Child Care Licensing Regulations

Registered and Licensed Family Child Care Homes

AGENCY OF HUMAN SERVICES
DEPARTMENT FOR CHILDREN & FAMILIES

VERMONT

Licensing Regulations for Registered and Licensed Family Child Care Homes
Effective Date: September 1, 2016

FOREWORD

Child Care Licensing Regulations govern child care facilities and programs in the State of Vermont. These rules are minimum requirements established to protect the health and safety of Vermont's children in out-of-home care and ensure that children in child care programs in Vermont are provided with wholesome growth and educational experiences.

This is a revision of two sets of regulations: Regulations for Family Day Care Homes, (October 1996), and Family Child Care Licensing Regulations, (February 2001), hereafter combined and known as Licensing Regulations for Registered and Licensed Family Child Care Homes. Licensed Family Child Care Homes can provide services for more children and are required to meet some additional standards not required for Registered Family Child Care Homes. The combined regulation creates consistency in basic standards across levels in a family child care home setting and a clear path from one type to another if a provider wants to make that transition.

Revisions were developed in an intensive two and a half year process engaging national experts, local stakeholders, child care and education providers, and licensing and program quality staff in the Child Development Division (CDD) to produce a comprehensive revision of Vermont's child care regulations that is child-centered, family friendly and fair to providers. Representatives from Vermont Department of Health, Vermont Agency of Education, and Vermont Department of Mental Health also advised and participated. All participants agreed on the goal to set clear, consistent, developmentally appropriate standards based on observable program characteristics known to protect and promote the health, safety and well-being of children in care and education settings.

The development process began by collecting broad input in community forums co-convened by the CDD, Building Bright Futures Regional Councils and local Community Child Care Support Agencies in each of the twelve (12) Agency of Human Services regions across the state. Subsequently over one hundred child care providers, child care licensors, and other community stakeholders came together in six (6), geographically dispersed, Saturday morning work groups eleven (11) times over thirteen (13) months to review research on best practice, discuss current practices and realities, and to develop recommendations for revised licensing standards. The State of Vermont is indebted to these highly committed, hardworking volunteers for their well-informed contribution to this result.

Over many months, a team of CDD staff reviewed and compiled work group recommendations into iterative drafts, and staff met with staff from the Vermont Division of Fire Safety, Vermont Agency of Natural Resources, and Vermont Department of Health to discuss and review the draft revisions.

Revisions to the rules reflect an understanding of current scientific evidence related to how children learn and develop. The rules also reflect industry standards and realities in implementing child care and early education program practices that impact the health, safety and well-being of children. They incorporate changes in the organization of Vermont state agencies responsible for licensing and monitoring; changes in applicable legislation and regulations from other related governing entities; the use of information technology in government and program administration; and the evolving system of early childhood and afterschool services in Vermont.

It is the intent of the Department for Children and Families, Child Development Division in the Vermont Agency of Human Services that licensing requirements are clear, reasonable, fair and enforceable and keep children and their families at the center of our concern.
In the interests of serving the public, comments on the rules are welcomed at any time and will be considered for future revisions or the development of new requirements. Comments can be made on our website: http://dcf.vermont.gov/cdd/child_care_licensing

Reeva Sullivan Murphy
Deputy Commissioner
Child Development Division

Ken Schatz
Commissioner
Department for Children and Families

MISSION

The mission of the Child Development Division is to improve the well-being of Vermont's children. We do this through partnerships with families, communities, schools, providers and state and federal agencies that increase access to high-quality, sustainable, child development services.

TABLE OF CONTENTS

PAGE

FCCH Section 1 - Introduction

1.1 Legal Authority to Regulate Service 1
1.2 Purpose 1
1.3 Effective Dates 1

FCCH Section 2 - General Provisions

2.1 Definitions of Regulated Service and Limitations 2
2.2 Definitions of Terms Used in Regulations 2
2.3 Licensing Process and Procedures 8
2.4 Violations and Corrective Action 22
2.5 Suspension, Revocation or Denial of a License 22
2.6 Right to Appeal Regulatory Actions 23
2.7 Rule Variance 25
2.8 Public Record of Violations 25

FCCH Section 3 - Administration and Operation

3.1 Notifications to Child Care Licensing 26
3.2 Legal Mandates Regarding Child Abuse and Neglect 27
3.3 Program Management and Recordkeeping 28
3.4 Non-Discriminatory Enrollment 32
3.5 Safe Release of Children 32
3.6 Emergency Preparedness 32
3.7 Confidentiality 33
3.8 Annual Program 34

FCCH Section 4 - Parent/Family Engagement in Their Children's Care

4.1 Pre-enrollment Visits and Orientation 34
4.2 Visits and Access to Children 34
4.3 Parent Conferences 34
4.4 Parent Communication 34
4.5 Activities to Encourage Family Involvement 35

4.6 Supporting Breast Feeding 35
4.7 Communicating FCCH Policies and Procedures 35

FCCH Section 5 - Health, Safety and Nutrition
5.1 Child Health Promotion and Protection 36
5.2 Routine Health Practices 37
5.3 Managing Infectious Diseases 41
5.4 Sleep and Rest Provisions 42
5.5 Oral Health (Tooth brushing) 44
5.6 Administration of Medication 44
5.7 First Aid Kits 46
5.8 Responding to Accidents, Injuries, and Medical Emergencies 46
5.9 Children with Special Health Care Needs and Disabilities 47
5.10 Physical Environment and Safety 47
5.11 Food and Nutrition 65

FCCH Section 6 - Teaching and Learning
6.1 Program of Developmental Activities (Curriculum) 68
6.2 Building Healthy Relationships 72
6.3 Supporting Children with Special Needs 83

FCCH Section 7 - Program Personnel/Staffing
7.1 General Requirements for the FCCH Provider and Staff 84
7.2 Background Checks and Appropriate Clearances 85
7.3 Qualifications and Experience 88
7.4 Annual Professional Development 90
7.5 Personnel Policies and Procedures 91
7.6 Use of Substitutes 91
7.7 Use of Volunteers 92

Appendix A
Signs and Symptoms of Illness Chart (Adapted)

Appendix B
Consumer Product Safety Commission 16 C.F.R. § 1220 Regarding Cribs

FCCH Section 1 - Introduction

1.1 Legal Authority to Regulate Service

A person providing care for children from more than two (2) families other than their own must be registered or licensed in accord with these regulations. No person agency, corporation, partnership or individual shall operate or maintain a registered or licensed family child care home without approval from the Vermont Department for Children and Families (DCF) and a current license issued by the Child Development Division (CDD). The legal authority for these regulations is in Vermont Statutes at 33 V.S.A. §§ 105(b) & 3502.

1.2 Purpose

The purpose of these regulations is for the protection and promotion of the health, safety, well-being, positive growth and development of children who receive services in Family Child Care Homes. These regulations reflect the baseline or minimum standards for child care programs regulated in Vermont. All regulated programs shall have the option of exceeding the regulations set by the Department for Children and Families.

1.3 Effective Dates

1.3.1 These rules will go into effect for all initial applications for licensure as a Registered Family Child Care Home or Licensed Family Child Care Home received on or after September 1, 2016.

1.3.2 These rules will go into effect for all Family Child Care Providers with a current license to operate a Registered Family Child Care Home or Licensed Family Child Care Home on September 1, 2016 with the exception of the specific following rules, which require compliance no later than September 1, 2017:

- 3.6.1 (Emergency Planning) of these regulations;
- 3.6.3 (Sheltering in Place) of these regulations;
- 4.7 (Written Policies and Procedures) of these regulations;
- 5.4.1.2 (CPSC Compliant Cribs and Porta cribs) of these regulations;
- 5.6.2 (Medication Administration Training) of these regulations;
- 7.1.2.2 (CPR & First Aid at all times) of these regulations;
- 7.1.3 (Orientation Training) of these regulations;
- 7.3 (Qualifications and Experience) of these regulations; and
- 7.4 (Annual Professional Development) of these regulations.

1.3.3 FCCH Providers who hold a current license to operate a Registered Family Child Care Home or Licensed Family Child Care Home on September 1, 2016, shall read these adopted rules and ensure full understanding of these rules prior to September 1, 2017 by attending a Child Development Division (CDD) approved training on these rules.

1.3.4 FCCH Providers who hold a current license to operate a Registered Family Child Care Home or Licensed Family Child Care Home on September 1, 2016, may be issued a Provisional License if they are unable to come into full compliance with these rules by September 1, 2017, at the discretion of the Division, and if the requirements in the rules in Section 2.3.6.2 of these regulations are met.

FCCH Section 2 - General Provisions

2.1 Definitions of Regulated Service and Limitations

2.1.1 A Family Child Care Home provides developmentally appropriate care, education, protection, and supervision that are designed to ensure wholesome growth and educational experiences for children outside of their own homes for periods of less than twenty-four (24) hours per day. A Family Child Care Home shall be operated in the residence occupied by the Family Child Care Provider (FCCP). There are two (2) types of Family Child Care Homes (FCCH):

- Registered FCCH that are licensed to serve children as specified in the rules in section 6.2.1; or
- Licensed FCCH that are licensed to serve children as specified in the rules in section 6.2.2.

2.1.2 While the rules in these regulations apply to both types of FCCH, the rules framed in a box are rules that apply only to the Licensed FCCH types. Registered FCCH types will not be subject to these specified rules.

2.1.3 Any person or entity registered or licensed to operate a FCCH shall be prohibited from concurrently operating a Center Based Child Care and Preschool Program or an Afterschool Child Care Program.

2.1.4 An approved FCCP may not be concurrently approved as a licensed foster care provider without a variance from the Department. They may not provide respite care for foster children or foster care, either licensed or professional, except that, at the request of the Department, they may provide respite or temporary foster care to a child who is already enrolled in their regulated FCCH.

2.1.5 Children in a regulated FCCH shall not be subjected to abuse, neglect, mistreatment, or immoral surroundings.

2.2 Definitions of Terms Used in Regulations

2.2.1 "Annual Licensing Requirements" refers to compliance activities that shall be complete every 365 days within the three (3) year license period.

2.2.2 "Bright Futures Information System" referred to as "BFIS" in these regulations, means the web-based information and management system used by the Division

to communicate with child care and education providers and parents. It is used to manage processes, actions, documents and information related to: child care and early education licensing; the qualifications and professional development experiences of early childhood and afterschool professionals; and Child Care Financial Assistance Program and other payments.

2.2.3 "Capacity" means the total number of children allowed to be present at any one (1) time as approved on the license.

2.2.4 "Child" for the purposes of these regulations, means a person who is at least six (6) weeks old and has not reached the age of thirteen (13) years.

2.2.5 "Child with Special Needs" means (a) a person under the age of thirteen (13) who is eligible for special services in accord with a Children's Integrated Services One Plan, Individual Family Service Plan (IFSP), or an Individualized Education Plan (IEP) or a 504 Plan who may need special accommodations to be successful in a FCCH or (b) a person who is age thirteen (13) up to age nineteen (19) who has an IEP or a documented physical, emotional or behavioral condition that precludes the person from providing self-care or being left unsupervised, as verified by the written record of a physician, licensed psychologist or court records.

2.2.6 "Classroom Aide" means a person assigned to work with a specific child or group of children in addition to the staff who count in staff/child ratios.

2.2.7 "Cleaning" means the removal of all dirt and debris by washing with a detergent solution in accordance with the manufacturer's directions.

2.2.8 "Commissioner" means the Commissioner of the Department for Children and Families or designee.

2.2.9 "Condition" means a time limited requirement to which the licensee shall achieve compliance prior to the completion date listed on the license certificate.

2.2.10 "Confidentiality" means the protection of personal information, including health information from persons who are not authorized to see or hear it.

2.2.11 "Corporal Punishment" means the intentional infliction of physical pain by any means for the purpose of punishment, correction, discipline, instruction, or any other reason.

2.2.12 "Curriculum" means goals for the knowledge and skills to be acquired by the children and the activities and experiences through which such knowledge and skills are achieved.

2.2.13 "Department" means the Vermont Agency of Human Services, Department for Children and Families, and/or its agents.

2.2.14 "Developmentally Appropriate" means practices grounded in research on how young children develop and learn. It means providing activities and interactions suitable to children's age and developmental status, as individuals and as a group, and providing support for each child in attaining challenging yet achievable goals that contribute to his/her unique, ongoing development and learning. Such practice is responsive to the social and cultural contexts in which children live.

2.2.15 "Disinfecting" means to destroy or inactivate most germs on objects or surfaces. Disinfecting is appropriate for non-porous surfaces that will not be in contact with food or be mouthed by children.

2.2.16 "Division" means the Vermont Department for Children and Families, Child Development Division.

2.2.17 "Experience," as used in relation to qualifications, means experience working with groups of children birth through school age as a paid professional or a consistent and regularly scheduled volunteer or trainee.

2.2.18 "Family Child Care Assistant" means a qualified staff member who works under the supervision of a FCCP and provides child care services.

2.2.19 "Family Child Care Home," referred to as the "FCCH" in these rules, means the residence of a person approved to provide developmentally appropriate care, education, protection, and supervision designed to ensure wholesome growth and educational experiences for children outside of their own homes for periods of less than twenty-four (24) hours per day. This is the physical location where care is provided.

2.2.20 "Family Child Care Provider," referred to as the "FCCP" in these rules, means the person who has been approved to operate a registered or licensed FCCH, is responsible for the operation of that FCCH and considered legally responsible for compliance with these regulations. The FCCP approves or develops the FCCH's program and curriculum and supervises staff.

2.2.21 "Health Care Provider" means someone who practices medicine with or without supervision, and who is licensed by an established licensing body. The most common types of health care professionals include physicians, nurse practitioners, nurses, and physician assistants.

2.2.22 "Human Services Board" as defined in 3 V.S.A. § 3090-3091.

2.2.23 "Individual Professional Development Plan," referred to as "IPDP" in these rules, means a current personalized plan for increasing one's knowledge and improving skills in the field of child care and education. It includes assessing current knowledge and skills, with goals that identify specific areas for improvement, develop strategies, resources and a timeline when the goal will be met.

2.2.24 "Infant" means a child who is at least six (6) weeks and under thirteen (13) months of age.

2.2.25 "Kindergarten" means a one (1) year educational program designed to meet the needs of children who will attend first grade the following school year.

2.2.26 "License" means the official document that certifies that a FCCP has been granted permission by the State to operate a FCCH in accordance with the law and regulations of the Department. This applies to both Registered and Licensed FCCH.

2.2.27 "Licensed Space" means the indoor and outdoor space approved by the Division as useable space where children may be present.

2.2.28 "Northern Lights Career Development Center" referred to as the "NLCDC" in these rules, is Vermont's professional development system for early childhood and after school professionals.

2.2.29 "Own Child" means the child; grandchild; great grandchild; stepchild; or child who is in the guardianship, custody, or foster care of the FCCP; and who resides in the same home.

2.2.30 "Parent" means a birth or adoptive parent, legal guardian, foster parent, or any other person having responsibility for, or legal custody of a child.

2.2.31 "Parental Notification Letter" referred to as "PNL" in these rules, means a written notification from the FCCP to the parent(s) of enrolled children, delivered securely, as required by 33 V.S.A. § 151(7) indicating that a staffing or serious health or safety violation has been identified by the Division.

2.2.32 "Partner Staff" means a person employed by another entity, other than the FCCH, who works with a child or group of children within the FCCH.

2.2.33 "Pre-kindergartener" means a child who is thirty-six (36) months of age up until school age.

2.2.34 "Professional Development" means learning and support activities, designed in accordance with adult learning principles that prepare and enhance individuals in their work with children and their families and lead to improvements in practitioner knowledge, skills, and practices.

2.2.35 "Program" means all activities related to the provision of the child care and education services in the FCCH.

2.2.36 "Program Improvement Plan" means the set of actions to be taken by the FCCP to come into full or substantial compliance with these rules when violations have been cited.

2.2.37 "Provisional License" means a non-renewable license issued by the Division to a currently licensed FCCH or a prospective FCCP who is not fully compliant with these rules but is likely to achieve full compliance within a pre-determined time period set by the Division not to exceed one (1) year.

2.2.38 "Revocation" means the formal licensing action of closing a license to operate a FCCH due to serious violations, a pattern of non-compliance with these rules, and/or non-compliance related to statutes. A FCCH may continue to operate while a decision of an appeal made to the Human Services Board is pending.

2.2.39 "Safe Sleep Practices" means a set of conditions and staff behaviors designed to reduce the likelihood of Sudden Unexpected Infant Death (SUID).

2.2.40 "Sanitizing" means to reduce germs on objects or surfaces to levels considered safe by public health codes. Sanitizing is appropriate for surfaces that are in contact with food or anything that children may place in their mouths.

2.2.41 "School age" means a child who is five (5) years of age or older and currently attending kindergarten or has completed kindergarten or a higher grade.

2.2.42 "Screen Time" means the time spent watching television, videotapes, DVDs, playing video games, using computers (including handheld devices), and surfing the internet.

2.2.43 "Sensory" means the intentional and concrete means of supporting each child's individual learning style by providing opportunities to learn through the five (5) senses.

2.2.44 "Serious Violation" means a violation of group size or staffing requirements or violations that immediately imperil the health, safety or well-being of children. Serious violations may also include corporal punishment, lack of supervision, or inappropriate physical or sexual contact.

2.2.45 "Single use towel" means a cloth towel that is used by one (1) child or adult for a single hand washing. The towel is then placed in a hamper or other container to be laundered, or a single use cloth towel may be assigned to a specific child or adult to be used for multiple handwashings. The towel is then placed in a hamper or other container to be laundered at the end of each day.

2.2.46 "Single service items" means items used to prepare, serve, or consume food that are used only one time and then are disposed.

2.2.47 "Staff" means all persons employed by or substituting at the FCCH as a FCCP, Family Child Care Assistant, classroom aide, or trainee.

2.2.48 "Substitute" means a staff member who is temporarily filling a position in a FCCH due to the absence or lack of a regularly employed staff member.

2.2.49 "Supervision" (of children) means the knowledge of and accounting for the activity and whereabouts of each child in care and the proximity of staff to children at all times assuring immediate intervention of staff to safeguard a child from harm.

2.2.50 "Supervision" (of staff, partner staff, and volunteers) means performing monitoring and evaluation of staff, partner staff, and volunteers (as required) that includes the observation of interactions with children; implementation of FCCH policies; procedures and curriculum; and adherence to requirements established in these rules.

2.2.51 "Suspension" means the formal act of immediately removing a license to operate due to the immediate imperilment of the health, safety, and/or well-being of a child or children attending the FCCH. A FCCH may not continue to operate during a suspension action while a decision of an appeal made to the Human Services Board is pending.

2.2.52 "Term" means a requirement to which the FCCP shall maintain compliance for as long as the requirement is listed on the license certificate.

2.2.53 "Toddler" means a child between thirteen (13) through thirty-five (35) months of age.

2.2.54 "Trainee" means a staff member who provides direct education and child care services, and may assist with implementing curriculum.

2.2.55 "Variance" means a temporary exception to a rule granted by the Commissioner, or designee, in circumstances when, in his/her judgment, the immediate or literal application of a rule would result in unnecessary hardship for the FCCP or for a child and family and when the intent of the rule can be achieved by other means.

2.2.56 "Violation" means a breach or infraction of a licensing law or rule.

2.2.57 "Volunteer" means an unpaid person who assists with children in the presence of staff.

2.3 Licensing Process and Procedures

2.3.1 Authority to Inspect

2.3.1.1 The prospective FCCP, FCCP, or FCCH staff shall allow access to the FCCH at reasonable hours by any authorized representative of the Division, other state agency, or any local building, fire or health agency for the purpose of determining compliance with applicable provisions of these regulations. The Division representative shall make a reasonable effort to announce their presence and shall identify themselves prior to entering the FCCH. The prospective FCCP, FCCP, or FCCH staff may request the representative produce valid identification.

2.3.1.2 The prospective FCCP, FCCP, or FCCH staff shall permit visits, inspections and examination of the FCCH, its records, equipment and materials relevant to determining compliance with applicable provisions of these rules at reasonable hours by representatives of the Division. Any records or reports required in these regulations must be surrendered to a Division representative on request. The Division representative shall make a reasonable effort to announce their presence and shall identify themselves prior to entering the FCCH. The prospective FCCP, FCCP, or FCCH staff may request the representative produce valid identification.

2.3.1.3 The FCCP shall allow representatives of the Division to interview any staff members regarding information relevant to determining compliance with these regulations.

2.3.1.4 Upon request, the FCCP shall provide the Division with a list of names, addresses and telephone numbers of families served during the prior twelve (12) months and dates and hours of attendance of each child served. The Division may request this during a visit or contact the FCCP by telephone or in writing to make this request.

2.3.1.5 The FCCP shall not interfere with, impede, deter, provide false information or cause another to do any of the aforementioned, or in any manner hinder the Department or its agent(s) in an investigation or inspection.

2.3.2 Issuance of License

2.3.2.1 To qualify for a license, or a license renewal, a prospective FCCP or FCCP shall demonstrate to the satisfaction of the Division that the FCCH is in full or substantial compliance with these regulations.

2.3.2.2 A license shall be issued only to the FCCP for the FCCH for which an application is made and for the FCCP's own legal residence.

2.3.2.3 A license is valid only for the location listed on the license.

2.3.2.4 A license shall not be transferable, assignable or subject to sale.

2.3.2.5 During the hours of operation, the FCCH shall be used only for the purposes of providing child care and educational services or training.

2.3.3 Posting of License

The FCCP shall post a current license to operate a FCCH and a copy of the current FCCH Licensing Regulations in the home where it is clearly visible to parents, staff and visitors. A null and void or out-of-date license shall be immediately removed.

2.3.4 Nullification of a License

2.3.4.1 When a FCCH is sold, leased or discontinued; the operation has moved to a new location; or the license has been revoked, the current license shall immediately become null and void.

2.3.4.2 If the FCCP chooses to voluntarily close the FCCH, it is the responsibility of the FCCP to proactively contact the Division and surrender the license. Until and unless official notification has been submitted to the Division through BFIS; or until and unless the Division has taken definitive action to suspend or revoke or deny renewal of a license; or until and unless the license has expired with no application for renewal, the FCCP shall be considered legally licensed and responsible for compliance with these regulations regardless of how many children are enrolled.

