, the provider has a list of children actually present in the family day home.

Compliance Determination for § 50 A: Determine if the attendance record contains the name of each child in attendance at the time of the inspection. The provider has up to 30 minutes after the child's arrival to list his name on the attendance record. The names of children not in attendance that day, those who have not arrived, and those who have left must not be on the record.

B. The provider's records shall be maintained in the home and made accessible to the department's representative.

Intent of § 50 B: The Code of Virginia at § 63.2-1706 A requires providers at all times to afford the Commissioner or his designee reasonable opportunity to inspect all of the family day home operation's books and records.

Interpretation of § 50 B: Electronic files are an acceptable method for storing general records: However, if electronic files are used, provisions must be in place to address "securing essential documents" in an emergency as required by § 810 7 (securing essential documents for evacuation and relocation) and § 820 6 (securing essential documents for sheltering in place).

C. Information contained in a child's record shall be privileged and confidential. The provider shall not distribute or release information in a child's record to any unauthorized person without the written consent of the child's parent.

Intent of § 50 C: The Code of Virginia at § 63.2-104 prohibits providers from disclosing, directly or indirectly, any confidential records or information on children in care to anyone except a person having a legitimate interest in accordance with state and federal law and regulation (including the Commissioner or his designee).

D. Children's records shall be made available to a child's parent upon request, unless otherwise ordered by the court.

Interpretation of § 50 D: Copies of information in children's records such as immunization records, report of physical examination, and accident reports must be given to parents upon request. The provider may charge the parent a reasonable charge for copies provided.

E. Records and reports on children, caregivers, and household members required by this chapter shall be maintained and made accessible to the department's representative for two years from the date of termination of services for a child, date of separation from employment for caregivers, or date of termination of residence for a household member, or unless specified otherwise.

Interpretation of § 50 E: The Code of Virginia at § 63.2-1708 requires the family day home to keep such records and make such reports as the Commissioner may require.

Interpretation of § 50 E (continued): Written records of attendance are included in such records.

22 VAC 40-111-60. Children's records.

A. The provider shall maintain an up-to-date record at the family day home for each enrolled child.

Interpretation of § 60 A: The model form "Child's Record" contains a listing of all the items required to be in a child's record. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

Compliance Determination for § 60 A: A random sampling of children's records may occur at any licensing inspection. The sampling can include both records of currently enrolled children and children whose care was recently terminated. Children's records must be retained by the family day home and made available to the inspector for 2 years after the termination of child care services (see § 50 E).

B. A child's record shall contain the following information:

- 1. Child's full name, nickname (if any), sex, address, and birth date;**
- 2. Emergency contact information including:**
 - a. Name, home address, and telephone number of each parent who has custody;**
 - b. Name, address and telephone number of each custodial parent's place of employment;**
 - c. Name, office address and telephone number of the child's physician;**
 - d. Name, address and telephone number of two designated persons to contact in case of an emergency if the parent cannot be reached;**

Interpretation of § 60 B 2 a-d: The address of the parent, the parent's place of employment, child's physician, and each emergency contact person needs to be the physical (911) location, not a post office box. The address must include the house/apartment number, street name, city, state and zip code.

It is recommended, but not required by this standard, that one of the two emergency contact persons be an individual located out of the area in case the emergency is area wide and impacts the availability of the parent and the first emergency contact person.

e. Information on allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency situation;

f. Name and policy number of the child's medical insurance, if applicable;

g. Names of persons other than the custodial parents who are authorized to pick up the child;

h. Appropriate legal paperwork when a custodial parent does not authorize the provider to release the child to the other parent; and

Interpretation of § 60 B 2 h: The appropriate legal paperwork is a copy of the court order awarding sole custody of the child or the authority to approve visitation arrangements to one parent. The parent with sole custody of the child or authority to approve the child's visitation arrangements may restrict the child's contact with the parent who does not have custody or visitation approval authority per the court order.

i. Chronic physical problems, pertinent developmental information, and any special accommodations needed;

3. First and last dates of attendance;

4. Parent's signed acknowledgement of the receipt of the information required by 22 VAC 40-111-70;

5. Proof of the child's age and identity and the names and addresses of previously attended child day care and schools as required by 22 VAC 40-111-80;

6. Immunization records for the child as required by 22 VAC 40-111-90;

7. Results of the health examination for the child as required by 22 VAC 40-111-100;

8. Written authorization for emergency medical care should an emergency occur and the parent cannot be located immediately unless the parent presents a written objection to provision of medical treatment on religious or other grounds;

Interpretation of § 60 B 8: The model form "Child's Record" contains the information to satisfy the requirement of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

9. Written authorization if a caregiver is to administer prescription or nonprescription medication to the child as required by 22 VAC 40-111-700 A 2;
10. Written authorization if the child is to participate in swimming or wading activities as required by 22 VAC 40-111-660 B;
11. Written authorization if the child is taken off the premises of the family day home as required by 22 VAC 40-111-980;
12. Special instructions to the provider including, but not limited to, exception to an infant's sleeping position as required in 22 VAC 40-111-590 A, recommendations for the care and activities of a child with special needs as required in 22 VAC 40-111-620 A, and exception to an infant's being fed on demand as required in 22 VAC 40-111-960 A;
13. Record of any accidents or injuries sustained by the child while at the family day home as required by 22 VAC 40-111-840; and
14. Documentation of the review of the child's emergency contact information as required by 22 VAC 40-111-780 B.

22 VAC 40-111-70. Written information for parents.

A. Before the child's first day of attendance, parents shall be provided in writing the following information:

Interpretation of § 70 A: The model form "Information for Parents" contains most of the items required by this section to be given to parents. Providing parents with copies of the "Information for Parents" form (signed by parent), the "Policy for the Administration of Medications" form (signed by parent), the "Liability Insurance Declaration" form (signed by parent) and the "Provisions of the Emergency Preparedness and Response Plan" form (signed by parent) satisfies the requirements of this standard. The forms are available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi
Providers may post the items in § 70 A 1-19, but these items must also be given to parents in writing.

1. Operating information including the hours and days of operation, holidays or other times closed, and the telephone number where a message can be left for a caregiver;
2. Schedule of fees and payment plans;

Interpretation of § 70 A 2: The schedule of fees must list the amount the parent will be charged for his child's care and include information on any late fees, activity fees,

Interpretation of § 70 A 2 (continued): returned check fees, etc. that the provider charges. The payment plan must advise the parent when payment for care is expected.

3. Check in and check out procedures;

Interpretation of § 70 A 3: A family day home is not required to maintain a sign in and sign out sheet for children in care, but must inform each parent of the points at which the provider is assuming care (for example, when the child is dropped off by a school bus at a bus stop versus when the child actually arrives on the premises of the family day home).

Care of the child begins at the point the parent or other parties, including the school, transfers supervision of the child to the provider.

The provider must also inform each parent of the acceptable transfer of supervision from the parent to the provider (for example, not allowing a parent to leave a child in the yard of the family day home or pick up a child from the yard of the provider without notifying the provider).

Providers must inform parents of the home's expectations for notification and of the home's procedures if the parent is not able to pick up a child on time.

4. Policies for the administration of medications;

Interpretation of § 70 A 4: Family day home providers are not required to administer prescription or non-prescription medication, but this regulation requires the provider to advise parents of the home's policies on administering medications.

Providing parents with a copy of the, "Policy for the Administration of Medications" form (signed by parent) satisfies the requirements of this standard. The form is available on the department's website at:

http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

5. Whether or not there is liability insurance of at least \$100,000 per occurrence and \$300,000 aggregate in force on the family day home operation as required by § 63.2-1809.1 of the Code of Virginia;

Interpretation of § 70 A 5: Family day home providers are not required to have liability coverage in force on the family day home operation, but the law requires the provider to advise parents as to whether there is or is not coverage. If the provider indicates to parents that there is coverage, the coverage must be for at least \$100,000 per occurrence and \$300,000 aggregate.

Providing parents with a copy of the "Liability Insurance Declaration" form (signed by parent) satisfies the requirement of this standard. The form is available on the department's website at:

http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

6. Requirement for the family day home to notify the parent when the child becomes ill and for the parent to arrange to have the child picked up as soon as possible if so requested by the home;

Interpretation of § 70 A 6: § 670 requires the family day home to exclude children with a fever of 101° or higher with behavior change, vomiting twice or more in 24 hours, uncontrolled diarrhea, and other symptoms of communicable diseases.

7. Requirement for the parent to inform the family day home within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately;

Compliance Determination for § 70 A 7: This standard is met if the provider has informed the parent in writing of the parent's responsibility to notify the family day home if the child or family member has developed a symptom of a communicable disease as listed in § 670. See signed "Information for Parents" form.

8. Requirement for the child to be adequately immunized as required by 22VAC-40-111-90;

9. Requirement for paid caregivers to report suspected child abuse or neglect according to § 63.2-1509 of the Code of Virginia;

*Interpretation of § 70 A 9: A free online course for mandated reporters, CWS5692 – Mandated Reporters: Recognizing and Reporting Child Abuse and Neglect," is available at the following website:
http://www.vcu.edu/vissta/non_vdss_employees/mandated_reporter_courses.htm*

10. Custodial parent's right to be admitted to the family day home any time the child is in care as required by § 63.2-1813 of the Code of Virginia;

11. General daily schedule that is appropriate for the age of the enrolling child;

Interpretation of § 70 A 11: This standard does not require the provider to specify each day's activities, but is intended to give the parent a general description of the times of the child's meals, snacks, naps, outdoor play, etc. It does not require the provider to notify the parent of a temporary change in the schedule.

12. Policies for the provision of food;

Interpretation of § 70 A 12: This standard requires the provider to inform the parent as to whether the provider will supply the required meals and snacks or if the parent is expected to supply the food. If the USDA food policy says the provider will supply the required meals and snacks, the policy may be used to meet this standard (as long as it is given to the parent in writing.)

13. Presence of a pet or animal in the home;

Intent § 70 A 13: The intent of this standard is to ensure that parents are aware of any animals their child may come in contact with at the family day home. This is important because the risk of injury, infection, and aggravation of allergies due to contact between children and animals is significant.

14. Discipline policies including acceptable and unacceptable discipline measures;

Interpretation of § 70 A 14: § 630 requires the use of positive methods of discipline that must be reviewed with parents. Parents must be told if time out will be used with a child (other than with infants and toddlers because the use of time out is prohibited with those children). § 640 lists prohibited disciplinary actions or threats that parents must be told may not be used in the family day home.

15. Amount of time per week that an adult assistant or substitute provider instead of the provider is scheduled to care for the child and the name of the adult assistant or substitute provider;

Intent of § 70 A 15: This standard is based on § 63.2-100 of the Code of Virginia that requires the provider to disclose to parents the percentage of time per week persons other than the provider will care for the children.

Interpretation of § 70 A 15: The provider must notify the parent in writing of the name of the substitute provider or adult assistant and the days of any week that the substitute or adult assistant is regularly scheduled to provide the care in the provider's absence from the family day home. This is to inform parents of the times the provider is regularly scheduled to be absent such as when the provider routinely provides before or after-school transportation and leaves children in the care of a substitute or adult assistant.

16. Provisions of the family day home's emergency preparedness and response plan;

Interpretation of § 70 A 16: Providing parents with a completed copy of the "Provisions of the Emergency Preparedness and Response Plan" form (signed by parent) satisfies the requirements of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

17. Parental notifications required in 22 VAC 40-111-650;

18. Policies for termination of care; and

*Interpretation of § 70 A 18: Parents must be informed of:
Any requirement the home has for prior notice of the parent's termination of the home's child care services;*

Any requirement for payment if sufficient notification of termination of care is not given to the provider; and

Interpretation of § 70 A 18 (continued): General policies for termination of care due to non-payment of fees, age of child, behavior of child, etc.

19. Address of the website of the department, with a note that a copy of this regulation and additional information about the family day home may be obtained from the website, including compliance history that includes information after July 1, 2003.

*Interpretation of § 70 A 19: The department's website address is:
<http://www.dss.virginia.gov/facility/search/licensed.cgi>*

B. The provider shall obtain the parent's written acknowledgement of the receipt of the information in this section.

Interpretation of § 70 B: Having a parent sign the model forms "Information for Parents," "Policy for the Administration of Medications," "Liability Insurance Declaration," and the "Provisions of the Emergency Preparedness and Response Plan" satisfies the requirements of this standard.

22 VAC 40-111-80. Proof of age and identity; record of child care and schools.

Intent of § 80: Verifying a child's age and identity and obtaining information on previous child day care and schools attended is required by § 63.2-1809 of the Code of Virginia.

A. Within seven business days of the child's first day of attendance at the family day home, the provider shall obtain from the parent:

1. Verification of the identity and age of the child; and

Interpretation of § 80 A 1: Viewing the child's proof of age and identity is not required when the child attends a public school in Virginia and the provider assumes responsibility for the child directly from the school (provides after school care) or the provider transfers responsibility of the child directly to the school (provides before school care).

2. Name and location of previous day care programs and schools the child has attended.

Interpretation of § 80 A 2: Obtaining the name of the city and state in which the previous child day program is located is sufficient. Mailing addresses for the previous child day programs and schools is not required.

B. The provider shall verify the identity and age of a child by viewing one of the following:

1. Certified birth certificate;

Interpretation of § 80 B 1: Only a certified copy shall be accepted. Information about obtaining a certified copy of a birth certificate is available from the Office of Vital Records, Virginia Department of Health, at 804-662-6200 or http://www.vdh.virginia.gov/vital_Records/index.htm

2. Birth registration card;

3. Notification of birth, i.e., hospital, physician, or midwife record;

Interpretation of § 80 B 3: The notification of birth must have been signed by a hospital official, a physician, or midwife.

4. Passport;

5. Copy of the placement agreement or other proof of the child's identity from a child placing agency;

6. Original or copy of a record or report card from a public school in Virginia;

Interpretation of § 80 B 6: The copy of the report card must be a carbon copy, not a copy machine copy.

7. Signed statement on letterhead stationery from a public school principal or other designated official that assures the child is or was enrolled in the school; or

8. Child identification card issued by the Virginia Department of Motor Vehicles.

C. The provider shall document in the child's record:

1. The method of verification of the child's age and identity; and

2. The names and locations of the previous child care programs and schools the child has attended.

Interpretation of § 80 C: The model form "Child's Record" contains a space to document this information. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

D. The provider shall notify the local law-enforcement agency if the parent does not provide the information required in 22 VAC 40-111-80 A within seven business days of the child's first day of attendance at the family day home.

Interpretation of § 80 D: The provider must document in the child's record the:

- a) date of notification to law enforcement*
- b) name of the law enforcement agency; and*
- c) name of the individual to whom the information was given.*

The model form "Child's Record" contains a space to document this information. The form is available on the department's website at:

http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

Having to notify law enforcement if the parent does not provide the information does not prohibit the enrollment or attendance of the child at the family day home.

E. The proof of identity, if reproduced or retained by the family day home, shall be destroyed two years after termination of services to the child. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by:

- 1. Shredding;**
- 2. Erasing; or**
- 3. Otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.**

Interpretation of § 80 E: It is recommended that if the proof of identity reproduced or retained by the family day home contains social security numbers, the document be either a) shredded with a mechanical cross-cut shredder; b) pulped, or c) burned.

22 VAC 40-111-90. Immunizations for children.

A. Before a child may attend the family day home, the provider shall obtain documentation that the child has been adequately immunized according to the requirements of § 32.1-46 A of the Code of Virginia and applicable State Board of Health regulations.

Interpretation of § 90 A: The current form approved by the Board of Health is Form MCH 213 G, available at:

<http://www.vahealth.org/childadolescenthealth/schoolhealth/forms.htm>

It is not necessary for the provider or inspector to review the immunization record to determine if the required immunizations have been obtained.

If a provider has conditionally admitted a child whose immunizations are not complete, there must be documentation of at least one immunization shot and there must be a schedule for completion of all required immunizations. At the end of the 90 day conditional enrollment period, the child's record must contain acceptable documentation of a child's being adequately immunized as described in the compliance determination for 90 A.

Compliance Determination for § 90 A: The following constitutes acceptable documentation of a child's being adequately immunized:

- Immunizations are recorded and dated on either the Health Dept form (MCH 213 F or MCH 213 G) or a physician's form;
- The form has the child's name;
- For all immunizations a child receives after 7/1/11, the form must contain a statement (typed or handwritten) that the child is adequately immunized; and
- The form is signed or stamped and dated by a licensed physician, the physician's designee, or an official of a local health department.

B. Pursuant to subsection C of § 32.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose:

1. Parent submits an affidavit to the family day home on the current form approved by the Virginia Department of Health stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices; or

Interpretation of § 90 B 1: Religious Exemption form for immunizations can be found at: http://www.doe.virginia.gov/support/health_medical/certificate_religious_exemption.pdf

2. Physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization.

Interpretation of § 90 B 2: The School Entrance Health Form contains a space for this statement. The form can be found at:

<http://www.vahealth.org/childadolescenthealth/schoolhealth/forms.htm>

C. The family day home shall obtain documentation of additional immunizations for a child who is not exempt from the immunization requirements according to subsection B of this section:

1. Once every six months for children under the age of two years; and
2. Once between each child's fourth and sixth birthdays.

Interpretation of § 90 C: Family day home providers must receive documentation of the dates of the additional immunizations required in § 90 C 1 and 2. This documentation must be signed or stamped and provided on the Form MCH 213 G, MCH 213 F or on a physician's form for immunizations. For immunizations received after 7/1/11, the form must indicate the child is adequately immunized.

Compliance Determination for § 90 C: The child's record must contain updated immunization forms once every six months for children under the age of two years and once between the child's fourth and sixth birthdays.

22 VAC 40-111-100. Physical examinations for children.

A. The provider shall obtain documentation of a physical examination by or under the direction of a physician prior to a child's attendance or within 30 days after the first day of attendance.

B. The physical examination prior to attendance shall have been conducted within:

1. Two months prior to attendance for children six months of age or younger;
2. Three months prior to attendance for children age seven months through 18 months;

3. Six months prior to attendance for children age 19 months through 24 months;
4. Twelve months prior to attendance for children two years of age through five years of age; or
5. Twenty-four months prior to attendance for children six years of age and above.

EXCEPTIONS:

1. A new physical examination is not required if a copy of the physical examination is available to the admitting family day home for a child transferring from a facility licensed by the Virginia Department of Social Services, approved by a licensed family day system, voluntarily registered by the Virginia Department of Social Services or by a contract agency of the Virginia Department of Social Services, or transferring from a Virginia Department of Education-approved child care program.
2. Pursuant to subsection D of § 22.1-270 of the Code of Virginia, physical examinations are not required for any child whose parent objects on religious grounds. The parent must submit a signed statement noting that the parent objects on religious grounds and certifying that to the best of the parent's knowledge the child is in good health and free from communicable or contagious disease.
3. For a school age child, a copy of the physical examination required for his entry into a Virginia public kindergarten or elementary school is acceptable documentation.

22 VAC 40-111-110. Form and content of immunization and physical examination reports for children.

A. The current form approved by the Virginia Department of Health or a physician's form shall be used to record immunizations received and the results of the required physical examination.

Interpretation of § 110 A: The current form approved by the Virginia Department of Health is the MCH 213 G, available at:
<http://www.vahealth.org/childadolescenthealth/schoolhealth/forms.htm>

B. Each report shall include the date of the physical examination and dates immunizations were received and shall be signed by a licensed physician, the physician's designee, or an official of a local health department.

Interpretation of § 110 B: A physician would include a licensed nurse practitioner and a licensed physician's assistant acting under the supervision of a licensed physician. An office stamp by the physician, designee or health department is permitted, in lieu of a signature.

22 VAC 40-111-120. Caregiver records.

A. The provider shall maintain a record for each caregiver.

Interpretation of § 120 A: A record must be maintained for each caregiver, including the provider's spouse if that individual is a caregiver, whether the person is employed or volunteering.

B. Assistants' and substitute providers' records shall contain the following:

1. Name;

2. Address;

3. Verification of age;

Intent of § 120 B 3: The intent of this standard is to ensure compliances with § 140 that requires providers and substitute providers to be 18 years of age or older and § 150 that requires assistants to be 16 years of age or older. All substitutes and assistants, regardless of hire date, must have age verification documentation.

Compliance Determination for § 120 B 3: Acceptable verification of age would include:

- a) Current driver's license;
- b) Certified copy of a birth certificate;
- c) Current passport;
- d) Identification card issued by the Virginia Department of Motor Vehicles;
- e) Birth registration card; or
- f) Notification of birth, i.e., a signed hospital, physician, or midwife record.

4. Job title;

5. Date of employment or volunteering;

Interpretation of § 120 B: The model form, "Assistant/Substitute Provider Record" may be used to meet the requirements of these standards. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

6. Name address and telephone number of a person to be notified in an emergency;

Intent of § 120 B 6: The intent of this standard is to ensure the safety of the caregiver in case of emergency.

7. For assistants and substitute providers who are not the spouse, parent, sibling, or child of the provider and are hired after June 30, 2010, documentation that two or more references as to character and reputation as well as competency were checked before employment. If a reference check is taken over the telephone, documentation shall include:

- a. Dates of contact,**
- b. Names of persons contacted,**
- c. Firms contacted,**
- d. Results, and**
- e. Signature of person making call;**

Intent of § 120 B 7: The intent of this standard is to ensure compliance with § 130 that requires caregivers to be of good character and reputation and to be mentally and physically capable of carrying out assigned responsibilities.

Interpretation of § 120 B 7: The model form, "Caregiver Reference" may be used to obtain a written reference or used to document a reference check taken over the telephone. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

8. Background checks as required by 22 VAC 40-111-130;

9. Documentation of tuberculosis screening as required by 22 VAC 40-111-170 and 22 VAC 40-111-180 A; and

10. Documentation of the education and training as required by 22 VAC 40-111-230.

C. Substitute providers' records shall also contain documentation of the time of arrivals and departures as required by 22 VAC 40-111-140 D;

D. Providers' records shall contain the following:

1. Background checks as required by 22 VAC 40-111-130;

2. Documentation of tuberculosis screening as required by 22 VAC 40-111-170 and 22 VAC 40-111-180 A; and

3. Documentation of the education and training as required by 22 VAC 40 111-230.

*Interpretation of § 120 D: The model form, "Provider Record Checklist" may be used to help ensure compliance with the requirements of this standard. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

**Part III.
PERSONNEL**

22 VAC 40-111-130. General qualifications for caregivers.

Caregivers shall:

- 1. Be of good character and reputation;**
- 2. Be physically and mentally capable of carrying out assigned responsibilities;**

Interpretation of § 130 1 and 2: The character and reputation and the capabilities of the caregiver are determined by references received on the caregiver. The provider must obtain and evaluate references for assistants and substitute providers hired after June 30, 2010 unless the assistant or substitute provider is the spouse, parent, sibling, or child of the provider (see § 120 B 7). References for the provider are obtained and evaluated by the Division of Licensing Programs as part of the initial application for licensure.