2.3.5 Complaint Procedure

2.3.5.1 The Division shall maintain the capacity to receive and respond to complaints from the public regarding regulated child care providers. Division staff will assess every complaint received to determine if it pertains to these regulations.

2.3.5.2 An investigation by the Division shall be made if a complaint is received pertinent to compliance with these regulations. The Division shall notify the FCCP that a complaint is being investigated unless such information would imperil an on-going and concurrent criminal or child abuse investigation. The results of the investigation shall be reported in writing to the FCCP. If the complaint is substantiated or if any other violations are found as a result of the investigation, the FCCP shall be required to take corrective action to come into full or substantial compliance with state law and these regulations. Information, not otherwise confidential by law, about substantiated complaints will be made available to the public on request.

2.3.5.3 Complaints relating specifically to laws, rules, or regulation of other governmental entities shall be referred to the appropriate authority for investigation. At the time of the referral, the Division shall request a report on the investigation findings.

2.3.6 Types of Licenses

2.3.6.1 Full License:

2.3.6.1.1 A full license is issued when the Division determines that the FCCP is in full or substantial compliance with applicable provisions of these regulations.

2.3.6.1.2 A full license is effective for three (3) years from the date of issuance, unless it is:

- Modified to a provisional license;
- Revoked;
- Surrendered prior to the expiration date; or
- Suspended.

2.3.6.2 Provisional License:

2.3.6.2.1 A provisional license may be issued when the Division determines that:
there is no serious risk to the health, safety and well-being of the children, and

- An emergency occurs that affects an FCCP's ability to be in substantial compliance with regulations;
- The FCCP has applied for approval of a change that impacts their license;
- The FCCP has applied for renewal and is not in substantial compliance with regulations; or

- An individual has submitted a new application for licensure or registration and full compliance has not been determined.

2.3.6.2.2 A provisional license is effective for a period determined by the Division and specified on the license, not to exceed one (1) year from the date of issuance, unless it is:

- Modified to a full license;
- Revoked;
- Surrendered prior to the expiration date; or
- Suspended.

2.3.6.2.3 During the provisional period, the FCCP must implement a written regulatory compliance plan that has been submitted to and approved by the Division.

2.3.6.2.4 A provisional license may be replaced with a full license when the Division determines that the FCCP has come into full or substantial compliance with applicable provisions of these rules in advance of the expiration date of the provisional license.

2.3.6.2.5 If the FCCP is not able to come into full or substantial compliance with applicable provisions of these rules in advance of the expiration date of the provisional license, the license expires and the FCCP must reapply and meet all requirements for the issuance of a full license in order to provide care for children in more than two (2) families other than their own.

2.3.7 Procedures for Initial Licensure

2.3.7.1 Forms: A prospective FCCP shall apply for a license on forms provided and in a manner prescribed by the Division.

2.3.7.2 The prospective FCCP shall provide a list of all persons residing in the home; the list shall include at a minimum name, gender, date of birth, social security number, and the relationship to the prospective FCCP of each person.

2.3.7.3 Background Check Requirements at Initial Licensure

2.3.7.3.1 The prospective FCCP shall submit a Records Check Authorization form to the Division with the initial application and shall submit to fingerprinting at a location designated by the Division after having received the Fingerprinting Authorization Certificate by the Division.

2.3.7.3.2 The prospective FCCP shall ensure that any persons, sixteen (16) years of age or older, who reside in the FCCH submit a Records Check Authorization form to the Division.

2.3.7.3.3 The prospective FCCP shall ensure that persons residing in the home, who will be paid to assist with the care and education of children or who will be left alone with children shall also submit to fingerprinting at a location designated by the Division after having received the Fingerprinting Authorization Certificate by the Division.

2.3.7.3.4 The Division at its discretion may use the results of a background check on file with the Division as long as it has been completed within the last five (5) years and instead of requiring a new background check.

2.3.7.3.5 For the purposes of this section, and for any section of these regulations referencing a Records Check Authorization form, such form shall be considered complete only when it has been completed, and includes at minimum all of the following: the full and complete name(s) of the person subject to the record check; date of birth; social security number; current telephone number; current home mailing address; name and certificate number of the licensee; the name all of states lived in; and a signature authorizing the background check to be completed.

2.3.7.3.6 For the purposes of this section, and for any section of these regulations referencing a Fingerprinting Authorization Certificate, such certificate shall be considered complete only when it has been completed and signed by the Division and includes all of the following: the full and complete name(s) of the person subject to fingerprinting; date and place of birth; social security number; current telephone number; the name of all states lived in; the signature of the person subject to the fingerprinting; the name and address of the Division to whom the fingerprinting results shall be forwarded.

2.3.7.3.7 The Division shall complete and process all background check clearances as expeditiously as possible, but not to exceed forty-five (45) days from the day the Vermont Crime Information Center receives all documentation.

2.3.7.3.8 Based on the results of background checks described in this section the following persons are prohibited and shall not operate, be employed at, or be allowed unsupervised access to children at the FCCH:

- A person who is required to complete a background check who refuses or knowingly makes a material false statement in connection with such background check;
- A person convicted of fraud;
- A person convicted of a felony consisting of:
    - Murder,
    - Child abuse or neglect,
    - A crime against children, including sexual activity or child pornography,
    - Spousal abuse,
    - A crime involving rape or sexual assault,
    - Kidnapping,
    - Arson,
    - Physical assault or battery, or
    - A drug related offense committed during the proceeding five (5) years;
- A person convicted of a misdemeanor offense against a child or another person consisting of:
    - Violence,
    - Child abuse or neglect,
    - Child endangerment,
    - Sexual assault or activity,
    - Child pornography, or
    - Other bodily injury;
- A person found by a court to have abused, neglected or mistreated a child, elderly or disabled person, or animal;
- An adult or child who has had a report of abuse or neglect substantiated against them under Chapters 49 and 69 of Title 33 Vermont Statutes Annotated; or
- A person registered, or is required to be registered, on a state sex offender registry or repository or the National Sex Offender Registry established under the Adam Walsh Child Protection and Safety Act of 2006.

2.3.7.3.9 The Department may determine a person as prohibited when there is information known that indicates his/her action or behavior may present children enrolled with risk of harm.

2.3.7.3.10 The Division shall provide the result of the background check to the prospective FCCP that indicates whether the individual, for whom the background check was completed, shall be prohibited as required in the rule 2.3.7.3.8 or rule 2.3.7.3.9 of these regulations without revealing the basis for the decision as required in the rule 2.3.7.3.12 of these regulations

and shall identify whether a prohibited person is eligible to request a variance.

2.3.7.3.11 When the Division has determined an individual to be prohibited as required in the rule 2.3.7.3.8 or rule 2.3.7.3.9 of these regulations, the Division shall provide the individual, for whom the background check was completed, the result of the background check; the basis for the decision; the process by which the individual may challenge the accuracy or completeness of the information contained in the basis for the decision and whether the individual is eligible to request a variance.

2.3.7.3.12 The Division shall not share any information related to a background check with anyone other than as required in the rule 2.3.7.3.10 or rule 2.3.7.3.11 of these regulations.

2.3.7.3.13 Only persons prohibited under rule 2.3.7.3.8 of these regulations or 2.3.7.3.9 of these regulations for the following reasons are eligible to request a variance:

- A conviction of fraud;
- A drug related offense committed during the preceding five (5) years;
- A conviction of a misdemeanor offense against another person consisting of:
    - Violence;
    - Other bodily injury; or
- Other information known to the Department.

These individuals may be present or be employed in a FCCH only when the prospective FCCP and the person involved, have obtained a written variance from the Commissioner, or designee. The prospective FCCP and the involved person shall request a variance by submitting evidence of suitability or rehabilitation to the Commissioner, or designee. The burden of proof is on the prospective FCCP and the involved person.

2.3.7.4 FCCP Qualifications: Prior to initial licensure the prospective FCCP shall provide written documentation of education, training and experience in his/her BFIS Quality and Credential Account. This documentation shall demonstrate how he/she meets the minimum requirements for qualifications established in the rules in section 7.3 of these regulations.

2.3.7.5 Lead Poisoning Prevention: If the facility to be licensed was constructed prior to 1978 and has not been determined to be lead free by an inspector licensed by the Vermont Department of Health, the prospective FCCP shall comply with the

requirements of 18 V.S.A. Chapter 38 Vermont Lead Law prior to licensure and shall ensure that Essential Maintenance Practices (EMP) have been performed. Information from the EMP shall be included in the initial application for licensure. An application may be denied on the basis of children potentially exposed to lead as a health hazard.

2.3.7.6 Insurance Coverage: The FCCP shall carry liability insurance of a reasonable amount for its own protection and for the protection of children attending the FCCH. Evidence of insurance coverage shall be provided to the Division. Transportation insurance, if applicable, shall cover property damage, bodily injury and liability.

2.3.7.7 Heating System Inspection: The FCCH heating system shall be inspected by a qualified person and found to be properly installed and operational. Evidence of a satisfactory inspection, within the six (6) months prior to initial application, shall be supplied to the Division.

2.3.7.8 The prospective FCCP shall meet all applicable requirements of the Vermont Division of Fire Safety and the United States Americans with Disabilities Act.

2.3.7.9 The prospective licensed FCCP shall ensure that the water and wastewater system used by the licensed FCCH, if required by the Vermont Water Supply Rule and/or Wastewater System and Potable Water Supply Rules, as determined by the Department of Environmental Conservation, obtains required permits. Required permits or documentation of an approved water system shall be submitted with the initial application.

2.3.7.10 The prospective FCCP shall ensure that the drinking water system complies with the testing requirements in the Vermont Water Supply Rule and have a first draw test for lead analyzed by a Drinking Water Laboratory certified by the State of Vermont according to 18 V.S.A. §501b.

- Results shall meet Vermont standards.
- Water may be remedied and retested to ensure potability if any test(s) are elevated.
- Bottled water for drinking shall be provided until such time as the drinking water system meets Vermont standards.
- Information from this water test shall be included in the initial application.

2.3.7.11 If a prospective licensed FCCH is not required to have a drinking water permit related to the Vermont Water Supply Rule as in rule 2.3.7.9 of these regulations, the prospective licensed FCCP shall ensure a system of potable water is maintained.

- Potable water testing shall include bacterial (presence/absence of total coliform), and chemical screening (arsenic, uranium, nitrite, manganese, nitrate and fluoride). This testing shall be analyzed by a Drinking Water Laboratory certified by the State of Vermont according to 18 V.S.A. § 501b.
- Results shall meet Vermont standards. Water shall be remedied and retested to ensure potability if any test(s) are elevated. Bottled water for drinking shall be provided until such time as the drinking water system meets Vermont standards.
- The sample shall be a representative sample from the tap most frequently used for drinking after any treatment (for example a UV light system, a softener or charcoal filter).
- Information from this water test shall be included in the initial application.

2.3.7.12 A prospective FCCP shall ensure that a drinking water system serving less than twenty-five (25) persons daily, served by a well or spring, is maintained as a drinking water system of potable water.

- Potable water testing shall include bacterial (presence/absence of total coliform), and chemical screening (arsenic, uranium, nitrite, manganese, nitrate and fluoride). This testing shall be analyzed by a Drinking Water Laboratory certified by the State of Vermont according to 18 V.S.A. §501b.
- Results shall meet Vermont standards. Water shall be remedied and retested to ensure potability if any test(s) are elevated. Bottled water for drinking shall be provided until such time as the drinking water system meets Vermont standards.
- The sample shall be a representative sample from the tap most frequently used for drinking after any treatment (for example a UV light system, a softener or charcoal filter).
- Information from this water test shall be included in the initial application.

2.3.7.13 As of the date of the application, the prospective FCCP shall certify that he/she is in compliance with 32 V.S.A. § 3113 by being in good standing with respect to, or in full compliance with a plan approved by the Commissioner of Taxes, to pay any and all taxes due to the State of Vermont.

2.3.7.14 As of the date of the application, the prospective FCCP shall certify that he/she is in compliance with 15 V.S.A. § 795 by being in good standing with respect to, or in full compliance with a plan approved by the Vermont Office of Child Support, to pay any and all child support due to the State of Vermont.

2.3.7.15 Zoning and Approvals for licensed FCCH

2.3.7.15.1 A prospective licensed FCCP shall meet all applicable requirements of the applicable municipal zoning bylaws.

2.3.7.15.2 Zoning approval for a licensed FCCH shall be properly recorded in the municipal office in which the licensed FCCH is located and a copy provided to the Division in the initial application.

2.3.7.15.3 The prospective licensed FCCP shall ensure that the licensed FCCH is constructed, furnished, maintained and equipped in compliance with all applicable requirements established by Federal, State, local and municipal regulatory bodies.

2.3.7.16 Division Review and Response: Upon receipt of a completed application, a Division representative shall:

- Review the application, confer with the prospective FCCP, make inquiry and investigation and may inspect the premises to determine whether the prospective FCCP has fully or substantially complied with applicable provision of these regulations;
- Make a timely decision regarding issuance of a license; and
- Inform the prospective FCCP of the decision.

2.3.7.17 If a license to operate is denied, the Division will notify the prospective FCCP in writing of the reason(s) for denial and set forth the prospective FCCP's rights to appeal the decision.

2.3.8 Annual Licensing Requirements

2.3.8.1 Sixty (60) days prior to anniversary of the FCCH current license, the Division shall send the licensee electronic notice of the annual licensing requirements.

2.3.8.2 The FCCP shall complete all annual licensing requirements by the anniversary date of the FCCH current license.

2.3.8.3 The FCCP shall ensure that the FCCP; all individuals residing in the home; staff; and any individuals who are left alone with children have met ongoing background check requirements by submitting at least once every five (5) years a Records Check Authorization form to the Division and as required shall submit to fingerprinting.

2.3.8.4 The FCCP shall ensure that the FCCP and all staff have met ongoing professional development requirements as defined in the rule 7.4 of these regulations.

2.3.8.5 If the licensed facility was constructed prior to 1978 and has not been determined to be lead free by an inspector licensed by Vermont Department of Health, the FCCP shall comply with the requirements of 18 V.S.A. Chapter 38 Vermont Lead Law and shall ensure that Essential Maintenance Practice (EMP) have been performed and documented.

2.3.8.6 The FCCP shall maintain on site evidence of continuous insurance as defined in the rule 2.3.7.6 of these regulations.

2.3.8.7 If the results of the test for lead in the drinking water equaled or exceeded acceptable limits at the time of initial licensure, the FCCP shall ensure that a flush sample is analyzed once every 365 days by a Drinking Water Laboratory certified by the State of Vermont according to 18 V.S.A. §501b. Documentation from this water test shall be maintained on site.

2.3.9 Procedures for License Renewal

2.3.9.1 Sixty (60) days prior to the expiration of the FCCH current license, the Division shall send the FCCP electronic notice of the requirement to apply for license renewal through BFIS.

2.3.9.2 It is the responsibility of the FCCP to monitor their license expiration date and make a timely and sufficient renewal application to maintain their license status. It is recommended that the FCCP submit an application for license renewal to the Division at least forty-five (45) calendar days before expiration of the FCCH current license to ensure that all necessary documentation and verification is completed prior to the expiration date. Applications for renewal received within fifteen (15) days of expiration may not be processed in time to ensure timely and sufficient application for renewal.

2.3.9.3 A complete application and all necessary documentation and verification must be submitted prior to the expiration date of the current license.

2.3.9.4 The Division shall conduct a licensing visit at least once every renewal period at each FCCH.

2.3.9.5 A FCCP shall apply for renewal of a license on forms provided and in a manner prescribed by the Division. Renewal application requirements shall include at a minimum:

2.3.9.5.1 All annual licensing requirements, related background checks, staff qualifications and annual professional development, lead poisoning prevention, insurance, and drinking water testing as specified in the rules in section 2.3.8 of these regulations; and

2.3.9.5.2 The FCCP shall ensure that the FCCH heating system has been inspected by a qualified person and found to be properly installed and operational within the last 730 days. Evidence of a satisfactory inspection shall be supplied to the Division for each inspection.

2.3.9.5.3 If a licensed FCCH is not required to have a drinking water permit related to the Vermont Water Supply Rule as in rule 2.3.7.9 of these regulations, the licensed FCCP shall ensure the drinking water system be chemically tested for arsenic, uranium, nitrite, manganese, and fluoride once every six (6) years. This testing shall be analyzed by a Drinking Water Laboratory certified by the State of Vermont according to 18 V.S.A. §501b.

- Results shall meet Vermont standards. Water shall be remedied and retested to ensure potability if any test(s) are elevated.
- Bottled water for drinking shall be provided until such time as the drinking water system meets Vermont standards.
- The sample shall be a representative sample from the tap most frequently used for drinking after any treatment (for example a UV light system, a softener or charcoal filter).
- Information from these water tests shall be included in the license renewal.

2.3.9.5.4 The FCCP shall ensure that a drinking water system serving less than twenty-five (25) persons daily, served by their own well or spring, is chemically tested for arsenic, uranium, nitrite, manganese, and fluoride once every six (6) years. This testing shall be analyzed by a Drinking Water Laboratory certified by the State of Vermont according to 18 V.S.A. §501b.

- Results shall meet Vermont standards. Water shall be remedied and retested to ensure potability if any test(s) are elevated.
- Bottled water for drinking shall be provided until such time as the drinking water system meets Vermont standards.
- The sample shall be a representative sample from the tap most frequently used for drinking after any treatment (for example a UV light system, a softener or charcoal filter).
- Information from these water tests shall be included in the license renewal.

2.3.9.5.5 Good standing in regard to payment of taxes due to the State of Vermont as specified in the rule 2.3.7.13 of these regulations; and

2.3.9.5.6 Good standing in regard to payment of child support obligations as specified in the rule 2.3.7.14 of these regulations.

2.3.9.6 At the time of renewal the FCCP must demonstrate to the satisfaction of the Division that the FCCH is in full or substantial compliance with these regulations.

2.3.9.7 When a FCCP makes timely and sufficient application for renewal, the existing license shall not expire until the Division makes a decision on the renewal application.

2.3.9.8 If the FCCP does not provide sufficient application materials and documentation of compliance prior to the expiration date of the current license, the license expires and the FCCP must submit a new license application and meet all requirements for the issuance of a full license in order to provide care for children in more than two (2) families other than their own.

2.3.9.9 Division Review and Response: Upon receipt of a completed application for renewal, a Division representative shall:

- Review the application, confer with the FCCP, make inquiry and investigation and may inspect the premises to determine whether the FCCP has fully or substantially complied with applicable provision of these regulations;
- Make a timely decision regarding renewal of a license; and
- Inform the FCCP of the decision.

2.3.9.10 If a license renewal is denied, the Division will notify the FCCP in writing of the reason(s) for denial and set forth the FCCP's rights to appeal the decision. The FCCP submitting a timely appeal may continue to operate under a provisional license during the appeal period as specified in the rules in section 2.5 of these regulations.

2.3.10 License

2.3.10.1 The official posted license shall contain and display the following:

- Status of the license: full or provisional;
- Effective date of the license;
- Expiration date of the license;
- The applicable type of regulated service for which authorization to operate has been granted;
- Terms and/or conditions added to the license; and
- Approval to prepare and provide meals if granted.

2.3.10.1.1 The official posted license of licensed programs shall also contain the following:

- The maximum number of children who may be served at one (1) time; and
- The ages of the children who may be served.

2.3.10.2 The Division may attach terms and conditions to the approval of a license when unique circumstances warrant. The FCCP shall maintain compliance with all terms and conditions on the license certificate.

2.3.10.3 The FCCP shall not alter or tamper with the official posted license or cause another to alter or tamper with the official posted license.

2.3.10.4 The FCCP shall be responsible for compliance with these rules and shall operate the FCCH at all times within the terms and conditions of the license.

2.3.10.5 The FCCP shall be responsible for compliance with all applicable state and federal laws even when they are more stringent than the rules in this set of FCCH regulations.

2.3.10.6 The FCCP shall not represent or give the impression that the FCCH and its services are other than as defined by the license certificate and the limitations of these regulations.

2.3.11 Changes that Impact a License

The FCCP shall notify the Division prior to any of the following changes in the operation of the FCCH. The Division shall determine whether it will be possible to modify a current license, approve a time limited variance or whether the FCCP must submit an application for a new license:

- A reduction, addition or substantial change in the indoor or outdoor spaces utilized for the care of children in the FCCH;
- A change in the name of the FCCH;
- A change in the FCCH's Taxpayer Identification Number;
- A change in the authorized license type of regulated service as defined in these rules;
- A change in the number of children the FCCH serves at any one (1) time;
- A change in the ages of children the FCCH serves;
- Changes in the household membership as in the rule 7.2.2 of these regulations; or
- If the FCCP is unable to provide direct care necessitating a long term substitute.

2.4 Violations and Corrective Action

2.4.1 When violations are found to exist, the Division will offer the FCCP the opportunity to develop a program improvement plan whereby the violations will be corrected within a time period mutually agreeable to the Division and the FCCP.

2.4.2 When violations present an imminent risk of physical, emotional or developmental harm to children, show a pattern of repeated non-compliance, or a FCCP fails comply with corrective action requirements; the Division may choose to take additional regulatory action.

2.5 Suspension, Revocation or Denial of a License

2.5.1 If the Division determines that the health, safety or well-being of children attending the FCCH is in serious or imminent danger, the Division may immediately suspend the license upon issuance of a written suspension order. The FCCP shall not provide care for children in more than two (2) families other than their own once the license is suspended. The order shall state the reason(s) and factual basis for the suspension. The order shall contain the FCCP's right to appeal the decision and request a hearing.

2.5.2 The Division may deny an application for licensure or renewal or revoke the current license of a FCCH for good cause, including but not limited to the following:

2.5.2.1 Failure to submit sufficient information to make a licensing decision at initial license or prior to expiration of the license;

2.5.2.2 Failure to comply with applicable provisions of state or federal law or these rules;

2.5.2.3 Violation of the terms or conditions of the license;

2.5.2.4 Any activity, policy, practice or staff conduct that puts the health, safety or well-being of children attending the FCCH in serious or imminent danger and is deemed by the Division to be detrimental to the on-going health, safety, development or well-being of children;

2.5.2.5 Providing false information, incomplete information or misrepresentation of facts in obtaining a license, renewing a license or in the operation of the FCCH;

2.5.2.6 Refusal to furnish the Division with information, files, reports or records as required by these rules;

2.5.2.7 Refusal to permit an authorized representative of the Division to gain admission to the FCCH during reasonable hours as required in these rules; or

2.5.2.8 Conduct that demonstrates a pattern of unwillingness or inability to consistently comply with these rules.

2.5.3 An intention of the Division to revoke a license shall be communicated in writing and state the reason(s) and factual basis for the intended action. This notice shall contain the FCCP's right to appeal the decision and request a hearing. Sufficient notice shall be provided for the FCCP to exercise these rights.

2.5.4 The Division shall notify the parent(s) of enrolled children of its actions or proposed actions in the event that the license has been suspended or is the subject of intended revocation.

2.6 Right to Appeal Regulatory Actions

2.6.1 If the Division takes any of the following actions or intended actions:

- Revokes a full or provisional license to operate;
- Denies the approval of a provisional license;
- Denies approval of a full license;
- Cites a violation of regulations in a site visit report;
- Denies a request for a variance; or
- Deems a variance null and void,

the Division shall notify the FCCP in writing with appropriate notice, including the factual evidence the Division believes warrants the action or intended action and specify the FCCP's right to appeal the decision and request a hearing.

2.6.2 If the FCCP is aggrieved by the action or intended action, they must indicate in writing within thirty (30) days from the date of the Division's written notice that he/she wishes to challenge the action or intended action. In the written notice of appeal, the FCCP shall indicate whether he/she is requesting a Commissioner's Review hearing or an appeal directly to the Human Services Board. If the FCCP requests an appeal directly to the Human Services Board, the Division shall notify the Human Services Board of the FCCP's request.

- Appeals challenging the revocation of a full or provisional license to operate, or denial of a variance shall not be subject to a Commissioner's Review hearing but made directly to the Human Services Board.
- All other appeals may be made through a Commissioner's Review hearing or directly to the Human Services Board.

Decisions resulting from the Commissioner's Review hearing are subject to further appeal to the Human Services Board.

2.6.3 If a written request for a Commissioner's Review hearing is received by the Division within thirty (30) days of the date of the notice of action or intended action, the Division shall ensure that a Commissioner's Review hearing is conducted within thirty (30) working days from the date of the written request.

2.6.4 A designee of the Commissioner who has had no previous involvement in the matter prompting the appeal shall conduct the Commissioner's Review.

2.6.5 The Commissioner's Review hearing shall provide the FCCP an opportunity to be heard with regard to the action or intended action. The FCCP may submit a written response to the Division's notice, may present his/her position in person to the Commissioner's designee at the Department, or through an attorney or other representative designated in writing by the FCCP. The FCCP may provide witnesses, documents or other evidence in their behalf.

2.6.6 The Commissioner's Review process shall include review of the factual evidence provided by the Licensing Unit of the Division, shall interview Licensing Unit staff, and may interview any witnesses with information relevant to the facts of the matter, including but not limited to program staff and parents. The burden of proving facts alleged, as the basis for the intended regulatory action, shall be on the Department.

2.6.7 The Division shall notify the FCCP in writing of the final decision of the Department as a result of Commissioner's Review and of the reasons for upholding or overturning the action or intended action.

2.6.8 If the FCCP does not agree with the findings of the Commissioner's Review, he/she may continue his/her appeal and exercise the right to a hearing before the Human Services Board. If the FCCP wishes to continue the appeal, he/she shall notify the Human Services Board within thirty (30) days from the date of the letter communicating the findings of the Commissioner's Review.

2.6.9 If a FCCP requests an appeal in a timely manner, the existing license shall remain in effect until an official written decision has been rendered by the Department in the case of a Commissioner's Review or by the Human Services Board if the FCCP continues the appeal to the Board. However, the Division shall have the authority to suspend the license immediately whenever it believes the health, safety, or well-being of children attending the FCCH is in serious or imminent danger.

2.6.10 If a FCCP does not make a timely request for an appeal, the action or intended action shall take effect thirty (30) days after the issuance of the original notice.

2.7 Rule Variance

2.7.1 The Commissioner, or designee, upon request in an individual case and at his/her discretion may grant a variance to a rule. A variance may be granted when in unique and exceptional circumstances literal application of a rule will result in unnecessary hardship for the FCCP or for a child and family, and the intent of the rule can be achieved through other means.

2.7.2 A FCCP must apply to the Division for a variance in writing prior to putting any activity, policy, or practice into effect that is contrary to full or substantial compliance with these rules. The FCCP must identify:

- The particular rule they seek to vary;
- The specifics of the request in relation to specific time frames or individual children or staff;
- The specific hardship created by literal application; and
- The plan for how the intent of the regulation will be achieved and maintained.

2.7.3 Upon receipt of a completed request for a variance, the Division shall:

- Review the request, confer with the FCCP, make an inquiry, investigate and may authorize an inspection of the program and/or premises to determine whether the submitted plan will achieve the intent of the regulation;
- Make a timely decision regarding the request; and
- Inform the FCCP of the decision.

2.7.4 The decision of the Division shall be in writing, shall state the reasons for the decision, and shall be a public record.

2.7.5 In the event that the FCCP does not maintain the approved plan for the intent of the regulation as specified in the rules 2.7.2 and 2.7.3 of these regulations, the Division may deem the variance null and void.

2.8 Public Record of Violations

2.8.1 The FCCP shall post as directed, site visit reports, notices of violations, or notices of regulatory action for no fewer than fifteen (15) days following receipt by the FCCP in a place where the information is clearly visible to parents.

2.8.2 When a parental notification letter, due to a serious violation is required, the Division representative shall inform the FCCP of this requirement in writing, including reasons and factual basis for the violation and its designation as a serious violation. The FCCP shall mail the PNL to the parent of each enrolled child. When the child's parents are separated or divorced a copy shall be mailed to each parent if both are known to the FCCP. Serious violations are defined in

rule 2.2.44 of these regulations as violations of group size or staffing requirements, or violations that immediately imperil the health, safety or well-being of children. Serious violations may also include corporal punishment, lack of supervision, or inappropriate physical or sexual contact.

2.8.3 Violations shall be posted publicly on the BFIS website to inform parents about regulatory status and compliance history of the FCCH. Public posting of violations shall remain on the BFIS website for a minimum of five (5) years. If there are no repeat violations of a particular regulation, the FCCP may request the Division remove the public violation record from the BFIS website after that time.

FCCH Section 3 - Administration and Operation

3.1 Notifications to Child Care Licensing

3.1.1 Serious injury or death of a child: The FCCP shall make a timely report to the Division of any injury or accident involving a child in care resulting in in-patient or out-patient medical or dental treatment or death. In the event of a death, a verbal report shall be made immediately followed by a written report within twenty-four (24) hours. In the event of an injury or accident resulting in in-patient or out-patient medical treatment, a verbal report shall be made within forty-eight (48) hours and the written report shall be made within five (5) business days.

3.1.2 The FCCP shall immediately report any incident where a child is bitten by an animal while attending the FCCH. A written report shall be made to the Division and to the State Public Health Veterinarian at the Vermont Department of Health within twenty-four (24) hours of the incident.

3.1.3 The FCCP shall notify the Division in writing within forty-eight (48) hours of any fire in the FCCH that required the use of a fire extinguisher and/or the services of a fire department.

3.1.4 Missing child: When it is determined that a child attending the FCCH is missing from the program, the FCCP and/or staff must immediately notify the police, the child's parents and the Division. A written report shall be made to the Division within twenty-four (24) hours.

3.1.4.1 When a child who is enrolled and expected to arrive, from another program or person other than the parents, does not arrive as scheduled and the parent has not informed the FCCP of the child's absence, the parent or authorized person for the child must be contacted immediately.

3.1.5 Self-reported violations: If an incident or situation occurs in a FCCH while children are present that could be considered a serious violation as defined in the rule 2.2.44 of these regulations, the FCCP has a responsibility to self-report this to the Division within twenty-four (24) hours of the incident. A complete report will include a description of the incident, what the FCCP has done to verify the particulars of what occurred, and how the FCCP has taken corrective action to ensure the safety and well-being of children and prevent a future serious violation. If such a report is received in a timely manner from a FCCP with a history of consistent regulatory compliance, no child has been seriously injured or harmed as a result of the incident or situation, and the FCCP has taken prompt and appropriate corrective action; the Division may, on a case by case basis and at the Division's discretion, elect to issue a warning, rather than a violation related to that incident or situation.

3.1.6 The FCCP shall submit a new Records Check Authorization form to the Division within one (1) business day of being notified by an individual, who has completed the background check process as required by these regulations, that there has been a change of situation that may affect his/her background check clearance. The FCCP shall ensure the individual completes all required action, as determined by the Division, and shall comply with all rules in section 7.2 of these regulations as related to the individual's change in situation.

3.1.7 The FCCP shall submit, within one (1) business day, information on any new individual residing in the FCCH or any new individual present more than five (5) times in 365 days during the FCCH's hours of operation as required in the rule 7.2.2 of these regulations.

3.2 Legal Mandates Regarding Child Abuse and Neglect

3.2.1 The FCCP, staff, and partner staff shall be informed of and have ready access to the twenty-four (24) hour Child Abuse Hotline maintained by the Department.

3.2.2 The FCCP, staff, and partner staff working with children are mandated reporters of child abuse and neglect pursuant to 33 V.S.A. §4913 and are required to report to the Child Abuse Hotline when they reasonably suspect abuse or neglect of a child. This report must be made within twenty-four (24) hours of the time information regarding the suspected abuse or neglect was first received or observed.

3.2.3 It is the responsibility of the FCCP to ensure that staff and partner staff working with children in the FCCH understand that abuse and/or neglect of children is against the law and that all child care workers are legally required to report suspected child abuse or neglect as specified in the rule 3.2.2 of these regulations.

3.2.4 The licensed FCCH program director shall develop and implement a written policy requiring the licensed FCCP, and staff to report suspected child abuse or neglect to the Department as specified in the rule 3.2.2 of these regulations.

3.2.5 The licensed FCCP and staff shall be trained in prevention, identification and mandatory reporting of child abuse and neglect.

3.2.6 The licensed FCCP and staff shall be trained in prevention of child sexual abuse; in signs and symptoms of sexual abuse, sexual violence, grooming processes; in recognizing the dangers of child sexual abuse in and close to the home; and other predatory behaviors of sex offenders.

3.2.7 A licensed FCCP shall not discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation or take any other action detrimental to any person because he/she filed a good faith report with the Department regarding suspicion of abuse or neglect of a child.

3.3 Program Management and Recordkeeping

3.3.1 The FCCP shall keep all required records, schedules, materials and equipment used to operate and maintain the FCCH in good order and in locations appropriate for day to day access.

3.3.2 All written policies and procedures shall be reviewed once every 365 days and revised when necessary.

3.3.3 The FCCP shall establish a system for taking attendance, including documentation of the time when each child arrives and departs each day he/she attends the FCCH. The FCCP shall save all daily attendance records identifying the hours of children's attendance for at least twelve (12) months from the date that care is provided.

3.3.4 Children's Files

3.3.4.1 The FCCP shall maintain a complete and up-to-date enrollment file on-site for each child enrolled in the FCCH. A complete file shall contain, at minimum, the following information:

- A completed child's admission form signed and dated by the parent that includes the first date the child attended the FCCH and the days and hours the child is regularly scheduled to attend the FCCH;
- The child's name, current home address and current home telephone number;
- The child's date of birth;
- Name, address and all applicable current telephone numbers for parents;

- Name, address and all applicable current telephone numbers for at least two (2) other people designated by the parents as emergency contacts;
- Names for all persons authorized to pick the child up from the FCCH;
- Record of an annual physical and health history as required in the rule 5.1.2 of these regulations that includes the name and telephone of the child's primary health care and dental care providers (if the child has a dental care provider);
- A description of any special medical, developmental, emotional or educational needs of the child including allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations;
- Written authorization from the parent for the FCCP to be able to obtain emergency medical care and transportation;
- Child's immunization record or Vermont Department of Health approved exemption document as required in the rules in section 5.1.3 of these regulations;
- Written permission from parents for the FCCP to transport the child, if transportation is provided, as required in section 5.10.6.6.1 of these regulations;
- Written permission from parents for child to participate in swimming activities, if swimming activities are a part of the program, as required in the rule 5.10.5.1 of these regulations;
- If applicable, a copy of court orders on custody and visitation arrangements as required in the rule 3.5.4 of these regulations; and
- If applicable, any obvious injuries discovered and documented on daily health check as required in the rule 5.3.2 of these regulations.

3.3.4.2 Each child's file shall be complete with all required information within the first week that the child begins to attend care. The required annual physical shall be obtained within forty-five (45) days of enrollment as required in rule 5.1.2 of these regulations.

3.3.4.3 The FCCP shall ensure that all emergency contact information for parents is current and that other information supplied by parents is regularly updated, at least once every 365 days.

3.3.4.4 Pertinent information from a child's enrollment file shall be available to staff responsible for that child.

3.3.4.5 When a child stops attending care, the last date of attendance shall be recorded in the child's enrollment file. Children's enrollment files shall be saved for at least 365 days after the child's last day of enrollment and attendance.

3.3.4.6 All documentation related to a specific child, required by these rules, shall be saved for 365 days after a child's last day of enrollment and attendance. All documentation related to a specific child, required by these rules, shall be made available to the parent(s) of that child within five (5) business days from the time of a request.

3.3.5 Personnel Files

3.3.5.1 A licensed FCCP shall maintain a complete and up-to-date personnel file for staff working at the licensed FCCH. A complete file shall contain, at minimum, the following information:

- Name, date of birth, home address and telephone number;
- Copies of current first aid and CPR certification;
- Signed statement verifying understanding of legal requirement to report suspected child abuse or neglect;
- Documentation of a current Records Check Authorization form;
- Documentation of having read and having ready access to a current copy of applicable child care licensing regulations;
- Administration of Medication training certification (if applicable);
- Signed statement verifying current job title and supervisor's name;
- Application for employment including references or reference checks;
- Employment start date;
- Documentation of completed Orientation Training;
- Employment end date and reason for leaving, if applicable;
- IPDP; and
- Written annual performance reviews.

3.3.5.2 A licensed FCCP shall maintain a complete and up-to-date list of all partner staff at the licensed FCCH that includes, at a minimum, the following information:

- Name, date of birth, home address, and telephone number;
- Signed statement verifying understanding of legal requirement to report suspected child abuse or neglect; and
- A written description of their role in the program.

3.3.6 Other Administrative Records

3.3.6.1 The FCCP shall maintain a record of the date of each evacuation drill as required in the rules in section 3.6.2 of these regulations that includes the number of children, staff evacuated, time taken to evacuate, and notation of the drill conducted while children were sleeping or resting. Evacuation records shall be kept for two (2) years.

3.3.6.2 The FCCP shall maintain records pertaining to accidents and injuries involving children as required in the rule 5.8.3 of these regulations. These may be kept in children's files or in a separate injury log book. Incident reports related to

accidents and injuries shall be kept for a minimum of twenty-four (24) months from the date the incident occurred.

3.3.6.3 The FCCP shall maintain records pertaining to all medications administered to children as required in the rule 5.6.8 of these regulations. These may be kept in children's files or in a separate medication administration log book. Medication records must be kept for a minimum of 365 days from the date the medication was given.

3.3.6.4 The FCCP shall document all pesticide applications as required in the rule 5.10.1.9.1 of these regulations. Records shall include: the pesticide product name, EPA Registration Number, amount used, dates of application, location of application and pests treated. These records shall be kept for two (2) years after the date of the pesticide application and be made available for inspection by Division representatives and parents.

3.3.6.5 Staffing Schedule: A licensed FCCP shall maintain a written record of the daily schedule for at least 365 days of all staff including the exact days and hours worked.

3.3.7 Bright Futures Information System (BFIS)

3.3.7.1 The FCCP shall provide written reports as required in rules in section 3.1 of these regulations electronically using BFIS.

3.3.7.2 The Division shall provide licensing notifications, documents and information to the FCCP electronically utilizing BFIS.

3.3.7.3 Within six (6) months of initial date of employment, the FCCP and all staff shall maintain an up-to-date BFIS Quality and Credential Account. Documentation, verification of qualifications, and all annual professional development activities as specified in the rules sections 7.3 and 7.4 of these regulations shall be submitted to NLCDC to be verified and maintained in BFIS.

3.3.7.4 The FCCP shall provide up-to-date program information in the program's BFIS account.

3.3.7.5 The FCCP shall maintain a current list of the staff, persons who reside in the FCCH, and non-parental volunteers, as applicable, in BFIS. Any changes shall be reported through BFIS within five (5) working days of the change.

3.4 Non-Discriminatory Enrollment

The FCCP shall not deny a child's entry into the program because of race, creed, color, national origin, religion, disability, gender or the parents marital status or gender identification.

3.5 Safe Release of Children

3.5.1 The FCCP and staff shall release a child only to persons authorized by the parents as specified in the rules 3.3.4.1 and 5.10.6.6.1.2 of these regulations. When a person authorized to pick up a child is unknown to the FCCP and staff, his/her identity must be verified prior to releasing the child.

3.5.2 The FCCP and/or staff transporting children home shall release children to the address provided by parents and/or to the person(s) authorized by the parents as specified in the rule 5.10.6.6.1.1 of these regulations.

3.5.3 In the event that an emergency request is made by a parent for a child to be picked up by someone without prior authorization, the FCCP shall ensure that a system to verify the identity of the person being authorized to pick up the child is known and utilized. The FCCP shall ensure such emergency calls are documented in writing to include the information regarding the identity of the person who picks up the child in the event of such an emergency.

3.5.4 The FCCP shall release a child to either parent unless there is a court order in the child's enrollment file that prohibits release to a particular parent.

3.6 Emergency Preparedness

3.6.1 Emergency Planning

3.6.1.1 The FCCP shall develop and maintain a written Emergency Response Plan to respond to a full range of emergencies both natural and man-made. A complete plan shall include how the FCCP will address and manage the following situations and responsibilities:

- Evacuations or other emergencies such as leaving the premises and lockdown situations;
- Specific concerns related to the location of the program, such as proximity to a nuclear reactor, an area prone to flooding or power loss;
- Notifying the local authorities of the emergency;
- A system for notifying the parents of the emergency;
- Notifying the local emergency planning committee regarding the location of the FCCH and using the committee as a resource in emergency planning for the program;
- A system of identifying the children and staff present at the time of the emergency and maintaining knowledge of their whereabouts;
- A system for handling infants, toddlers, and children with special needs;

- An established evacuation meeting location within walking distance of the FCCH;
- A system to account for all children and staff at evacuation meeting place;
- An process for relocation if necessary including safe transportation;
- A system for sheltering in place if the FCCP and children present need to remain in the FCCH for an extended period; and
- Staff chain of command and individual staff roles and responsibilities, (if applicable) during emergencies.

3.6.1.2 The FCCP shall ensure that all staff are trained on the Emergency Response Plan and are aware of where to find the written plan in the FCCH.

3.6.1.3 The FCCP shall ensure that the Emergency Response Plan is reviewed and updated at least once every 365 days.

3.6.1.4 The FCCP shall ensure that parents are aware of the Emergency Response Plan, particularly where children would be taken if evacuated from the FCCH.

3.6.2 Building Evacuation

3.6.2.1 The FCCP shall have a written evacuation diagram with evacuation routes posted on each level of the home that is used by the children.

3.6.2.2 The FCCP shall ensure that evacuation drills are conducted at least once a month, and children and staff are evacuated in less than three (3) minutes.

3.6.2.3 At least one (1) drill every 365 days shall be conducted while children are sleeping or resting.

3.6.3 Emergency preparedness Training: Within 365 days of opening a FCCH, the FCCP shall attend emergency preparedness training which shall include content specifically related to sheltering in place in the event of an emergency in which the FCCP and children present need to remain in the FCCH for an extended period.

3.7 Confidentiality

The FCCP, staff, and partner staff shall not disclose or permit the use of any information regarding an individual child or family gained through FCCH interaction with the child and family, or FCCH records, files, videotaping, tape recording, photographing, assessments or any type of documentation unless parental permission is specifically granted, except to the Division or other entities with statutory authority for issues relating to the health, safety, and protection of children.

3.8 Annual Program Assessment

The licensed FCCP shall conduct a thorough assessment of the program that includes input from staff and parents at least once every 365 days.

FCCH Section 4 - Parent/Family Engagement in Their Children's Care

4.1 Pre-enrollment Visits and Orientation

4.1.1 The FCCP shall ensure that an opportunity to visit and observe the FCCH is offered to parents considering enrolling their child.

4.1.2 The FCCP shall establish a process for orienting children and parents to the FCCH that offers parent orientation and a gradual introduction of children to the program.

4.2 Visits and Access to Children

The FCCP shall ensure that parents have access to the FCCH and to their children without delay at any time children are in attendance and without prior approval. This does not prohibit the FCCP from locking their doors for security purposes or checking parent's identification.

4.3 Parent Conferences

4.3.1 The FCCP shall offer formal or informal parent conferences at least two (2) times every 365 days to discuss children's learning, development, and interactions in the FCCH. Parents will be given an opportunity to share information about the child in his/her home environment and to provide input to the FCCH environment.

4.3.2 Parents may request a formal or informal meeting with the FCCP regarding their child at any time and any such request shall be accommodated within ten (10) business days of the request.

4.4 Parent Communication

4.4.1 The FCCP shall regularly communicate with parents about their child's daily activities and behavior; for children under twenty-four (24) months of age this shall include feedings, diapering, sleeping, and developmental progress.