References from the following individuals are not considered objective and are not acceptable:

- a) relatives by blood or marriage; and*
- b) people who are not knowledgeable of the individual, such as recent acquaintances (who have known the caregiver less than one month).*

- 3. Be courteous, respectful, patient, and affectionate toward the children in care;**

Compliance Determination for § 130 3: Licensing inspectors will observe the interactions of children and caregivers to determine compliance with this standard.

- 4. Be able to speak, read, and write in English as necessary to:**

a. Carry out assigned job responsibilities, and

b. Communicate effectively with emergency responders; and

Intent of § 130 4: Caregivers need English literacy skills in order to perform essential functions to protect children's health and safety, such as reading warning labels on chemicals, instructions on a fire extinguisher, instruction and authorization forms, etc. English skills are also important in dealing with poison control and emergency response (911) personnel.

Compliance Determination for § 130 4: If there is a question about whether or not a caregiver has the required English literacy skills, the inspector may give the caregiver simple material printed in English and ask her to read it.

5. Meet the requirements specified in 22 VAC 40-191, Background Checks for Child Welfare Agencies.

Interpretation of § 130 5: Prior to the first day of employment (the day the caregiver starts being paid) or volunteering, a caregiver must complete the Sworn Statement or Affirmation. Before the caregiver has been employed or has volunteered at the family day home for 30 days, the provider must have received a search of the Central Registry and a Criminal History Record Check verifying the employee has no disqualifying barrier crime.

The list of barrier crimes disqualifying an individual from working in a family day home can be found at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

To allow sufficient time for the background checks to be completed, the Central Registry Search and Criminal History Record Check should be requested immediately upon the caregiver's employment. All the applicable background check forms may be found at the following website: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

A caregiver may not work in a family day home if she:

- a) Has not completed the Sworn Statement or Affirmation;*
- b) Lists a barrier crime on the Sworn Statement or Affirmation;*
- c) Has a founded complaint on the Central Registry Report;*
- d) Has a barrier crime on the Criminal History Record Report;*
- e) Does not have a report from the Central Registry by her 30th day of employment; or*
- f) Does not have a report from the Criminal History Record Check by her 30th day of employment.*

New Sworn Statement or Affirmations, Central Registry Reports, and Criminal History Record Reports must be obtained on caregivers every three years.

Compliance Determination for § 130 5:

1. View the caregiver's original Sworn Statement or Affirmation. Note that it was completed prior to the caregiver's first day of employment or volunteering. View the original Central Registry Report and Criminal History Record Report. Note that they were received by the provider by the individual's 30th day of employment or volunteering.
2. View the caregiver's original Sworn Statement or Affirmation, Central Registry Report, and Criminal History Record Report to ensure new ones were obtained within three years of the dates on the last ones.

Interpretation of § 130: There are requirements for assistant and substitute providers, regardless of whether these positions are paid or unpaid.

22 VAC 40-111-140. Qualifications and requirements for providers and substitute providers.

A. Providers and substitute providers shall be 18 years of age or older.

Intent of § 140 A: Eighteen years is the age of legal consent (adulthood). The intent of this standard is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. See § 120 B 3 for Compliance Determination.

B. Providers licensed after and substitute providers employed after June 30, 2010 shall have:

1. (i) A high school program completion or the equivalent or (ii) evidence of having met the requirements for admission to an accredited college or university;

Interpretation of § 140 B 1: If a person attended college there is no need to view documentation of a high school diploma or General Educational Development (GED certificate). The family day home must verify and document that its employee graduated from high school or has obtained a GED certificate. This could be documented by obtaining a transcript, a copy of the diploma, or a staff person signing that he/she called the appropriate educational authority and verified graduation. When education was obtained in a foreign country or obtained in this country and records are not available, a sworn affidavit must be submitted, giving the name and address of the school or schools attended, dates attended, whether the person attended full-time or part-time, the courses completed and length of the courses. The affidavit must be accompanied by a letter or letters from school authorities stating that the records are not available, if applicable and possible. If a letter is unobtainable, an allowable variance (AV) must be requested by the home.

2. Three months of programmatic experience;

Interpretation of § 140 B 2: "Programmatic experience" means time spent working directly with children in a group that is located away from the child's home. Work time shall be computed on the basis of full-time work experience during the period prescribed or equivalent work time over a longer period. Experience settings may include, but not be limited to, a child day program, family day home, child day center, boys and girls club, field placement, elementary school, or a faith-based organization.

Experience working with children in a group away from the child's home does not have to have been a paid position or a supervised position.

Compliance Determination for § 140 B 2: Letters from parents, child care co-workers, supervisors, ministers, etc. can be used to document programmatic experience. "Full-time" means 40 hours per week so a total of 516 hours (40 hrs/wk. X 4.3 wks/mo. X 3 mo.) of time spent working directly with children in a group that is located away from the child's home is needed to meet this standard.

3. Current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current CPR certification issued within the past two years by a community college, a hospital, a rescue squad, or a fire department; and

4. Current certification in first aid from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current first aid certification issued within the past three years by a community college, a hospital, a rescue squad, or a fire department.

EXCEPTION: A provider or substitute provider who is a registered nurse or licensed practical nurse with a current license from the Board of Nursing shall not be required to obtain first aid certification.

Intent of § 140 B 3 and 4: To ensure the health and safety of children in a family day home, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation.

Interpretation of § 140 B 3 and 4: Current certification in CPR and first aid is required for all providers and substitutes, not just those licensed or hired after June 30, 2010. A registered nurse or a licensed practical nurse may not have current CPR certification so the "exception" above does not apply to CPR certification for a provider or substitute provider who is a registered nurse or licensed practical nurse. A provider or substitute provider who is a registered nurse or licensed practical nurse must have current CPR certification, but does not have to have current first aid certification.

Compliance Determination for § 140 B 3 and 4: View CPR and first aid certificates to determine if they are current and which organization issued the certification because the organization providing the training may be authorized to issue certification from another organization. For example, American Health Services provides the training, but issues American Safety and Health Institute (ASHI) first aid/CPR certification.

In 2007, Medic First Aid and American Safety and Health Institute (ASHI) were united under "Health & Safety Institute" and have a reciprocity relationship; therefore, certification from any of the three organizations would be acceptable.

Also acceptable are the first aid and CPR certificates from organizations approved by the department under the authority of the previous family day home standards. These include: American Academy of Pediatrics' Pediatric First Aid for Caregivers and Teachers (PedFACTS); Emergency First Response Corporation; Emergency Care and Safety Institute; EMS Safety Services, Inc.; and American Lifeguard Association.

C. Use of a substitute provider shall be limited to no more than a total of 240 hours per calendar year.

Intent of § 140 C: "Provider" is defined in these standards as an individual who is issued the family day home license by the Department of Social Services and who has primary responsibility in providing care, protection, supervision, and guidance of children in the family home. Limiting the use of substitutes ensures that the provider is a child's primary caregiver.

Interpretation of § 140 C: "Substitute provider" means an individual who meets the qualifications of a provider; is designated by the provider; and who provides care, protection, supervision, and guidance for children in the family day home when the provider is absent from the home for more than two hours. A provider may use a substitute provider (or more than one substitute provider) for a total of 240 hours per calendar year to allow the provider absences for vacations, doctors' appointments, etc.

D. A substitute provider shall record and sign the time of arrivals and departures on each day that the substitute provider works.

Interpretation of § 140 D: Substitute providers may use the model form "Substitute Provider Time Sheet" to record their time of arrival and departure.

*The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

Compliance Determination for § 140 C and D: View the substitute provider's record to see the documentation of arrivals and departures.

22 VAC 40-111-150. Qualifications and requirements for assistants.

A. Assistants shall be 16 years of age or older:

See § 120 B 3 for Compliance Determination.

Interpretation of § 150 A: A provider may use a volunteer younger than age 16 if the individual is not acting as an assistant nor required because the provider exceeds 16 points.

B. An assistant under the age of 18 years of age shall always work under the direct supervision of the provider or substitute provider. Direct supervision means being able to hear or see the assistant and children at all times.

Intent of § 150 A and B: Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned judgment, than adult responses.

C. An assistant 18 years of age or older shall not be left alone with children in care for more than two hours per day.

Intent of § 150 C: "Assistant" means an individual who helps the provider or substitute provider in the care, protection, supervision, and guidance to children in the home. Since assistants are not required to have the education and experience to meet the needs of the children in care, adult assistants may only be left alone with children for short periods of time while the provider is not present at the home (provided the assistant does not exceed her maximum 16 points (see § 570) This allows the provider with an assistant some flexibility in the daily routine operation of the family day home. Typically, it would be used to allow the provider to leave the home to drop-off and/or pick-up children from school, etc. The total time permitted for all assistants left alone with children is 2 hours per day.

Compliance Determination for § 150 C: Providers are not required to document the periods of time an assistant 18 years of age or older is left alone with the children. If there is a question about compliance with this standard, compliance can be determined by viewing the "Information for Parents" form to see what was listed as the amount of time an adult assistant is regularly scheduled to be with the children in the provider's absence (as required by § 70 A 15); viewing the parent's permission for transportation (as required by § 980) to determine the regularly scheduled trips; and viewing the vehicle used for transportation to determine if there are enough safety restraints (as required by § 1010) for all children in care to be safely transported at one time.

D. An assistant 18 years of age or older who is left alone with children in care shall have:

- 1. Current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the American Red**

Cross, American Heart Association, American Safety and Health Institute, or National Safety Council, or current CPR certification issued within the past two years by a community college, a hospital, a rescue squad, or a fire department; and

2. Current certification in first aid from the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council, or current first aid certification issued within the past three years by a community college, a hospital, a rescue squad, or a fire department.

EXCEPTION: An assistant who is a registered nurse or licensed practical nurse with a current license from the Board of Nursing shall not be required to obtain first aid certification.

Intent of § 150 D: To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation.

E. An assistant 18 years of age or older who meets the requirements for a substitute provider may act as the substitute provider when the provider is absent from the home for more than two hours.

Interpretation of § 150 E: An individual whose job description classifies her as an assistant may also act as a substitute provider if she also meets all the qualifications for a substitute provider in § 140 (education, experience, first aid and CPR certification). The assistant who is temporarily acting as a substitute provider is limited to 240 hours per calendar year for providing care in the provider's absence and must record her arrivals and departures as required in § 140. If an assistant needs to switch to the role of a substitute provider, this change should be reflected in their caregiver's record, as required by § 120 B 4.

Part IV. HOUSEHOLD MEMBERS

22 VAC 40-111-160. Attributes for household members.

Individuals 14 years of age and older who reside in the family day home shall:

- 1. Display behavior that demonstrates emotional stability;**
- 2. Be of good character and reputation; and**

3. Meet the requirements specified in 22 VAC 40-191, Background Checks for Child Welfare Agencies.

Compliance Determination for § 160 3:

- a) *For an individual to be considered to be residing in the family day home, the home must be the individual's principal, legal dwelling place. The individual's legal dwelling place can be verified by:
1) Confirming with neighbors or other collateral contacts that the individual lives in the home;
2) Observing the home to see if it contains indicators of the individual's living there (furnishings, household items, clothing); or
3) Viewing the individual's voter registration card or driver's license.*
- b) *The family day home must provide a safe, healthy, and nurturing environment for children. Observe household members who are present during the inspection to determine if the household members behave in such a way that they pose no risk to the health, safety, or welfare of children.*
- c) *View the adult household member's original Sworn Statement or Affirmation to ensure there are no barrier crimes. Note that it was completed upon the home's application for licensure or the individual's beginning to reside in the home. View the adult household member's original Central Registry Report and Criminal History Record Report. Note that they were received by the provider within 30 days of the home's application for licensure or of the individual's beginning to reside in the home or turning 18 years of age.*
- d) *View the adult household member's original Sworn Statement or Affirmation, Central Registry Report, and Criminal History Record Report to ensure they are current (obtained within three years of the dates on the last ones).*
- e) *For household members 14 to 18 years of age, view the individual's original Central Registry Report. Note that it was received by the provider within 30 days of the home's application for licensure or of the individual's beginning to reside in the home or turning 14 years of age and note that it is current (obtained within three years of the dates on the last one).*

Interpretation of § 160: *The model form, "Checklist for Adult Household Members" may be used to help comply with the requirements for household members. The form is available on the department's website at:*

http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

If an individual visits in the family day home for an extended period of time, follow the interpretation of the definition of 'residence' to determine if the family day home is the individual's legal residence or if the individual resides elsewhere. If the family day home is the person's legal residence, the person is a household member and must comply with the requirements for household members in these standards and the regulation 'Background Checks for Child Welfare Agencies'.

Part V.
PHYSICAL HEALTH OF CAREGIVERS AND HOUSEHOLD MEMBERS

22 VAC 40-111-170. Initial tuberculosis screening for caregivers and household members.

A. The provider shall obtain from each caregiver at the time of hire and each adult household member prior to coming into contact with children a current Report of Tuberculosis Screening form published by the Virginia Department of Health or a form consistent with it documenting the absence of tuberculosis in a communicable form.

Interpretation of § 170 A: "Coming into contact with" means the person is in close enough proximity to the children to share air space. According to the Virginia Department of Health website, "Tuberculosis spreads through the air. When a person with contagious tuberculosis coughs, laughs, sings, etc., the tuberculosis bacteria are released into the air. These tuberculosis bacteria can remain in the air for many hours. Anyone who breathes this air that contains tuberculosis bacteria may become infected." No childcare shall be provided by any caregiver until the tuberculosis screening reports an absence of tuberculosis for each caregiver and household member. Household members are individuals who reside in the family day home. Follow the interpretation of the definition of 'residence'. Visitors in the family day home are not required to obtain tuberculosis screenings.

B. The form shall have been completed within the last 30 days and be signed by a physician, physicians' designee, or an official of the local health department.

*Interpretation of § 170: The "Report of Tuberculosis Screening" form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

22 VAC 40-111-180. Subsequent tuberculosis screening for caregivers and household members.

A. The provider shall obtain for each caregiver and adult household member a current Report of Tuberculosis Screening form, in accordance with the requirements in 22 VAC 40-111-170, every two years from the date of the first screening or more frequently as recommended by a physician or the local health department.

B. Within 30 days of a caregiver's or adult household member's coming into contact with a known case of infectious tuberculosis, the provider shall obtain for the individual a new Report of Tuberculosis Screening form in accordance with the requirements in 22 VAC 40-111-170. Until a new screening form is issued that

documents the absence of tuberculosis in a communicable form, the caregiver or adult household member shall not have contact with children.

C. The provider shall immediately obtain a new Report of Tuberculosis Screening form in accordance with the requirements in 22 VAC 40-111-170 for any caregiver or adult household member who develops chronic respiratory symptoms of three weeks duration. Until a new screening form is issued that documents the absence of tuberculosis in a communicable form, the caregiver or adult household member shall not have contact with children.

Intent of § 180 C: The purpose of this standard is to ensure that a person obtains a medical diagnosis to rule out tuberculosis if he has “chronic respiratory symptoms of three weeks duration.” An individual with a documented medical diagnosis of asthma, emphysema, or other chronic respiratory illness that causes the respiratory symptoms would only have to obtain a tuberculosis screening every 2 years from the date of the first screening or more frequently as recommended by a physician or the local health department.

22 VAC40-111-190. Physical and mental health examinations for caregivers and household members.

A. The provider or the department's representative may require a report of examination by a licensed physician or mental health professional when there are indications that a caregiver's or household member's physical or mental health may endanger the health, safety, or well-being of children in care.

Compliance Determination for § 190 A: The family day home must provide a safe, healthy, and nurturing environment for children. Observe the caregivers' and household members who are present during the inspection to determine if their health or behavior may pose a risk to the health, safety, or welfare of children. If in the inspector's opinion, the individual's health or behavior may pose a risk to children, require a report from a licensed physician or psychologist, as appropriate, that documents that the individual is free from any physical or mental condition that may pose a risk to children.

B. A caregiver or household member who is determined by a licensed physician or mental health professional to show an indication of a physical or mental condition that may endanger the health, safety, or well-being of children in care or that would prevent the performance of duties shall be removed immediately from contact with children and food served to children until the condition is cleared as evidenced by a signed statement from the physician or mental health professional.

**Part VI.
CAREGIVER TRAINING**

22 VAC 40-111-200. Orientation.

A. The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities.

Intent of § 200: The intent of this standard is to ensure that substitute providers and assistants receive basic training for the work they will be doing and that they understand their duties and responsibilities.

B. The orientation shall cover the following topics:

- 1. Job responsibilities;**
- 2. Requirements for parental notifications listed in 22 VAC 40-111-650;**
- 3. Standards in this chapter that relate to the substitute provider's or assistant's responsibilities;**
- 4. Emergency evacuation, relocation, and shelter-in-place procedures;**
- 5. Location of emergency numbers, first aid kit, and emergency supplies;**
- 6. Confidential treatment of information about children in care and their families; and**
- 7. Requirement for reporting suspected child abuse and neglect.**

*Interpretation of § 200 B 7: A free online course for mandated reporters, CWS5692 – “Mandated Reporters: Recognizing and Reporting Child Abuse and Neglect,” is available at the following website:
http://www.vcu.edu/vissta/non_vdss_employees/mandated_reporter_courses.htm*

C. Documentation of the orientation shall be signed and dated by the provider and substitute provider or by the provider and assistant.

*Interpretation of § 200 C: The model form, “Documentation of Assistant and Substitute Provider Orientation Training” may be used to satisfy the requirement of this standard. The form is available on the department’s website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

22 VAC 40-111-210. Annual training.

A. In addition to satisfactory completion of first aid training and CPR training, caregivers shall obtain a minimum of eight clock hours of training annually in areas relevant to their job responsibilities.

- 1. Effective July 1, 2011, caregivers shall obtain 12 clock hours of training annually.**
- 2. Effective July 1, 2012, caregivers shall obtain 14 clock hours of training annually.**
- 3. Effective July 1, 2013, caregivers shall obtain 16 clock hours of training annually.**

Interpretation of § 210 A: A caregiver must meet the annual training requirement in effect on each of her anniversary dates. The anniversary date for a provider is her date of becoming licensed and the anniversary date for a substitute provider or an assistant is the date of her beginning employment or volunteering in the family day home. For example:

- a) On the caregiver's anniversary date that falls between July 1, 2010 and June 30, 2011, the caregiver must have had 8 clock hours of annual training;*
- b) On the caregiver's anniversary date that falls between July 1, 2011 and June 30, 2012, the caregiver must have had 12 clock hours of annual training;*
- c) On the caregiver's anniversary date that falls between July 1, 2012 and June 30, 2013, the caregiver must have had 14 clock hours of annual training;*
- d) On each of the caregiver's anniversary dates that fall after July 1, 2013, the caregiver must have had 16 clock hours of training.*

B. The annual training shall cover areas such as, but not limited to:

- 1. Physical, intellectual, social, and emotional child development;**
- 2. Behavior management and discipline techniques;**
- 3. Health and safety in the family day home environment;**
- 4. Art and music activities for children;**
- 5. Child nutrition;**

6. Recognition and prevention of child abuse and neglect;

7. Emergency preparedness as required by 22 VAC 40-111-800 C; or

8. Recognition and prevention of the spread of communicable diseases.

Intent of § 210: Research has shown that caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Promoting learning and development in children, whose needs and abilities change at a rapid rate, requires skill.

Annual ongoing training provides caregivers an opportunity to learn the newest techniques for addressing children's behavior, to discover the latest findings on what children need as they develop, and to refresh and re-energize their skills. Some re-training on previously studied topics is necessary to keep skills and knowledge up-to-date.

Interpretation of § 210: The annual training requirements apply to all caregivers – providers, substitute providers, and assistants (paid or volunteer).

- a) Orientation training required by § 200 for new assistants and substitute providers may count toward the annual training hours.*
- b) First aid training and CPR training may not be counted toward the annual training hours, but medication administration training (MAT) may be counted.*
- c) Annual emergency preparedness training required by § 800 C may be counted toward the annual training hours.*
- d) Caregivers who are college or high school students may count clock time spent in child development courses as hours of annual training and must provide a report card or transcript as documentation.*
- e) Caregivers must obtain their annual training within 12 months from the date of licensure or the caregiver's date of hire/volunteering and during each following 12-month period. If they obtain more than the minimum number of annual training clock hours required, they may not carry the additional clock hours over to the next year.*
- f) To determine acceptable types of training, refer to the department's guidance document "Criteria for Training" found at the following website:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

22 VAC 40-111-220. Medication administration training.

A. To safely perform medication administration practices listed in 22 VAC 40-111-710 whenever the family day home has agreed to administer prescription medications or non-prescription medications, the administration shall be performed by a caregiver who:

- 1. Has satisfactorily completed a training program for this purpose developed or approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist; or**

Interpretation of § 220 A 1: The Medication Administration Training for Child Day Programs (MAT) is the training program approved by the Board of Nursing. A MAT class must be facilitated by a MAT trainer approved by the Virginia Department of Social Services. A list of MAT trainers is available at the following website: https://www.dss.virginia.gov/family/cc_providertrain/mat/index.cgi

If the family day home will not be administering any non-prescription medication and the only prescription medication that will be administered is an EpiPen, the caregiver administering the EpiPen may take the PMAT class instead of the MAT class.

An individual who is a medication aide in an assisted living facility is not permitted to administer medication in a family day home unless the individual completes MAT.

- 2. Is licensed by the Commonwealth of Virginia to administer medications.**

Interpretation of § 220 A 1 and 2: The Code of Virginia at § 54.1-3408 (Drug Control Act) allows only certain licensed medical professionals to administer prescription medications. The Code at § 54.1-3408 N. contains an exception to this rule to allow a person to administer prescription medication to a child in a child day program if that person has satisfactorily completed the MAT.

Any caregiver who is currently licensed in Virginia as physician, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, or pharmacist is not required to attend the MAT or PMAT training. A copy of the caregiver's license must be kept in the employee's record.

A child with diabetes may administer his own insulin, but a MAT certified staff member must be present whenever that child is in care. The MAT certified staff member must also have child specific training, determined by the child's Individual Health Care Plan (IHCP). A child with diabetes is a child with special needs, so the requirements of § 620 must be followed.

B. Caregivers required to have the training in subdivision A 1 of this section shall be retrained at three-year intervals.