4.4.2 The FCCP shall encourage and facilitate two-way communication between the FCCH and parents. The FCCP shall communicate regularly to parents about FCCH activities and program policies, community resources, and shall allow many opportunities for parents to provide information, identify preferences, ask questions, and share concerns.

4.4.3 The FCCP shall obtain written parental permission prior to contacting or making professional referrals. This written permission shall be retained in each child's file.

4.5 Activities to Encourage Parental Involvement

The FCCP shall provide opportunities for parents to be involved such as offering opportunities to volunteer during or in support of the FCCH and offering learning and/or social activities for parents and children.

4.6 Supporting Breast Feeding

The FCCP shall provide comfortable accommodations for mothers who breastfeed their child during the hours their child is in attendance of the FCCH.

4.7 Communicating FCCH Policies and Procedures

The FCCP shall establish written policies and procedures. Written information provided to parents of all children enrolled in the FCCH shall include, at minimum:

- Assurance that parents have access to the FCCH and their child(ren) without prior notice and have access to their children's records as required in the rule 3.3.4.6 of these regulations;
- A description of information needed from parents for child's enrollment file as required in rules in section 3.3.4.1 of these regulations;
- A typical daily schedule of activities;
- Information about fees and payment policies;
- Information about hours of operation and closings;
- Procedures for signing children in and out;
- Procedures for emergencies as required in the rules in section 3.6 of these regulations;
- Information about the nutrition, meals and meal preparation at the FCCH;
- Safe sleep policies, as applicable;
- No smoking policy;
- Information about results from the test for lead in the drinking water and any plan for remediation;
- FCCH policies on field trips, other off-site activity and transportation;
- FCCH health policies including illness exclusions, administration of medication, and immunizations;
- FCCH policies and practice regarding positive guidance and behavior management;
- Assurance that confidentiality of child and family information is maintained;
- Information about the requirement to report suspected child abuse and/or neglect as required in the rules in section 3.2 of these regulations;
- Assurance that non-discrimination and respect for each child's family and culture is maintained;

- FCCH approach to ensure wholesome growth and positive developmental experiences for children enrolled;
- FCCH policies related to the inclusion of children with special needs and disabilities;
- A description of religious activities, if any;
- Information on how to access these FCCH regulations and other information about child development online;
- Information concerning complaint procedures;
- Information about the Child Care Consumer Line, including the telephone number (1-800-649-2642); and
- FCCH policies and procedures related to the expulsion of children.

FCCH Section 5 - Health, Safety and Nutrition

5.1 Child Health Promotion and Protection

5.1.1 The FCCP shall ensure that the FCCH environment and practices support children's health and safety.

5.1.2 General Health Examinations:
Within forty-five (45) days of enrollment the FCCP shall obtain documentation of the child's age appropriate well care exam from the parent. Documentation shall include information regarding any health conditions and medications that may impact the care of the child.

5.1.3 Immunizations:
The FCCP shall maintain documentation in the child's file of each child's current immunization status.

- Immunization records shall include the immunization administered and the date of each immunization. The immunization record should be updated after each additional immunization has been received.
- If an enrolled child is in the process of complying with immunization requirements in accordance with the Vermont recommended immunization schedule, documentation in the child's file shall include the required Vermont Department of Health form.
- If a child has not had a required immunization due to a Vermont allowed exemption, documentation in the child's file shall include the required Vermont Department of Health form.

5.1.4 The FCCP shall submit a Vermont Child Care Immunization Report at least once every 365 days to the Vermont Department of Health, Immunization Office as required by 18 V.S.A. §§ 1120 - 1129.

5.2 Routine Health Practices

5.2.1 Hand washing

5.2.1.1 The FCCP shall ensure that adults and children wash their hands:

- Upon arrival at the FCCH;
- Before they eat, prepare or handle food;
- Before and after handling raw meat;
- Before feeding children;
- After toileting or diapering;
- After cleaning;
- After taking out the garbage;
- After handling animals; and
- After outdoor play.

5.2.1.2 The FCCP shall ensure that adults also wash their hands:

- Before and after giving medications;
- Before and after caring for a child who is injured or may be sick;
- Before diapering; and
- After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other body fluids.

5.2.1.3 The FCCP shall ensure the hand washing procedure include the following steps in order:

- Use of warm running water and liquid soap;
- Moistening hands with water, applying soap, and washing hands for a minimum of twenty (20) seconds;
- Rinsing hands under running water;
- Drying hands with a single use towel or paper towel; and then
- Disposing of the towel.

5.2.1.4 When hand washing is not practical due to outside activities or being off-site, and hands are not visibly soiled, hand sanitizer may be used by the FCCP, staff, other adults, and children in lieu of washing with soap and warm water. Staff shall ensure that children using a hand sanitizer rub their hands until the sanitizer has dried. Only non-alcohol hand sanitizer shall be used for children under twenty-four (24) months of age.

5.2.1.5 Sinks used for hand washing shall have hot and cold running water that comes from a single spigot. The hot water shall not exceed 120°F.

5.2.1.6 Soap and paper towels or individual single use cloth towels shall be available and accessible to the children at each hand washing sink.

5.2.1.7 If hand washing sinks are not child height, a step stool shall be available.

5.2.1.8 The FCCP and/or staff shall wash the hands of children who are unable to wash their own and provide developmentally appropriate guidance and supervision to help children learn and practice healthy hand washing.

5.2.2 Children's clothing

5.2.2.1 The FCCP shall ensure that extra clothing is available for children either by providing a sufficient quantity directly or requiring parents to provide and maintain a clean spare set of clothing for each child.

5.2.2.2 The FCCP shall ensure that children's clothing is changed when wet or soiled.

5.2.2.3 Wet or soiled clothing shall be placed in a sealed plastic container or bag labeled with the child's name and returned to the child's parent at the end of the day. A FCCP may choose to launder wet or soiled clothing on site.

5.2.2.4 Children's personal articles, including combs and brushes, shall not be shared among children and shall be stored separately with individual children's personal belongings.

5.2.3 Diapering

5.2.3.1 The FCCP shall ensure that children's diapers are changed when wet or soiled.

5.2.3.2 The FCCP shall have an established procedure for checking diapers regularly including visually inspecting children's diapers at least every two (2) hours.

5.2.3.3 The FCCP shall monitor the supply of diapers for each child and make sure they are replenished regularly.

5.2.3.4 The FCCP shall ensure that there is a sturdy diaper changing area with a clean, washable and non-absorbent surface. The diapering changing area shall not be located in the kitchen or any area where food is stored, prepared or served.

5.2.3.5 If the hand washing sink used for toileting and diapering is also used for food preparation, the faucet and sink shall be sanitized prior to being used for food preparation.

5.2.3.6 The FCCP shall ensure that used disposable diapers are placed in a leak proof bag or container that is washable and has a firmly fitting cover.

5.2.3.7 A container used for diapers shall be out of reach of children.

5.2.3.8 A container for diapers shall be emptied, cleaned and disinfected daily.

5.2.3.9 If cloth diapers are used, the FCCP shall ensure that wet or soiled diapers are placed in a plastic bag or individual container that can be sealed and kept out of reach of children.

5.2.3.10 Cloth diapers shall be sent home with the child on a daily basis. The FCCP may choose to wash cloth diapers daily.

5.2.3.11 Each diaper changing procedure shall include:

- Preparation: assemble supplies, staff member washes hands, prepares changing surface with either a disposable covering or ensure that the surface was recently cleaned and disinfected and bring the child to the diaper changing area.
- Dirty Phase: remove soiled diaper and cleanse diaper area of the child.
- Clean Phase: put on clean diaper, dress child, and wash the child's hands.
- Clean up: clean and disinfect the diaper changing surface, dispose of diaper, and staff member washes their own hands.
- Record diaper change.

5.2.3.12 The FCCP shall have a written diaper changing procedure that is accessible to staff.

5.2.3.13 A licensed FCCP shall post the diaper changing procedure at each diaper changing area.

5.2.3.14 In addition to hand washing, disposable non-porous gloves shall be worn during diapering when:

- A staff person has an open cut, sore or cracked skin;
- A child has an open cut or sore on his/her skin; or
- A child has a known infection that is spread through the feces.

5.2.4 Toileting and Toilet Learning/Training

5.2.4.1 Children shall be accommodated in a timely manner when they need to use the toilet.

5.2.4.2 The FCCP and staff shall provide positive guidance on safe and sanitary toileting. Children shall be supported in developing toileting skills appropriate to their age and ability.

5.2.4.3 The FCCP shall ensure that all toilet learning/training is carried out with the parent's knowledge and consent. Toilet training methods shall be consistent with

the parent's toilet training methods when these are developmentally appropriate and do not constitute a violation of these regulations. The child's progress and success in toileting shall be communicated regularly to the child's parent(s).

5.2.4.4 Safe and cleanable equipment for toilet learning/training such as child-sized toilets, step aids, modified child-sized toilet seats or inserts that fit directly over the toilet shall be provided for children who are learning to use the toilet.

5.2.5 Standard Practices for Exposure to Body Fluids

Staff shall use standard precautions when exposed to blood or blood-containing body fluids. The standard precautions include:

- Use of nonporous disposable gloves to clean up the blood or blood-containing fluid unless the material used to clean it up can easily contain the fluid;
- Clean and disinfect the soiled surface;
- Dispose of contaminated materials and store washable items in securely sealed plastic bags; and
- Wash hands thoroughly as required in the rule 5.2.1.3 of these regulations.

5.2.6 Cleaning, Sanitizing and Disinfecting (see section 2.2 of these regulations for definitions of these terms)

5.2.6.1 Cleaning shall occur prior to sanitizing and disinfecting unless otherwise instructed by the manufacturer's recommendations.

5.2.6.2 All sanitizing and disinfecting solutions shall be EPA registered and used according to the manufacturers' instructions.

5.2.6.3 Household bleach may be used for both sanitizing and disinfecting. When bleach is used for these purposes, fresh bleach solutions shall be mixed daily.

5.2.6.4 <u>Cleaning</u> of the following items shall be done on the following schedule:

After each use:

- Plastic mouthed toys;
- Changing tables; and
- Cribs, cots, mats, and bedding, if used by different children.

When it touches another surface:

- Pacifiers

Every week:

- Cribs, cots and mats, and bedding if used by the same child every day.

Every month:

- Machine washable toys;
- Dress-up clothes including hats;
- Play activity centers; and
- Refrigerator.

5.2.6.5 Sanitizing of the following items shall be done on the following schedule:

Before and after each use:

- Food preparation surfaces; and
- Dining tables and highchair trays.

After each use:

- Eating utensils and dishes

At the end of each day:

- Food preparation appliances;
- Plastic mouthed toys; and
- Pacifiers.

5.2.6.6 The following items shall be Disinfected at the end of each day:

- Door handles;
- Hand washing sinks and faucets;
- Countertops;
- Toilets and toilet learning equipment;
- Diaper pails; and
- Drinking fountains.

5.3 Managing Infectious Diseases

5.3.1 The FCCP shall develop and implement a plan for the management of communicable disease in the FCCH including the following:

- Naming and identifying symptoms of illnesses for which a child will be excluded or sent home from the FCCH;
- Identifying communicable diseases for which a child will not be admitted to the FCCH without a statement from a health care provider; and
- Written notification to parents when children may have been exposed to a reportable communicable disease.

5.3.2 Daily Health Check

Upon arrival into the FCCH staff shall observe each child for symptoms of communicable disease and signs of injuries. Any obvious injuries shall be documented along with any comments from the parent pertaining to the child's condition. This documentation shall be maintained in the child's file for a minimum of 365 days.

5.3.3 Exclusion of Children from Care

5.3.3.1 The FCCP shall follow the exclusion policies as set forth in Signs and Symptoms of Illness Chart (see Appendix A).

5.3.3.2 The Signs and Symptoms of Illness Chart document shall be available for staff and parents to read.

5.3.3.3 A child may be excluded from care if, in the opinion of the FCCP, he/she is too ill to participate in usual daily activities.

5.3.4 Responding to Children Who Become Ill

5.3.4.1 The FCCP shall ensure that a comfortable space, separate from other children, can be created for children who are exhibiting symptoms of illness until their parent arrives to pick them up. The separate area shall be appropriately furnished to allow the child to sleep or rest, which shall not be located in the kitchen or toilet area.

5.3.4.2 All items used by an ill child shall be cleaned and disinfected prior to being used by another child.

5.3.4.3 Staff shall ensure that an ill child is supervised.

5.4 Sleep and Rest Accommodations

5.4.1 General Sleep and Rest Provisions including Crib Requirements

5.4.1.1 The FCCP shall ensure that each child, except school age children, has an individual crib, port-a-crib, cot, mat, or bed that is safe for the child's age and development, in good repair, and used by only one child each day. No child shall nap directly on the floor or on furniture not designed for sleeping. Cribs or port-a-cribs shall be used for children under the age of twelve (12) months. Children shall not nap in cribs or port-a-cribs if they are physically able to climb out unassisted.

5.4.1.2 The FCCP shall ensure that all cribs and port-a-cribs used for children at the FCCH meet Consumer Product Safety Commission 16 C.F.R. Part 1220 (see Appendix B). The FCCP shall maintain documentation of each crib's compliance with this mandate.

5.4.1.3 The FCCP shall ensure that any crib that does not meet 16 C.F.R. § 1220 is removed from areas of the home where children are in care.

5.4.1.4 Cots, mats, and mattresses shall be nonporous or have nonporous coverings. Each child shall be provided clean, individual bed linens either by the FCCP

providing them or requiring parents to provide them. No child shall nap directly on nonporous coverings.

5.4.1.5 Children shall be supervised by FCCP and/or staff while napping or resting. The FCCP and/or staff shall directly observe a sleeping child at least every fifteen (15) minutes to check the child's face, view the color of the child's skin, and check on the child's breathing.

5.4.1.6 Lighting to permit appropriate supervision shall be provided in sleeping areas where children are napping or resting. This means that the FCCP and/or staff can see the child's face, view the color of the child's skin, and check on the child's breathing.

5.4.1.7 Wet or soiled cots, cribs, mats, and bedding shall be changed promptly and stored in a sealed plastic bag or container until laundered.

5.4.1.8 Bedding used by a child shall be stored in a manner that prevents contact with bedding used by other children.

5.4.2 Safe Sleep Practices for Infants Under Twelve (12) Months of Age

5.4.2.1 Infants shall be allowed to nap when tired.

5.4.2.2 Infants shall always be placed on their backs to sleep.

5.4.2.3 The FCCP and staff shall ensure that infants sleep in cribs or port-a-cribs. Infants shall not be placed to sleep on soft surfaces, such as a couch or sofa, pillow, quilts, sheepskins or blankets. Infants shall not be placed in car seats, swings, high chairs, jumping chairs or similar equipment for sleep. A child that falls asleep in this type of equipment shall be gently transferred to a crib or port-a-crib as soon as feasible.

5.4.2.4 Each crib and port-a-crib shall have a firm, tight-fitting mattress covered by a tight-fitting crib sheet.

5.4.2.5 Soft objects, toys or loose bedding shall not be used in infant sleep areas. Soft or loose bedding includes: bumper pads, pillows, quilts, comforters, sheepskins, blankets, flat sheets, cloth diapers, and bibs. Infants shall not be swaddled for sleep.

5.4.2.6 Clothing sacks or similar clothing designed for safe sleep may be used. Bibs, necklaces, and garments with ties or hoods shall be removed from the child prior to placing the child in the crib or port-a-crib.

5.4.2.7 No positioning devices shall be used unless required by the child's health care provider. Instructions for the use of any such device shall be kept in the child's file in writing from the child's health care provider.

5.4.2.8 Infants shall not be placed in cribs or portacribs with bottles. Pacifiers are permitted in cribs and port-a-cribs with parental permission. Pacifiers may not have cords or clips that may pose a strangulation risk.

5.4.3 Rest Practices for Children Over Twelve (12) Months of Age

5.4.3.1 The FCCP shall design the FCCH's schedule to ensure that every child younger than school age and present for five (5) hours or more shall have the opportunity for sleep or rest. Children over twelve (12) months of age may sleep/rest with blankets, pillows and soft toys.

5.4.3.2 Children shall not be required to sleep. Children who do not nap shall be provided space and equipment for quiet play.

5.5 Oral Health

5.5.1 If children brush their teeth at the FCCH, each child shall have an individual toothbrush used only by that child.

5.5.2 Toothbrushes shall be stored in a manner that allows air drying and prevents the toothbrush from touching other items such as toothbrushes, soap, towels or drinking cups.

5.6 Administration of Medication

5.6.1 The FCCP shall develop and consistently implement a written policy and plan regarding the administration of medication to children.

5.6.2 The FCCP shall ensure that only staff, who have completed a training course, approved by the Division, administer medication in the FCCH.

5.6.3 The FCCP shall ensure that medication or herbal/folk remedies is not administered to a child unless the FCCH has received written permission from the child's parents for each medication given.

5.6.4 The FCCP shall ensure that parents are notified if a substitute is not approved to administer medication.

5.6.5 The FCCP shall ensure that written permission from parents to administer medication must include all of the following information for each prescription and non-prescription medication administered to children:

- Name of the child;

- Child's date of birth;
- Any medication allergies;
- Name of medication;
- Dosage to be given;
- Time when medication is to be given;
- Route of administration (mouth, ear, nose, topical, inhalation);
- Reason for the medication;
- Start and end dates for administration of the medication; and
- Any special instructions.

5.6.6 The FCCP shall ensure that all prescription medication is in its original container, properly labeled for the child, and administered prior to the expiration date on the container.

5.6.7 The FCCP shall ensure that all non-prescription medication shall be labeled with the child's name and be in its original container with directions for its administration. It must be administered prior to the expiration date on the container. Any deviations from the label's instructions shall be in writing from the child's health care provider.

5.6.8 The FCCP shall ensure that there is a record of the administration of all medications including medication dosage, time of administration, name of staff administering, and any adverse effects observed. These records shall be maintained for 365 days from the start date of medication administration, and may be kept in the child's file or in a medication administration log.

5.6.9 The FCCP shall ensure that un-used medication is returned to the parent when no longer needed by the child.

5.6.10 Insect repellent, sunscreen and non-prescription diaper ointment are not considered medications. The FCCP shall ensure that written parental permission is obtained prior to the application of insect repellent, sunscreen and non-prescription diaper ointment. This parental permission shall specify the product but may permit application as needed over a span of time. Such permission shall be updated at least once every 365 days and shall be maintained in each child's file. Children younger than school age shall not apply any of these items independently. School age children may apply these items independently with supervision.

5.6.11 The FCCP shall ensure that all medication and non-medications described in the rule 5.6.10 of these regulations shall be securely stored and inaccessible to children.

5.6.12 Prescription rescue medication, such as rescue inhalers, epinephrine (epi) pen, and seizure medication, must be kept immediately accessible for use in cases of emergency.

5.7 First Aid Kits

5.7.1 The FCCP shall have a first aid kit that is readily accessible to adults in the FCCH, but not to children. The first aid kit shall contain:

- First aid manual;
- Adhesive tape;
- Bandages;
- Sterile gauze pads;
- Rolls of gauze;
- Eye dressing;
- Disposable nonporous gloves;
- Scissors;
- Tweezers;
- Non-glass, non-mercury thermometer; and
- An instant cold pack.

5.7.2 The first aid kit shall be replenished as supplies are used or as expiration dates indicate.

5.7.3 The FCCP shall ensure that a first aid kit, as required in the rule 5.7.1 of these regulations, is taken along on field trips lasting two (2) hours or more. In addition to the items listed above, the kit shall include:

- Water and liquid soap or antiseptic wipes;
- Any emergency medications needed for a child with allergies or special health needs;
- List of emergency phone numbers as required in the rule 5.10.1.13.2 of these regulations; and
- A copy of parental authorizations for emergency care as required in the rule 3.3.4.1 of these regulations.

5.8 Responding to Accidents, Injuries, and Medical Emergencies

5.8.1 The FCCP shall develop and implement written procedures to be followed in case of accidents or injuries and plans for accessing emergency services. The plan shall include:

- Procedures to be followed in case of an accident, injury or medical emergency, including the method of transportation and notification of parents; and
- Procedures to be followed in case of accident, injury or medical emergency when parents cannot be reached.

5.8.2 The FCCP shall ensure that if an accident or injury occurs to a child while in attendance, immediate action is taken to protect the child from further harm and notify the child's parents as quickly as possible.

5.8.3 The FCCP shall create and file an incident report for each accident, injury or medical emergency that leaves a visible mark or first aid has been administered, even when medical treatment is not required. An incident report shall include the name of the child, date, description of the injury or medical emergency, how it occurred, adult witnesses, first aid provided and medical care required. The child's parent shall be provided a copy of the report at pick up that day. Serious injuries, animal bites and death must be reported to the Division as specified in the rules in section 3.1 of these regulations.

5.9 Children with Special Health Care Needs and Disabilities

5.9.1 The FCCP shall ensure that all children are included in all activities possible unless a specific medical contraindication exists.

5.9.2 The FCCP shall plan for the full and successful inclusion of children with special health care needs and disabilities. An individual child's plan shall be developed with the child's parents and staff (if applicable). The plan shall address any health or other particular needs of the child.

5.9.3 The FCCP shall ensure that adaptations and accommodations be made in activities, adult-child interactions, teaching strategies and materials when needed to support the particular needs and positive development of children with special health care needs and disabilities.

5.10 Physical Environment and Safety

5.10.1 General Safety of Building and Grounds

5.10.1.1 General Safety: The FCCP shall ensure the physical facilities of the FCCH, grounds, equipment, and toys present no hazard to the health, safety and well-being of the children.

5.10.1.1.1 The FCCP shall ensure that children are protected from electrical outlets, such as by using protective covers, tamper-proof outlets, or other devices manufactured for this purpose.

5.10.1.1.2 The FCCP shall ensure that children are protected from choking hazards presented by cords on window coverings, electric or electronic appliances or equipment and telephone cords.

5.10.1.1.3 The FCCP shall ensure that furniture and equipment are sturdy. Furniture and equipment that present a tipping or falling hazard shall be secured.

5.10.1.1.4 The FCCP shall ensure that closet and bathroom doors that can be locked have an unlocking device readily accessible. No locking or fastening device shall be used on the outside of the door that would prevent free escape.

5.10.1.1.5 The FCCP shall ensure that children younger than three (3) years of age do not have unsupervised access to small toys and objects that pose a choking hazard, deemed by the Consumer Product Safety Commission (CPSC) as objects being smaller than their Choke Test Cylinder (1.25 inches in diameter and 2.25 inches in length).

5.10.1.1.6 The FCCP shall ensure that sharp objects are kept out of children's reach unless used for a planned activity and closely supervised by an adult.

5.10.1.2 Fire Safety

5.10.1.2.1 The licensed FCCP shall ensure that the licensed FCCH is in compliance with Vermont Division of Fire Safety rules at all times. This includes but is not limited to

- Complying with Vermont Division of Fire Safety inspection reports;
- Having regular fire systems inspected with violations identified during the inspection noted as corrected; and
- Having fire extinguishers tagged with valid inspection tags.

5.10.1.2.2 The FCCP shall limit the care of children to the ground floor of the home unless another level used has two (2) separate means of exit to the outside of the home. If the second floor is used there shall be a safe evacuation plan for children from the second floor.

5.10.1.2.3 On the basement level, at least one (1) exit shall be directly to the outside of the home. Bulkhead type doors are prohibited as exits. If the basement is used, one (1) of the exits may be a window provided the window is no more than forty-four (44) inches from the sill of the window to the floor and has a minimum opening of at least twenty (20) inches wide by twenty-four (24) inches high. The window shall be accessible to children and staff and easy to open.

5.10.1.2.4 The FCCP shall ensure that each floor of the home, and in the corridor to access the home in an apartment building, has an operating

smoke detector as well as a smoke detectors in the immediate vicinity where children sleep. The FCCP shall ensure carbon monoxide monitors are located outside of rooms were children sleep.

5.10.1.2.4.1 The licensed FCCP shall ensure that each floor of the home, and in the corridor to access the home in an apartment building, has an operating smoke detector as well as smoke detectors in all rooms where children sleep. The licensed FCCP shall ensure carbon monoxide monitors are located outside of rooms were children sleep.

5.10.1.2.5 There shall be at least one (1) easily accessible dry chemical fire extinguisher which has at least a 2-A: 10BC classification. This fire extinguisher shall be maintained in operating condition. It shall bear an official tag, properly signed, attesting to current operating condition.

5.10.1.2.6 The extinguisher shall be visibly mounted to the wall near an exit door.

5.10.1.2.7 The FCCP and all staff (as applicable) shall be familiar with the use and handling of the fire extinguisher.

5.10.1.2.8 The FCCP and staff (as applicable) shall be physically able to assist in exiting all of the children present at one (1) time in the case of a fire.

5.10.1.3 Plumbing, Water and Sewage

5.10.1.3.1 The FCCP shall ensure that the FCCH plumbing is kept in good working condition.

5.10.1.3.2 The licensed FCCP shall ensure that the licensed FCCH meets all applicable plumbing codes as established by the Vermont Division of Fire Safety.

5.10.1.3.3 The licensed FCCP shall ensure that the licensed FCCH is in compliance with applicable rules from the Department of Environmental Conservation at all times.

5.10.1.3.4 The FCCP shall ensure that drinking water is potable by meeting Vermont standards at all times or shall provide bottled water for drinking.

5.10.1.4 Trash, Recycling and Composting

5.10.1.4.1 The FCCP shall ensure that garbage and compost are kept in containers that are securely covered.

5.10.1.4.2 The FCCP shall ensure children only access compost containers when under direct supervision of staff.

5.10.1.4.3 The FCCP shall ensure recycling materials are rinsed and stored in a manner that does not attract insects, rodents, or other pests that pose a safety or health hazard for children.

5.10.1.4.4 The FCCP shall ensure recycling items that pose a safety hazard for children such as metal cans are inaccessible to children.

5.10.1.4.5 The FCCP shall ensure garbage, recycling and compost is not allowed to exceed the limits of its container and is removed from rooms used by children at least once the container is full, if it develops an odor, or presents some other health or safety risk.

5.10.1.4.6 The FCCP shall ensure garbage and recycling is removed from the premises on a regular basis but not less than once every fourteen (14) days.

5.10.1.4.7 The FCCP shall ensure compost is removed from the premises on a regular basis but not less than once every (7) days; unless a contained composter is constructed outside, away from where children play, and shall be maintained in a manner that does not pose any safety or health risks to children.

5.10.1.5 Ventilation, Heating and Cooling

5.10.1.5.1 The FCCP shall ensure that any room in the FCCH used by children is maintained at a minimum temperature of 65°F and a maximum of 85°F at one (1) foot above floor level and that areas used by infants shall be kept at least 68°F at floor level.

5.10.1.5.2 Adequate ventilation shall be provided indoors during hot weather. All rooms occupied by children shall have at least one (1) window that opens and is properly screened, unless artificial ventilation is used.

5.10.1.5.3 A window that opens and is properly screened or an operating electric exhaust fan shall ventilate each bathroom to the outside air.

5.10.1.5.4 The use of unvented kerosene heaters is prohibited.

5.10.1.5.5 The FCCP shall ensure that all heating and cooling equipment is safely shielded to prevent injury to children and approved for use by the Vermont Division of Fire Safety.

5.10.1.5.6 The FCCP shall ensure that screens used on all windows, doors or other openings to the outside are in good repair. Doors that remain open to the outside, excluding fire doors, shall have screens.

5.10.1.5.7 The FCCP shall ensure that air conditioners, electric fans and heaters, including all floor or window fans are inaccessible to children when they pose a health or safety hazard. If they are mounted indoors or outdoors they shall be securely attached.

5.10.1.6 Lighting

5.10.1.6.1 The FCCP shall ensure that the FCCH has sufficient natural and artificial lighting in all areas where care and education are provided to allow children to see clearly to reduce the risk of injury and allow the FCCP and staff to supervise the children visually.

5.10.1.6.2 The FCCP shall ensure that parking areas of driveways, pedestrian walkways, and other exterior portions of the premises used by children, parents and staff members after dark are illuminated.

5.10.1.7 Hazardous Finishes and Surfaces

The FCCP shall ensure that all surfaces and finishes in the FCCH and premises are safe and non-hazardous.

5.10.1.8 Childhood Lead Poisoning Prevention

The FCCP shall comply with the requirements of 18 V.S.A. Chapter 38 Vermont Lead Law and shall ensure that Essential Maintenance Practices (EMP) is performed. This includes but is not limited to protecting children from peeling or chipping paint, and dust build up from the friction of moving doors or windows.

5.10.1.9 Use of Pesticides

5.10.1.9.1 The FCCP shall ensure that pesticide applications shall be used only when other pest prevention and control measures fail. Pesticides shall not be used to control pests for aesthetic reasons alone. Whenever possible the FCCH shall use pesticides of least risk. Only pesticides registered with the Vermont Department of Agriculture, Food and Markets shall be used, and be documented in administrative records as required in the rule 3.3.6.4 of these regulations.

5.10.1.9.2 The FCCP shall ensure that all contracted pesticide applications shall be applied only by commercial applicators certified by the Vermont Department of Agriculture, Food and Markets.

5.10.1.9.3 The FCCP shall ensure that parents of children and staff are notified in writing five (5) days prior to any planned application of pesticides. Notice shall include the site of the planned application, pests to be treated for, and proposed pesticide to be used.

5.10.1.9.4 The FCCP shall ensure that application of pesticides shall only be made when children are not present, that there is ample time to ventilate indoor areas after application, and that surfaces that can be touched or mouthed by children in care are not treated or are thoroughly cleaned and sanitized after an application. If outdoor applications of pesticides are made while children are present, children shall not be permitted in those areas until recommended by the manufacturer's instructions and/or the applicator's instructions, if applied by a pest control professional.

5.10.1.9.5 The FCCP shall ensure that pest baits are not be used unless in childproof bait boxes. Bait boxes shall be inaccessible to children.

5.10.1.10 Management of Toxic Substances

5.10.1.10.1 All containers of poisonous, toxic, or hazardous materials present in the FCCH shall be labeled for easy identification and used only in such a manner and under conditions that will not contaminate food or create a hazard to the children or staff.

5.10.1.10.2 The storage of flammable liquids and gases shall not be permitted in the FCCH except as permitted by the Vermont Division of Fire Safety.

5.10.1.10.3 All poisonous or toxic materials shall be inaccessible to children.

5.10.1.10.4 Devices that diffuse or omit airborne chemicals such as anti-pest strips, ozone generators, plug-in air fresheners, nail polish, nail polish remover, and aerosol sprays shall not be used in the FCCH while children are present.

5.10.1.10.5 Plants accessible to children (indoors and outdoors) shall be non-toxic.

5.10.1.10.6 Protection of Children from Asbestos:
Prior to any renovation or remodeling of the FCCH or if demolition, repair, maintenance, or other conditions in the FCCH are observed that indicate building material that may contain asbestos has been disturbed or exposed, the FCCP shall ensure that an assessment is performed by a person certified by the Vermont Department of Health in compliance with statutory and regulatory requirements of 18 V.S.A. Chapter 26 and

the Vermont Department of Health's Regulations for Asbestos Control. The FCCP shall ensure that any and all abatement recommendations made as a result of that assessment are followed. A copy of the assessment, which includes the recommendations and statement of compliance achieved, shall be submitted to the Division. Regulatory action may be taken on the basis of children potentially exposed to asbestos as a health hazard.

5.10.1.11 Use of Tobacco, Alcohol and Illegal Drugs

5.10.1.11.1 The FCCP shall ensure that the use of tobacco and tobacco substitutes (including e-cigarettes), alcohol and illegal drugs is prohibited at the FCCH (both indoor and outdoor environments used by children) when children are present and also in any vehicle used to transport children for program purposes.

5.10.1.11.2 If smoking occurs in the FCCH when children are not present, the FCCP shall inform parents that their child will be exposed to an environment in which tobacco products or tobacco substitutes, or both, are used prior to the parent enrolling the child in the FCCH.

5.10.1.11.3 No person working or volunteering in the FCCH shall use or be under the influence of alcohol or drugs while children are present at the FCCH. Medication prescribed by a physician or over the counter medication that does not impair the ability of the FCCP and staff to adequately supervise and care for the children may be taken.

5.10.1.12 Firearms and Other Weapons

The FCCP shall ensure all firearms and other weapons, including but not limited to hunting knives, archery equipment and weapon accessories such as ammunition, are locked at the FCCH. Ammunition shall be locked and stored in a location separate from weapons.

5.10.1.13 Telephones

5.10.1.13.1 The FCCP shall ensure that the FCCH has an operating telephone that is present and in service at all times children are present. The telephone number shall be provided to the Division and the parents of children that are enrolled. If an answering machine is used, the FCCP shall check it every fifteen (15) minutes to ensure parents are able to communicate with the FCCP during the day.

5.10.1.13.2 The FCCP shall ensure that a list of the following phone numbers is posted or located near the phone along with 911 and the directions to the FCCH:

- Police;
- Fire;
- Ambulance/Rescue Squad;
- Poison Center (1-800-222-1222);
- Child Development Division; and
- Child Abuse Hotline 800 number

Child specific information:

- Parental contacts;
- Emergency contacts; and
- Doctor contact information.

5.10.1.14 Pets

5.10.1.14.1 The FCCP shall ensure that animals present at the FCCH do not present a danger or health hazard to the children and staff.

5.10.1.14.2 The FCCP shall ensure that any animals or pets present at or brought into the FCCH are vaccinated as prescribed by law, with documentation maintained at the FCCH.

5.10.1.14.3 Animals present at the FCCH shall be maintained and cared for in a safe and sanitary manner that does not pose a health hazard for children or staff.

5.10.1.14.4 Animals shall not be allowed on surfaces where food or drink is prepared or served. Animals who roam freely shall not be allowed near children who are eating.

5.10.1.15 Disruptive or Dangerous Behavior

The FCCP shall prohibit any person, including but not limited to household members, parents, staff, partner staff or volunteers, from the FCCH and property when his/her presence or behavior disrupts the program, distracts the staff from their responsibilities, intimidates or promotes fear among the children and/or staff, or when there is reason to believe that his/her actions or behavior presents a risk of harm to children present.

5.10.2 Kitchen

5.10.2.1 General Kitchen Provisions

5.10.2.1.1 The licensed FCCP shall ensure that all on-site meal preparation shall have approval by the Division. The on-site preparation of snacks only does not require approval by the Division.

5.10.2.1.2 The food preparation surfaces shall not be used for other activities when food or drink is being prepared or served.

5.10.2.1.3 The kitchen and all food preparation, storage and serving areas, and utensils shall be kept clean, sanitary, and free of insects, rodents, dust and other contaminants.

5.10.2.1.4 The kitchen shall have at least one (1) sink with a single spigot with hot and cold running water.

5.10.2.2 Equipment, Dishwashing and Surfaces

5.10.2.2.1 The FCCP shall ensure all dishes, cups and glasses used by the children are free from chips, cracks or other defects.

5.10.2.2.2 The kitchen shall contain the necessary operable equipment to prepare, store, serve and clean-up all meals and snacks for children and adults. All kitchen machinery and equipment shall be constructed and arranged to be easily cleanable and shall be in good repair.

5.10.2.2.3 If the FCCP uses a dishwasher, the dishwasher shall be installed and operated according to the manufacturer's recommendations.

5.10.2.2.4 When a dishwasher is not available, and single-service items are not used for food service, the FCCP shall ensure there shall be three (3) compartments with a drain board set-up for cleaning dishes. A four (4) step process shall include dishwashing, rinsing, sanitizing, and air drying all dishes and utensils.

- Dishes shall be washed with soap in hot clean water.
- Dishes shall be rinsed in hot clean water.
- Dishes shall then be immersed for at least ten (10) seconds in a sanitizing rinse. The sanitizing rinse shall be EPA registered or a diluted bleach and water mixture. If using bleach, the FCCP shall follow the manufacturer's instructions when mixing for this purpose.
- Dishes shall be air dried.

5.10.2.2.5 All surfaces used for food preparation shall be easily cleanable and non-porous.

5.10.2.2.6 All single service items including cups, plates, spoons, forks, and other single service containers and utensils shall only be used once.

5.10.2.3 Storage

5.10.2.3.1 The FCCP shall have a refrigerator to keep perishable foods at 40°F or colder and a freezer to maintain frozen food at 0°F or colder. Food stored in the refrigerator, including lunch boxes, shall be stored in a manner that allows the free circulation of cool air. All refrigerated foods shall be covered.

5.10.2.3.2 All food shall be stored in containers that are dated. Food items used by or intended for specific children shall be plainly labeled.

5.10.2.3.3 All utensils, equipment and food shall be stored in a clean, dry place free from insects, rodents, dust and other contamination and shall be handled in such a manner as to prevent contamination.

- If stored openly, all containers and utensils shall be stored eighteen (18) inches off of the floor;
- Dishes shall be stored in a closed space;
- Utensils shall be covered or inverted when not in use; and
- Single service items shall be purchased and stored in sanitary cartons.

5.10.2.3.4 Food items shall be stored separately from cleaning materials.

5.10.2.4 Food Safety

5.10.2.4.1 The FCCP shall ensure that individuals with open sores that cannot be covered do not handle or prepare food.

5.10.2.4.2 Foods shall be cooked to proper temperatures and shall be served promptly after preparation. All reheated food shall be cooked to at least 165°F. Hot foods shall be maintained at temperatures not less than 135°F and cold foods shall be maintained at temperatures not more than 41°F.

5.10.2.4.3 All readily perishable food shall not be kept at room temperature for more than one (1) hour while being prepared or served. Readily perishable food shall be stored in the refrigerator in a covered shallow pan.

5.10.2.4.4 Frozen foods shall be thawed in the refrigerator, under cold running water, or defrosted in the microwave oven.

5.10.2.4.5 All unsafe, contaminated food shall be disposed of promptly. Swelled, rusty, dented or punctured canned food or drink shall not be consumed.

5.10.2.4.6 Fresh fruits and vegetables shall be thoroughly washed before being served.

5.10.2.4.7 Food that has been served to a child or adult shall be disposed of if not eaten. Once food has been served, it shall not be re-used, served to a different child or stored, except as compost.

5.10.3 Outdoor Play Area

5.10.3.1 General Outdoor Play Area Provisions

5.10.3.1.1 There shall be a safe outdoor play area large enough to provide opportunities for vigorous play and large muscle activity on the premises or within a safe walking distance of the FCCH approved by the Division.

5.10.3.1.1.1 A licensed FCCP shall maintain or have access to a safe outdoor play area with at least seventy-five (75) square feet per child to provide opportunities for vigorous play and large muscle activity on the premises or within a safe walking distance of the licensed FCCH approved by the Division.

5.10.3.1.2 The outdoor play area shall include a provision for shade.

5.10.3.1.3 The outdoor play area shall be fenced or otherwise protected from traffic and other hazards. Fencing or natural barriers, such as hedges or other clear land boundaries, shall prevent children from exiting and allow for safe supervision of outdoor play.

5.10.3.1.4 If fencing is used, it shall be sturdy, safe and reinforced to give support, constructed to discourage climbing, and shall not prevent visual supervision of children by the FCCP and/or staff.

5.10.3.1.5 Fencing installed after the effective date of these regulations shall:

- Be a minimum of four (4) feet in height with openings no larger than 3.5 inches;
- Equipped with gates with self-closing and self-latching mechanisms; and
- Include at least two (2) exits with one (1) that does not lead into the FCCH.

5.10.3.1.6 The outdoor play area shall be free of dumpsters, uncovered trash cans, highly flammable materials, standing pools of water and other hazards. The FCCP shall inspect the outdoor play area before children begin to play to make sure there are no hazards present such as, but not limited to, animal feces, litter, adult tools, or other items that might injure a child.

5.10.3.2 Play Equipment and Riding Toys

5.10.3.2.1 All outdoor play equipment is sturdy, safe, clean and free from rough edges, sharp corners, pinch and crush points, splinters and exposed bolts.

- To prevent entrapment, no openings in equipment shall be between 3.5 and nine (9) inches.
- Chains on swings shall have protective coverings and swing seats shall be made of soft materials with no sharp edges.

5.10.3.2.2 Equipment shall be arranged so that children playing on one (1) piece of equipment will not interfere with children playing on another piece of equipment, excluding a multifunction, prefabricated residential play structure.

5.10.3.2.3 The FCCP shall ensure that large outdoor play equipment is anchored firmly in accordance with manufacturers' specifications, is not located on concrete or asphalt surfaces and is placed so as to accommodate manufacturers' specifications for use zones.

5.10.3.2.4 Sandboxes shall be maintained in a safe and sanitary manner.

5.10.3.2.5 Bicycles, tricycles, scooters, and other riding toys shall be the correct size for the child using the riding toy and the riding toys shall be maintained in good condition.

- Tricycles shall not have spokes, and tricycles and bicycles with chains shall have chain guards.
- The FCCP shall ensure that all children wear properly fitting safety helmets while riding outside on bicycles and using scooters.

5.10.3.3 Safe Use Zones

For all play equipment that is thirty (30) inches or higher from the ground, including climbing equipment, slides, swings and other similar equipment, the FCCP shall ensure that the surface under and around the equipment, included recommended use zones, is of approved resilient material that protects children if they fall.

- Materials in the use zone shall consist of wood chips, pea stone, mulch, engineered wood fibers, sand, safety-tested shredded or rubber like material or rubber mats designed for protective cushioning;
- Materials used in the use zone shall follow the recommendations listed in the most recent publication of U.S. Consumer Product Safety Commission's Public Playground Safety Handbook regarding critical

depth of tested materials determined by the height of the highest climbing surface of the equipment;

- Materials used in the use zone shall be installed and maintained according to the manufacturer's instructions;
- If the loose material such as sand, mulch, or shredded rubber is used in use zones, the FCCP shall ensure that the material is raked regularly and replenished to maintain depth and resilience; and
- If the resilient material in use zones freezes, the FCCP shall ensure that the children will not play on the equipment until the resilient material has thawed and is once again resilient.

5.10.4 Indoor Area

5.10.4.1 Access to Useable Space by Children

The FCCP shall ensure that interior space designated for use by children is available to children when the FCCH is in operation, is sufficient, and arranged to allow each child adequate space for free movement and active play.

5.10.4.1.1 In a licensed FCCH, a minimum of thirty-five (35) square feet of safe useable space per child is available. Each child shall have adequate space for free movement and active play. Measurements shall be from wall to wall on the inside of the home. Furniture that restricts children's free movement and active play shall be considered a deductible factor when determining square footage. Bathroom, storage spaces, hallways, furnace rooms and other areas not used by children for sleep or play on a routine basis shall not be counted in computing required square footage of useable space.

5.10.4.2 Exits: Stairways, hallways, windows, and doors from the rooms used by children shall be clear and unobstructed from stored items, non-movable barriers, toys, and other items at all times.

5.10.4.3 Steps and Stairs

5.10.4.3.1 The FCCP shall ensure that stairways over three (3) steps, inside and outside, have railings and are well lit.

5.10.4.3.2 The FCCP shall ensure that safe and sturdy gates are used on stairways, accessible to children, at all times when children younger than thirty-six (36) months of age are present.

5.10.4.4 Bathrooms

5.10.4.4.1 The FCCP shall ensure that the FCCH has at least one (1) bathroom equipped with one (1) properly functioning toilet and hand sink.

5.10.4.4.2 The FCCP shall ensure the bathroom is equipped with properly functioning hand sink(s) that meet criteria in the rule 5.2.1.5 of these regulations.

5.10.4.4.3 Bathrooms used by children shall have toilet paper shall be readily available and dispensed properly. Toilets shall be flushed after every use.

5.10.4.5 Cleanliness, Maintenance and Safety

5.10.4.5.1 The FCCP shall ensure that the FCCH, its furnishings, and toys are kept in a clean and orderly condition.

5.10.4.5.2 All interior and exterior walls, roofs, chimneys, floors, doors, ceilings, windows, skylights, stairways, ramps and porches shall be maintained in good repair.