Compliance Determination for § 220: MAT and PMAT certificates expire at the end of three years from the date of issuance. View the MAT or PMAT certificates of caregivers administering medications to ensure the certificates are current.

22 VAC 40-111-230. Documentation of education and training.

- A. The provider shall maintain written documentation of each caregiver's applicable education and programmatic experience, applicable first aid and CPR certification, orientation, annual training, and applicable medication administration training.**

Interpretation of § 230 A: See § 140 B for information on acceptable documentation of education, programmatic experience, first aid, and CPR.

The model forms, "Documentation of Assistant and Substitute Provider Orientation Training" and "Record of Annual Training" may be used to satisfy the requirements for documentation of those trainings. The forms are available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

An official MAT or PMAT certificate will be signed, dated and crimped by the approved MAT Trainer. Each MAT Trainer has a unique four digit seal number. If there is any question as to the authenticity of a MAT certificate contact the MAT program for verification at MAT@dss.virginia.gov A caregiver may receive 8 hours of annual training for successfully completing the MAT class or 2 hours of training for successfully completing the PMAT class.

B. Written documentation of annual training shall include:

- 1. Name of the caregiver;**
- 2. Name of the training session;**
- 3. Date and total hours of the session; and**
- 4. Name of the organization that sponsored the training and the trainer.**

Interpretation of § 230 B: A certificate issued by the trainer is not required by this standard. The guidance document 'Criteria for Training', available at http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi offers further recommendations for documenting training.

Part VII.
PHYSICAL ENVIRONMENT AND EQUIPMENT

22 VAC 40-111-240. Home maintenance.

A. Areas and furnishings of the family day home, inside and outside, shall be maintained in a clean, safe, and operable condition. Unsafe conditions shall include, but not be limited to, the presence of poisonous plants; tripping hazards; unstable heavy equipment, furniture, or other items that a child could pull down on himself; splintered, cracked, or otherwise deteriorating wood; chipped or peeling paint; visible cracks, bending or warping, rusting, or breakage of any equipment; head entrapment hazards; and protruding nails, bolts, or other components that could entangle or could snag skin.

Interpretation of § 240 A:

This standard is cited only when there is not another standard that specifically addresses an observed lack of safe maintenance or use of the home, grounds, toys, and equipment.

1. Clean: A family day home will often be untidy due to children's play and activities. The purpose of this standard is to protect children's health and safety by requiring the home, furnishings, equipment, and outside play area to be reasonably clean and free of conditions that would pose safety risks to children.

A clean environment helps to prevent the spread of communicable disease. This includes walls, floors, furniture, fixtures, and equipment. Children will touch any surface they can reach, including floors, which means that all surfaces in a family day home can become contaminated and spread infectious disease agents. Regular and thorough cleaning of rooms prevents the spread of diseases.

It is recommended, although not required by these standards, that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and are difficult to completely clean and sanitize in between cleaning different surfaces.

A family day home is considered unclean if there are any of the following:

- Rotting food or a buildup of food on a surface;*
- A slippery spill on a floor;*
- Mold growing; or*
- A visible buildup of dirt, oil, grime, etc.*

2. Safe and Operable: The family day home must be maintained so that children are not exposed to:

- Broken furniture or furniture that is damaged so that it cannot be effectively cleaned;*
- Torn furniture with exposed foam padding or stuffing;*
- Leaking plumbing other than a leaking faucet;*
- Heat vents that are missing covers;*

Interpretation of § 240 A (continued):

*Holes in walls or ceilings that create a risk of injury to children;
Broken glass; or
Bees' nests.*

The following are unsafe if accessible to children:

a) Poisonous plants: Plants are among the most common household substances that children ingest. Poisonous plants can also cause skin rashes. Poisonous plants include, but are not limited to, English ivy, dumbcane (Dieffenbachia), holly, mistletoe, philodendron, poinsettia, mushrooms, toadstools, oleander, castor beans, poison oak, and poison ivy.

b) Tripping hazards: Floor surfaces in disrepair such as those with loose carpeting or tiles could cause falls and other injuries. Worn carpeting or throw rugs that do not present a tripping hazard would not be cited. Unsecured cords in walking areas in the home can also present a tripping hazard. This standard is not meant to apply to toys and games children in care are using.

c) Unstable heavy furniture: This standard applies to items over 4' in height that are both heavy and unstable and that children could climb up onto or that children would be strong enough to pull over. This includes an unstable piece of furniture less than 4' high if there is something heavy enough to injure a child, such as a television or small refrigerator, on top of the unstable furniture.

d) Splintered, cracked or otherwise deteriorating wood: This standard applies to wooden surfaces such as steps, railings, floor surfaces, furniture, toys, etc.

e) Chipped or peeling paint: Paint chips or peeling paint, especially in houses built before 1978, may contain lead. Lead-based paint swallowed by children can lead to high levels of lead in the blood, which affects the central nervous system and can cause mental retardation. Even at low levels of exposure, lead can cause a reduction in a child's IQ and their attention span, and result in reading and learning disabilities, hyperactivity, and behavioral problems.

f) Visible cracks, bending or warping, rusting, or breakage of any equipment: Equipment must not have missing, bent, broken, or worn out components that could cause equipment to fail. All hardware must be secure, and there must not be missing nuts or bolts that could cause the equipment to fail. Equipment must not have excessive wear that could cause the equipment (or a component of it) to fail. Metal must not be rusted or corroded to the point that it could cause the structure to fail. All equipment and equipment parts must be stable.

g) Head entrapment hazards: Generally, openings that are between 3 ½ inches and 9 inches present a head entrapment hazard to children under 5 years of age because they are large enough to permit a child's body to go through, but are too small to permit the head to go through. When children enter such openings feet first and their feet cannot touch the floor, they may become entrapped by the head and strangle.

Interpretation of § 240 A (continued): This standard about head entrapment applies to equipment and furnishings accessible to children that have openings between 3 ½ and 9 inches such as play equipment, baby gates and enclosures, and beds.

Additional head entrapment hazards include: 1) recliner chairs that have spaces greater than 5 inches between the seat and foot rest when the chair is in the reclined position (5" openings are allowed by recliner manufacturing standards), and 2) other chairs with openings between 3 ½ inches and 9 inches and with seating surfaces tall enough to prohibit the feet of a child sitting in the chair from touching the floor if he should fall through feet first (such as a bar stool).

NOTE: The Uniform Statewide Building Code allows railings inside and outside homes to have 4" openings.

Re: Baby Gates: The older style accordion gates may not be used anywhere in the FDH due to the head entrapment hazard. From the CPSC website, "The U. S. Consumer Product Safety Commission (CPSC) warns of an entrapment and strangulation hazard that exists with accordion-style baby gates manufactured prior to February 1985. These gates have V-shaped openings along the top edge and diamond-shaped openings in the sides that are large enough to entrap a child's head." Use of pressure-mounted gates in areas other than at stair openings is acceptable. Pressure-mounted gates are not to be used at stair openings due to the danger of the gate giving away under a child's weight (at the top of stairs) and also due to guidance from the State Fire Marshal regarding the gate's (at the top or bottom of stairs) impeding egress in case of an emergency.

h) Protruding nails, bolts, or other components that could entangle or could snag skin: This standard applies to protruding nails, bolts, or other components on furnishings and equipment that could entangle a child's clothing or cut or scratch his skin.

Additional information on safety alerts can be found at the following <http://www.cpsc.gov/cpscpub/prerel/prerel.html>

B. No equipment, materials, or furnishings shall be used if recalled or identified by the U.S. Consumer Product Safety Commission as being hazardous.

Interpretation of § 240 B: A list of product recalls can be found at the following website: <http://www.cpsc.gov/cpscpub/prerel/prerel.html>

22 VAC 40-111-250. Hanging, suffocation and strangulation hazards.

A. Hanging items including, but not limited to, window blind or curtain cords, appliance cords, and ropes shall be out of reach of children under five years of age.

Interpretation of § 250 A: This standard only applies if a child under 5 years of age has access to a rope or cord longer than 12" that is attached to a solid structure (for example, a blind or drape cord) or an appliance (for example: loose vacuum, lamp, or TV cords), and pacifier cords longer than 12".

This standard is not meant to prohibit preschoolers from engaging in supervised, age-appropriate activities that involve strings.

B. Children shall be protected from materials that could be swallowed or present a choking hazard. Toys or objects less than 1-1/4 inches in diameter and less than two inches in length shall be kept out of reach of children under the age of three years.

Interpretation of § 250 B: This standard applies to accessible small parts or items that could pose a choking hazard to children under 3 years of age. These items include:

- a) toys with small parts and doll accessories;*
- b) coins;*
- c) safety pins;*
- d) small office supplies (paperclips, tacks, etc.)*
- e) small balls;*
- f) nails, bolts, and screws;*
- g) erasers;*
- h) batteries;*
- i) broken crayons;*
- j) jewelry (rings, earrings, pins, etc.);*
- k) caps for bottles of chocolate syrup, pancake syrup, and soda (children may try to lick the sweet drops out of the caps, which can become lodged in the airway)*
- l) small buttons*
- m) pieces of Styrofoam*

It is recommended, although not required by this standard, that providers:

- a) Never buy vending-machine toys for small children; these toys do not have to meet safety regulations and often contain small parts.*
- b) Make sure small refrigerator magnets are inaccessible to children under 3 years of age.*
- c) Check toys frequently for loose or broken parts - for example, a stuffed animal's loose eye or a broken plastic hinge.*
- d) Warn older children not to leave loose game parts or toys with small pieces in easy reach of children under 3 years of age.*
- e) Safely dispose of all batteries, especially button-cell batteries (like those used for watches)*
- f) Encourage children not to put pencils, crayons, or erasers in their mouths when coloring or drawing.*
- g) Put away all breakable objects and those that are small enough to fit in small mouths.*
- h) Always follow all manufacturers' age recommendations when buying toys. Some toys have small parts that can cause choking, so heed all warnings on a toy's packaging.*

C. Items tied across the top or corner of a crib or playpen or toys hung from the sides with strings or cords shall be removed when the child begins to push up on hands and knees or is five months of age, whichever occurs first.

D. Hood or neck drawstrings shall be removed from a child's clothing prior to a child's using climbing play equipment.

E. Latex gloves, balloons, and empty plastic bags large enough for a child's head to fit inside shall be inaccessible to children under five years of age.

Interpretation of § 250 E: Plastic bags pose a suffocation risk for children. Rubber balloons and latex gloves can cause choking if children accidentally swallow them or bite off parts of them and swallow them.

This standard applies to empty, loose plastic bags only, not plastic bags with something in them, or a supply of unused plastic bags on a roll or in a box. This standard does not apply to latex gloves that are on a changing table, if they are only within reach of the child on the changing tables. This standard does not apply to trash can liners that are inside a trash can.

22 VAC 40-111-260. Drowning hazards.

A. Access to the water in aboveground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children.

Interpretation of § 260 A: A nonclimbable barrier at least four feet high such as, but not limited to, a fence with a locked gate or an impenetrable hedge surrounding an aboveground pool would also meet the intent of this standard.

If the aboveground pool is used while children are in care (and children in care are not using the pool), children in care must be kept in a fenced area not including the pool, kept 30 ft away, or the steps/ladder must be inaccessible to children.

B. A nonclimbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, inground swimming or wading pools, ponds, or fountains not enclosed by safety fences. Facilities licensed prior to July 1, 2010 must comply fully with the requirement of this subsection by July 1, 2011.

Interpretation of § 260 B: Safety fences around in-ground swimming pools are required by the Uniform Statewide Building Code "Non-climbable" means that the barrier has no accessible openings (an open gate is an "opening"), handholds, or footholds that can be used by children to climb the barrier. Fencing materials that would be non-climbable include iron, heavy-duty plastic, or non-climbable mesh. Maximum mesh size for chain link fences shall not exceed 1 ¼ inch square unless the fence is provided with slats fastened at the top or the bottom which reduce the openings to no more than 1 ¼

Interpretation of § 260 B (continued): inches. More information on pool barriers can be found at the following website: <http://www.cpsc.gov/cpsc/pub/pubs/pool.pdf>.

'Drowning hazards' have no minimum depth of water and include water features such as waterfall or goldfish ponds. A small child can drown in 30 seconds in as little as 2 inches of water.

Interpretation of § 260 B (cont.): 'Swimming pool' is defined by the state building code as any structure intended for swimming, recreational bathing, or wading that contains water over 24 inches deep.

'Wading pool' is a pool that contains water 24 inches deep or less. The wading pool referred to in 260 B is an in-ground wading pool.

Compliance Determination for § 260 B: If a pool does not have a safety fence or the fence would allow children access to the pool, contact the local building official.

C. Portable wading pools without integral filter systems shall:

- 1. Be emptied after use by each group of children, rinsed, and filled with clean water, or more frequently as necessary; and**
- 2. When not in use during the family day home's hours of operation, be emptied, sanitized, and stored in a position to keep them clean and dry.**

D. Portable wading pools shall not be used by children who are not potty trained.

Intent of § 260 D: The purpose of this standard is to minimize the risk of spreading disease through shared wading pool water.

E. Bathtubs, buckets, and other containers of liquid accessible to children shall be emptied immediately after use.

Intent of § 260 E: A national study concluded that water in bathtubs presents the greatest drowning risk to infants.

It is nearly impossible for top-heavy infants and toddlers to free themselves if they fall into a bucket head first.

F. Hot tubs, spas, and whirlpools shall:

- 1. Not be used by children in care, and**
- 2. Covered with safety covers while children are in care.**

Interpretation of § 260 F: Not all hot tub, spa, and whirlpool covers are safety covers. In order for a cover to meet the ASTM (American Society of Testing and Materials) requirements for a "Manual Safety Spa Cover," it must meet certain requirements which include performance tests and labeling requirements. Covers must be able to pass tests such as Static Load Tests for weight support, Perimeter Deflection Tests for entry or entrapment between the cover and the side of the spa and Surface Drainage Tests to see if a dangerous amount of rain could collect on the cover's surface. There are also manufacturers' requirements to include labeling in consumer information (such as the warranty) and on the cover itself. Labeling by the manufacturer must contain the proper warnings, and identify the product as a "safety cover."

Compliance Determination for §260 F: Determine if

- 1) the hot tub, spa, or whirlpool is covered; and
- 2) the cover has manufacturer's labeling that states 'safety cover'.

22 VAC 40-111-270. Firearms and ammunition.

A. Firearms of every type and purpose shall be stored unloaded in a locked container, compartment, or cabinet, and apart from ammunition.

Interpretation of § 270 A: A 'firearm' is any device which is designed and intended to expel a projectile by action of gunpowder, any other explosive, compressed air, compressed gas or mechanical device. By way of example and not limitation, items that are to be considered firearms under this article include guns, pistols, rifles, shotguns, BB guns, pellet guns, air rifles, paint ball guns and paint ball rifles. The definition of "firearm" shall not be deemed to include items that are traditionally considered to be children's toys when used in the manner for which they were designed.

B. Ammunition shall be stored in a locked container, compartment, or cabinet during the family day home's hours of operation.

C. If a key is used to lock the container, compartment, or cabinet, the key shall be inaccessible to children.

Compliance Determination for § 270: Ask the provider if there are any firearms on the premises of the family day home. If there are firearms, verify that the firearms and ammunition are stored separately in locked containers, compartments, or cabinets. Storage of firearms in a locked closet apart from ammunition would meet the intent of this standard. Storage of ammunition in a separate locked container inside the locked closet where the firearms are stored is acceptable as long as different keys or mechanisms must be used to open the locked ammunition container than must be used to open the locked closet.

If a key is used, determine if it is in a location that is inaccessible to children. Ask provider if firearms are unloaded.

22 VAC 40-111-280. Poisonous materials.

Potentially poisonous substances, materials and supplies such as, but not limited to, cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates shall be stored away from food in areas inaccessible to children.

Compliance Determination for § 280: A product is poisonous or hazardous and must be stored in areas inaccessible to children if the product is labeled with the statement "Keep out of the reach of children."

Exceptions: Hand sanitizers, liquid hand soaps, and sunscreen labeled "Keep out of reach of children" do not need to be inaccessible to children five years of age or older provided that the products are only used under adult supervision and the labels on the products do not contain any other warning words indicating that the product is toxic.

22 VAC 40-111-290. Sharp objects.

Sharp kitchen utensils and other sharp objects shall be inaccessible to children unless being used by the caregiver or with children under close supervision.

22 VAC 40-111-300. Body fluids contamination.

When any surface has been contaminated with body fluids, it shall be cleaned and sanitized.

Interpretation of § 300: "Body fluids" means urine, feces, vomit, blood, saliva, nasal discharge, and tissue discharge.

"Cleaned" means treated in such a way as to remove dirt and debris by scrubbing and washing with soap and water or detergent solution and rinsing with water.

"Sanitized" means treated in such a way as to remove bacteria and viruses from inanimate surfaces through first cleaning and secondly using a solution of one tablespoon of bleach mixed with one gallon of water and prepared fresh daily or using a sanitizing solution approved by the U.S. Environmental Protection Agency. The surface of the item is sprayed or dipped into the sanitizing solution and then allowed to air dry.

22 VAC 40-111-310. Machinery.

Machinery in operation such as lawnmowers and power tools shall be inaccessible to the children in care.

22 VAC 40-111-320. Fire safety and shock prevention.

A. Small electrical appliances such as, but not limited to, curling irons, toasters, blenders, can openers, and irons shall be unplugged unless being used by the caregiver or with children under close supervision.

Intent of § 320 A: A child may be injured by these appliances and injuries may also occur if a child pulls on the cord causing the appliance to fall on the child or if the child chews on the cord.

§ 250 A requires the cords from these unplugged appliances to be kept out of reach of children under 5 years of age.

B. Child-resistant protective covers larger than 1-1/4 inches in diameter shall be installed on all unused electrical outlets and surge protectors accessible to children under five years of age.

Intent of § 320 B: Preventing children from placing fingers or sticking objects into exposed electrical outlets prevents electrical shock, electrical burns, and potential fires. Oral injuries can also occur when young children insert a metal object into an outlet and try to use their teeth to extract the object. A combination of electricity and mouth moisture closes the electrical circuit and can lead to serious life-long injuries.

Tamper resistant (TR) receptacles are an acceptable alternative to child-resistant protective covers. TR receptacles have an internal mechanism which prevents the insertion of objects into the sockets of the receptacle, therefore protective covers are not needed. "TR" is usually imprinted on the receptacle. If "TR" is not imprinted on the receptacle, the provider should provide documentation that tamper resistant receptacles were installed. USBC requires tamper resistant receptacles on dwelling units constructed after 2008.

C. No electrical device accessible to children shall be placed so that it could be plugged into an electrical outlet while in contact with a water source, such as a sink, tub, shower area, toilet, or swimming or wading pool.

D. Electrical cords and electrical appliances and equipment with cords that are frayed and have exposed wires shall not be used.

E. Radiators, oil and wood burning stoves, floor furnaces, fireplaces, portable electric heaters, and similar heating devices located in areas accessible to children shall have barriers or screens and be located at least three feet from combustible materials.

Intent of § 320 E: These heating devices are all hot enough to burn children when in use. They can also start fires when heating elements, flames, or hot surfaces are too close to combustible materials, including children's clothing, furniture, bed linens, paper, and curtains.

F. Unvented fuel burning heaters shall not be used when children are in care. Unvented fuel burning heaters include, but are not limited to, portable oil-burning (kerosene) heaters; portable, unvented liquid or gas fueled heaters; and unvented fireplaces.

Intent of § 320 F: Proper venting of heating equipment can prevent accumulation of carbon monoxide gas inside a building. Carbon monoxide is a colorless, odorless, poisonous gas formed when heating units that burn fuel with a flame, do not have a sufficient source of combustion air. 'Unvented fireplaces' includes unvented gas fireplaces.

G. Wood burning stoves and fireplaces and associated chimneys shall be inspected annually by a knowledgeable inspector to verify that the devices are properly installed, maintained, and cleaned as needed. Documentation of the inspection and cleaning shall be maintained by the provider.

Interpretation of § 320 G: Wood burning stoves and fireplaces and associated chimneys must be inspected once a year even if the provider states that the stove or fireplace is never used, or is only used in the evenings or when children are not in care. The requirement for inspection applies only to wood-burning stoves and wood-burning fireplaces. If the fireplace is made inoperable through permanently sealing it (not just by placement of furniture or temporarily blocking it), the fireplace does not need to be inspected. An annual inspection means once every 12 months. A new family day home must show documentation of inspection within 12 months prior to the initial licensing inspection.

A "knowledgeable inspector" includes a heating contractor, service person employed by a heating contractor, chimney sweep, and fire department personnel.

Compliance Determination for § 320 G: If the inspection required in 320 G does not "pass", then a fire hazard exists, and fire prevention or building officials must be contacted. Cite 320 I if the provider does not comply with the officials' recommendations or requirements.

H. All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children.

I. If there are open and obvious fire hazards, including the absence of fire extinguishers or smoke detectors as required by the Uniform Statewide Building Code and the Statewide Fire Prevention Code, the local fire prevention or building officials, or the State Fire Marshal's office shall be contacted by the department's representative. The provider shall comply with the requirements or recommendations made by the fire prevention or building officials to eliminate fire hazards.

Interpretation of § 320 I: The Uniform Statewide Building Code requires a type ABC portable fire extinguisher having at least a 2A10BC in each kitchen and, at a minimum,

Interpretation of § 320 I (continued): an operable smoke detector properly installed outside of each sleeping area in the immediate vicinity of bedrooms and on each additional floor. Smoke detectors must be battery powered or electric with battery back up.

The State Fire Marshal has provided the following guidance: A typical one story, three bedroom house has a hall leading to the three bedrooms and would require only one smoke detector in the hall in the vicinity of the bedroom doors. If the bedroom doors are sufficiently apart to be outside of the detector's coverage, a second detector is required. If rooms used for sleeping by children in care or by family members are in more than one area of the house, such as at each end of the house, in the basement, and on the second floor, smoke detectors are required outside these areas also.

A smoke detector is also required on each level of the home (basement, first floor, second floor, etc.) even if those areas contain no sleeping rooms.

*A helpful "Fire Safety Checklist" can be found at the following website:
<http://www.cpsc.gov/CPSCPUB/PUBS/556a.html>*

22 VAC 40-111-330. Telephones.

A. A landline telephone, excluding a cordless or cell phone, shall be available, operable, and accessible during the family day home's hours of operation. An operable landline telephone is one that does not require electricity to operate. Cordless or cell phones may be used in addition to the landline telephone.