5.10.4.5.3 The FCCP shall ensure that the FCCH is kept free from rodent and insect infestation.

5.10.4.5.4 In areas where care and education is provided floors shall be kept clean.

- Uncarpeted floors shall be swept daily, and
- Carpeted floors shall be vacuumed weekly.

5.10.4.5.5 Hard surfaces accessible to children shall be smooth, non-porous, and easy to clean. See the rules in section 5.2.6 of these regulations for a schedule for cleaning, disinfecting and sanitizing specific surfaces and items.

5.10.4.5.6 Exterior stairs, walks, ramps and porches shall be cleared of ice and snow or other environmental hazards that may block exits.

5.10.4.5.7 The FCCP shall ensure that toys and other equipment used by children are sturdy and free from hazards such as but not limited to rough edges, pinch and crush points, splinters, exposed bolts, small loose pieces, areas that cause entrapment, and free from recall from the U.S. Consumer Product Safety Commission.

5.10.4.5.8 Mobile baby walkers shall not be used unless deemed medically necessary by a qualified health practitioner.

5.10.4.5.9 Trampolines may be used if they measure thirty six (36) inches or smaller in size.

5.10.4.5.10 The FCCP shall ensure that all art and play materials are nontoxic.

5.10.5 Swimming and Access to Water and Pools

5.10.5.1 Written permission from each child's parent shall be obtained prior to the child engaging in swimming or wading activities. This written permission shall be retained in each child's file.

5.10.5.2 Pool/Water Fencing

5.10.5.2.1 A fence is not required for water filled wading pools

5.10.5.2.2 For in ground or above ground pools or natural or manmade bodies of water accessible from the outdoor play area, the FCCP shall ensure that a fence is installed so that no child may gain access without FCCP and/or staff approval, observation and supervision. Fences around pools shall be at least four (4) feet high with a maximum vertical clearance of 3.5 inches at the bottom. Gates shall swing outward with self-closing and self-latching devices installed at least three (3) inches below the top of the gate on the side facing the pool/water. Gates shall be locked when not in use.

5.10.5.3 Pool/Water Sanitation Practices

5.10.5.3.1 The FCCP shall ensure that wading pools are cleaned and disinfected daily when used, and filled with fresh water at least daily. Wading pools shall be empty and stored dry when not in use.

5.10.5.3.2 For in ground or above ground pools the FCCP shall ensure that the water is filtered and maintained in accordance with the pool/filter manufacturer's recommendations. Pools shall be maintained in accordance with sound health and safety practices.

5.10.5.3.3 For natural or manmade bodies of water accessible from the outdoor play area, the FCCP shall visually inspect the area prior to use to ensure it is free of hazards such as glass, animal feces or other health and safety risks.

5.10.5.4 Pool/Water Supervision/Prohibitions

5.10.5.4.1 The FCCP shall ensure that when children are using wading pools, the FCCP and/or staff with valid certification in infant/child CPR is/are present and physically and visually supervising all children at all times.

5.10.5.4.2 The FCCP shall ensure that when children are swimming or playing in in ground or above ground pools or natural or manmade bodies of water, the FCCP shall ensure that the FCCP and/or staff who are confident swimmers and hold a valid certification in infant/child CPR is/are present and physically and visually supervising all children at all times.

5.10.5.4.3 The FCCP shall ensure that when children in care are swimming or playing in an in ground or above ground pool or natural or manmade bodies of water, the FCCP shall ensure that a lifeguard is present or shall maintain the following staff/child ratios:

- One (1) adult: two (2) children for infants/toddlers and pre-kindergarten age children;
- One (1) adult: six (6) children for school age children.

5.10.5.4.4 Lifeguards shall possess first aid, CPR and lifeguard certification from the YMCA, American Red Cross (ARC), Boy Scouts of America (BSA), Ellis & Associates or another nationally recognized organization that provides equivalent certification.

5.10.5.4.5 When lifeguards are on duty supervising the swimming area, they shall not be counted in the following staff/child ratios. The minimum staff/child ratios for children participating in a swimming activity supervised by a certified lifeguard shall be:

- One (1): ten (10) for children age eight (8) and older;
- One (1): eight (8) for children ages six (6) and seven (7);
- One (1): six (6) for children ages three (3) – five (5); and
- One (1): three (3) for children younger than three (3) years.

5.10.5.4.6 Swimming/use of pools/bodies of water is prohibited during hours of darkness.

5.10.5.4.7 Diving is prohibited for enrolled children.

5.10.6 Transportation

5.10.6.1 Vehicle Safety

5.10.6.1.1 The FCCP shall ensure that any vehicle used for transporting children shall be registered, inspected and insured according to state law.

5.10.6.1.2 The FCCP shall ensure that any vehicle used to transport children is equipped with a first aid kit and additional emergency items as specified in the rule 5.7.3 of these regulations.

5.10.6.1.3 The FCCP shall ensure that any vehicle, not owned by the FCCH, meets requirements in the rules 5.10.6.1.1 – 5.10.6.1.2 of these regulations. This documentation shall be kept on file at the FCCH for 365 days.

5.10.6.1.4 The FCCP shall ensure that any driver does not transport more persons, including children and adults, than the capacity of the vehicle.

5.10.6.2 Car Seats and Seat Belts

5.10.6.2.1 All children under eight (8) years of age shall be properly secured in a federally approved child restraint system appropriate to their weight and size unless a child's medical condition requires the use of a special seat. These child restraint system requirements do not apply to bussing options that do not have seat belts.

5.10.6.2.2 All children over eight (8) years of age, the driver, and any adult passengers shall be properly restrained using a child restraint or safety belt system in good working order at all times.

5.10.6.3 Interior Temperature of Vehicle

All vehicles shall have operable heating and air conditioning. A comfortable temperature shall be maintained in vehicles while transporting children. Buses that are not equipped with an air conditioning feature may be used when the interior of the bus does not exceed 85°F degrees.

5.10.6.4 Vehicle Maintenance

The FCCP shall ensure that any vehicle used to transport children is safe and in good repair.

5.10.6.5 Qualifications and Safe Practice of Driver

5.10.6.5.1 The FCCP shall ensure that the driver of any motor vehicle who is transporting children holds a valid operator's license that is appropriate for that vehicle. If sixteen (16) or more persons, including the driver, are transported at one (1) time, the driver shall hold a valid commercial driver's license with a passenger endorsement.

5.10.6.5.2 The FCCP shall ensure that the driver obey all traffic laws.

5.10.6.5.3 The FCCP shall ensure that the driver does not use a cell phone or text while driving. Should communication be necessary, the driver shall park the vehicle before using any hand held device.

5.10.6.6 Safety and Supervision of Transported Children

5.10.6.6.1 The FCCP shall ensure that written permission is obtained from parents prior to providing transportation of children. Parents will also be notified when someone not employed by the program may transport their child. This written permission shall be retained in each child's file.

5.10.6.6.1.1 Written permission authorizing the FCCH to transport children home shall specify the address where the children shall be

released and whether the child may be released without an authorized person present.

5.10.6.6.1.2 Written permission authorizing the FCCH to release a child to a transportation service not under the authority of the FCCH shall be noted as such within the written permission.

5.10.6.6.2 No child shall ever be left unattended or unsupervised in a vehicle at any time.

5.10.6.6.3 Staff/child ratios established in the rules in section 6.2 of these regulations shall be maintained at all times while children are being transported.

5.10.6.6.4 The FCCP shall ensure that when there are three (3) or more non-ambulatory children in the vehicle, there must be at least two (2) staff members present. When there are more than six (6) non-ambulatory children in the vehicle a one (1): Four (4) staff/child ratios shall apply in addition to the driver.

5.10.6.6.5 The FCCP shall establish and implement a procedure for accounting for all children transported. The procedure shall minimally include:

- Recording information on all trips including date, time, driver, vehicle and children transported;
- Recording what adult a child was released to if not the FCCP;
- Recording the address a child was released to if not to an authorized person or FCCP and/or staff; and
- A method for confirming that every child exits the vehicle after each trip.

5.10.6.7 The FCCP shall ensure that when the FCCH provides transportation, the maximum amount of time a child can be transported to or from the child's home, the FCCH, or school shall not exceed forty-five (45) minutes one (1) way.

5.10.7 Field Trips

5.10.7.1 The FCCP shall ensure that written parental permission is obtained prior to all field trips and shall include type of transportation, and if travel to a special field trip will exceed the forty-five (45) minute limit one (1) way. This written permission shall be retained in each child's file.

5.10.7.2 The FCCP shall ensure that written permission is obtained prior to all walking trips as required in rule 5.10.7.1 of these regulations.

5.10.7.3 Children's health and safety shall be protected at all times when on field trips or walking field trips.

5.10.7.4 Playgrounds and playground equipment used by children on field trips or walking field trips shall meet or exceed requirements in the rules in section 5.10.3 of these regulations related to outdoor play areas.

5.10.7.5 The FCCP shall ensure that all staff/child ratios established in the rules in section 6.2 of these regulations are maintained during field trips and walking field trips.

5.10.7.6 Children shall be physically and visually supervised by the FCCP and/or staff at all times when on field trips or walking field trips.

5.10.7.7 When a field trip includes access to pools or natural or man-made bodies of water, the FCCP and staff shall:

- Visually inspect the area prior to use to ensure it is free of health and safety hazards such as broken glass, animal feces, strong currents or posted health warnings;
- Ensure that all rules related to Water Supervision/Prohibitions in section 5.10.5.4 of these regulations are strictly maintained; and
- Ensure that children are restricted to areas where water is less than waist deep unless the child's swimming ability has been assessed.

5.11 Food and Nutrition

5.11.1 Meals and Snacks

5.11.1.1 The FCCP shall develop and implement a written policy concerning meals and snacks. This policy shall be provided to all parents at the time of enrollment as required in the rule 4.7 of these regulations. It shall include:

- A description of all food services provided;
- Usual time of snacks and meals;
- Policies and procedures related to food allergies, religious dietary requirements and other special needs; and
- Policies and procedures for safe eating habits.

5.11.1.2 The FCCP shall ensure that individuals responsible for food preparation have knowledge of nutritional requirements, sanitary food preparation, storage and clean-up and adhere to the FCCH's policies related to food safety and food and nutrition.

5.11.1.3 The FCCP shall ensure that menus are planned in advance, dated, and posted so that they are clearly visible to parents. Any changes to the posted

menu shall be noted. Menus of meals and snacks for the preceding six (6) weeks shall be kept on file.

5.11.1.4 The FCCP shall introduce a variety of food textures, finger foods and use of a cup for self-feeding and nutrition education. Children shall be encouraged to serve and feed themselves.

5.11.1.5 Children shall be offered food and provided an opportunity for seconds when the food is provided by the program, but shall not be forced to eat.

5.11.2 Nutritional Content of Meals and Snacks

5.11.2.1 The FCCP shall ensure that children are minimally served the following meals and snacks based on the time the children are present:

- Four (4) hours or less: one (1) snack;
- Four (4) to six (6) hours: one (1) meal and one (1) snack;
- Six (6) to eleven (11) hours: two (2) meals and one (1) snack, or one (1) meal and two (2) snacks;
- More than eleven (11) hours: three (3) meals and two (2) snacks; and
- School age children attending school for a full day shall be offered a snack within one (1) hour of their afternoon arrival.

5.11.2.2 The FCCP shall ensure that the meals and snacks provided meet the current USDA/Child and Adult Care Food Program (CACFP) meal pattern requirements that are adjusted according the age of each child.

5.11.2.3 100% fruit juice may be served. Other juice and sugar sweetened or artificially sweetened beverages shall not be served.

5.11.2.4 When milk products are provided by the FCCP it shall meet the following criteria: Fluid pasteurized cow's milk, 1% or skim shall be served to all children over the age of two (2) years; children one (1) to two (2) years of age shall have whole pasteurized cow's milk when not on formula or breast milk; and for drinking purposes, powdered milk shall not be used as a substitute for fluid milk.

5.11.3 All hot foods and liquids shall be kept out of children's reach, except when directly supervised and children are engaged in cooking activities or family style meals are being served. An adult who is cooking or drinking a hot beverage shall not hold children.

5.11.4 Drinking water shall be readily available to children at all times.

5.11.5 The FCCP shall ensure that if food is provided to the FCCH by a vendor that the vendor has a valid Food Service Establishment License from the Vermont Department of Health.

5.11.6 Infant Nutrition

5.11.6.1 The FCCP shall ensure parents of each enrolled infant provide written feeding instructions specifying the child's primary source of nutrition (breast milk, infant formula, or both) and feeding schedule. The instructions shall be updated as the child's diet changes.

5.11.6.2 Infants shall be fed according to their individual feeding schedule and needs.

5.11.6.3 Introduction to all new foods shall be made only with the parents' permission.

5.11.6.4 Infants shall be held for bottle-feeding until they are able to hold an unsupported bottle. At no time shall a bottle be propped for feeding an infant.

5.11.6.5 If more than one (1) child in care has bottles, all bottles shall be individually labeled with the infant's name and refrigerated immediately after preparation by the FCCP and/or staff or upon arrival if prepared by a parent.

5.11.6.6 Infants shall not be served the formula or breast milk of another infant.

5.11.6.7 Formula and breast milk shall not be heated or thawed in a microwave oven. Formula, or milk, if heated, shall be served to children only after contents have been properly mixed and determined to be a safe temperature.

5.11.6.8 Unused portions of formula or breast milk that was offered to the infant shall be discarded after each feeding or after one (1) hour without refrigeration. Open containers of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after forty-eight (48) hours if not used. Unused expressed breast milk shall be discarded after forty-eight (48) hours if refrigerated, after two (2) weeks if frozen.

5.11.6.9 Formula or milk shall not be mixed with cereal, fruit juice, or any other foods in the child's bottle without written documentation from the infant's health care provider. Commercially prepared formula shall be prepared and stored according to directions.

5.11.6.10 Foods for infants shall be of a texture and consistency that promotes safe consumption and reduces the risk of choking.

5.11.6.11 Baby food for each infant shall be served from a dish unless the entire contents of the jar will be served at one (1) time. Containers of baby food that are opened but not depleted shall be covered, dated and labeled. Opened baby food must be used or discarded within thirty-six (36) hours from initial opening.

5.11.6.12 Sanitary methods shall be used in handling formula, breast milk, bottles, and nipples. Bottles and nipples that will be reused must be thoroughly washed between uses. Pre-filled bottles for single use by one (1) child shall be cleaned and sent home.

5.11.7 When the parents furnish meals or snacks, parents shall be provided with a copy of the CACFP Guidelines and shall be encouraged to provide appropriate portions that are adequate and nutritious.

5.11.8 Special Nutritional Requests and Restrictions

5.11.8.1 The FCCP shall ensure that special or therapeutic diets are served by the FCCP and/or staff only upon written instructions from the child's health care provider.

5.11.8.2 The FCCP shall ensure that if the parent requests modification of basic meal patterns due to a child's medical need such as food allergies or food intolerance that the parent provides the FCCP with written documentation from the child's health care provider authorizing the modification.

5.11.8.3 The FCCP shall ensure that if the parent requests modification of basic meal patterns due to a family's food preferences or religious beliefs that the parent provides the FCCP with written documentation specifying which foods are unacceptable and which food substitutions are allowed from the same food group.

5.11.8.4 As long as appropriate documentation is provided, the FCCP shall consistently accommodate special nutritional requests and restrictions from parents. The FCCP and/or staff shall know and accommodate children's food allergies.

FCCH Section 6 - Teaching and Learning

6.1. <u>Program of Developmental Activities (Curriculum)</u>

6.1.1 The FCCP shall manage the programming of educational and developmental activities to ensure curriculum is developmentally appropriate as required in this section of these regulations.

6.1.2 Outdoor Play Opportunities

6.1.2.1 Children shall be provided opportunities for moderate to vigorous play and gross motor activity outdoors on the premises or within a safe walking distance of the FCCH for at least sixty (60) minutes each day. For programs that operate less than four (4) hours per day, the FCCP shall ensure that children are provided at least thirty (30) minutes of outside physical activity each day.

6.1.2.2 The FCCP shall be aware of extreme weather conditions such as excessive heat and humidity, cold temperature including wind chill factors, or poor air quality that could affect the well-being or health of the children. Children shall not be allowed to play outside during extreme weather conditions.

6.1.2.3 On any day when children are not able to play outside, the FCCP shall provide opportunities for children to participate in at least thirty (30) minutes of moderate to vigorous physical activity indoors.

6.1.2.4 The FCCP and/or staff shall be interacting with children during outside play.

6.1.3 Schedules and Routines

6.1.3.1 The FCCP shall develop, document and implement a consistent daily routine that includes a balance of:

- Opportunities for individual, small group and full group play and learning;
- Opportunities for child-directed as well as provider-directed activities;
- Active and quiet play;
- Rest or quiet time as appropriate; and
- Indoor and outdoor play.

6.1.3.2 The licensed FCCP shall ensure that a written schedule is developed and is posted where it is clearly visible to parents, staff, and for children as appropriate. The schedule shall show blocks of time usually assigned to different types of activities in the daily and weekly routine as in rule 6.1.3.1 of these regulations.

6.1.4 Opportunities for Development and Learning

6.1.4.1 Toys, Equipment and Learning Materials (Indoors and Outdoors)

6.1.4.1.1 Toys, materials and equipment shall be varied and available in a quantity that allows all children to benefit from their use, allows a range of choices, and reduces conflicts between children.

6.1.4.1.2 Toys, materials and equipment shall support developmentally appropriate and meaningful learning experiences and meet the needs and interests of each child.

6.1.4.1.3 Toys, materials and equipment shall reflect children's cultures and communities and foster awareness of other cultures and communities.

6.1.4.1.4 Furniture and equipment children use for play and daily routines shall be durable and appropriate for the size, abilities and activities of the children.

6.1.4.1.5 Comfortable adult size seating shall be available indoors for staff.

6.1.4.2 Developmentally Appropriate Experiences

6.1.4.2.1 The FCCP shall ensure that the amount of awake time children under twenty-four (24) months of age spend in any confining equipment, such as a crib, playpen, port-a-crib, swing, or seat is limited to less than thirty (30) minutes in any two (2) hour period.

6.1.4.2.2 The FCCP shall ensure that children under three (3) years of age are encouraged and supported to develop self care skills and habits. The FCCP shall ensure that children three (3) years of age to school age are encouraged and supported to develop and master independence of self care skills and habits.

6.1.4.2.3 The FCCP shall ensure that children are engaged in developmentally appropriate play, sensory activities, and learning experiences in each of the following areas:

- Communication and Expression: Language and literacy development, and creative arts;
- Learning about the world: social studies, science, and math; and
- Developing of self: approaches to learning, social and emotional development, growing, moving, and being healthy.

6.1.4.3 Respect for Diversity

6.1.4.3.1 The environment shall be respectful and reflect an understanding of the diversity of families, cultures, and ethnicities attending the FCCH and those persons in the surrounding communities.

6.1.4.3.2 Materials and experiences provided to the children shall reflect the diversity found in society including gender, family composition, age, language, and abilities.

6.1.4.3.3 The FCCP shall consult with parents about care practices specific to their children's culture and community and provide as much consistency as possible in FCCH practices for each child.

6.1.4.4 Screen Time Limitations

6.1.4.4.1 Screen time shall never be used as a planned activity for children younger than two (2) years of age.

6.1.4.4.2 Screen time shall be limited to programs and games that are developmentally appropriate and educational, except for a developmentally appropriate movie for entertainment to be used no more than once per month.

6.1.4.4.3 Screen time shall not expose children to inappropriate content such as content that is sexually explicit, violent or contains inappropriate language.

6.1.4.4.4 Screen time shall be supervised by the FCCP and/or staff.

6.1.4.4.5 Screen time shall not exceed thirty (30) minutes daily per child or group of children except for school age children using technology to complete homework assignments, and a once per month two (2) hour movie.

6.1.4.4.6 The use of assistive technology by a child with special needs that is included on his/her Children's Integrated Services (CIS) One Plan, Individual Family Service Plan (IFSP), or Individual Education Plan (IEP) shall not be included in this definition of screen time.

6.1.4.4.7 Developmentally appropriate alternative activities shall be available when television/video viewing occurs.

6.1.5 Teaching and Learning Opportunities

6.1.5.1 Infants and Younger Toddlers (Children under twenty-four (24) months of age)

6.1.5.1.1 Individual development and learning activities shall be developed and implemented for the care of each child under twelve (12) months of age. These activities shall include individual developmental goals with specific activities and experiences to be provided by staff to support the goals. The child's progress shall be shared with parents.

6.1.5.1.2 The licensed FCCP and/or staff shall maintain a daily written record of the feeding, sleeping, diapering, and developmental progress of all children under twenty-four (24) months of age to be shared with parents at the end of day.

6.1.5.1.3 Children under twenty-four (24) months of age shall experience frequent positive interactions with a consistent licensed FCCP and/or staff member that provides each child with the following opportunities throughout the day:

- Face to face interaction;
- Being held and carried;
- Individual and parallel play;
- Cooperative play and small group activities;
- Being talked to during play, feeding, and routine care;
- Being read to and looking at books;
- Naming of objects and experiences in the environment;
- Space and equipment to support developing gross motor skills such as rolling over, sitting, scooting, crawling, standing, climbing and walking;
- Space and materials to support developing small motor skills such as eating finger foods, stacking, balancing, scribbling, and drawing;
- Developmentally appropriate problem solving;
- Encouragement to explore, experiment and initiate activities;
- Open ended play and activities; and
- Time and space to gain mastery through play and learning by doing.

6.1.5.1.4 The FCCP and/or staff shall respond to children's actions, sounds and beginning language with interest and encouragement.

6.1.5.2 Older Toddlers and Pre-kindergarteners (Children two (2) years of age to School Age)

6.1.5.2.1 Children two (2) years of age to school age shall experience frequent positive interaction with a consistent licensed FCCP and/or staff member that provides each child with the following opportunities throughout the day:

- Face to face interaction;
- A combination of individual, small group, and large group experiences;
- Conversation with adults and peers during play, eating, and routine care;
- Being read to and looking at books, individually and in a group;
- Space and equipment to support developing gross motor skills such as catching and throwing, balancing, jumping, climbing, running and skipping;
- Space and materials to support developing small motor skills such as using manipulatives, scribbling, drawing and writing;
- Materials and experiences to support developmentally appropriate pre-literacy and literacy skills;
- Materials and experiences to support developmentally appropriate mathematical and scientific concepts;
- Open-ended play and activities;
- Positive recognition of efforts, not just results;

- Developmentally appropriate problem solving;
- Materials, time and encouragement to engage in extended and complex play alone and with peers;
- Experiences that promote social competence and cooperative play;
- Encouragement to explore, experiment and initiate activities;
- Developmentally appropriate independence; and
- Time, space and encouragement to gain mastery through play and learning by doing.

6.1.5.2.2 The FCCP and/or staff shall respond to children's words and actions with interest and encouragement, supporting the development of independence and the mastery of developmentally appropriate skills.

6.1.5.3 School Age Children

School age children shall experience positive interactions with a consistent licensed FCCP and/or staff member that provides each child with the following opportunities throughout the day:

- Active physical play;
- A mix of individual, small group and large group activities;
- Conversation with adults and peers;
- Open-ended play and activities;
- Positive recognition of efforts, not just results;
- Developmentally appropriate problem solving;
- Materials, time and encouragement to engage in extended and complex play alone and with peers;
- Experiences that promote social competence and cooperative play;
- Encouragement to explore, experiment and initiate activities;
- Developmentally appropriate independence;
- Time and space for socialization, relaxation and quiet activities;
- Time and support for completing homework as needed; and
- Encouragement to plan and carry out a self-chosen and directed activity.

6.1.6 Observation, Assessment and Documentation

6.1.6.1 A developmentally appropriate system for observing, assessing and documenting each child's learning and growth shall be implemented by the licensed FCCP.

6.1.6.2 The licensed FCCP's documentation of children's learning and development required in the rule 6.1.6.1 of these regulations shall inform the parent conferences held twice a year as required in the rule 4.3.1 of these regulations.

6.2 Building Healthy Relationships

Capacity and Staffing: The capacity shall be determined by the type of license held, the ages of the children living in or present at the FCCH, the presence of one (1) or more Family Child Care Assistants, and the amount of usable space for child care in the FCCH.

* Section 6.2.1 of these regulations refers exclusively to capacity and staffing in a registered FCCH.

** Section 6.2.2 of these regulations refers exclusively to capacity and staffing of a licensed FCCH.

* 6.2.1 Maximum Capacity and Staffing in a registered FCCH
The registered FCCP shall ensure that the registered FCCH shall not exceed the limits described in this section, including the charts below.

*6.2.1.1 All children present and unaccompanied by a parent at the registered FCCH shall be included in determining compliance to rules in section 6.2 of these regulations.

*6.2.1.2 At no time shall the total number of children in care exceed ten (10) during Option one (1): Year Round Care or twelve (12) children for Option two (2): Summer Vacation.

*6.2.1.3 The registered FCCP's own children under twenty-four (24) months residing in the home shall be counted in considering the limit on children less than twenty-four (24) months and are not counted in the overall limit on children when using rule 6.2.1.6 of these regulations.

*6.2.1.4 The registered FCCP shall be present and counted in ratio at least 60% of the hours of operation.

*6.2.1.5 The registered FCCP shall ensure that the number of staff present meets requirements described in the chart below for ages of children, maximum group size, and staff/child ratios at any time of day.

*6.2.1.6 In Option one (1): Year Round Care, described in the chart below, during summer school vacation a registered FCCP may care for up to ten (10) children total without a second adult, provided that all school aged children have been in care prior to May 1st during the preceding school year or are siblings of younger children enrolled in the registered FCCH.

*Registered FCCH: Option one (1): Year Round Care				
Total Staff	Total Children	Age of Children		
		Under 24 months *	2-5 years	School age
2	5–6	5–6	0	0
2	6-10	4	2	0-4
2	5-10	4	1	0-5
2	4-10	4	0	0-6
2	6-10	3	3	0-4
2	5-10	3	2	0-5
2	4-10	3	1	0-6
2	4-10	3	0	1-7
1	3	3	0	0
1	6-10	2	4	0-4
1	5-10	2	3	0-5
1	4-10	2	2	0-6
1	3-10	2	1	0-7
1	2-10	2	0	0-8
1	6-10	1	5	0-4
1	5-10	1	4	0-5
1	4-10	1	3	0-6
1	3-10	1	2	0-7
1	2-10	1	1	0-8
1	1-10	1	0	0-9
1	6-10	0	6	0-4
1	5-10	0	5	0-5
1	4-10	0	4	0-6
1	3-10	0	3	0-7
1	2-10	0	2	0-8
1	1-10	0	1	0-9
1	1-10	0	0	1-10

*6.2.1.7 In Option two (2): Summer Vacation, described in the chart below, the registered FCCP shall use this chart when providing care to their original six (6) children and up to an additional six (6) school age children and/or when providing care to any school age children over the original six (6) children that began care after May 1st of the current year.

*6.2.1.8 When using rule 6.2.1.7 of these regulations, the registered FCCP's children younger than school age residing in the home shall be included in determining the total number of children allowed in care, and the registered FCCP's own school age children shall not be counted.

		*Registered FCCH: Option 2: Summer Vacation		
Total Staff	**Total Children**	**Age of Children**		
		Under 24 months *	**2-5 years**	**School age**
1	5-6	2	2	1-2
1	4-6	2	1	1-3
1	3-6	2	0	1-4
1	6	1	4	1
1	5-6	1	3	1-2
1	4-6	1	2	1-3
1	3-6	1	1	1-4
1	2-6	1	0	1-5
1	6	0	5	1
1	5-6	0	4	1-2
1	4-6	0	3	1-3
1	3-6	0	2	1-4
1	2-6	0	1	1-5
1	1-6	0	0	1-6
2	7-12	2	4	1-6
2	7-12	2	3	2-7
2	7-12	2	2	3-8
2	7-12	2	1	4-9
2	7-12	2	0	5-10
2	7-12	1	5	1-6
2	7-12	1	4	2-7
2	7-12	1	3	3-8
2	7-12	1	2	4-9
2	7-12	1	1	5-10
2	7-12	1	0	6-11
2	7-12	0	0	7-12
2	7-12	0	6	1-6
2	7-12	0	5	2-7
2	7-12	0	4	3-8
2	7-12	0	3	4-9
2	7-12	0	2	5-10
2	7-12	0	1	6-11

**6.2.2 Maximum Capacity and Staffing in a licensed FCCH
The licensed FCCP shall ensure that the Licensed FCCH shall meet the limits described in this section, including the chart.

**6.2.2.1 All children present and unaccompanied by a parent at the licensed FCCH, including the licensed FCCP's own children residing in the home and children of a Family Child Care Assistant younger than school age, shall be included in determining the capacity of the program at any one time.

**6.2.2.2 The number of children served by the licensed FCCH at any one (1) time shall not exceed the maximum capacity allowed written on the license certificate.

**6.2.2.3 The licensed FCCP must be present and counted in ratio at least 60% of the hours of operation. The licensed FCCP shall be responsible for the program, and actively engaged in providing child care and education services when counted in child/staff ratios.

**6.2.2.4 The licensed FCCP shall ensure that the number of staff present meets requirements described in the chart below for ages of children, maximum group size, and staff/child ratios at any time of day.

**Licensed FCCH: Capacity with three (3) staff			
Ages of Children			**Total children**
Under 24 months	**2 years**	**3-12 years**	
6	6	0	12
6	5	0-1	11-12
6	4	0-2	10-12
6	3	0-3	9-12
6	2	0-4	8-12
6	1	0-5	7-12
5	6	0-1	11-12
5	5	0-2	10-12
5	4	0-3	9-12
5	3	0-4	8-12
5	2	0-5	7-12
5	1	1-6	7-12
4	8	0	12
4	7	0-1	11-12
4	6	0-2	10-12
3	9	0	12
3	8	0-1	11-12
3	7	0-2	10-12
2	10	0	12
2	9	0-1	11-12

2	8	0-2	10-12
1	11	0	12
1	10	0-1	11-12
1	9	0-2	10-12
0	12	0	12
0	11	0-1	11-12
0	10	0-2	10-12

****Licensed FCCH: Capacity with two (2) staff**			
Ages of Children			**Total children**
Under 24 months	**2 years**	**3-12 years**	
6	0	0	6
5	1	0	6
5	0	0	5
4	5	0-3	9-12
4	4	0-4	8-12
4	3	0-5	7-12
4	2	0-6	6-12
4	1	0-7	5-12
4	0	0-8	4-12
3	6	0-3	9-12
3	5	0-4	8-12
3	4	0-5	7-12
3	3	0-6	6-12
3	2	0-7	5-12
3	1	0-8	4-12
3	0	1-9	4-12
2	7	0-3	9-12
2	6	0-4	8-12
2	5	0-5	7-12
2	4	1-6	7-12
2	3	2-7	7-12
2	2	3-8	7-12
2	1	4-9	7-12
2	0	5-10	7-12
1	8	0-3	9-12
1	7	0-4	8-12
1	6	0-5	7-12
1	5	1-6	7-12
1	4	2-7	7-12
1	3	3-8	7-12

1	2	4-9	7-12
1	1	5-10	7-12
1	0	6-11	7-12
0	9	0-3	9-12
0	8	0-4	8-12
0	7	0-5	7-12
0	6	1-6	7-12
0	5	2-7	7-12
0	4	3-8	7-12
0	3	4-9	7-12
0	2	5-10	7-12
0	1	6-11	7-12
0	0	9-12	9-12

<u>Licensed FCCH</u>: Capacity with one (1) staff			
Ages of Children			**Total children**
Under 24 months	**2 years**	**3-12 years**	
3	0	0	3
2	4	0	6
2	3	0-1	5-6
2	2	0-2	4-6
2	1	0-3	3-6
2	0	0-4	2-6
1	5	0	6
1	4	0-1	5-6
1	3	0-2	4-6
1	2	0-3	3-6
1	1	0-4	2-6
1	0	0-5	1-6
0	6	0	6
0	5	0-1	5-6
0	4	0-2	4-6
0	3	0-3	3-6
0	2	0-4	2-6
0	1	0-5	1-6
0	0	1-8	1-8

**6.2.2.5 The FCCP shall ensure safe care and education of children occurs when one (1) or more trainee is working in the FCCH with children.

**6.2.2.6 Classroom aides shall not be counted in staff/child ratios when they are performing the job responsibilities of a classroom aide. A classroom aide may be left alone with the child or children to whom he/she is assigned.

**6.2.2.7 Partner staff shall not be left alone with children and shall not count in staff/child ratios at the FCCH.

**6.2.2.8 The FCCP, Family Child Care Assistant, or substitute shall be present in the FCCH and actively working with children when a trainee is present. The trainee shall not be counted in staff/child ratios.

**6.2.2.9 The FCCP shall ensure trainees seventeen (17) years of age are never left alone with children in the FCCH. Trainees eighteen (18) years of age may be left alone with children in the FCCH provided that the FCCP, Family Child Care Assistant, or substitute is present in the FCCH.

6.2.3 Quality of Interactions

6.2.3.1 Each child shall be treated with consideration and respect with equal opportunities to take part in all developmentally appropriate activities.

6.2.3.2 The FCCP and/or staff shall appropriately hold, touch, smile and talk to children.

6.2.3.3 The FCCP and/or staff shall speak to children at their eye level.

6.2.3.4 The FCCP and/or staff shall be available and responsive to children, encouraging them to share experiences, ideas, and feelings.

6.2.3.5 The FCCP or at least one (1) staff member shall sit with children during meals and snacks.

6.2.3.6 The FCCP and/or staff shall listen to children with attention and respect.

6.2.3.7 Children shall be attended to when they cry.

6.2.3.8 Nurturing activities performed by the FCCP and/or staff including diapering, toileting, feeding, dressing and resting shall be performed in a relaxed, reassuring and individualized manner that is developmentally appropriate and promotes the child's learning, self-help and social skills.

6.2.3.9 Nurturing activities performed by the FCCP and/or staff shall be performed with consideration of the parents' expressed preferences and nurturing practices

when these are developmentally appropriate and do not constitute a violation of these regulations.

6.2.3.10 The FCCP and/or staff's voices shall not dominate the overall sound of the group.

6.2.4 Supervision of Children

The FCCP and/or staff shall ensure visual supervision of children except as allowed in rules 6.2.4.1 – 6.2.4.4 of these regulations.

6.2.4.1 The FCCP and/or staff may need to step away from the children to meet basic care needs throughout the day. This shall be time limited; and the FCCP and/or staff shall be able to hear all children of pre-kindergarten age and younger at all times; and shall be able to physically respond immediately.

6.2.4.2 The FCCP and/or staff shall know the whereabouts and activities of all school age children at all times and shall be able to physically respond immediately.

6.2.4.3 When children are sleeping or resting, the FCCP and/or staff shall be positioned to allow for visual supervision of the children. If all of the children cannot be seen at one (1) time, the FCCP and/or staff shall visually observe all children at least every fifteen (15) minutes.

6.2.4.4 When children are outside playing, the FCCP and/or staff shall be outside supervising the children. If due to the mixed ages of the children and the need to step away to meet basic care needs of children, the FCCP and/or staff may supervise the school age children from inside the home provided that the children can be seen from inside and the outside play area is fenced to prevent the children from leaving the play area. Children younger than school age shall not play outside without the FCCP and/or staff person present at any time.

6.2.4.5 When children are eating, the FCCP and/or staff shall be positioned to allow for visual supervision of all children and shall be able to physically respond immediately to any child that may be choking.

6.2.4.6 Children shall be protected from harmful acts of other children.

6.2.4.7 The FCCP shall ensure that no person be left alone with children without approval from the Division based on the results of a background check that includes fingerprinting; with the exception of a parent may be left alone with his/her own child(ren).

6.2.5 Positive Guidance and Behavior Management

6.2.5.1 The FCCP shall develop and implement a policy in plain language regarding positive guidance and behavior management of children. The policy shall be routinely provided to staff and parents.

6.2.5.2 The FCCP and/or staff's expectations of children's behavior and responses to children's behavior shall be appropriate to each child's level of development and understanding. Guidance shall be designed to meet the individual needs of each child.

6.2.5.3 The FCCP and/or staff shall use positive methods of guidance and behavior management that encourage self-control, self-direction, self-esteem and cooperation.

6.2.5.4 No form of inappropriate discipline or corporal punishment shall be used with children such as but not limited to:

6.2.5.4.1 Hitting, shaking, biting, pinching;

6.2.5.4.2 Restricting a child's movements through binding, tying, or use of any other mechanical restraint;

6.2.5.4.3 Withholding of food, water, or toilet use;

6.2.5.4.4 Confining a child in an enclosed or darkened area, such as a closet or a locked room;

6.2.5.4.5 Inflecting mental or emotional punishment such humiliating, shaming, threatening, or frightening a child; or

6.2.5.4.6 Making disparaging remarks regarding a child or his/her family.

6.2.5.5 No punitive action shall be taken with children for not going to sleep, for toileting accidents, for failure to eat all or part of a meal or for failure to complete a prescribed activity.

6.2.5.6 Profanity and obscene language shall not be used in the FCCH while children are present.

6.2.5.7 The FCCP shall consult with parents and professionals to design an effective behavior management plan and adapt behavior management practices for a child who exhibits a pattern of challenging behaviors.

6.2.6 Transitions

6.2.6.1 The FCCP shall support continuity of care and education. In the event that a child's continued enrollment is at risk the following shall apply:

6.2.6.1.1 The FCCP shall consult with the child's parent(s) and professionals, as appropriate, to develop and implement a plan to address concerns, with the goal of continuing the child's enrollment.

6.2.6.1.2 In the event that the concerns cannot be resolved, written notice to the child's parent(s) is required with at least five (5) days' notice prior to expulsion.

6.2.6.1.3 When a child is expelled from the program, a full copy of the child's file must be provided to the child's parent(s) on or before the child's last day in the program. The FCCP shall retain documentation that the file was provided to the parent.

6.2.6.2 The FCCP and/or staff shall work with parents to create and utilize a positive transition plan when admitting a new child into the FCCH. This should involve such procedures as the exchange of pertinent information concerning the child and phased-entry to the programs.

6.2.6.3 The licensed FCCP and/or staff shall create and utilize a positive transition plan with the introduction of a new staff member and shall ensure that parents are notified.

6.3 Supporting Children with Special Needs

6.3.1 The curriculum shall be adapted to provide all children opportunities to participate in all activities that are appropriate to their age and development.

6.3.2 If a parent voluntarily provides, for a child with an identified disability, copies of the child's Individual Education Plan (IEP), Children's Integrated Services (CIS) One Plan, or the equivalent; the FCCP shall maintain this document in the child's file and review with all staff working with that child.

6.3.3 Activities shall be adapted for children with disabilities to reach the goals described in the child's IEP, CIS One Plan, or the equivalent.

6.3.4 The FCCP and/or staff shall follow modifications in routine and emergency procedures and for nurturing activities including diapering, toileting, feeding, dressing and resting, related to children with special needs that are developed in consultation with the child's parent and professionals or agencies providing services to the child.

Section 7 - Program Personnel/Staffing

7.1 General Requirements for the FCCP and Staff

7.1.1 Health Requirements

7.1.1.1 The FCCP, staff, and partner staff shall be healthy and physically able to perform their caregiving responsibilities. The FCCP, staff, and partner staff who are incapacitated by illness, extreme fatigue or any condition that limits their ability to safely work with children shall not do so until their condition is improved.

7.1.1.2 The FCCP, staff, and partner staff shall follow the exclusion policies as set forth in the Signs and Symptoms Illness Chart related to contagious illness, (See Appendix A).

7.1.2 First Aid and CPR

7.1.2.1 The FCCP shall have successfully completed pediatric first aid and CPR prior to being licensed and must remain currently certified.

7.1.2.2 The FCCP shall ensure that at least one (1) responsible adult who has successfully completed and is currently certified in pediatric first aid and infant and child CPR is on the premises at all times children are present.

7.1.2.3 The licensed FCCP shall ensure that staff who are counted in the staff/child ratios shall obtain training in pediatric first aid and infant and child CPR within six (6) months of beginning work in the licensed FCCH and remain currently certified.

7.1.3 Orientation of FCCP and New Staff

The FCCP shall complete an orientation training session approved by the Division prior to beginning care for children. The FCCP shall ensure staff complete an orientation training session approved by the Division prior to being left alone with children. Trainees shall complete the orientation training within one (1) month of their first date of working with children. The orientation training session shall include:

- Basic knowledge of child growth and development;
- Routine and emergency health protection of children including health related exclusions;
- Safety and sanitation requirements including handling and storage of hazardous materials and disposal of bio contaminants;
- Positive behavior management;
- Supervision of children;
- Child accident and injury procedures including building and physical premises safety;
- Safe sleep practices;

- Administration of medication requirements;
- Emergency and evacuation requirements;
- Nutrition and food safety including prevention of and response to emergencies due to food and allergic reactions;
- Recordkeeping;
- Transportation and child passenger safety;
- Release of children;
- Respectful engagement of families;
- Preventing, recognizing, and reporting child abuse and neglect, including information about the signs and symptoms of sexual abuse, sexual violence, grooming processes, recognizing the dangers of child sexual abuse, and other predatory behaviors of sex offenders;
- Recognition of and response to the symptoms of common childhood illnesses;
- Preventing the spread of infectious disease;
- Providing developmentally appropriate activities and experiences for children;
- Inclusion of children with special needs;
- Guidelines for volunteers, trainees, and partner staff;
- Responsibility to comply with current applicable licensing regulations;
- Background check requirements to include changes in situations, restrictions, and exceptions for those prohibited by these regulations;
- Staffing requirements to include opening and closing; and
- Ensuring children have extra clothes and diapers available.

7.1.4 The FCCP shall read and have ready access to the current applicable licensing regulations. Also, the FCCP shall ensure staff has read, have ready access to, and have had an opportunity to seek clarity as needed about the current applicable licensing regulations.

7.2 Background Checks and Appropriate Clearances

7.2.1 The FCCP shall ensure that all new staff, and any new individual with unsupervised access to children in the FCCH submits a Records Check Authorization form to the Division and shall submit to fingerprinting at a location designated by the Division after having received the Fingerprinting Authorization Certificate by the Division.

7.2.2 The FCCP shall submit a Records Check Authorization form to the Division for any new individuals, sixteen (16) years of age or older, residing in the FCCH or present more than five (5) times in 365 days during the FCCH's hours of operation as required in the rule 2.3.7.2 of these regulations.

7.2.3 The Division, at its discretion, may use the results of a background check on file with the Division as long as it has been completed within the last five (5) years and instead of requiring a new background check.

7.2.4 The FCCP shall ensure that no person shall be left alone with children without approval from the Division which shall be based on the results of the background check to include fingerprinting.

7.2.5 The Division shall complete and process all background check clearances as expeditiously as possible, but not to exceed forty-five (45) days from the day Vermont Crime Information Center receives all documentation.

7.2.6 Based on the results of background checks described in this section the following persons are prohibited and shall not operate, reside at, be employed at, or be allowed unsupervised access to children at a FCCH:

- A person who is required to complete a background check who refuses or knowingly makes a material false statement in connection with such background check;
- A person convicted of fraud;
- A person convicted of a felony consisting of:
    - Murder,
    - Child abuse or neglect,
    - A crime against children, including sexual activity or child pornography,
    - Spousal abuse,
    - A crime involving rape or sexual assault,
    - Kidnapping,
    - Arson,
    - Physical assault or battery, or
    - A drug related offense committed during the proceeding five (5) years;
- A person convicted of a misdemeanor offense against a child or another person consisting of:
    - Violence,
    - Child abuse or neglect,
    - Child endangerment,
    - Sexual assault or activity,
    - Child pornography; or
    - Other bodily injury;
- A person found by a court to have abused, neglected or mistreated a child, elderly or disabled person, or animal; or

- An adult or child who has had a report of abuse or neglect substantiated against them under Chapters 49 and 69 of Title 33 Vermont Statutes Annotated or
- A person registered, or is required to be registered, on a state sex offender registry or Repository or the National Sex Offender Registry established under the Adam Walsh Child Protection and Safety Act of 2006.