*Intent of § 330 A: Emergency management authorities recommend a landline telephone because 1) 911 calls made from a landline telephone can be traced back to the location of the call, 2) it does not require recharging (unlike a cell phone), and 3) it will remain operational for a period of time after the loss of electricity (unlike cordless phones that are totally dependent upon electrical power for operation).
A landline telephone refers to a telephone line which travels through wire or optical fiber.*

B. If the telephone number is unlisted, the provider shall ensure that parents and the department have been given the unlisted number in writing.

C. The provider shall inform the department within 48 hours and parents within 24 hours of a change of the telephone number.

22 VAC 40-111-340. Bathrooms.

A. The home shall have an indoor bathroom.

B. The bathroom shall be easily accessible to children two years of age and older.

Interpretation of § 340 B: Young children use the toilet frequently and cannot wait long when they have to use the toilet. A minimum of two toilets is recommended, but not required by these standards, when 10 children or more are in care at one time.

C. The bathroom shall be kept clean and contain a working toilet and sink, toilet tissue, liquid soap, and paper towels.

Interpretation of § 340 C: The toilet tissue, liquid soap, and paper towels must be inside the bathroom.

Liquid hand soap that has a "Keep out of the reach of children" label usually claims to have, at a minimum, antibacterial properties. Although it is best practice to not use these types of liquid soaps, there is no prohibition against their use as long as they are inaccessible to children under 5 years of age. Liquid hand soap labeled "Keep out of reach of children" does not need to be inaccessible to children 5 years of age or older provided that the soap is used under adult supervision and the label on the liquid hand soap does not contain any other warning words indicating that the soap is toxic.

Use of individually assigned cloth towels is prohibited because preventing children from sharing cloth towels is difficult. Shared cloth towels can transmit infectious diseases.

22 VAC 40-111-350. Water supply.

A. The home shall have indoor running water.

B. When water is not obtained from a municipal supply, and the house is not connected to a municipal sewer line, the water supply and septic system of the family day home shall be inspected and approved by the local health official or a private laboratory if there are open and obvious symptoms of water or sewage system problems, such as evidence of cloudy, murky, or muddy water, or sewage back up.

C. Family day homes connected to a municipal water supply and sewer line that have open and obvious symptoms of water or sewage system problems shall have the problems corrected within a time frame established by the local public utility department.

D. There shall be an ample supply of hot and cold water available to children and caregivers for hand washing.

E. Hot water at taps available to children shall be maintained within a range of 105°F to 120°F.

Intent of § 350 E: Tap water burns are the leading cause of nonfatal burns, and children under 5 years of age are the most frequent victims. Water heated to 130 degrees Fahrenheit takes only 30 seconds to burn the skin. Water heated to 120 degrees takes 2 minutes to burn the skin.

Compliance Determination for § 350 E: The thermometer must be held in running water until the temperature on the thermometer stops rising. Due to the variable accuracy of hot water thermometers, the family day home is not considered out of compliance with this standard unless the temperature measures 123 degrees or hotter.

22 VAC 40-111-360. Garbage.

A. Garbage shall be removed on a daily basis from rooms occupied by children and removed from the premises at least once weekly or more often as needed.

B. There shall be a sufficient number of garbage and diaper containers.

Interpretation of § 360 B: There are a sufficient number of containers if no container is overfull or there is no container whose contents cannot be contained with a lid.

C. Children shall not be allowed access to garbage storage areas.

Interpretation of § 360 C: "Garbage storage areas" refer to the places where garbage that is removed from rooms in the home is stored until removed from the premises.

D. Garbage storage areas shall be free of litter, odor, and uncontained trash.

Interpretation of § 360 D: Keeping lids on the trash containers can help control odor and uncontained trash. Lining the containers with plastic bags reduces the contamination of the container itself and reduces the need to wash the container to control odor.

22 VAC 40-111-370. Rodents and insects.

A. The home shall be kept free from rodents and insect infestation.

Intent of § 370 A: Insect infestation means large numbers of insects. Insects and rodents can carry disease and may also sting or bite children. Some insect and rodent feces can also trigger asthma attacks in children. The purpose of this standard is to reduce these potential hazards to children.

Compliance Determination for § 370 A: If there is a problem with rodents or an insect infestation, the provider can confirm she has scheduled an exterminator and is doing extra cleaning if necessary to keep the environment as safe as possible until that time. The licensing inspector will follow up to see if this is done by the scheduled date before citing this standard.

B. No home shall maintain any receptacle or pool, whether natural or artificial, containing water in such condition that insects breeding therein may become a menace to public health.

Interpretation of § 370 B: The family day home must not have a pool, pond, or other large area of stagnant water in which so many insects could breed that they could affect the health of the community.

22 VAC 40-111-380. Space.

The home shall provide each child with adequate space to allow free movement and active play indoors and out.

Intent of § 380: Space in which children can freely move for exercise and development of physical skills is necessary to the well-being of children. Indoor crowding has been shown to be associated with an increased risk of upper respiratory infections. Conflicts between children and behavior problems are more likely to occur in crowded environments and children confined to crowded spaces are more likely to be hurt during activities. Adequate outdoor space for play is necessary for the development of gross motor (large muscle) skills.

Interpretation of § 380:

Indoor play space – These standards do not specify the amount of indoor play space that is required for each child. Adequate space would be an area outside the traffic patterns in the home in which the total number of children in care could play with freedom of movement.

Outdoor play space – These standards do not specify the amount of outdoor play space that is required for each child and the standards do not require the family day home to have outdoor play space on the premises, but the home must provide outdoor play space. The available space must be large enough to permit all children receiving care to run and play freely.

If the provider's home is without any outdoor space for play, the provider must have a feasible plan for providing outdoor play time. The accessibility of public parks and playgrounds is to be explored. The provider's plans for transportation to and from the area and for supervision of children must be evaluated.

Although not required by these standards, the American Academy of Pediatrics and the American Public Health Association recommend 35 square feet of indoor space per child which is free of furniture and equipment, or 50 square feet of space if furniture and equipment are included.

22 VAC 40-111-390. Individual location.

A. Each child who is two years of age and older shall have access to an individual location in which to keep clothing, toys, and belongings.

B. Each child who is under the age of two shall have an individual location in which to keep clothing, toys, and belongings that is accessible to the caregiver and parent.

Intent of § 390: These standards promote organization of a child's personal possessions and prevent the spread of disease such as body lice, scabies, and ringworm which can be transmitted by sharing personal articles.

22 VAC 40-111-400. Heating and cooling.

A. The temperature in all inside areas occupied by children shall be maintained no lower than 65°F.

B. Fans or other cooling systems shall be used when the temperature of inside areas occupied by children exceeds 80°F.

Compliance Determination for § 400 A & B: Licensing inspectors will measure temperature of the inside areas occupied by children only if the areas feel uncomfortably cool or warm. If the areas feel uncomfortable, the inspector will check the home's thermostat and then decide if a more area-specific temperature should be taken. If so, the temperature will be measured at table height in areas occupied by preschool and school-aged children and at the level at which infants and toddlers sleep in areas occupied by infants and toddlers.

If a family day home is unable to meet the temperature requirements due to equipment failure or breakdown, but the provider can confirm she has scheduled a repair, has informed the parents of the situation, and is doing her best in the meantime to maintain a comfort level, the licensing inspector will follow up to see if the repair is completed by the scheduled date before citing a violation of this standard.

22 VAC 40-111-410. Electric fans.

Portable electric fans shall be securely mounted out of the reach of children and shall be equipped with a mesh guard.

Intent of § 410: The purpose of this standard is to protect children from injury due to having a fan fall on them or due to children inserting their fingers or other objects into the moving fan blades.

Interpretation of § 410: Fans that are out of the reach of children must also be placed so that the fan cannot fall on a child. For example, a fan on a table or bookcase may be out of the reach of a child, but the table or bookcase may be unsteady so the fan could fall if the child bumped the table or bookcase. A pedestal fan is not securely mounted.

22 VAC 40-111-420. Lighting.

A. Rooms, halls, and stairways used by children in care shall be lighted with natural or electric lighting for the children's safety and comfort.

Intent of § 420 A: It is important that there be adequate light for children to safely see and for caregivers to adequately supervise children and perform tasks such as diapering. Inadequate artificial lighting has been linked to eyestrain, headache, and non-specific symptoms of illness.

Interpretation of § 420 A: Lighting may be reduced in rooms where children are resting or sleeping, but sufficient lighting must be provided so that caregivers can supervise and attend the children and children can safely exit the room.

Compliance Determination for § 420 A: If needed, adequate lighting will be determined by using simple, printed material in 12-point type and seeing if there is enough light for a caregiver in the room, hall, or stairway to read the material.

B. Entrance and exit ways shall be unobstructed and be lighted with natural or electric lighting.

22 VAC 40-111-430. Stairs.

A. Children under two years of age and children over two years of age who are not developmentally ready to climb or descend stairs without supervision shall not have access to stairs.

B. Accordion expansion gates and pressure mounted gates shall not be used as protective barriers at stair openings.

Intent of § 430 A & B: The purpose of these standards is to protect young children from injuries and falls and to comply with the Uniform Statewide Building Code requirements for unrestricted egress from a home in case of fire.

Accordion gates with large V-shaped openings along the top edge and diamond shaped openings between the slats present entrapment and entanglement hazards resulting in strangulation, chopping or pinching of children who try to crawl through or over the gate. Pressure mounted gates may give way under a child's weight and allow a child to fall.

Interpretation of § 430 A & B: Hardware-mounted gates and hardware-mounted walk-through gates are acceptable types of safety gates. Hardware-mounted gates attach with screws to walls and banisters and usually open and close much like a door. Hardware-mounted walk-through gates also attach with screws to walls and banisters, but only a portion of the gate or "door" swings open and closed instead of the entire gate. These gates must be installed so that they open toward the landing and not toward the stairs. Gates must contain only one latch that is able to be readily opened.

If the family day home is constructed so that hardware-mounted or hardware-mounted walk-through safety gates cannot be installed at stair openings, the provider still must ensure that young children do not have access to stairs. A way this can be done is by properly installing a safety gate at a door to prevent the child from reaching the stairs. Providers do not have to install gates at stairs, but they must ensure that children under age 2 or children over age 2 who are not developmentally ready to climb or descend stairs do not have access to stairs indoors or outdoors.

C. Children over the age of two shall not have access to stairs with three or more risers that do not have protective barriers or guardrails on each side.

D. Protective barriers or guardrails on sides of stairs shall be constructed to prevent a child from climbing over, crawling or falling through, or becoming entrapped.

Compliance Determination for § 430 C & D: Handrails and barriers or guardrails on sides of stairs are required by the Uniform Statewide Building Code (USBC). The USBC requires that openings on guardrails not be greater than 4 inches. The inspector will look to ensure that stairs have barriers or guardrails and that the openings on guardrails are no greater than 4 inches. The inspector will contact the local building official if stairs do not have barriers or guardrails or the openings on guardrails are greater than 4 inches.

22 VAC 40-111-440. Decks and porches.

A. Children shall not have access to decks, porches, lofts, or balconies that do not have protective barriers or guardrails.

Interpretation for § 440 A: A porch, deck, or balcony that is more than 15 ½ inches above the floor or grade below must have a barrier.

B. Protective barriers or guardrails shall be constructed to prevent a child from climbing over, crawling or falling through, or becoming entrapped.

Compliance Determination for § 440 A & B: Barriers or guardrails on sides of decks, porches, lofts, and balconies are required by the Uniform Statewide Building Code (USBC). The USBC requires that openings on guardrails not be greater than 4 inches. The inspector will look to ensure that decks, porches, lofts, and balconies have barriers or guardrails and that the openings on barriers or guardrails are no greater than 4 inches. The inspector will contact the local building official if decks, porches, lofts, and balconies do not have barriers or guardrails or the openings on barriers or guardrails are greater than 4 inches.

22 VAC 40-111-450. Doors and windows.

A. Doors with clear glass panels that reach within 18 inches of the floor shall be clearly marked with decorative objects such as pictures, art work, or decals at the eye level of children in care.

B. Closet doors with latches shall be such that children can open the door from inside the closet.

Intent of § 450 B: Closet doors that can be opened from the inside prevent a child from being trapped in the closet. If a child cannot get into the closet, there is no danger of locking himself in. If a child can enter a closet, the child must be able to unlatch the closet door and exit the closet without assistance.

C. Bathroom doors with locks shall be designed to permit opening of the locked door from the outside with a readily accessible opening device.

Intent of § 450 C: Latches or locks on bathroom doors can allow children privacy when using the toilet, but caregivers must be able to easily open the door from the outside in case the child needs adult assistance.

D. Windows and doors used for ventilation shall be securely screened.

Intent of § 450 D: Screening windows and doors used for ventilation is important to prevent insects or rodents which may bite, sting, or carry disease from getting into the home.

Interpretation of § 450 D: A window or door is securely screened if it has a screen without holes and the screen is attached to the screen frame on all sides.

22 VAC 40-111-460. Animals.

A. Family pets shall not be allowed on any surfaces where food is prepared or served.

Intent of § 460 A: The presence of animals in food preparation or eating areas can increase the risk of contaminating food.

B. A pet or animal present at the home, indoors or outdoors, shall be in good health and show no evidence of carrying any disease.

Intent of § 460 B: The purpose of this standard is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal.

C. Dogs or cats, where allowed, shall be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed.

D. The provider shall maintain documentation of the current rabies vaccination.

E. Caregivers shall closely supervise children when children are exposed to animals.

F. Children shall be instructed on safe procedures to follow when in close proximity to animals, e.g., not to provoke or startle them or remove their food.

G. Animals that have shown aggressive behavior shall not be kept in the home or on the grounds.

Interpretation of § 460 G: The determination of an animal's aggressive behavior is to be based on that particular animal's behavior and not based on the breed's aggressive tendencies. The American Society for the Prevention of Cruelty to Animals (ASPCA) states, "The ASPCA is opposed to laws that ban or discriminate against specific dog breeds or breed mixes without regard to the temperament and behavior of individual dogs."

H. Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals shall not be in areas accessible to children during the hours children are in care.

Intent of § 460 H: Monkeys, ferrets, reptiles, and psittacine birds have been identified by the American Academy of Pediatrics as being unsuitable for family day homes due to their being a source of illness for people.

Reptiles are cold-blooded air-breathing animals covered with scales, for example: snakes, lizards, and turtles. Reptiles (and amphibians, such as water frogs) have been related to outbreaks of salmonella according to the Centers for Disease Control. Reptiles and amphibians are commonly found in aquariums and terrariums. They carry germs in their bodies that they put into their environments and that can cause serious disease in humans. Touching the animals, their containers, or even the necessary care of these animals by adults where children are in care poses too high a risk to the health

Intent of § 460 H (continued): of young children. It is recommended that family day homes not have amphibians in areas accessible to children.

I. Animal litter boxes, toys, food dishes, and water dishes shall be inaccessible to children.

J. All animal excrement shall be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned.

Intent of § 460 I & J: The purpose of these standards is to prevent the spread of disease to children from animals' toys, food, water, and excrement. A pet's food can become contaminated by standing at room temperature.

Interpretation of § 460 J: Indoor and outdoor areas used by children must be kept free of animal excrement.

22 VAC 40-111-470. Smoking and prohibited substances.

The provider shall ensure that:

1. No person smokes:

- a. Indoors while children are in care,
- b. In a vehicle when children are transported, or
- c. Outdoors in an area occupied by children.

Intent of § 470 1: The hazards of second-hand smoke and the residual toxins from smoking that can trigger allergies and asthma justify the prohibition of smoking anywhere in the family day home while children are in care or in cars when transporting children. Smoking outdoors when children are not present is acceptable.

2. No caregiver is under the effects of medication that impairs functioning, alcohol, or illegal drugs.

Intent of § 470 2: The use of medications or the use of alcohol or illegal drugs can affect a caregiver's ability to care for children and to transport children.

Interpretation of § 470 2: A caregiver who is under the effects of a medication that has impaired her functioning may not care for children in the family day home. A caregiver who is under the effects of alcohol or illegal drugs may not care for children in the family day home.

22 VAC 40-111-480. Play equipment and materials.

A. The family day home shall provide a sufficient quantity and variety of play materials and equipment that shall be readily accessible to children.

B. Equipment and materials used by a child shall be appropriate to the age, size, ability, and interest of the child.

Intent of § 480 A & B: A sufficient quantity of play materials and equipment reduces excessive competition and long waits. Play materials need to be easily accessed and used by all children in order to encourage exploration, independent use, and interaction with other children.

Children need a variety of age-appropriate and developmentally-appropriate toys and materials that they can play with at will. This stimulates their imaginations and allows them to focus on developing self-help skills.

If play equipment and materials are not appropriate to the child's age, size, ability, and interest, he may find a task too difficult and will likely lose confidence and give up instead of returning to an activity.

The family day home must have equipment, supplies, toys, etc. for each age group listed on the license (infants, toddlers, preschool, and school age), whether the provider actually has any children in those age groups or not. If the provider does not want to provide materials for age groups not in care, she can request a modification to the terms of the license.

C. Materials and equipment available shall include, but not be limited to, arts and crafts materials, texture materials, construction materials, music and sound materials, books, social living equipment, and manipulative equipment.

Interpretation of § 480 C: Based on the age of the child, the following are examples of some of the play materials and equipment that must be available:

Construction materials – For use in the act of constructing such building blocks and woodworking materials;

Texture materials - For children being able to use their sense of touch or feeling such as fabrics felt squares, fleece, etc.; cotton balls; sandpaper; and water. Texture materials for school age children, could include stuffed toys, basketball, chalk, sand, etc;

Social living equipment – For use in role-modeling adult professions or actions such as dress-up clothes; dolls, toy household appliances; objects children can use to play store, school, fireman, policeman, etc.;

Manipulative equipment - For use in gaining control of their movements such as rattles, puzzles, pegboards, stacking cubes, shape sorters, etc.

D. Equipment used by children shall be assembled, maintained, and used in accordance with the manufacturer's instructions.

Interpretation of § 480 D: Play equipment must be assembled and anchored in accordance with the manufacturer's instructions. Capacity and weight limitations must be followed.

E. Equipment and materials used by children shall be clean, nontoxic, and free from hazards such as lead paint, sharp edges or points, loose parts, and rust.

Interpretation of § 480 E: All materials manufactured, packaged and sold as art supplies are required to be tested and warning labels must be placed on ALL hazardous art materials. ASTM D - 4236-94 "Standard Practice for Labeling of Art Materials Including Children's Art and Drawing Products" requires testing and labeling for all art materials that are intended for use in the household or by children. That includes items such as: chalks, charcoal, clays, crayons, felt tip markers, finger paints, glues, pastes, pastels, tempera paints, and watercolors. Art materials that are safe for use with children will have the following label: "Conforms to ASTM D-4236." When selecting and using items packaged as art materials, select only those products which are labeled "Conforms to ASTM D-4236." For additional information, the U.S. Consumer Product Safety Commission has a publication "Art and Craft Safety Guide" that may be helpful. <http://www.cpsc.gov/CPSCPUB/PUBS/5015.pdf>

F. Toys mouthed by children shall be cleaned and sanitized daily.

Interpretation of § 480 F: Contamination of toys and other objects in child care areas plays a role in the transmission of disease in family day homes. The purpose of this standard is to prevent the spread of disease. It is recommended, but not required by this standard, that toys mouthed by children be cleaned and sanitized before they are used by other children. The sanitizing solution for cleaning toys is one tablespoon bleach to one gallon water.

Small toys with hard surfaces can be set aside for cleaning by putting them into a dishpan labeled "soiled toys." This dishpan can contain soapy water to begin removal of soil, or it can be a dry container used to hold toys until they can be cleaned and sanitized later. In order to use this method, there must be enough toys to rotate them through the cleaning process. Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can clean and sanitize the surfaces.

22 VAC 40-111-490. Indoor slides and climbing equipment.

The climbing portions of indoor slides and climbing equipment over 18 inches high shall not be over bare floor.

Intent of § 490: Research indicates that protective surfacing materials can help disperse the momentum of a falling body thus reducing the risk of life-threatening injuries.

Interpretation of § 490: Carpeting over bare floor is not a protective surfacing material, unless there are rubber tiles and/or mats on top of the carpet or unless it is installed over unitary shock-absorbing padding. Unitary padding materials are manufactured materials including rubber tiles and mats.

22 VAC 40-111-500. Outdoor play area and equipment.

A. A nonclimbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of hazards such as, but not limited to, streets with speed limits in excess of 25 miles per hour or with heavy traffic, or railroad tracks. Facilities licensed prior to July 1, 2010 must comply fully with the requirement of this subsection by July 1, 2011.

Intent of § 500 A: The purpose of this standard is to prevent children from leaving the outdoor play area and to prevent their access to the street and other hazards.

Interpretation of § 500 A: "Non-climbable" means that the barrier has no accessible openings, handholds, or footholds that can be used by children to climb the barrier. Fencing materials that would be non-climbable include iron, heavy-duty plastic, or non-climbable mesh. A chain link fence (regardless of the mesh size) is acceptable in this situation if the hazard is not 'water' (drowning hazard as discussed in § 260).

Compliance Determination for § 500 A: The licensing inspector will assess compliance with this standard by taking at least 4 different measurements of the fence height and averaging them. This means if a fence is short in one section by a very small amount, such as an inch, but overall it averages 4 feet in height, the fence will be considered in compliance.

The inspector will also look to ensure that gates are not left open while children are at play.

B. The highest climbing rung or platform on outdoor climbing equipment or top of a slide shall not exceed six feet for school age children and four feet for preschool children.

Intent of § 500 B: The risk of injury is four times greater if a child falls from playground equipment that is more than 5 feet high than from equipment that is less than 5 feet high.

National SAFE KIDS Campaign (NSKC). Playground Injury Fact Sheet. Washington (DC): NSKC, 2004.

C. Stationary outdoor playground equipment shall:

1. Not be installed over concrete, asphalt, or any other hard surface;

Interpretation of § 500 C 1: Stationary play equipment may be placed on grass, but not placed on concrete, asphalt, dirt, or any other hard surface. Be aware that over time, grass will lose its ability to absorb shock through wear and environmental conditions. Consider providing a protective surfacing material under climbing equipment and equipment with moving parts.

For guidance on the proper installation and maintenance of outdoor playground equipment, the Consumer Product Safety Commission's "Outdoor Home Playground Safety Handbook" is available at the following website:

<http://www.cpsc.gov/cpscpub/pubs/324.pdf>

2. Be placed at least six feet from the perimeter of other play structures or obstacles; and

Interpretation of § 500 C 2. Equipment must be placed at least 6 feet away from the outside edges of other play structures and obstacles such as a house, fence, shed, tree, perimeter timbers or pole.

3. Be firmly anchored with ground supports that are covered with materials to protect children from injury.

Interpretation of § 500 C 3: Equipment must be securely anchored according to the manufacturer's specifications to prevent collapsing, tipping, sliding, moving, or overturning. Stationary outdoor playground equipment is considered firmly anchored if it does not move when shaken.

Interpretation of § 500 C: This standard does not prohibit the use of portable playground equipment, such as "Little Tykes". If portable playground equipment is used for climbing or has swings, it must meet requirements of § 500 C and § 480 D.

D. Outdoor play equipment shall meet the following requirements:

1. "S" hooks shall be tightly closed;

Interpretation of § 500 D 1: Both upper and lower "S" hooks need to be closed, so the opening is less than .04 inch, which is the width of a dime or a credit card.

2. Swings shall have flexible seats of rubber, canvas, or nylon;

Interpretation of § 500 D 2: The swing seats referred to in § 500 D 2 are for single occupancy swings, not teeter totters or lawn swings. The only exception permitted is in § 500 D 3 where nonflexible molded seats are permitted for infants, toddlers, or children with special needs if the caregiver is within arm's reach.

3. Nonflexible-molded seats shall be used only when a caregiver stays within arm's length of any hard-molded swing in use and is positioned to see and protect other children who might walk into the path of the swing;

Interpretation of § 500 D 3: Nonflexible molded swing seats are designed to be used only by infants and toddlers or a child with special needs.

4. Openings above the ground that are closed on all sides shall be smaller than 3-1/2 inches or larger than nine inches to prevent head entrapment hazards;

Interpretation of § 500 D 4: Head entrapment by head-first entry generally occurs when children place their heads through an opening in one orientation, turn their heads to a different orientation, then are unable to withdraw from the opening.

Head entrapment by feet-first entry involves children who generally sit or lie down and slide their feet into an opening that is large enough to permit passage of their bodies (greater than 3½"), but is not large enough to permit passage of their heads (less than 9").

5. Ropes, loops, or any hanging apparatus that might entrap, close, or tighten upon a child shall not be used;

Intent of § 500 D 5: The Consumer Product Safety Commission reported that from January 1990 through August 2000, about 70% of all playground-related deaths occurred in home locations. Almost three-fourths of the deaths in home locations resulted from hanging from ropes, cords, homemade rope swings, and similar items.

6. Equipment with moving parts that might pinch or crush children's hands or fingers shall not be used unless they have guards or covers; and

7. Equipment with platforms and ramps over 30 inches high shall have been designed with guardrails or barriers to prevent falls.

Intent of § 500 D 7: The National Program for Playground Safety (NPPS) recognizes that the behavior of children does not change when they are on elevated play platforms. Touching and/or pushing are common communication methods among children. Therefore, it is important to have protective barriers on play platforms to prevent falls.

E. Sandboxes shall be covered when not in use.

Intent of § 500 E: Uncovered sand is subject to contamination and transmission of disease from animal feces and insects breeding in sandboxes.

It is recommended, although not required by this standard, that providers only use sand that is labeled as a safe play material or sand that is specifically prepared for sandbox use. Sand used as a building material or harvested from a site may contain toxic substances.

F. Trampolines shall not be used during the hours children are in care.

Intent of § 500 F: Trampolines pose serious safety hazards. The hazards that result in injuries and deaths are: falling or jumping off the trampoline; falling on the trampoline springs or frame; colliding with another person on the trampoline; and landing improperly while jumping or doing stunts on the trampoline.

Interpretation of § 500 F: This standard includes full size above-ground trampolines, built in the ground trampolines, and mini-trampolines.

22 VAC 40-111-510. Rest areas.

A. A child shall be provided with an individual crib, cot, rest mat, or bed for resting or napping.

Intent of § 510 A: The purpose of this standard is to prevent the spread of disease due to children sleeping together.

B. Upper levels of double-deck beds shall not be used.

Intent of § 510 B: Falls and entrapment between the mattress and guardrails, bed structures and wall, or between slats from bunk beds are well-documented causes of injury in young children.

C. Occupied cribs, cots, rest mats, and beds shall be:

- 1. At least three feet from any heat-producing appliance; and**
- 2. At least 12 inches from each other.**

Intent of § 510 C: Adequate spacing between sleeping equipment is necessary to reduce the spread of infectious diseases by children breathing in one another's faces during sleep and is also necessary to facilitate evacuation of sleeping children in case of an emergency.

D. Rest mats that are used must have at least an inch of cushioning.

Intent of § 510 D: The purpose of this standard is to provide a comfortable resting place for a child.

E. Rest mats shall be cleaned and sanitized on all sides at least weekly and as needed.

Intent of § 510 E: The purpose of this standard is to prevent the spread of disease since rest mats are placed on the floor.

22 VAC 40-111-520. Cribs.

A. Cribs shall be provided for children from birth through 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot, rest mat, or bed.

Intent of § 520 A: A provider must use a crib for a child less than 12 months of age and for children over 12 months who are not developmentally ready to sleep on a cot, rest mat or bed. For those children over 12 months without a developmental issue, it is up to the provider and parent whether to use a crib and no documentation is necessary.

B. Cribs shall not be used as a play space for infants.

C. Cribs shall:

1. Meet the U.S. Consumer Product Safety Commission standards at the time they were manufactured;

Interpretation of § 520 C 1: New federal regulations now require that all cribs in family day homes must comply with Consumer Product Safety Commission standards, which prohibit the use of drop-sided cribs. These new regulations require compliance beginning 12/28/2012. See <http://www.cpsc.gov/info/cribs/index.html> for further information.

2. Not have been recalled;

3. Have no more than six centimeters or 2-3/8 inches of space between slats;

4. Have mattresses that fit snugly next to the crib so that no more than two fingers can be inserted between the mattress and the crib;

5. Not have end panel cutouts of a size to cause head entrapment; and

6. Not have mesh sides.

D. Double-deck cribs shall not be used.

Intent of § 520 A-D: The purpose of these standards is to prevent injury to children from entrapment, falls, or from other children.

Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. Children have strangled because their shoulder or neck became caught between the mattress and the crib side or caught in a gap between the slats.

E. Crib bumper pads shall not be used.

Intent of § 520 E: Crib bumper pads may cause entrapment of an infant's head resulting in suffocation.

F. Crib sides shall always be up and the fastenings secured when a child is in the crib, except when the caregiver is giving the child immediate attention.

Intent of § 520 F: The purpose of this standard is to prevent injury to children from entrapment, falls, or from other children.

Interpretation of § 520 F: For a caregiver to be considered giving the child immediate attention, the caregiver must be close enough to the crib to ensure the child is protected from entrapment, falls, or other children.

22 VAC 40-111-530. Linens.

A. Cribs, cots, rest mats, and beds when being used for sleeping or napping by children other than infants shall have linens consisting of a top cover and a bottom cover or a one-piece covering that is open on three edges.

B. Cribs when being used by infants shall have a tight-fitting bottom cover.

Intent of § 530 B: The purpose of this standard is to prevent suffocation or strangling.

C. Linens shall be assigned for individual use.

Interpretation of § 530 C: Linens must be changed between uses by different children.

D. Linens shall be clean and washed at least weekly or when soiled.

E. Clean linens shall be used each time a child rests on the bed of a family member.

Intent of § 530 C-E: The purpose of these standards is to prevent the spread of disease.

F. No soft bedding of any kind shall be used under or around infants including, but not limited to, pillows, quilts, comforters, sheepskins, or stuffed toys.

Intent of § 530 F: The purpose of this standard is to prevent suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS).

Interpretation of 530 F: If a thin blanket is used in the sleeping area, the infant must be placed at the foot of the crib with the blanket tucked around the crib mattress and the blanket reaching only as far as the infant's chest.

"Sleep sacks" or wearable blankets are not prohibited.

Sleep positioners should not be used; Consumer Reports states "Don't use a sleep positioner to keep your baby on his or her back. Many sleep positioner models, including some made of memory foam, can be lethal; if the infant moves down and presses his or her face against the soft surface, the air passages can be blocked, causing suffocation. Or, babies can "rebreathe" their own carbon dioxide, potentially causing SIDS"

A 7 inch x 7 inch blanket lovey with a stuffed head is not prohibited from infants who are awake, but each lovey should be evaluated for safety to determine if there are choking hazards prohibited in § 250, such as small parts (eyes, ribbon, detachable flowers, etc) or if a loose satin edge could be a strangulation hazard.

G. Children under two years of age shall not use pillows or filled comforters.

Intent of § 530 G: The purpose of this standard is to prevent suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS).

H. Pillows, when used for children over two years of age, shall be assigned for individual use and covered with pillowcases.

Intent of § 530 H: The purpose of this standard is to prevent the spread of disease due to children sharing pillows with other children or family members. Pillows must be covered with pillowcases, pillow shams, or other coverings so that the pillows can be kept clean. Pillow coverings must be clean and washed at least weekly or when soiled as required by § 530 D.

I. Mattresses, when used, shall be covered with a waterproof material that can be cleaned and sanitized.

Intent of § 530 I: The purpose of this standard is to prevent the spread of disease.

22 VAC 40-111-540. Infant and toddler equipment.

A. Infant carrier seats, swings, strollers, feeding or activity tables, and high chairs shall be used according to the manufacturer's instructions and when occupied by a child, a safety strap shall be used and securely fastened.

Intent of § 540: The purpose of this standard is to prevent falls and head entrapment.

B. Infant walkers shall not be used.

Intent of § 540 B: Because many injuries, some fatal, have been associated with the use of walkers, and because there is no clear developmental benefit from their use, the American Academy of Pediatrics has recommended that they not be used in family day homes. Walkers are dangerous because they move children around too fast and to hazardous areas. The upright position also brings children close to objects they can pull down on themselves. Walkers are the cause of more injuries than any other baby product.

Interpretation of § 540 B: Use of walkers is prohibited even if the wheels have been removed because children are still placed in an upright position that brings them close to objects they can pull down on themselves.

22 VAC 40-111-550. Play pens.

A play pen where used shall:

- 1. Have either mesh netting with mesh holes smaller than 1/4 inch or slats no more than 2-3/8 inches apart;**
- 2. Have a firm floor with a secured, waterproof pad that is not more than one-inch thick;**
- 3. Have the sides up and the fastenings secured when a child is in the play pen, except when the caregiver is giving the child immediate attention;**
- 4. Be cleaned and sanitized each day of use or more often as needed;**
- 5. Not be occupied by more than one child;**
- 6. Not be used for the designated sleeping area;**
- 7. Not have torn mesh sides or vinyl-covered or fabric-covered rails, protruding rivets on the rails, or broken hinges;**
- 8. Not contain any pillows or filled comforters;**
- 9. Not contain large toys and other objects that can serve as a stepping stool for climbing out when a child can pull to a standing position;**
- 10. Not be used by children who weigh 30 pounds or more; and**
- 11. Not be used by children who are 35 inches tall or taller.**

Interpretation of § 550: For the purpose of these standards, a play pen is not a crib or bassinet, but a play yard with a floor. A "pack-n-play" is a play pen.

**Part VIII.
CARE OF CHILDREN**

22 VAC 40-111-560. Supervision.

A. A caregiver shall be physically present on site and provide direct care and supervision of each child at all times. Direct care and supervision of each child includes:

1. Awareness of and responsibility for each child in care, including being near enough to intervene if needed; and

2. Monitoring of each sleeping infant in one of the following ways:

a. By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver;

b. By in-person observation of each sleeping infant at least once every 15 minutes; or

Interpretation of § 560 A 2 b: These observations do not need to be documented.

c. By using a baby monitor.

Interpretation of § 560 A 2 c: In family day homes that use a baby monitor instead of keeping the sleeping infant within the sight and hearing of a caregiver or observing the child at least every 15 minutes, a caregiver must stay within the range of the monitor's receiver. A video camera is an acceptable monitor as long as it also has sound.

Interpretation of § 560 A: The Family Day Home standards do not require sight and sound supervision because it is impossible for a single provider to do that. Whether the provider is smoking, on the telephone, in the bathroom, changing a diaper, etc.. § 560 A requires a caregiver to be on site and to provide direct care and supervision of each child at all times. If a provider is smoking on the porch, they are "on site," but the provider must ensure the safety of children while she is outside. What are the ages of the children? Can she hear them? Are they all asleep? Are babies and toddlers in cribs or play pens and not on the floor or in a high chair? In other words, what is she doing to secure the children while she is unavailable for a few minutes smoking or using the bathroom, etc. The provider may not leave infants and preschoolers alone in the family day home while she gets a school-aged child off the bus.

B. Caregivers shall actively supervise each child during outdoor play to minimize the risk of injury to a child.

C. A caregiver may allow only school age children to play outdoors while the caregiver is indoors if the caregiver can hear the children playing outdoors.

Interpretation of § 560 B & C: A caregiver must be outdoors supervising the child when any child except a school-age child is playing outdoors.

D. Infants shall be protected from older children.

Interpretation of § 560 D: Examples of protecting infants from older children include: not having a baby on the floor while older children are walking/running through the room, not allowing older children to pick up an infant unless it can be done safely, not allowing an older child to play roughly with an infant.

E. No child under five years of age or a child older than five who lacks the motor skills and strength to avoid accidental drowning, scalding, or falling while bathing shall be left unattended while in the bathtub.

22 VAC 40-111-570. Determining need for additional caregiver.

A. The provider shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed:

- 1. Children from birth through 15 months of age count as four points each;**
- 2. Children from 16 months through 23 months of age count as three points each;**
- 3. Children from two through four years of age count as two points each;**
- 4. Children from five years through nine years of age count as one point each; and**
- 5. Children who are 10 years of age and older count as zero points.**

Interpretation of § 570 A: No caregiver may exceed 16 points at any time children are in care – indoors, outdoors, on field trips, or during transportation. The point count changes to one point when a child turns 5, not when they become eligible to attend public school.

B. A caregiver's own children and resident children under eight years of age count in point maximums.

Interpretation of § 570 B: A child younger than 8 years of age who is a caregiver's own child or who resides in the family day home is assigned points and counted in determining the need for an additional caregiver.

A child 8 years of age and older who is a caregiver's own child or who resides in the family day home is not assigned points or counted in determining the need for an additional caregiver.

22 VAC 40-111-580. General requirements for programs.

A. In order to promote the child's physical, intellectual, emotional, and social well-being and growth, caregivers shall:

1. Talk to the child;

Intent of § 580 A 1: Talking to a child helps the child to understand and to use language. A child feels valued when adults respond in a positive, timely manner to the child's use of language. Future development of the child depends on his command of language.

2. Provide needed help, comfort, and support;

Intent of § 580 A 2: Responsive care giving has been shown to be important for brain development in infants and toddlers.

Research has shown that children's physical, social, emotional and intellectual development, and safety depend on consistent, caring interaction between children and their caregivers. Children who do not receive appropriate nurturing and stimulation during developmental prime times are at heightened risk for developmental delays and impairments.

While it is not always possible for one caregiver who is caring for four infants or toddlers to respond immediately to children who are in distress, the caregiver who is not able to immediately respond to a child's needs must still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.

3. Respect personal privacy;

Intent of § 580 A 3: By 6 years of age, most children can use the bathroom by themselves. Children 5 years of age or older must be allowed the opportunity to practice modesty when toileting, dressing, and bathing.

4. Respect differences in cultural, ethnic, and family backgrounds;

5. Encourage decision-making abilities;

6. Promote ways of getting along;

7. Encourage independence and self-direction; and

Intent of § 580 A 4-7: Caregivers model respect for the children by behaving toward all people, both adults and children, with respect and acceptance. They do not discriminate

Intent of § 580 A 4-7 (continued): or show prejudice in any way. They always give attention and consideration to the point of view of others and solve disagreements without anger.

Caregivers must not ignore children's inappropriate behavior, but guide children to learn the skills needed to get along with others.

8. Use consistency in applying expectations.

Intent of § 580 A 8: Caregivers must not demand achievements or behavior that is beyond a child's developmental level. Caregivers must help children to see and understand realistic connections between their behavior and the consequences of that behavior. So that the child is not confused, it is helpful if parents and caregivers have the same expectations for behavior and the same consequences. Caregivers must talk with the child, who is old enough to understand, about how the child is expected to behave, explain the rules in simple language, explain why they are important, and enforce the rules consistently with all children. Caregivers must model behaviors they want the children to have.

B. Caregivers shall provide age-appropriate activities for children in care throughout the day that:

- 1. Are based on the physical, social, emotional, and intellectual needs of the children;**
- 2. Reflect the diversity of enrolled children's families, culture, and ethnic backgrounds; and**
- 3. Enhance the total development of children.**

Compliance Determination for § 580 B: The licensing inspector will assess compliance with this standard through observations and/or interviews.

C. Daily age-appropriate activities shall include:

- 1. Opportunities for alternating periods of indoor active and quiet play depending on the ages of the children;**

Intent of § 580 C 1: Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning.

- 2. Opportunities for vigorous outdoor play daily, depending upon the weather, the ages, and the health of the children;**

Intent of § 580 C 2: Outdoor play is not only an opportunity for learning in a different environment, it also provides many health benefits. Generally, infectious disease organisms are less concentrated in outdoor air than in indoor air. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors.

*Interpretation of § 580 C 2: On days when the air quality is rated poor/red, children are not required to have outdoor play time. Information on a region's air quality is available on television and radio weather forecasts and at the following website:
<http://www.deq.virginia.gov/airquality/>*

**3. Opportunities for one or more regularly scheduled rest or nap periods.
Children unable to sleep shall be provided time and space for quiet play;**

Interpretation of § 580 C 3: Most preschool children benefit from scheduled rest periods. The rest may take the form of actual napping or a quiet time. Children who are overly tired can exhibit behavior problems. School age children should have the opportunity for periods of more restful activities such as reading or board games, but must not be required to take naps (see § 590 C).

Conditions conducive to rest and sleep include a quiet place, a regular time for rest, and consistent staffing.

4. Opportunities for children to learn about themselves, others, and the world around them;

Interpretation of § 580 C 4: Conversation with adults is one of the primary ways children can learn about themselves, others, and the world in which they live.

Learning about self includes body awareness and expression of feelings.

Children can learn about the world and about people's similarities and differences through pictures, books, dolls, and other materials. Exposure to diversity among people encourages respect for others and lessens misunderstandings.

5. Opportunities for children to exercise initiative and develop independence in accordance with their ages; and

Interpretation of § 580 C 5: Allowing a child to make age-appropriate decisions and to do for himself the things he is capable of doing, such as feeding himself or deciding which activity he wants to participate in, help the developing child gradually assume responsibility for his or her actions and responses in order to become a responsible adult who can thrive in the give-and-take of the world.

6. Opportunities for structured and unstructured play time and provider-directed and child-initiated learning activities.

Interpretation of § 580 C 6: Structured play has rules and includes active games, card games, and board games. It is an opportunity for children to learn to follow directions and experience organization. Structured play is important for children who do not know how to engage in free play.

Unstructured play is child-driven, free play time that allows children to learn how to work in groups, to share, to negotiate, to resolve conflicts, and to learn self-advocacy skills. It includes activities such as dress-up play, doll play, block building, running and climbing, and riding tricycles, among others.

When play is allowed to be child driven, children practice decision-making skills, move at their own pace, discover their own areas of interest, and ultimately engage fully in the passions they wish to pursue.

22 VAC 40-111-590. Requirements for sleeping and resting.

A. Infants shall be placed on their backs when sleeping or napping unless otherwise ordered by a written statement signed by the child's physician.

Intent of § 590 A: Placing an infant on his back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS).

B. An infant, toddler, or preschool child who falls asleep in a play space other than his own crib, cot, mat, or bed shall be moved promptly to his designated sleeping space if the safety or comfort of the infant, toddler, or preschool child is in question.

Interpretation of § 590 B: At no time may an infant be allowed to sleep on a waterbed, sofa, soft mattress, pillow, or other soft surface. Infants who fall asleep in their car seat must be moved to a crib, as car seats are intended for infants who are awake. Car seats are manufactured for protection during travel and not as a replacement for a crib.

C. School age children shall be allowed to nap if needed, but not forced to do so.

22 VAC 40-111-600. Daily activities for infants and toddlers.

A. Infants and toddlers shall be provided with opportunities to:

1. Interact with caregivers and other children in the home in order to stimulate language development;

Intent of § 600 A 1: Adults help foster a baby's language learning when they smile and talk to the baby during playful interactions such as peek-a-boo or handing a toy back and forth. This kind of give-and-take is the foundation for oral language development because it shows that conversation involves responses to the words and actions of others.

Infancy is a good time for adults to begin reading and enjoying picture books with children. Adults can also listen to different kinds of music with babies and sing to them.

Playing with adults or with other children can aid toddlers' social-emotional growth and their language development. Taking turns with toys and taking turns while speaking during play can help toddlers see how to get along with others, and help them understand the "rules of conversation" that are basic to social interaction and language development. Playing with others also gives toddlers something to talk about!

Although they are busy exploring what's around them, some toddlers show increasing interest in looking at picture books themselves or having someone read to them. Other toddlers may not want to sit and share a book because they are too busy investigating their world in other ways. Caregivers can try reading to them before naptime and bedtime.

2. Play with a wide variety of safe, age-appropriate toys;

Intent of § 600 A 2: Toys for infants should appeal to their different senses. Babies enjoy seeing pictures on the walls. They can begin to handle safe toys—soft ones to feel and chew on, and toys that rattle and make other sounds. Toys need to be safe to chew because most babies explore with their mouths.

A variety of toys and household objects encourage toddlers' imaginative and dramatic play. Toddlers will enjoy large blocks; pots and pans; toy trucks, cars, and airplanes; clothes and hats for dress-up; dolls, toy animals, and housekeeping toys; and other interesting objects, such as boxes, bows, and wrapping paper. Riding toys that children can push with their feet also promote large motor play.

Interpretation of § 600 A 2: § 250 C requires that items tied across the top or corner of a crib or playpen or toys hung from the sides with strings or cords be removed when the child begins to push up on hands and knees or is five months of age, whichever occurs first.

3. Receive individual attention from caregivers including, but not limited to, holding, cuddling, talking, and reading; and

Intent of § 600 A 3: Infants rapidly learn to play through their own actions and their contact with people around them. Babies often play by interacting with adults who talk, sing, and laugh with them, and help them explore the world around them. People are babies' favorite playthings. Caregivers can play peek-a-boo games, dance with babies in their arms, carry them from room to room, and crawl on the floor with them. The ability to take turns begins with such simple interactive play. Children learn best from adults who know and respect them and with whom they have established a trusting relationship. Individual attention received during the early years of life is crucial to the child's emotional, social, and brain development.