7.2.7 The Department may determine a person as prohibited when there is information known that indicates his/her action or behavior may present children enrolled with risk of harm.

7.2.8 Exclusion of Persons Prohibited

7.2.8.1 The Division shall provide the result of the background check to the FCCP that indicates whether the individual, for whom the background check was completed, shall be prohibited as required in the rule 7.2.6 or rule 7.2.7 of these regulations without revealing the basis for the decision as required in the rule 7.2.8.3 of these regulations and shall identify whether a prohibited person is eligible to request a variance.

7.2.8.2 When the Division has determined an individual to be prohibited as required in the rule 7.2.6 or rule 7.2.7 of these regulations, the Division shall provide the individual, for whom the background check was completed, the result of the background check; the basis for the decision; the process by which the individual may challenge the accuracy or completeness of the information contained in the basis for the decision and whether the prohibition is eligible for a variance request.

7.2.8.3 The Division shall not share any information related to a background check with anyone other than as required in the rule 7.2.8.1 or rule 7.2.8.2 of these regulations.

7.2.8.4 Effective upon receipt of the determination, the FCCP shall exclude persons whose background check has determined them as prohibited which includes but is not limited to employment at the FCCH or from being regularly present at the FCCH.

7.2.8.5 Only persons prohibited under rule 7.2.6 of these regulations or under rule 7.2.7 of these regulations for the following reasons are eligible to request a variance:

- A conviction of fraud;
- A drug related offense committed during the proceeding five (5) years;

- A conviction of a misdemeanor offense against another person consisting of:
    - Violence;
    - Other bodily injury; or
- Other information known to the Department.

The individual may reside at, be employed at, or be regularly present in a FCCH only when the FCCP and the person involved, have obtained a written variance from the Commissioner, or designee. The FCCP and the involved person shall request a variance by submitting evidence of suitability or rehabilitation to the Commissioner, or designee. The burden of proof is on the FCCP and the involved person.

7.3 Qualifications and Experience

7.3.1 A Registered FCCP that operates a registered FCCH shall ensure and maintain documentation that he/she is at least eighteen (18) years of age, is a high school graduate or has completed a GED, and meets or exceeds one (1) of the following qualifications prior to licensure or within twelve (12) months of initial licensure:

- At least a Vermont Early Childhood Career Ladder Level One (1) Certificate or higher; or
- At least successful completion of the Fundamentals for Early Childhood Professionals' course; or
- At least a current CDA (Child Development Association Credential) from the National Council for Professional Recognition); or
- At least a Child Care Certificate from Community College of Vermont; or
- At least successful completion of twelve (12) college credits in content consistent with the core knowledge areas identified by NLCDC.

7.3.2 The licensed FCCP that operates a licensed FCCH shall ensure and maintain documentation that he/she is at least eighteen (18) years of age, is a high school graduate or has completed a GED, and meets or exceeds one (1) of the following qualifications:

- At least a Vermont Early Childhood Career Ladder Level Two (2) or Level Three (3) A Certificate; or
- At least a current CDA (Child Development Associate Credential) from the National Council for Professional Recognition and twelve (12) months experience working with groups of children grade three (3) or younger; or
- At least a Child Care Certificate from Community College of Vermont and twelve (12) months experience working with groups of children grade three (3) or younger; or
- At least a Certificate of Completion from the Vermont Registered Child Care Apprenticeship Program; or
- At least successful completion of twelve (12) college credits in content consistent with the core knowledge areas identified by Northern Lights Career

Development Center (NLCDC) and twelve (12) months experience working with groups of children grade three (3) or younger.

7.3.3 Family Child Care Assistant

The FCCP shall ensure and maintain documentation that each Family Child Care Assistant is eighteen (18) years of age and meets or exceeds one (1) of the following qualifications:

- At least is a high school graduate or has completed a GED and the Fundamentals for Early Childhood Professionals' course within the first twelve (12) months of employment; or
- At least is a high school graduate or has completed a GED and has successfully completed at least three (3) college credits in content consistent with the core knowledge areas identified by NLCDC within the first twelve (12) months of employment; or
- At least is enrolled in or is a high school graduate and graduate from a State Board of Education approved Human Services Certificate Program that emphasizes child development or early childhood education.

7.3.4 Classroom Aide

A classroom aide is at least eighteen (18) years of age, is able to comprehend basic written format, and meets one (1) of the following qualifications:

- At least a high school graduate or has completed a GED and completes the Fundamentals for Early Childhood Professionals' course or the Vermont Afterschool Essentials Certificate within the first twelve (12) months of employment; or
- At least a high school graduate or has completed a GED and successful completion of a three (3) college credits in content consistent with the core knowledge areas identified by NLCDC within the first twelve (12) months of employment.

7.3.5 Trainee

The FCCP shall ensure and maintain documentation that a trainee is able to comprehend basic written format, and meets one (1) of the following qualifications:

- Is seventeen (17) years of age and enrolled in a State Board of Education approved Human Services Certificate Program that emphasizes child development or early childhood education;
- Is seventeen (17) years of age and a graduate from a State Board of Education approved Human Services Certificate Program that emphasizes child development or early childhood education; or
- Is eighteen (18) years of age and enrolled in a State Board of Education approved Human Services Certificate Program that emphasizes child development or early childhood education.

7.3.6 Substitute
A substitute is at least eighteen (18) years of age, is able to comprehend basic written format, and is a high school graduate or has completed a GED.

7.4 Annual Professional Development

7.4.1 The FCCP shall ensure that within six (6) months of starting work in the FCCH, the FCCP and/or staff have an Individual Professional Development Plan (IPDP). This shall be documented in the individual's BFIS Quality and Credential Account or in the staff file on site. IPDPs shall be updated at least once every 365 days.

7.4.2 The FCCP and staff shall be actively engaged in professional development activities as specified in their IPDP.

7.4.3 All professional development activities shall meet all criteria as defined by NLCDC and shall be verified and documented in the individual's BFIS Quality and Credential Account. Professional development hours may be applied toward meeting the individual's IPDP.

7.4.4 All staff, with the exception of substitutes, shall complete fifteen (15) clock hours of annual professional development activities as required in the rule 7.4.2 of these regulations.

7.4.5 The FCCP and/or staff who hold a current Vermont Agency of Education teaching license with an endorsement in Early Childhood Education, Early Childhood Special Education, or Elementary Education shall use their current teaching license as documented verification of completing professional development requirements in the rule 7.4.3 of these regulations. This current teaching license shall be verified and documented in the individual's BFIS Quality and Credential Account.

7.4.6 Staff who hold a current Vermont Agency of Education teaching license with an endorsement in Early Childhood Education, Early Childhood Special Education, or Elementary Education shall use their current teaching license as documented verification of completing the IPDP requirement in the rule 7.4.1 of these regulations. This current teaching license shall be verified and documented in the individual's BFIS Quality and Credential Account.

7.4.7 Training in CPR and First Aid shall not count towards annual professional development requirements in the rule 7.4.4 of these regulations.

7.5 Personnel Policies and Procedures

7.5.1 The licensed FCCP shall obtain written documentation that staff have received and fully understand the licensed FCCH program philosophy and all written licensed FCCH policies and procedures as required in section 4.7 of these regulations.

7.5.2 The licensed FCCP shall ensure that staff have a written job description in their personnel file that outlines the job title, the job duties, and identifies the staff member responsible for supervision. The licensed FCCP shall ensure that job descriptions for staff also include the identity of the staff member responsible for evaluating the position.

7.5.3 Licensed FCCH staff shall receive a written annual performance review from his/her supervisor.

7.5.4 The licensed FCCP shall establish and implement a system of communication among staff to ensure that any staff member working with a child(ren) is informed of significant information related to the care and education of the child(ren).

7.6 Use of Substitutes

7.6.1 The FCCP shall comply with background checks for all substitutes as required in the rule 3.1.7, and in the rules in section 7.2.1 and in section 7.2.2 of these regulations.

7.6.2 The FCCP shall ensure all substitutes comply with legal mandates regarding child abuse and neglect in the rules in section 3.2 of these regulations.

7.6.3 The licensed FCCP shall maintain a personnel file for all substitutes as required in the rule 3.3.5.1 of these regulations.

7.6.4 Substitutes shall maintain confidentiality as required in the rule 3.7 of these regulations.

7.6.5 Substitutes shall be healthy and physically able to perform their caregiving responsibilities. Substitutes who are incapacitated by illness, extreme fatigue or any condition that limits their ability to safely work with children shall not do so until their condition is improved.

7.6.6 Substitutes shall follow the exclusion policies as set forth in the Signs and Symptoms Illness Chart related to contagious illness (See Appendix A).

7.6.7 The licensed FCCP shall ensure substitutes obtain training in pediatric first aid and infant and child CPR as required in the rule 7.1.2.3 of these regulations.

7.6.8 The FCCP shall ensure that substitutes spending time in the program are oriented to the program and practices of the FCCH. Substitutes are exempt from the rule 7.1.3 of these regulations.

7.6.9 The FCCP shall ensure that substitutes have read and have ready access to a current copy of applicable licensing regulations.

7.6.10 The licensed FCCP shall ensure that substitutes has a written job description in his/her file that outlines the job title, the job duties, and identifies the staff member responsible for supervising the substitute.

7.6.11 The FCCP shall ensure that substitutes are included in the information system of communication among staff as required in the rule 7.5.4 of these regulations.

7.6.12 When a substitute fills a position for thirty (30) or more days within a 365 day period, the substitute shall be fully qualified for the position he/she fills and shall no longer be considered a substitute but is considered as a full staff person subject to all requirements for staff in these regulations.

7.7 Use of Volunteers

7.7.1 All volunteers shall maintain confidentiality as required in the rule 3.7 of these regulations.

7.7.2 The FCCP shall ensure that all volunteers are not counted in the staff/child ratios and are never left alone with any child or children in the FCCH; with the exception of a parent may be left alone with his/her own child(ren).

7.7.3 Volunteers shall follow the exclusion policies as set forth in the Signs and Symptoms Illness Chart related to contagious illness (See Appendix A).

7.7.4 The FCCP shall maintain a written record of the schedule for at least 365 days of all volunteers, including their name and exact days and hours present at the FCCH.

7.7.5 The FCCP shall ensure that volunteers, who are not a parent of a child enrolled in the FCCH, and are present more than five (5) times in 365 days the following conditions apply:

7.7.5.1 The FCCP shall comply with background checks for these volunteers as in the rule 7.2.2 of these regulations.

7.7.5.2 The FCCP shall ensure these volunteers comply with legal mandates regarding child abuse and neglect in the rules in section 3.2 of these regulations.

7.7.5.3 The FCCP shall ensure that volunteers spending time in the program are oriented to the program and practices of the FCCH.

7.7.5.4 A licensed FCCP shall maintain a complete and up-to-date file for volunteers at the licensed FCCH. A complete file shall contain, at minimum, the following information:

- Name, date of birth, home address and telephone number;
- Signed statement verifying understanding of legal requirement to report suspected child abuse or neglect;
- Documentation of a current Records Check Authorization form if one is required; and
- A written description of his/her role that outlines the job title, and the job duties.

APPENDIX A

Signs and Symptoms of Illness Chart (Adapted)

The following chart lists, in alphabetic order, some of the most common signs and symptoms that individuals child care settings may develop when they have an infectious disease. Health professionals can use this chart to discuss with caregivers/teachers what they should look for to recognize diseases and make decisions about when individuals need medical care. Caregivers/teachers/program providers should use this information to be aware of what might cause various signs and symptoms, when it is appropriate to notify a health consultant and/or the parent, and the criteria to determine when individuals should be excluded from and can return to a group setting or program. All caregivers/teachers and direct staff should work with health professionals to ensure an appropriate diagnosis and treatment.

Note that the chart indicates when visits to a health professional are necessary. Not all individuals who are excluded from a child care setting require a visit to a health professional prior to return. However, if you are concerned about the nature of the individuals's specific illness or need instructions about how to care for the individual, the child's parent/guardian can make a phone call to the child's health professional to clarify whether further evaluation is necessary. With parent/guardian consent, the child's health professional can give additional instructions in writing or over the phone to caregivers/teachers.

The Signs and Symptoms Chart is adapted from *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, 2nd Edition a publication of the American Academy of Pediatrics. It is printed with permission to be included in the Vermont Child Care Regulations. Reference: Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 2nd Edition, American Academy of Pediatrics, Susan S. Aronson MD FAAP (Editor), Timothy R. Shope MD MPH FAAP (Editor).

Signs and Symptoms Chart

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
Cold Symptoms	*Viruses* (early stage of many viruses) • Adenovirus • Coxsackievirus • Enterovirus • Parainfluenza virus • Respiratory syncytial virus • Rhinovirus • Coronavirus • Influenza	• Runny or stuffy nose • Scratchy throat • Coughing • Sneezing • Watery eyes • Fever	Not necessary	Yes	**No, unless:** • Fever accompanied by behavior change. • Individual looks or acts very ill. • Individual has difficulty breathing. • Individual has blood red or purple rash not associated with injury. • Individual meets other	• Exclusion criteria are resolved.

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
	Bacteria • Mycoplasma				exclusion criteria	
Cough (May come from congestion anywhere from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.)	• Common cold • Lower respiratory infection (eg, pneumonia, bronchiolitis) • Croup • Asthma • Sinus infection • Bronchitis	• Dry or wet cough • Runny nose (clear, white, or yellow-green) • Sore throat • Throat irritation • Hoarse voice, barking cough	Not necessary	Yes	**No, unless:** • Severe cough • Rapid and/or difficult breathing • Wheezing if not already evaluated and treated • Cyanosis (i.e., blue color of skin and mucous membranes)	• Exclusion criteria are resolved.
Diarrhea	Usually viral, less commonly bacterial or parasitic	• Frequent loose or watery stools compared to child's normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.) • Abdominal cramps. • Fever. • Generally not feeling well. • Sometimes accompanied by vomiting.	For one or more cases of bloody diarrhea or 2 or more children with diarrhea in group within a week	Yes	**Yes, if** • Stool is not contained in the diaper for diapered children. • Diarrhea is causing "accidents" for toilet-trained children. • Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation. • Blood/mucus in stool. • Abnormal color of stool for child (eg, all black or very pale). • No urine output in 8 hours. • Jaundice (i.e., yellow skin or eyes).	• Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by *Shigella, Salmonella*, or *Giardia.* • Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents. • Able to participate.

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
					• Fever with behavior change. • Looks or acts very ill.	
Difficult or Noisy Breathing	1. Common cold 2. Croup 3. Epiglottitis 4. Bronchiolitis 5. Asthma 6. Pneumonia 7. Object stuck in airway	1. Common cold: Stuffy nose, sore throat, cough, and/or mild fever. 2. Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in. 3. Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. 4. (and 5.) Bronchiolitis and Asthma: Individual is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in.	Not necessary	**Yes**	**Yes, if** 1. Fever accompanied by behavior change. 2. Individual looks or acts very ill. 3. Individual has difficulty breathing. 4. Individual has blood red or purple rash not associated with injury. 5. The individual meets other exclusion criteria.	• Exclusion criteria are resolved.

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
		5. See above. 6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). 7. Object stuck in airway: Symptoms similar to croup (2 above)				
Earache	1. Bacteria or viruses 2. Often occurs in context of common cold	1.Fever 2.Pain or irritability 3.Difficulty hearing 4.“Blocked ears” 5.Drainage 6.Swelling around ear	Not necessary	**Yes**	**No, unless:** • Unable to participate. • Care would compromise staff’s ability to care for other children. • Fever with behavior change.	• Exclusion criteria are resolved.
Eye Irritation, Pinkeye	1.Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) 2.Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) 3.Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 4.Chemical irritation of the membrane covering the eye	1. Bacterial infection: Pink color instead of whites of eyes *and* thick yellow/green discharge. May be irritated, swollen, or crusted in the morning. 2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection. 3. (and 4.) Allergic and chemical irritation: red, tearing, itchy eyes; runny nose, sneezing; watery discharge.	**Yes, if** 2 or more children have red eyes with watery discharge	**Yes**	*For bacterial conjunctivitis* **No.** Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most individuals with pinkeye get better after 5 or 6 days without antibiotics. *For other forms* **No, unless:** • The individual meets other exclusion criteria. Note: One type of viral	• *For bacterial conjunctiviti*, once parent has discussed with health professional. Antibiotics may or may not be prescribed. • Exclusion criteria are resolved.

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
	and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)				conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.	
Fever	• Any viral, bacterial, or parasitic infection • Overheating • Reaction to medication (e.g., vaccine, oral) • Other noninfectious illnesses (e.g., rheumatoid arthritis, malignancy)	Flushing, tired, irritable, decreased activity Notes • Fever alone is not harmful. When a individual has an infection, raising the body temperature is part of the body's normal defense against outside attacks. • Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents	Not necessary	**Yes**	**No unless:** • Behavior change. • Unable to participate. • Care would compromise staff's ability to care for other children. Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for individuals older than 4 months are • 100°F (37.8°C) axillary (armpit) • 101°F (38.3°C) orally • 102°F (38.9°C) rectally • Aural (ear) temperature equal to oral or rectal temperature	• Able to participate • Exclusion criteria are resolved.

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
		should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures. **Warning:** Do not give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).			**Get immediate medical attention** when infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour.	
Headache	• Any bacterial/viral infection • Other noninfectious causes	• Tired and irritable • Can occur with or without other symptoms	Not necessary	**Yes**	**No, unless:** • Individual is unable to participate Note: **Notify health professional** in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her "belly button" (putting chin to chest) – different from soreness in the side of the neck.	• Able to participate
Itching	1. Ringworm 2. Chickenpox 3. Pinworm 4. Head lice	1. Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp. 2. Chickenpox: Blister-like	For infestations such as lice and scabies; if more than one	**Yes**	*For chickenpox, scabies, and impetigo* **Yes**	• Exclusion criteria are resolved. • On medication or treated as recommended by a

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
	5. Scabies 6. Allergic or irritant reaction (eg, poison ivy) 7. Dry skin or eczema 8. Impetigo	spots surrounded by red halos on scalp, face, and body; fever; irritable. 3. Pinworm: Anal itching. 4. Head lice: Small insects or white egg sheaths (nits) in hair. 5. Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes. 6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). 7. Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection. 8. Impetigo: Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.	child in group has impetigo or ringworm; for chickenpox		*For ringworm and head lice* **Yes, at the end of the day** • Individual should be referred to a health professional at the end of the day for treatment. *For pinworm, allergic or irritant reactions, and eczema* **No, unless:** • Appears infected as a weeping or crusty sore Note: Exclusion for hives is only necessary to obtain medial advice for care, if there is no previously made assessment and care plan for the hives.	health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most individuals with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.
Mouth Sores	1. Oral thrush (yeast infection)	1. Oral thrush: White patches on tongue and	Not necessary	**Yes**	**No, unless:** • Drooling steadily related	• Able to participate • Exclusion criteria are

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
	2. Herpes or coxsackie virus infection 3. Canker sores	along cheeks 2. Herpes or coxsackie virus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips 3. Canker sores: Painful ulcers on cheeks or gums			to mouth sores. • Unable to participate. • Care would compromise staff's ability to care for other children.	resolved
Rash	Many causes 1. Viral: roseola infantum, fifth disease, chickenpox, herpes virus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 2. Skin infections and infestations; ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) 3. Severe bacterial infections: meningococcus, pneumococcus, *Staphylococcus aureus* (MSSA, MRSA)	Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks. 1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance. 2. Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, pus. 3. Severe bacterial infections: Rare. These children have fever with	For outbreaks	**Yes**	**No, unless:** • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Unable to participate • Tender, red area of skin, especially if it is increasing in size or tenderness	• Able to participate in daily activities. • On antibiotic medication at least 24 hours (if indicated). • Exclusion criteria are resolved.

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
		rash and may be very ill.				
Sore Throat (pharyngitis)	1. Viral – common cold viruses that cause upper respiratory infections 2. Strep throat	1. Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion. 2. Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection.	Not necessary	**Yes**	**No, unless:** • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • The individual meets other exclusion criteria.	• Able to swallow. • Able to participate. • On medication at least 24 hours (if strep) • Exclusion criteria are resolved.
Stomachache	1. Viral gastroenteritis or strep throat 2. Problems with internal organs of	1. Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach	Not unless multiple cases in same group within 1 week.	**Yes**	**No, unless:** • Severe pain causing child to double over or scream • Abdominal pain after injury	• Pain resolves. • Able to participate. • Exclusion criteria are resolved.

Signs and Symptoms Chart						
Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude?*	*If Excluded, Readmit When*
	the abdomen such as intestine, colon, liver, bladder	and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely. 2. Problems with internal organs of the abdomen: Persistent severe pain in abdomen.			• Bloody/black stools • No urine output for 8 hours • Diarrhea • Vomiting • Yellow skin/eyes • Fever with behavior change • Looks or acts very ill	

APPENDIX B

Consumer Product Safety Commission 16 C.F.R. § 1220 Regarding Cribs

Beginning **December 28, 2012,** any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011,** addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

What you should know…

- **This is more than a drop side issue. Immobilizing your current crib will not make it compliant.**
- **You cannot determine compliance by looking at the product.**
- **The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.**
- **If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.**
  - Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:
    - Describe the product
    - Give name, full mailing address and telephone number for importer or domestic manufacturer
    - Identify the rule for which it complies (16 CFR 1219 or 1220)
    - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
    - Give date and location of manufacture and testing
  - The crib must also have a label attached with the date of manufacture

What you should do…

- **All child care facilities, family child care homes, and places of public accommodation:**
  - Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
  - Should not resell, donate or give away a crib that does not meet the new crib standards.
- **Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.**
- **Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.**

Information from publication 5023 042011 – Child Care Providers: Your Guide to New Crib Standards from the Consumer Product Safety Commission (www.cpsc.gov)

Child Development Division
Department for Children and Families
NOB 1 North
280 State Drive
Waterbury, VT 05671-1040