4. Reach, grasp, pull up, creep, crawl, and walk to develop motor skills.

Intent of § 600 A 4: Babies benefit from floor time when they can safely roll around and explore. Once a baby begins to crawl, toys that can be pushed or rolled and chased across the floor encourage physical activity and interaction with other people.

It is recommended that caregivers have supervised "tummy time" for babies who are awake. This will help babies strengthen their muscles and develop normally.

Toddlers need opportunities for large muscle play. They enjoy bouncing, rolling, and throwing balls of different sizes; dancing; jumping on pillows, or making a house or fort out of a cardboard box. With supervision, toddlers can go outdoors for walks, play on climbing and riding toys, and use playground equipment sized for them.

B. Infants and toddlers shall spend no more than 30 minutes of consecutive time during waking hours, with the exception of mealtimes, confined in a crib, play pen, high chair or other confining piece of equipment. The intervening time period between confinements shall be at least one hour.

Intent of § 600 B: The purpose of this standard is to ensure that children have the freedom of movement needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

"Other confining pieces of equipment" include, but are not limited to, infant seats, strollers, infant swings, and exercise chairs or saucers.

22 VAC 40-111-610. Television, computers, videos, and video games.

A. Use of media such as, but not limited to, television, videos, video games, and computers shall be:

- 1. Limited to not more than a total of two hours per day; and**
- 2. Limited to programs, tapes, websites, and software that are produced for children or are suitable for children.**

Intent of § 610 A: Benefits of limiting a child's media use in the family day home to a total of 2 hours a day include improved diet, lower risk of obesity, less exposure to violent content, and improved sleep quality.

The American Academy of Pediatrics recommends that children younger than 2 watch no television and that television time should be limited to no more than 1 to 2 hours of quality programming per day for children over 2 years of age. The "Dietary Guidelines for Americans" state that it is "important during leisure time to limit sedentary behaviors, such as television watching and video viewing, and replace them with activities requiring more movement." Research has found that television exposure is a risk factor for overweight in preschoolers.

B. Other activities shall be available to children during television or video viewing.

Interpretation of § 610 B: Children shall have access to toys, games, books, etc. so that they can amuse themselves if not interested in the television or video. Children's imaginative play is important for their social, emotional, cognitive and language development.

22 VAC 40-111-620. Care of a child with special needs.

A. Caregivers shall provide a child with special needs with the care and activities recommended in writing by a physician, psychologist, or other professional who has evaluated or treated the child.

Interpretation of § 620 A: "Child with special needs" means a child with developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who requires special health surveillance or specialized programs, interventions, technologies, or facilities. The child does not have 'special needs' if no accommodations are required by the family day home provider.

"Professional" as used in this standard means any health care professional currently licensed to practice within the scope of his profession, such as a nurse practitioner, registered nurse, licensed practical nurse, clinical social worker, dentist, occupational therapist, pharmacist, physical therapist, physician assistant, and speech-language pathologist.

B. The written recommendation shall:

- 1. Include instructions for any special treatment, diet, or restrictions in activities that are necessary for the health of the child; and**
- 2. Be maintained in the child's record.**

Interpretation of § 620 A & B: The model form, "Individual Health Care Plan for a Child with Special Health Care Needs" may be used to meet the requirement of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

C. The provider shall ensure the environment is appropriate for the child based on the plan of care and shall instruct other caregivers in the proper techniques of care.

Interpretation of § 620 C: The plan of care is the written recommendations for the child's care and services provided by a physician, psychologist, or other professional who has evaluated or treated the child as required in § 620 A above.

D. A caregiver shall perform only those procedures and treatments for which he has the necessary training, experience, credentials, or license to perform.

E. Staffing shall be appropriate and adequate to meet the specific physical and developmental needs of a child with special needs in care.

F. The provider and the parent of the child with special needs shall mutually determine a recommendation for the level of staffing necessary to care for and supervise the child based on the child's chronological and functional age and degree of disability.

Interpretation of § 620 F: The model form, "Staffing Recommendations for a Child with Special Needs" may be used to meet the requirement of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

G. Within 30 days of the child's enrollment, the provider shall provide the department's representative a written recommendation for the level of staffing necessary to care for and supervise the child.

H. The department shall make the final decision regarding level of staffing or any capacity limitations necessary to care for, supervise, and protect all children in care when a child with special needs is receiving care.

I. The parent, provider, and department's representative shall review the staffing requirements annually.

J. A separate area shall be provided for the purpose of privacy for diapering, dressing, and other personal care procedures for a child above age three with special needs who requires assistance in these activities.

22 VAC 40-111-630. Behavioral guidance.

A. Caregivers shall use positive methods of discipline. Discipline shall be constructive in nature and include techniques such as:

- 1. Using limits that are fair, consistently applied, appropriate, and understandable for the child's level of development;**
- 2. Providing children with reasons for limits;**
- 3. Giving positively worded direction;**
- 4. Modeling and redirecting children to acceptable behavior;**
- 5. Helping children to constructively express their feelings and frustration to resolve conflict; and**
- 6. Arranging equipment, materials, activities, and schedules in a way that promotes desirable behavior.**

Interpretation of § 630 A: Discipline carries many meanings in our society. Used here, discipline means "teaching, not punishment." Punishment is negative control over a child and is intended to make the child sorry for something that he has done. Adults often stop misbehavior and tell children what not to do. Discipline, or guiding behavior, is not just about stopping misbehavior, it is about teaching and giving children the tools to manage their own behavior and develop self-control. Guiding behavior allows adults to also tell children what we want them to do.

There is no bigger challenge for adults who work with children than helping children learn to interact with others in socially acceptable ways. Adults who work with children must have an understanding of child development and age-appropriate behaviors, and have reasonable expectations for children's behavior.

Behavior guidance is most effective when it is assertive, consistent, recognizes and reinforces desired behaviors, and offers natural and logical consequences for children's misbehaviors.

B. When time out is used as a discipline technique:

- 1. It shall be used sparingly and shall not exceed one minute for each year of the child's age;**

- 2. It shall be appropriate to the child's developmental level and circumstances;**
- 3. It shall not be used with infants or toddlers;**
- 4. The child shall be in a safe, lighted, well-ventilated place, and within sight and sound of a caregiver; and**
- 5. The child shall not be left alone inside or outside the home while separated from the group.**

Intent of § 630 B 3: Time out must not be used with infants and toddlers because they are too young to cognitively understand this consequence.

22 VAC 40-111-640. Forbidden actions.

The following acts or threats thereof are forbidden:

- 1. Physical punishment including, but not limited to, striking a child, roughly handling or shaking a child, biting, pinching, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment;**
- 2. Enclosure in a small, confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play pens, high chairs, and safety gates when used for their intended purpose with children preschool age or younger;**
- 3. Punishment by another child;**
- 4. Withholding or forcing of food, water, or rest;**
- 5. Verbal remarks that are demeaning to the child;**
- 6. Punishment for toileting accidents; and**
- 7. Punishment by applying unpleasant or harmful substances.**

Intent of § 640: These prohibited actions are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments.

22 VAC 40-111-650. Parent notifications.

A. The provider shall provide written notification to the parent within 10 business days after the effective date of the change when there is no longer liability insurance in force on the family day home operation.

1. The provider shall obtain the parent's written acknowledgement of the receipt of this notification, and

2. A copy of the parent's written acknowledgement of the receipt of this notification shall be maintained in the child's record.

Interpretation of § 650 A: The model form, "Liability Insurance Declaration" may be used to satisfy the requirement of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

B. Caregivers shall provide information daily to parents about the child's health, development, behavior, adjustment, or needs.

Intent of § 650 B: Daily communication with parents helps achieve the important goal of continuing the care from the family day home to the child's home. This continuity of affection and concern helps the child adjust to his separation from his parent, reinforces new skills learned, and helps ensure that issues with the child's health, development, behavior, adjustment, or needs are mutually addressed by the provider and parent.

Interpretation of § 650 B: This notification may be made verbally.

C. The provider shall give parents prior notice when a substitute provider will be caring for the children.

Intent of § 650 C: This is required by § 63.2-100 of the Code of Virginia.

Interpretation of § 650 C: The provider may give prior notice and the substitute's name to parents verbally when the provider uses a substitute provider on an occasional basis. The provider is required by § 70 A 15 to notify parents in writing at the child's admission to the home of the amount of time per week that an adult assistant or substitute provider instead of the provider is regularly scheduled to care for the child and the name of the adult assistant or substitute.

D. Caregivers shall notify parents when persistent behavioral problems are identified and such notification shall include any disciplinary steps taken in response.

Interpretation of § 650 D: This notification may be made verbally, but must be given to parents as soon as persistent behavior problems are identified. Many behavior issues arise because the child has an unmet need (such as the need for food, rest, security, physical activity, or attention), the child lacks skills (such as the skills to behave in a more acceptable manner or the social skills that enable him to get along with others., or there is a lack of fit between the family day home and the child's personality, temperament, learning style or life experience. Immediately talking with the parent will help the caregiver identify these issues and discover ways to respond in more positive ways by using interventions that can help reduce misbehavior.

E. The provider shall notify the parent immediately when the child:

- 1. Has a head injury or any serious injury that requires emergency medical or dental treatment;**
- 2. Has an adverse reaction to medication administered;**
- 3. Has been administered medication incorrectly;**
- 4. Is lost or missing; or**
- 5. Has died.**

Interpretation of § 650 E: These notifications may be made verbally. Notification must be made for any head injury. "Serious injury" means a wound or other specific damage to the body such as, but not limited to, unconsciousness; broken bones; dislocation; deep cut requiring stitches; poisoning; concussion; and a foreign object lodged in eye, nose, ear, or other body orifice.

It is recommended for the provider's protection, although not required by this standard, that the provider maintain a written notation of the name of the parent notified and the date and time of the notification.

NOTE: § 740 requires the provider to document in the medication record any adverse reactions to medication and medication errors.

NOTE: § 840 requires the provider to document in the child's record (including the date and time the parent was notified) any injury or accident that requires emergency medical or dental treatment.

NOTE: § 850 requires the provider to notify the department within 24 hours if a child has a serious injury, is lost or missing, or has died.

F. The provider shall notify a parent the same day whenever first aid is administered to the child.

Interpretation of § 650 F: This notification may be made verbally. Not only does the parent need to know (in case further, unexpected problems arise), but also because appearing to hide or to be unconcerned about such information understandably destroys a parent's trust and confidence.

NOTE: § 840 requires the provider to document in the child's record (including the date and time the parent was notified) any injury or accident that requires first aid.

G. When a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the provider shall notify the parent within 24 hours or the next business day of the home's having been informed, unless forbidden by law, except for life-threatening diseases, which must be reported to parents immediately. The provider shall consult the local health department if there is a question about the communicability of a disease.

Interpretation of § 650 G: This notification may be made verbally. These communicable diseases are: chicken pox, pink eye, diarrhea, Fifth disease, Hepatitis A, Hepatitis B, measles, meningitis, mumps, head lice, whooping cough, ring worm, German measles, scabies, impetigo, scarlet fever, and strep throat.

H. Parents shall be informed of any changes in the home's emergency preparedness and response plan.

Interpretation of § 650 H: This is to notify each parent of any changes to the provisions of the home's plan that was given to the parent in writing before the child's first day of attendance (see § 70 A 17). This notification of change must be given to parents in writing and may be on the model form, "Provisions of the Emergency Preparedness and Response Plan" available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

I. Except in emergency evacuation or relocation situations, the provider shall inform the parent and have written permission as required by 22 VAC 40-111-980 whenever the child will be taken off the premises of the family day home, before such occasion.

Interpretation of § 650 I: See Interpretation of "off the premises" at § 980.

J. If an emergency evacuation or relocation is necessary, the parent shall be informed of the child's whereabouts as soon as possible.

Interpretation of § 650 J: The parent must have been notified of the likely location to which the child would have been taken (see requirement for parent's notification of the provisions of the emergency preparedness and response plan in § 70 A).

22 VAC 40-111-660. Swimming and wading activities.

A. The level of supervision by caregivers required in 22 VAC 40-111-560 and the point system as outlined in 22 VAC 40-111-570 shall be maintained while the children are participating in swimming or wading activities.

Intent of § 660 A: Constant vigilant supervision of children near any body of water is essential. Careful supervision is also needed to ensure that children do not engage in dangerous behavior around swimming pools.

B. The family day home shall annually obtain:

1. Written permission from the parent of each child who participates in swimming or wading activities, and

2. A written statement from the parent advising of a child's swimming skills before the child is allowed in water above the child's shoulder height.

Interpretation of § 660 B: Providers must obtain the parent's permission and statement (if the child is allowed in water above his shoulder) once each year before swimming or wading activities begin.

*The model form, "Permission to Participate in Swimming or Wading Activities" may be used to satisfy the requirements of this standard. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

C. Caregivers shall have a system for accounting for all children in the water.

Interpretation of § 660 C: Caregivers must at all times closely monitor children in the water. To do this, the provider may assign the responsibility for supervising specific children to an assistant while the provider is responsible for supervising specific other children. Caregivers must limit distractions such as telephone calls. Caregivers must not assume that because a child took swimming lessons or is using a flotation device such as an inner tube or inflatable raft that there is no drowning risk.

D. Outdoor swimming activities shall occur only during daylight hours.

E. When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the family day home:

1. A minimum of least two caregivers shall be present and able to supervise the children; and

Intent of § 660 E 1: Two caregivers are needed to ensure that adequate supervision is being given to the child or children in this deeper water and also to any children who are not in the water.

2. An individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times. The certification shall be obtained from an organization such as, but not limited to, the American Red Cross, the YMCA, or the Boy Scouts.

Interpretation of § 660 E 2: The individual with the certification:

*a) Must be present if a child is swimming or wading in water more than two feet deep;
b) Does not have to be a caregiver, but may be one of the required caregivers; and
c) Must provide a copy of his certification to the provider if the swimming or wading activities occur on the family day home premises. The provider must maintain a copy of this certification.*

NOTE: Since these standards were written, the American Red Cross's "Community Water Safety" course has been renamed "Water Safety Today."

Part IX. PREVENTING THE SPREAD OF DISEASE

22 VAC 40-111-670. Exclusion of sick children.

A. Unless otherwise approved by a child's health care professional, a child shall be excluded from the family day home if he has:

1. Both fever and behavior change. A fever means oral temperature over 101°F or armpit temperature over 100°F;

Interpretation of § 670 A 1: Only a digital thermometer is to be used to take a child's temperature (See § 760 A 1 g). Temperatures are not to be taken rectally or in the ear because it is unsafe.

2. Diarrhea (more watery, less formed, more frequent stools not associated with a diet change or medication). Children in diapers who develop diarrhea shall be excluded, and children who have learned to use the toilet, but cannot make it to the toilet in time, shall also be excluded;

3. Recurrent vomiting (vomiting two or more times in 24 hours); or

4. Symptoms of a communicable disease listed in the Virginia Department of Health's current communicable disease chart.

Interpretation of § 670 A 4: In addition to the symptoms listed above (fever, diarrhea, vomiting) symptoms of a communicable disease also include:

- a) Sudden onset of a stiff neck or headache;*
- b) Severe coughing that causes the child to become red or blue in the face or to make a whooping sound;*
- c) Sudden onset of abdominal pain;*
- d) Rash or blisters;*
- e) Pink or red eyeball with swelling of the eyelids and eye discharge;*
- f) Bloody stools;*
- g) Yellowish skin or eyes;*
- h) Severe itching and scratching; or*
- i) Swelling and tenderness of neck glands.*

B. If a child needs to be excluded according to subsection A of this section, the following shall apply:

1. The parents or designated emergency contact shall be contacted immediately so that arrangements can be made to remove the child from the home as soon as possible; and

2. The child shall remain in a quiet, designated area and the caregiver shall respond immediately to the child until the child leaves the home.

Interpretation of § 670 B: A caregiver must continue to provide at all times direct care and supervision of the child in the quiet, designated area as required by § 560.

22 VAC 40-111-680. Hand washing.

Intent of § 680: Hand washing is the most important way to reduce the spread of infection.

A. Caregivers shall wash their hands with liquid soap and warm running water:

- 1. When their hands are dirty;**
- 2. After toileting;**
- 3. Before preparing and serving food;**
- 4. Before feeding or helping children with feeding;**
- 5. After contact with any body fluids;**

6. After handling or caring for animals;
7. After handling raw eggs or meat; and
8. After diapering a child or assisting a child with toileting.

Interpretation of § 680: If running water is not available, for example, on a field trip, disposable wipes must be used to clean hands.

B. Caregivers shall ensure that children's hands are washed with liquid soap and warm running water:

1. When their hands are dirty;
2. Before eating;
3. After toileting or diapering;
4. After handling or caring for animals; and
5. After contact with any body fluids.

Interpretation of § 680 A 5 and B 5: "Body fluids" means urine, feces, vomit, blood, saliva, nasal discharge, and tissue discharge.

Interpretation of § 680 B: If running water is not available, for example, on a field trip, disposable wipes must be used to clean hands. If an infant is unable to hold his head up or stand at the sink, or the infant is too heavy for you to hold at the sink, wash the infant's hands with disposable wipes or use the individual three towel method.

The three towel method is: 1. Dampen and soap a paper towel for washing the infant's hands, 2. Dampen another paper towel with water for rinsing the infant's hands, and 3. Dry the infant's hands with a dry paper towel.

22 VAC 40-111-690. Diapering and toileting.

- A. A child shall not be left unattended on a changing table during diapering.
- B. When a child's clothing or diaper becomes wet or soiled, the child shall be cleaned and changed immediately.

C. During each diaper change or after toileting accidents, the child's genital area shall be thoroughly cleaned with a moist disposable wipe or a moist, clean individually assigned cloth, if the child is allergic to disposable wipes.

Interpretation of § 690 C: "Disposable wipes" means baby wipes and not cleaning wipes.

D. The diapering surface shall be:

- 1. Separate from the kitchen, food preparation areas, or surfaces used for children's activities;**
- 2. Nonabsorbent and washable; and**
- 3. Cleaned and sanitized after each use.**

Interpretation of § 690 D 3: "Cleaned" means treated in such a way as to remove dirt and debris by scrubbing and washing with soap and water or detergent solution and rinsing with water. "Sanitized" means treated in such a way as to remove bacteria and viruses from inanimate surfaces through first cleaning and secondly using a solution of one tablespoon of bleach mixed with one gallon of water and prepared fresh daily or using a sanitizing solution approved by the U.S. Environmental Protection Agency. The surface of the item is sprayed or dipped into the sanitizing solution and then allowed to air dry.

A roll of paper, changed after each use, may be used on the changing table to keep the pad from becoming overly soiled. The diapering surface pad still needs to be cleaned and sanitized after each use, whether paper is used or not.

E. Soiled disposable diapers and wipes shall be disposed of in a leak-proof or plastic-lined storage system that is either foot operated or used in such a way that neither the caregiver's hand nor the soiled diaper or wipe touches the exterior surface of the storage system during disposal.

Interpretation of § 690 E: To prevent contamination of surfaces, it is recommended, although not required by this standard, that the storage system be located within the caregiver's reach while she is at the diapering surface.

F. When cloth diapers are used, a separate leak-proof storage system as specified in subsection E of this section shall be used.

G. Children five years of age and older shall be permitted privacy when toileting.

H. Caregivers shall respond promptly to a child's request for toileting assistance.

I. The provider shall consult with the parent before toilet training is initiated.

Interpretation of § 690 I: The provider must ensure the parent and provider agree on when toilet training is to begin, the methods of toilet training, the introduction and use of appropriate training equipment, and the introduction and use of appropriate clothing.

J. Toilet training shall be relaxed and pressure free.

K. There shall be a toilet chair or an adult-sized toilet with a platform or steps and adapter seat available to a child being toilet trained.

L. Toilet chairs, when used, shall be emptied promptly, cleaned and sanitized after each use.

Interpretation of § 690 L: See definitions of "Cleaned" and "Sanitized" in § 690 D 3 above.

Part X. MEDICATION ADMINISTRATION

22 VAC 40-111-700. General requirements for medication administration.

A. Prescription and nonprescription medications shall be given to a child:

1. According to the home's written medication policies, and

Interpretation of § 700 A 1: A family day home is not required to administer medications to children in care so the provider may choose to:

- a) administer no medications;*
- b) administer only non-prescription medications;*
- c) administer only prescription medications;*
- d) administer both prescription and non-prescription medications; or*
- e) administer only non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent.*

§ 70 A 4 requires the provider to advise parents (before the child's first day of attendance) of the home's policies on administering medications.

2. Only with written authorization from the parent.

Interpretation of § 700 A 2: The model form, "Medication Consent Form" may be used to satisfy the requirement of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

B. The parent's written authorization for medication shall expire or be renewed after 10 working days.

EXCEPTION: Long-term prescription and nonprescription drug use may be allowed with written authorization from the child's physician and parent.

Interpretation of § 700 B: This exception does not place an end date or expiration date on the written authorization from the physician and parent to allow long-term prescription and non-prescription drug use. It is 'best practice' to renew the long term authorization after six months (which is indicated on the MAT form), but not a requirement of this standard.

C. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days shall be taken to a pharmacy for proper disposal.

22 VAC 40-111-710. Prescription medication.

The family day home may administer prescription medication that would normally be administered by a parent or guardian to a child provided:

- 1. The medication is administered by a caregiver who meets the requirements in 22 VAC 40-111-220 A;**

Interpretation of § 710 1: The Code of Virginia at § 54.1-3408 allows administration of prescription medication by a caregiver in a family day home only when the caregiver has current Medication Administration Training (MAT) certification or when the caregiver is licensed in Virginia to administer prescription medications.

- 2. The caregiver administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and**
- 3. The caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.**

Interpretation of § 710: Epipens are prescribed and dispensed with a pharmacist's label only. Providers are cautioned to check Epipens regularly and alert parents when an Epipen has expired. Expired Epipens may be ineffective in an emergency but having an expired Epipen is not a violation of this standard.

22 VAC 40-111-720. Nonprescription medication.

A. The family day home may administer nonprescription medication provided the medication is:

1. Administered by a caregiver 18 years of age or older who meets the requirements in 22 VAC 40-111-220 A;

Interpretation of § 720 A 1: To administer non-prescription medication to a child, the caregiver must have current Medication Administration Training (MAT) certification or be licensed in Virginia to administer medications.

NOTE: § 750 allows certain topical non-prescription skin medications to be administered by a caregiver who does not have MAT certification.

2. Labeled with the child's name;

3. In the original container with the manufacturer's direction label attached; and

4. Given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication.

Interpretation of §720 A 4: A physician's authorization can 'contra-indicate' the manufacturer's instructions on a medication bottle. The health care provider must provide written instruction to NOT follow the manufacturer's instructions and provide new instructions. For example, the manufacturer states the medication may not be used for children under the age of four and the physician's written authorization states one teaspoon of the medication every four hours. If the facility is using MAT forms, section #35 on the Written Medication Consent Form needs to indicate a change in instructions. If the non-prescription medication indicates 'consult physician', then the physician's directions may be followed.

B. Nonprescription medication shall not be used beyond the expiration date of the product.

22 VAC 40-111-730. Storage of medication.

A. Medications for children in care shall be stored separately from medications for household members and caregivers.

B. When needed, medication shall be refrigerated.

C. When medication is stored in a refrigerator used for food, the medications shall be stored together in a container or in a clearly defined area away from food.

D. Medication, except for those prescriptions designated otherwise by a written physician's order, including refrigerated medication and medications for caregivers and household members, shall be kept in a locked place using a safe locking method that prevents access by children.

Interpretation of § 730 C & D: If medications are stored in a refrigerator used for food, a small lock box can be kept in the refrigerator to hold medications. All medication in the family day home (whether for children or adults) must be kept in a locked place.

E. If a key is used, the key shall be inaccessible to the children.

Interpretation of § 730 E: "Inaccessible" means not capable of being entered, reached, or used. See further interpretation of "inaccessible" on page 3 of this document.

22 VAC 40-111-740. Medication records.

*Interpretation of § 740: The model form, "Log of Medication Administration" may be used to satisfy the requirements of sections 1-5 of this standard. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

The provider shall keep a record of prescription and nonprescription medication given children, which shall include the following:

- 1. Name of the child to whom medication was administered;**
- 2. Amount and type of medication administered to the child;**
- 3. The day and time the medication was administered to the child;**
- 4. Name of the caregiver administering the medication;**
- 5. Any adverse reactions; and**

Interpretation of § 740 5: An adverse reaction is an allergic reaction to medication such as a rash, hives, vomiting, or diarrhea. If a child develops one of these symptoms, the caregiver must contact the child's parent immediately and with the parent's permission, contact the child's doctor or pharmacist. Penicillin and other antibiotics are among the most common prescription drugs to cause an allergic reaction.

If the child develops wheezing, has trouble breathing, or difficulty swallowing after taking a medication, seek emergency help by calling 911 or going to the emergency department immediately. These could be symptoms of a serious allergic reaction that requires emergency care.

6. Any medication administration error.

Interpretation of § 740 5 & 6: § 650 E requires that parents be notified immediately of their child's adverse reaction to a medication or of a medication administration error involving their child.

*It is recommended for the provider's protection, although not required by these standards, that the provider maintain a written notation of the name of the parent notified and the date and time of the notification. The model form, "Medication Error Report" may be used for the notation of an error. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

Interpretation of § 740 6: A medication error is one of the following:
a) a child was given the wrong medication (for example, a family member's medication was mistakenly given to a child in care);
b) the medication was given to the wrong child (for example, a child's medication was mistakenly given to her sister who was also in care);
c) the wrong dose of medication was given;
d) the medication was given by the wrong route (for example, ear drops were put in a child's eye); or
e) the medication was given at the wrong time.

22 VAC 40-111-750. Topical skin products.

A. When topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent are used, the following requirements shall be met:

1. Written parent authorization noting any known adverse reactions shall be obtained at least annually;

Interpretation of § 750 A 1: The model form, "Authorization to Apply a Non-Prescription Topical Skin Product" or "Medication Consent Form" may be used to satisfy the requirement of this standard. The forms are available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

2. The product shall be in the original container and, if provided by the parent, labeled with the child's name;

3. Manufacturer's instructions for application shall be followed; and

4. Parents shall be informed immediately of any adverse reaction.

Interpretation of §750 A: No medication log is required for topical skin products.

B. The product does not need to be kept locked, but shall be inaccessible to children.

Interpretation of § 750 B: "Inaccessible" means not capable of being entered, reached, or used. See further interpretation of "inaccessible" on page 3 of this document.

C. Caregivers without medication administration training may apply the product unless it is a prescription medication, in which case the storing and administration must meet prescription medication requirements of this chapter.

Interpretation of § 750 C: Caregivers without current MAT certification may apply non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent.

NOTE: Not every oral teething medicine is a topical medication. A topical oral teething medicine is one that is to be applied to a child's gums. A teething medication that a child takes by mouth (the medicine is meant to be swallowed) may not be administered by a caregiver without current MAT certification.

D. The product shall not be used beyond the expiration date of the product.

E. Sunscreen shall have a minimum sunburn protection factor (SPF) of 15.

Interpretation of § 750 E: Although the use of sunscreen is not required by these standards, if it is used, it must have an SPF of 15. The American Academy of Pediatrics recommends:

For babies under 6 months - avoid sun exposure, and dress infants in lightweight long pants, long-sleeved shirts, and brimmed hats that shade the neck to prevent sunburn. However when adequate clothing and shade are not available, apply a minimal amount of sunscreen to small areas, such as the infant's face and the back of the hands.

For Young Children - apply sunscreen at least 30 minutes before going outside, and use sunscreen even on cloudy days.

For Older Children - wear a hat with a three-inch brim or a bill facing forward, sunglasses (look for sunglasses that block 99-100% of ultraviolet rays), and cotton clothing with a tight weave; stay in the shade whenever possible, and limit sun exposure during the peak intensity hours (between 10 a.m. and 4 p.m.); apply enough sunscreen (about one ounce per sitting for a young adult); reapply sunscreen every two hours, or after swimming or sweating; use extra caution near water, snow, and sand as they reflect UV rays and may result in sunburn more quickly.

**Part XI.
EMERGENCIES**

22 VAC 40-111-760. First aid and emergency medical supplies.

A. The following emergency supplies shall be in the family day home, accessible to outdoor play areas, on field trips, in vehicles used for transportation and wherever children are in care:

1. A first aid kit that contains at a minimum:

- a. Scissors;**
- b. Tweezers;**
- c. Gauze pads;**
- d. Adhesive tape;**
- e. Adhesive bandages, assorted sizes;**
- f. Antiseptic cleaning solution or pads;**

Interpretation of § 760 A 1 f: The antiseptic cleaning solution or pads have expiration dates so must be checked to ensure the expiration date has not passed.

g. Digital thermometer;

Interpretation of § 760 A 1 g: The batteries on a digital thermometer must be changed regularly to ensure the thermometer is functioning properly.

h. Triangular bandages;

Interpretation of § 760 A 1 h: The first aid kit must contain more than one triangular bandage.

i. Single use gloves such as surgical or examination gloves;

j. In homes located more than one hour's travel time from a healthcare facility, activated charcoal preparation (to be used only on the direction of a physician or the home's local poison control center); and

Intent of § 760 A 1 j: This standard is based on a recommendation of the Virginia Poison Control Center.

Interpretation of § 760 A 1 j: Activated charcoal preparation has an expiration date so must be checked to ensure the expiration date has not passed.

k. First aid instructional manual.

2. An ice pack or cooling agent.

B. The first aid kit shall be readily accessible to caregivers and inaccessible to children.

22 VAC 40-111-770. Emergency flashlights and radios.

A working battery-operated flashlight, a working portable battery-operated weather band radio, and extra batteries shall be kept in a designated area and be available to caregivers at all times.

Interpretation of § 770: The National Weather Service's All Weather Hazards transmitters broadcast on frequencies that cannot be heard on a simple AM/FM radio receiver. Providers must have battery-operated radios with the Weather Radio band. These radios will have the Public Alert logo. Providers may not use crank or shake style flashlights and radios instead of battery-operated flashlights and radios to meet the requirements of this standard. Unlike battery-operated flashlights and radios that are immediately operational when turned on, crank or shake style flashlights and radios are operational only after 30-90 seconds of cranking or shaking. A delay of 30-90 seconds could result in injuries to children in an emergency situation.

22 VAC 40-111-780. Emergency information.

A. The emergency contact information listed in 22 VAC 40-111-60 B 2 and the parent's written authorization for emergency medical care as required by 22 VAC 40-111-60 B 8 shall be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.

B. Annually, the provider shall:

- 1. Review with the parent the emergency contact information required in 22 VAC 40-111-60 B 2 to ensure the information is correct, and**
- 2. Obtain the parent's signed acknowledgment of the review.**

Intent of § 780 B: The purpose of this standard is to ensure that the family day home has up-to-date contact information for parents, designated contact persons, and the child's physician as well as current information on the child's allergies or physical problems, if any.

Interpretation of § 780 A & B: The model form "Child's Record" has space to record the information required in this standard and the form can be given to a physician, hospital, or emergency responders in the event of a child's illness or injury. The form is available on the department's website at:

http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

22 VAC 40-111-790. Posted telephone numbers.

The following telephone numbers shall be posted in a visible area close to the telephone:

1. A 911 or local dial number for police, fire, and emergency medical responders;
2. The responsible person for emergency backup care as required in 22 VAC 40-111-800 A 3; and
3. The regional poison control center.

Interpretation of § 790 3: The Office of Emergency Medical Services which is responsible for the Virginia Poison Control Network recommends calling 1-800-222-1222. While the standard references posting the number for the regional center, regional poison control numbers are no longer being advertised so the 1-800-222-1222 number may be posted instead. The 1-800 number is a national number that will refer a caller to the nearest Poison Control Center. It is possible, however, that when a cell phone is used to call the Poison Control Center, the call will be directed to where the number is located (e.g., a Florida cell phone number that is used to make a call in Virginia may result in the caller being directed to a Poison Control Center in Florida.) Staff at the 1-800 number state, however, that they will determine the caller's location and make the appropriate referral.

22 VAC 40-111-800. Emergency preparedness and response plan.

A. The family day home shall have a written emergency preparedness and response plan that:

1. Includes emergency evacuation, emergency relocation, and shelter-in-place procedures;

Interpretation of § 800 A 1: "Evacuation" means movement of occupants out of the building to a safe area near the building.

"Relocation" means movement of occupants of the building to a safe location away from the vicinity of the building.

"Shelter-in-place" means movement of occupants of the building to designated protected spaces within the building.

2. Addresses the most likely to occur scenarios, including but not limited to fire, severe storms, flooding, tornadoes, and loss of utilities; and

Interpretation of § 800 A 2: Contact with the local emergency manager will help the provider determine what are the most likely hazards for their area (homes located near a nuclear power plant or an airport may face emergencies that other homes may not). The local emergency manager may also help the provider prepare her emergency preparedness and response plan by informing her of local emergency resources or reviewing the plan. Although every area of the state has a designated emergency manager, some of the managers are employed part-time or are volunteers. As a result, the assistance of emergency managers with the home's preparedness and response plan will vary from area to area. A list of local emergency managers is available at the following website:

<http://www.vaemergency.com/library/directories/index.cfm> Click on "Directories."

For any emergency situation, the response of the family day home will be either to evacuate, to relocate, or to shelter-in-place.

The model form, "Emergency Preparedness and Response Plan" may be used to meet the requirements of this section. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cqi

3. Includes provisions for a responsible person who is 18 years of age or older and is able to arrive at the family day home within 10 minutes for emergency backup care until the children can be picked up by their parents.

Interpretation of § 800 A 3: This emergency back-up person is to be used only in the event of an emergency that would require an emergency response (evacuation or relocation) such as a fire, severe storm, flooding, etc. This person does not meet the definition of a "caregiver" so does not have to meet the qualifications and training requirements of a caregiver.

B. The provider shall review the emergency plan at least annually and update the plan as needed. The provider shall document in writing each review and update to the emergency plan.

Interpretation of § 800 B: § 650 H requires that parents be notified in writing of changes to the emergency plan. See Interpretation at § 650 H. The annual review of the emergency plan is not considered training.

C. The provider shall ensure that each caregiver receives training regarding the emergency evacuation, emergency relocation, and shelter-in-place procedures by the end of his first week of assuming job responsibilities, on an annual basis, and at the time of each plan update.

Interpretation of § 800 C: § 200 A 4 requires providers to provide orientation including emergency response procedures to each assistant and substitute by the end of the individual's first week on the job. No later than one year from that date, the provider must again train the assistant and substitute on the home's emergency response procedures. If the procedures are changed at any time during the year, the provider must immediately train each assistant and substitute on those changes. The provider shall ensure that each substitute and assistant receive this training; the provider is not required to have this training since she created the plan.

Training given annually or at the time of the plan update to assistants and substitute providers on emergency evacuation, relocation, and shelter-in-place procedures may be counted toward their annual training requirements.

Compliance Determination for § 800 C: § 230 A requires documentation of this annual training and § 120 B 10 requires this documentation to be maintained in the caregiver's record.

22 VAC 40-111-810. Evacuation and relocation procedures.

Evacuation procedures shall include:

- 1. Methods to alert caregivers and emergency responders;**
- 2. Designated primary and secondary routes out of the building;**
- 3. Designated assembly point away from the building;**

Interpretation of § 810 1-3: "Evacuation" means movement of occupants out of the building (family day home) to a safe area near the building (family day home). The procedures must specify the quickest way to get to the assembly point and another route to the assembly point in case the first route is blocked. Evacuation may be necessary because of an emergency such as a fire. Evacuation procedures must include how caregivers will be notified of an emergency (such as smoke alarm). The procedures must also include how emergency responders will be contacted and who will contact them.

In designating an assembly point, consider that children and caregivers may have to stay out of the home until parents can pick the children up. The plan must address how the children will be protected from rain, cold weather, etc..

4. Designated relocation site;

Interpretation of § 810 4: A “relocation site” is a safe location away from the vicinity of the building. Relocation may be necessary in case of a widespread emergency such as flooding or a chemical spill that affects the family day home. Emergency shelters do not open immediately so providers need to make prior arrangements with a church, a community center, another family day home, etc. that is out of the vicinity of the family day home to temporarily house the children and caregivers until children can be safely reunited with their parents.

5. Methods to ensure all children are evacuated from the building and, if necessary, moved to a relocation site;

Interpretation of § 810 5: The procedures need to include how the provider will ensure all children are evacuated (for example designating who is assigned to carry which babies, doing head counts, etc.). The procedures also need to explain how children and caregivers will be transported to the designated relocation site.

6. Methods to account for all children at the assembly point and relocation site;

Interpretation of § 810 6: The procedures need to explain how the provider will ensure all children are at the assembly point or relocation site (for example, head counts, names tags, checking the daily attendance record that is required by § 50 A, having certain caregivers to be responsible for supervising certain groups of children).

7. Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the assembly point and relocation site;

Interpretation of § 810 7: The procedures need to explain how the provider will ensure she will have:

- a) The attendance record for that day;
- b) For each child:
 - the parents’ telephone numbers
 - the names and telephone numbers of other designated contact persons if the parents cannot be reached;
 - physician’s telephone number;
 - authorization for emergency medical care; and
 - information on allergies, intolerance to food, medication, etc., and any special healthcare needs.
- c) For each caregiver, the name, address and telephone number of a person to be contacted in an emergency; and
- d) Supplies children will need (for example, blankets, medications, water, diapers, toileting supplies, and food) at the assembly point or relocation site for use until parents can pick up children.

8. Method of communication with parents and emergency responders after the evacuation; and

Interpretation of § 810 8: The procedures need to explain how the provider will communicate with emergency personnel responding to the emergency (about such things as the location of utility shut-off valves and the location of combustible substances like cans of paint) and also provide the care and supervision of the children. The procedures also need to address how parents will be contacted so children can be picked up.

9. Method of communication with parents after the relocation.

Interpretation of § 810 9: The procedures need to explain how the provider will contact parents after the children have been safely relocated to a site away from the area of the family day home. Because the events requiring the relocation may also affect the parent's or other designated person's ability to immediately pick up the child, providers must have methods to communicate with parents about their children until families can be reunited.

22 VAC 40-111-820. Shelter-in-place procedures.

Shelter-in-place procedures shall include:

1. Methods to alert caregivers and emergency responders;

Interpretation of § 820 1: "Shelter-in-place" means movement of occupants of the building to designated protected spaces within the building. Shelter-in-place may be necessary because of a hurricane, tornado, or an intruder. Shelter-in-place procedures must include how caregivers will be notified of an emergency (such as by monitoring weather reports on the radio or television). The procedures must also include how emergency responders will be contacted and who will contact them.

2. Designated safe location within the home;

Interpretation of § 820 2: A safe location for sheltering-in-place would be in the interior of the building away from any glass that may shatter such as in interior hallways, bathrooms, or other areas away from glassed-in areas or open rooms.

3. Designated primary and secondary routes to the safe location;

Interpretation of § 820 3: The shelter-in-place procedures must specify the quickest way to get to the safe location and another route to the safe location in case the first route is blocked. The route to get to the safe location from outside the home must also be specified.

4. Methods to ensure all children are moved to the safe location;

Interpretation of § 820 4: The procedures need to include how the provider will ensure all children are moved to the safe location (for example designating who is assigned to carry which babies, determining who will bring children from outside the home to the safe location, etc.).

5. Methods to account for all children at the safe location;

Interpretation of § 820 5: The procedures need to explain how the provider will ensure all children are at the safe location (for example, head counts, checking the daily attendance record that is required by § 50 A, having certain caregivers to be responsible for supervising certain groups of children).

6. Methods to ensure essential documents, including emergency contact information, and supplies are taken to the safe location; and

Interpretation of § 820 6: The procedures need to explain how the provider will ensure she will have:

- a) *The attendance record for that day;*
- b) *For each child:*
 - *the parents' telephone numbers;*
 - *the names and telephone numbers of other designated contact persons if the parents cannot be reached;*
 - *physician's telephone number;*
 - *authorization for emergency medical care;*
 - *information on allergies, intolerance to food, medication, etc., and any special healthcare needs;*
- c) *For each caregiver, the name, address and telephone number of a person to be contacted in an emergency; and*
- d) *Supplies children will need (for example, blankets, medications, water, diapers, toileting supplies, and food) in the safe location for use until parents can pick up children.*

7. Method of communication with parents and emergency responders.

Interpretation of § 820 7: The procedures need to explain how the provider will communicate with emergency personnel responding to the emergency and how parents will be contacted so that children can be picked up.

22 VAC 40-111-830. Emergency response drills.

A. The emergency evacuation procedures shall be practiced monthly with all caregivers and children in care during all shifts that children are in care.

Interpretation of § 830 A: Family day homes may have 2 shifts – care provided between 6 a.m. and 7 p.m. is the day shift (daytime care) and care provided between 7 p.m. and 6 a.m. is the night shift (nighttime care). The emergency evacuation procedures must be practiced monthly on both shifts if children are in care during any part of those shifts.

B. Shelter-in-place procedures shall be practiced a minimum of twice per year.

Interpretation of § 830 B: The shelter-in-place procedures must be practiced on both shifts if children are in care during any part of those shifts (see explanation of “shifts” in the Interpretation of § 830 A).

C. Documentation shall be maintained of emergency evacuation and shelter-in-place drills that includes:

- 1. Identity of the person conducting the drill;**
- 2. The date and time of the drill;**
- 3. The method used for notification of the drill;**
- 4. The number of caregivers participating;**
- 5. The number of children participating;**
- 6. Any special conditions simulated;**
- 7. The time it took to complete the drill;**
- 8. Problems encountered, if any; and**
- 9. For emergency evacuation drills only, weather conditions.**

D. Records of emergency evacuation and shelter-in-place drills shall be maintained for one year.

Interpretation of § 830 C & D: The requirements of this section also meet the requirements of the Statewide Fire Prevention Code for family day homes. The model form, "Record of Emergency Response Drills" may be used to document evacuation and shelter-in-place drills. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

22 VAC 40-111-840. Injury records.

A. The provider shall record in the child's record an injury or accident sustained by a child while at the family day home that requires first aid or emergency medical or dental treatment.

B. The information recorded shall include the following:

- 1. Date and time of injury,**
- 2. Name of injured child,**
- 3. Type and circumstance of the injury,**
- 4. Caregiver present and action taken,**
- 5. Date and time when parents were notified,**
- 6. Any future action to prevent recurrence of the injury,**
- 7. Caregiver and parent signatures or two caregiver signatures, and**
- 8. Documentation on how the parent was notified.**

Interpretation of § 840: § 650 E requires the parent to be notified IMMEDIATELY if a child has a head injury or any serious injury that requires emergency medical or dental treatment. The parent must be notified the same day whenever first aid is administered to the child. Providers must record the injury in the child's record on the day the injury occurs. The model form, "Injury Record" may be used to meet the documentation requirements of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

22 VAC 40-111-850. Reports to department.

A. The provider shall report to the department within 24 hours of the circumstances surrounding the following incidents:

1. Lost or missing child when local authorities have been contacted for help,

Interpretation of § 850 A 1: For the purpose of this standard, contacting "local authorities" means a call to 911 or directly to the police, ambulance, or fire department.

2. Serious injury to a child while under the family day home's supervision, and

Interpretation of § 850 A 2: "Serious injury" means a wound or other specific damage to the body such as, but not limited to, unconsciousness; broken bones; dislocation; deep cut requiring stitches; poisoning; concussion; and a foreign object lodged in eye, nose, ear, or other body orifice.

3. Death of a child while under the family day home's supervision.

B. A written report shall be completed and submitted to the department within five working days of the date the incident occurred.

Intent of § 850 A & B: The purpose of these standards is to enable the department to work with the family day home to correct unsafe or unhealthy conditions and to prevent future or additional harm to children.

22 VAC 40-111-860. Reports of suspected child abuse or neglect and disease outbreaks.

A. A caregiver shall immediately call the local department of social services or call the toll free number of the Child Abuse and Neglect Hotline (1-800-552-7096/TDD) whenever there is reason to suspect that a child has been or is being subjected to any kind of child abuse or neglect by any person.

Intent of § 860 A: § 63.2-1509 of the Code of Virginia requires paid caregivers to immediately report suspected child abuse or neglect whether it occurred while the child was in care or not.

Interpretation of § 860 A: It is recommended for the provider's protection, although not required by this standard, that the provider maintain a written notation of the name of the individual notified and the date and time of the notification.

Compliance Determination for § 860 A: If there has been an instance of suspected child abuse or neglect, talk with caregivers about who made the report, when the report was made, and which local department of social services was called or was the Hotline called. If the inspector still has questions about compliance with this standard, the inspector may call the local department of social services or the hotline to verify the report.

B. The provider shall immediately make or cause to be made a report of an outbreak of disease as defined by the Virginia Board of Health. Such report shall be made by rapid means to the local health department or to the Commissioner of the Virginia Department of Health.

Intent of § 860 B: § 32.1-37 of the Code of Virginia requires family day homes to report to their local health department an outbreak (the occurrence of more cases of disease than expected) of illnesses such as influenza, illnesses that cause vomiting and/or diarrhea, and rash illnesses such as chickenpox or scabies.

Interpretation of § 860 B: It is recommended for the provider's protection, although not required by this standard, that the provider maintain a written notation of the name of the individual notified and the date and time of the notification.

Part XII. NUTRITION

22 VAC 40-111-870. General requirements for meals and snacks.

A. Meals and snacks shall be served in accordance with the times children are in care, which include:

- 1. For family day homes operating less than four consecutive hours, at least one snack shall be served.**
- 2. For family day homes operating four to seven consecutive hours, at least one meal and one snack shall be served.**
- 3. For family day homes operating seven to 12 consecutive hours, at least one meal and two snacks, or two meals and one snack shall be served.**
- 4. For family day homes operating 12 to 16 consecutive hours, at least two meals and two snacks or three meals and one snack shall be served.**

B. A family day home shall ensure that children arriving from a half-day, morning program who have not yet eaten lunch receive a lunch.

C. The family day home shall schedule snacks or meals so there is a period of at least 1-1/2 hours, but no more than three hours, between each meal or snack unless there is a scheduled rest or sleep period for children between the meals and snacks.

Intent of § 870: Young children need to be fed often. Appetite and interest in food vary from one meal or snack to the next. To ensure that the child's daily nutritional needs are met, small feedings of nourishing food should be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake of food.

Interpretation of § 870 C: Meal times will be counted from the end of one meal time to the start of the next meal time. An extra 30 minutes will be allowed at the end of nap time, if needed, to allow a child time to wake up from his nap and get ready for a snack.

For family day homes that provide nighttime care, meals or snacks do not need to be served every three hours after children have gone to bed for the night.

D. Children shall be served small-sized portions.

Interpretation of § 870 D: Although children may not be served less than the minimum quantities listed in the "Meal Patterns" of the USDA's Child and Adult Care Food Program (see § 880 1), children also may not be served and expected to eat large portions. A child will not eat the same amount each day and food "jags" are common. If normal variations in eating patterns are accepted without comment, feeding problems usually do not develop. § 880 2 requires children to be given second helpings if they want them.

E. Food shall be prepared, stored, served, and transported in a clean and sanitary manner.

Intent of § 870 E: The purpose of this requirement is to ensure that food preparation and service are sanitary in order to reduce the possibility of food-borne illness.

Interpretation of § 870 E: It is recommended, although not required by this standard, that food not be put directly on the table surface. Even washed and sanitized tables are more likely to be contaminated than washed dishes or disposable plates. Learning to eat from plates reduces contamination of the table surface when children put down their partially eaten food while they are eating.

F. Leftover food shall be discarded from individual plates following a meal or snack.

Intent of § 870 F: The purpose of this requirement is to ensure that leftover food from individual plates is not fed to children as it may contain potentially harmful bacteria.

G. Tables and high chair trays shall be cleaned after each use, but at least daily.

Intent of § 870 G: The purpose of this requirement is to reduce contamination of tables and high chair trays by microorganisms that can cause disease. Tables are used for many purposes in family day homes, including eating, so need to be cleaned after each activity and at least daily (whether used that day or not).

Interpretation of § 870 G: "Cleaned" means treated in such a way as to remove dirt and debris by scrubbing and washing with soap and water or detergent solution and rinsing with water. It is recommended, although not required by this standard, that high chair trays also be sanitized before and after each use.

22 VAC 40-111-880. Meals and snacks provided by family day home.

When family day homes provide meals or snacks, the following shall apply:

- 1. Family day homes shall follow the most recent, age-appropriate nutritional requirements of a recognized authority such as the Child and Adult Care Food Program of the United States Department of Agriculture (USDA).**

*Interpretation of § 880 1: The Child and Adult Care Food Program's "Meal Patterns" can be found on the second page of the model form, "Weekly Menu. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

- 2. Children shall be allowed second helpings of food listed in the child care food program meal patterns.**

Interpretation of § 880 2: Nourishing food is the cornerstone for children's health, growth, and development. Because young children grow and develop more rapidly during the first few years of life than at any other time, they must be provided food that is adequate in amount and type to meet their basic metabolic, growth, and energy needs.

The Child and Adult Care Food Program (CACFP) regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition.

Having food available to provide a second serving to a child who requests it helps to ensure the child's daily nutritional needs are met.

22 VAC 40-111-890. Meals and snacks brought from child's home.

When food is brought from home, the following shall apply:

- 1. The food container shall be clearly labeled in a way that identifies the owner;**

Intent of § 890: Children with food allergies or who are on special diets are at risk when they eat foods which have not been prepared or served by their own parent or a caregiver who has knowledge of the food ingredients and individual children's needs.

Interpretation of § 890: Food containers brought from home may be labeled with the child's first name only (no initials), unless there is more than one child in the family day : home with the same first name who has brought food containers from home. When this is the case, the food container must be labeled with the child's first name and last name.

2. The family day home shall have extra food or shall have provisions to obtain food to serve to a child so the child can have an appropriate snack or meal as required in 22 VAC 40-111-880 if the child forgets to bring food from home or brings an inadequate meal or snack; and

3. Unused portions of food shall be discarded by the end of the day or returned to the parent.

22 VAC 40-111-900. Preventing choking.

A. To assist in preventing choking, food that is hard, round, small, thick and sticky, or smooth and slippery such as whole hot dogs sliced into rounds, nuts, seeds, raisins, uncut grapes, uncut raw carrots, peanuts, chunks of peanut butter, hard candy, and popcorn shall not be served to children under four years of age, unless the food is prepared before being served in a manner that will reduce the risk of choking, i.e., hot dogs cut lengthwise, grapes cut in small pieces, and carrots cooked or cut lengthwise.

Interpretation of § 900 A: Research has shown that 90% of fatal choking occurs in children younger than 4 years of age. Hot dogs and grapes must not be served to infants and if served to children aged 16 months to 4 years, must be cut into pieces no larger than ½ inch in diameter. The other food listed in this standard as well as raw vegetables and chewing gum must not be given to children under 4 years of age because they are not able to properly chew these items.

B. Children shall not be allowed to eat or drink while walking, running, playing, lying down, or riding in vehicles.

22 VAC 40-111-910. Drinking water and fluids.

A. Water shall be available for drinking and shall be offered on a regular basis to all children in care.

B. In environments of 80°F or above, attention shall be given to the fluid needs of children at regular intervals. Children in such environments shall be encouraged to drink fluids.

Intent of § 910 A & B: The purpose of this standard is to prevent dehydration and heat exhaustion.

C. Clean individual drinking cups shall be provided daily. Children shall not be allowed to share common drinking cups.

Intent of § 910 C: The purpose of this standard is to prevent the spread of disease among children that can result from sharing drinking cups. § 930 F requires that if disposable cups are used, they be used once and discarded.

22 VAC 40-111-920. Menus.

When meals or snacks are provided by the family day home, the menu for the current one-week period shall:

- 1. Be dated;**
- 2. Be given to parents or posted or placed in an area accessible to parents;**
- 3. List any substituted food; and**
- 4. Be kept on file one week at the family day home.**

Intent of § 920: Planning menus in advance helps to ensure that adequate food will be on hand. Making menus available to parents by posting them in a prominent area helps to inform parents about proper nutrition, and allows parents to know if a food is being served to which their child may have an allergic reaction. It also allows parents to plan meals at home that do not duplicate what the child ate at the family day home that day.

Interpretation § 920: In order for the menu to be accessible to parents, it must be posted in an area parents can see as they come and go (if the menu is not given to parents).

If the family day home rotates a menu from week to week, the date needs to be on each week, so the parents know which menu is being served that week.

If substitutions are made, the substitution must be clearly indicated on the posted menu or parents must be informed of the substitutions if the menu is not posted but given to parents.

*The model form, "Weekly Menu" may be used to meet the requirements of this standard. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

22 VAC 40-111-930. Eating utensils and dishes.

A. Eating utensils shall be appropriate in size for children to handle.

Intent of § 930 A: Using suitable utensils enables children to develop the skill and coordination to handle food and utensils and to perform eating tasks they have already mastered.

B. Chipped or cracked dishes shall not be used.

C. Eating utensils and dishes shall be properly cleaned by prerinsing, washing, and air drying, or using a dishwasher.

D. Eating utensils and dishes shall be stored in a clean dry place, and protected from contamination.

E. If disposable eating utensils and dishes are used, they shall be sturdy enough to prevent spillage or other health and safety hazards.

F. Disposable utensils and dishes shall be used once and discarded.

Intent of § 930 B-F: Using clean dishes and utensils prevents the spread of microorganisms that can cause disease.

22 VAC 40-111-940. Food storage.

A. Temperatures shall be maintained at or below 40°F in refrigerator compartments and at or below 0°F in the freezer compartments.

B. The provider shall have an operable thermometer available to monitor refrigerator and freezer compartment temperatures.

C. All perishable foods and drinks used for children in care, except when being prepared and served, shall be kept in the refrigerator.

22 VAC 40-111-950. Milk.

A. All milk and milk products shall be pasteurized.

B. Powdered milk shall be used only for cooking.

Intent of § 950 B: Unless a child's physician documents a different milk product, the American Academy of Pediatrics recommends that children from 12 months to 2 years of age receive whole milk or formula. Children 2 years of age or older can drink skim, 1%, or 2% milk.

22 VAC 40-111-960. Feeding infants.

A. Infants shall be fed on demand unless the parent provides other written instructions.

Intent of § 960 A: Feeding infants on demand meets their nutritional and emotional needs and helps to ensure the development of trust and feelings of security. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner.

B. Infants who cannot hold their own bottles shall be picked up and held for bottle feeding. Bottles shall not be propped.

Intent of § 960 B: Propping bottles can cause choking and aspiration, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems.

C. High chairs, infant carrier seats, or feeding tables with safety waist and crotch straps fastened according to the manufacturer's instructions shall be used for children under 12 months of age who are not held while being fed.

D. Infant formula shall be prepared according to the manufacturer's or physician's instructions.

E. Bottles shall be refrigerated and labeled with the child's full name and the date, if more than one infant is in care.

Intent of § 960 E: The purpose of this standard are to ensure that a child is not accidentally fed another child's food (which can lead to an allergic reaction) and that a child does not become ill from drinking spoiled milk.

Interpretation of § 960 E: Bottles may be labeled with the child's first name only (no initials), unless there is more than one infant in the family day home who has the same first name. When this is the case, the bottles must be labeled with the child's first name and last name. If bottles are prepared by the provider, they must be labeled with the child's name and dated. If the parent provides frozen breast milk for their child, the date on the label must indicate the date the milk was expressed.

F. Refrigerated bottles of prepared formula and breast milk shall be discarded after 48 hours if not used.

Intent of § 960 F: The purpose of this standard is to prevent children from drinking spoiled milk or formula, and to prevent the spread of disease due to children drinking milk or formula contaminated with bacteria from the child's saliva.

*For information on handling and storing breast milk, see:
www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm*

G. Bottles shall not be heated in a microwave oven.

Intent of § 960 G: A microwave heats unevenly and can lead to super-heated pockets of formula or milk in the bottle which can scald a baby's mouth.

Interpretation of § 960 G: The American Academy of Pediatrics and the American Public Health Association recommend warming infant bottles by placing them under warm running tap water or placing them in a container of water that is no warmer than 120 degrees, for no longer than 5 minutes.

Harmful bacteria are likely to grow in bottles of formula or milk that are warmed at room temperature or in warm water for an extended period of time. It is recommended that crock pots not be used for heating bottles because infants have received burns from hot water dripping from an infant bottle that was removed from a crock pot.

H. To avoid burns, heated formula and baby food shall be stirred or shaken and tested for temperature before being served to children.

Intent of § 960 H: Gently shaking warmed bottles before feeding them to children prevents burns from "hot spots" in the heated liquid. Gentle shaking is important because excessive shaking of human breast milk may damage some of the cellular components of the milk that are valuable to infants, as may excessive heating. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.

I. A child's mother shall be granted access to a private area of the family day home to facilitate breast feeding.

J. Solid foods shall:

1. Not be fed to infants less than four months of age without parental consent, and

Intent of § 960 J 1: Early introduction of solid food can interfere with breastfeeding or formula feeding. Until about 4 months of age, babies' swallowing and digestive systems are not developmentally ready to handle solid foods.

2. Be fed with a spoon, with the exception of finger foods.

Intent of § 960 J 2: Solid food must not be fed in a bottle or infant feeder apparatus because of the danger of choking.

K. Baby food shall be served from a dish and not from the container.

Intent § 960 K: Baby food jars or baby food in containers brought from home (either in the original packaging material or in other containers from home) may be contaminated with disease-causing microorganisms during transport or storage and may contaminate the baby food during feeding. Even if the child is expected to eat the full container of food, the provider must serve the food from a dish and not the container. Frozen homemade baby food shall be dated with the date the food is prepared. Once thawed, food must be served the same day. For more information on home-prepared baby food storage, see <http://www.fns.usda.gov/tn/resources/feedinginfants-ch12.pdf>

L. Baby food remaining in:

1. A serving dish shall be discarded;

Intent of § 960 L 1: Uneaten food may contain potentially harmful bacteria from the baby's saliva.

2. Opened containers, from which a portion has been removed, shall be refrigerated and labeled with the child's full name and the date, if more than one infant is in care; and

Intent of § 960 L 2: The purposes of this standard are to ensure that a child is not accidentally fed another child's food (which can lead to an allergic reaction) and that a child does not become ill from eating spoiled food.

3. Opened containers stored in the refrigerator shall be discarded if not consumed within 24 hours of storage.

22 VAC 40-111-970. Special feeding needs.

A. The consistency of food provided for a child with special needs shall be appropriate to any special feeding needs of the child.

B. Necessary and adaptive feeding equipment and feeding techniques shall be used for a child with special feeding needs.

Interpretation of § 970 A & B: The requirements for the consistency of the food and for feeding equipment for a child with special needs would be written in the recommendation (as required in § 620) of a physician, psychologist, or other professional who has evaluated or treated the child.

The provider may require the parent to provide the adaptive feeding equipment. If provided by the parent, the provider should request that the parent provide instructions on the proper use and cleaning of the equipment.

**Part XIII.
TRANSPORTATION**

22 VAC 40-111-980. Written permission for transportation and field trips.

Interpretation of § 980: Written parental permission must be obtained any time children leave the family day home premises. This includes walking field trips. The purpose of this standard is to protect both children and staff members by ensuring that children are never taken off site without written parental permission and that parents always have access to their children as required by law.

NOTE: § 760 requires the first aid kit and ice pack or cooling agent to be available when children are taken off site and since § 780 requires that a child's emergency contact information be made available to emergency responders, that information must also be available. It is recommended, although not required by these standards except at § 960 B 6 for drivers), that a working cell phone be available in case of emergency during the time children are away from the family day home.

A. General written permission shall be obtained from the parent of each child for the provider to take the child off the premises of the family day home. The general written permission shall be on a form that lists regularly scheduled trips (e.g., library, store, playground) and the driver, if the child is to be transported.

Interpretation of § 980 A: The model form "General Permission for Regularly Scheduled Trips" may be used to satisfy the requirement of this standard. The form is available on the department's website at:

http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

B. Special written permission shall be obtained from the parent of each child for the provider to take the child on special field trips (those not regularly scheduled). The written special permission shall specify destination, duration of trip, and driver, if the child is to be transported.

Interpretation of § 980 B: The model form "Special Field Trip Permission" may be used to satisfy the requirement of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

22 VAC 40-111-990. Requirements for drivers.

A. Drivers must be 18 years of age or older.

B. The provider shall ensure that during transportation of children the driver has:

1. A valid driver's license;

Intent of § 990 A & B 1: Transporting children is a significant responsibility. The purpose of these standards is to ensure that anyone who transports children is competent to drive the vehicle being driven.

In Virginia, a person who drives a vehicle designed to carry 16 or more passengers, including the driver, is required to have a commercial driver's license (CDL).

- 2. The name, address, and telephone number of the family day home;**
- 3. A copy of the parent's written permission to transport the child;**
- 4. A copy of each child's emergency contact information as required in 22 VAC 40-111-60 B 2;**

Intent of § 990 B 2-4: The purpose of these standards is to ensure that emergency information is available any time children are being transported. In the event of an accident or a missing child, both the caregiver and emergency response personnel may need access to this information.

Interpretation of § 990 B 2-4: The driver must have this information during routine transportation, such as when children are being picked up or dropped off from school each day, as well as during field trips or other non-routine transportation. The model form "Child's Record" contains this information and is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

- 5. Emergency supplies as required in 22 VAC 40-111-760; and**

Intent of § 990 B 5: Caregivers must be able to respond to the needs of children in case of injury which requires that a first aid kit and an ice pack or cooling agent are available in all situations, including when children are being transported. Every vehicle on a field trip is required to have a first aid kit and ice pack or cooling agent.

The contents of first aid kits deteriorate quickly when exposed to long-term high temperatures common in vehicles and it is recommended they be checked often and replaced as needed.

- 6. A mechanism for making telephone calls to emergency responders and parents (e.g., change, calling card, cellular phone).**

Intent of § 990 B 6: Caregivers can respond promptly in emergency situations when they have the proper equipment and necessary telephone numbers in the vehicle.

Interpretation of § 990: The driver does not need to be a provider, assistant or substitute but there must be a caregiver in the vehicle to meet the supervision requirements of § 560 A.

22 VAC 40-111-1000. Requirements for vehicles.

The provider shall ensure that the vehicle used for transportation:

- 1. Meets the safety standards set by the Virginia Department of Motor Vehicles;**

Compliance Determination of § 1000 1: Determine if the vehicle has a current state inspection sticker.

- 2. Is kept in satisfactory condition to assure the safety of children;**

Compliance Determination of § 1000 2: Since Virginia law only requires a vehicle safety inspection once a year, view the vehicle to determine if it has any obvious safety hazards such as a cracked windshield or doors or windows that do not close properly.

- 3. Is licensed and insured according to state law;**

Compliance Determination § 1000 3: Determine if the vehicle has current license plates. View evidence of current insurance policies; statement from the insurance company or agent; or documentation of payment of uninsured motorist fee.

- 4. Was manufactured for the purpose of transporting people seated in an enclosed area; and**

Intent of § 1000 4: Enclosed means that the vehicle has a top/roof. It does not mean the windows must be rolled up.

- 5. Has seats that are attached to the floor.**

Intent of § 1000 5: The purpose of this standard is to ensure that child passenger restraints can be properly used.

22 VAC 40-111-1010. Requirements for transportation.

The provider shall ensure that during transportation of children:

- 1. Each child is in an individual car seat or individual and appropriate restraint in accordance with Virginia law;**

Intent of § 1010 1: Motor vehicle crashes are the leading cause of death of children in the United States, and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained.

Interpretation of § 1010 1: § 46.2-1095 of the Code of Virginia requires that any child up to age 8 transported in a motor vehicle must be properly secured in a child restraint device that meets the standards adopted by the US Department of Transportation.

Rear-facing child restraint devices must be placed in the back seat of the vehicle. If the vehicle has no back seat, the child restraint device may be placed in the front passenger seat only if i) the vehicle is not equipped with a passenger side airbag, or ii) the passenger side airbag has been deactivated.

§ 46.2-1100 of the Code of Virginia states that if a physician licensed to practice medicine in Virginia or any other state determines that the use of a child restraint system by a child from the age of four (4) to eight (8) would be impractical because of the child's weight, physical fitness, or other medical reason, the child may be secured in a seat belt which is standard equipment in the vehicle. The person transporting this child must carry with him a signed written statement from the physician that contains the child's name and the reasons for the determination.

2. Each child's arms, legs, and head remain inside the vehicle;

3. Doors are closed properly and locked unless locks were not installed by the manufacturer of the vehicle;

Intent of § 1010 2 & 3: The purpose of these standards is to protect children from risk of injury in the vehicle, of opening a door before the vehicle comes to a stop, of falling out of the vehicle while it is in motion, and of being thrown from the vehicle in an accident.

4. No child is left unattended inside or outside a vehicle; and

Intent of § 1010 4: Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. § 560 requires a caregiver to provide direct care and supervision to each child at all times. This includes supervising children during transport. The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. (Temperature in hot cars can reach dangerous levels within 15 minutes.)

5. Each child boards and leaves the vehicle from the curb side of the street.

Intent of § 1010 5: The purpose of this standard is to prevent children who are exiting a vehicle from walking into oncoming traffic.

**Part XIV.
NIGHTTIME CARE**

22 VAC 40-111-1020. Nighttime care.

A. For nighttime care during which a child sleeps more than two hours, the following is required:

- 1. A child shall have a rest area that meets the requirements of 22 VAC 40-111-510,**
- 2. An infant shall have an individual crib that meets the requirements of 22 VAC 40-111-520, and**
- 3. Linens shall be provided that meet the requirements in 22 VAC 40-111-530.**

Interpretation of § 1020 A: "Nighttime care" means care provided between 7 p.m. and 6 a.m.

B. For children in nighttime care, quiet activities and experiences shall be available immediately before bedtime.

Interpretation of § 1020 B: Activities and routines must meet the unique needs of children in nighttime care. These may include quiet activities such as homework, reading, puzzles, or board games; time for personal care routines and preparation for sleep, such as brushing teeth, washing hands and face, toileting, and changing clothes; and having an evening meal or snack as specified in § 870.

C. Providers shall establish a bedtime schedule for a child in consultation with the child's parent.

D. Separate sleeping and dressing areas shall be provided for children of the opposite sex over six years of age.

E. Each child shall have a toothbrush, and a comb or hair brush assigned for individual use.

Interpretation of § 1020 E: The provider may require the parents to furnish these items.

F. Each child nine months of age or older shall have flame-resistant or snug-fitting sleepwear.

Intent of § 1020 F: The Consumer Product Safety Commission reports that t-shirts and other loose-fitting clothing may catch fire more easily and burn rapidly causing serious burn injuries. Tags on the sleepwear will identify it as flame-resistant.

Interpretation of § 1020 F: The provider may require the parents to furnish and launder the sleepwear.

G. Bath towels and washcloths, when used, shall be assigned for individual use and laundered as needed, but at least weekly.

Interpretation of § 1020 G: The provider may require the parents to furnish and launder these items.

H. A child shall have a routine that encourages good personal hygiene practices including bathing (if needed) and teeth brushing.

I. Caregivers shall remain awake until all children are asleep and shall sleep on the same floor level as the children in care.

J. A baby monitor shall be used if the caregiver is not sleeping in the room with the child or in a room adjacent to the room where the child is sleeping.

Interpretation of § 1020 J: If a baby monitor is used, the caregiver must stay within the range of the monitor's receiver.